HSC Health and Social Care Board

November 2013

Controlled Drugs - Frequently Asked Questions for GPs*

Ordering Controlled Drugs

Q1. How can GPs with no cipher number obtain personal stocks of CDs?

GPs without a personal cipher number e.g. locums, trainee GPs, should obtain personal stocks of CDs using a HS21S stock order form from a practice where they work or, alternatively, for GPs working in Out-Of-Hours (OOHs), by using the relevant OOHs stock order form. Authorisation should be given by the GP whose name appears on the HS21S form or via the OOHs Medical Manager. The form should be signed by the GP ordering the stock. Each GP practice/OOHs centre should have a documented process for this.

Q2. Which CDs are considered suitable for doctors' personal stock?

CDs held in doctors' bags/personal stock should be for immediate treatment of a patient(s) and when a patient's needs cannot be met by giving a prescription. This means that mainly injectable CDs will be needed, however other CDs such as rectal diazepam may also be required. Naloxone should be kept for reversal of opioid overdose.

Q3. Is it ok to order small quantities, e.g. one or two ampoules?

No. Quantities ordered must be at least a complete pack. Supply against a stock requisition is regarded as a wholesale transaction and pharmacists can only supply original and complete packs in this case.



Q4. Can I share my CD stock with other GPs and record this in the CD registers?

No. CDs obtained on a stock requisition are only to be used by the GP signing the order. This GP owns and is personally accountable for the CDs they order/receive. GP practices should not share CDs or keep a central stock for use by other practitioners eg in treatment room. This applies to all CDs including benzodiazepines and codeine. Personal stocks of CDs which may be required in emergency situations in a GP practice eg rectal diazepam, should be stored securely, however they should be accessible in an emergency.

Q5. Can I order CDs on a HS21S requisition to hold for a patient who regularly attends the practice for administration of the drug?

No. Stock requisitions should not be used to order medication to be administered to a specific patient at a later date. This medication should be prescribed under the patient's name in the usual way. Nor should patients' own CDs be stored by the practice for administration to the patient at a later date.

*These FAQs will be updated periodically as required

Registers

Q6. How do I obtain a CD register that complies with the legislation?

GPs are responsible for ensuring that their CD Register complies with the law. The Board does not endorse the use of a particular CD register. The register must be a bound book and must have column headings as listed in the HSCB guidance (see link on reverse for full details).

Q7. Which CDs do I need to keep records for?

Each GP is responsible for keeping accurate records in their CD register of all receipts and supplies/administration of Schedule 2 CDs (e.g. diamorphine, pethidine)*. Entries must be made on the day of transaction, or if that is not reasonably practicable, on the next day.

* Sativex® has been re-scheduled from Schedule 1 to Schedule 4. Records of all Sativex® transactions must be kept. The CD register may be used for this. This is not a requirement for other Schedule 4 CDs.

Q8. How long do I need to keep my CD register?

Old/completed CD registers must be kept for two years after the date of the last entry and then can be disposed of in confidential waste.

Storage

Q9. How should I store my CDs?

All schedule 2 drugs (and certain schedule 3 CDs) must be stored in a locked safe/cabinet or locked doctor's bag. Doctors' bags should be stored safely at all times. Particular care should be taken when they are not in use eg doctors' bags should not be left unattended in an unlocked consulting room or in a vehicle for prolonged periods or overnight. All medicines should be stored securely, not just CDs.

Stock checks

Q10. How often do I need to do a CD stock check?

A running balance of each drug and strength should be recorded after each transaction. Running balances should be checked with the physical amount of stock, after each transaction and at regular intervals. Balance checks should include checking expiry dates.

Q11. What should I do if my CD register doesn't balance with my stock?

All CD discrepancies should be investigated. A common source of error is supplies or receipts not being entered. The Board's Accountable Officer (AO), Joe Brogan (joe.brogan@hscni.net), must be notified of all unresolved CD register discrepancies including action taken to prevent a re-occurrence. The AO should be advised of all incidents/concerns involving CDs.

Private prescriptions

Q12. Do private prescriptions for Schedule 2 & 3 CDs have to be written on special forms?



Yes. Private prescriptions for Schedule 2 and 3 CDs (including temazepam) must be written on a special form called a PCD1 form. If there is a need to obtain a supply of PCD1 forms, GPs need to complete the registration form on the BSO website: http://www.hscbusiness.hscni.net/services/2272.htm
In an emergency however, if treatment is both immediately necessary and appropriate for a patient who is not otherwise eligible to receive Health Service prescriptions, it is acceptable to prescribe Schedule 2 and 3 CDs on an NHS prescription form.

Prescribing CDs

Q13. What important points should I remember when prescribing CDs?

