Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Strategic Planning and Performance Group

Private Controlled Prescription (PCD 1) Application Form – Part A

*This application form should be completed by prescribers who need to prescribe Schedule 2 or 3 CDs in a **private capacity for a named patient(s)**. NB: PCD1 forms must **NOT** be used for obtaining **CDs for stock purposes.***

1. **Profession** (please tick) - *if other please provide details of prescriber type e.g. physiotherapist*

Doctor
GP on GMC Register ☐
Specialist on GMC Register ☐
Not on GMC register ☐

Dentist ☐ **Pharmacist** ☐ **Nurse** ☐ **Other** ☐

2. **Medical Professionals** Please provide name and address of your **Responsible Officer** (RO)

3. I give permission for the SPPG to contact my RO and Accountable Officer* regarding my application for PCD1 forms to prescribe controlled drugs (please tick) ☐

Accountable officer – you do not need to provide this information; SPPG will contact your AO if you have one

4. Professional registration number e.g. GMC, GDC, PSNI, NMC

5. Prescriber name, home address, phone number & email address

6. **Employing organisation(s)** The clinic name, address and telephone where treatment will be delivered (*this will be printed on your PCD1 Form)* **please include the names and addresses for all clinics PCD1 forms are required for private CD prescribing**
NB PCD1 prescription forms are for your use only, PCD1s cannot be signed by another prescriber nor can they be used in another practice/clinic.

7. **Are you under regulatory investigation by any professional or HSC organisation? YES** ☐ **NO** ☐

If yes please provide details:

8. **Schedule 2 & 3 CDs that you intend to prescribe** - Name, approx. quantity & clinical rationale for all over a 12 month period

9. **Cannabis (CBD) products**: Are you on the specialist register? **YES** ☐ **NO** ☐

10. Standard Operating Procedures

The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009[1] (amended in 2015) outline the duty of Accountable Officers (AO) to collaborate and share information. The regulations state that as the AO for primary care, is responsible for the safe management and use of controlled drugs in primary care and has a responsibility to monitor and analyse the prescribing and dispensing of controlled drugs (CDs) for appropriateness.

The Regulations also outline that each organisation must have Standard Operating Procedures (SOPs) in place for managing controlled drugs which include procedures relating to:

- Access to CDs
- Storage and transportation
- Security
- Disposal and destruction (including any patient returns)
- Who to alert if complications arise
- Record keeping
- Prescribing, supply, administration and clinical monitoring of CDs

Furthermore, the Regulations advise that the AO may:

- Request a written declaration and self-assessment, and
- Carry out additional visits to review CD procedures

On that basis, as part of the application process for the issue of PCD1 forms private prescribers of CDs, are asked to provide an assurance that adequate procedures are in place for managing of CDs within their organisation. The declaration and self-assessment (Part B of PCD1 Application Form) should be used to provide information in support of this assurance.

Declaration and self-assessment (Part B) completed (please tick): ☐

11. Confirm that (please tick):

- There are no outstanding issues or concerns relating to CDs in my professional practice. ☐
- My indemnity provider has been notified that I am prescribing CDs in a private capacity. ☐

Signature of Applicant:	**Date:**

Please return either via email to pcd1applications@hscni.net, ***or*** by post to **PCD1 Applications**, Directorate of Primary Care,12-22 Linenhall Street, Belfast, BT2 8BS.

NOTE: you will be notified of the outcome of your application once it has been processed.

PCD 1 Application Form – Part B

Non Health Service (Private) Controlled Drug Self-Assessment and Declaration

This form can be completed by one person on behalf of the private clinic (e.g. Accountable Officer (AO) or Governance Lead) but should be signed by all prescribers including regular locums (see Section 6.2).

1. Prescriber Details – individual *(if completing on behalf of multiple prescribers go to **Section 2**)*	
FULL NAME	
PLACES OF WORK *(Please provide address/clinic details where controlled drugs are prescribed or requisitioned for stock)*	
EMAIL ADDRESS	
CONTACT TELEPHONE NUMBER	
NAME OF GOVERNACE LEAD *(if no governance lead please provide Responsible Officer and or Accountable Officer details)*	
2. Prescriber Details – multiple *(please complete section 2.1 and 2.2 for all prescribers medical and non-medical you are completing this form on behalf of)*	
FULL NAME	
CLINIC ADDRESS	
EMAIL ADDRESS	
CONTACT TELEPHONE NUMBER	
NAME OF AO/GOVERNACE LEAD *(if different to above)*	

2.1 NAMES OF DOCTORS INCLUDING REGULAR LOCUMS *(Please indicate if the Doctor holds CD stock)*

Name	CD Stock	Name	CD Stock
	☐ Y/N ☐		☐ Y/N ☐
	☐ Y/N ☐		☐ Y/N ☐
	☐ Y/N ☐		☐ Y/N ☐

2.2 NAMES OF NON MEDICAL PRESCRIBERS *(non-medical prescribers cannot order or hold CD stock)*

Name	Profession *e.g. nurse*	Name	Profession *e.g. nurse*

Record Additional RELEVANT Information		
Are there any restrictions on the possession, administration or prescribing of controlled drugs on any of the healthcare professionals in your clinic?	**Y / N** ☐ ☐	*If Yes please provide brief details*

Prescribing

NOTE: Prescribers are reminded of the LEGAL obligations regarding monitoring and review of <u>all</u> CDs prescribed from Sch 2-5 (The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 (amended in 2015)[1]. This is a national requirement. All patients receiving <u>any</u> CDs (opioids, gabapentinoids, stimulants etc) 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.

