

Safer management of controlled drugs



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The Shipman Inquiry Fourth Report focused on how Harold Shipman managed to obtain his lethal armoury of controlled drugs for such a long time without detection. The Government response, *Safer Management of Controlled Drugs*, accepted the case for strengthening the governance arrangements for controlled drugs provided this could be done in a way that did not impede appropriate use of controlled drugs to meet patient needs.

Governance

The new Health Act 2006 requires all healthcare organisations and independent hospitals to nominate an officer of sufficient seniority – an Accountable Officer – to ensure that the organisation has robust arrangements for the safe and effective handling of controlled drugs. GP practices will fall within the remit of the PCT Accountable Officer.

The Act also introduces a duty of collaboration on healthcare organisations and other local and national agencies, including professional regulatory bodies, police forces, the Healthcare Commission and the Commission for Social Care Inspection, to share intelligence on controlled drugs issues.

The Act creates a new power of entry and inspection for the police and other nominated people to enter premises to inspect stocks and records of controlled drugs.

The Healthcare Commission will assess the performance of healthcare organisations in relation to these responsibilities.

The most important element of the new arrangements is to ensure that patients have access to the medicines they need. Professional bodies have issued clinical guidelines for the use of controlled drugs for both pain management and the treatment of addiction. The GMC, the BMA, the RCGP, MacMillan, Marie Curie and the British Pain Society amongst others have been involved in our working groups in developing the response to the Shipman Inquiry Fourth Report and in our Controlled Drugs Advisory Group.

Visit the Department of Health website at www.dh.gsi.gov.uk/controlleddrugs for guidance on the governance arrangements, record keeping, changes to prescribing and key documents on controlled drugs.

The legislation also applies to Scotland and will be implemented to reflect the different organisational structure in that part of the UK. The Scottish Executive has confirmed that guidance for Scotland will be published in due course.

For N Ireland, please refer to the Misuse of Drugs (Amendment) Regulations (Northern Ireland) 2006, at www.opsi.gov.uk

Prescribing changes

The Misuse of Drugs Act 1971 has been amended to restrict the duration of any prescription for schedule 2, 3 and 4 controlled drugs to 28 days. This means the prescription must be presented for dispensing within 28 days of being written. Additional guidance promotes the limiting of supply to 30 days. However, where patients need more, a note should be made in their records as to why a greater supply was given.

There has been a re-emphasis of the professional guidance that doctors should prescribe controlled drugs for themselves or family members only in exceptional circumstances: www.gmc-uk.org/guidance/library/prescriptions_faqs.asp

The legislation has also been amended to allow (but not to mandate)

- all details on prescriptions for controlled drugs except the signature to be computer generated

- computerisation of controlled drugs registers for drugs listed in Schedules 1 and 2.

Private prescribing of controlled drugs

There are new standard forms for the private prescribing of schedule 2 and 3 controlled drugs which are to be dispensed in a community pharmacy. Since 7 July 2006 the Misuse of Drugs Act became effective in England and Scotland and will take effect in Wales on 1 January 2007.

All private prescriptions via community pharmacists now (from 1 January 2007 in Wales) need to be written on a prescription pad on which the doctor's details and their unique six-digit prescribing number are printed. This number is obtained from the Prescription Pricing Division of the NHS Business Services Authority (PPD). The forms are available from your local PCT; you do not need to hold any contract with the PCT to apply for the forms. Once the drugs have been dispensed, community pharmacies will copy the forms to the PPD. The prescribing will be analysed centrally by the PPD and the information made available to healthcare organisations for review in the same way as e-pact data.

Anyone collecting controlled drugs will need to prove their identity.

Doctors who work in private practice in hospitals and are not using the new forms should advise their patients that the prescription can only be dispensed in the hospital pharmacy. The Misuse of Drugs Regulations now prevent community pharmacies from dispensing private prescriptions for schedule 2 and 3 controlled drugs on any other form.

The Independent Healthcare Advisory Services has already taken these actions on board. Please visit www.independenthealthcare.org.uk for more information.

Further changes

All healthcare providers, including GP practice, holding stocks of controlled drugs will be required, subject to Parliamentary approval, to have and comply with the terms of an agreed Standard Operating Procedure (SOP). Guidance will be issued to support the introduction of SOPs.



The Department of Health is working with the agencies responsible for IT in the NHS to improve collection of information on controlled drugs, in order to deliver a clear picture of the supply and demand for controlled drugs and patterns in prescribing. This will be reviewed by people with local knowledge to avoid false positives, such as doctors who prescribe high levels of controlled drugs which can easily be explained by their work with local hospices or nursing homes.

Teaching medical students to prescribe properly

It is clearly stated in the GMC's guidance *Tomorrow's Doctors* that medical students must be taught to prescribe safely and effectively and we regularly check medical schools to ensure that they are following our guidance.

We specify that graduates must understand the effective and safe use of medicines as a basis for prescribing, including side effects, harmful interactions, antibiotic resistance and genetic indicators of the appropriateness of drugs. They must also be able to:

- work out drug dosage and record the outcome accurately
- write safe prescriptions for different types of drugs.

We also specify that once doctors have graduated from medical school and are in their initial training year, they must be able to develop an understanding of how pain relief can be provided, including pharmacological, physical and psychological interventions. In doing so, they must be aware of the relationship between pain and distress.

