NHS
Suffolk and North East Essex

Standard Operating Procedure for Managing alerts for stolen prescriptions, Fraud, Controlled drugs, Drug seeking behaviour.

1. Introduction

With the delegation of the Primary Care and Community Pharmacy contract to the ICB, responsibility for the dissemination of controlled drug (CD) alerts to healthcare providers becomes the responsibility of the ICB.

CD alerts are emergency notifications that relate to CDs.

They typically refer to:

- Missing blank prescriptions which could be used to obtain CDs (stolen FP10s)
- Patients attempting to obtain excess CDs including forged prescriptions.
- Drug seeking behaviour, e.g., emergency supply requests, urgent supply CPCS from NHS 111 or even perhaps frequency of EPS/paper prescribing from GP team or from OOHs)

This is not an exhaustive list.

Healthcare providers that can be sent CD alerts include GP practices, dental practices community pharmacies, out of hours providers, hospitals and CQC registered CD 'designated bodies.

2. Process

2.1 If a Healthcare provider or the CDAO notifies the ICB of a potential issue such as stolen prescriptions or forged prescriptions or reports drug seeking behaviour, there is a need to disseminate the information.

2.2 It is a requirement that all incidents of stolen or forged prescriptions be reported to the NHSE CDAO team by all prescribing or dispensing contractors. Anyone reporting such incidents to the medicines optimisation team should be directed to report it via online CD reporting tool www.cdreporting.co.uk. They should be asked to send the incident number to the medicines optimisation team after they have reported it. The incident number should be linked to the alert on the alert log.

2.3 The requestor should provide sufficient information for completion of the template form.

2.4 On completion, a decision will be made about whether the request to disseminate an alert is authorised. If the information contains patient-identifiable information, then this should be removed prior to circulation where possible. Patient-identifiable information is defined as a name plus one or more of the following being correct for a patient – date of birth, address, NHS number. Where the alert can be sent without patient-identifiable information the alert must be authorised by the ICB CD operational lead. Alliance Chief Pharmacists and their deputies can also authorise an alert in the absence of the ICB CD operational lead. If the request contains patient-identifiable information and this cannot be removed, authorisation must come from the Medical Director (Caldicott Guardian) or nominated Deputy.

2.5 If an alert is authorised, the authoriser must decide upon the geography in which an alert should be disseminated as well as the organisations that should receive the alert. Alerts should only be sent to a valid NHS mail address' for providers in SNEE. If it is deemed necessary to have dissemination outside of SNEE ICB then the alert should be sent to the generic mailbox for the Medicines team at the neighbouring ICB for consideration of wider circulation.

2.6 The alert that is drafted must explicitly set out the rationale for its circulation so that this is clear to the intended audience. It must include all relevant information relating to this

rationale. Patient-identifiable information should only be included if it is necessary to do so. Information that may be contained in the alert includes, but is not limited to:

a. Serial numbers and other details relating to missing prescriptions (including any identifiable visual features)
b. Patient-identifiable information relating to individuals attempting to obtain excess CDs (for example their name, address, date of birth, NHS number or a description of them)
c. The 'modus operandi' an individual uses when attempting to obtain excess CDs, including details of previous attempts that they have made if relevant.
d. Specific actions that those reading the alert may be expected to undertake in relation to it.
e. Copies of any fraudulent prescriptions (although sometimes information may need to be redacted from these prior to circulation, dependent on the purpose and intended audience of the alert)
f. Guidance about checking the validity of prescriptions (see appendix 1).

2.7 Once an alert has been drafted it will need to be approved by the authoriser for circulation. Alerts are sent as standard with the instruction 'you should not keep this alert for more than 3 months' – the authoriser may however decide to deviate from this timeframe.

2.8 Once an alert has been approved by the authoriser, the template will need to be converted to pdf document. All documentation relating to the alert will be saved in the 'Alerts Sent' folder, named in the following organisation name/ format year/month/date.

