Lincolnshire Community Health Services NHS Trust

Policy for Prescribing, Supply, Storage and Disposal of Controlled Drugs within Lincolnshire Community Health Services NHS Trust

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Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		Merged P_CIG14, G_CS58, G_CS57, G_CS58, G_CS27, C_CS61, G_CS62.	June 2016	Lorna Adlington
1.1	Section One Section 6 Section 7	Updated audit tool. Updated disposal process Update relating to prescribing and transfer.	August 2016	Lorna Adlington
1.2	Section 6 page 100 Section 7 page 110	Midazolam, diazepam and tramadol added to the daily checking schedule in unplanned care	September 2016	Lorna Adlington
	Page 23	Updated CDAO details	9th March 2017	Lorna Adlington
1.3	Policy page 20	New section – controlled drug discrepancies	26th June, 2017	Lorna Adlington
	Section 3	Minor amendments to SOP – section 2.5, 3.3, 3.4 and 3.7		
	Section 4	Minor amendments to SOP – section 2.5, 3.3, 3.4 and 3.7.		
	Section 5	Minor amendments to SOP – section 3.3		
	Section 6	SOP for management of controlled drugs in Louth Urgent Care – removed.		
	Section 7	Minor amendments to SOP – section 1,3,5,6 and 10.		
	Appendix One	Updated disposal guidance	August 2017	Karen Leggett
	Section 11	Details of interim CDAO	8th September 2017	Lorna Adlington
1.4	Policy section 3.9 Section 3 Policy – Appendix 1 disposal	Receipt of manufactures sealed packs. Removal of SOP for Louth Community hospital and incorporate into section 2 – Community Hospital SOP. Disposal of ampoules	March 2018	Lorna Adlington

	Appendix 2	CD Audit tool amended and additional Audit tool added		Karen Leggett
2	SOPs	Standard Operating procedures removed to a separate document.	December 2018	Medicines management team
	Page 8 Summary Table	Schedule changes – pregabalin, gabapentin and cannabinoids		
	Page 10 Prescriber changes	Changes for medical and non medical prescribers		
	Page 11 2.6.2	Updated link to FP10CDF. Addition of gabapentin / pregabalin		
	Page13 3.3 and 3.6	New section – storage in patients home Revise working		
	Section 3.8	New section – administration of CDs		
	Section 3.9	New section – CD stationery		
	Page 19 Section 5, 6 and 7	New section - Schedule 4 CDs New section – schedule 5 CDs New section – patients own CDs		
	Page 21 sect 8	Confirmation of destruction in patients homes		
	Page 23 sect 11	New section – Illicit substances		
	Page 26 sect 15	Update CDAO details		
	Appendix Two	Updated audit tools		
3	Introduction	Addition: training	Jan 2021	Medicine Management Team
3	Section 1 – summary table	Addition: Trust Midazolam is stored within the Controlled drug cupboard and recorded within the CD register. Within the Trust Temazepam and Buprenorphine is recorded within the CD register and legally must be stored within the controlled drug cupboard	Jan 2021	Claire Rogers
3	Section 2	Wording of 'Non-Medical' changed to Supplementary / Independent Prescribers Clarification relating to supplementary nurse and pharmacist prescribers and clinical management plans Addition: new information regarding training requirements	Jan 2021	Medicine Management Team
3	Section 3	Addition: new information regarding good practice in prescribing Clarification ; two members of staff involved in the administration of a controlled Clarification:-stock check should be every 24 hours Addition; information regarding no verbal orders.; to refer to Safe and Secure Handling of Medicine Policy (P-CIG-20) for alternative	Jan 2021	Medicine Management Team

		prescribing options Change: Schedule 2, 3, and 4 CDs; a maximum of 7 days' supply instead of 30 days Clarification : doctor's bag also known as home visiting bag Removed : private prescriptions		
3	Section 5	Destruction of Schedule 4 controlled drugs should be recorded in the dark green waste book	Jan 2021	Medicine Management Team
3	Section 7	Addition : Patient's Own CDs should be checked for suitability and the balance being brought into the service recorded to use as per usual procedure.	Jan 2021	Medicine Management Team
3	Section 11	Addition: information relating to reporting of fraud	Jan 2021	Medicine Management Team
3	Section 13	Addition information on local service SOPs	Jan 2021	Medicine Management Team
	Section 14	Summary table updated to include; Recording and custody of Temazepam and Buprenorphine and for schedule 3 and 4 stock CDs to be destroyed by an authorised witness within the community hospital.	Jan 2021	Claire Rogers
3	References	Updated	Jan 2021	Medicine Management Team

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Document Statement

Background	The purpose of this document is to provide policy and operational guidance on all aspects of Controlled Drug (CD) management in Lincolnshire Community Health Services (LCHS).
Statement	This document incorporates all legislative changes published by the Department of Health. It also recommends areas of good practice to strengthen the governance arrangements for controlled drugs.
Responsibilities	Implementation and compliance with the Policy and SOPs will be the responsibility of all staff.
Training	This reference document will be amended when further changes to legislation occur. All managers should ensure staff are working within the current legal and regulatory framework governing controlled drugs. Individual training for the safe management and use of Controlled Drugs is available on the Medicine Management (MM) intranet page and/ or on ESR
Dissemination	Lincolnshire Community Health Services Website: http://www.lincolnshirecommunityhealthservices.nhs.uk
Resource implication	All resources within this document have been developed in line with Department of Health guidelines to enable the appropriate management of controlled drugs within Lincolnshire Community Health Services. There are no additional resource implications.

Policy for Prescribing, Supply, Storage and Disposal of Controlled Drugs within Lincolnshire Community Health Services NHS Trust

Contents

1. Background

1.1 This policy applies to all professionals and premises subject to inspection as part of the revised arrangements for the management and monitoring of Controlled Drugs (CDs). This includes all GP practices both dispensing and non-dispensing and all community health services handling CDs within Lincolnshire. Community pharmacies will be inspected to similar standards by the General Pharmaceutical Council Inspectorate. The current edition of this policy incorporates all of the updated Department of Health material published up to the end of December 2013. The June 2006 guidance from the Department of Health (DoH) clarified arrangements around private prescribing of CDs, validity of CD prescriptions and quantities of CDs to be prescribed. In addition, it was confirmed that pharmacists are now able to amend minor errors on prescriptions for Schedule 2 and Schedule 3 CDs. There have also been changes to record keeping requirements and the introduction of a requirement to ensure that the identity of persons collecting Schedule 2 CD prescriptions is confirmed if not already known. Subsequent material published by the DoH in October 2006 provided interim guidance on issues relating to destruction and disposal of CDs and final guidance on changes to record keeping requirements. Guidance on Standard Operating Procedures for Controlled Drugs was published in January 2007. New guidance has followed in December 2007 detailing changes to the requirements for requisitions and amended guidance on the destruction of CDs. Further changes to record keeping requirements were published in January 2008. Changes in November 2015 included making use of the standard requisition form mandatory and rescheduling Ketamine as a schedule 2 CD.

1.2 The **Misuse of Drugs Act 1971** controls 'dangerous or otherwise harmful drugs' which are designated as Controlled Drugs. The primary purpose of this legislation is to prevent the misuse of this group of drugs. It does this by imposing a total prohibition on the possession, supply, manufacture, import or export of Controlled Drugs except as allowed by regulations or by license from the Secretary of State. The medical use of Controlled Drugs is permitted through the **Misuse of Drugs Regulations 2001** and subsequent amendments. These Regulations classify CDs into five different schedules according to different levels of control with Schedule 1 being the most tightly controlled schedule and Schedule 5 the least tightly controlled. The five Schedules are summarised in tables at the end of this section.

1.3 Changes to the Misuse of Drugs Regulations 2001 have been made in the wake of the Shipman Reports. The requirement that Controlled Drug prescriptions should be written in the prescriber's own handwriting has been removed. Prescriptions will be valid as long as they are written indelibly and include all of the legally required elements. This means that CD prescriptions can now be type-written, hand written or computer printed; only the signature of the prescriber needs to be handwritten.

1.4 The definition of CD register has been amended to include a computerised system which is in accordance with best practice guidance endorsed by the Secretary of State under section 2 of the National Health Service Act 1977.

1.5 The Misuse of Drugs Regulations 2012 allow nurse and pharmacist independent prescribers to prescribe any schedule 2-5 controlled drug within their clinical competence but do not allow the prescribing of cocaine, diamorphine or dipipanone for the treatment of addiction.

1.6 The Controlled Drugs Regulations 2013 update and replace the 2006 Regulations to reflect the changes in the NHS in England from April 2013.

