

**Primary Care  
 Outreach Team  
 CONTROLLED DRUG POLICY**

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## 2 Document Control

### Confidentiality Notice

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## 3 Introduction

The purpose of this policy document is to promote the safe and effective prescribing of controlled drugs and to highlight the roles and responsibilities within the Outreach team.

Controlled Drugs are liable to misuse and therefore are subject to special controls under the Misuse of Drugs Act, 1971.

This Policy is intended for all Prescribers

## 4 Prescribing

Before prescribing:

- Take into account the benefits and risks of prescribing, including dependency, overdose and diversion.
- Consider all prescribed and non-prescribed medicines the person is taking and whether the person may be opioid naïve.
- Use evidence-based sources, such as
- NICE <https://www.nice.org.uk/guidance/NG46/chapter/Recommendations>
- BNF
- ELFT <https://www.elft.nhs.uk/uploads/files/1/CD%20Policy%2011.0.pdf>

When prescribing controlled drugs:

- Document clearly the indication and regimen for the controlled drug in the patients record. “prn” or “as directed” is not adequate
- Check the patient’s current clinical needs and, if appropriate, adjust the dose until a good balance is achieved between benefits and harms.
- Discuss arrangements for reviewing and monitoring treatment with the patient. Consider frequency of review for further repeat prescriptions and potential risks for misuse.
- If a patient is treated (Subutex or methadone) by a substance misuse service (e.g., RESET/CGL etc) the CD should not be prescribed by a staff from the Outreach Team. This might change in the future and depends on training and close collaboration with the local prescribing drug services.

When prescribing 'when required' controlled drugs:

- Document clear instructions for when and how to take or use the drug in the patient’s record.
- Include dosage instructions on the prescription (with the maximum daily amount or frequency of doses) so that this can be included on the label when dispensed.
- Be aware when the last prescription was issued previously and decide if the frequency and amount of CD taken has been appropriate.
- It is inappropriate for a prescriber to prescribe a CD for themselves, a family-member or a friend unless in a clinical emergency.

#### 4.1 Controlled Drug (CD) prescription writing requirements

To be valid, on top of the normal prescription requirements for prescription only medicines (as specified under the Medicines Act), prescriptions for Schedule 2 and 3 CDs must also contain the following (as outlined in the Misuse of Drugs Regulations 2001):

- The dose
- The form
- The strength (where appropriate)
- The total quantity or dosage units of the preparation in both words and figures
- For instalment prescriptions, specify the instalment amount AND instalment interval.

A pharmacist is not allowed to dispense a Controlled Drug unless all the information required by law is given on the prescription. In the case of a prescription for a Schedule 2 or 3 CD, a pharmacist can amend the prescription if it specifies the total quantity only in words or in figures or if it contains minor typographical errors, provided that such amendments are indelible and clearly attributable to the pharmacist.

A failure to comply with the regulations concerning the writing of prescriptions will result in inconvenience to the patients and carers and delay supplying the necessary medicine.

#### 4.2 Duration of treatment

It is good practice that the quantity of Schedule 2, 3 and 4 CDs be limited to a quantity for a maximum of up to 28/30 days treatment.

#### 4.3 Repeat dispensing (batch prescriptions)

Schedule 2 and 3 CDs cannot be prescribed on repeat dispensing prescriptions.

Repeat dispensing prescriptions for Schedule 4 CDs must be dispensed for the first time within 28 days of the date. After the first dispensing the repeats are legally valid within the normal periods of validity of the repeatable prescription.

Repeat prescriptions for Schedule 5 CDs must be dispensed for the first time within six months of the date. After the first dispensing the repeats are legally valid within the normal periods of validity of the repeatable prescription.

#### 4.4 Electronic prescriptions

All medicines, CD or regular, should be prescribed as EPS. Outreach staff should be able to do this in the community. If this is not possible the Outreach team clinician should be able to add the patient into a dedicated slot of the base practice and/or discuss with the duty doctor at the registered practice.

