

## Actions for community pharmacists

If fraud is suspected:

- Take steps to delay filling the prescription to allow time to check with the prescriber if possible. If you have strong suspicions about the validity of the prescription, the medication should NOT be dispensed.
- Take a photocopy / scan of the prescription in case the person demands it back and you need to return it to avoid confrontation. Observe their demeanour and reaction to the above information.
- If you are suspicious about the validity of a telephone call or an individual in the pharmacy, where possible call the GP practice, obtaining the number from a trusted source.
- Contact Counter Fraud and Probity services (CFPS) during working hours to discuss your concerns and report the matter.
- Report all confirmed instances of alterations of prescriptions, whether medication was obtained or not, firstly to the PSNI on 101 (or 999 in the case of an emergency) and obtain a crime reference number and to Counter Fraud Services via the website link <https://cfps.hscni.net/report/> report prescription fraud.
- Secondly, report the incident to one of the pharmacy advisors in your local HSCB office.
- Where medication has been dispensed, take a photocopy of the prescription and keep the original for the PSNI or CFPS as it will be required for any future prosecution.
- Ensure that any CCTV that may have recorded the incident is retained.

Pharmacists may be asked for a police statement in order for a case to proceed. Successful prosecutions will send a clear message to perpetrators that pharmacists do not tolerate this crime. This will work to reduce future crime against the profession.

### Contact Details for CFPS

Telephone 028 9536 3852 or email [cfps@hscni.net](mailto:cfps@hscni.net).

Online reporting available at: [www.cfps.hscni.net/reportfmr](http://www.cfps.hscni.net/reportfmr).

Fraud Hotline 0800 096 33 96 (answer machine available outside business hours).

## HSCB contact details

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. Previous editions of the newsletter can be found at:

<http://niformulary.hscni.net/PrescribingNewsletters/Pages/default.aspx>.



If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

Belfast Office: 028 9536 3926

South Eastern Office: 028 9536 1461

Southern Office: 028 9536 2104

Northern Office: 028 9536 2845

Western Office: 028 9536 1008

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## Pharmacy Regional Newsletter

HSC Health and Social  
Care Board

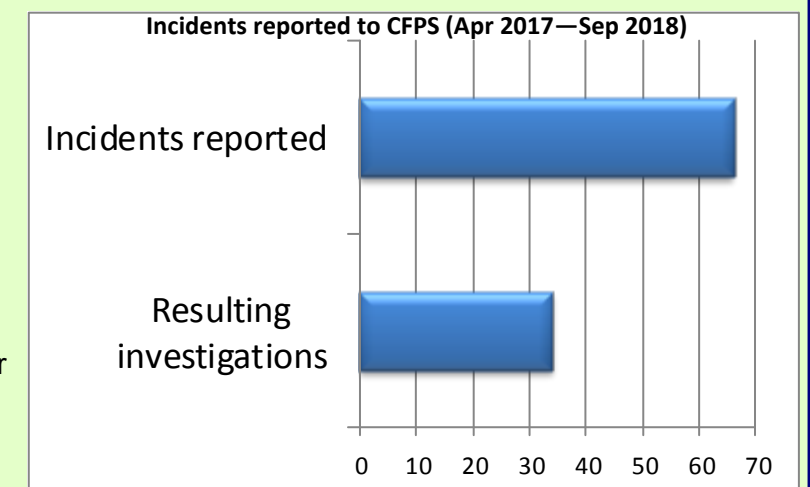
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## Supplement: Fraudulent Prescriptions in Community Pharmacy

Prescription fraud involves a person practising some form of deception or forgery, or a combination of both, in order to obtain medication in greater quantities than originally prescribed, or to obtain medication that was not prescribed to them at all.

Falsely obtaining or attempting to obtain medication is a criminal offence with the potential of receiving a heavy penalty.

The graph shows the number of incidents received by Counter Fraud and Probity Services (CFPS) between April 2017 and September 2018. As a result of the 35 investigations carried out by CFPS, 10 cases have resulted in criminal convictions. Sanctions applied by the Court Service included advice and warning, community service orders for 80 hours, an adult caution, four community resolutions and a six month custodial sentence suspended for two years. Four cases are currently being considered by the Public Prosecution Service, four are with the Police Service of Northern Ireland and one is with the CFPS.



The most common types of medication fraudulently requested include hypnotics, opiates, benzodiazepines, antipsychotics, tricyclic antidepressants and gabapentanoids (e.g. pregabalin).

## Types of fraud reported

Within the community pharmacy setting, a number of methods of fraud can be employed by service users in order to obtain medication for which they have no legitimate or clinical requirement. The most common methods of fraud within community pharmacy are providing false details and altering prescriptions.

### 1) False details

This type of offence has a number of different variations, all based on the same simple system of utilising entirely false or partially accurate information to practice deception. The service user will present in the pharmacy or contact the pharmacy by phone. Historically this has included masquerading as doctors, GP practice staff or other patients. A knowledge of correct procedures, jargon and patient identifiable information lends these conversations a note of authenticity increasing the chances of success.