Summary Table

Schedules	Definition	Drugs included
Schedule 1 (CD Licence)	These drugs have virtually no therapeutic use. Production, possession and supply are only allowed for the purposes of research or other special purposes. A Home Office License is required.	Hallucinogenic drugs (e.g. LSD), ecstasy-type substances, cannabis etc.
Schedule 2 (CD POM)	These drugs are used medicinally, but prescribing, dispensing, administration and disposal are all tightly controlled. Enhanced prescription requirements are in place as are safe custody requirements (except secobarbital (quinalbarbitone)), record keeping requirements and tight controls on disposal. Prescriptions are valid for 28 days. Changes to legislation have removed the prescribers own handwriting requirement; prescriptions for Schedule 2 CDs can now be computer, type or hand written.	Cocaine, dexamfetamine, diamorphine, dipipanone, fentanyl, hydromorphone, ketamine, methadone, methylphenidate, morphine, nabilone, oxycodone, pethidine, secobarbital (quinalbarbitone), tapentadol etc. With effect from 1st November 2018 the regulations on cannabinoids has changed and these medicines are now regulated under schedule 2 of the Misuse of Drugs regulations
Schedule 3 (CD No Register)	These drugs are used medicinally and are liable to abuse. Controls are less rigorous than with Schedule 2. Schedule 3 CDs are exempt from safe custody requirements (except flunitrazepam, temazepam, buprenorphine and diethylpropion) and special record keeping requirements. N.B. Within the Trust Midazolam is stored within the Controlled drug cupboard and recorded within the CD register. Within the Trust Temazepam and Buprenorphine is recorded within the CD register and legally must be stored within the controlled drug cupboard. Prescriptions are valid for 28 days. Invoices should be kept for two years. Changes to legislation have removed the prescribers own handwriting requirement; prescriptions for Schedule 3 CDs can now be computer, type or hand written.	Barbiturates (e.g. amobarbital, butobarbital, phenobarbital), buprenorphine, diethylpropion, flunitrazepam, meprobamate, midazolam, pentazocine, phentermine, temazepam, tramadol etc With effect from 1st April, 2019 Pregabalin and Gabapentin will be included as schedule 3 CDs with no expectation that these are included within the CD register.
Schedule 4 Part I (CD Benzodiazepines)	This schedule has a lower level of control than those described above. Possession of a drug from this schedule is an offence without the authority of a prescription. Possession by practitioners or pharmacists acting in their professional capacity is authorised. There are no special prescription or handwriting requirements, nor is there a requirement for special record keeping. Prescriptions are valid for 28 days.	Benzodiazepines (except flunitrazepam midazolam and temazepam), zolpidem and ketamine (e.g. chlordiazepoxide, clonazepam, diazepam, loprazolam, lorazepam, lormetazepam, nitrazepam, oxazepam etc). *Sativex®
Schedule 4 Part II (CD Anabolic Steroids)	There is no restriction on the possession of a drug from this Schedule when it is part of a medicinal product. There are no special prescription	Anabolic and androgenic steroids and growth hormones e.g. testosterone, mesterolone,

	requirements, nor is there a requirement for special record keeping. Prescriptions are valid for 28 days.	nandrolone (Deca-Durabolin), chorionic gonadotrophin and somatropin.
Schedule 5 (CD Invoice: CD Inv P or CD Inv POM)	Schedule 5 contains preparations of certain CDs which are exempt from full control because they are present in these formulations in such low strength that their risk of misuse is reduced. There are no special prescription requirements, nor is there a requirement for special record keeping. Some Schedule 5 CDs (CD Inv P) are available for over the counter sale in registered pharmacies. Prescriptions are valid for six months. Invoices should be kept for two years.	Co-codamol, co-codaprin, codeine linctus BP, codeine phosphate tablets, co-dydramol, co-phenotrope, dihydrocodeine tablets, Gee's Linctus BPC, kaolin and morphine mixture, Oramorph® oral solution 10mg in 5ml.

*Sativex has been moved from Schedule 1 to Schedule 4 Part 1 in April 2013. Records should be kept for the receipt, supply and destruction of Sativex®, preferably in a CD register. These records should be kept for a minimum of two years. Sativex should be stored upright in a fridge with other prescription only medicines between 2-8 degrees. Once opened, it can be stored upright at room temperature for a maximum of 42 days.

2. Prescribing, Supply and Administration of Controlled Drugs

2.1 Medical Prescribers

2.1.1 Doctors, dentists and veterinary surgeons may prescribe all CDs in Schedules 2, 3, 4 and 5.

2.1.2 Cannabinoids - These cannabis products for medical use in humans are currently unlicensed products and at this time can only be prescribed by Clinicians listed on the specialist register of the GMC. They will be named patient products only, usually prescribed following an MDT discussion and with approval of the medical director or chair of a DTC.

2.1.2 Doctors are only able to prescribe diamorphine, dipipanone and cocaine to substance abusers for addiction if they are approved by the Department of Health; they are covered by a general license issued by the Home Office. All doctors may prescribe these drugs for patients (including substance abusers) without a specific license if indicated for the relief of pain due to organic disease or injury.

2.1.3 Prescribers should not prescribe or administer CDs for themselves or for close family members except in an emergency. The General Medical Council advises that doctors should not prescribe a CD for themselves or someone close to them unless there is no other person with the legal right to prescribe available to assess the patient's clinical condition and to delay prescribing would put the patient's life or health at risk, or cause the patient unacceptable pain. The treatment should be immediately necessary either to save life or avoid significant deterioration in the patient's health or alleviate otherwise uncontrollable pain.

2.2 Supplementary and Independent Prescribers

2.2.1 Nurse Independent Prescribers are able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction

2.2.2 Pharmacist independent prescribers are able to prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction.

2.2.3 Nurse and pharmacist independent prescribers should ensure that they only prescribe within their clinical competence and that they have up to date knowledge of the doses, side effects, interactions, cautions, and contraindications of the CDs they intend to prescribe.

2.2.4 Physiotherapist Independent Prescribers can prescribe the following Controlled Drugs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine tartrate, lorazepam, oxycodone hydrochloride or temazepam. Physiotherapist Independent Prescribers must work within their own level of professional competence and expertise.

2.2.5 Podiatrist Independent Prescribers can prescribe the following Controlled Drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam. Podiatrist prescribers must work to their own level of professional competence and expertise.

2.2.6 Supplementary nurse and pharmacist prescribers may prescribe and administer any CD from Schedule 2-5 (except diamorphine, dipipanone and cocaine for substance misuse) for any medical condition and any route of administration as long as it is within their competence and clinical management plan (CMP) specific to that patient and agreed between the independent prescriber (doctor or dentist), the supplementary prescriber and the patient.

2.2.7 Chiropodists, podiatrists, physiotherapists, radiographers and optometrists who are supplementary prescribers are also able to prescribe CDs, in partnership with a doctor and according to the patient's CMP.

2.3 Midwives

2.3.1 Midwives, who are not trained as nurse independent prescribers, may possess, supply and administer any medicine from the Midwives Exemption List, provided it is in the course of their professional midwifery practice. This list includes the following CDs for parenteral administration: diamorphine, morphine and pethidine.

2.4 Paramedics

2.4.1 Registered Paramedics (acting in their capacity as such) may possess and supply diazepam and/or morphine sulphate injection (maximum 20mg) and/or oral morphine sulphate only for the purpose of administration for the immediate and necessary treatment of sick of injured persons.

Misuse of Drugs Act, paramedic independent prescribers can prescribe the following;

Medicine	**Schedule**	**Route**	**Indication**
Morphine	2 + 5	Oral (Schedule 5)	Severe pain, palliative and end of life cancer care
Codeine	2 + 5	Parenteral and oral	Moderate/severe pain, Management of pain in palliative care
Midazolam	3	Parenteral	Anxiety Acute Pain. Sedation in end of life care, or similar presentations requiring palliation of agitation, with or without other problems i.e. pain
Lorazepam	4 part 1		Anxiety Conscious Sedation. Sedation associated with acute mental health disorder
Diazepam	4 part 1		Acute pain. Antispasmodic treatment of back pain and associated muscular spasm

2.5 Patient Group Directions

2.5.1 The following CDs may be supplied or administered under Patient Group Directions (PGDs):

- Nurses and pharmacists can supply or administer morphine or diamorphine under a PGD for the immediate and necessary treatment of a sick and injured person in any setting.
- Midazolam is the only Schedule 3 CD that can be included in a PGD.

- All drugs listed in Schedule 4 of the Regulations except anabolic steroids and injectable formulations for the purpose of treating a person who is addicted to a drug.
- All drugs listed in Schedule 5 of the Regulations.
- Ketamine

2.6 Requisitions for Controlled Drugs

2.6.1. Supplies of CDs as practice stock or stock for doctor's bags must not be acquired through the issue and collection of a named-patient prescription from a pharmacy/dispensary that is not destined for supply to that patient, even if the stock was used for that patient initially.

2.6.2 A standard requisition form, FP10 CDF for Schedule 2, and 3 CDs is available online https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/6-1387-Form_FP10CDF_v5_final.pdf

All areas should use this form when requesting Schedule 2 or 3 Controlled Drugs for their own stock from a pharmacy. This currently includes tramadol and midazolam. With effect from 1st April 2019 this will also include Gabapentin and Pregabalin. Any prescriber can sign this form. No supply will be made from any pharmacy if the request is not on this form.
This requisition form allows for Schedule 2 and 3 Controlled drugs to be handwritten or computer generated.

2.6.3 The person ordering the CDs should issue a requisition that can be computer generated or handwritten and must contain the following information:

- signed by the recipient (must be handwritten)
- name, address and profession or occupation of the recipient
- purpose for which the drug is supplied and the total quantity to be supplied
- name, form and strength of the drug and the date on which it was ordered

2.6.4 The supplier of the CD must add their name and address indelibly onto the requisition at the time the supply is made e.g. using a stamp. The original requisitions for all Schedule 2, and 3 CDs must be submitted to the Prescription Pricing Division and copies kept by the supplier for at least 7 years.

2.6.5 The CD order book should be used in conjunction with the FP10 CDF. A copy of the FP10 CDF should be held in service and a copy of the CD order should be appended to the retained copy of this CD requisition form. The page number of the CD order book should be annotated to the copy of the requisition form to enable the numbers to be cross referenced. The CD order book reference number should also be annotated to the CD register upon receipt. (See service specific SOP).

