



# Controlled Drugs Update

## TOP 10 THINGS TO REMEMBER



The regulation and governance of controlled drugs (CDs) remains a key focus throughout all relevant roles and sectors in NHS Fife.

We know that despite best intentions sometimes things aren't always done as they should be and ever mindful that there is valuable learning in when things go wrong just as much as when things go right - a retrospective analysis of incident reporting and near misses has been carried out. This has allowed us to produce a top 10 list of the most common discrepancies with regards to CD best practices and highlight some useful references for further guidance.

### Issue/incident

### Background information

### Advice, references and resources

01

#### Private prescriptions for CDs

Some private requests and supplies have not been made on legally required stationery.

If you receive a private prescription, like any other prescription, it is your duty to ensure that it is valid, appropriate and meets all legal requirements. All private prescriptions for Schedule 2 and 3 CDs (including temazepam) presented for dispensing in community pharmacies **must be written on the standard PPCD prescription form.**

Prescriptions for Schedule 2 and 3 CDs that are not written on a PPCD form should not be dispensed.

It is good practice to ask to retain the illegal form and prescribers should be contacted, informed and directed to [NSS Stationery Ordering](#) if they need PPCD pads.

You can [check a doctor is registered with the GMC](#) and that independent healthcare clinics are registered with the appropriate authority - [Here for England](#) and [Here for Scotland](#).

GPhC has issued helpful guidance for pharmacies : [Patient Safety Concerns Relating to Online Prescribing Services](#) and also: [Guidance for Registered Pharmacies Providing Pharmacy Services at a Distance Including on the Internet.](#)

02

#### CD keys

A common contributory factor from CD incident reports is the lack of affective record keeping of access to CD keys.

Pharmacies must comply with 'the requirements for safe custody'. They must ensure that the relevant CDs are kept in a locked safe, cabinet or room constructed and maintained in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973.

Ensure that SOPs are followed and include:

- CD keys should not be attached to keys for the premises.
- A log of who is the accountable holder of the CD keys should be maintained.
- The holder may change throughout the day and this should also be recorded.
- A secure method of transferring CD keys from one day to the next should in place. This may include a signed/sealed envelope/dispensary bag.

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03

### Amending typographical errors on paper prescriptions

Doctors can sometimes forget to include all legal prescription requirements especially when hand writing.

Pharmacists are only able to amend prescriptions for Schedule 2 and 3 CDs where there are:

- **minor spelling mistakes;** or
- **minor typographical mistakes**

**Where the total quantity of the CD/number of dosage units is specified in either words or figures but not both,** a pharmacist can add either the missing words or figures as required (but not both).

The pharmacist needs to have exercised due diligence, be satisfied that the prescription is genuine and that the supply is in accordance with the intention of the prescriber.

Each separate amendment should be indelible and clearly attributable to the pharmacist (e.g. name, date, signature and GPhC registration number).

[The Misuse of Drugs \(Amendment No. 2\) Regulations 2006](#)  
[Controlled Drug Prescription Forms and Validity MEP 2022, Page 114](#)

### 28 Day Validity Period

CD prescriptions are valid for 28 days after the 'appropriate date'. The appropriate date is either the signature date or any other date indicated on the prescription (by the prescriber) as a date before which the drugs should not be supplied - whichever is later.

### Number of days supply

It is best practice to challenge prescriptions that request more than 30 days supply. The Department of Health and Social Care (DHSC) has issued strong recommendations that prescriptions for Schedule 2, 3 and 4 CDs are limited to the quantity necessary for up to 30 days' treatment. Exceptionally, where a prescriber believes that a prescription for a CD should be issued for a longer period he/she may do so where there is a genuine clinical need and it does not pose an unacceptable risk to patient safety

04

### Delivery of CD prescriptions

A common theme when reviewing incidents was poor record of deliver or supply.

Learning Incidents include:

- CDs still being collected by a family member after a patient's death.
- Accidental double supply to a patient that was disputed, but with no recorded evidence of provision.

We have learned from reports that **it is very important to have SOPs in place to ensure that CD medicines are signed for when delivered** and I.D requested if the recipient is unknown. **This should be without exception.**

05

### Travelling abroad with CDs

There has been variance in the advice provided.

