Health and Social Care Board

Guidance for Managing Controlled Drugs* for Prescribers in Primary Care

**This guidance applies to all schedules of controlled drugs. For the purposes of this guidance, the term "prescribers" will be used to cover all prescribers, both medical and non-medical, who prescribe CDs in GP Practices, e.g. GPs, pharmacists, nurses and AHPs.*

Please note: Every effort has been made to ensure the information contained in this document is accurate at the time of publication. Readers are reminded that it is their responsibility to keep up to date with any changes in practice.

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Reviewed by Department of Health, Medicines Regulatory Group
Approved by HSCB Accountable Officer

Introduction

As a result of the Shipman Review, the governance of controlled drugs was reviewed and additional pieces of legislation enacted to provide greater assurance in the management of controlled drugs. The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 came into operation in October 2009. Amendments were made to these regulations in July 2015.

GP Practice Responsibilities

These regulations require that appropriate arrangements are in place for securing the safe management and use of controlled drugs. This applies to ALL controlled drugs, and not just schedules 2 and 3. A robust system and audit trail should therefore be in place for all stages in the handling of Controlled Drugs (CDs) in primary care and all family practitioners that use controlled drugs as part of their practice must have in place adequate and up to date standard operating procedures. The Regulations specify that the standard operating procedures shall, in particular, cover the following matters—

(a) Who has access to the controlled drugs;
(b) Where the controlled drugs are stored;
(c) Security in relation to the storage and transportation of controlled drugs as required by misuse of drugs legislation;
(d) Disposal and destruction of controlled drugs;
(e) Who is to be alerted if complications arise; and
(f) Record keeping, including—
    (i) Maintaining relevant controlled drugs registers under misuse of drugs legislation, and
    (ii) Maintaining a record of the controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations (Northern Ireland) 2002(a) (specified controlled drugs to which certain provisions of the Regulations apply) that have been returned by patients.
(g) Best practice relating to the:
    (i) Prescribing, supply and administration of CDs and
    (ii) Clinical monitoring of patients who have been prescribed CDs

This document provides guidance to GP practices on the processes they should consider when developing and reviewing their standard operating procedure (SOP).

- **One SOP should be developed for each practice/organisation. All prescribers should be trained on this SOP and sign to confirm they understand the content.**
- **The CD SOP should be a 'working document' within the practice. It is recommended that the SOP should be reviewed and updated at least every two years, or sooner as required e.g. following an adverse incident or new guidance**
- **A suggested sign-off sheet is included in Appendix 1.**
- **It is the responsibility of the practice/organisation to ensure that all practice staff, including locums are made aware of the practice's SOP.**

Please note: Every effort has been made to ensure that the information provided in this document is accurate and up-to-date. However, the legal and regulatory framework governing CDs may change and readers should always check that they are referring to the most up-to-date version of this guide, as well as cross-checking with other recognised sources of information and relevant professional representative bodies.

For further details on legal and best-practice requirements for managing controlled drugs, please refer to:

- 'Safer Management of Controlled Drugs *A guide to good practice in primary care (Northern Ireland)*.pdf https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/safer-management-of-controlled-drugs-a-guide-to-good-practice-in-primary-care-version.pdf

- BNF Guidance (Controlled drugs & drug dependence).

HSCB role and responsibilities

The Regulations place additional responsibilities on the HSCB to:

- Assure the quality of their CD management systems as an integral part of their governance processes, with external inspection, where appropriate, as an additional safeguard.
- Work with other agencies in a local network along with the Police Service and regulatory bodies to share intelligence
- Be accountable for ensuring the safe management of controlled drugs
- Be accountable for the monitoring of all aspects of the use and management of controlled drugs by all healthcare professionals who they employ or with whom they contract.

Under the Regulations, each designated body is required to appoint an Accountable Officer. For the HSCB, the post of Assistant Director, Integrated Care, Head of Pharmacy and Medicines Management has been designated as the Accountable Officer (AO). The appointment and the role and responsibilities of the AO will support the fulfillment of the statutory obligations of the HSCB. The HSCB Accountable Officer reports to the Director of Integrated Care and is accountable to the HSCB Board for this function.

Further information on the roles and responsibilities of the Accountable Officer can be found at:
http://www.medicinesgovernance.hscni.net/primary-care/controlled-drugs/guidance/

Scope

This guidance covers all aspects of the handling of Controlled Drugs (CDs). It includes information on the following:

1. Obtaining CD stock for GP bags
2. Receipt of CDs
3. Record keeping
4. Collecting CDs on behalf of patients
5. Storage
6. Prescribing
7. Clinical monitoring
8. Administration
9. Checks of stock holding
10. Dealing with discrepancies
11. Destruction
12. Incidents
13. Self-assessment declaration
14. Monitoring and auditing of prescribing data
15. Management of CDs where prescribing rights change
16. Additional Guidance for Dispensing Doctors
17. Additional Guidance for Out-of-Hours organisations

There are 5 schedules of CDs and different schedules are subject to different legal requirements. A summary of the key legal requirements for each of the controlled drugs' schedules is included in Appendix 2 and this should be referred to when developing each section of the SOP.

Section 1: Ordering CD stock

1.1 Stock order forms

Reminder: *''Stock forms should be used for ordering stocks of drugs and appliances which are needed by GPs for the immediate treatment of patients; for use before a patient's needs can be met by giving a prescription in the ordinary way; and for administration by the doctor's direction"*[1]

a. GPs including doctors working in dispensing practices, must obtain CD *stock for health service use* by using their own HS21S stock order forms.
   - Locums, trainees and other GPs without their own cipher number should obtain their CD stock using a HS21S stock order form from a practice where they work, or alternatively, for GPs working in Out-Of-Hours (OOHs), by using the relevant OOHs stock order form. See Section 17for further information on OOH centres.
   - Authorisation for this should be given by the GP whose name appears on the HS21S form or from the OOHs centre.
   - The form should be signed by the locum, trainee or other GP for whom the stock is intended and their CD register updated accordingly upon receipt of the stock.
   - Each practice/OOHs centre should have their own documented process for this, including a requirement for the locum to produce the relevant page from their CD register before the stock prescription is issued.
   - The practice/OOHs centre retains the bottom copy of this triplicate form and the top two copies are sent to the pharmacy. As a matter of good practice, locums may wish to take a photocopy of stock order forms that they use, for their own records. The original copy must be retained by the practice. This will ensure an audit trail is available for both the locum and the practice.