2.6.5 Pharmacists or doctors, who are purchasing Schedule 2 or 3 CDs from wholesalers for their dispensary, can order them electronically.

2.6.6 Doctors and other independent prescribers must always provide the wholesaler/supplier with a signed requisition on receipt of the CDs.

2.7 Training and Competences

2.7.1 All staff including regular bank staff whose role includes handling of CDs must undertake

- CD Articulate training relevant to their working environment available and recorded on ESR
- Completion of annual Drug Calculation guide, accessed through MM intranet page
- Second Checker competences if applicable to job role, accessed through MM intranet page
- Syringe driver competences if applicable to job role' as per policy

2.7.2 All competences to be recorded through ESR; for those without access to ESR (regular bank staff) documents are available on MM intranet page with request to record completed training in personal file

2.7.3 Individual actions plans with time frames must be developed for those staff requiring support to achieve a safe level of clinical practice

3. Schedule 2 Controlled Drugs (CD POM)

3.1 Storage: Legal Requirements

3.1.1 All healthcare professionals in legal possession of a CD have a professional duty of care to take all reasonable steps to maintain safe custody of that CD at all times.

3.1.2 Schedule 2 CDs are designated as subject to safe custody requirements under the Misuse of Drugs (Safe Custody) Regulations 1973. However, these Regulations only apply to the storage of CDs in retail pharmacies, private hospitals and care homes. In such premises, Schedule 2 and 3 CDs must be stored in an appropriate CD cabinet or approved safe. When purchasing a safe or cabinet, check that the product complies with the requirements stated in the Misuse of Drugs Regulations 1973. Alternatively, the police can provide an exemption certificate, which certifies that the safe or cabinet provides adequate security for holding CDs.

3.2 Storage: Good Practice

3.2.1 Many healthcare premises are not covered by the Misuse of Drugs (Safe Custody) Regulations 1973 (e.g. GP practices, out-of-hours services, hospitals, hospices etc.) Nonetheless, good practice recommendations should be followed.

3.2.2. All CDs must be stored in a locked secure controlled drug cabinet that is not portable. Ideally this should be an appropriate CD cabinet or approved safe.

3.2.3 The room containing the locked secure controlled drug cabinet must be lockable.

3.2.4 Access to the CD cabinet/safe should be restricted to authorised persons only.

3.2.5 When not in use, the keys to the CD cabinet or approved safe should be stored separately from the cabinet or safe (e.g. in a locked key cupboard).

3.2.6 The CD cabinet should be used solely for the storage of CDs. There should be no reason why an unauthorised person without legitimate business relating to the supply or stock control of the CD stock should need to access the cupboard. Cheque books, petty cash and other items requiring high security measures should be stored elsewhere. Where CDs are kept in the practice safe, the CDs should be kept in a separate locked receptacle within the safe.

3.2.7 It is recommended that all NHS premises where CDs are stored should be equipped with a lockable CD cabinet that is firmly fixed to the wall and complies with the safe custody requirements under the Misuse of Drugs (Safe Custody) Regulations 1973, or have arrangements in place where CD stocks are stored in the practice safe. A cupboard within a cupboard can provide a useful way to disguise the location of the cupboard from potential intruders. The cupboard should not be visible to members of the general public passing by outside windows.

3.2.8. All dispensed CDs should be stored in the CD cabinet or designated safe until they are collected.

3.2.9 It is best practice that patients own CDs are stored separately to stock items were possible.

3.3 Storage in the patients' home

3.3.1 Controlled drugs for all patients cared for within their own homes should be stored in a clear plastic container for security and monitoring.

3.3.2 All named CDs within the patients' home are the patient's own property and not subject to safe custody requirements.

3.3.3 Where there is a risk that secure storage may be compromised, or a known risk of diversion exists the community teams should work with the prescriber and wider multidisciplinary team to review and mitigate this risk as appropriate.

3.4 Storage in a Doctor's Bag: Legal Requirements

3.4.1. Legally, a doctor's bag/home visiting bag is regarded, once locked, as a suitable receptacle for the storage of CDs. A locked car is not regarded as a suitable receptacle.

3.5 Storage in a Doctor's Bag: Good Practice

3.5.1. A doctor's bag /home visiting bag containing CDs should not be left in a vehicle overnight or in a vehicle left unattended for a long period of time.

3.5.2 The bag can be lockable either by key or by combination lock.

3.5.3 Stocks of schedule 2 and 3 CDs should not routinely be stored within the doctors bag. Stock levels of schedule 4 and 5 CDs stored in the doctor's bag should be kept to a minimum.

3.5.4 Oral preparations of CDs are not considered as essential components of a doctors' bag stock of CDs. Normally only one strength of each CD should be kept in the bag to minimise the risk of confusion, error or inappropriate administration.

3.5.5 In services, the doctor's bag / home visiting bag should be stored in a locked cupboard within a locked room away from patient areas.

3.6 Prescription Requirements: Legal Requirements

3.6.1 The prescription must:

- be signed by the prescriber issuing it with his/her usual signature (this must be hand written).
- be dated (this does not have to be handwritten).
- be in ink or otherwise so as to be indelible.
- specify the address of the person issuing it.
- if issued by a dentist, have written on it the words 'for dental treatment only'.
- specify the full name, address and NHS number of the patient for whom the treatment is issued.
- specify the dose to be taken. This should be as specific as possible; the Home Office has stated that 'as directed' or 'when required' is insufficient, although 'one to be taken as directed/ when required' is acceptable.
- specify the form (e.g. tablets, capsules, oral solution) even where the form is implicit in the proprietary name (e.g. MST Continus) or where only one form is available.
- specify the strength of the preparation where appropriate (e.g. if the medicine is available in more than one strength).
- specify either the total quantity of the preparation (in both words and figures) or the number of dosage units (in words and figures) to be supplied.
- specify, in the case of a prescription for a total quantity intended to be dispensed in instalments, a direction specifying the amount of the instalments which may be dispensed and the intervals to be observed when dispensing.

NB The name of the medicine is also necessary to identify which medicine is being requested, however this is not a legal requirement. Additionally it is expected that the NHS number should also be added, however this is not yet a legal requirement.

In order for a Schedule 2 CD to be supplied the prescription must fulfil all of the legal requirements outlined above. In addition, the pharmacist/dispensing assistant must ensure that the address of the prescriber is within the United Kingdom and that they are familiar with the prescriber's signature or have no reason to suppose that it is not genuine.

3.6.2 Prescriptions will be valid as long as they are written indelibly and include all of the legally required elements. This means that CD prescriptions can be type-written, handwritten or computer printed. Only the signature of the prescriber now remains to be handwritten.

3.6.3 Prescribing a dose range for a CD in Palliative Care

3.6.3.1 If prescribing a dose range, ensure that the direction on the prescription and the Gold CD1 Form always reflects the dose instructions on the medicines box. The following provides an example of how a dose range should be written and can be changed as appropriate – *Diamorphine 10mg ampoules: Supply 10 (ten) ampoules; 5 – 10mgs to be given as directed in association with a prescribed dose range written on the Gold Form (CD1).*
The Gold CD1 form would also state the dose range as 5 - 10mg.

3.7. Prescription Requirements: Good Practice

3.7.1. Wherever possible the dosage and frequency of administration of the CD should be specified in full; this is particularly important when prescribing for syringe drivers, but is good practice with all CDs.

3.7.2 It is good practice (and will eventually become mandatory) for all prescriptions for Schedule 2 and 3 CDs, to include the patient's NHS number. This will enable the usage of CDs by individual patients to be audited.

3.7.3. When making decisions about prescribing controlled drugs take into account:

- the benefits of controlled drug treatment
- the risks of prescribing, including dependency, overdose and diversion
- all prescribed and non-prescribed medicines the person is taking (particularly any centrally acting agents) and whether the person may be opioid naïve
- evidence-based sources, such as NICE and the British National Formulary (BNF), for prescribing decisions when possible.

3.7.4 When prescribing controlled drugs:

- document clearly the indication and regimen for the controlled drug in the person's care record
- document clearly using templates when possible (for audit purposes) using the acute button in SystmOne to prescribe
- check the person's current clinical needs and, if appropriate, adjust the dose until a good balance is achieved between benefits and harms
- discuss with the person the arrangements for reviewing and monitoring treatment
- be prepared to discuss the prescribing decision with other health professionals if further information is requested about the prescription.

3.8. Administration of Controlled Drugs

3.8.1 Administration of Controlled drugs must follow the general principles laid out in the Safe and Secure Handling of Medicines policy for administration of medicines.

3.8.2 Within community hospital services there must be two members of staff involved in the administration of a controlled drug one of whom must be a registered health professional (not Nurse Associate). Where skill mix requires, an appropriately healthcare support worker may provide the second check providing the appropriate competencies have been met (see training section). Nurse Associates may be second checker but not administer CDs

3.8.3 Controlled drugs must not be administered if the prescription is unclear, illegible or ambiguous or there is any reason for doubt, e.g. patient condition/response to previous dose.

3.8.4 **Note - Under no circumstances must a verbal order be taken for controlled drugs**. Refer to Safe and Secure Handling of Medicine Policy (P-CIG-20) for alternative prescribing options

3.8.5 It is important that controlled drugs are administered at the specified time and if not the reason documented.

3.8.6 When removing CD's from the CD cupboard for administration it is important that the stock balances are checked at the same time. Discrepancies must be reported immediately to the nurse in charge and investigated.

3.8.7 The registered health professional administering the CD must have the administration of the CD witnessed by the second person and must record the administration in the CD register and sign that the drug has been administered, this must be counter-signed by the witness.

