

Background

What is the purpose of GP Controlled Drug Reviews/ Visits?

GP practices and individual GPs are legally responsible for the safe management and use of all schedules of controlled drugs (CD) they possess, prescribe, supply and administer. The HSCB CD Accountable Officer (AO) has a legal responsibility to seek assurance that CDs are managed and used safely across primary care, including by individual GPs and GP practices.

To help provide this assurance, GP practices are periodically asked to submit a '*CD Self – Assessment and Declaration*'. The CD Reviews/Visits build upon this by providing a physical check of the processes in place. The Reviews/Visits are carried out by HSC staff on behalf of the AO and aim to support practices and prescribers by providing legal and best practice advice to assist with management of their CDs.

What aspects of CD management are covered by the legislation?

Legislation^{1,2} requires both individual GPs and GP practices to have robust standard operating procedures (SOPs) in place for all aspects of CD management, including accessing, storing, transporting, disposal, recording, prescribing, supply, administration and clinical monitoring.

Do all GP practices receive a CD Review/Visit, or only if GPs hold Schedule 2 CDs?

All practices may potentially receive a CD Review/Visit as the review covers all aspects of CD management (see previous question), not only CD stock held by prescribers.

Does this process apply to all CDs or only to Schedule (S) 2 CDs, e.g. diamorphine

The legislation, and the review/visit process, applies to all CDs including:

- S2 (e.g. morphine, oxycodone,)
- S3 (e.g. midazolam, tramadol)
- S4 (e.g. diazepam, chlordiazepoxide)
- S5 (e.g. codeine including co-codamol)

Is CD management by locum GPs also reviewed?

Yes, it is also necessary for the AO to seek assurance from locum GPs that CDs are managed and used safely. HSCB will attempt to include locums who work regularly within a GP practice within the practice's CD assurance visit. Locums not included in these visits will be covered by a separate process, and will be contacted in due course.

Note: Locums should be familiar with the CD SOP for practices where they work. Common issues are highlighted within these FAQs and further details can be found at: [HSCB Procedures for managing CDs by primary care prescribers](https://www.hscb.gov.uk/primary-care/prescribers).

The CD Review/Visit

Do all GPs need to attend the practice CD review meeting?

The Practice Manager and GP Governance Lead need to attend Part 1 which looks at overall practice procedures. It may be helpful for other practice staff, e.g. GPs, pharmacist, nurse, to also attend in case queries arise. Individual GPs (including trainees and regular locums) who hold personal stocks of **S2 CDs** must attend Part 2 to allow their CD stock and registers to be checked. Usually this happens straight after Part 1 and can be completed with all GPs together, or individually, according to preference. Each GP should have their S2 CD stock and CD register available - they should not leave these with another person. During each Part, advice and guidance is provided as required.

How long does the practice CD review take?

The practice CD SOP must be checked as part of the review. As it is impractical to do this at the visit /meeting, HSC staff will request a signed copy for review in advance of the visit. There will then be a discussion of this at the visit (review of practice procedures - Part 1) which should take about 30-45 minutes. The review of each GP register/stock (Part 2) will take about 10 minutes (depending on level of discussion or queries). Additional time is required for dispensing practices.

What happens if areas for improvement are identified during the review?

Any areas for improvement are discussed and agreed with the practice manager, GP Governance Lead and individual GPs as required. These are then summarised in a report sent to the practice following the visit, for action. Further advice is available from HSC staff as required, e.g. how to address any issues.

What common areas for improvement have been identified to date?

Examples of areas for improvement identified following CD review visits include:

GP Stock	CD Registers
No record of how S2 CD stock was obtained	Entries missing, incorrectly completed or crossed out
CDs ordered and shared with other GPs/locums	Format does not meet legal requirements
Central stock of CDs held in the treatment room. Note: only rectal diazepam and/or buccal midazolam may be stored centrally for use in an emergency	No CD register - register missing completely
Health Service (HS) requisition used for non-HS/private purposes	Register not stored separately from stock (good practice)
Expired S2 CDs destroyed in-house, rather than returning to community pharmacy	No regular stock/balance checks (good practice)
Possession of out of date stock	
Unlocked GP bag containing S2 CDs	
GP did not collect their own CDs from the pharmacy	
No naloxone held (good practice)	

Areas for Improvement Identified at CD Visits

Ordering Which CDs are suitable for doctors' bags/personal stock?

These should be CDs required for urgent or palliative care only, and when a prescription is not an option. Stock items will be mainly injectables, e.g. diamorphine. CDs such as rectal diazepam may also be required. Opioid patches are not considered appropriate stock items. Quantities should be kept to a minimum, and be for original packs. Naloxone should be kept for opioid reversal.

How do GPs with no cipher number (e.g. locums, trainees) obtain CD stocks?

GPs with no cipher number should obtain CD stock by using a HS21S form from a practice where they work, or a stock order form from an Out-of-Hours (OOHs) centre where they work. Authorisation should be given by the GP whose name is on the HS21S form or via the relevant OOHs Medical Manager and a record kept of this. In all cases **the form should be signed by the GP ordering the stock**. All staff should be aware of this process which should be included in GP practice/OOHs centres CD SOP.

Note: S2 or S3 CD stock for non-HS/private purposes, should be ordered using the designated [NI Controlled Drugs Requisition Form](#)

Can GPs share CD stocks with other GPs/locums, or store CDs centrally for use by others?

No. **Each GP should prepare and must sign their own CD stock orders which should be for their own clinical use**. Stock orders must not be signed by practice pharmacists or other non-medical staff. A line should be crossed through the unused part of the form to prevent further items being added (by another person) after the form has been signed.