b. For *non-health service use* (e.g. private use), GPs should continue to use headed notepaper in the usual way. However, new legislation is expected requiring the use of a standard stock requisition form (CDRF1) to obtain stocks of Schedule 2 and 3 controlled drugs. When this new form is available controlled drugs orders for Schedule 2 and 3 controlled drugs on headed notepaper will no longer be legal.

c. Non-medical prescribers e.g. nurse and pharmacists are not permitted to hold personal supplies of CD stock or to write / sign HS21S forms.

d. Stock orders must not be faxed or electronically transmitted.

e. As part of the audit trail, records of stock ordered (e.g. yellow copies of HS21s, copies of CDRF1s) should be kept in an agreed location for at least 2 years.

f. Each GP should prepare and must sign their own orders for CDs which should be for their personal stock. Stock must NOT be ordered by one GP on behalf of other

[1] The Pharmaceutical Services Regulations (Northern Ireland) 1997 Provision of Pharmaceutical Services by Doctors, Regulation 11 (a) and (b).

partners and then divided up. **The only exception is 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.**

g. Requisitions for Schedule 2 and 3 controlled drugs (HS21S and CDRF1) must be either computer generated or handwritten. The GP must sign requisitions irrespective of the means of production. Requisitions should include the name, address, profession and signature of the GP, the purpose for which the drug is supplied and the total quantity of the drug to be supplied (this does not have to be written in words and figures).

h. Orders placed with community pharmacies must be for complete original packs e.g. it is not acceptable to order broken packs[2].

i. Orders should be kept to a minimum based on previous and anticipated usage. See section 9 for checks on stock holding.

j. It is recommended that GPs order CDs from a regular community pharmacy.

1.2 Medicines Stocked

a. CDs stocked should only be those required for immediate patient care. There should be no dispensing of stock CDs to patients in non-emergency situations.

b. Stock requisitions should not be used to order medication to be administered to a specific patient at a later date.

c. Consider the range, strength and quantity of medicines stocked:

- Normally only one strength of each CD should be kept in a doctor's bag to minimise the risk of confusion, error and inappropriate administration
- Lower strengths of morphine and diamorphine (5mg and 10mg) are generally required for acute care. There have been reports of deaths and harm due to the administration of high dose (30mg or greater) diamorphine or morphine to patients who had not previously received opioids.
- It is likely that mainly injectable CDs will be needed in GP bags. Some non-oral CDs e.g. rectal diazepam may also be required.
- Naloxone injection, an antidote to opiate-induced respiratory depression, should be available where diamorphine and morphine injections are stored or administered. Please refer to the NPSA Safer Practice Notice on 'Ensuring safer practice with high dose ampoules of diamorphine and morphine' for further details. http://www.nrls.npsa.nhs.uk/resources/patient-safety-

2 http://primarycare.hscni.net/pdf/Letter_to_GPs_and_Community_Pharmacists_re_Stock_Requisitions_for_Complete_Packs_31_Jan_12_.pdf

topics/medication-safety/?entryid45=59803&p=5

Section 2: Receipt of CDs

a. GPs should order and collect their own CDs in person. Use of messengers should be avoided (but see point d below); practice staff should not be involved in accepting stock into the practice and verifying the order.

b. GPs are responsible for recording all receipts of Schedule 2 CDs (e.g. diamorphine, pethidine) in their CD register (See Section 3). GPs should bring their CD register to the pharmacy when they collect their CD stock and make the necessary entry as they receive the CDs. A check should be made of the quantity, form and strength of the CD. It is good practice to ask the community pharmacist to sign the register as a witness although this is not legally required.

c. CDs must be stored appropriately immediately on receipt. (See section 5).

Use of Messengers

d. In exceptional cases:
   - If a messenger is used to collect Schedule 2 or 3 CDs on behalf of a GP, the messenger must produce to the pharmacist a statement in writing signed by the GP indicating that he/she is empowered to receive the drugs. The messenger must deliver the CDs directly to the GP who has placed the order.
   - If it is necessary for Schedule 2 or 3 CDs to be delivered by the pharmacy, the CDs should be delivered directly to the GP making the requisition or, if not possible, to a member of staff authorised by the GP. The GP should inform the pharmacist of the name of this person in advance. A pharmacy delivery note should be signed by the GP/authorised person to confirm the delivery. This should be retained by the pharmacy.

   The GP making the requisition is responsible for the CDs while they are in their care or the care of their delegate.

Branch Surgeries

e. If a GP operates from more than one set of premises and maintains a stock of Schedule 2 drugs on both premises, e.g. in a CD cabinet, they must keep a separate register at, and for, each of the premises. However if a GP operates from more than one set of premises but keeps his entire stock that relates to both premises together in a single locked bag, then only one CD register to cover the full stock is required.

Section 3: Record Keeping for CDs – CD Registers

All health care professionals who hold personal CD stock must keep their own CD register for any Schedule 2 CDs that they possess, administer or supply[3]. The Health Service does not endorse the use of a particular register. GPs are personally responsible for ensuring their register meets the legal requirements outlined below and for keeping it accurate and up-to-date.

3.1 Format of the register

a. The CD register must be in the form of a bound book (not loose-leaved). As an alternative to a bound book, an electronic CD register may be used. Entries in computerised CD registers must be attributable and capable of being audited. Electronic CD registers must be capable of printing or displaying the name, form and strength of the drug in such a way that the details appear at the top of each display or printout to comply with the legal requirements. See links for further details:
   - http://psnc.org.uk/contract-it/pharmacy-regulation/controlled-drug-regulations/
   - https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/safer-management-of-controlled-drugs-a-guide-to-good-practice-in-primary-care-version.pdf

b. The headings of the CD Register MUST comply with current regulations and must have the appropriate number of columns which include columns for recording proof of identity.

   In respect of entries made for drugs obtained -
   i. Date supply received
   ii. Name and address from whom received
   iii. Quantity received

   In respect of entries made for drugs supplied -
   i. Date supplied
   ii. Name/address of person or firm supplied
   iii. Details of authority to possess (the prescriber's/licensed holder's details, ie name of the prescribing GP)
   iv. Quantity supplied
   v. Role of person collecting Schedule 2 CDs (patient/patient's representative/healthcare professional) and if a healthcare professional, name and address. If the healthcare professional is unknown to the supplier proof of identification must be requested and recorded as per (vii) (see below).
   vi. Was proof of identity requested of patient/patient's representative? (Yes/No)
   vii. Was proof of identity of person collecting provided? (Yes/No)

[3] Records must also be kept for Sativex® (Schedule 4). The CD register may be used for this. This is not a requirement for other Schedule 4 CDs. Note: at the time of publication Sativex® is a Red List drug in N. Ireland. Prescribing and supply should be by secondary care.

