

# Guidance on the reporting, recording and investigation of suspected prescription fraud for GP Out of Hours service.

## 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 three most common methods of fraud against GP OoH Services are the provision of false details, theft of scripts or the alteration of legitimate scripts. The general methodology employed during these criminal offences will be looked at in more detail.

## 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 OoH Service 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 legitimate patients with legitimate medical conditions in order to obtain medication. It also includes the creation of entirely false identities or variations on their real identity. Their knowledge of correct procedures and jargon lends these conversations an appearance 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 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.

# 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;

- Obtain consent and verify prescribing history using ECS (withholding of consent should arouse suspicion).
- It is reasonable to ask more in depth questions relevant to the record you are viewing to verify that you are speaking to the correct patient. Asking verifiable information in relation to GP details, demographic details or prescribing history, would appear reasonable, in terms of patient safety as well as the verification of a genuine request.
- Consider limiting the supply of prescribed medication to a minimum quantity of clinically necessary drugs if the doctor feels the need to prescribe.
- If it is reasonable to ask that a prescription be collected in person, it would be appropriate to verify the patient's identity by use of a driving licence, passport, bank statement or a medical card if at all possible.
- If there is a concern in relation to a medication request, contact CFS, leaving details of who should be contacted during the next working day.
- Report the matter to the PSNI on 101 (or 999 in the case of an emergency).
- Ensure that any CCTV that may have recorded the incident is retained and not routinely copied over.
- Ensure that any audio recordings of telephone conversations are retained and not routinely copied over as they may be required in any future criminal case.

## 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](https://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.