|  |
| --- |
| **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*
* The Controlled Drugs Accountable Officer - england.southeastcdao@nhs.net
* CCG Medicines Management Team
	+ Dartford Gravesham and Swanley CCG DGSCCG.medman@nhs.net
	+ Medway CCG MCCG.medwaymedman@nhs.net
	+ Swale CCG 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 |

|  |
| --- |
| 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** |
|  |
| **Name and police station investigating** |
|  |
| **Name of police officer investigating** |
|  |
| **Name** |  |
| **Position** |  |
| **Signed** |  |
| **Date** |  |
|  |  |  |  |
| **CCG use only** |
| **Has an alert and warning been issued to all local pharmacies and GP surgeries within the area:** |
|  |
| **Please give details of any ink changes or security measures and effectives dates of these measures** |
|  |
| **Name** |  |
| **Position** |  |
| **Signed** |  |
| **Date** |  |