The 3 base practices are:

**Health E1**, 9-11 Brick Ln, Spitalfields, London E1 6PU  
Monday to Friday, 08:00 – 18:30  
E-mail: thccg.health1@nhs.net  
Tel: 0207 247 0090

**Newham Transitional Practice**, 30 Church Road, London E12 6AQ  
Monday to Friday, 08:00 – 18:30  
E-mail: info.trathen@nhs.net  
Tel: 0207 909 4990

**The Greenhouse Practice**, 19 Tudor Rd, Hackney, London E9 7SN  
Monday to Friday, 08:00 – 18:30  
E-mail: [cahccg.thegreenhouse@nhs.net](mailto:cahccg.thegreenhouse@nhs.net)  
Tel: 0208 510 4490

However, because of problems with mobile EMIS access, temporary registration status and patient not having an NHS number this is often not feasible, and a script might need to be handwritten. This needs to be clearly documented in the notes.

#### **4.5 Private prescriptions for Schedule 2 & 3 CDs**

Private prescription should not be issued in the Outreach team setting

#### **4.6 Providing information and advice regarding CDs**

- Document and give information to the person taking the controlled drug or the carer administering it, including:
  - how long the person is expected to use the drug
  - how long it will take to work
  - what it has been prescribed for
  - how to use controlled drugs when sustained-release and immediate-release formulations are prescribed together
  - how it may affect the person's ability to drive (see the advice from the [Department of Transport on drug driving and medicine: advice for healthcare professionals](#))
  - that it is to be used only by the person it is prescribed for.

### **5 Prescribing incidents**

Any prescribing error or incident involving a CD must be recorded as a significant event by the person discovering the event. This must be discussed at a clinical meeting to reflect, learn and identify possible methods of preventing recurrences. Prescribing incidents must also be reported to the Controlled Drugs Accountable Officer (see page 5 for details).

#### **5.1 Stolen and missing and lost CD's**

If a drug is lost or stolen, it is the decision of the prescribing clinician to decide if it is safe and appropriate to reissue the CD.

The clinician needs to decide and maybe reduce the amount of CD medication and/or the frequency of the drug

It might be appropriate to backdate a CD, so that a prescription can only be collected on a certain day.

All the above possible changes need to be clearly documented in the patients record

#### **5.2 Reporting Controlled Drugs concerns to the Controlled Drugs Accountable Officer**

The CDAO for ELFT NHS Trust is the Chief Pharmacist – Andrea Okoloekwe; email address is [andrea.okoloekwe@nhs.net](mailto:andrea.okoloekwe@nhs.net)

Healthcare professionals have a statutory duty to report all complaints, concerns or untoward incidents involving controlled drugs to the CDAO. Pharmacies may have a duty to report these to their head offices; however, it is a requirement that all complaints, concerns, or incidents involving controlled drugs must also be reported to the CDAO.

### **5.3 Datix**

Prescribing incidents should be recorded via Datix. The outreach team has access to that.

The Datix Team support the delivery of the Datix Risk Management system, we

- Facilitate the Datix Risk Management System; the Trust uses several different modules including Incident Reporting, Complaints, PALS, Inquests, Claims and Access to Records
- Make changes to the system; add new users, sites, and services.
- Make changes to deliver improvements and meet new reporting requirements.
- Provide Datix and incident training to staff including incident reporting and creating reports.

For further support in relation to Datix the Team can be contacted via our dedicated support email address– [Datix.support@elft.nhs.uk](mailto:Datix.support@elft.nhs.uk)

### **5.4 Examples of incidents that require reporting include (list is not exhaustive)**

- Concerns with colleagues or patients
- Prescribing errors involving CDs
- Dispensing errors involving CDs
- Patient complaints involving CDs
- Missing or lost CDs
- Medicines Management CD issues