

# Controlled Drugs Essentials

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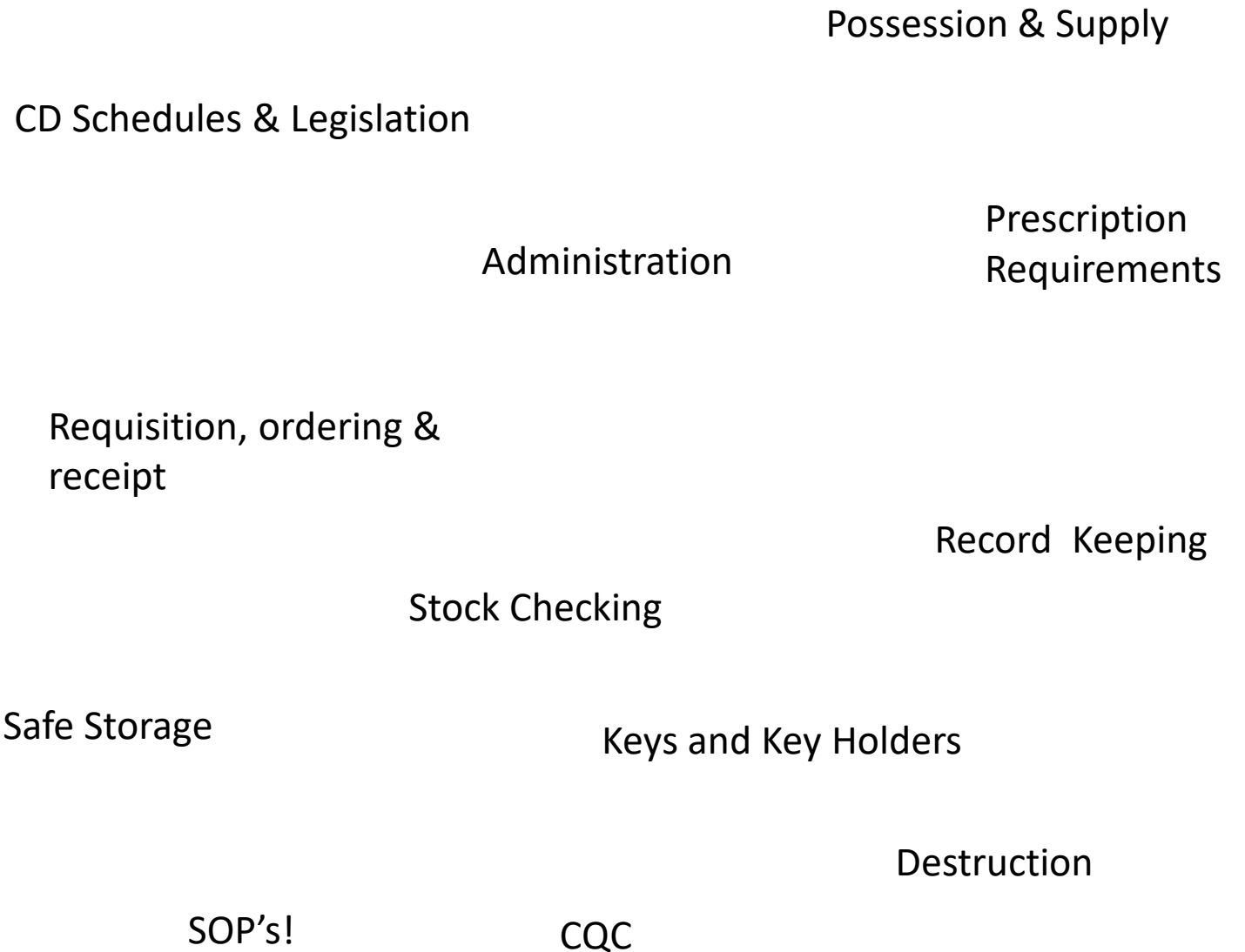


# Today's Session:

- Looking at the journey of a Schedule 2 Controlled Drugs script through your practice and dispensary
- Establish the Legal issues and the “Good Practice” elements
- Look at key issues for all CD's



There is a minefield of issues to consider with Controlled Drugs – what are the essentials?



