

22 Apr 08

IMPLEMENTATION OF THE DEPARTMENT OF HEALTH'S BEST PRACTICE GUIDANCE FOR SECURITY OF PRESCRIPTIONS, SICKNESS CERTIFICATES AND MATERNITY FORMS

In what follows the words of the DH's best practice guidance are on the left with suggested actions or notes in the adjoining column.

Guidance Paragraph	Recommendations to Practices
<p>1. Develop a security awareness culture. Many staff in the NHS are not aware of the potential dangers, cost implications and significant losses to the NHS that can arise from poor administration and security of such forms. Prescription forms in the wrong hands are blank cheques with an extremely high street value.</p>	<p>Practices should include this in their surgery staff training, particularly when inducting new staff.</p>
<p>2. All health bodies should ensure that robust policies and procedures are in place to manage the effective security of prescription and other forms at a local level. The security of prescription and other forms extends from the printing stage to the point of being handed to a legitimate patient. However, responsibility and ownership of the security function transfers with the forms.</p>	<p>See General Note.</p>
<p>3. All health bodies should designate a member of staff to accept overall responsibility for overseeing the whole process involved – from the ordering, receipt, storage and transfer to the access to forms and their overall security. This person should be able to ensure appropriate security measures are implemented and maintained and they should undertake regular inspections of prescription and other form administration and security. They should also complete regular stock checks.</p>	<p>Not necessarily the practice manager, but it needs to be someone in whom absolute trust can be placed.</p>
<p>4. Orders received from GP practices should be checked against doctors'/nurses'/ pharmacists' current details and status and verified against the order.</p>	<p>Keep the PCT informed of all relevant staff changes.</p>
<p>5. Deliveries of prescription forms from prescription form suppliers to PCTs must be thoroughly checked against delivery notes. Two members of staff should always be in attendance when a delivery arrives, one of whom should always remain with the delivery vehicle. The delivery should be checked against the order and delivery note and only be signed for if the packaging is sealed and unbroken.</p>	<p>It is good practice to ensure that even the most trustworthy custodians are themselves seen to be checked.</p>
<p>6. Prescriptions must be transferred to a secure store immediately. Best practice is for batches never to be left unattended and appropriate paperwork always to be checked.</p>	<p>See General Note.</p>
<p>7. Irregularities at delivery stage must be reported immediately to the designated person through the local incident reporting system. The accountable officer and Local Security Management Specialist (LSMS) and/or LCFS should be notified.</p>	<p>See General Note.</p>

8. Where loss or theft is suspected, the police should be informed immediately. It may be necessary to circulate details via a fraud notice/security alert and for arrangements to be made for the prescriber in question to take agreed action in the way subsequent forms are completed for the near future.	See General Note.
9. <i>Two staff should be in attendance when batches are being prepared for the transfer to GP practices.</i>	<i>(Applies to PCT only)</i>
10. Delivery within PCTs (i.e. to GP practices, nurse/pharmacist prescribers) should be by internal courier and only handed over against signature.	
11. <i>Hospital trusts should adopt and implement similar security policies and procedures to those used by PCTs.</i>	<i>(Guidance for hospitals only)</i>
12. Prescribers who work in teams, e.g. nurses and health visitors, should restrict access to spare prescription pads to prescribing clinicians only.	See General Note.
13. Personalised prescription forms which are no longer in use should be securely destroyed, e.g. by shredding before putting into confidential waste. The person who destroys the forms should make a record of the serial number of the forms destroyed. Ideally, the destruction of the forms should be witnessed by another member of staff.	See General Note.
14. Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.	See General Note.
15. Frontline mobile NHS staff should be warned of the potential dangers associated with carrying/leaving prescription forms in vehicles. Mobile staff who carry prescription forms in the course of their duties should keep the forms secure. They should ideally keep forms on their person at all times or, if they must leave items in their vehicle, they should ensure that they are out of sight. Prescription pads should not be left in vehicles overnight.	See General Note.
16. Professional advice on general security management matters may be sought from the LSMS.	See General Note.

General Note. There should be a practice procedure laid down in writing covering the security of forms at all stages while it belongs to the surgery. All members of staff likely to be handling forms need to have read and understood it. Practices may wish to keep a written, signed record to say that they have done so.

[Signed on the original]

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