Prescription security self-assessment tool

A self-assessment assurance tool for general practice[1]

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[1] based on Security of prescription forms guidance, NHS Protect, August 2013

1. Introduction

This Prescription Security Self-Assessment Tool (SAT) focuses on the security of prescriptions in General Practice and aims to assist General Practices in self-assessing the security arrangements for prescription forms. Prescription forms and pads are small items that are easy to conceal and to move. They are often not considered valuable, a misconception that often arises because of the regularity of use by, and their familiarity to, prescribers.

The safe management of prescription forms requires appropriate policy and its effective implementation and should take account of different settings, including consultation rooms, vehicles and patient's homes. Theft and the subsequent misuse of prescription forms presents a number of issues for the healthcare community. Stolen prescriptions:

- are often used to illegally obtain controlled drugs for personal use, or for a third party
- present clinical governance risks for the healthcare community, including General Practitioners and Pharmacists
- present reputational and financial risks to the healthcare community
- cause direct financial loss to the NHS, and increases operating costs for many healthcare sectors

This Prescription SAT uses best practice from NHS Protect's Security of Prescription Forms Guidance so that General Practice can develop good governance arrangements. It is anticipated that completion of the SAT will provide assurance for regulators, including the Care Quality Commission (CQC)

About the self-assessment tool

The SAT has been designed to support General Practitioners and Practice Managers in evaluating procedures against best practice guidance. Links to the relevant guidance and legislative documents are listed in section 3. The self-assessment tool consists of the following sections for completion:

Organisation details

Section 1: Policy provisions for security of prescriptions forms
Section 2: Security management arrangements
Section 3: Personnel risks, pre-employment checks and training
Section 4: Monitoring, auditing and reporting concerns
Section 5: Prescription storage.

An action plan template is also provided to support the process (Annex). Measures identified during completion and review of the SAT should be documented on the action plan template, and their implementation reviewed.

Completing the self-assessment tool

The Practice Manager for a General Practice is responsible ensuring that prescription forms are appropriately secured, and transferred to patients and/or their representatives. The Practice Manager should complete the SAT with assistance from relevant staff including Partners and other members of the multi-disciplinary team.

Support, advice, and guidance around completing the SAT and around issues relating to the security of prescription forms can be sought from the NHS England Area Team Controlled Drugs Accountable Officer (CDAO)[2].

The SAT focuses on ensuring that appropriate controls for the security of prescription forms are in place. The assessment should be completed annually, and will relate to control measures, including assurance activities, that are in place and/or that have been conducted in the previous 12 month period. Practice Partners should take overall responsibility for ensuring that the SAT is completed. Findings from the self-assessment should be reviewed by the Practice Partners and Practice Manager and where appropriate an Action Plan should be completed with clearly defined recommendations and designation.

The annual completion of the SAT should be seen as complementary to the everyday assessment of the security risks around prescription forms.

The SAT has a combination of tick boxes and text boxes to be completed. Some questions require a yes/no response and others require further explanation. There is also a general section at the end of each document where further concerns can be noted and reported. The general section can also be used to provide an explanation on a previously answered question. Completion of the document should provide an overview of prescription security arrangements.

Next steps

The Practice Manager should report on the completed self-assessment tool, including the presentation of an Action Plan, to the Partners. The completed self-assessment tool and Action Plan should be made available to the CQC and any other healthcare regulator on request. In all circumstances where theft and loss of prescription forms is identified the NHS England CDAO should be informed as soon as is reasonably practicable.

Completion of the SAT can be used to demonstrate the safe systems in place or that the organisation has reviewed its systems and processes and has identified a course of action or actions as a consequence of completing the audit. The SAT can also be used to demonstrate on-going progress against identified actions.

2. Key guidance and legislative requirements

- **Security of prescription forms guidance, NHS Protect, August 2013**
- **Controlled Drugs (Supervision of Management and Use) Regulations 2013: Information about the regulations, Department of Health, 2013**
- **Handbook for Controlled Drugs Accountable Officers in England, National Prescribing Centre, March 2011**
- **Misuse of Drugs Act 1971**
- **NHS Employment Check Standards, NHS Employers**
- **The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI 2013 No. 373)**
- **The Misuse of Drugs (Amendment No. 2) (England, Wales and Scotland) Regulations 2012 (SI 2012 No. 973)**
- **The Misuse of Drugs (Safe Custody) Regulations 1973 (SI 1973 No. 798)**
- **The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 07**
- **The Misuse of Drugs Regulations 2001 (SI 2001 No. 3998)**

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[2] CDAO remit set out in Controlled Drugs (Supervision of Management and Use) Regulations 2013.