These record keeping requirements are a minimum and do not prevent inclusion of additional relevant information. See Appendix 3 for example of correctly completed register.

3.2 Register entries

a. A separate page must be used in respect of each strength and form of the drug and the head of each such page must specify the class of drug, its form and its strength e.g. morphine injection 10mg.

b. Entries for drugs obtained and drugs supplied may be made on the same page or separate pages of the register. Entries on the same page will facilitate the maintenance of 'running balances'. The maintenance of running balances is good practice but not currently a legal requirement (see section 8).

c. All the relevant sections of the entry must be completed.

d. Records of all receipts and issues of Schedule 2 CDs must be made in the CD register. Entries must be made in chronological order and on the day of transaction, or if that is not reasonably practicable, on the next day.

e. If part ampoules are used, the register must include the quantity administered and the quantity destroyed. (See section 11 - destruction of CDs)

f. For patients prescribed CDs on standard HS21 forms or private prescription (PCD1s), entries into the CD register are not needed but appropriate clinical records should be made on the clinical system.

3.3 Register storage & destruction

a. There is no legal requirement to store the CD register separate from the CD stock. However separate storage of the register and CDs is recommended as an audit trail remains available if the CDs are stolen.

b. CD registers no longer in use must be kept for two years after the date of last entry after which it should be disposed of in confidential waste.

c. CD registers must be available for review during inspections or destructions.

Section 4: Collecting CDs on behalf of patients

a. Health care professionals generally should not collect CDs from dispensed prescriptions to deliver to patients. However, in exceptional cases this may be necessary e.g. immediate treatment is required and no carer, or pharmacy delivery service, is available. Action should be taken where possible to reduce further similar supply problems.

b. If the healthcare professional is collecting a Schedule 2 CD, the pharmacist must obtain their name and address and, unless the pharmacist is acquainted with that person, request evidence of that person's identity such as proof of membership of their professional organisation e.g. GMC registration card.

Section 5: Storage of CDs

a. It is good practice to store all medicines securely, not just CDs.

b. All schedule 2 drugs and certain schedule 3 drugs e.g. buprenorphine, diethylpropion, flunitrazepam and temazepam must be stored in line with legislation in either a CD safe/cabinet or a lockable doctor's bag. The person in lawful possession of this bag/cabinet or an individual authorised by them must always retain the keys.

c. CDs obtained on a stock requisition should only be used by, or under the direction of, the GP signing the order. This GP owns and is personally accountable for the CDs they order/receive. GP practices should not share CDs or keep a central stock for use by other GPs. This applies to all CDs including benzodiazepines and codeine.

d. A GP may decide to store some of their personal stock of drugs such as rectal diazepam and midazolam so that they are easily accessible in an emergency e.g. in the treatment room. This stock must be stored securely but not necessarily always locked away. This will depend on the legal requirements for storage.
Please note: the situation regarding central stock is currently being reviewed. In the interim, practices should continue with their current arrangements for ***midazolam*** *and* ***rectal diazepam****. This only applies to these drugs.*

e. Medicines should usually be stored in their original or dispensed containers. Where this is not practical extra care should be taken to prevent selection of the wrong product.

f. Patients' own CDs should not be stored by the GP or practice e.g. for administration at a later date.

5.1 Doctor's Bag

a. A suitable storage receptacle is the “doctor’s bag” which is a locked bag, box or case for home visits or use away from the surgery. Each practitioner is responsible for their own bag.

b. A locked doctor’s bag is regarded as a suitable receptacle for storing CDs, but an unlocked bag in a locked car is not.

c. Doctors’ bags must be locked at all times apart from when in use.

d. Doctors’ bags should be stored in a safe manner when not in use to prevent unauthorised access, i.e. not left unattended in an unlocked consulting room or left in a vehicle for prolonged periods or overnight. If a bag is left unattended at any time in a car it should be locked and kept out of sight. The car should be locked and any security system activated.

e. A digital combination lock is often the most practical and convenient solution and avoids problems with keys.

f. External temperatures may have a significant effect on the stability of medicines and suitable precautions should be taken to protect them from extremes of temperatures.

g. If it is necessary for a GP to transport their CD stocks (bag) out of the UK or across the border, the GP should contact the relevant authorities in each country for advice on the legal requirements.
   - For the UK, the Home Office should be contacted by telephone at: 020 7035 6330 or by email at: DLCUCommsOfficer@homeoffice.gsi.gov.uk
   - For the South of Ireland, the Health Products Regulatory Authority (HPRA) should be contacted by telephone at: 0035316764971 or by email at: info@hpra.ie

Section 6: Prescribing CDs

6.1. Appropriate Prescribing

a. CDs should always be prescribed with caution and in line with a ‘clinical management plan’ (CMP). Details of the CMP should be made in the patient’s notes and be accessible to those involved in the patient’s care. The CMP should indicate drug name, strength, dose, frequency, indication and review arrangements.

b. Patients should be provided with adequate information regarding the prescribed drug including any potential adverse effects. A note of this should be recorded in the patients’ notes.

c. Doses should be titrated appropriately and to the minimum effective dose. Adverse incidents have been reported where patients have received inappropriate doses following titration. All prescribers should be familiar with opioid dose equivalences.

(http://www.medicinesgovernance.hscni.net/joint-publications/medicines-safety-documents/opioids/).

d. CDs have the potential to cause serious harm if not taken as prescribed. All requests for CDs should be considered carefully and monitored for potential over-use. Suspected compliance issues should be alerted to the prescriber and discussed with the patient as appropriate.

e. It is important to remember that CDs have a 'street value'. Adverse incidents have been reported where members of the public have requested and obtained prescriptions for CDs deceptively from GP practices by impersonating other patients or their family members. All staff should be aware of, and systems should be in place to minimise, the potential for abuse or misuse.

6.2. Prescription Writing Requirements

a. All prescriptions, including those for all schedules of CDs must be completed indelibly. They may be handwritten, typed or computer-generated. Only the signature must be in the prescriber's own handwriting.

b. Computer systems should be used, wherever feasible, to generate a CD prescription as this provides an additional method to record and audit the prescribing. If a handwritten prescription for a CD is necessary e.g. at a home visit, this should be recorded in the medication section of the patient's computer record as soon as possible.

c. Where it is necessary to handwrite a prescription for a CD, this should be fully completed by the prescriber and be clearly legible.

d. If a private prescription is to be written for a patient requiring a Schedule 2 or 3 CD, a PCD1 form must be used (see section 6.11. These are available upon application to the BSO. http://www.hscbusiness.hscni.net/services/2272.htm

e. The Misuse of Drugs Regulations require prescriptions for all Schedule 2 and 3 CDs to contain the following details:

- The patient's full name, address and, where appropriate, age. (*Email address or PO Box is not acceptable. 'No fixed abode' is acceptable as an address for homeless people.)*
- The name and form of the drug, even if only one form exists.
- The strength of the preparation (if more than one strength exists)
- The full dose to be taken. (*NOTE: 'as directed' is not acceptable).*
- Either the total quantity of the preparation in both words and figures, or in any other case, the total quantity in both words and figures of the controlled drug to be supplied.