Stock ordered by one GP must not be shared with other GPs/locums, or stored in a central location e.g. treatment room, for use by other staff. This applies to all CDs including benzodiazepines and codeine. The only exception is CDs used in emergencies (rectal diazepam or buccal midazolam). In these cases protocols should be in place to ensure secure central storage. The GP who signs the requisition remains accountable for the stock. CDs no longer required (e.g. by retiring GP) should not be shared out among other GPs.

Recording

Which CDs must be recorded in a CD register and how do GPs obtain a CD register?

It is only necessary to record receipts and supplies of S2 CDs in a CD register, and each GP is responsible for keeping their own register up-to-date. GPs should:

- Ensure their CD register meets legal requirements—[refer to HSCB Guidance for details](#). A legally compliant CD register is available to purchase from NI RCGP by emailing nicouncil@rcgp.org.uk. CD registers are also available from other sources.
- Make records as soon as possible - at the time/day of the transaction, or if not reasonably practicable, the next day.
- Not cross out or erase entries: if necessary, make a correct entry on a new line and use a foot note to reference the error/correct entry.
- Keep completed registers for two years after the last entry before disposing of in confidential waste

Storage

How should CDs be stored?

All medicines should be stored safely. However all S2 CDs (and certain S3 CDs) must be stored in a locked receptacle, e.g. locked doctor's bag. Doctors' bags should always be stored safely and not be left unattended, e.g. in an unlocked consulting room, or in a vehicle for prolonged periods/overnight.

How should the CD register be stored?

Although not a legal requirement, it is recommended that the CD register is stored separately from the CD stock. This means if the CDs are stolen, an audit trail remains, and confidential patient information is protected.

Stock Checks

How to identify if S2 stock is missing or unaccounted for?

It is good practice to carry out regular stock checks, checking the physical amount of S2 CD stock held (e.g. in doctor's bag) against the CD register balance. This allows discrepancies to be identified (and resolved) as early as possible. To help with this a running balance should be recorded after each transaction. An extra column may be added to the CD register if required to facilitate this. It is recommended that stock is checked against the register balance after each transaction and at least 3 monthly.

Note: Dates should be checked as part of the regular stock check. All date-expired CDs, excess stocks and CDs no longer required, should be returned to a community pharmacy for disposal.

What if discrepancies between CD stock and CD register are identified?

Discrepancies should be investigated immediately. Common sources of discrepancy are:

- Patient supplies not recorded, e.g. injection administered on home visit or during OOHs,
- Out of date stock returned (supplied) to the community pharmacy
- New stock received from the pharmacy not recorded

HSCB Accountable Officer (joe.brogan@hscni.net) must be notified of all unresolved discrepancies and any incidents/concerns involving CDs.

Transporting CDs

Can practice or pharmacy staff collect/deliver CD stock to GPs on their behalf?

GPs should collect their own CDs from the pharmacy in person: use of messengers should be avoided. In exceptional cases only, if S2 or S3 CDs need to be:

- **collected by a messenger/practice staff:** the messenger must give the pharmacist a written statement, signed by the GP, indicating he/she may receive the CDs. The messenger must deliver the CDs directly to the GP.
- **delivered by the pharmacy:** the CDs should be delivered directly to the GP or, if not possible, to an authorised member of staff. The GP should inform the pharmacist of this person's name before delivery. A pharmacy delivery note should be signed by the GP/authorised person to confirm the delivery, and retained by the pharmacy as evidence.

Can GPs take personal CD stocks out of the UK (including to Republic of Ireland)?

The relevant authorities in each country should be contacted for advice on the legal requirements in relation to the movement of CDs **to and from** the UK. For the UK, the Home Office should be contacted by telephone at: 020 7035 6330 or by email at: DLCUCommsOfficer@homeoffice.gsi.gov.uk

How should patients' CDs be returned for disposal?

Patients/representatives should return CDs they no longer require to a pharmacy for destruction. If however there is considered to be a risk with leaving the medicines, or there is no-one to return them, the GP/nurse may do this. In these **exceptional** circumstances, details of the CDs removed/returned should be recorded, e.g. back of GP CD register. The CDs must be clearly separated from GP stock, NOT used to treat other patients, and taken to a community pharmacy for destruction as soon as possible.

Prescribing

What important points should be remembered when prescribing CDs?

- Prescribers are responsible for the prescriptions they sign, and must act in the patient's best interest.
- **CDs should be prescribed with caution and in line with legal requirements and recommended guidance.**
- All CDs must be monitored regularly to ensure CD prescribing is safe and appropriate.
- Patients should be involved in treatment decisions including alternative options. Before prescribing, provide adequate information including risks and benefits, and agree a treatment plan including for 'stopping treatment' and for regular review. Supporting Patient Information Leaflets should be provided as appropriate.
- CDs have a 'street value'. Robust prescribing systems should be in place to identify/prevent possible abuse or misuse. A maximum of 30 days' supply is strongly recommended.
- Difficult cases e.g. prescribing outside guidance, should be discussed/reviewed with peers/other prescribers or secondary care experts and a management plan agreed.
- Concerns should always be raised with the appropriate person(s)
- Adequate records should be maintained.
- A PCD1 form should be ordered and used for non-HS/private prescriptions for S2 or S3 CDs

Further Information

For further details refer to guidance below.

[Controlled Drugs Reviews: Common Queries So Far](#)

[HSCB Guidance on Controlled Drugs for Primary Care Prescribers](#)

[NI Formulary Guidance Management of Pain](#)

[Adult Opioid Equivalence Guide](#)

[GMC Prescribing Guidance](#)

[RCGP: Top Ten Tips: Dependence Forming Medicines](#)

[Opioids Aware](#)

Contact Details for Local Integrated Care Offices:				
Belfast	South Eastern	Southern	Northern	Western
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
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