# Focus: The Journey of a Controlled Drugs Prescription Schedule 2

- Schedule 2 = Fully controlled medicine that requires all prescription details, safe custody storage and record keeping

Pharmacy Stamp	Age D.o.B	Title, Forename, Surname & Address
<small>Please don't stamp over age box</small>		
Number of days' treatment N.B. Ensure dose is stated		
Endorsements	Office use	
Signature of Doctor		Date
For dispenser No. of Prescs. on form		
NHS PATIENTS— please read the notes overleaf		
16427931879		

# Prescribing Stage

- Establish a Controlled Drugs Policy – either separately or as part of your practice Medicines and Prescribing Policy.
- Why?
- It will enable your practice team to set out issues around CD's:
  - Prescribing volumes/ lengths of treatment – 30 days maximum supply is recommended “Good Practice”
  - Establish when it would be permissible for larger quantities to be prescribed/ dispensed
  - States the practice policy on repeat prescribing and authorisations for all levels of CD's

# Standard Operating Procedures for CD's:

- Loads of detail and information needed for the safe dispensing of CD's
- Divide up each area of activity into separate SOP's so that the team can digest the information fully
- Ensures compliance and safety
- Makes it easier to write and update SOP's



# Standard Operating Procedures for CD's:

# Requisition Form SOP

- Applies to both Schedules 2 & 3 – set out a Standard Operating Procedure that fulfils the legal requirements for completion of these forms.

- Make sure everyone does the same thing every time
- Ensure your clinical team understand and assist with the process
- Automate where and when you can?

Home Office | Department of Health

### CD Requisition Form (Schedules 2 & 3)

**A Supplier Details**

Invoice No.: \_\_\_\_\_ NHS Account Number / Wholesale Dealer Licence / HO CD Licence No.: \_\_\_\_\_

Supplier's Stamp: Name of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Address Line 3: \_\_\_\_\_

**B Controlled Drugs Requisitioned and Purpose**

Drug Name	Strength and Unit of Measure	Form	Quantity
Example: Buprenorphine	10mg / 100ml	Suspension	75 x 100ml

Purpose for which drugs are required (tick in box provided)

1 <input type="checkbox"/>	For use within Pharmacy	4 <input type="checkbox"/>	For Paramedic use
2 <input type="checkbox"/>	For use within Practice / Surgery	5 <input type="checkbox"/>	For Doctor's bag
3 <input type="checkbox"/>	For use in independent hospital	6 <input type="checkbox"/>	Other (please state reason briefly below)

**C Customer Details**

\* Use overleaf (Part D, point 10(i)) for guidance on completion

\* Individual Prescriber code / pharmacy's NHS account number / CQC / NHS / HMW Number: \_\_\_\_\_

\* Practice, NHS Trust or NHS Provider Code: \_\_\_\_\_

Name of Practice: \_\_\_\_\_  
Individual practitioner's name (printed): \_\_\_\_\_  
Professional qualification / occupation: \_\_\_\_\_

Address line 1: \_\_\_\_\_  
Address line 2: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Order / Supply: \_\_\_\_\_  
(NB: This must be the signature of the practitioner named above)

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# Requisition Forms:

- Who signs the FP10 CDF?
  - Ideally the named prescriber but one of the clinical team who has legal right to do so – that can include Nurse Practitioner or Prescribing Pharmacist
- What process does your SOP follow to ensure that the CDF's are always ready for the delivery driver at the next delivery?
  - Best practice would be to make sure whoever is completing the labelling and ordering of the item, completes the CDF, and makes sure that this is available for signing with the relevant script attached
  - Task priority for one or all of the prescribing team could be to visit the dispensary at the end or start of their session



SOP's:

## Recording the receipt of CD's

- SOP for receipt of goods should include reinforcement of the need to check CD stock straight away before your delivery is accepted – Open the bag!
- Make entry in your CD Register (Paper or Electronic version) as soon as possible on receipt – within 24 hours – legal requirement
- Include invoice number if possible – Good Practice
- Check stock running balance at the point of storing the new stock – Good Practice
- Ideally have 2 initials for each entry in the CD register - Good Practice

SOP's:

## Dispensing a Schedule 2 CD

- Make sure your SOP's match / reflect what actually happens in your dispensary.
- New stock arriving that has been ordered in for a script should either segregated/identified for a particular patient or labelled & bagged clearly.
- Consider your patient as a customer – Do you keep them waiting too long when they come to collect their CD?
- However, are your processes safe enough to avoid unnecessary rushing?