Note: Community Pharmacists cannot supply CDs without a legally valid prescription. Therefore in order to avoid delays in supply it is important that prescriptions are written to meet legal requirements.

f. If supply is intended to start later than the date of the prescription, this should be clearly written on the prescription. The address of the prescriber must be stated on the prescription and must be within the UK.

g. Any space on the prescription form that has not been written on should be blanked off, e.g. by drawing a line through it, to reduce the opportunity for fraud.

6.3 Validity of NHS and private prescriptions (PCD1s)

a. The validity period of NHS and private prescriptions (PCD1s) for Schedule 1, 2, 3 and 4 CDs is restricted to 28 days from the date of issue or the indicated start date.

b. In the case of a prescription which directs that specified instalments of the total amount may be supplied at stated intervals, the first instalment must be supplied no later than 28 days after the 'appropriate date'. However, if the prescription specifies a start date, the prescription can only be dispensed in accordance with the prescriber's directions.

6.4 Technical errors on a prescription

Alterations are best avoided but if any are made, they should be clear and unambiguous. If an error is made, the prescriber should cross out, sign and date the error and then write the correct information. In addition the computer records should also be amended.

6.5 Quantity supplied on prescription

a. Although not a legal requirement, there is a strong recommendation that prescriptions for Schedule 2, 3 and 4 CDs are limited to a quantity necessary for up to 30 days clinical need. In exceptional circumstances, where the prescriber believes a supply of more than 30 days medication is clinically indicated and would not pose an unacceptable threat to patient safety, the prescriber:
    - Should make a note of the reasons for this in the patient's notes
    - Be ready to justify his / her decision if required.

b. Careful consideration should be given to quantities and strengths prescribed both to anticipate requirements, e.g. palliative needs over a weekend, and to reduce the amount of excess controlled drugs stored in patients' homes.

6.6 Prescribing for Substance Misusers

a. Substance misusers may be managed by specialist addiction clinics or by their GP, usually under the terms of a Local Enhanced Service (LES). GPs can prescribe opiate substitution treatment (methadone 1mg/1ml, buprenorphine sublingual, Suboxone®, dihydrocodeine) on a HS21 prescription.

b. Practices providing such a service under a LES should specify this in their SOP. However only medical practitioners who hold a special licence issued by the DoH may prescribe, administer or supply diamorphine, dipipanone or cocaine in the treatment of drug addiction. (*NOTE: Prescribers do not require such a licence for prescribing these drugs for patients, including addicts, for relieving pain from organic disease or injury.)*

c. Prescribers can prescribe instalment prescriptions using a HS21 form. To be legally valid, an instalment prescription for a Schedule 2 or 3 CD must include the following.
    - The signature of the appropriate practitioner issuing the prescription
    - The date
    - The address of the appropriate practitioner issuing the prescription
    - The dose to be taken ('as directed' is not acceptable, but 'one as directed' is acceptable)
    - The form of the preparation (e.g. mixture / tablets / capsules / ampoules)
    - The strength of the preparation (if more than one strength is available). In the case of methadone, there is more than one strength available, therefore this must be specified on the prescription
    - The total quantity of the preparation in words and figures. This must be in dosage units (that is ml for a liquid, or number of tablets, capsules, ampoules and not the total mg of the drug
    - The name and address of the patient
    - The instalment amount and the intervals to be observed:
        1. The number of instalments
        2. The intervals to be observed between instalments; (these intervals should take into account weekends and bank holidays, as the directions for instalments are binding).
        3. Order only such quantity of the drug as will provide treatment for a period not exceeding 14 days
        4. The quantity to be supplied in each instalment.

        Points 1, 2 and 3 are required by The Health and Personal Social Services (General Medical Services Contract) Regulations (Northern Ireland) 2004.

Please see link for further detail on approved wording:
https://www.gov.uk/government/publications/circular-0272015-approved-mandatory-requisition-form-and-home-office-approved-wording/circular-0272015-approved-mandatory-requisition-form-and-home-office-approved-wording

Points 2 and 4 are required under the MDR, Regulation 15.

d. The start date should also be added to the body of the prescription. It is good practice for the duration of the instalments to be set out on the prescription, e.g. dispense daily for five days starting on xx date. Prescriptions should also clearly state which doses are to be supervised and which doses can be provided to the patient to take home.

e. Where such a service is not provided by the practice, the SOP must take account of situations where substance misusers present for treatment outside of the opening hours of the specialist addiction clinic.

6.7 Notification of Addicts

a. There is no longer a requirement for prescribers to notify the Chief Medical Officer (CMO) of patients who they consider to be addicted to controlled drugs.

6.8 Repeat Dispensing

a. Schedule 4 and 5 CDs may be prescribed under the repeat dispensing scheme. For Schedule 4 CDs, the first prescription must be dispensed within 28 days.

b. Schedule 2 and 3 CDs must not be prescribed as part of a ‘repeat dispensing service’.

6.9 Emergency supplies

Requests for emergency supplies (including faxed prescriptions) of Schedule 2 and 3 CDs are not permitted with the exception of phenobarbital for the treatment of epilepsy.

6.10 Prescribing for self and family

Practitioners should not prescribe CDs or any other drugs for themselves, their family or friends except in an emergency.

