

# GUIDANCE ON THE REPORTING, RECORDING AND INVESTIGATION OF FRAUDULENT MEDICATION REPORTS FOR COMMUNITY PHARMACISTS

## Background

Health and Social Care as an organisation has a zero tolerance approach to fraud. It is the current position that all incidents of this nature will be examined by CFPS and the appropriate clinical leads within the HSCB to provide assurance that HSC is meeting its statutory obligations in respect of patient safety and the safeguarding of public funds.

## What is a Fraudulent Medication Report (FMR)?

The phrase FMR is used by Counter Fraud and Probity Services (CFPS) to refer to a group of related fraud offences that are committed by a small minority of service users within Northern Ireland. Typically these offences involve the person(s) 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. The patient may either be obtaining the medication to consume themselves or to sell onto others.

## What are the dangers?

The most common offence committed is Fraud by False Representation (S2 Fraud Act 2006) which is a criminal offence with potentially heavy penalties available, dependant on circumstances to Judges at sentencing. This group of activities may seem at first glance to be of little importance as the actual cost of the medication obtained is usually of fairly low value but this is somewhat misleading. These activities are also important because of the potential for reputational damage to the HSC and individual GP Practices and Pharmacies if the systems and procedures in place allow a member of the public to obtain prescription drugs in quantities that are threatening to their health, and in extreme cases to their life. There is also the potential for risk to the perpetrator, either to their own health as a result of taking medication that was not prescribed for them or to the health of others if they are obtaining the medication for diversion to others. This combination of criminal activity linked to potentially harmful activity ensures that HSC must develop and enforce robust governance measures to limit the opportunities for this type of activity.

## Common types of fraud

- Altered prescriptions
- False details

The drugs requested are often benzodiazepines, analgesics and hypnotics such as:

- Diazepam
- Lorazepam
- Lormetazepam
- Temazepam
- Midazolam
- Nitrazepam
- Oxazepam
- Codeine
- Tramadol
- Ketamine
- Dihydrocodeine
- Pregabalin
- Gabapentin
- Zopiclone
- Zolpidem

## FMR activity detected within a Community Pharmacy

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.

In many cases the fraud will pass unnoticed by the Community Pharmacist as there are no obvious irregularities with the presented prescription. These are normally prescriptions obtained by frauds against the Temporary Resident Scheme within a GP Practice. FMR cases will most likely be discovered in a Community Pharmacy as a result of physical alterations of a presented prescription or the presentation of handwritten scripts that are not completed correctly or that raise suspicion in some other manner such as spelling errors or incorrect abbreviations.

In situations of this nature, it will be most appropriate to follow all FPS/HSCB guidance regarding the dispensing of medication in the first instance and supplement this with the advice contained within this document. Fraud methods likely to be employed within a Community Pharmacy are as follows:-

**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 a deception. The service user will present at the Pharmacy or more likely contact them by telephone. They will then provide information which appears plausible and attempt to obtain medication which they have no legitimate right of access to. This has in the past included masquerading as GP Practice staff, doctors or other patients. Their knowledge of correct procedures, jargon and patient identifiable information lends these conversations a note of authenticity which increases the chances of success.

**Altered Prescriptions** - This system is more straightforward and often detected as it involves the alteration of details on the issued prescription. This prescription may have been obtained in good faith or as a result of a deception in a GP Practice. In most cases, the numbers to be dispensed will be altered to increase the quantities/strength or extra medication will be added to the prescription. If however the perpetrator is knowledgeable about the systems and procedures employed by the Surgery and Pharmacy and does not alter the prescription in any radical way, it may well go undetected. When both methods (alteration and addition) are utilised together it can allow the most knowledgeable perpetrators to obtain significant quantities of medication which they have absolutely no clinical requirement or need for.

A number of cases of electronic prescriptions being altered have also been reported and in most cases, the persons involved have been knowledgeable enough of procedures to initial the changes with the prescribing GP's initials. This initialling allows the alterations a much greater chance of being accepted at the point of dispensing, thus ensuring they obtain their medication.

## Warning signs of potential FMR activity

- Printed or hand-written prescriptions that have been manually altered, normally to increase quantity and/or strength of medication.
- Hand written additions to a handwritten or printed script that are for one of the commonly abused medications mentioned overleaf. 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 indicators above.

## What can a Community Pharmacist do?

- Consider taking steps to delay filling the prescription such as stating that you are unable to fill the script at the moment and would they mind coming back later to give you time to carry out the next few actions.
- Contact the Prescriber and establish if the prescription or information is accurate. If unable to speak to the Prescriber and you have strong suspicions about its validity, the medication should **NOT** be dispensed.
- If you are suspicious as to the validity of the prescription, consider taking a photocopy or scan of the script 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 they become agitated and/or ask for the prescription back or react in a manner out of proportion with the request, this may again be indicative of potential fraudulent activity.
- If you become suspicious of the validity of a telephone call from a GP Practice member of staff consider calling the Practice back to confirm the call. Obtain the Practice telephone number from a trusted source and not the caller.
- Contact CFPS during working hours to discuss your concerns and report the matter, if appropriate.
- Report all confirmed instances of alterations of prescriptions to the PSNI on 101 (or 999 in the case of an emergency), as they are criminal offences whether medication was obtained or not.
- 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. CFPS will provide certification to ensure that any dispensed prescription will still be paid by BSO Pharmaceutical.
- Ensure that any CCTV that may have recorded the incident is retained and not routinely copied over. Also take steps to ensure that your CCTV is operating correctly and recording an accurate date and time on a regular basis.

If you have dispensed the medication and only become aware of the fraud after dispensing:

- contact CFPS and PSNI
- Secure the original script and any Patient Medication Records (PMR)
- Secure any relevant CCTV

## CFPS Fraud Alerts

When FMR activity has been reported to CFPS it will be assessed and if it is necessary a CFPS FMR Fraud Alert will be disseminated to GP Practices, Community Pharmacies and OOH services. If you receive a CFPS FMR Alert, this should be examined by an appropriate person within your pharmacy and the details checked against your records to establish if there is any correlation between the Alert and any medication you may have dispensed. Due to the nature of this type of fraud, we would ask that you conduct these checks even if the Alert does not relate to your geographical area. Should you discover anything that gives you cause for concern please contact CFPS by any of the methods listed below.

## Contact Details



**Contact CFPS on  
028 9536 3852 or email  
cfps@hscni.net**

**online reporting available at:  
www.cfps.hscni.net/reportfmr**

**Fraud Hotline 0800 096 33 96**

Answer machine available outside business hours



**Contact PSNI on 101 or  
in the case of an emergency  
please telephone 999**