- CDs should always be prescribed in line with legal requirements (see link on reverse for full details).
- CDs should be prescribed with caution and only where clinically indicated. Where necessary doses should be titrated appropriately and prescribed at the minimum effective dose. Adverse incidents have been reported where patients have received inappropriate doses following titration. All prescribers should be familiar with opioid dose equivalences.
- Careful consideration should be given to the quantities and strengths prescribed both to anticipate requirements, e.g. palliative needs over a weekend, and to reduce risks e.g. excess controlled drugs stored in patients' homes.
- All patients receiving prescriptions for CDs should be reviewed regularly during a face-to-face consultation. It is important to remember that CDs have a 'street value'. Robust repeat prescribing systems should be in place to identify possible abuse or misuse.

CDs in transit

Q14. Can I take my personal CD stocks with me when travelling out of the UK?

The relevant authorities in each country should be contacted for advice on the legal requirements in relation to the movement of CDs to and from the UK. For the UK, the Home Office should be contacted by telephone at: 020 7035 6330 or by email at: DLCUCommsOfficer@homeoffice.gsi.gov.uk

Q15. Is it ok to collect and deliver CDs dispensed by the pharmacy to a patient?

Healthcare professionals e.g. GP, community nurse, generally should not collect dispensed CDs to deliver to patients. However, in exceptional cases this may be necessary e.g. immediate treatment is needed and no carer, or pharmacy delivery service, is available. Action should be taken to reduce further similar supply problems. In areas where the Controlled Drug Stock Monitoring Record (See Q18) is in operation, the healthcare professional should enter receipts of controlled drugs onto the record and ask the pharmacist to countersign the entry.

Q16. Can I ask a member of practice staff to collect, or pharmacy staff to deliver, my CD stock to me?

GPs should order and collect their own CDs from the pharmacy in person. Use of messengers should be avoided as this is not recommended practice. **In exceptional cases** where it is necessary for Schedule 2 or 3 CDs to be:

- *collected by a messenger/practice staff on behalf of a GP:* the messenger must give the pharmacist a written statement, signed by the GP, indicating that he/she may receive the drugs. The messenger must deliver the CDs directly to the GP placing the order
- *delivered by the pharmacy:* the CDs should be delivered directly to the GP making the requisition or, if not possible, to an authorised member of staff. The GP should inform the pharmacist of the name of this person. A pharmacy delivery note should be signed by the GP/authorised person, to confirm the delivery. This should be retained by the pharmacy.

Administration

Q17. Can CD dose changes be given verbally to a community nurse?

No. CDs to be administered by a community nurse, must be accompanied by a written authority to administer from the prescriber on the appropriate chart ie

- Syringe Driver/Pump - Prescription and Administration Record, or
- Breakthrough Symptoms - Prescription and Administration Record.

Completion of additional records/charts may be necessary depending on your Trust area. These records are included in the patient's notes in the home. Communication verbally, or by text, fax or email, is not permitted.**

**NMC Standards for Medicines Management

Q18. What is a Controlled Drug Stock Monitoring Record?

The Controlled Drug Stock Monitoring Record is used to record receipts and administration of *patients' own supplies of CDs which are administered by a health professional* eg community nurse or GP. When a patient receives their first medicine supply, a separate record should be completed for each name and strength of CD. These records are retained by the patient/carer eg in patient's home. Each administration of the patients' own drugs, and new supply received, should be recorded by the nurse/GP attending the patient, and a running balance maintained. This Controlled Drug Stock Monitoring Record is being rolled out across Northern Ireland.

Disposal

Q19. What do I do if my CD stock is out-of-date or no longer required?

Schedule 2 CDs that are out-of-date or no longer required (eg due to change in circumstances) should be returned to a community pharmacy for supervised destruction. A record of the supply to the pharmacy must be made in the doctor's CD register. It is good practice to return **all** CDs that are out-of-date/not required to a pharmacy for destruction.

Q20. How should patients' CDs be disposed of?

The patient/representative should be advised to return CDs which are out-of-date/no longer required to a pharmacy for destruction. However if it is judged that there may be a risk with leaving the medicines, or there is no-one to return them, the GP/nurse may do this. In these exceptional circumstances, details of the medicines removed should be recorded e.g. separate part of the GP's register, and the pharmacist asked to countersign to confirm receipt. The CDs must be clearly separated from the GP/ pharmacist's stock, and must NOT be used to treat other patients.

Further information

For further details on the safe management and use of CDs in primary care, please refer to:

1. HSCB guidance for developing a CD SOP for primary care prescribers
http://www.hscboard.hscni.net/medicinesmanagement/Prescribing%20Guidance/Controlled%20Drugs/index.html#P-1_0

2. DHSSPS 'Safer Management of Controlled Drugs *A guide to good practice in primary care (Northern Ireland)*
http://www.dhsspsni.gov.uk/index/pas/pas-lie/pas-accountable-officer/pas-guidance.htm

3. BNF Guidance on Prescribing Section 8 Controlled drugs & drug dependence.

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