3.8.8 The reason for any doses drawn up and not given must be recorded in the controlled drug register. If any excess or waste, ensure this has been destroyed and recorded according to the procedure for disposal of prepared partly used controlled drugs.

3.8.9 A second checker is expected to independently check the medicine name, dose, route, formulation and patient details.

3.9 Controlled Drug Stationery

3.9.1 All controlled drug stationery which is used to order, return or distribute CD (Controlled stationery) should be stored securely and access to it should be restricted. This includes the Controlled drug requisitions, controlled drug order books and controlled drug register,

3.9.2 Loss or theft of CD stationery which may be used to order CD's should be escalated in line with Trust incident reporting policy, a datix completed and loss reported to the Accountable officer and Medicines Management Officer immediately.

3.10 CD Register (CDR): Legal Requirements

3.10.1. A register, compliant with the relevant regulations, must be kept to record all transactions involving Schedule 2 CDs.

3.10.2. The definition of a CDR (Controlled Drugs Register) in the 2001 Regulations has been amended to include a computerised system which complies with specified best practice guidance. If a CDR is held in computerised form, safeguards should be incorporated in the software to ensure that the author of each entry is identifiable, that entries cannot be altered at a later date and that a log of all data entered is kept and can be recalled for audit purposes.

3.10.3. Legally a CDR must:

- be bound if a hard copy is used (not loose leaved)
- contain individual sections for each class of drug
- use a separate page, within each section, for each strength and form of the drug
- have the name, strength and form of the drug specified at the top of each page
- have entries in chronological order and made on the day of the transaction or the next day
- have entries made in ink or otherwise indelible form, or be in a computerised form
- not have cancellations, obliterations or alterations; corrections must be made by a signed and dated entry in the margin or at the bottom of the page

- be kept at the premises to which it relates (or be accessible from those premises if computerised) and be available for inspection at any time. A separate register must be kept for each premises in which Schedule 2 CDs are stored (for example, not just in the main surgery)
- be kept for a minimum of seven years after the date of the last entry once completed
- contain records kept in their original form or copied and kept in an approved computerised form
- not be used for any other purpose

Entries made into the CDR in respect of drugs obtained and drugs supplied may be made on the same page or on separate pages in the register, as appropriate.

3.10.4. When a Schedule 2 CD is received into stock the following details must be recorded in the CDR:

- the date of receipt
- the name and address of the supplier (e.g. COOP, Witham St Hughes)
- the quantity received
- This should be recorded in both words and figures.
- The CD order number should be recorded in the CDR and the CD order book should be signed on receipt.

3.10.5. When a Schedule 2 CD is supplied to a patient (by prescription) or to a practitioner (by signed requisition or order) the following details must be recorded in the CDR:

- the date on which the supply was made
- the name and address of the patient or firm supplied
- particulars of the license or authority of the person who prescribed or ordered the CD. (NB record details of the signatory and not the named prescriber if they are not the same)
- quantity supplied
- person collecting the CD (patient/ patient's representative/ healthcare professional) and if it is a healthcare professional, their name and (work) address
- was proof of identity requested of patient/ patient's representative? (Yes/No)
- was proof of identity of person collecting provided? (Yes/No)
- in the case of a healthcare professional, proof of identity should be their professional registration number

These record keeping requirements are a minimum and do not prevent any person required to keep a register from including additional related information.

3.11. CD Register: Good Practice

3.11.1. All transactions relating to CDs should be checked by two members of staff and both individuals should initial the entry in the CDR.

3.11.2. It is recommended best practice that a running balance of current stock levels of all Schedule 2 CDs should be kept in the CDR. The running balance of drugs remaining should be calculated and recorded after each transaction and balances should be checked with the physical amount of stock at regular intervals. Registers with specific space for the recording of running balances are available. Expired controlled drugs must be kept in the running balance until destroyed by Pharmacist.

3.11.3 Wherever CDs are being stored, it is good practice for two accountable professionals to carry out a stock check every 24 hours. Where the dispensed package is supplied in a sealed, tamper evident container, it is permissible for the Designated Practitioner to accept the quantity inside as that which is stated on the pack.

3.11.4 Regular stock checks should be carried out in line with any guidance from professional representative bodies and undertaken after a risk assessment has been carried out. Frequency of CD stock reconciliation will vary according to local circumstances, volume and frequency of CD dispensing but should be included in the Standard Operating Procedures. Regular stock checks will allow any errors or discrepancies to be more easily

identified. If discrepancies arise, more frequent reconciliation should be undertaken until the problem is resolved following discussion with the CDAO.

3.11.5. The CDR may also be used to record the prescriber identification number (e.g. the six-digit private prescriber code) and/or professional registration number of the prescriber (where known) and the name and professional registration number of the pharmacist or dispensing doctor.

3.11.6. Wherever a discrepancy is identified, a thorough investigation should be instigated as soon as possible, and the outcome recorded. Any errors / corrections to the CDR must be asterixed and a signed and dated entry annotated at the bottom of the relevant page – both staff members should sign the entry in the register and at the bottom of the page. If the source of the discrepancy cannot be identified, the Controlled Drugs Accountable Officer (see point 9) should be notified, a formal internal investigation undertaken and an Incident Report Form will need to be completed; if the situation is not resolved satisfactorily the police will need to be informed. All of these steps need to be covered in the written Standard Operating Procedure for the handling of CDs in use in the workplace.

3.11.7. It is mandatory to keep registers, requisitions, orders and invoices for CD stock for seven years. In practice, it is advisable to keep invoices for much longer than this. Invoices should be stored for seven years to bring the system into line with value added tax (VAT) and tax storage requirements. Keeping records for this length of time will also help in the event of any subsequent police investigation as cases often come to court years after an event when paper records will ordinarily have been destroyed.

3.11.8 For CD stock held within any type of premises, the CDR should be stored safely, in a lockable cupboard, outside the cabinet or safe, near to but not easily visible. However it should be accessible to clinical staff.

3.12 Collection of CD Dispensed Medicine or CD Prescription Form by a Patient or Patient's Representative

3.12.1. Any patient, or person collecting medicines on their behalf, who is collecting CDs against a Schedule 2 or Schedule 3 CD prescription (whether NHS or private) should be asked to sign for them. The FP10 forms contain a box on the reverse where a signature for a Schedule 2 or 3 CD can be inscribed.

3.12.2. Where the patient, or person collecting medicines on their behalf, is collecting Schedule 2 CDs, it is a legal requirement to ask for evidence of identity if this person is not known. Within Community Pharmacy, If no evidence of identity is available, the pharmacist/dispensing assistant is able to use discretion to decide whether to supply the CD or not. The pharmacist also has the discretion to not ask for evidence of identity if he/she feels that to do so might compromise patient confidentiality. Requests for evidence of identity and whether identity is confirmed must be recorded in the CD register. Where concerns exist and the identity of the person collecting the CDs is unknown and cannot be confirmed, supply should be refused until adequate evidence of identity can be provided. Proof of identity is not a requirement for the collection of Schedule 3 CDs.

3.12.3 It is good practice to keep a record of the name, address and role/relationship of the person collecting Schedule 2 CDs. This information can be recorded in the CDR or in a separate CD collection book. The time at which the dispensed CD prescription was collected should also be recorded.

3.12.4. It is a legal requirement for pharmacists/GP dispensary staff to ascertain whether the person collecting a Schedule 2 CD is the patient, the patient's representative or a healthcare professional acting in their capacity as such.

3.12.5. Where the person collecting the prescription is a healthcare professional acting in his/her professional capacity on behalf of the patient, the dispenser must obtain the person's name and address (may use professional or work address) and must request evidence of that person's identity in the form of their professional registration number (unless already known). A supply of the drug may be made even if the dispenser is not satisfied as to the identity of that person. This enables the dispenser to use discretion in situations where the withholding of a CD from a patient could prevent the patient from having access to medicines that are needed and have been prescribed for them.

3.12.6. It is good practice for surgeries to follow similarly stringent policies in their issue of Schedule 2 CD prescription forms to patients or persons collecting prescription forms on their behalf who have not been previously known to surgery staff. Again, staff should ascertain whether the person is the patient, the patient's representative or a health care professional acting in their capacity as such (where this is not already known). Where the individual is not already known to the surgery staff, proof of identity should be requested and confirmed and a record kept of the name, address and role/relationship of the person collecting the Schedule 2 CD prescription form.

3.12.7 The Home Office has advised that Schedule 2, 3, and 4 Part 1 CDs should not be held at or collected from a central collection point, e.g. a Post Office.

3.12.8 Schedule 2, 3 and 4 Part 1 CDs must always be collected from the service or delivered direct from there to the patient's home.

3.13 Validity of Prescription

3.13.1 The validity period for prescriptions for Schedule 2, 3 and 4 CDs is 28 days from the date on which the prescription was signed and dated. This should minimise the risk of individuals accessing supplies of CDs a significant time after the clinical need was originally identified.

3.13.2 Schedule 2 and 3 CDs can not 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 appropriate date, after which the repeats are legally valid within the stated periods of validity of the repeatable prescription. Schedule 5 CDs must be dispensed for the first time within 6 months of the appropriate date, after which the repeats are legally valid within the stated periods of validity of the repeatable prescription.

3.13.3 Owing balances for Schedule 2, 3, or 4 CDs cannot be dispensed and supplied later than 28 days after the date on the prescription. Owing balances for Schedule 5 CDs cannot be dispensed and supplied later than 6 months after the date on the prescription.

3.14 Quantities to be Supplied: Good Practice

3.14.1 Prescribers (both NHS and private) are strongly advised to restrict prescribed quantities of Schedule 2, 3, and 4 CDs to a maximum of 7 days' supply. In exceptional circumstances, where the prescriber believes that a supply of 30 days is indicated and will not pose an unacceptable risk to the patient, a justification of the decision should be recorded in the patient's notes. (PHE 2020)

3.15 Preservation of Records

3.15.1 Registers, requisitions and orders for CDs must be preserved for a period of seven years.

3.15.2 The 2001 Regulations have been amended to allow the information contained in these records to be preserved in the original paper form or in computerised form. Where records are preserved on computer, adequate safeguards should be in place to ensure that data cannot be altered at a later date, that all data can be recalled for audit purposes, that adequate backups are made and that systems are in place to minimise the risk of unauthorised access to the data.

4. Schedule 3 Controlled Drugs (CD No Register)

4.1 Storage

4.1.1 Schedule 3 CDs are subject to the same safe custody requirements as detailed in paragraphs 3.1 to 3.3. However, all drugs in the Schedule are exempted except temazepam, diethylpropion, buprenorphine and flunitrazepam. This means that all temazepam, diethylpropion, buprenorphine and flunitrazepam preparations must, by law, be stored in a locked receptacle, usually in an appropriate CD cabinet or approved safe, which can only be opened by the person in lawful possession of the CD or a person authorised by him/her.

4.1.2 Within the Trust Midazolam is stored within the Controlled drug cupboard and recorded within the CD register.

4.1.3 Diamorphine 30mg, 100mg and 500mg, and morphine 60mg should be placed in opaque sealable polythene bags that state: Warning: contains high dose opioid.

4.2 Requisition and Prescription Requirements

4.2.1 All Schedule 3 CDs are subject to the same requisition requirements as designated for Schedule 2 CDs (see point 2.6). Schedule 3 CDs are subject to the same prescription requirements as designated for Schedule 2 CDs.

4.3 CD Register

4.3.1 There is no legal requirement to record transactions involving Schedule 3 CDs in a CD Register.

4.4 Validity of Prescriptions

4.4.1 The validity period for prescriptions for Schedule 2, 3 and 4 CDs is 28 days from the date on which the prescription was signed and dated. This minimises the risk of individuals accessing supplies of CDs a significant time after the clinical need was originally identified. Further detail is provided in point 3.11.

5. Schedule 4 Controlled Drugs

5.1 Schedule 4 controlled drugs are subject to minimal controls. Controlled drug prescription requirements do not apply and these CDs are not subject to safe custody requirements. Records within the controlled drug register do not need to be kept (except for Sativex).

5.2 Schedule 4 controlled drugs are not subject to daily monitoring however this will be monitored and kept under review and may be implemented on behalf of the CDAO, in response to organisational need.

5.3 Destruction of Schedule 4 controlled drugs should be recorded in the Dark Green Schedule 4 destruction register

6. Schedule 5 Controlled Drugs

6.1 Due to their low strength, schedule 5 CDs are exempt from virtually all controlled drug requirements other than retention of invoices for 2 years.

7. Patients own controlled drugs

7.1 It may be appropriate that patients' own CD's are used whilst they are in hospital. These medicines should be checked for suitability and the balance being brought into the service recorded to use as per usual procedure.

7.2 Patients not required for administration on the ward should be returned home if appropriate or consent gained from patient for disposal.

7.3 Patient's own CD's should never be used to treat other patients.

7.4 Patients own CDs should be segregated from stock CDs.

8. Disposal of Controlled Drugs

8.1 Background

8.1.1 It is crucial that CDs are disposed of efficiently, safely and with robust procedures in place to minimise environmental impact and risk to public safety. The safe disposal of all medicines is important, but is

particularly acute with CDs as they are at risk of being diverted or misused if disposal is not managed efficiently and safely and is not properly witnessed and recorded. Summary Guidance is provided in Appendix One.

8.1.2 The Home Office has advised that all Schedule 2, 3, and 4 Part 1 CDs must be destroyed / denatured before being placed into waste containers.

8.1.3 The Environment Agency as part of The Environmental Permitting (England and Wales) Regulations 2010 has exempted pharmacies and GP practices from needing a license to denature CDs prior to disposal. A T28 exemption needs to be registered with the Environment Agency, which can be done on their website (www.environment-agency.gov.uk).

8.2 Patient-Returned Controlled Drugs

8.2.1 'Patient-returned' CDs are those that have been prescribed and dispensed for named patients and then returned unused or part-used for disposal. All Schedule 2, 3 and 4 part 1 patient-returned CDs must be denatured before disposal. These CDs can be denatured by staff working within a dispensing practice or community pharmacy without the supervision of an external authorised witness. However, the destruction should be witnessed and recorded by an appropriate member of staff (e.g. Pharmacist).

8.2.2 All CD destruction should be undertaken using an appropriate CD destruction kit. Destruction kits are available through NHS Supply Chain. The Royal Pharmaceutical Society issues professional guidance to pharmacists on the safe destruction of CDs; local guidance based on this can be found in Appendix 1 of this policy document.

8.2.3 Under no circumstances should patient-returned CDs be re-entered into the CDR and taken back into stock for dispensing to another patient at a later time even during periods of shortage of supply or where a returned pack is unopened, in date and in good condition. Recycling of CDs in this way is potentially both fraudulent and illegal.

8.2.4 Requirements for safe custody of CDs apply equally to patient returned CDs. These must be kept in the CD cabinet, segregated from stock CDs and clearly marked as returns until they can be destroyed.

8.2.5 Within community hospitals, patient's own CDs which are no longer required will be destroyed by the Community Hospital Pharmacist.

8.3 'Expired Stock' Controlled Drugs

8.3.1 'Expired-stock' CDs can be defined as all Schedule 2, 3 and 4 part 1 CDs that have not been issued/dispensed to a patient. Schedule 2 CD stock can only be destroyed in the presence of a person authorised by the Controlled Drugs Accountable Officer to witness destruction.

8.3.2 Requests for stock CD destruction within community hospitals should be directed to the ward pharmacist during the weekly check. All requests for witnessed destruction from other LCHS services should be directed to the supplying pharmacy

8.3.3 All services holding stock CDs should have complete records of 'expired-stock' Schedule 2 CDs destroyed. Records should clearly indicate which member of staff was involved in disposal of each CD. Details of the drug must be entered in the CDR including drug name, form, strength and quantity, as well as date of destruction, the words: 'Out of date stock destroyed' or similar, the signature of the authorised person who witnessed destruction and the person/professional destroying it (i.e. two signatures). It is good practice for the authorised witness to print their name and job title after their signature in the CDR.

8.3.4 'Expired-stock' CDs requiring safe custody must continue to be stored in the CD cabinet/safe segregated from other stock CDs, for example in an envelope, clearly marked and retained within the running total until they can be destroyed.

8.3.5 There is no legal requirement for CDs, other than those defined as Schedule 2, to be disposed of in the presence of an authorised witness. However it is good practice for schedule 3 and 4 stock CDs to be destroyed by an authorised witness within the community hospital

8.3.6 An authorised person cannot witness destruction of CDs that have been supplied to or by them.

8.4 Destruction of 'Expired Stock' Controlled Drugs: Authorised Witnesses

8.4.1 An amendment to The Misuse of Drugs Regulations 2001 allows the Controlled Drugs Accountable Officer to authorise people to witness destruction of CDs. The Controlled Drugs Accountable Officer cannot act as a witness themselves as they should be independent of day-to-day management of CDs.

8.5 Destruction of Controlled Drugs in the community following a Patient's Death

8.5.1 On the death of a patient, all their medication technically forms part of their estate, and usually comes under the control of the patient's relatives. However, it is illegal to possess controlled drugs that have been prescribed for someone else. For this reason, and to minimise the risk that controlled drug diversion or accidental ingestion by children or vulnerable adults, it is recommended that controlled drugs are destroyed as soon as possible after a patient's death. There are three means of doing this:

- transportation of controlled drugs to a pharmacy or a dispensing GP by a patient's relative
- destruction in the patient's home by a healthcare professional
- transportation of the controlled drugs to a pharmacy or dispensing general practice by a healthcare professional

All three means are lawful. The preferred method is for community nursing staff (if they have been caring for the patient) is to ask the patient's family or carer to return the CDs to a community pharmacy or the dispensing general practice that supplied the drugs. When this is not possible and / or if leaving these medicines in the property is identified as a risk / potential for diversion it is recommended the community nurses destroy the controlled drugs in the patient's own home using a CD destruction kit, normally during the first visit to the patient's home following death.

9. Controlled drug discrepancies

9.1.1 Stock balances within the Controlled Drug Register and the Patients own Controlled Drug Register must always correspond with the amounts of CDs in the cupboard. If they do not, the discrepancy must be investigated and resolved. A Datix should be completed.

9.1.2 It is the responsibility of the health care professional in charge to ensure that the procedure for dealing with discrepancies is followed.

9.1.3 In the first instance the following should be carefully checked:

- All requisitions received have been entered into the correct page of the register
- All CDs administered have been entered into the controlled drug register.
- Items have not been accidentally put into the wrong place in the cupboard
- Arithmetic to ensure that balances have been calculated correctly
- Items have not been transferred into a new CD register if more than one register in use.

9.1.4 A physical visual check of the balance of the stock in the CD cupboard should be undertaken.

9.1.5 If the original error renders the running stock balance incorrect and in the opinion of the authorised signatory could lead to a subsequent error, the balance should be clarified:

- A physical check of the balance of stock in the CD cupboard should be undertaken.

