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| **Lost or Stolen Prescription Forms** | |
| **Report internally to a designated person** | At the first opportunity the prescriber or staff member should notify the designated person with overall responsibility for prescription forms at the practice.  This should be recorded as a security incident on the organisation’s incident reporting system |
| **Document incident for circulation** | Complete Missing/Lost/Stolen NHS Prescription forms notification form in appendix 1 of this document  1. Report theft to Kent Police via 101 using the detail from the form.  2. The form should be forward by email to:   * CCG Security Management [*swale-dgs.ig@nhs.net*](mailto:swale-dgs.ig@nhs.net) * The Controlled Drugs Accountable Officer - england.southeastcdao@nhs.net * CCG Medicines Management Team   + Dartford Gravesham and Swanley CCG [DGSCCG.medman@nhs.net](mailto:DGSCCG.medman@nhs.net)   + Medway CCG [MCCG.medwaymedman@nhs.net](mailto:MCCG.medwaymedman@nhs.net)   + Swale CCG [SWCCG.medicine@nhs.net](mailto:SWCCG.medicine@nhs.net)   3. Theft should be reported to NHS Counter Fraud Authority 0800 028 4060 or online https://cfa.nhs.uk/reportfraud guidance is available on pages 26-29 of the Counter Fraud Authority guidance for the Management and Control of Prescription forms |
| **What Happens Next?** | DG&S CCG Security Management will prepare an alert and forward to NELCSU who will circulate to community pharmacies. |
| **Post Incident Review** | Following the loss or theft of prescription forms it is good practice to undertake a serious event audit. The outcome of the audit and lessons learned should be shared with all staff involved in the management of controlled stationery. |
| Follow the Management and Control of Prescription forms guidance published by NHS Counter Fraud Authority NHS Counter Fraud Authority Aide-memoire for Practice Managers NHS Counter Fraud Authority Aide-memoire for Prescribers CQC’s Nigel’s Surgery 23 – security of blank computer prescription forms | |

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| Appendix 1 – Missing, Lost or Stolen Prescription Notification Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MISSING, LOST OR STOLEN PRESCRIPTION NOTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organisation** | | | | |  | | | | | | | | | | | **Date reported** | | | | | | |  | | | | | | |
| **Contact name** | | | | |  | | | | | | | | | | | **Contact telephone number** | | | | | | |  | | | | | | |
| **Contact address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **The following numbered NHS prescription forms have been identified to us as lost or stolen:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of theft/loss** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Name of person reporting (GP, Practice Manager, Nurse, Pharmacist, Paramedic)** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Telephone number** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Full details of the theft/loss** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date and time of loss/theft** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Date and time of reporting loss/theft** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Location where loss/theft occurred** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Type of prescription stationary** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Serial numbers** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Quantity** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Details of the Local Counter Fraud Specialist this has been / will be reported to** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Details of the Doctor/Nurse/Pharmacist/department from who the prescription forms have been stolen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Personal dispensing or identification number** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Serial numbers lost or stolen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **From** |  |  |  |  | |  | |  |  |  |  |  | |  | **To** | |  |  | |  |  |  |  |  | |  |  |  |  |
| **NHS Prescription form type lost or stolen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Issue** | | | | | | | | | | | | | **Colour** | | | | | | **Indicate if type lost/stolen** | | | | | | | | | | |
| **FP10NC** | | | | | | | | | | | | | **Green** | | | | | |  | | | | | | | | | | |
| **FP10HNC** | | | | | | | | | | | | | **Green** | | | | | |  | | | | | | | | | | |
| **FP10SS** | | | | | | | | | | | | | **Green** | | | | | |  | | | | | | | | | | |
| **FP10MDA-S** | | | | | | | | | | | | | **Blue** | | | | | |  | | | | | | | | | | |
| **FP10HMDA** | | | | | | | | | | | | | **Blue** | | | | | |  | | | | | | | | | | |
| **FP10MDA-SP** | | | | | | | | | | | | | **Blue** | | | | | |  | | | | | | | | | | |
| **FP10MDA-SS** | | | | | | | | | | | | | **Blue** | | | | | |  | | | | | | | | | | |
| **FP10PN** | | | | | | | | | | | | | **Lilac** | | | | | |  | | | | | | | | | | |
| **FP10CDF** | | | | | | | | | | | | | **White** | | | | | |  | | | | | | | | | | |
| **FP10SP** | | | | | | | | | | | | | **Lilac** | | | | | |  | | | | | | | | | | |
| **FP10PN** | | | | | | | | | | | | | **Lilac** | | | | | |  | | | | | | | | | | |
| **FP10P-REC** | | | | | | | | | | | | | **Lilac** | | | | | |  | | | | | | | | | | |
| **FP10D** | | | | | | | | | | | | | **Yellow** | | | | | |  | | | | | | | | | | |
| **FP10PCDSS** | | | | | | | | | | | | | **Pink** | | | | | |  | | | | | | | | | | |
| **FP10PCDNC** | | | | | | | | | | | | | **Pink** | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has this been reported to the police** | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | |
| **Crime reference number** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name and police station investigating** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of police officer investigating** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Position** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Signed** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **CCG use only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has an alert and warning been issued to all local pharmacies and GP surgeries within the area:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please give details of any ink changes or security measures and effectives dates of these measures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Position** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Signed** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |