TRAINING FOR COMMUNITY PHARMACY TEAMS

Fraudulent FP10 Prescriptions

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By the end of the session, you and your team should be able to...

1. Recognise what makes an FP10 suspicious or fraudulent
2. Use appropriate stalling techniques without escalating the interaction
3. Undertake relevant verification checks
4. Apply relevant reporting routes

Training stance: treat every concern as a safety and assurance issue - stay calm, avoid accusations, and use verification routes.

Sources: NHS England forged/fraudulent prescription guidance; NHSCFA reporting guidance.

What counts as a fraudulent FP10?

Fraud can involve a genuine form, a fake form, or an unauthorised change.

Stolen form

A genuine prescription form taken and used outside legitimate control.

Altered form

Dose, quantity or items changed by someone other than an authorised prescriber.

Falsely created

Details of a genuine patient used to generate prescription to obtain medication by another.

Unauthorised signature

Not signed by an authorised prescriber, or signature appears overwritten or copied.

Fake form

A counterfeit prescription form, sometimes standing out through colour or print quality.

Key mindset: pharmacists are not expected to prove fraud at the counter — the goal is to identify concern, prevent unsafe supply, and escalate appropriately.

Sources: NHS England guidance; NHSCFA prescription form management guidance.

Start with the form: colour, type, and serial number

Legitimate FP10 forms use colours and serial numbers as basic anti-fraud controls.

FP10	**Green**	GPs, nurse/AHP/pharmacist prescribers and hospital outpatient use
FP10PCD	**Pink**	Private prescriptions for Schedule 2 and 3 controlled drugs only
FP10MDA	**Blue**	Substance misuse prescriptions
FP10PN	**Lilac**	Community / independent nurse and AHP prescribers
FP10D	**Yellow**	Dentists

Fast checks

Does the colour look right?

Legitimate colours are deliberately hard to copy; a fake may look wrong.

Is there a serial alert?

Compare with recent local or regional alerts for stolen form ranges.

Is the form expected?

Question out-of-area or unusual prescriber context using local knowledge.

Sources: NHS England “How to spot a forged/fraudulent script”; NHSBSA prescription forms.

Red flags in the paper trail

Look for inconsistency across the form, prescriber, timing and presentation.

Form integrity

- **Serial numbers**
  Missing, odd, duplicated, or on an alert list.
- **Alterations**
  Overwriting, added items, amended quantity or dose.
- **Print quality**
  Photocopied appearance or amateur typesetting.

Timing & place

- **Validity window**
  Old prescriptions need a plausible explanation.
- **Out-of-area**
  Presented far from the prescriber, especially out of hours.
- **Opening hours**
  Claims that cannot be verified until later.

Prescriber clues

- **Address**
  Unfamiliar or inconsistent with known practice details.
- **Signature**
  Unknown, overwritten, or inconsistent with examples.
- **Handwriting**
  Spacing, spelling or style looks unusual.

> No single red flag proves fraud - escalate when several signs cluster, or when the medicine, quantity or presentation increases risk.

Sources: NHS England forged/fraudulent prescription guidance; NHS England “How to spot…” checklist.

Red flags in the prescribed items

The prescription content should make clinical and practical sense.

Medicine risk

Commonly misused medicines, controlled drugs, high-value items, or combinations that feel clinically unusual.

Quantity & directions

Large quantities, implausible dose changes, inconsistent directions, or unusual repeats should prompt verification.

Writing quality

Spelling errors, odd spacing, unfamiliar handwriting, or inserted titles near signatures can be warning signs.

Ask without accusing

“I need to verify this with the prescriber before I can supply.”

Keep the focus on professional checks and patient safety.

Sources: NHS England “How to spot…” checklist; NHS England forged prescriptions guidance.

If a suspicious FP10 is presented: use a safe sequence

Your immediate objective is safety, controlled supply, verification and reporting.

1

Pause dispensing

Do not dispense until the concern is resolved.

2

Stall safely

Create time to check — avoid confrontation or accusation.

3

Verify with prescriber

Use known contact routes; do not rely on details from the prescription alone.

4

Get back-up

Involve the responsible pharmacist, manager or colleague.

5

Report and record

Use local SOP, LCFS / NHSCFA routes, and police if immediate risk.

If threatened, or if you believe a person may become violent, call police on 999 as soon as you can.

Sources: NHS England forged/fraudulent prescription guidance; NHSCFA report fraud guidance.

Controlled drugs: add a second layer of caution

Suspicious prescriptions involving controlled drugs need prompt local escalation.

Remember the validity check

Schedule 2, 3 and 4 prescriptions are generally valid for 28 days from the appropriate date.

1. **Verify prescriber**
   Use trusted contact details, especially when the prescription is out-of-area.

2. **Follow CD incident route**
   Report CD concerns through your regional CDAO process where required.

3. **Escalate theft / violence risk**
   Use police routes for immediate threats; preserve evidence where safe.

Do not improvise CD handling. Keep your local Controlled Drugs Accountable Officer reporting details visible and current.

Sources: NHS England Controlled Drugs guidance; CDReporting guidance; NHS England forged script guidance.

Good evidence without confrontation

Small, accurate records help counter-fraud teams and protect the pharmacy team.

Secure the prescription if safe	If concerned it may be snatched back, local guidance suggests marking it as presented with pharmacy/date.
Record objective facts	Date/time, form serial number, medicine, prescriber, verification attempts and who was notified.
Protect personal data	Only capture and share what is necessary through authorised channels.
Preserve context	Keep CCTV or incident records in line with your SOP; do not discuss widely.

Language matters

Use neutral terms: “concern”, “verification”, “unable to supply yet”. Avoid “you forged this”.

NHSCFA accepts reports even if you are not sure of all facts; concerns can still help identify wider patterns.

Sources: NHS England forged/fraudulent prescription guidance; NHSCFA report fraud guidance.

Make the safe response easy before it happens

A prepared team is less likely to dispense under pressure.

Daily awareness
Share local stolen-form alerts and high-risk medicines at handover.

Known contacts
Keep verified prescriber contact numbers accessible — not copied from the form.

Escalation map
Name who to call: responsible pharmacist, manager, LCFS, CDAO, police.

Role-play wording
Practise calm phrases for delaying supply and requesting verification.

Incident log
Use a consistent template for facts, actions, and report references.

Review learning
After any concern, update the SOP and brief the team on what changed.

One-page team aid: place “Pause · Verify · Record · Report” near the dispensary, with current local contact details

Refer to Quick Reference slide.

Sources: NHSCFA prescription form management guidance; NHS England forged script guidance; NHSBSA Loss and Fraud Prevention.

Misuse of prescribing systems and FP10 prescriptions to obtain weight loss medication and similar drugs

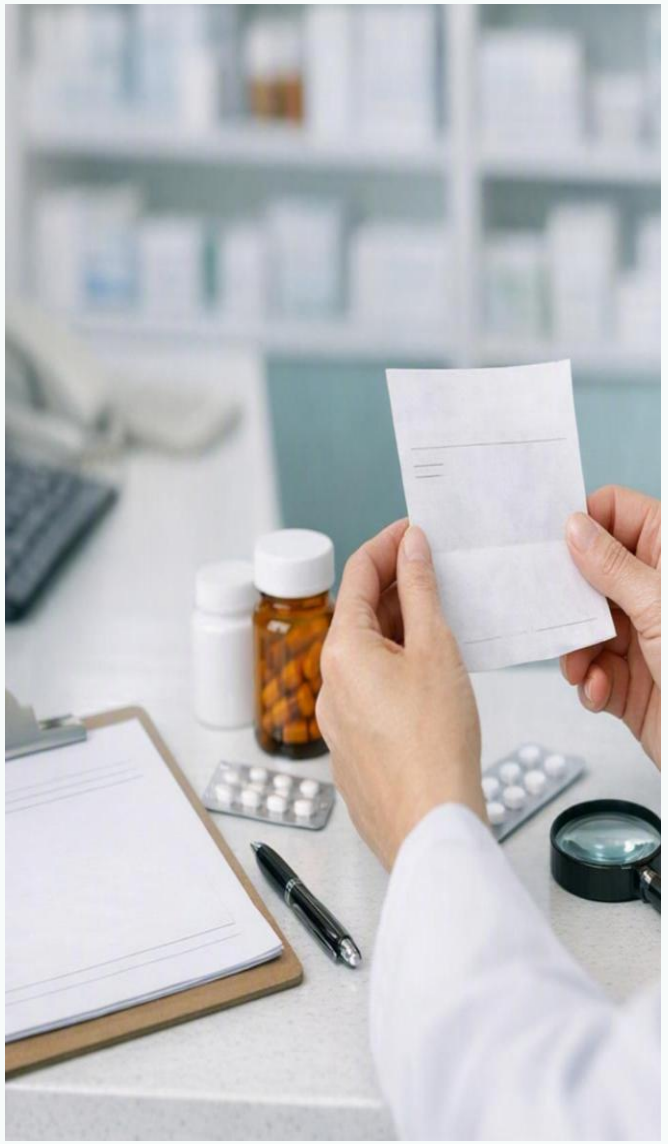
Red flags for pharmacy team

FP10 presented when the usual practice is to issue via the Electronic Prescription Service (EPS).

Same individual presents FP10s for the same high-value medication, potentially in different strengths, for more than one patient from the same GP practice on the same day.

The prescription is presented at a pharmacy outside the issuing GP practice area.

Where presented locally, the GP signature appears inconsistent with the usual signature, suggesting possible forgery



Team prompt:
What actions should you take?
Who do you involve?
What do you do with FP10 before deciding whether to supply?

Quick reference

When in doubt: pause and verify

S	**See the red flags**	Form, serial, date, prescriber, alterations, signature, quantity.
T	**Take a safe pause**	Do not dispense while the concern is unresolved; avoid confrontation.
O	**Obtain verification**	Use known prescriber routes and involve the responsible pharmacist.
P	**Pass it on**	Record facts and report through LCFS / NHSCFA / CDAO or police where required.

Report NHS fraud

Online via NHSCFA

Report NHS Fraud | Home | NHSCFA

or freephone:

0800 028 4060

If immediate violence or danger is possible, call 999.

Sources: NHSCFA report-fraud page; NHS England forged/fraudulent prescription guidance. Use local SOPs.

Thank you for listening!

Additional guidance - the Forged and Fraudulent Prescriptions document has recently been updated and is available on the Community Pharmacy Surrey and Sussex website: https://surreysussex.communitypharmacy.org.uk/wp-content/uploads/sites/127/2026/05/Forged-or-Fraudulent-Prescriptions-May26-1.pdf

This includes reference to the NHS Counter Fraud Authority 'Pharmacy Reward Scheme' that allows pharmacies to claim £70 for identifying and retaining fraudulent prescriptions.

If you have any questions or would just like some advice on any potential fraud concerns, please do not hesitate to contact me:

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