

Safe Custody Guidance of Prescriptions In Primary Care

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Contents

- 1. Introduction 3
- 2. Scope 3
- 3. Aims and Objectives 3
- 4. Roles and Responsibilities 3
- 5. Stock Control 4
- 6. Storage and Safety 6
- 7. Home Visits and Visits to Care Homes 7
- 8. Security of Computers Systems Used to Generate Prescriptions 7
- 9. Destruction of prescriptions 7
- 10. Locum Precrivers 8
- 11. Record Keeping and Audit Trail 8
- 12. References 8

1. Introduction

The effective management of prescription forms, accessed by authorised prescribing and non-prescribing staff is very important and requires that appropriate security policies, procedures and systems are in place. These should also be supported by security-aware staff who treat prescription forms as items of value and manage their use effectively. (1)

A number of security measures have already been built into prescription forms to prevent theft and fraudulent use. However, these are rendered less effective if overall poor security measures are in existence. (1)

2. Scope

This guidance is intended for use by all staff in Waltham Forest who work for/on the behalf of Waltham Forest Clinical Commissioning Group (WF CCG).

3. Aims and Objectives

The purpose of this guidance is to:

- ✓ Outline the minimum standards for security of prescription forms, in line with those set out by NHS Protect
- ✓ Promote a vigilant culture among prescribers and other staff and ensure security is embedded in daily tasks;
- ✓ Raise awareness of security in relation to secure stationery and to ensure policies and procedures are in place for the security of prescription forms against theft and misuse.
- ✓ Detect any breach of security that does occur and take reactive action to prevent fraudulent use of stolen prescriptions;
- ✓ Ensure that where security incidents or breaches do occur that lessons are learned and that these are incorporated into risk assessments and policy developments to prevent further incidents or breaches from occurring. (1) (2)

4. Roles and Responsibilities

The security of prescription forms is the responsibility of both the practice and the prescriber. Prevention is the responsibility of everyone, which includes all prescribing and dispensing staff and non-prescribing staff who manage or administer prescription forms. (2)

- ✓ A member of staff should be designated overall responsibility for overseeing the entire process from the ordering, receipt, storage and transfer to the access to and overall security of prescription stationery. This responsible person needs to ensure appropriate security measures are implemented and maintained in relation to secure stationery. A 'deputy' or second point of

contact should also be in place who can act on behalf of the designated person in their absence. (1) (2)

- ✓ The designated member of staff with overall responsibility for handling prescriptions in the practice should also be responsible for maintenance of the centrally held stock record.
- ✓ It is the responsibility of the practice to ensure that regular stock checks are undertaken – at least quarterly but more regularly if possible. It is good clinical governance to ensure that there should be a separation of staff duties between the ordering, receipt and checking of prescription forms. (1) (2)
- ✓ Individual prescribers are responsible for the safe keeping of prescription forms in their possession at all times, and for maintaining records of prescription form serial numbers issued to them.

5. Stock Control

Practices should maintain clear and unambiguous records on prescription stationery stock received and distributed to prescribers. It is preferable to use a computer system to aid reconciliation and audit. (2)

Ordering

General Practice

- ✓ All new prescribers must be registered on the NHS Business Services Authority (NHS BSA) Prescription Services database before prescription forms can be ordered. GPs will be registered on to the database to gain entry on to the National performer's list. For new non-medical prescribers joining your practice, please contact the CCG Medicines Team via wfccg.medicinesoptimisation@nhs.net.
- ✓ Once registration with the NHS BSA is complete, prescriptions can be ordered for all prescribers via the Primary Care Support England (PCSE) portal. <https://secure.pcse.england.nhs.uk>
- ✓ If new prescribers do not appear on the PCSE portal, then practices should contact PCSE at PCSE.Supplies-Leeds@nhs.net to request that they be manually added.
- ✓ Prescriptions should not be stockpiled and should only be re-ordered to maintain a reasonable working level of stock. (1) (2)

Community Specialist Services/Health Services

- ✓ Orders for prescription can be placed with Xerox (UK) Ltd, provided the CCG authorises the individual ordering prescriptions on the behalf of the service.
- ✓ In order to complete the authorisation process, the service is required to send to the Medicines Optimisation Team their safe custody of prescription policy via wfccg.medicinesoptimisation@nhs.net
- ✓ Upon receipt of this policy, the CSS service will be contacted and instructed to register with Xerox (UK) Ltd and will then be authorised to place orders for prescriptions. <http://www.nhsforms.co.uk/>
- ✓ User guides (videos) on how to use the portal and place orders are available here: http://a400.g.akamai.net/7/400/5566/v0001/xerox.download.akamai.com/5566/wmv/NHS_BSA-Placing_a_personalised_secure_print_order.wmv