- On the next available line on that page an entry should be made. This should include the following:
  - Date and time of entry
  - The text 'Balance clarification'
  - The correct stock balance
  - The signature and qualifications of the authorised signatory.
  - The signature of the authorised witness.

This does NOT permit correction of an incorrect stock balance except when the incorrect balance is due to an identified arithmetic error, an erroneous entry or balance rendered unclear by poor handwriting.

9.1.6 If the error or omission is traced, the pharmacist, clearly stating the reason for the entry can amend the register and annotate the corrected balance. The entry should be witnessed and both persons will sign the controlled drug register.

9.1.7 The original error should be asterisks and linked to the amended entry in the register to provide clear evidence of chronology and provide clarity.

9.1.8 If no errors or omissions are detected then the discrepancy should be reported to the Accountable Officer without delay and an incident form completed in line with the Trust incident reporting procedures. The register should be updated by the pharmacist to reflect the amended provisional running balance (this should be approved by the CDAO).

9.2 Liquid Controlled Drug discrepancies.

9.2.1 Discrepancies with liquid CDs can arise as a result of manufacturer's overage, the measurement process or spillage. Consequently an overage or underage of 5% (12.5mls in a 250ml bottle) will be considered reasonable providing this is clearly documented and all checks (section 6.3 above) have taken place.

9.2.2 Stock balance checks of liquid medicines should be by visual inspection. The balance should be confirmed as correct on completion of the bottle by the service pharmacist.

9.2.3 **Bungs and syringes (Medicina oral tip syringes) must be used for measuring liquid CDs.**
Ward pharmacists will check the bungs during stock checks to ensure that there is no leakage and will replace as necessary. Bungs are to remain in the bottle and not be removed after each administration.

9.2.4 Each new bottle of a liquid controlled drug should be entered onto a new page within the CD register to reduce the opportunity for any discrepancy to be carried forward. New unused bottles should be stored in a zip lock bag until required to reduce the opportunity for multiple bottles to be open at once.

9.2.5 If the overage/underage is in excess of the 5%, further investigation should take place to determine the cause of the discrepancy and arrangements made for the service pharmacist to adjust the balance in the CD record book. This should be reported to the CDAO.

9.2.6 Should an overage be recorded the balance should be checked (see point 6.3 above) and confirmed by the ward pharmacist following a visual inspection and the overage destroyed by the pharmacist to remove the unaccounted for volume. The pharmacist should then annotate the corrected balance and the register signed by both pharmacist and witness.

10. Transportation of Controlled Drugs

10.1 Nurses, midwives, doctors, pharmacists, pharmacy staff and other professionals plus formal carers and patients' representatives are legally allowed to transport CDs to the patient, provided the CD has been prescribed by an appropriate prescriber for that patient.

10.2 Any nominated individual is allowed to return CDs from the patient to pharmacy / practice for destruction.

10.3 Health care professionals involved in the delivery of patient care should not routinely transport CDs to and from the patient's home. It is recognised that in some circumstances this will be the only practical solution to collection and delivery problems. The health professional must travel directly between the pharmacy and the named patient's home.

10.4 CDs should be kept out of view when in transit. Reference to the safe and secure handling of medicines policy.

10.5 CDs should not generally be transported via mail, taxi services or equivalent. Where urgent clinical need dictates and there is no other option, dispensed CDs can be sent to a patient via such routes. If the mail route is unavoidable, special delivery should be used to ensure that the pathway is auditable. If mail or taxi delivery is considered necessary on a regular basis, a standard operating procedure should be developed to cover all aspects of the process including a risk assessment.

10.6 Prescriptions for Schedule 2 CDs should not routinely be sent to the pharmacy or patient via the postal system but should be collected from the surgery by the patient, their representative, a health care professional or a member of their staff. If posting is unavoidable, a standard operating procedure should be developed to cover all aspects of the process including a risk assessment.

10.7 The Home Office has advised that prescriptions for Schedule 2, 3, or 4 Part 1 CDs should not be delivered to a central collection point e.g. Post Office for onward collection by the patient or patient's representative.

11. Illicit Substances

11.1 If large amounts of illicit or unidentified substances are found on a patient's possession, or there is an intent to deal or supply, then the police should be informed immediately.

11.2 It is an offence to possess an illegal substance on Trust premises or to transport in the community without legal authority.

11.3. If a patient is in possession or suspected of being in possession of an illegal drug whilst within Community hospital premises, he/she should be advised that possession is unlawful and asked to hand it over voluntarily to a member of staff. Advice should be sought from the Trust security advisor if the patient refuses to hand over an illegal drug. Do not put your own safety at risk whilst removing such substances from patients.

11.4. If a patient is unconscious or is unable to voluntarily hand over a suspicious or illegal substance then it should be removed. A clear record of what was taken, where it was taken and stored including item description along with time date and witness must be maintained.

11.5. Illegal drugs that have been handed over voluntarily or removed from an unconscious patient should be placed in a sealed container. The sealed container should be placed immediately in the CD cupboard and an entry made in the Patients own CD register on a clean page stating the patient's name, the date and the time. Sealing of the container and placing in the CD cupboard must be witnessed.

11.6. Make a record in the nursing notes that the substance has been retained. This should be countersigned by the nurse-in-charge.

11.7 The prescriber / GP should responsible for the patient's care should be informed.

11.8 If personal use is assumed, the contents of the sealed container should be destroyed by the authorised pharmacist and witness and a clear record made in the patient CD register, including a clear description of the substance and quantity.

11.9 If the item is suspected as being used for dealing illegal substances arrangements should be made for transfer of the substance to the safe custody of the police. Advice should be sought from the Trust security advisor. The substance should remain in the CD cupboard and recorded within the CD register.

11.10 If the patient refuses to hand over the illicit substance then the police should be informed. The police should also be informed if large quantities are involved or a patient is suspected of dealing illegal substances. Advice should be sought from the CDAO and the Trust Security Manager with regards to contacting the police.

11.11 Incidents relating to fraud should be reported to the local NHS Counter Fraud Authority – reporting line 07591989713 taelor.martin1@nhs.net or online https://cfa.nhs.uk/reportfraud

11.12 Under no circumstances should the item be returned to the patient. This would constitute unlawful supply of a controlled drug.

11.13 A datix should be completed to provide a clear audit trail.

12. Information for patients

12.1 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.

13. Standard Operating Procedures (SOPs)

13.1 Standard Operating Procedures are required in all premises where CDs are handled (e.g. general practice, community pharmacy, urgent care services, community hospitals, community nursing services).

13.2 The Controlled Drugs Regulations 2013 require commissioner and provider organisations to have in place up to date SOPs in relation to the management and use of CDs. There is no longer a minimum list of SOPs that every organisation has to have in place; instead, the development and dissemination of SOPs are left to local determination and the discretion of Controlled Drugs Accountable Officers. However, SOPs must cover the prescribing, supply and administration of CDs and the clinical monitoring of patients who have been prescribed CDs.

13.3 It is recommended that SOPs cover all areas of CD management relevant to the service provided, for example
(1) ordering and receipt of CDs;
(2) assigning responsibilities;
(3) where CDs are stored;
(4) who has access to CDs;
(5) record keeping;
(6) administration;
(7) incidents / concerns;
(8) transport of CDs;
(9) destruction of CDs and
(10) clinical monitoring.

SOPs must be specific for the premises to which they apply.

13.4 SOPs should cover all aspects of risk management and they should include audit trails for ordering, storing, prescribing, dispensing, recording, supplying, administering and destruction of CDs, appropriate to the setting and the team. SOPs should highlight the accountabilities and roles of all members of the relevant healthcare teams.

13.5 More details on SOPs are provided in the Department of Health Guidance on Standard Operating Procedures for Controlled Drugs and in the local Policy on the Development of SOPs.

13.6 All SOPs can be found on the intranet

SOP for Controlled Drugs in Community Hospitals (G-CS-109)
SOP for Controlled Drugs in Community Services (G-CS-110)
SOP for Controlled Drugs in Theatres (G-CS-111)

14. Summary Table

	Schedule 2	Schedule 3	Schedule 4, Part I	Schedule 4, Part II	Schedule 5
Designation	CD POM	CD No Reg POM	CD Benz POM	CD Anab POM	CD Inv P or CD Inv POM
Safe custody	Yes, except secobarbital (quinalbarbitone)	Yes, unless exempted under the Misuse of Drugs Act 1973. Temazepam and buprenorphine require safe custody. Common exemptions include phenobarbital, tramadol, pentazocine, pregabalin, gabapentin and midazolam. N.B. Within the Trust Midazolam is stored within the Controlled drug cupboard and recorded within the	No	No	No

		CD register.			
Prescription requirements	Yes	Yes.	No	No	No
Requisitions necessary	Yes	Yes	No	No	No
Records to be kept in a CD register	Yes	No. N.B. Within the trust Temazepam and Buprenorphine is recorded within the CD register	No (NB records are required to be kept for Sativex preferably in a CDR)	No	No
Repeats allowed on prescription (applies to private prescriptions only)	No	No	Yes	Yes	Yes
Dispensing by instalments (NHS)	Yes	No, except buprenorphine but only on FP10 (MDA)	No, except diazepam but only on FP10(MDA)	No	No
Stock destruction to be witnessed	Yes	No. However it is good practice for schedule 3 stock CDs to be destroyed by an authorised witness within the community hospital.	No. However it is good practice for schedule 4 stock CDs to be destroyed by an authorised witness within the community hospital	No.	No
Invoices to be retained for 7 years	Yes	Yes	No	No	Yes
Address of prescriber must be in the UK	Yes	Yes	No	No	No
Validity of prescription	28 days	28 days	28 days	28 days	6 months (if POM)

15. Accountable Officer for Controlled Drugs

15.1 The Controlled Drugs Regulations 2013 have replaced the 2006 Regulations and designate those healthcare providers that are required to appoint a Controlled Drugs Accountable Officer (CDAO). The Controlled Drug Accountable Officer is responsible for all aspects of the safe and secure management of CDs in their organisation. The CDAO is required to oversee and monitor the prescribing, dispensing and destruction of controlled drugs, e.g. by healthcare professionals within their organisation or in those they contract from.

