

**Sent via Email**

To: GP Practices  
GP Out of Hours  
Community Pharmacists

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Dear Colleague

**Fraudulent Attempts to Obtain Medicines for Patients Detained in Prison**

The Health and Social Care Board (HSCB) has received a number of reports where GP practices have continued to issue repeat prescriptions for patients who were at the time detained within the prison system; these prescriptions had then been dispensed by a community pharmacist. In all cases, neither the GP practice nor the community pharmacy was aware that the patient was in prison.

In most of these cases, a person or person(s) had practised some form of deception in order to obtain medication that was not prescribed for them. However, in some instances, the person obtained the medication by taking advantage of the systems already put in place by the patient with their GP practice and community pharmacist e.g. community pharmacies ordering on behalf of patients and delivering to their homes. Obtaining or attempting to obtain medication fraudulently is a criminal offence which will be investigated by the BSO Counter Fraud and Probity Services (CFPS) department. Where sufficient evidence is gathered referrals will be made to the PSNI with the view to prosecute such offenders.

The main contributory factor to these incidents is that currently, GP practices are not notified by prisons when their patients are detained within the prison system. As a result, the GP and community pharmacist are likely to be unaware that the patient is no longer under the care of the practice. This has created opportunities for individuals to obtain medication fraudulently by e.g. making telephone requests for repeat medications and claiming to act on behalf of the patient or indeed impersonating the patient.

There are obvious risks associated with fraudulent attempts to obtain medication, either to the perpetrator themselves as a result of taking medication that was not prescribed for them or to the health of others, if the medication is obtained and then diverted elsewhere. In one particular case, a patient was admitted to hospital following an overdose of medication that was obtained in this way.

**The HSCB is currently working alongside staff with responsibility for prison health to put in place a mechanism to inform GP practices when their patients are detained in prison. However in the interim, and until this process is agreed and implemented, practices should consider any steps or systems that they can put in place to reduce the risks associated with this.**

In addition to the communication issue between prison health and primary care, a number of other contributory factors to these incidents were identified, which included:

- Lack of patient review by the GP practice
- GP practice continuing to issue monthly instalment dispensing prescriptions, without request by the patient/carer, and to send these to the community pharmacist for dispensing
- Community pharmacies ordering medication from GP practices on behalf of patients. As outlined in previous communications, this is against HSCB policy, unless there are exceptional circumstances which have been agreed between the GP, community pharmacist and patient.
- Community Pharmacists not always aware of who has been nominated by the patient to collect medication on their behalf, or to whom the medication is being delivered.
- Community pharmacists handing out or delivering medication on a weekly basis to a patient representative over a prolonged period, without querying the absence of the patient. Where medication was delivered to a patient's home, a signature was not always received.

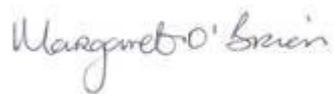
### **Action for Primary Care Practitioners**

Some suggested points of advice for primary care practitioners are included in Appendix 1 and you are asked to review both these and the above points, and to give consideration to any steps you can take in your own practice or pharmacy to reduce the risk of these incidents occurring with one of your patients.

Additional information on prescription fraud and the work of CFPS is available at [www.cfps.hscni.net/reportfmr](http://www.cfps.hscni.net/reportfmr) or email [CFPS@hscni.net](mailto:CFPS@hscni.net).

If you have any queries about this, please contact your local Medical Adviser and/or Medicines Management Adviser.

Yours Sincerely

A handwritten signature in cursive script that reads "Margaret O'Brien".

**Dr Margaret O'Brien**  
**Assistant Director, DOIC**  
**Head of GMS**

A handwritten signature in cursive script that reads "Joe Brogan".

**Mr Joe Brogan**  
**Assistant Director, DOIC**  
**Head of Pharmacy and**  
**Medicines Management**

## **Appendix 1: Advice for Primary Care Providers to Reduce Risk**

While the focus of this guidance is where a patient is in prison and attempts are made to seek their medicines fraudulently, there may be other circumstances where a patient may be absent from their long term residence e.g. in another care setting or on holiday for a prolonged period, and the safeguards set out below and above should be similarly applied.

All staff should have a high index of suspicion for requests for medication liable to abuse e.g. benzodiazepines, z drugs, other controlled drugs and pregabalin.

### **Advice for GPs**

1. Be alert to patients who have a prison history and are not attending the surgery in keeping with their usual pattern, however medication is still being requested
2. Review practice procedures for repeat prescriptions, particularly in relation to:
  - Ordering and collection of prescriptions by a third party. Consider restrictions and/or identity checks for medication liable to abuse or where there are known patient issues
  - How repeat medication authorisation is undertaken in particular, for medications liable to abuse
  - Medication Review: Ensure regular review occurs for key groups of patients e.g. those with a history of drug abuse and/or prison detention. Ideally, this should be done face to face, or where this is not possible, by speaking to the patient over the phone.
3. If a GP practice becomes aware that a patient is in the prison system, they should contact the patient's community pharmacist, if known, to advise that further supplies of medicines from e.g. batch prescriptions, owings or a 'dispense weekly' prescription should be cancelled until the patient returns in person.

It is also worth noting that prisoners on day or weekend release will be given a supply of medication sufficient for their release period and therefore should not need a prescription from GP in hours or out of hours. However, controlled drugs and substitute prescribing medications such as methadone or buprenorphine may only be given as a daily dose prior to release. If you have any concerns about such requests, contact the appropriate prison authority and give consideration to daily prescribing if a prescription is required.

## **Advice for Community Pharmacists\***

1. Prescriptions should only be ordered on behalf of patients in exceptional circumstances and following prior agreement with the practice. A check should be made, ideally directly with the patient on each occasion as to which medicines are required.
2. Patient consent should be obtained to order and collect prescriptions from the surgery and to deliver the patient's medicines. There should be an auditable system for obtaining on-going consent from the patient in each case.
3. Ensure a verifiable audit trail for the medication is available from the point at which it leaves the pharmacy to being handed to the patient /representative or returned to the pharmacy in the event of a delivery failure.
4. Be alert to situations where medication liable to abuse is collected by a patient representative over a considerable time period.
5. Avoid the situation where the patient is completely left out of the prescription ordering, prescription collection and medication collection process.
6. Regularly review prescription ordering and collection by patients who have their medicines dispensed weekly. Issues or concerns should be discussed with the GP.
7. Be alert to prescriptions from practices that are not from the local area, particularly when they contain medication known to be open to abuse.
8. If you are suspicious as to the validity of the prescription, consider taking a photocopy or scan of the script in case the person demands it back and you need to return it to avoid confrontation.
9. If you are suspicious about the validity of a telephone call from a GP practice, consider calling the practice back to confirm the call. Obtain the practice telephone number from a trusted source and not the caller.
10. Ensure that any CCTV that may have recorded the incident is retained and not routinely copied over. Take steps to ensure that your CCTV is operating correctly and recording an accurate date and time on a regular basis.

\*Community Pharmacists should adhere to the PSNI professional standards.

## **Advice for Out of Hours Providers**

If a prescription is considered necessary for a medication liable to misuse or abuse, limit the supply to a minimum quantity of clinically necessary medications until the patient can visit their usual GP. ECR should be used where possible to determine a patient's most recent medication supply.