

Guidance on the reporting, recording and investigation of suspected prescription fraud for GP Practices.

Background

Health and Social Care (HSC) as an organisation has a zero tolerance approach to fraud. It is the current position that all incidents of suspected prescription fraud will be examined by Counter Fraud Services (CFS) and the appropriate clinical leads within the Strategic Planning and Performance Group (SPPG) to provide assurance that HSC is meeting its statutory obligations in respect of patient safety and the safeguarding of public funds.

What is prescription fraud?

This term is used by CFS 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?

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.

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 is exacerbated by the potential for reputational damage to the HSC and individual practices and pharmacies if our systems and procedures 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.

This combination of criminal activity linked to potentially harmful activity means that the HSC must develop and enforce robust governance measures to limit the opportunities for this type of activity.

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.

How prescription fraud can occur

The two most common methods employed are abuse of the Temporary Resident Scheme and theft/alteration of prescriptions. The general methodology employed during these criminal offences will now be looked at in more detail.

Immediately Necessary Treatment

This includes patients who are not registered locally and are not seeking to register as a temporary resident. These patients may also be visitors to Northern Ireland who are normally resident elsewhere.

Any immediately necessary treatment should be provided by any GP in whose practice area the patient is present. Immediately necessary treatment includes the supply on HS21 of any urgently required medications, if deemed clinically appropriate by the GP.

Requests for drugs liable to abuse/misuse should be regarded with caution and GPs should take necessary steps to confirm the authenticity of requests for drugs which are liable to abuse /misuse.

Temporary Residents Scheme

HSCB guidance defines this as patients who are resident outside their usual practice area for up to 3 months, for example for 'respite' care or on holiday. For these patients, the GP who has accepted the patient as a temporary resident is responsible for prescribing both acute medication, and any repeat medication required during the period of time away from home. The regulation governing acceptance of temporary residents is the same as for ordinary registration.

Medicines liable to abuse/misuse should not be prescribed to a temporary resident without first clarifying the details of the patient's condition and treatment with the patient's own GP. The fraud revolves around the ability of a member of the public to approach a GP surgery and register as a temporary resident and receive medication from the GP. The person will then provide reasons why they should be prescribed the medication they require, often providing entirely plausible medical reasons. This process may be repeated at multiple GP Practices, often including Out of Hours Service. This results in the person obtaining multiple prescriptions and the potential to consume far greater quantities of medication than is safe.

On other occasions the patient will use a second GP surgery under the Temporary Residents Scheme merely to top up his supply, say from 8 to 16 a day. Patients using this methodology tend to remain at the Practice for much longer periods of time as their activity on the face of it does not appear suspicious in any way. They will change Practice whenever obtaining the top up becomes too difficult or they are likely to be discovered. Some of these prescriptions may be handwritten as the temporary resident may not have been entered into the Practice IT system before being seen by the GP and this then allows other types of fraud to be facilitated (which are discussed in the next section).

During this process they may either use their own personal details or provide false information. In some cases they will repeat this activity across a wide geographic area. It is worthy of note that as far as a criminal case is concerned, as soon as the person makes a false representation i.e. lies about their circumstances, the offence of fraud may be complete whether any attempt to have the medication dispensed is made or not. It is therefore vital that GPs and their staff ask the correct questions of persons attempting to misuse the temporary residents scheme in order to make any potential prosecution as clear cut as possible. Examples of questions that may be appropriate are included later in this document.

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 the procedures outlined previously, and the fraud is normally detected at the point of dispensing within the pharmacy. In most cases the numbers to be dispensed will be altered to increase the quantities/strength or additional 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 are utilised together it can allow knowledgeable offenders to obtain medication which they have not been clinically prescribed.

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 initially allows the alterations a much greater opportunity to be accepted at point of dispensing thus ensuring they obtain their medication.

Theft of Prescriptions

Another common thread of activity conducted by this small group of individuals is the opportunistic theft of prescriptions. They will use any opportunity that presents itself to obtain blank and/or completed prescriptions and as such prescription security is an area that requires constant vigilance. Separate guidance exists on the security of prescriptions and it is not intended to cover it any further in this document.

It is also worthy of note at this point that a simple theft of prescriptions may well evolve into a fraud investigation at a later date. This would most normally be when a stolen script is later presented for dispensing. This presentation of the script is a false representation and it will then become a separate but related fraud investigation. With this in mind it is requested that the relevant sections of the CFS online reporting form are also completed for all thefts of scripts.

Recommended Actions

If the service user's actions have aroused suspicion that they are attempting to fraudulently obtain medication it is vital that we begin to apply a heightened level of scrutiny to their actions in order to reduce the risk to the patient and maximise the likelihood of a criminal conviction being obtained. Suggested actions that can be taken are;

Ask direct questions about their previous history and make a record, such as:

- Do you have a doctor at the moment?
- When where you last prescribed medication?
- Have you been prescribed this medication before?
- Are you receiving medication from any other source?
- Make contact with their previous GP or ask more in depth questions about where their GP is in order to identify them.
- Consider daily or limited prescribing until verification of their circumstances can be obtained.
- Verify their identity by use of a driving licence, passport, bank statement or a medical card.
- Where possible prescribers should avoid manually altering prescriptions after printing and use the reprint facility to make alterations. The fewer alterations there are the more likely potential alteration frauds will be noticed by the community pharmacists.
- If your GP Practice believes it has been a victim of prescription fraud contact CFS to discuss your concerns and report the matter, if appropriate.
- Report all confirmed instances of prescription fraud to the PSNI on 101 (or 999 in an emergency), as these are criminal offences.
- Consider reporting the matter as a significant event on AIF1 form.
- Ensure that any CCTV (if available) that may have recorded the incident is retained and not routinely copied over; this may become vital in order to identify the suspect at a later date.
- Take steps to secure any records which can confirm the false details used during the fraud as they may be required later by the PSNI.

The risks associated with the theft of prescriptions, either blank or completed, should also be considered by the practice. A guidance document on prescription security within practices is available on the Primary Care intranet site.

CFS Fraud Alerts

When prescription fraud activity has been reported to CFS it will be assessed and if it is necessary a Fraud Alert will be disseminated to GP Practices, Community Pharmacies and OOH services.

If you receive a CFS Alert, this should be examined by an appropriate person within your Practice 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 CFS to discuss the matter.

How to report suspected prescription fraud

If you suspect that fraudulent activity may be occurring please contact Counter Fraud Services on **0800 096 33 96** to discuss your concern or complete our online reporting form at cfs.hscni.net/report/prescriptionfraud

All confirmed instances of prescription fraud should be reported to the Police on 101, or 999 in the case of an emergency.