6.11 Private prescribing

The term 'private prescribing' is used to describe the situation when a private prescription is written, either by HS or non-HS practitioners, in either HS or non-HS settings

a. Normally, private prescriptions can allow a prescriber to request that the prescription is repeatable* for a specified number of times. However, this is not permitted for Schedule 2 and 3 CDs. It is possible to prescribe Schedule 4 and 5 CDs on a repeat basis, both privately and under NHS repeat dispensing arrangements.
**The repeat method is where a private prescription is written for a specified quantity of drugs and the prescriber endorses the prescription with the number of times the prescription should be repeated. The pharmacist is then able to make the specified number of dispensing transactions from that prescription.*

b. Private prescriptions for Schedule 2 and 3 CDs (including temazepam and tramadol) must be written on a standard private prescription form i.e. PCD1. In an emergency situation when treatment is considered to be both immediately necessary and clinically appropriate for a patient who is not otherwise eligible to receive Health Service prescriptions, it is acceptable to prescribe the Schedule 2 or 3 CDs under HS arrangements on a HS prescription form. A private prescription is not necessary in these circumstances. The prescriber should be able to justify their reason for prescribing in this way.

c. Not all practices will need to stock PCD1 forms and they should only be ordered if there is a need for them in the practice. In order for a prescriber to obtain a supply of PCD1 forms they need to complete the PCD1 Application Form available at http://www.hscbusiness.hscni.net/services/2272.htm

d. Private prescribers should indicate on the prescription when prescribing for non-UK resident.

e. It should be noted that if a patient is receiving a CD on prescription (either on the health service or privately) and then receives a second CD from another prescriber without informing the prescriber that they are receiving a CD from another prescriber, then an offence is being committed by the patient.

Note: Patients travelling with CDs
Patients who are carrying CDs out of or into the UK for their own personal use may in some circumstances need a personal licence. It may be necessary for the patient to obtain a letter from their prescribing doctor that confirms the patient's name, travel itinerary, names of prescribed CDs, dosages and total amounts of each CD to be carried. Please see link for specific details:
https://www.gov.uk/guidance/controlled-drugs-licences-fees-and-returns#applying-for-a-licence-travellers

Section 7: Clinical monitoring of CDs

a. Procedures must be in place for the clinical monitoring of all CDs.

b. All patients receiving CDs should be reviewed regularly face-to-face, for clinical effectiveness and potential adverse-effects in line with the patient's management plan. Telephone reviews may be acceptable in some cases. Details of clinical reviews should be recorded in the patient's notes.

c. The following points should be included within procedures for clinical monitoring of all patients prescribed controlled drugs:

- Who is responsible for the monitoring and within what timescale
- Details to be reviewed as relevant (and how): i.e.
    - therapeutic benefit
    - dosage and compliance
    - effects of dose increases/medication changes
    - response in relation to treatment plan
    - adverse effects/toxicity
    - effect on driving/operating machinery
    - long term risks e.g. addiction
    - effects of other co-morbidities e.g. CKD
    - drug interactions/contraindications
    - continued appropriateness
- Action to be taken where necessary including where there are concerns
- Patient education including risks
- Clinical records of monitoring and discussions
- Reporting of adverse incidents for shared learning

Resources to support practices with clinical monitoring of patients prescribed CDs can be found in Appendix 4.

Section 8: Administration of CDs

8.1. Authorisation to administer CDs

a. Any person is authorised to legally administer to another any drug specified in Schedule 5

b. A doctor or a dentist is authorised to administer to a patient any drug specified in Schedule 2, 3 or 4.

c. Any person other than a doctor or a dentist is authorised to administer to a patient, in accordance with the directions of a doctor or dentist, any drug specified in Schedule 2, 3 or 4. All stocks of CDs administered must have been obtained on the basis of a valid prescription for that patient.

d. For patients unable to administer to themselves, all CDs prescribed, and any dose changes, must be accompanied by a written authority to administer from the prescriber e.g. for a patient in their own home on a Syringe Pump Prescription and Administration Record or a Breakthrough Symptoms Prescription and Administration Record. This written authority to administer must be recorded by the prescriber in the patient's central GP record and should also be included in the patient's notes in the home.

e. Verbal, fax, text or email authorisation to administer CDs is not permitted.

f. In a patient's home, where a CD is being administered, obtaining a secondary signatory should be based on local risk assessment.

g. Any changes to the dose administered will require a new 'Prescription and administration of medicines via subcutaneous CME / McKinley T34 syringe pump chart'. A new HS21 prescription should also be issued if necessary. However, if there is a sufficient quantity of medicine for that patient remaining from a previous prescription to deliver the new dose, a new HS21 prescription will not be required immediately, as administration will be carried out using the directions on the chart (rather than the directions on the pharmacy label).

h. Where possible, the person who prescribes the CDs should not also personally undertake any of the following tasks: preparation, dispensing, transportation and administration of the CDs.

8.2. Administration of CDs

a. Prior to administration a check should be made to ensure:
   - the correct drug is to be given (the name, strength and form is the same as on the authorisation to administer)
   - the identity of the patient
   - the drug is suitable for use (correctly labelled, in date and in good condition)
   - the dosage is appropriate
   - it is clinically appropriate to administer

b. The healthcare professional administering the CD must understand the prescription and have knowledge of the common indications, side-effects, dosages and compatibilities of the CDs prescribed.

c. It is good practice to ensure that wherever possible another appropriate and competent individual witnesses and signs for the administration. There will be occasions, such as the initial treatment of acute myocardial infarction, where this separation of tasks is not possible. Whenever this is the case, it is important that accurate records are kept.

d. Record keeping:

- Administration should be recorded in the relevant section of the patient's clinical notes. This record should specify the date, time, strength, presentation and form of administration, dose administered as well as the name and occupation of the person administering it.

- Schedule 2 CDs administered from the GP's personal stock must be recorded in the GP's CD register.
- All CDs administered by a healthcare professional from the patient's own drugs in the patient's home must be entered in the patient's Controlled Drug Stock Monitoring Record Card (already held in the patient's home) and a running balance maintained.

e. Preparation
Practices should have processes in place to ensure safe medication practice for the preparation and administration of injections, including CDs. Any such processes should include references to information on the following:
   - Drug compatibility when mixing two or more medicines in a syringe
   - Correct labelling of prepared medicines, including an expiry date
   - Single-checking, versus double-checking with another practitioner or carer
   - Safe administration of bolus doses
   - Programming and safe use of syringe-driver pumps
   - Warnings about the danger of confusing different strengths and types of CDs during preparation and administration.

f. On occasion, health professionals may be required to administer a part ampoule. The remaining contents should be disposed of as in section 11.1. Appropriate records should be made of the amount administered and the amount disposed of.

g. Administration Errors
See section 12.

Section 9: Checks of CD stock holding by GPs

a. External review of procedures for managing controlled drugs will be undertaken, on behalf of the Accountable Officer, by HSC staff during routine CD review visits.

b. A running balance of Schedule 2 CD stock should be kept in the CD registers as a matter of good practice to ensure irregularities are identified as quickly as possible. An additional column may be made in the current CD register to incorporate running balances.

c. It is recommended that the running balance of drug remaining should be calculated and recorded after each transaction. Balances should be checked with the physical amount of stock after each transaction **and** at regular intervals (at least three monthly). Checks should be initialled and dated to provide a verifiable audit trail.

d. The task of reconciling stock should be undertaken by the GP. If this is delegated to an appropriately trained member of staff, accountability for maintaining the running balance of CD stock and dealing with any

discrepancies remains with the GP and not with the person to whom they may delegate day-to-day responsibility under the practice CD SOP.

e. Balance checks should be done in the presence of, and countersigned by, another appropriately trained member of staff.

f. Balance checks should include checking the expiry date of stock.

