

# Primary Care Services

## Prescription Security Protocol Version 1.0

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### Version Control Summary

Version	Date	Author	Comment
1.0	February 2021	Dr Liz Dawson / Charan Saduera	Based on: Leighton Road Surgery Prescription Security Protocol V1.4  Nigel Surgery 23: Security of blank prescription forms

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## 1. Introduction

This protocol supports primary care services to ensure the security of prescription forms against theft, and misuse applies to blank computer prescription forms and handwritten pads. Services who stock prescription forms are responsible for their management and use by:

- preventing theft and misuse through secure storage
- developing a protocol outlining roles and responsibilities and actions to take in the case of loss, theft or missing prescription forms/paper
- controlling and recording prescription form movement, including recording serial numbers

In order to protect patients and the wider community from persons inappropriately obtaining and using these items, this protocol discusses a range of measures to prevent and tackle prescription form theft and misuse. It also outlines the recommended actions when an incident occurs both during practice opening hours and throughout evenings and weekends.

Prescriptions should be sent electronically however, there are certain instances when a paper prescription is issued and the security of prescriptions and blank prescriptions is therefore necessary. This protocol is for all prescribing staff and those who write or manage the processes, clinical and non-clinical staff.

## 2. Protocol

### 2.1 Printer Scripts

- New boxes of incoming prescriptions - for use in the prescription printers – each have a unique code number, and these numbers are recorded on arrival by the Prescription Clerk Team. In practice teams that do not have a dedicated PCT there should be a nominated individual who is responsible for prescription security.
- A missed delivery should be followed up quickly, usually within 6 working days from the date of the order being placed.
- Every box of blank prescriptions is locked in a cupboard and only authorised staff have access to this.
- Any blank prescriptions in Clinical Rooms during clinical sessions are in locked printer trays in lockable rooms, blank prescriptions should be signed out by the PCT or nominated individual and placed in the lockable printer drawer, the stock should only be replenished when it has completely run out. Where lockable printer drawers are not available prescription paper should be signed out by the responsible individual at the beginning of the clinical session and signed back in once the session has finished with a log made of the number of prescriptions used.
- Completed prescriptions will either be sent directly to the relevant pharmacy / dispensary (where appropriate) or left in Reception for collection by the patient. To ensure additional security, patients are encouraged to use electronic prescriptions wherever possible. As of April 2020 all scripts should be sent by EPS.
- NO clinical rooms have prescription paper loaded in printers unless a lockable printer drawer is available and only small numbers of prescriptions to be placed in lockable

printer drawers in order to encourage uptake of EPS and enhance prescription security.

- When Clinicians need to print an **urgent** prescription they should ask the PCT, GP Lead, Practice Manager or Nurse Manager to issue them the required number of prescription paper sheets. It is the issuing Manager's responsibility to log the number of sheets given, serial numbers of the sheets given.
- At the end of the session the Clinician should return any unused prescription paper to the Manager above.
- If a clinician needs to print a non-urgent script then they should task the PCT or the dedicated member of the team responsible for prescription handling who will print the script and arrange for it to be signed and collected.
- Any misprinted scripts should be struck through and shredded and a log of the serial number of the spoiled prescription recorded by the nominated person responsible for prescription security.
- 'Blue' controlled drug prescriptions used for the prescribing of drugs such as methodone and buprenorphine should only ever be signed out one at a time and should NEVER be left in printer drawers even if they are lockable.

## 2.2 Prescription Pads

Ideally services are encouraged to use electronic prescriptions however, should the practice use prescription pads then a record must be kept of pre-printed prescription forms including serial numbers and where, when (date/time) and to whom prescription forms have been distributed. A record must be kept of prescription forms that are returned to stock, destroyed, and the reasons for destruction. Prescription pads for the purpose of handwriting prescriptions should never be kept anywhere other than the designated locked area. Should a blank handwritten prescription be required for a home visit only one prescription should be issued for the purpose of the home visit and the serial number logged.

Prescription pads and individualised forms must be kept in a locked space and not with patients' notes. The serial number of the first remaining form is made at the end of each patient session. Only authorised individuals have access to the lockable room or area where prescription form stocks are kept.

## 3. Missing Completed Prescriptions

The incidences of missing prescriptions should be reduced by using EPS wherever possible. If a prescription was printed and then cannot be found in the prescription box, the box in Reception must be re-checked to ensure it has not been misfiled. If it is not there, speak to the issuing GP or nurse and ask them to check their consultation room.

If the prescription cannot be found, it must be deleted from the patient record and another prescription printed. Again, patients should be encouraged to use EPS so the occurrence of this event is minimised.

#### 4. Loss or Theft of Blank Prescription Stock

Any loss or theft of prescription stock should be:

- Raised internally and reported on Datix as an incident which will be reviewed by the Trust grading panel to decide the level of further investigation required such as serious incident investigation if deemed appropriate
- Reported to NHS Fraud and Corruption Reporting Line (online or by phone)

Email: [prevention@nhscfa.gsi.gov.uk](mailto:prevention@nhscfa.gsi.gov.uk)

Web: <https://cfa.nhs.uk/>

Tel: 0800 028 40 60

Online: <https://cfa.nhs.uk/reportfraud>

#### 5. Review

This protocol will be subject to review every three years, or, in light of any changes to national standards or Trust policy.