Pharmacists should also be aware that service users may present in a GP surgery and provide false information in order to obtain a prescription.

### 2) Altered prescriptions

This type of deception is more straightforward and often detected by community pharmacists as it involves the alteration of details on an issued prescription.

## Warning signs of potentially fraudulent prescriptions

- Printed or handwritten prescriptions that have been manually altered, normally to increase quantity and/or strength or the frequency of dispensing instructions.
- Handwritten additions to a prescription that are for a commonly abused medication, e.g. diazepam. This is particularly relevant if the script is being collected by someone other than the person named on it.
- Poorly spelt or laid out scripts that use incorrect dosage or other prescribing abbreviations that are not in keeping with the rest of the script.
- Prescriptions from practices that are not from your local area that also contain some of the warning signs above.
- An electronic prescription (HS21CS) presented as a handwritten prescription (*not always indicative of fraud, but may suggest it has been stolen from a GP's printer and then used to hand write a fraudulent prescription*).

The perpetrator may be knowledgeable about the systems and procedures employed by the surgery and pharmacy and will not alter the prescription in a radical way. Pharmacists should also be aware of recent cases where discharge letters presented at GP surgeries have been amended very subtly to provide greater doses and quantities. Incidents of amended electronic prescriptions have been reported where the perpetrator is aware to include the GP's initials.

The images below are examples of fraudulent activity reported to Counter Fraud Services and HSCB. Pregabalin has been fraudulently added to the prescription on the left and diazepam to the discharge letter on the right.

Handwritten prescription form with the following text:

Mirtazapine 30mg  
T daily  
(28)  
pregabalin 300mg  
(56)  
2 daily

The form includes fields for Name, DOB, Pharmacy stamp, and a QR code.

Outpatient Advice Note form with the following text:

138082  
Allergies / Medicines Sensitivities  
Dear Doctor:  
This patient was seen at the Allergy clinic on the 22.1.18  
Diagnosis / Problems  
Nut allergy + asthma  
Allergic rhinitis  
Medication administered today  
Medication to be discontinued with reason  
Clenil modulate  
Suggested change in medication: include dose, frequency, route and course length as appropriate.  
Syntocast 100/16  
2 tablets morning + evening  
Diazepam 5mg tablets 1 each as required  
Reason for suggested changes in medication / Other Information  
Still to have self-harm and accidents at home for extra emergency  
Diazepam 5mg tablets twice a day.

## The role of the community pharmacist in detecting fraudulent prescriptions

The pharmacist, when supplying against any prescription, must exercise due diligence to satisfy themselves that the prescription is genuine. Guidance for community pharmacists has been issued by the Royal Pharmaceutical Society in the Medicines, Ethics and Practice (MEP) section relating to forged prescriptions. The checklist documented in the MEP and displayed below may be useful to help detect fraudulent prescriptions and prompt further investigations.

### CHECKLIST

- Is a large or excessive quantity prescribed and is this appropriate for the medicine and condition being treated?
- Is the prescriber known?
- Is the patient known?
- Has the title 'Dr' been inserted before the signature?
- Is the behaviour indicative? (e.g. nervous, agitated, aggressive, etc.)
- Is the medicine or one of the medicines commonly misused?



In some instances, especially for private prescriptions, pharmacists may need to confirm if a prescriber is registered with an authorised body and are professionally permitted to prescribe the drug requested, e.g. no sanctions currently exist. The following guidance may aid the pharmacist in making the decision:

- If the 'prescriber' is present, can he or she provide photographic evidence confirming his/her identity, for example via a driving licence or passport? Please note that not all individuals with the title 'Dr' are registered with the General Medical Council (GMC) or other relevant regulator. This therefore should never be solely used to identify a prescriber.
- The registration of doctors in the UK should be checked via the GMC website <https://www.gmc-uk.org/#>
- The registration should be confirmed using the name given and not the GMC number provided. The **full name** can then be cross referenced with the GMC number provided.
- Further information can be gathered on any conditions applied to the doctor's registration by clicking on the registration number. Any conditions present will be detailed via the 'status' link. Conditions that apply, for example, may be the restriction on prescribing drugs for him or herself, or a member of family, or drugs listed in schedules 1-4 of the Misuse of Drugs Regulations 2001.
- Furthermore the 'revalidation link' may provide more information regarding the doctor's designated body and thus information regarding the location the doctor is currently prescribing in. This should correlate with the address of the prescriber documented on the prescription.
- The General Dental Council has similar information available on the website <https://www.gdc-uk.org/>

Pharmacists should be aware that GMC guidance issued to doctors regarding prescribing for themselves or anyone with whom they have a close personal relationship is to **'avoid wherever possible.'**

A recent incident was reported to HSCB where an individual fraudulently obtained a large quantity of codeine phosphate tablets. The individual presented in a community pharmacy and requested to write a private prescription for his mother who was on holiday from England. Photographic identification was provided however the GMC registration number of another local GP was used.