

To: All GPs and community pharmacists,
OOHs centres

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14th March 2016

Dear Colleague

Hand written amendments to prescriptions

Following a number of recent incidents, we are writing to highlight the inherent risks around hand written amendments to prescriptions.

There will clearly be occasions when the original information printed on a prescription needs to be amended e.g. quantity or dosage changes, and these may occasionally be made by hand by the prescriber due to time pressures. However, the HSCB has been made aware of a number of instances where **patients** have made hand-written amendments to prescriptions for fraudulent purposes. Hand-written amendments have been made to both computer generated and hand-written prescriptions. These amendments have included changing the dose or strength of a medication, changing the quantity, deleting/adding medicines and deleting instructions such as 'dispense weekly' from prescriptions. In some cases patients have added initials to the amendments which have resembled those made by GPs. Prescribers are therefore asked **not to** make hand written amendments to prescriptions as it makes it more difficult for community pharmacists to recognise fraudulently altered prescriptions.

In addition to fraud risk, there are a number of other potential governance issues associated with amending prescriptions by hand:

- GP records will be inaccurate if the prescriber amends a prescription by hand and doesn't subsequently amend the

patient's records. This can lead to medication errors when other healthcare providers access the patient notes e.g. hospital staff via ECR.

- Many community pharmacists import the details of a prescription into their Patient Medication Records (PMR) by scanning the barcode on the prescription which relates only to the printed information on the prescription. Labels generated using a barcode scanner will be for the original medicines, doses and quantities contained within the barcode and not the hand written changes. If hand written amendments have been made, this can increase the potential for dispensing errors, inaccurate pharmacy records, incorrect payment to the community pharmacy and inaccurate prescribing data.

Action for GPs

- Avoid manually amending prescriptions. If a printed prescription needs altered, the amendment should be made on the clinical system and a new prescription generated.
- Avoid hand writing prescriptions, where possible. If it is necessary to write a prescription by hand e.g. on a home visit, draw a diagonal line across the blank part of the form under the prescription to prevent further items being added fraudulently.² It is important that the patient's record is updated to reflect that a hand written prescription has been issued.

Action for Community pharmacists

- Be aware of potential fraud when quantities have been increased or new medicines added, particularly when they are medicines prone to abuse e.g. pregabalin, benzodiazepines, opioid analgesics
- If you have any concerns about the authenticity of a prescription, contact the prescriber

If you believe your Practice/Pharmacy has been a victim of fraud please contact Counter Fraud Services to discuss your concerns and report the matter, if appropriate.

Counterfraud can be contacted via telephone on 02895363852 or 08000963396 or online via the following link:

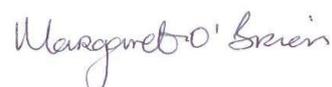
[http://cfps.hscni.net/reportfmr./](http://cfps.hscni.net/reportfmr/)

If you have any queries about this letter please contact a member of the Pharmacy and Medicines Management Team at the Health and Social Care Board.

Yours sincerely,



Mr Joe Brogan
Assistant Director of
Integrated Care
Head of Pharmacy and
Medicines Management



Dr Margaret O'Brien
Assistant Director of
Integrated Care
Head of GMS

1. Prescription Fraud eNewsletter Issue 1 October 2015

https://cfps.hscni.net/wp-content/uploads/2015/11/PrescriptionFraudENewsletter_Issue1_October-2015.pdf

2. Advice on controlled drugs and drug dependence

<http://www.evidence.nhs.uk/formulary/bnf/current/guidance-on-prescribing/controlled-drugs-and-drug-dependence>