Management of Controlled Drugs in GP Practices –Best Practice

Visits to GP Practices often prompt questions and discussion around the Safe Management of Controlled Drugs. This bulletin covers common questions and issues identified in GP practices. Alison Tennant is NHS England (West Midlands) Controlled Drugs Accountable Officer. If you have any questions regarding management of controlled drugs please contact the controlled drugs team by email cmcsu.cdlins@nhs.net or telephone 07860 784572.

All individuals working in GP Practices, who are involved in Controlled Drugs (CD) supply, administration, storage, prescribing and destruction should be following the appropriate Standard Operating Procedures.

All incidents involving controlled drugs need to be reported to the Controlled Drugs Accountable Officer by email cmcsu.cdlins@nhs.net or Tel: 07860 784572. This is a statutory requirement.

CD prescriptions awaiting collection should be stored securely and an audit trail should be in place (good practice). A signature should be obtained on collection.

CDs that need to be stored in the Controlled Drugs Cabinet are:

1. All Schedule 2 Drugs (Except Secobarbital (quinalbarbitone))
2. The Following Schedule 3 drugs:
    a. Flunitrazepam (Rohypnol)
    b. Temazepam
    c. Buprenorphine
    d. Diethylpropion
3. Other Drugs that are liable to misuse can be stored in the CD Cabinet
4. Any patient returns or date expired stock of the above should still be stored in the CD Cabinet but in a separate area and clearly labelled as such.

CD Stock Management

1. Undertake regular stock audits (check physical stock count matches balance recorded in CD register). Document stock checks in the CD register. Check expiry of CDs at the same time.
2. Record all stock movements in and out of the CD Register and have a witness countersign the entry. Check running balance at each entry.

Record Keeping

1. The Register MUST be a bound book designed for the purpose it is used. The CD register may be in the form of a separate bound booklet for each preparation. The Register must not be a loose leaf format or card index.
2. Computerised registers may be used provided they meet the legal requirements.
3. The register should be kept on the premises to which it relates.
4. A separate register should be maintained for CDs held within the doctor's bag and the GP is responsible for maintaining the records.

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5. The register MUST contain individual sections for each drug class and the name of drug, formulation and strength should be specified at the top of each page. Separate pages or booklets should be used for each form and strength of drug.
6. Handwritten entries MUST be in indelible ink.
7. All entries MUST be made in chronological sequence as soon as possible but within 24 hours of the transaction.
8. There should be no crossing out, obliteration i.e. Tipex or alteration of entries. Incorrect entry should be bracketed and correction should be made in the form of a footnote which is signed and dated.
9. It is recommended that practices keep a running balance of all stock CDs. Out of date CDs should be included in the stock balance.
10. Discrepancies in running balances should be investigated (e.g. check all receipts, administration records, arithmetic calculations, stock in the CD register etc.). Report unresolved discrepancies to the NHS England (West Midlands) Controlled Drugs Accountable Officer cmcsu.cdlins@nhs.net.
11. Registers should be retained for a period of 2 years after the last date of entry; this applies even if transferring stock to a separate register or if the practice no longer holds stock controlled drugs.
12. CD registers should not be stored in the controlled drugs cabinet.

Destruction of CDs

1. Schedule 2, 3 and 4 (part 1) CDs must be denatured (e.g. tablets crushed, patches opened, and folded, ampoules opened) prior to disposal. This applies to stock CDs, out of date CDs and patient returns from the above schedules. In order to do this a practice must obtain a T28 Exemption certificate from the Environment Agency to negate the need to obtain a licence to carry out this process. To check if you have an exemption certificate or guidance on how to apply for a T28 exemption certificate; please contact cmcsu.cdlins@nhs.net.
2. Commercially available CD denaturing kits should be used to denature CDs.
3. For all Schedule 2 stock CDs; destruction needs to be witnessed by an Authorised Witness. Requests for an Authorised Witness to attend should be made by email to cmcsu.cdlins@nhs.net.
4. Details of the destruction must be recorded in the CD register including drug name, form, strength, quantity and date of destruction and signed both by the Healthcare Professional destroying it and the Authorised Witness.
5. Destruction of stock schedule 3 and 4 (Part 1) CD drugs does not require an Authorised Witness. It is good practice to have another member of staff to witness the destruction and to record the destruction (separate book and not in the CD register).
6. Destruction of schedule 2, 3 and 4 (part 1) patient returned controlled drugs does not require to be witnessed by an Authorised Witness. It is good practice to have another member of staff witness the destruction and to record the destruction (separate book and not the CD register).

References:

- GP Mythbuster 28: Management of Controlled Drugs July 2015 http://www.cqc.org.uk/content/gp-mythbuster-28-management-controlled-drugs
- Mansfield and Ashfield CCG "Guidance for Management of CDs in GP Practices December 2014 http://www.nottinghamshiremedicinesmanagement.nhs.uk/attachments/article/20/Guidelines%20for%20the%20management%20of%20CDs%20in%20GP%20practices%208%20Dec%2014.pdf