#### Travelling to the UK

Patients who are travelling with less than 3 months of prescribed controlled drugs listed under Schedules 2, 3, 4 Part I and 4 Part II to The Misuse of Drugs Regulations 2001 don't need additional formal paperwork.

Patients who are travelling with more than 3 months of prescribed controlled drugs will require a personal import or export licence to enter or leave the United Kingdom.

#### Travelling abroad, from the UK

Each country is different.

It is best practice to advise patients, however, to carry a letter from the prescribing doctor with the carrier's name, travel itinerary, names of prescribed controlled drugs, dosages and total amounts of each to be carried.

[Bringing medicine containing a controlled drug into the UK - GOV.UK \(www.gov.uk\)](#)

Patients should be advised to [contact the Embassy, Consulate or High Commission of the country to be visited](#) regarding their policy on the import of controlled drugs, as the legal status of controlled drugs varies between countries.

06

### Balance discrepancies due to one or two tabs/caps being thrown away

A common reason for CD balance discrepancies is as a result of being thrown away while making up Multi-Compartmental Aids (MCAs) or 'nomads'.

Another common contributory factor is that the tablets or capsules were 'cut off the main strip and loose in the box'.

Best practice ideas from colleagues include:

1. Always carry out a balance check after filling MCAs with CDs and before emptying the rubbish.
2. If you have 'loose' tablets in a box remove the patient information leaflet (this can sometimes obscure a count)
3. Consider placing the box in clear 'sandwich' bag to reduce risk of loose tablets falling out or Sellotape the strip to the box.

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### Methadone administered to wrong person

The most common medication involved in incidents is still Methadone - examples include 'following the label, not prescription' and 'not confirming patient's name before handout'.

Best practice ideas from colleagues include:

1. Don't get complacent. Ensuring that SOPs are followed to the letter means that errors are less likely; Ask a patient to confirm name and DOB before each supply, get that double checked and add dosage to be checked, it will soon become common practice.
2. Review your SOPs as a team, make this common and regular practice.

08

### Balance discrepancies going undetected for long periods

The most common barrier/difficulty cited when trying to resolve balance issues is the fact that regular balance checks have not been performed.

The Health Act 2006 requires each healthcare organisation holding stocks of CDs to have standard operating procedures (SOPs) for the use and management of CDs. It is the legal obligation of the Responsible Pharmacist (RP) to ensure that these are followed and if not could lead to litigation proceedings.

Follow SOPs and perform balance checks each week and at the point of hand out. The Scottish Government CEL2007(14) ([http://www.sehd.scot.nhs.uk/mels/CEL2007\\_14.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2007_14.pdf)) published in October 2007 'Safer Management of Controlled Drugs Standard Operating Procedures' provides framework to support the development of SOPs for CDs.

09

### Disposal of out-of-date Stock CDs

There have been incidents where the correct procedures were not followed when disposing CDs.

Stock Schedule 2 CDs must only be destroyed in the presence of an Authorised Witness-(AW). An AW is an individual in possession of a written authority to witness the destruction of CDs. That authority must be signed by an NHS Board Controlled Drug Accountable Officer.

An AW is not required to witness the destruction of CDs returned by patients or pharmacy stock of Schedules 3 and 4 part 1 – however the destruction should still be witnessed by another member of staff (preferably a registered health professional) familiar with CDs and destroyed in denaturing kit.

Schedule 4 part 2 and Schedule 5 CDs do not require to be denatured or witnessed and should follow normal medicines waste procedures

To request a visit from an AW e-mail: [fife.cd@nhs.scot](mailto:fife.cd@nhs.scot) or telephone: 01383 565351

## LAST, AND MOST IMPORTANTLY...

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### Incidents or Concerns involving CDs

There has been variance in the advice provided

As well as complying with any local alerting or reporting procedures within your company the appropriate Controlled Drugs Accountable Officer (CDAO) must be informed, by law, of all incidents that involve CDs.

Full information is available on the [NHS Fife SHOW page](#).

(If urgent, contact the local CD Team by telephone and, if non-urgent, by e-mail within three working days).

A register of NHS Scotland Controlled Drugs Accountable Officers is available here: [Healthcare Improvement Scotland - Controlled Drugs CDAO Register](#).