3. Prescribing *(please complete)*		***Please provide brief details***
The patient's HSC GP is made aware of all private prescribing	☐ **Y/N** ☐	
Private prescribing does not duplicate HSC prescribing for a patient	☐ **Y/N** ☐	
Are there any special factors which influence the prescribing or use of CDs by the clinic? (e.g. patient demographics, involvement with Hospices, prescribing for people who are known to misuse or are addicted to drugs or other substances)	☐ **Y/N** ☐	
Each prescriber uses PCD1 forms if a prescription for a Schedule 2 or 3 CDs is required.	☐ **Y/N** ☐	
CDRF1 forms used if stock for a Schedule 2 or 3 CDs is required.	☐ **Y/N** ☐	
All prescriptions that are written for CDs are limited to a maximum 30 day supply.	☐ **Y/N** ☐	
Do you prescribe CDs for people who are known to misuse or are addicted to drugs or other substances? (a) routinely (b) as part of a substance misuse service	☐ **Y/N** ☐	
For Cannabis (CBD) products is the prescriber on the specialist register?	☐ **Y/N** ☐	
Do you prescribe for patients not residing in Northern Ireland?	☐ **Y/N** ☐	

4. Procedures		***Please provide brief details***
I/we have written standard operating procedures (SOPs) or policies in place that are appropriate to the activities carried out in my practice / the clinic / this organisation covering the complete area of handling and management of controlled drugs (CDs) as required by the Accountable Officer Regulations. *This includes the following areas*:* • *Access to Controlled Drugs* • *Storage and transportation* • *Security* • *Disposal and destruction (including any patient returns)* • *Who should be alerted if complications arise* • *Record keeping, including Drug Registers & Standing Operating Procedures* • *Prescribing, supply, administration and clinical monitoring of CDs* • *Identifying, dealing with and learning from adverse incidents involving controlled drugs*	**Y** ☐ **N** ☐	
I/we have appropriate procedures for the initial and continuing training**(see above areas)* and development of all staff who are involved in the prescribing, handling, supply, storage, administration and disposal of controlled drugs.	**Y** ☐ **N** ☐	
All CD prescribers (including regular locums) are aware of the CD SOP and trained as necessary.	**Y** ☐ **N** ☐	
The CD SOP(s) are signed by all prescribers (including regular locums).	**Y** ☐ **N** ☐	
I/we have a local procedure for identifying, dealing with and learning from significant events[2] involving CDs.	**Y** ☐ **N** ☐	
I/we have a prescription security protocol.	**Y** ☐ **N** ☐	
CDs (all Schedules) are not shared or held centrally for use.	**Y** ☐ **N** ☐	
Each prescriber holds their own personal supply of CD drugs (where needed) and CD register.	**Y** ☐ **N** ☐	
5. Complaints / Concerns		***Please provide brief details***
Have there been any complaints[3] involving CDs within the last two years?	**Y** ☐ **N** ☐	
Do you have any concerns about particular patients' use of CDs?	**Y** ☐ **N** ☐	

5. Complaints / Concerns		***Please provide brief details***
Have there been any concerns expressed by colleagues, police, drugs misuse services or others about unusual, excessive or inappropriate use of CDs by patients?	**Y** ☐ **N** ☐	
Have you identified any discrepancies between register running balances and actual CDs stored in the last 2 years?	**Y** ☐ **N** ☐	
Have there been any other significant events involving CDs?	**Y** ☐ **N** ☐	

6.1 Prescriber Declaration – individual *(if completing on behalf of multiple prescribers go to **Section 6.2**)*

I declare that to the best of my knowledge and belief that the handling, management and use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971, its associated regulations and the Health Act 2006 and its associated controlled drugs regulations.

Name	**Signature**	**Registration Number**	**Date Signed**

6.2 Prescriber Declaration – multiple *(please ensure all prescribers medical and non-medical you are completing this form on behalf of have signed **Section 6.3**)*

I declare that to the best of my knowledge and belief that the handling, management and use of all controlled drugs at these premises complies with the provisions of the Misuse of Drugs Act 1971, its associated regulations and the Health Act 2006 and its associated controlled drugs regulations.

Name	**Signature**	**Registration Number**	**Date Signed**

6.3 Prescriber Signatures – multiple *(please add additional sheets as required)*

Name (please print)	**Signature**	**Registration Number**	**Role with organisation**	**Date**

[1] The Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations (Northern Ireland) 2015 Available at: http://www.legislation.gov.uk/nisr/2015/278/pdfs/nisr_20150278_en.pdf

[2] Significant event includes any incident where a patient is harmed or nearly harmed and includes 'near misses', when things almost go wrong.

