

# **Primary Care Prescription Security Audit**

# PRESCRIPTION SECURITY AUDIT

## INTRODUCTION

Theft and misuse of blank or legitimately completed prescriptions signed by an authorized practitioner is an area for concern as these forms can be used to obtain drugs, often controlled drugs, illegally for recreational use, unsupervised treatment of an illness or health condition, or for onward sale. It is essential that all prescribers and other staff who handle prescription forms are vigilant in adhering to procedures that reduce the risk of prescription theft and misuse.

## AIMS OF THE AUDIT

To ensure the effective secure management of prescription forms within the practice and by practitioners when attending patients outside of their practice.

## CRITERIA

The criteria questions have been divided up in to sections addressing various issues.

1. Procedures		
Criteria	Method	Comments/ Examples
Does the practice have a written protocol for the management of prescription security? Y/N Is it signed up to by all staff? Y/N	Documentation Question staff	
Is there a nominated person(s) appointed to take responsibility for prescription security procedures? Y/N	Documentation Question staff	
Does regular training on prescription security procedures occur with all staff members? Y/N	Question staff	
Are registers recording the ordering, receipt and use of prescription forms kept? Y/N  Do the registers include details of the following:  Date, method and name of person placing the order? Y/N	Documentation  Documentation	

Number of prescriptions ordered? Y/N Quantity/Serial numbers of prescriptions received? Y/N Person who received and stored? Y/N Name of practitioner on the prescription Y/N Date and quantity/serial numbers issued for use? Y/N Person who removed from store? Y/N Practitioner they will be used by? Y/N		
Are there separate sections for each type of prescription form? Y/N	Documentation	

<b>2. Ordering</b>		
<b>Criteria</b>	<b>Method</b>	<b>Comments/ Examples</b>
When ordering new prescription forms are the following records kept, The name of the person who places the order? Y/N The date of the order? Y/N The type and number of prescriptions ordered? Y/N The name of the practitioner whose prescription pad was ordered? Y/N	Documentation	
Are deliveries signed for by a nominated trained member of the practice staff? Y/N	Documentation Question staff	
Are deliveries checked against the order to ensure it matches the original order including the correct address for the practice and practitioner name(s)? Y/N	Question staff	

<b>3. Storage</b>		
<b>Criteria</b>	<b>Method</b>	<b>Comments/ Examples</b>
Are unused forms kept in a secure locked area to which access is kept to a minimum number of nominated people? Y/N	Documentation Question staff	
Do regular checks occur on prescription	Question staff	

storage and registers at regular intervals? Y/N		
Are forms left unattended or unsecured at any time in the practice or in a car? Y/N	Question staff	
Are uncollected prescriptions locked away securely at the end of each day? Y/N	Question staff	
Are signed forms stored where they cannot be accessed by the public? Y/N	Sample check Question staff	
Are signed forms removed from the counter to a secure drawer if practice staff are not at the counter? Y/N	Question staff	
Does the practice have a prescription collection policy? Y/N	Documentation Question staff	
Does the practice record prescriptions collected by a pharmacist on behalf of patient? Y/N	Documentation	
Where prescriptions are collected by a third party on behalf of a pharmacy, does the practice place a tamper-evident seal (such as a sticker stamped with the practice name and address) on the envelope? Y/N	Question staff	
Is a procedure in place to ensure that uncollected prescriptions are destroyed promptly, usually a month after issue, and a record made in the patient's notes? Y/N	Documentation	

<b>4. Stock Prescriptions</b>		
<b>Criteria</b>	<b>Method</b>	<b>Comments/ Examples</b>
Does each GP have their own HS21S stock order forms with cipher number to order	Question staff	

stock drugs for their bags and for controlled drugs? Y/N		
Is there a system in place to enable locums, trainees and other GPs without their own cipher number to acquire stock drugs, including controlled drugs? Y/N	Question staff	

<b>5. Missing / stolen prescriptions</b>		
<b>Criteria</b>	<b>Method</b>	<b>Comments/ Examples</b>
Does the practice have a procedure for dealing with missing prescriptions? Y/N	Documentation	
Does the practice have a procedure for dealing with stolen prescriptions? Y/N	Documentation	

<b>6. Preventing alteration of written prescriptions</b>		
<b>Criteria</b>	<b>Method</b>	<b>Comments / Examples</b>
Does the practice have the clinical system configured to ensure the blank section of the prescription form is printed over to prevent fraudulent additions of medication? Y/N	Documentation	

<b>7. Disposal of obsolete prescriptions</b>		
<b>Criteria</b>	<b>Method</b>	<b>Comments/ Examples</b>
Does the practice have a procedure for dealing with disposing of obsolete prescription forms? Y/N	Documentation	

## STANDARDS

100% for each criteria

## METHOD

This audit should be carried out by the practice manager or clinical governance lead for the practice. The questions should be asked in relation to existing practice policies and procedures concerning all aspects of dealing with prescription forms including ordering and security.