15.2 The core duties and functions of the CDAO are outlined within the Handbook of Controlled Drug Accountable Officers in England and required that they are a fit and suitable person who does not routinely supply / administer or dispose of controlled drugs as part of their duties. Duties and functions include: ensuring compliance with the Misuse of Drugs legislation, establishing systems for recording and reporting concerns or untoward incidents about CD use and ensuring that a range of up to date SOPs are available and regularly reviewed to support these governance arrangements.

15.3 The CDAO is responsible for the regular review and analysis of ePACT (electronic Prescribing Analysis and Costs) data on the prescribing of controlled drugs and will investigate further if there are any unusual prescribing patterns.

15.4 Lead CDAOs for NHS England Area Teams are required to set up and run the Local Intelligence Network (LIN). The LIN should facilitate the co-operation of its members to identify and share information, incidents and concerns about the safe management and use of CDs and to agree actions to be taken in respect of these matters.

15.5 All incidents and concerns (including complaints) involving the safe use and management of CDs should be reported to your CDAO using the relevant form:

- The CDAO for Lincolnshire Community Health Services is Dr Yvonne Owen. Contacted at Beech House, Witham Park, Waterside South, Lincoln LN5 7JH. Tel 01522 308687 or 07880501298 or email Yvonne.Owen@nhs.net

16. Care Quality Commission (CQC)

16.1 All providers of NHS general practice and other health and social care providers, for example out of hours services, hospitals and care homes, must be registered with the CQC. The CQC is responsible for inspecting these services, including the management of controlled drugs. The CQC will check, as part of these inspections that providers continue to meet the essential standards of quality and safety. For more information, see the CQC website www.cqc.org.uk

17. References

- CQC (2017) Controlled Drugs
- Department of Health (2013) Controlled Drugs (Supervision of Management and Use) Regulations 2013, Information about the Regulations
- Department of Health 2007 National Institute for Health and Clinical Excellence (2007) NICE Safety Guidance 1 - *Technical patient safety solutions for medicines reconciliation on admission of adults to hospital*
- Prescribed medicines review: what this report means for patients,updated 3 December 2020 - GOV.UK (www.gov.uk)
- LCHS Safe and Secure Handling of Medicines policy (P-CIG-20)
- LCHS Supplementary/ Independent Policy (P-CIG-25)
- LCHS Pre-emptive Prescribing and Supply of Palliative Care Medications (P-CS-18)
- LCHS Policy for the Management of medication errors (P-CIG-15)
- Lincolnshire Community Policy and Protocol for the use of Mckinley T34 Syringe Driver for Adults in Palliative Care (P-CS-03)
- Home Office Circular 027/2015: Approved mandatory requisition form and Home Office approved wording available from https://www.gov.uk/government/publications/circular-0272015-approved-mandatory-requisition-form-and-home-office-approved-wording
- NICE (NG46) Nice guideline for Controlled drugs: safe use and management
- Royal Pharmaceutical Society (2009) Professional Guidance on Administration of Medicines in Healthcare Settings
- Royal Pharmaceutical Society (2018) Guidance on Safe and Secure Handling of Medicines

Appendix 1

Destruction of Controlled Drugs (based on Royal Pharmaceutical Society Guidance for Pharmacists on the safe destruction of Controlled Drugs)

Methods and procedures for destruction	
Tablets, capsules and other solid dose forms	Remove from blister packaging (ensure gloves are worn) or bottle and place in a CD denaturing kit. Best practice would be to grind (using grinder in the box) or crush tablets and capsules before adding to the CD denaturing kit. NB if grinding or crushing solid dosage forms, ensure any particles of CD dust released into the air are minimised. Wear a suitable face mask, gloves and ensure the area is well ventilated.
Liquids	Liquids can be poured straight into the CD denaturing kit. Large quantities of liquids may need to be added and adsorbed into an appropriate amount of cat litter and then disposed of via the usual waste disposal method for medicines. The empty bottle should be rinsed out and the liquid disposed of into a pharmaceutical waste bin. Labels and other identifiers from the container should be removed or obliterated. The clean, empty container should be disposed of in the recycling waste.
Suppositories	Suppositories can be dissolved in a small quantity of hot water. The resulting liquid should be poured into the CD denaturing kit or added to an appropriate amount of cat litter as for liquids above.
Fentanyl patches	Patient should be encouraged to remove their own patch Remove the backing and fold the patch over onto itself Patches removed from patients can be folded over into themselves and disposed of in the Household waste (if removed by patient) clinical waste if removed by staff. Suitable gloves must be worn
Fentanyl lozenges	Dissolve in a small quantity of warm water. The resulting liquid should be poured into the CD denaturing kit or added to an appropriate amount of cat litter as for liquids above.
Liquid ampoules	Liquid ampoules should be opened, the liquid placed in the CD denaturing kit and the ampoule itself placed into a sharps bin which is labelled “contains mixed pharmaceutical waste and sharps – for incineration”. Suitable gloves should be worn.
Powder ampoules	Powder ampoules should have water added to dissolve the powder; the resulting mixture should be poured into the CD denaturing kit. The ampoule should be placed into a sharps bin which is labelled “contains mixed pharmaceutical waste and sharps – for incineration”. Suitable gloves should be worn.
Multiple use vials	The contents should be removed from the vial (using syringe and needle) and added to the CD denaturing kit. The vial should be placed into a sharps bin which is labelled “contains mixed pharmaceutical waste and sharps – for incineration”. Suitable gloves should be worn. Where no sharps bins are available empty ampoules can be placed in the denaturing kit.
Aerosol formulations	Aerosols should be expelled into water (to prevent droplets of drug entering the air) and the resultant liquid poured into the CD denaturing kit.
Doses of CD injections or liquids that are prepared but not administered or only partly used (and less than 5ml) must be destroyed immediately by being emptied into the blue bins or sharps bin in the ward/dept. by a Registered Nurse and witnessed by a competent member of staff. There must be a gel sachet in the bottom of the bin. Any amount 5ml and over must be denatured in the provided denaturing kit. The CD register must detail the amount given to the patient and the amount destroyed.	

Appendix 2

Lincolnshire Community Health Services NHS Trust

CONTROLLED DRUG MANAGEMENT AUDIT TOOL

Persons Present:----------

Service / Ward: ----------

Date of Audit:----------

Aim:	To ensure compliancy with regulation of controlled drugs
Requirements:	Self-audit to be completed monthly and returned to the Medicines Management Team

Item	Question	Result	Comments

1	There is a definitive list of staff who can gain access to the CD cupboard and a process of entry should they be unavailable (Unscheduled care).	**Compliant / Non-compliant**	
1	The room containing the locked secure cabinet should be lockable and access to the key cabinet should be restricted. Practitioners bags (where held) must be locked when not use. (Unscheduled Care)	**Compliant / Non-compliant**	
2	Key to Controlled Drug cupboard is held by the appointed Practitioner in Charge or a delegated Practitioner acting as deputy (Ward).	**Compliant / Non-compliant**	
3	There are current in-date and suitable for use stock items. Satisfactory arrangement of stock within the cupboard including clear segregation of strengths, separation of expired stock and patients' own drugs if applicable.	**Compliant / Non-compliant**	
4	There is an up to date printed list of clinical staff, and their signatures, authorised to order Controlled Drugs and is available. **Note: This list requires updating at least annually and signed by Service / Ward Manager**	**Compliant / Non-compliant**	
5	The CD register is appropriate for the use of drugs within the service i.e. Ward register for Community Hospitals, Patients own register for Community Hospitals and Hospice and Issues register for Unscheduled care	**Compliant / Non-compliant**	
6	The Controlled Drug Order Book, CD requisition forms and CD Register are kept in a locked cupboard. These must be accessible at audit.	**Compliant / Non-compliant**	
7	There is an accurate index in use within the register. As each page is completed the page number should be transferred from the last page in use to the new one. The new page number should also be reflected in the index.	**Compliant / Non-compliant**	
8	A representative sample of requisitions coincides with the register on checking the last 3 orders (less if no orders)	**Compliant / Non-compliant**	
9	Entries in the CD register demonstrate details of receipt of drugs with two signatures. **Note: Entries are in chronological order; section for each drug type, pages should be clearly identified.**	**Compliant / Non-compliant**	