Section 10: Dealing with discrepancies in GP CD Stock balance

a. All discrepancies should be investigated as soon as is practically possible. Common sources of error include:
   - Receipts or supplies not entered.
   - Running balance incorrectly calculated
   - Not all stock counted during the review (out of date stock)
   - Including patient returns

   Hence the first course of action should be to:

   - Check the arithmetic since last correct balance
   - Recheck stock with a second person (remember to include in the count date-expired stock, and exclude patient returns which may have become mixed with stock).
   - Check other register sections of the same drug class for erroneous entries.
   - Check that all stock received has been entered against copies of stock orders placed
   - Check with community pharmacist from whom stock is normally received.

b. Once resolved, a dated footnote must be made in the CD register correcting the discrepancy in the balance by a GP. Appropriate records should be kept of the action taken when discrepancies arise. An example record template is shown below.

c. If the source of the discrepancy cannot be identified during the stock check, this should be reported to the practice governance lead. If the discrepancy remains unresolved the Accountable Officer must be informed of the details, including action taken to prevent a re-occurrence (where applicable). This can be done via your Pharmacy Adviser. In some cases it may be necessary to undertake a formal internal investigation. This may include discussion with the relevant professional body, external inspectors and/or the police.

Example template record of action to resolve discrepancies

Action to resolve discrepancies	Actioned By	Date	NOTES
Check the arithmetic since last correct balance			

Recheck stock with second person			
Check other register sections of same drug class for erroneous entries			
Check stock orders have all been entered.			
Discrepancy resolved Y/N			
Amendments made to register			
Accountable Officer notified Y/N			

Section 11: Destruction of CDs

11.1 Part-used portions e.g. ampoules

When it is necessary to dispose of the partially-used contents of an ampoule or syringe, the following guidance is provided:

a. All CDs in Schedule 2, 3 and 4 (part I) should be destroyed in such a way that the drug is denatured or rendered irretrievable so that it cannot be reconstituted or re-used. This may be done by placing the CD liquid on absorbent material (e.g. paper towels on to which a little soap has been added). After the drug has been rendered irretrievable this should then be placed in the relevant bin to be disposed of by incineration via the current waste disposal method for medicines.

b. Where this is impractical e.g. patient's home, residual waste from part-used ampoules or syringe pumps may be disposed of directly into the sewerage system. It is anticipated that volumes disposed of by this route should not normally exceed 25mls. Volumes significantly greater than this should not be disposed of by this route. Where contents of a syringe pump are discarded, the appropriate section on the Prescription and Administration of Medicines record card should be completed, including amount discarded and the date and time. This should include 2 signatures where possible.

c. Unopened ampoules and other CDs no longer required by the patient must be returned for appropriate disposal in accordance with current guidance (See section 11.2 and 11.3).

11.2 Out-of-date / Obsolete GP stock

a. GPs should return all out-of-date or obsolete CD stock to a community pharmacy for destruction During the time between expiring and destruction, expired CDs should be segregated in a safe place e.g. separate section within the doctor's bag and clearly marked as "date expired" to prevent use in error.

b. For Schedule 2 CDs, the quantity should be included in the running balance of the GP's CD register until they are returned to the community pharmacy for destruction. At this point, an entry must be made in the doctor's CD register of the CD return (supply to pharmacy) for destruction and the running balance updated. It is good practice for the entry to be signed by the GP and pharmacist accepting the drugs for destruction. It is also good practice to keep a record of all CDs returned for destruction.

11.3 Patients' own CD medication

These CDs are the property of the patient. The patient or their representative should be encouraged to return all unused medication to a community pharmacy for destruction. However if it is judged that there may be a risk associated with leaving the medication, or there is no-one else who can take the medicine to the community pharmacy, the GP may decide to remove the medication and bring it to a community pharmacy for destruction as soon as possible.

Under these exceptional circumstances, the following guidance should be adhered to:

a. The following details must be recorded by the GP in the patient's notes in the home and in the back page of the GP's CD register:

   - The name, strength and quantity of the drug returned
   - The name and address of the doctor accepting the drug
   - The name and address of the patient
   - Date removed from patient's home

   Where possible this record should be witnessed and countersigned (e.g. by a carer). Where applicable, the patient's Controlled Drug Record Card (CDRC) should also be updated with details of stock returned to the pharmacy.

b. Patients' CDs accepted for return to the community pharmacist must be stored safely in the doctor's bag, separated from the GP's own supply of CDs and clearly marked as "patient's CDs for destruction". CDs for return should be taken directly to the community pharmacy if possible.

c. A record should be made in the doctor's CD register of the transfer of the stock to the community pharmacy; The GP should request the community pharmacist to indicate that they have received these by countersigning the GP record.

d. Patient returns MUST NOT be reissued or used to treat other patients.

Section 12: Management of Incidents involving CDs

a. All incidents involving CDs must be recorded and investigated in line with existing procedures for reporting and managing clinical or medication incidents. This includes events such as significant prescribing events, theft, breakage or unexplained discrepancies.

b. The Accountable Officer (AO) for the Board must be notified of the incident as soon as possible without compromising the steps needed to ensure patient safety. The AO can be notified directly or via your Pharmacy Adviser.

c. The AO must also be notified of the outcome of all incidents involving CDs, any learning points identified and the actions taken to prevent recurrence. Anonymised information may be used in educational material to share best practice and prevent recurrence.

d. Where there is suspicion or evidence of criminal activity, the local police must also be advised.

Section 13: Safe Systems Assurance Processes

As part of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, the AO must seek assurances from all GP practices that appropriate procedures are in place for managing CDs. HSCB processes are in place to seek these assurances, e.g. CD Review Visits

Section 14: Monitoring and auditing of prescribing data

a. The AO is required to ensure systems are in place for monitoring and auditing the management and use of CDs by practitioners.

