

## **Controlled Drug Review Visits Supplement: Common queries so far**

May 2018

In accordance with legislation, a programme of controlled drug (CD) assurance visits to GP practices began across Northern Ireland in May 2017. [A HSCB letter](#) was issued to practices at the time to explain the background to the visits. It is anticipated that each practice will be visited within the next 3 years. This is a rolling programme and all practices will be routinely visited every three years from then on.

36 CD review visits to GP practices have been carried out within the last 6 months and we wish to thank those practices that have participated in visits so far. It is important to say that these visits are supportive, and practices should not be anxious about them. The aim of the visits is to assist practices in managing CDs and to ensure the HSCB's Accountable Officer's obligations under legislation are met.

**To help practices who have not yet had their visit, this supplement highlights some common issues that have been raised at the visits so far.**

### **Stock issues**

- a. **Part of the GP's CD stock left at home so not available for review at visit.** This will require a second visit to complete the stocktake. Practices can help to make the process as smooth as possible by ensuring that GPs have their entire stock available for checking on the day of the visit. This applies to ALL controlled drugs schedule 2 to 5.
- b. **Stock held but no record of where it came from.** Attempts should be made to identify the source of the stock, e.g. check yellow copies of HS21S forms and/or contact the pharmacy to check details. If the source cannot be traced, the stock should be taken to the pharmacy for destruction in case it may have been a patient return. This should be recorded in the register (back page).
- c. **Central stock.** CDs obtained on a stock requisition should only be used by, or under the direction of, the GP signing the order. This GP is personally accountable for the CDs they order/receive. GP practices should not share CDs or keep a central stock for use by others. In the case of CDs used in emergencies (rectal diazepam or buccal midazolam), protocols can be put in place to facilitate central storage in a secure emergency trolley/box. In this case the GP who signed the stock order remains accountable for this stock.
- d. **Out of date stock.** This should be returned to a community pharmacy for destruction. Returns of Schedule 2 CDs should be recorded in the register. It is good practice to keep a record of all stock returned for destruction.
- e. **Stock required for non-Health Service (HS) purposes.** Doctors may be asked to provide medical assistance to sports clubs (and other clubs / organisations) — these are private arrangements and therefore HS stock should not be used. **A private requisition form should be used to access CDs in such circumstances.** Note, any use of Health Service resources for private purposes will be subject to further probity review.
- f. **CDs not stored in their original pack.** CDs should be stored in their original pack. This ensures that the batch number is present, the expiry date is clear and the correct drug is in the pack, particularly if the medication has no/non-specific markings. This also help to protect unit doses from damage.
- g. **Collection from the pharmacy.** GPs ordering CDs should collect their own CD stock from the pharmacy and personally update their CD register. In exceptional circumstances a member of practice staff may collect the CD stock from the pharmacy. In this case a written statement signed by the GP should be provided to the pharmacist.

#### **What constitutes a CD?**

All schedules of CDs are included in the practice's responsibilities under legislation and so are reviewed at the visit, e.g. Schedule 2 ( morphine), Schedule 3 (midazolam), Schedule 4 (diazepam) through to Schedule 5 (oral codeine).



### **Register issues**

- a. **Missing CD register.** If following a thorough search the CD register cannot be found, the Accountable Officer should be informed via your local HSCB Office, and an adverse incident form (AIF1) completed and submitted. Any loss of confidential patient information may also need to be reported to the Information Commissioner.
- b. **Incorrectly completed / missing entries.** This has been the most common issue found at the visits and includes both specific details and complete entries missing, e.g. CDs returned for destruction not recorded. Full details of all receipts and supplies of Schedule 2 CDs must be recorded in the CD register. See overleaf for:
  - Link to HSCB CD guidance for details of legal requirements for recording CDs
  - Example of a correctly completed CD register.

## Register issues (cont.)

c. **CD register and CD stock not stored separately.** Although not a legal requirement, it is recommended that CD registers and CD stock are stored separately. This means that an audit trail remains available should the CDs be stolen or go missing.