10	The CD requisition form, order book and CD register are cross referenced to ensure accuracy of order and receipt of drugs.	**Compliant / Non-compliant**	
11	Balance of all CD stock is accurate including drugs balances that are carried forward to the next page	**Compliant Non-compliant**	
12	Received CD quantities are recorded in words not figures. Name and address of supplier should be included e.g. Received from COOP Pharmacy, Witham St Hughs.	**Compliant / Non-compliant**	
13	CD stocks are reconciled against the Controlled Drug Register each time the drug is given. Note: an AP or HCSW can witness if a second practitioner is unavailable. (Two signatures on supply.)	**Compliant / Non-compliant**	
14	Controlled Drug (CD) Order and Record Books are retained for seven years from the date of the final entry.	**Compliant / Non-compliant**	
15	Any errors in the register are appropriately amended, signed, dated and witnessed (any error should be marked with an asterisk and recorded at the bottom of the page or margin and not crossed out for transparency).	**Compliant / Non-compliant**	
16	All copies of FP10CDF forms and requisition forms are to be kept somewhere accessible for audit purposes. Staff must be aware of where to locate these in case of a CD delivery.	**Compliant / Non-compliant**	
17	There is an awareness of the written policy for reporting and investigating discrepancies in CD stocks. Staff must be aware of where to locate their CD SOP and the Handling and storage of Controlled Drugs policy.	**Compliant / Non-compliant**	
18	Controlled Drug register has all columns appropriately completed.	**Compliant / Non-compliant**	
19	Controlled Drugs are stored in the original container issued by pharmacy.	**Compliant/ Non-compliant**	
20	All CDs going out of the issue register to the community MUST be in a pre-labelled box with name and date annotated. Boxes must be issued as originally dispensed. **Do not** split packs unless a GP/pharmacist has dispensed them	**Compliant / Non-compliant**	

21	Hospital: 3 hospital charts to be checked against administration recorded within the register Urgent Care: 3 FP10CD's to be checked against administration within the register	**Compliant / Non-compliant**	
22	There is evidence that the local procedure for the destruction of Controlled Drugs has been followed and that the CD register confirms destruction by the Pharmacist and witness. NB A record of Schedule 4 and 5 CD destruction should be recorded in the Dark green waste book.	**Compliant / Non-compliant**	
23	There are no loose strips/tablets or cut strips. N.B Ward staff must not cut strips they must be left whole. Where possible pharmacy will supply whole packs/strips but may need to supply cut strips on occasions where appropriate and this is acceptable.	**Compliant / Non-compliant**	
24	All waste medication bins are kept in a lockable cupboard	**Compliant / Non-compliant**	
25	The room temperature is taken daily and updated on the sheet. Ensure escalation taken place if temperature exceeds 25 degrees.	**Compliant / Non-compliant**	

Lincolnshire Community Health Services NHS Trust

Stock MEDICINES MANAGEMENT AUDIT TOOL

Persons Present:----------

Service / Ward: ----------

Date of Audit:----------

Aim:	To ensure compliancy with regulation of stock and controlled drugs
Requirements:	Self-audit to be completed monthly and returned to the Medicines Management Team

Item	Question	Result	Comments
1	The room containing the locked secure cabinet should be lockable and access to the key cabinet should be restricted. Practitioners bags (where held) must be locked when not use.	**Compliant / Non-compliant**	
2	The room temperature is taken daily and updated on the sheet. Ensure escalation taken place if temperature exceeds 25 degrees.	**Compliant / Non-compliant**	
3	There are current in-date and suitable for use stock items. Satisfactory arrangement of stock within the cupboard including clear segregation of controlled drugs.	**Compliant / Non-compliant**	
4	There is an up to date printed list of clinical staff and their signatures.	**Compliant / Non-compliant**	
5	FP10PRECS for the supply / administration of diazepam / codeine are available to audit (if appropriate).	**Compliant / Non-compliant / NA**	
6	There are no loose strips / tablets or cut packs.	**Compliant / Non-compliant**	
7	All waste medication bins are kept in a lockable cupboard	**Compliant / Non-compliant**	
8	Pharmacy orders do not identify any anomalies with the volumes of any CDs ordered	**Compliant Non-compliant**	
9	There is an awareness of the written policy for reporting and investigating discrepancies in CD stocks. Staff must be aware of where to locate their CD SOP and the Secure Handling Medicines policy.	**Compliant / Non-compliant**	
10	PGDs are signed by the implementation lead, staff and countersigned.	**Compliant / Non-compliant**	
11	Controlled Drugs are stored in the original container issued by pharmacy.	**Compliant/ Non-compliant**	
12	All drugs MUST be in a pre labelled box with name and date annotated. Boxes must be issued as originally dispensed. **Do not** split packs unless a GP/pharmacist has dispensed them	**Compliant / Non-compliant**	
13	There is evidence that the local procedure for the destruction of Controlled Drugs has been followed by destroying in a doop	**Compliant / Non-**	

	kit. This must be recorded in the Dark Green Waste register	**compliant**	
14	Stock control sheets are completed each time the drug is given including NHS number. (N.B.ELECTRONIC STOCK CONTROL USES ANOTHER AUDIT)	**Compliant/ Non-Compliant / N/A**	

Appendix Three

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Controlled Drugs audit	**Quarterly audit**	**Service Leads and Matrons** **Medicines Management Officer** **CD Accountable Officer**	**Quarterly and unannounced**	**Service Leads, Matrons and Quality and Risk Committee** **CD Accountable Officer** **Medicines Management Officer**	**CD Accountable Officer** **Medicines Management Officer**	**Safeguarding and Patient Safety Committee** **Lincolnshire Intelligence Network (NHS England)**

Appendix Four

Equality Impact Analysis Screening Form

Title of activity	Prescribing Supply and Storage of Controlled Drugs		
Date form completed	20.01.21	Name of lead for this activity	Helen Oliver

Analysis undertaken by:		
Name(s)	Job role	Department
Helen Oliver	MM Skills Facilitator	Medicine Management

What is the aim or objective of this activity?	The purpose of this policy is to implement a co-ordinated and standardised approach to the management and monitoring of Controlled Drugs within all services within Lincolnshire Community Health Services NHS Trust
Who will this activity impact on? *E.g. staff, patients, carers, visitors etc.*	The content is relevant to all staff and service users

Potential impacts on different equality groups:

Equality Group	Potential for **positive** impact	**Neutral** Impact	Potential for **negative** impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	☐	☐	☐	No differences within age groups
Disability	☐	☐	☐	No differences with disability groups
Gender reassignment	☐	☐	☐	No differences
Marriage & civil partnerships	☐	☐	☐	No differences
Pregnancy & maternity	☐	☐	☐	No differences
Race	☐	☐	☐	No differences
Religion or belief	☐	☐	☐	No differences
Sex	☐	☐	☐	No differences
Sexual Orientation	☐	☐	☐	No differences

Additional Impacts ***(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)***	☐	☐	☐	This document has considered all groups of staff employed and patients being cared for within LCHS

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	☐	☒
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	☐	☐	☒

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date:

GLOSSARY

Authorised nurse	A registered healthcare professional permitted by Trust policy and with documented competence to administer medication to a patient in accordance with the directions of a prescriber or PGD.
Authorised signatory	A registered healthcare professional (eg nurse, Medical doctor or pharmacist) permitted by Trust policy and with documented competence to perform a particular task relating to the ordering, recording, administration or supply of Controlled Drugs. In most cases this will be a registered nurse, but some tasks may be carried out by other professionals as appropriate.
Authorised witness	A member of healthcare staff permitted to witness the correct performance of a task relating to the ordering, recording, administration or supply of Controlled Drugs. An authorised witness must be familiar with the task that they are witnessing.
BNF	The British National Formulary
Controlled Drug (CD)	A preparation subject to prescription requirements under the Misuse of Drugs regulations 1985. They are divided into three classes (A-C) under the Misuse of Drugs Act 1971 and into five schedules, each specifying the requirements governing such activities as import, export, production, supply, possession, prescribing, storage and record keeping that applies to them. For further guidance see the 'Controlled Drugs and Drug Dependence' section of the current BNF. Schedule 1, CD License is not specifically included. These require a license from the Home Office to allow their use and are not in general medicinal use. They include illicit substances.
CD Order book	A book containing pre-printed and numbered pages, each suitable for the request to supply a single Controlled Drug preparation and the production of a carbon-copy of the request. The carbon-copied pages remain bound within the book.
CD Ward Register	A bound book with numbered pages suitable for the recording of all Controlled Drug transactions on a ward. In most cases, wards will need two such registers, one for stocks of CDs ordered in the CD order book and one for Patient's Own Drug (POD) CDs. These are referred to as: • Ward Stock CD Register • Ward POD CD Register
Documented Competence	This may take the form of a Trust-level programme of training and assessment,or may be considered to be satisfied by the terms of an individual's professional registration at the Trust's discretion.
FP10	A NHS prescription form used by General Practitioners and community non medical prescribers, that can be dispensed at a registered community pharmacy or dispensing GP practice.
FP10 CDF	A dedicated controlled drug requisition form for schedule 2 and 3 CDs
FP10 (HP)	A type of FP10 that is used by Hospital Prescribers and may be dispensed at a registered community pharmacy or a hospital pharmacy.
GPhC	General Pharmaceutical Council

POD	Patient's Own Drugs. This describes medicines which are the property of an individual, whether prescribed for, or purchased by them.
Pharmacist	A pharmacist registered with the GPhC
Pharmacy Technician	A qualified pharmacy technician registered with the GPhC.
Prescriber	A registered healthcare professional with the legal right to prescribe medication and authorised to do so by Trust policy.
CDAO	Accountable Officer for Controlled Drugs
RPSGB	The Royal Pharmaceutical Society of Great Britain, the body that represents and oversees the registration of pharmacists and pharmacy technician within a written ethical framework.
S.O.P	Standard Operating Procedure. A detailed list of activities describing how a particular task should be performed.
Ward	Although the term 'ward' is used, these S.O.P refer to all departments within Community Hospitals where Controlled Drugs are ordered, administered or stored.