   To facilitate this, data on CDs prescribed and ordered is available in the practice's quarterly COMPASS report. A system should be in place in the practice to ensure monitoring and follow-up of the information contained in this report.

b. HSCB staff may contact the practice requesting further details about the CD prescribing for individual patients or stock prescribing. Practices should ensure that there are systems in place to respond to these queries within the timeframe requested and take on board any recommendations made as a result.

c. Practices should consider:
   - An audit of their processes around the management and use of CDs at regular intervals and if a query is raised.
   - Regular in-practice case review discussions for specific patients receiving opioids for non-cancer pain, particularly those on long term therapy and/or doses greater that 120mg/day morphine equivalent.*

- Compiling a list of vulnerable patients that require active prescriber follow-up and regular review, to include patients on strong opioids for non-cancer pain, a history of mental health and drug addiction[4].

Resources to support practices with clinical monitoring of patients prescribed CDs can be found in Appendix 4.

Section 15: Management of CDs where prescribing rights change

If the prescribing rights of a prescriber change for some reason, such that they are no longer permitted to prescribe or possess CDs, the prescriber in question should make contact with the Medicines Regulatory Group at the Department of Health (DH) and make arrangements for the destruction of the drugs in their stock.

Section 16: Additional Guidance for Dispensing Doctors

It is lawful for a dispensing doctor to delegate the act of dispensing medicines for their patients to employed staff. However accountability remains with the dispensing doctor. All medicines should be prescribed and dispensed in line with legal requirements. The practice (and partners) carries vicarious liability for errors made, or for any breach of the law. A dispenser or other dispensing doctor employee would not normally be expected to dispense a controlled drug without first checking the dispensed items with a doctor. The Dispensing Doctor's Association's Guidelines for dispensing doctors state that 'the doctor should check all prescriptions for controlled drugs'.

Further guidance on managing the use of controlled drugs by dispensing doctors is available from the Dispensing Doctor's Association www.dispensingdoctor.org.

Section 17: Additional Guidance for Out-of-Hours organisations

In general, Schedule 2 and 3 CDs are not included in the formulary of Out-of-Hours (OOH) centres. Where a doctor working in the OOH service is a GP principal or employed by a GP practice he/she will order drugs for their bag (including controlled drugs) using his/her own stock order pads. Where a GP e.g. a locum, does not have access to stock order forms, the practitioner may order controlled drugs using the relevant OOH service stock order forms. This should be via the Medical Manager for the OOH centre in which the locum most frequently works. Each OOH organisation should have their own documented processes for this, including a requirement for the locum to produce the relevant page from their CD register before the stock order is issued. The stock order should be signed by the locum and the stock entered into the locum's CD register upon receipt. **Each OOH organisation should ensure that relevant staff are made aware of these processes.**

A palliative care network and palliative care supply service have been set up to facilitate access to palliative care medicines where necessary. Each OOH centre

[4] Regional learning from a Serious Adverse Incident – Unexpected sudden death of a patient prescribed morphine (Letter to GP Practices – August 2017)

should ensure that they have up-to-date details of their local network and suppliers. See link for full details http://www.hscbusiness.hscni.net/services/2481.htm

OOH services should agree arrangements for drug misusers who contact the centre requesting a prescription for an opiate substitute, such as methadone or buprenorphine. In such circumstances, it is generally inappropriate and potentially dangerous to commence prescribing an opiate substitute drug or to replace a lost, stolen or broken bottle or supply. A local policy should be produced, in consultation with local specialists, and reflecting Northern Ireland Guidelines for Opioid Substitution[5], as to how OOH services should respond to ensure consistent and fair treatment of patients. All staff should be made aware of this policy.

Further information relevant to both Dispensing Doctors and OOH services can be found within 'Safer Management of Controlled Drugs *A guide to good practice in primary care (Northern Ireland)*
https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/safer-management-of-controlled-drugs-a-guide-to-good-practice-in-primary-care-version.pdf

Please note: Every effort has been made to ensure that the information provided in this document is accurate and up-to-date. However, the legal and regulatory framework governing CDs may change and readers should always check that they are referring to the most up-to-date version of this guide, as well as cross-checking with other recognised sources of information and relevant professional representative bodies.

[5] Northern Ireland Primary and Secondary Care Opioid Substitute Treatment Guidelines (2013)
http://www.publichealth.hscni.net/sites/default/files/NI%20Primary%20and%20Secondary%20Care%20Opioid%20Substitute%20Treatment%20Guidelines%202013.pdf

Appendix 1

CD SOP Sign-off Sheet

Practice No _____

Practice Name _____

This Standard Operating Procedure (SOP) has been developed for use in this practice to ensure the safe management and use of controlled drugs. It has been shared and agreed with all GPs and prescribers within the practice/organisation. These professionals will be notified of any change to this SOP as necessary. I have read and understood the practice CD SOP.

Prescriber Name	Signature	Date

Appendix 2

Summary of the Legal Requirements for Prescribing Controlled Drugs					
Schedule[1]	2	3	4 I	4 II	5
Designation	CD	CD No Reg	CD Benz	CD Anab	CD Inv
Obtained only on prescription (see emergency supply)	Yes	Yes	Yes	Yes	No
Must be stored locked away and secure	Yes[2]	No[3]	No	No	No
Prescription requirements[4]	Yes	Yes	No	No	No
Emergency supplies to patients are permitted	No	No[5]	Yes[6]	Yes[6]	Yes[6]
Repeatable prescriptions permitted	No	No	Yes	Yes	Yes
Prescription valid for:	28 days[7]	28 days[7]	28 days[7]	28 days[7]	6 months[7]
Prescription supply limited to 30 days as good practice	Yes	Yes	Yes	Yes	No
Private CD prescriptions to be written on standardised form (PCD1)	Yes	Yes	No	No	No
Private CD prescription form to be sent to BSO	Yes	Yes	N/A	N/A	N/A
Can be prescribed by nurse/pharmacist independent prescriber	Yes[8]	Yes[8]	Yes[8]	Yes[8]	Yes[8]
CD register for stocks and supplies to be maintained	Yes	No	No[9]	No	No
Destruction only under authorised witness	Yes	No	No	No	No

1. Schedule 2 (S2, CD) Strong opiates (eg morphine, diamorphine, fentanyl), major stimulants (e.g. amphetamines) and quinalbarbitone
   Schedule 3 (S3, CD No Register) Minor stimulants (e.g. tramadol, temazepam, flunitrazepam, diethylpropion, buprenorphine and other drugs
   Schedule 4(S4, CD Benz (Part I): Benzodiazepines not in schedule 3, zolpidem, zopiclone, zaleplon, and CD Anab (Part II)), gammahydroxybutyrate (GHB), anabolic steroids, and growth hormones .
   Schedule 5 (S5, CD Inv.) Low strength opiate preparations
   https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation
2. Except secobarbital