### An example of a correctly completed CD register

*Note: the Health Service does not endorse the use of a particular CD register. The important thing is that the register meets the legal requirements. GPs are personally responsible for ensuring their register meets the legal requirements and for keeping it accurate and up-to-date*

OBTAINED			SUPPLIED							BALANCE	
Date supply received	Name and address from whom received	Quantity received	Date supplied	Name/ address of person or firm supplied	Details of authority to possess – prescriber or licence holder’s details	Drug <b>Diamorphine</b> Strength <b>5MG</b> Form <b>Ampoules</b>	Person collecting Schedule 2 controlled drug (patient/patient’s rep/healthcare professional) and if healthcare professional, name and address	Was proof of identity requested of patient/patient’s rep (Y/N) *	Was proof of identity of person collecting provided (Y/N) *	Quantity supplied	
01.01.15	The Pharmacy Main St Belfast	5									5
			02.02.15	Mr P Erson 11 the Street Belfast	Dr G Practice			N	N	1	4
			03.09.15	Mr H Uman 1 The Other Street belfast	Dr G Practice			N	N	1	3
			05.02.16	Mrs J Bloggs 2 Up Street Belfast	Dr G Practice			N	N	1	2
			17.10.16	Mrs J Bloggs 2 Up Street Belfast	Dr G Practice			N	N	1	1
			02.04.17	Out of date stock returned to The Pharmacy main street Belfast- J Hills Pharmacist 1234				N	N	1	0
02.04.17	The Pharmacy main St Belfast	5									5
			23.09.17	Mrs P Body Any Street Belfast	Dr G Practice			N	N	1	4
			05.11.17	Mrs J Person Big Street Armagh	Dr G Practice			Y (If Unknown)	Y	1	3
			23.12.17	Mrs T Magee 10 The Street Belfast	Dr G Practice	Nurse Jones ( Community Nurse)		Y (If Unknown)	Y	1 (for infusion)	2

Before supplying any CD, GPs should take reasonable steps to confirm the identity of those not known to them, for example when seeing patients during OOHs work or leaving a supply with a community nurse.

## Visit preparation and Follow-up

### Preparation

- ⇒ Practices are sent all the documentation in advance of the visit and so will have a chance to review what the visit will entail.
- ⇒ Practices should submit their controlled drug standard operating procedure (SOP) to the Health Service pharmacist carrying out the visit when requested. This will allow HSC staff to review the SOP in advance which will save time on the day.
- ⇒ In some practices, the practice based pharmacist (PBP) has been involved in helping practices to prepare for the visit, e.g. checking registers and stock. In general, these visits have been found to run more smoothly. The PBP is very welcome to attend the visit which may help with discussing any issues that arise.
- ⇒ All GPs who carry CDs, including GP trainees and regular locums, should be reminded to have their doctor’s bag / **ALL CD stock**, their CD register and yellow copies of their CD stock requisitions (all schedules) for the past 15 months available at the visit.
- ⇒ As many GPs as possible should be available on the day. However, if necessary, another date can be arranged for GPs who are unavailable.



### Follow-Up

Actions required following a visit will be agreed with the practice. On some occasions a revisit will be required to follow up on agreed actions. For example, if there were issues with maintaining appropriate records in the CD register, the register will be rechecked after a period of time.

Further guidance on controlled drugs, including developing a Standard Operating Procedure for prescribers in primary care, is available at: <http://www.medicinesgovernance.hscni.net/primary-care/controlled-drugs/guidance/>.

## Contact details



These visits are carried out on behalf of the HSCB Controlled Drugs Accountable Officer (Mr Joe Brogan) by the Regional Prescribing Support Pharmacy Team (PSP Team). **Any queries should be directed to your local prescribing support pharmacist or HSCB pharmacy adviser.** Contact details for both teams can be found on the primary care intranet: <http://primarycare.hscni.net/pharmacy-and-medicines-management/contact-us/>.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. **Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication.**

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