SOP's:

## Recording the Supply of a CD

- Only write anything in the CD register after an item has been collected – legally you can only record something as being supplied when it has left the building
- Consider “Pending Entries” with Clara Electronic CD Register?
- Entry must be made within 24 hours
- Must be able to identify who collected the script – patient / representative details / healthcare professional full details

# Electronic CD Registers



Electronic CD Registers – huge time saving –  
[www.getclara.uk](http://www.getclara.uk)

**Clara**

CD Register

**Drugs**

- Pending entries **22**
- Stock checks
- Destructions

Prescriptions **5**

Appointments

Patients

Settings

Hide menu

**Drugs** + Add drug

Filter drugs by name or form

Alfentanil 500micrograms/1ml solution for injection ampoules Alfentanil, Solution for injection	<b>0</b>	⋮
Concerta XL 18mg tablets Methylphenidate, Modified-release tablet	<b>18</b>	⋮
Concerta XL 27mg tablets Methylphenidate, Modified-release tablet	<b>56</b>	⋮
Concerta XL 54mg tablets	<b>10</b>	⋮

SOP's:

## Stock Checking and Running Balances

- It is only “Good Practice” to keep running balances for Schedule 2 CD stock.
- However – all regulatory parties – Home Office, Police, CQC etc – would be very concerned if stock balances were not being recorded & checked
- Regularity – nothing set down but Good Practice would be a minimum of monthly
- Check the registers against the contents of the cabinet – not vice versa.
- Vary the team member who carries out the checks each month
- Check expiry dates during this activity



# Dealing with Destruction of Patient Returned CD's

- Safe Custody CD's – Schedule 2 and some 3 (Temazepam, Buprenorphine) – must all be stored as such in a dispensary / pharmacy even if returned from a patient.
- Try to destroy as soon as they are received at the dispensary.
- Record full details in an appropriate book.
- Make sure you know who returned the items
- Make sure your team does not put themselves at unnecessary risk of harm by searching through mixed bags of returns.
- Is your CD cabinet big enough to cope with all stock & returns?



# Check Prescription Expiry Dates

- Ensure a process is in place – for all Schedule 2,3 & 4 Controlled Drugs.
- Such prescriptions have only 28 days expiry from the date of printing.
- Monthly checking is **NOT** enough
- Highlight scripts of such items and check weekly
- Biggest area of shortcomings during CQC inspections.
- Protects patients from receiving inappropriate meds

# CD Keys & Security

- Recommend use of solid metal combination lock key units – screwed into a brick wall and out of sight
- Limit access through knowledge of the number code
- CD Cabinets must legally be:
  - Made of steel panels (2mm thick?)
  - Have hidden/ protected hinges
  - 5 Lever or higher security locks
  - Secured to a brick wall or into a concrete floor
  - Can be an outside wall – must be solid/brick
  - Does NOT have to be out of sight, but Police would advise it is.

# CD Keys & Security



# CQC Expectations and Variations

- Should be a focus on CQC inspections – but depends on the inspection team
- Ensure:
  - SOP's are clear; up to date; and match what you do
  - Registers – no crossings out or obliterations – illegal!
  - Returned CD's – all destroyed
  - Schedule 3 & 4 dispensed medication – regular checks on 28-day expiry of the prescriptions
  - Expired stock – authorised destruction completed
  - Stock held is not excessive but covers necessary emergency stock

# Short Question Time

- If you or your practice have any concerns about the handling of CD's please get in contact. All details will be handled strictly confidentially.
- Specific questions can be sent to:
  - [contact@dispensingdoctorexerts.co.uk](mailto:contact@dispensingdoctorexerts.co.uk)