	Section 1: Policy for Security of NHS Prescription Forms		
1.1	Is the management and security of prescription forms covered in an organisational policy?	Yes	No
1.2	Does policy for the security of prescriptions cover all aspects of management, storage, distribution and use on all premises, and include prescription stock in the possession of clinicians on home visits?	Yes	No
1.3	Is there a standard operating procedure (SOP) for Practice staff to notify relevant organisations* about the theft and/or loss of prescriptions? *the Police, NHS England AT, NHS Protect	Yes	No
1.4	Is there a SOP for Practice staff to report security breaches or incidents, for example intruders on premises, to the Police?	Yes	No
1.5	How do the Partners obtain assurance that policy and related SOPs on the security of prescription forms has been effectively implemented? e.g. obtaining assurance through audit findings, incident review, and self-assessment returns.		
Supporting documentation/explanation			
1.6	Following an incident of prescription theft/loss, does a review of the incident take place?	Yes	No
1.7	How often is policy for the security of prescriptions reviewed, and when was it last reviewed?		
Supporting documentation/explanation			

1.8	Are all relevant staff informed of:
	   ○ learning that results from post incident reviews
	   ○ policy amendments into theft/loss of prescriptions
		Yes	No

1.9	How does the Practice Manager inform staff, including Partners, about responsibilities defined in policy, for the security and governance of prescription forms? Tick all that apply.		
	Induction & training	Yes	No
	Meetings of the MDT and partners	Yes	No
	Awareness material	Yes	No
	Circulating Policy/SOPs	Yes	No
1.10	Does the practice have access to a security specialist who can advise in relation to theft/loss and other incidents/security breaches?	Yes	No

1.11	What measures are in place to ensure staff can easily access policy and SOPs on the security of prescriptions?		
Supporting documentation/explanation			
1.12	Is policy compliant with guidance and relevant legislation? (see p3)	Yes	No

Section 2: Security management arrangements			
2.1	Are there security management arrangements in place to ensure the security of prescriptions? (*for each section, please tick the appropriate response*)	Yes	No
	o blank prescriptions stock		
	o signed prescriptions for medicines, including schedule 2-5 controlled drugs, awaiting collection		
	o collection of repeat prescriptions		
	o surgery headed paper and prescription stamps		
2.2	Have any prescription thefts/losses occurred during the last 12 months?	Yes	No
2.3	How many of the thefts/losses were reported to the relevant organisations*? *(please indicate theft or loss, the number that occurred, the number reported, and the number reported to each organisation)* * Police, NHS England AT and NHS Protect.		
	Supporting documentation/explanation		

2.4	If any CD thefts were identified in the last 12 months, were these reported to the NHS England CDAO and Local Intelligence Network?		Yes	No
2.5	Where access control systems are used to restrict access to prescriptions, are they effective?	Yes	No	N/A
2.6	Is the room in which blank prescription stock (not distributed to prescribers) is stored covered by CCTV?		Yes	No
2.7	Are blank prescription stock (not distributed to prescribers) and surgery stamps kept in a locked cupboard in a lockable room?		Yes	No

