

Prescription Security	
Reference	How To Guide 39
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This protocol outlines the security measures implemented in relation to the procurement, storage and distribution of prescription forms to ensure an audit trail can be maintained and the risk of theft minimised. It applies to FP10 computerised forms and prescription pads.

Prescribers in the General Practice Setting

- General practitioners including trainee G.P.s and registrars
- Nurse practitioners qualified as independent prescribers and whose entry on the professional register indicates such
- Pharmacists qualified as independent prescribers and whose entry on the professional register indicates such.

Order, Receipt, Storage and Destruction of Prescription Forms

- Named person 1 is the team member responsible for ordering of prescription forms and is, along with named person 2, authorised to take receipt of prescription form deliveries.
- On receipt of a delivery, named person 1 if available (or named person 2) should cross reference the serial numbers of the prescription forms to the delivery note and record the following details:
 1. Date of delivery
 2. Name and signature of the person accepting delivery
 3. Quantity and serial numbers of forms received (first to last numbers recorded)
- If the delivery does not arrive on the due date, the suppliers should be notified as soon as possible.
- **Records should be retained for a minimum of three years**
- Prescription forms should then be stored in the designated, lockable prescription cupboard.

- An order slip should be attached to the second to last box of prescriptions; when reached, this should be brought to the attention of named person 1 if available (or named person 2) to prompt re-order.
- Prescription boxes and prescriptions left for signing should be stored securely overnight.
- When a prescriber leaves the practice, any remaining personalised forms should be shredded before being placed in confidential waste. **The individual destroying the forms should record the serial numbers and date destroyed, and these records should be kept for a minimum of 18 months. The destruction should be witnessed and counter signed by a colleague.**

Distribution and Use of Prescription Forms

- Ideally when computerised prescription forms are removed from the cupboard to be allocated to printers, the date, serial number range, and destination of the forms should be recorded on the designated record form kept with the prescriptions, and the entry should be signed by the member of staff who has accessed the cupboard.
- When prescription pads are removed from the cupboard to be passed to a prescriber, this should be recorded in a similar manner on the prescriber specific records form, also kept in the cupboard.
- Prescribers should keep their own record of the serial number range of the forms in their possession, and should ideally use them in number sequence so as to aid accurate tracking of form use and easy identification of any anomalies.
- **Records should be retained for a minimum of three years**
- Blank prescriptions should NEVER be pre-signed.
- When performing home/domiciliary visits, the prescribers should minimise the number of forms they are carrying on their person and should pre-record the serial numbers. Prescription forms should never be left in care homes, and care should be taken to keep them out of sight at all times. Prescribers on visits should ideally keep forms on their person at all times or, if they must leave items in their vehicle should ensure that they are out of sight. Prescription pads should not be left in vehicles overnight.
- Locum prescribers should return unused prescription forms at the earliest opportunity following home/domiciliary visits.
- At the end of the session/day; all unused prescription forms/pads should ideally be returned to stock. If this is not feasible, they should be stored securely to minimise risk of theft.

Duplicate and Spoiled Prescriptions

- If a duplicate paper prescription is inadvertently issued, every effort should be made to have it returned to the prescriber as soon as possible so that it can be destroyed securely and recorded.
- If an error has been made on a prescription form, it is acceptable to do one of the following options:
 1. put a line through the script and write “spoiled” across the form, so that it cannot be dispensed
 2. cross out the error, initial and date the error and then correct the prescription
 3. destroy the form securely and use a new form.
- **Destruction of controlled drugs prescriptions should be witnessed by a colleague and the individual destroying the forms should record the serial numbers and date destroyed. These records should be kept for a minimum of 18 months.**

Controlled Drug Prescriptions

- The controlled drug prescription log must be completed every time a prescription is handed out, with date of collection, items on the prescription, name of patient/representative collecting and signature, see How To 17
- Issuers of controlled drug prescriptions should annotate the prescription in the top left corner of the prescription form as a prompt for practice staff, some practices use small coloured stickers.

Missing or Stolen Prescriptions

- See 'How To' 42
- For blank prescription forms that are missing/assumed stolen, alert the area team (contact details from NHS Stockport CCG or via the internet), Controlled Drugs Accountable Officer and police as appropriate, and report on the practice incident reporting system.
- Reports of lost/stolen prescriptions should include the following details:
 - date and time of loss/theft
 - date and time of report
 - location of incident
 - type of prescription form/pad involved
 - serial number range and quantity

Link to the Greater Manchester controlled drugs accountable officer

<https://www.cdreporting.co.uk/>

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