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PRESCRIPTION SECURITY PROTOCOL

Introduction

This protocol sets out the procedures in force to ensure the security of stored prescription forms.

There is a potentially high incidence of the use of stolen or forged prescription forms and it is essential that members of staff are vigilant in the management, recording and distribution of these forms within the practice.

General Security Principles

- Clear and unambiguous records of prescription stationery stock received.
- Clear arrangements for the arrival of prescription form stock. This should include a pre-determined date of arrival where possible, so a missed delivery can be followed up quickly within 6 working days from the date of the order being placed.
- Prescription form stock checked on delivery. Bar codes recorded, checked against the delivery note and the stock securely stored as soon as possible.
- Stock stored securely, at least in a locked cabinet within a lockable room or area.
- Access to forms restricted to authorised individuals.
- Record kept of pre-printed prescription form stock distribution within the practice including:
 - the serial numbers
 - where, when (date/time) and to whom prescription forms have been distributed
 - using a computer system helps reconciliation and audit.
- Records kept of prescription forms that are:
 - returned to stock,
 - destroyed, and the reasons for destruction.
- Clear storage system for prescribers using individualised forms:
 - 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.
- Measures in place to keep forms secure. For example:
 - only authorised individuals have access to the lockable room or area where prescription form stocks are kept.
- it is not advisable to leave the forms in printer trays when not in use or overnight. The new guidance says all prescriptions should be removed from printer trays and locked away when not in use or out of hours.

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General Security Precautions

The practice will maintain a register (See **Appendix A**) to track prescriptions received and distributed, which will record forms supplied to individual GPs and nurse prescribers. The register will be held securely, and close to, but not with, the prescription pads. Completed registers will be retained for a minimum of 3 complete calendar years.

A maximum and minimum stock level will be agreed with each prescriber, and a further supply of forms will only be issued when the minimum stock level has been reached.

All staff, including prescribing clinicians, will be made aware of the security requirements and the administrative procedures in respect of prescription management. A full audit of prescriptions will be carried out on a regular basis, which will include a full stock reconciliation and check (to include forms held by individual GPs) at least [3] times per calendar year.

The number of forms / pads held at any time, both in the practice and by individuals within it, will be kept to a minimum. Forms to locums will be limited to a reasonable supply to satisfy the requirements of immediate surgery sessions only. Forms / pads will be locked away in drawers when not in use. Forms will not be left in printers overnight or following the end of surgery. It is the responsibility of each prescriber to ensure the security of their prescriptions when finishing their session/leaving their room etc.

Ordering and Receipt

A nominated non-clinical staff member will be responsible for prescription form ordering, management and recording. The person nominated for this practice is [*Insert name*]. This person will maintain all records relating to these procedures, including delivery notes.

The register will record:

- Date of receipt
- Serial number ranges
- Date issued internally
- Serial numbers of internally issued forms
- Name of person issuing
- Recipient GP or other prescriber
- Record of forms issued to locums
- Record of forms received back from locums on termination of employment/end of session

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All pages in the register will be consecutively numbered within each section. Where a locum or other clinician wishes to return forms to stock, these will be recorded within that clinician's register page as stock received.

Upon delivery, the delivery note is to be checked to verify that the required number of boxes has been received. Entry into the register will take place immediately on receipt of the stock delivery and the forms will be locked away immediately. A full stock reconciliation check is to take place at this time.

Storage

Bulk forms / pads will be kept in a locked cabinet or locked room, pending use. The key will be retained by the nominated person and the copy key held in a lockable duplicate key cabinet which has controlled access.

Forms will be stored in sequential order of receipt within the practice. They should not normally be left in an unattended car as this may well become a recognisable target for theft, nor should they be left unattended in unsecure consulting rooms.

It is advisable that GPs and locums do not take prescriptions out on home visits as it raises the risks of theft or misplacing them. It is far safer to return to the surgery and issue and forward to chemist for delivery from the surgery.

Distribution and Use

Where a pad of forms is to be distributed, an entry will be made in the record book by the non-clinician responsible for management of the procedure. Each prescriber will have their own section in the register to record their forms. Clinical staff are not permitted direct access to stored forms.

The register will be noted with the:

- Date of distribution
- Serial numbers of the distributed forms (or the range of numbers where sequential)
- Name of issuer
- Name of recipient

Only one pad of forms will be distributed per clinician at any given time. Where the pad of forms is reduced through use to a minimum agreed stock level, a further pad may be issued.

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It is good practice for clinicians to record the number of the first prescription form at the start of each day and the last prescription form at the end of each day. This will help to identify any forms which go missing.

Blank prescription forms must not be pre-signed and should only be produced when clinically needed.

It is advisable to ensure prescriptions that have been issued by mistake or incorrectly are stored centrally and have been marked void for audit purposes.