2.8	Have other security measures for the room in which blank prescription stock (not distributed to prescribers) is kept been considered, and are those measures regularly tested and maintained? (e.g. internal only room, window grilles, alarms, security lighting, access controls, CCTV, access restricted to limited personnel)		Yes	No
2.9	Is blank prescription stock (distributed to prescribers) kept in a locked cupboard/drawer in a lockable room or in locked vehicle when it is not in the direct possession of the prescriber?		Yes	No
2.10	Where blank prescriptions are kept in a printer, are their robust arrangements for restricting system access to print prescriptions from printers?		Yes	No
2.11	Where master keys are in use to provide access to prescriptions, are measures in place to restrict key holding responsibility to authorised staff only?	Yes	No	N/A
2.12	Are records of receipt and distribution (to prescribers) of prescription form stock clear and unambiguous? (these records should include storage area, serial numbers, date and to whom distributed, returned and date and from who returned)		Yes	No
2.13	Do prescribers ever pre-sign prescriptions? If yes, how is the practice of pre-signing prescriptions managed?		Yes	No
	Supporting documentation/explanation			
2.14	Are repeat prescriptions kept in a secure locked drawer or cupboard and access restricted to authorised members of staff?		Yes	No
2.15	Are appropriate checks made in respect of temporary patients who present and who are prescribed medication, including schedule 2-5 CDs? (for example, contacting registered GP and/or requesting sight of identity documents)		Yes	No
2.16	Are arrangements for receipt from supplier robust:		Yes	No
	o Are prescriptions immediately deposited into secure storage?		Yes	No
	o Is the stock delivered reconciled against the delivery note as soon as is reasonably practicable?		Yes	No
2.17	Is sight of identity documents requested for persons collecting repeat prescriptions on behalf of patients, including schedule 2-5 CDs?		Yes	No

Section 3: Personnel risks, pre-employment checks and training			
3.1	Are the appropriate pre-employment and ongoing professional registration checks conducted and do they adhere to the **NHS Employment Check Standards**? *The standards apply to permanent, student, temporary, agency, contract and bank staff.*	Yes	No
3.2	How often are the ongoing professional registration checks (mentioned in 3.1) undertaken?		
Supporting documentation/explanation			
3.3	Does policy cover alerting relevant staff when there is a concern about an individual in relation to prescriptions? For example, Practice Manager or Controlled Drugs Accountable Officer, and does it reference whistleblowing provisions.	Yes	No
Supporting documentation/explanation			
3.4	Does policy outline precautions and actions that staff carrying prescriptions alone in the community should take if they are exposed to potential security risks in the course of their duties? e.g. lone worker risk assessment and response.	Yes	No

Section 4: Monitoring, auditing and reporting concerns	
4.1	What checking arrangements are in place for the secure management of prescriptions? e.g. does the practice manager check stock against records, and are systems for distributing prescriptions assessed.
Supporting documentation/explanation	
4.2	How often are the security of prescription checks conducted?
Supporting documentation/explanation	

4.3	Are the checks and outcomes, including any actions taken, recorded?	Yes	No
4.4	In the last 12 months, have there been any concerns expressed by colleagues and other professions about unusual, excessive or inappropriate prescribing of medicines?	Yes	No
4.5	Is the NHS England CDAO made aware of concerns about unusual, excessive or inappropriate prescribing of schedule 2-5 CDs?	Yes	No

Section 5: Prescription Storage			
5.1	Has a risk assessment (which gives due consideration to means of access, location and type of threat) been undertaken in relation to prescription storage?	Yes	No
5.2	Are all storage units (i.e. cupboards with doors, or drawers) in which prescriptions are stored lockable?	Yes	No

General:
Use this area to report on any other areas of security risks and to provide further information on any of the numbered responses.

Assessment conducted by	Job title	Date of assessment

Annex – completing the action plan template

Review the results from the SAT to consider how the practice is complying with standards, guidance and other legislative requirements for prescription security. Particular attention should be given to 'No' answers as this may be an indication of non-compliance that needs further attention. The action plan template has five columns; these are listed below with an explanation for completion:

What are the security risks or issues?

List the security issues and risks for prescriptions.

What are the potential consequences or impact?

List the potential impact as a result of the identified security issues and risks, such as: delays to patient care, potential risks to patients' safety, breach of statutory/regulation/legislation, adverse publicity, reputational damage, financial cost and loss/interrupted service.

What actions are required to minimise risks?

List the steps and actions needed to minimise the security issues and risks identified. Make sure the actions are specific, realistic, and can be implemented in a timely fashion. Consider how the effectiveness of the actions, once implemented, can be assessed.

Who is the responsible person?

Identify the individual responsible for taking action to address the security issues/risks.

Action by when?

Specify a date by which the actions should be completed. A section for further comments is also provided.

ACTION PLAN TEMPLATE

Actions to be completed

What are the security issues/risks?	What are the potential consequences or impact?	Action(s) required to minimise	Responsible person	Action by when

Comments

Action Plan Completed by	Job Title	Date completed	Subject to review, monitoring and revision by:	Frequency