## RESULTS

When recording the results,

Yes equates to 100%

No equates to 0%

For questions that have multiple parts then each part equates to a percentage

e.g. for the question, Do the registers include the following details:

Date, method and name of person placing the order?

Number of prescriptions ordered?

Quantity/Serial numbers of prescriptions received?

Person who received and stored?

Name of practitioner on the prescription?

Date and quantity/serial numbers issued for use?

Person who removed from store?

Practitioner they will be used by?

Each yes / no answer is equivalent to 12.5%

## RESULTS SUMMARY SHEET

Audit criteria	Y/N	Percentage	Standard set
<b>1.Procedures</b>			
Does the practice have a written protocol for the management of prescription security?		%	<b>50%</b>
Is it signed up to by all staff?		%	<b>50%</b>
		<b>Total</b>	<b>Total 100%</b>
Is there a nominated person(s) appointed to take responsibility for prescription security procedures?		%	<b>100%</b>
Does regular training on prescription security procedures occur with all staff members?		%	<b>100%</b>
Are registers recording the ordering, receipt and use of prescription forms kept?		%	<b>100%</b>
Do the registers include the following details			
Date, method and name of person placing the order?		%	<b>12.5%</b>
Number of prescriptions ordered?		%	<b>12.5%</b>
Quantity/Serial numbers of prescriptions received?		%	<b>12.5%</b>
Person who received and stored?		%	<b>12.5%</b>
Name of practitioner on the prescription?		%	<b>12.5%</b>
Date and quantity/serial numbers issued for use?		%	<b>12.5%</b>
Person who removed from store?		%	<b>12.5%</b>
Practitioner they will be used by?		%	<b>12.5%</b>
		%	<b>12.5%</b>
		%	<b>12.5%</b>
		<b>Total</b>	<b>Total 100%</b>
Are there separate sections for each type of prescription form?		%	<b>100%</b>

<b>2. Ordering</b>			
When ordering new prescription forms are the following records kept,			
The name of the person who places the order?		%	<b>25%</b>
The date of the order?		%	<b>25%</b>
The type and number of prescriptions ordered?		%	<b>25%</b>
The name of the practitioner whose prescription pad was ordered?		%	<b>25%</b>
	<b>Total</b>	%	<b>Total 100%</b>
Are deliveries signed for by a nominated and trained member of the practice staff?		%	<b>100%</b>
Are deliveries checked against the order to ensure it matches the original order including the correct address for the practice and practitioner name(s)?		%	<b>100%</b>
<b>3. Storage</b>			
Are unused forms kept in a secure locked area to which access is kept to a minimum number of nominated people?		%	<b>100%</b>
Do regular checks occur on prescription storage and registers at regular intervals?		%	<b>100%</b>
Are forms left unattended or unsecured at any time in the practice or in a car?		%	<b>100%</b>
Are uncollected prescriptions locked away securely at the end of each day?		%	<b>100%</b>
Are signed forms stored where they cannot be accessed by the public?		%	<b>100%</b>
Are signed forms removed from the counter to a secure drawer if practice staff are not at the counter?		%	<b>100%</b>
Does the practice have a prescription collection policy?		%	<b>100%</b>
Does the practice keep a record of prescriptions			



collected by a pharmacist on behalf of patient?		%	100%
Where prescriptions are collected by a third party on behalf of a pharmacy, does the practice place a tamper-evident seal (such as a sticker stamped with the practice name and address) on the envelope?		%	100%
Is a procedure in place to ensure that uncollected prescriptions are destroyed promptly, usually a month after issue, and a record made in the patient's notes?		%	100%
<b>4. Stock prescriptions</b>			
Does each GP have their own HS21S stock order forms with cipher number to order stock drugs for their bags and for controlled drugs?		%	100%
Is there a system in place to enable locums, trainees and other GPs without their own cipher number to acquire stock drugs, including controlled drugs?		%	100%
<b>5. Missing /stolen Prescriptions</b>			
Does the practice have a procedure for dealing with missing prescriptions?		%	50%
Does the practice have a procedure for dealing with stolen prescriptions?		%	50%
		<b>Total</b>	<b>Total 100%</b>
<b>6. Preventing alteration of written prescriptions</b>			
Does the practice have the clinical system configured to ensure the blank section of the prescription form is printed over to prevent fraudulent additions of medication?		%	100%
<b>6. Disposal of obsolete prescriptions</b>			
Does the practice have a procedure for dealing with disposing of obsolete prescription forms?		%	100%
<b>TOTAL</b>		%	100%

## GRADING

**>90%** achieved per section. **LOW RISK** Current system working well. Very minor changes / additions to existing security protocol

**70%- 90%** achieved per section **MEDIUM RISK** Standards broadly achieved but some sections need to be reviewed

**< 70% achieved** per section **HIGH RISK** Standards not addressed, need for complete review of section

## ACTION PLAN

What steps should you take to improve prescription security?

- Formulate a plan to modify the areas where current practice does not meet the standards set.
- Consider how to address all missing factors.
- Set a timescale for implementing change and reviewing your actions.
- Agree and document what needs to be done, by whom, and by when.