Delivery

- ✓ When arranging the deliveries with the supplier, organisations should ensure that designated staffs are there to receive within a designated time-slot to enable same day follow-up of late deliveries. This will allow for any discrepancies to be highlighted quickly.
- ✓ Where possible, unloading of the prescriptions should not be done in a public area (e.g. reception area).
- ✓ Two members of staff should promptly oversee the deliveries of prescription forms. It is advised that one member should always remain with the delivery vehicle, whilst the other receives the order.
- ✓ The delivery should be thoroughly checked against the order and delivery note and only be signed for if the packaging is sealed and unbroken. Any discrepancies should be noted on the driver's delivery note, queried with PCSE and documented in the practice records.
- ✓ Prescription forms (and other controlled stationery) can only be delivered to the prescriber's registered address, which will always be an NHS address (delivery is not permitted to non-NHS addresses).
- ✓ In the case where a delivery is expected but does not arrive as anticipated, the PCSE should be notified of potential missing prescription forms. via pcse.enquiries@nhs.net
- ✓ Once signed for, the prescriptions should be moved to a secure area in the practice (i.e. a locked cabinet within a lockable room or area) and they should be received into practice stock using the central stock record (see below). (1) (2)

Central stock record

An electronic and/or paper central stock control record should be kept that records the receipt and issue of prescriptions. The following information should be recorded:

- ✓ Date of delivery
- ✓ Names and signatures of staff accepting delivery and witness
- ✓ What has been received (quantity and serial numbers, which are shown in bar code format on each box of FP10SS forms – bar coding data can be easily scanned using an appropriate device directly into a suitable application such as Excel)
- ✓ Details of the prescriber (if the prescriptions are pre-printed)
- ✓ Where items are being stored
- ✓ Date prescriptions are issued to a prescriber from centrally held stock
- ✓ Names and signatures of person issuing prescriptions and prescriber receiving prescriptions
- ✓ Details of who prescription forms were issued to, along with the serial numbers of the forms issued
- ✓ The serial numbers of any unused prescription forms that have been returned
- ✓ If destruction of prescriptions occurs, the date, reason for destruction and method of destruction.
- ✓ Names and signatures of person destroying and witness to destruction (1) (2)

Please note: These records should be retained for at least 18 months.

NB: serial numbers – the serial number on the prescription forms is positioned at the bottom of the form. The first 10 numbers are the serial number (these numbers run in sequence); the last (the 11th) character is a check digit and does not run in sequence.

6. Storage and Safety

Individual prescribers are responsible for the security of prescription forms once issued to them. As a matter of best practice, prescribers should keep a record of the serial numbers of prescription forms issued to them. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen overnight. (1) (2)

The following precautions should be routinely taken to prevent loss or theft of prescription forms:

- ✓ Stocks of prescription stationery should be kept in a locked cabinet in a secure room. Keys and/or access rights for this secure area should be strictly controlled and a record made of persons who hold keys or can access the area. This should allow a full audit trail in the event of any security incident.
- ✓ It is not advisable to leave the forms in printer trays when not in use or overnight.
- ✓ Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.
- ✓ Signed repeat prescriptions must not be left in an accessible location in reception – they must be kept out of sight and reach of patients and visitors to the surgery.
- ✓ Surgery stamps should be subject to stringent security and kept in a secure location separate from prescription forms as it is more difficult to detect a stolen or fraudulent prescription form that has been stamped with a genuine stamp.
- ✓ If a prescription needs correction or amendment, the prescriber must initial and date the change to confirm that the change is genuine.
- ✓ Under no circumstances should any prescriptions be left in a car unattended/overnight.
- ✓ It must be recognised that the single sheet forms are accepted by pharmacies and the NHS BSA in handwritten form. There is also the potential for single sheet prescriptions to be photocopied, making it almost impossible to detect fraudulent copies. Blank prescription forms should therefore be subject to the same stringent security, particularly with regard to storing them securely overnight, preferably removed from the printer and locked away.
- ✓ Prescribers of private CDs using the FP10PCD forms should exercise extra caution as there is greater potential for misuse of these forms. (1) (2)

Where forms are handwritten the following additional precautions should be taken to ensure that additional items cannot be added or quantities changed after the prescription has been issued:

- ✓ The blank part of the form below the drugs prescribed should be ruled through to ensure that items cannot be added
- ✓ The number of days' treatment box at the top left of the form should be completed
- ✓ The total quantity required should be written both in numbers and letters (1) (2)

Where a hand-held pad is being used, the following additional security steps are recommended:

- ✓ It is good practice to record the number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen overnight.
- ✓ Blank prescriptions must not be pre-signed. This increases the opportunity for misuse.
- ✓ The pad of prescriptions should only be produced when needed, and not left unattended. If a room is to be left unattended, they must be stored in a locked drawer. (1) (2)

7. Home Visits and Visits to Care Homes

- ✓ When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms, such as ensuring prescription pads are carried in a lockable carrying case or are not left on view in a vehicle. If they *have* to be left in a vehicle, they should be stored in a locked compartment such as a car boot and the vehicle should be fitted with an alarm. (1) (2)
- ✓ Prescribers on home visits should also, before leaving the practice premises, record the serial numbers of any prescription forms/pads they are carrying. Only a small number of prescription forms should be taken on home visits – ideally between 6 and 10 – to minimise the potential loss. (1) (2)
- ✓ Blank or pre-signed prescription forms must not be left at care homes for GP or locum visits as this provides opportunity for theft. The care home's CD cupboard must not be used for storing prescription pads. (1) (2)