3. Except for temazepam, buprenorphine, flunitrazepam and diethylpropion
4. Written so as to be indelible, e.g. handwritten in ink, typed or computer generated:
    a. The patient's full name, address and, where appropriate, age.
    b. The name and form of the drug, even if only one form exists, strength of the preparation (if more than one strength exists), dose to be taken, total quantity of the preparation, or the number of dose units, to be supplied in both words and figures.
    c. Signed by the prescriber with their usual signature (this must be handwritten) and dated (the date does not have to be handwritten)
5. Except phenobarbitone for epilepsy
6. Up to five days' treatment
7. From the appropriate date. In the event that the prescriber intends that the prescription is not to be supplied before a certain date then, in addition to recording the date on which the prescription was signed, they must also indicate the date before which it must not be supplied. This date is referred to as the 'appropriate date' within the MDR.
8. Pharmacist and Nurse Independent Prescribers may prescribe any controlled drug in Schedule 2, 3, 4 and 5. (Note: Prescription of cocaine, diamorphine, dipipanone and their salts, or products containing these substances, for a person addicted to any controlled drug listed in the Schedule to the 1973 Regulations is **not** permitted, except for the purpose of treating organic disease or injury.) Prescribing must be in conjunction with professional standards and guidance and within their personal competence.
9. Except for Sativex®- Note: At time of publication, in Northern Ireland Sativex® is a Red List Drug – prescribing and supply should be by secondary care.

Appendix 3

Sample Page from RCGP CD Register

This register is commonly used by GPs in NI and complies with CD legislation.

Record of drugs obtained

Drug and Strength___Diamorphine 5mg_____ Form _____Injection___

Date supply received	Name and address from which obtained	Quantity received	Batch number	balance
12/4/13	High Street Pharmacy, 45 High Street, Town	5 amps	BN AB23 Exp: 12/15	5
21/5/15	High Street Pharmacy, 45 High Street, Town	5 amps	BN CD45 Exp: 12/16	5

Record of drugs supplied

Drug & Strength__Diamorphine 5mg_____ Form _____Injection____

Date supplied	Name & address of person or firm supplied	Details of authority to possess Prescriber or license holder details	Quantity supplied	Person collecting schedule 2 controlled drug (patients/patients representative/ healthcare professional) and if healthcare professional, name and address	Was proof of identity requested of patient /patients rep (yes/no)	Was proof of identity of person collecting provided (yes/no)	Batch number	Balance
01/02/14	Mrs E Brown 101 Main Avenue, Town	Name of GP supplying	5mg	NA	NA	NA	AB23	4
06/03/14	Miss A Andrews 18 Low Road, Town	Name of GP supplying	2.5mg 2.5mg discarde d	NA	NA	NA	AB23	3
11/04/14	Mr T Magee 6 The Mill, Town	Name of GP supplying	10mg (for infusion)	Nurse Jones Community trust (*nurse collecting from GP for admin to Mr Magee (i.e. named patient) under written GP directions).*	NA	yes	AB23	1
18/5/15	Mr J Smith 7, High Street, Town	Name of GP supplying	5mg (for infusion)	NA	NA	NA	AB23	0
18/6/15	Mr J Smith 7, High Street, Town	Name of GP supplying	10mg (for infusion) *(admin to Mr Smith* (*i.e. named patient) at later time*	NA	NA	NA	CD45	3

			(e.g. by DN) under written GP directions)					
02/01/17	3 amp expired - returned to High Street Pharmacy, 45 High Street, Town for disposal Dr signature/pharmacy signature							0

Appendix 4

Useful Controlled Drugs Resources

The following guidance should be referred to where relevant in the development of best practice clinical monitoring procedures and review of patients prescribed CDs. (Note: this list is not exhaustive and professional guidance should also be consulted as required).

Regional Guidance

- Northern Ireland Guidelines on Converting Opioid Analgesics for adult use http://www.medicinesgovernance.hscni.net/download/primary/secondary_care/medicines_safety_documents/opioids/Opioid%20Equivalence%20tables%20A4%202014h.pdf

- Reducing dosage errors with opioid medicines - incomplete cross tolerance - letter to GPs http://www.medicinesgovernance.hscni.net/download/primarycare/medicines_safety_advice_&_letters/Opioid_Cross_tolerance_letter_March_2014.doc

- Guidance for the Management of Symptoms in Adults in the Last Days of Life (Regional Palliative Medicines Group) http://www.nicpld.org/courses/download/palliative_addendum/palliative_care-a_guide_to_symptom_management_at_the_end_of_life.pdf

- Northern Ireland Primary and Secondary Care Opioid Substitute Treatment Guidelines (2013) http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Non%20Clinical%20Resources/Controlled%20Drugs/NI-Primary-and-Secondary-Care-Opioid-Substitute-Treatment-Guidelines-Nov-2013.pdf

- Opioids in Chronic Pain http://niformulary.hscni.net/Formulary/Adult/PDF/Opioids%20_in_Chronic_Pain.pdf

HSCB Guidance

- Medication Review Guidance for Primary Care Prescribers http://primarycare.hscni.net/download/DocLibrary/Pharmacy/Clinical/Medication%20Review/HSCBPrimaryCareMedicationReviewGuidanceWebVersion.pdf

- Regional learning from a Serious Adverse Incident – Unexpected sudden death of a patient prescribed morphine (Letter to GP Practices – August 2017)

http://primarycare.hscni.net/wpfb-file/hscb-letter-re-learning-arising-from-the-unexpected-sudden-death-of-a-patient-prescribed-morphine-310817-pdf/

- Medicines Safety Advice Letters: Transdermal Fentanyl Patches, Risks with Buccal Midazolam, Prescribing and Dispensing Controlled Drugs
  http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-advice-letters/

- Pain Management Resources
  http://primarycare.hscni.net/Pharmacy_and_Meds%20Management_Pain.htm

National Patient Safety Agency (NPSA) Guidance

http://www.npsa.nhs.uk/

- NPSA RRR: Reducing risk of overdose with Midazolam
- NPSA RRR: Reducing dosing errors with opioid medicines
- NPSA Safer Practice Notice: High strength Morphine and Diamorphine

Other

- British National Formulary

- Product Summary of Product Characteristics
  http://www.medicines.org.uk/emc/

- National Early Warning Scores
  https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news

- British Pain Society Guidance
  https://www.britishpainsociety.org/british-pain-society-publications/professional-publications/

- Faculty of Pain Medicine: Opioids Aware
  https://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware

- Drug misuse and dependence: UK guidelines on clinical management
  http://primarycare.hscni.net/download/DocLibrary/uncategorised/Drug-Misuse-clinical-guidelines-2017.pdf

- The Pain Toolkit
  http://www.paintoolkit.org/