Prescriptions to be Collected

These may be stored close to the reception desk but must be out of reach of a patient (potentially) reaching over the desk.

Uncollected prescriptions must be destroyed on a regular basis, and this will be done when the prescription is [*Insert period*] months old.

Prescriptions will be moved to a lockable cabinet overnight.

Collecting on behalf of a patient – ensuring confidentiality compliance

A friend or relative can collect someone else's prescription if that person has told the surgery they are happy for them to collect it.

At present it is not legally required to check a person's identity, but they will be asked to confirm the name and address of the person they are collecting the prescription for. It would be good practice to ask for proof of identity to prevent the wrong prescription being given out.

If a pharmacy offers a prescription collection service, then they will collect prescriptions from the GP surgery - the person collecting prescriptions should confirm their identity and prove they are acting on the pharmacy's behalf and with their permission. Pharmacists, like GPs, have a responsibility to ensure all patients' details are kept confidential.

From a dispensing point of view, consent does not need to be obtained from each patient that provides a prescription to be dispensed, because consent is not the lawful basis for processing - patients provide "implied consent" to enable the pharmacy to process their personal information so they can complete the prescription for them.

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Under the Data Protection Act of 2018, this means that the pharmacy's lawful basis for processing the patient data on the prescription is to *"perform a task carried out in the public interest or in the exercise of official authority vested in the controller"*.

However, to make sure there is less risk of a data breach, the patient or their representative should confirm the address to the pharmacist/dispenser – getting confirmation gives the option to the patient/representative to choose whether to confirm the address verbally or choose to show proof of identification.

Loss or Theft

Missing forms should be reported to the counter-fraud officer at the PCT at the first available opportunity. Following the loss of forms, the prescriber may be required to sign all prescriptions in a readily identifiable manner (e.g. in green ink) for a period of months after the event to ensure that genuine scripts are not compromised on presentation at a pharmacy.

Access And Physical Security Considerations In GP Practices

While security risks will vary depending on the building, environment and other external factors, there are several general security considerations which, if incorporated, can mitigate some threats.

Practices should carry out a risk assessment to identify potential location specific threats. Suitable physical security measures that address identified risks and are supported by a strong pro-security culture among staff provide further protection for prescription forms.

Those responsible for security should be consulted.

There are a range of physical security measures that add further protection alongside consistent and thorough policies and procedures, such as:

- CCTV
- Alarms
- access control systems
- design features in the environment that adhere to **Secured by Design** principles

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Other physical security measures that should be considered include (where applicable) windows barred with metal security grilles and doors equipped with appropriate security locks.

Securing the forms

Restricted access	Only authorised people should enter the room where blank forms are stored. Keep track of who gets keys or access rights.
Safe storage	Use an electronic system for most prescriptions. For paper forms, keep them in secure cabinets and don't leave them in printer trays when not in use.
Printer security	Be careful where you place printers. Consider security devices or placing them in secure areas.

Securing Computer Systems

Limited access	Define who can access the system and its functions, especially when shared with other services.
Individual passwords	All users must have personal passwords they don't share. Change them regularly.
Screensavers	Activate screensavers with passwords to lock screen access when users are away.

Prescriptions posted in the mail

The preferred and safest options for patients to obtain a signed prescription form from their prescriber are either face to face during the consultation or collected on their behalf by a named representative at their nominated pharmacy. Using any of these options reduces the opportunity for fraudulent activity to occur involving a genuine prescription form.

However, sometimes none of these options are suitable to patients and some practices may have to resort to posting signed prescription forms to patients at their home address.

Mailing is a last resort: Sending prescriptions through the mail should **only** be done when other options like in-person collection or pharmacy pick-up are not possible.

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High risk for fraud: Signed prescriptions in the mail are like sending blank checks - easy to misuse if stolen. This risk is even higher for controlled drugs.

Remember: Mailing prescriptions is risky. Take all possible steps to protect patients and prevent fraud.

Precautions to take before posting prescriptions in the mail	
Double-check patient address	Make sure it's accurate and updated.
Consider potential misuse	Be aware of known substance abuse issues at the address.
Document everything	Record date, recipient, delivery date, and medication details.
Discreet packaging	Don't advertise contents on the envelope.
Track and sign for	Use trackable mail and get a signature upon delivery.
Reconcile and escalate	Verify delivery and have a plan for lost prescriptions.
Formalise procedures	Include these precautions in your policies and audit adherence.

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See next page for Appendix A >>>

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APPENDIX A

PRESCRIPTION REGISTER

GP / NURSE PRESCRIBER.....

Date of Order	Number Ordered	Date Received	Serial Numbers Received	Date Issued	Issued By Signature	Serial Numbers Issued	Signature of Recipient

Reconciliation carried out by [Name] [Date]

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