Please Note: Each GP should carry his/her own supply of prescription forms as a matter of course when making care home visits. This also applies to locum GP visits to care homes. (1)

8. Security of Computers Systems Used to Generate Prescriptions

- ✓ Practices should have protocols/procedures that clearly define which staff have access to the functions of their clinical systems, for example smartcard authorisations.
- ✓ All staff with access to the practice computer system should have an individual password, changed on a regular basis. Each member of staff is liable for all medicines prescribed in their name.
- ✓ If a prescriber leaves the practice, the clinical system should be amended so that no further prescriptions can be issued bearing the details of that prescriber. (2)

9. Destruction of prescriptions

- ✓ If a prescriber resigns, retires or dies or otherwise no longer requires their prescriptions, the prescriptions should be destroyed. Prescriptions should also be destroyed if they become obsolete for any other reason e.g. out of date. This should be recorded on the stock control record. (1) (2)
- ✓ Destruction should be witnessed by another member of staff, and where possible, the process of destruction should be conducted at the clinical base of the prescriber. The witness would normally be a registered nurse or practice manager. Signatures of the witness must be recorded with the details of the prescriptions destroyed. (1) (2)

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- ✓ When a prescriber stops working in a GP practice, the computer systems should be amended so that no further prescriptions bearing the details of the prescriber concerned can be issued.
 - ✓ Unwanted/void prescriptions should not be posted to the CCG for destruction, as this creates potential opportunities for fraud or misuse. (1) (2)
 - ✓ Records of forms destroyed should be kept for at least 18 months. (1)

10. Locum Prescribers

It is the locum GP's responsibility to use prescriptions on behalf of the senior partner of each practice that they work for. Locum GPs should also keep a record of the prescription pads used and separate records should be kept for each surgery. (1)

11. Record Keeping and Audit Trail

- ✓ The practice manager must keep a signature list of all personnel who are authorised to access and order prescription pads.
- ✓ There should be an audit trail for prescription forms so that practices know which serial numbered forms they have received into practice stock and which have been issued to each prescriber/consulting room.
- ✓ If a prescriber leaves the practice (e.g. resigns, retires or dies), systems should be in place to recover all unused prescription forms on the last day of their employment or on the notification of their death.
- ✓ Records of prescription pads received into stock should be kept for three years, and records of prescriptions destroyed should be kept for at least 18 months.
- ✓ The 'history' of a prescription should be traceable from receipt of the blank form to when it is issued to an individual prescriber, to when it is used to prescribe a medicine. All practices should establish procedures for accessing this audit trail if needed. (1) (2)

12. References

1. **NHS Protect.** Security of prescription forms guidance. [Online] [Cited: 29 12 2017.]
https://cfa.nhs.uk/resources/downloads/guidance/fraud-awareness/Security_of_Prescription_forms_Updated_August_2015.pdf.

2. **Dorset Clinical Commissioning Group.** Management and Storage of prescriptions in Primary Care. [Online]
<http://www.dorsetccg.nhs.uk/Downloads/aboutus/Policies/Medicines%20management%20policies/Standard%20C2%20-%20Management%20and%20Storage%20of%20Prescriptions.pdf>.

Safe Custody of Prescription Checklist

<input type="checkbox"/>	Does your practice have a prescribing protocol?	
<input type="checkbox"/>	Does the prescribing protocol include information on prescription safety?	
<input type="checkbox"/>	Has the practice identified an individual with overall designated responsibility for the ordering of prescription pads and boxes of blank?	
<input type="checkbox"/>	Are prescription pads or boxes of blank prescriptions checked against the order and delivery note as soon as they are delivered at the practice?	
<input type="checkbox"/>	Are the serial numbers of the prescription pads recorded?	
<input type="checkbox"/>	Are prescription pads and boxes of blank prescriptions stored in a secure place?	
<input type="checkbox"/>	When a new supply is requested or given to a clinician are the serial numbers of the prescription pad recorded?	
<input type="checkbox"/>	Are GPs informed/aware that they cannot simply access and take prescription pads without recording the required information?	
<input type="checkbox"/>	Does your practice have a locum pack which includes information on prescription safety?	
<input type="checkbox"/>	Do locums have unique identifiable passwords for the practice's clinical system?	
<input type="checkbox"/>	Does your practice have a policy for issuing and recording FP10s to locums?	
<input type="checkbox"/>	Do all GPs follow the advice about storage of FP10s for home and care home visits?	
<input type="checkbox"/>	Is there Information Governance requirement around the security of NHS smartcards and computers systems when a clinician leaves a computer unattended reinforced?	
<input type="checkbox"/>	Does the practice have a policy for the action required if a prescription pad were to be stolen/go missing?	

<input type="checkbox"/> Are the printers always kept in a secure place/or locked when not in use?	
<input type="checkbox"/> Does the practice have a policy for the action required if a prescription pad were to be stolen/go missing?	
<input type="checkbox"/> Does the practice have some paper prescriptions which are only used in an emergency?	