[3] This includes complaints about prescribing inappropriate doses and/or appropriate medicines.

Additional Information

Controlled Drug Private Prescription Forms (PCD1)
Private prescriptions for Schedule 2 and 3 CDs (including temazepam and tramadol) must be written on a standard private prescription form i.e. PCD1 form and the prescription must be written in line with CD prescription requirements (see below). If a supply of PCD1 forms is required the prescriber must complete a PCD1 application form. This form can be downloaded from https://online.hscni.net/our-work/pharmacy-and-medicines-management/controlled-drugs/

Controlled Drug Prescription Requirements
The Misuse of Drugs Regulations states that prescriptions for Schedule 2 and 3 CDs must contain the following details:

- The patient's full name, address and, where appropriate, age.
- 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: 'one as directed' is acceptable however 'as directed' is not)*
- Either the total quantity of the preparation in both words and figures of the preparation or the number in both words and figures of dosage units to be supplied or in any other case, the total quantity in both words and figures of the controlled drug to be supplied.
- 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.

Controlled Drug Prescription Quantities
The Department has issued a strong recommendation that, as good practice, the quantity of Schedule 2, 3 and 4 controlled drugs prescribed should not exceed 30 days' supply.

In exceptional circumstances, where the prescriber believes that a supply of more than 30 days is clinically indicated and would not pose an unacceptable risk to patient safety, the prescriber should:

- Record the reasons for this in the patient's notes
- Be ready to justify his/her decision if required.

In relation to Schedule 2, 3 and 4 controlled drugs travelling out of the UK, patients should be advised to contact the relevant authorities in each country for advice on the legal requirements regarding movement of CDs to and from the UK.

A Home Office personal import/export licence is required if a traveller is carrying a supply of controlled drugs (into or out of the UK) that will last more than 3 months or will be travelling with controlled drugs for 3 months or more further information is available at https://www.gov.uk/travelling-controlled-drugs.

Prescription security
The effective management of prescription forms e.g. how they are stored and accessed by authorized prescribing and non-prescribing staff is very important and there should be appropriate security policies, procedures and systems in place.

Assume "lost" prescriptions are stolen until evidence is available to the contrary. There is an obligation on each prescriber to check if the volume of their own handwritten pad is going down unexpectedly. The risk of forms being stolen or going missing can be reduced if they are taken out of storage only a few at a time.

Missing/Stolen prescriptions for Controlled Drugs must always be reported to:

- The Department of Health Controlled Drugs Accountable Officer (DoH CDAO), Dr Lisa Byers, by submitting any correspondence to the CDAO mail box. ControlledDrugsAccountableOfficer@health-ni.gov.uk (this email box will be subject to appropriate access controls in order to meet requirements of Data Protection law).

- Local Pharmacy & Medicines Management Office, Strategic Planning and Performance Group SPPGCDOccurrence@hscni.net
- CFPS Fraud Hotline (Tel: 0800 0963396) OR Tel: 028 9536 3852. (email : cfs@hscni.net)
- Local district police station - ring 0845 6008000 to get local office number

Disposing of obsolete PCD1 prescription forms
PCD1s are prescriber and practice/clinic specific they cannot be signed by another prescriber nor can they be used in another practice/clinic.

If a prescriber leaves or retires from the practice/clinic the PCD1 prescription forms should be destroyed according to the practice/clinic's confidential waste policy and records kept of the destruction. A record should be kept of forms destroyed (including start and end serial numbers), date and method of destruction, signature of authorising practitioner and signature of person doing the destroying.

If a prescriber moves to a new practice/clinic a new application for PCD1 prescription forms must be submitted for approval.

Controlled Drug Private Stock Requisitions (CDRF1)
The CDRF1 form must be used when obtaining schedule 2 and 3 CDs for stock in such cases and is available at: https://online.hscni.net/our-work/pharmacy-and-medicines-management/controlled-drugs/

Completion of the CDRF1 form:
The authorised person ordering Schedule 2 or 3 CDs must:

In Part One of the CDRF1:
- Write in capitals their name, occupation and professional qualification (if applicable).
- Write the name, address and telephone number of the employing organisation/premises where the CDs will be used.
- Sign their name and enter the date in the correct boxes at the bottom of Part One.

Note:
- Requisitions for private hospitals/clinics must be countersigned by a doctor (or dentist) working there.
- Community Pharmacies/Trusts may request the person collecting/receiving the CDs to sign and date the form in the relevant boxes

- Where a messenger is used to collect/receive the CDs, written authorisation is required from the authorised person empowering the messenger to receive the CDs on their behalf. **The use of messengers is not recommended practice.** For further details refer to Guidance on the Safe Management and Use of Controlled Drugs https://www.health-ni.gov.uk/publications/guidance-safe-management-and-use-controlled-drugs