2.9 The pdf of the alert will now be sent to the ICB primary care, community pharmacy, dental services team, and urgent care providers for dissemination using the e-mail addresses below:

- Primary Care e-mail address: sneeicb.primarycare@nhs.net (For all GP related alerts)
- Dental services e-mail address: dental@snee.nhs.uk
- Community Pharmacy e-mail address: lucy.archer@snee.nhs.uk; lee.doherty@snee.nhs.uk

In absence or unavailability of the SNEE ICB Community Pharmacy team, please send to the EOE Community Pharmacy Contract team hosted by HWE.

- HWE Community Pharmacy EOE team: hweicbhv.pharmacy@nhs.net

The SNEE Primary Care Bulletin can also be used to circulate alerts that do not contain patient identifiable information. The bulletin is sent out to all SNEE community pharmacies on Tuesday and Friday each week. A GP specific version is later sent out by the Alliance primary care teams. This method of communication is suitable if the alert is deemed less urgent or as a follow up after the alert has been circulated directly to the agreed health care providers. Alert wording and any attachments should be sent to: john.troup@snee.nhs.uk

- Urgent Care (excluding extended access)
  1. Practice Plus Group
     Rebecca.J.Thompson@practiceplusgroup.com
     Zoe.Pursglove@practiceplusgroup.com
     eoe.iuc@nhs.net
  2. Suffolk GP federation:
     Catriona.McCallum@suffolkfed.org.uk
     Governance@suffolkfed.org.uk

2:10 Please note, the dissemination of alerts to **other providers** listed below will be determined. on a case-by-case basis by the authoriser.

Suffolk
info@suffolklpc.org.uk
kristina@suffolklpc.org.uk (Communications officer)

Essex
essex.lpc@nhs.net

Hospital trusts (including UTC)

- East Suffolk & North East Essex NHS Foundation Trust – CDAO David.Hellens@esneft.nhs.uk
- West Suffolk NHS Foundation Trust – CDAO susan.wilkinson@wsh.nhs.uk
- Essex Partnership University NHS Trust – CDAO hilary.scott@nhs.net
- Norfolk and Suffolk NHS Foundation Trust – CDAO manka.ramachandran@nsft.nhs.uk

Neighbouring ICS

- NHS Norfolk and Waveney ICB - nwicb.medsqueries@nhs.net
- NHS Cambridge and Peterborough ICB - cpicb.prescribingpartnership@nhs.net
- NHS Mid and South Essex ICB - mseicb-me.medicinesoptimisation@nhs.net
- NHS Herts and West Essex ICB - hweicbhv.medicinesoptimisationteam@nhs.net

2:11 Once confirmation has been received that the alert has been circulated, details of it should be added to the alert log (SNEE MOP TEAM Controlled Drugs ALERT LOG.xlsx).

Appendix 1. Guidance for checking the validity of prescriptions and requests to supply controlled drugs.

The following text may be included in alerts that relate to fraudulent prescriptions and/or other indicators of drug seeking behaviour:

You are strongly urged to check the validity of all paper NHS and private prescriptions, especially those that have been handwritten, by:

- checking someone's identity before they sign for a prescription.
- seeking consent from the patient to access their Summary Care Record to check the validity of the prescription.
- contacting the prescriber if consent is not given to access their Summary Care Record, or if this is not possible for any other reason.
- remaining vigilant to the frequency of prescriptions whereby new prescriptions are received earlier than expected and/or prescriptions are received from multiple sources (GP practice, OOHs, Private Prescribers, etc.)

You are also strongly urged to exercise caution when responding to urgent or emergency requests to supply controlled drugs. This may include emergency supply requests from the patient/representative, NHS 111 Urgent Supply requests and emergency private or NHS OOHs prescriptions.

- NHS England guidance 'Spotting a forged or fraudulent prescription' may also be circulated with relevant alerts

NHSE Forged prescriptions guidanc