

**To:**  
**All Community Pharmacists**

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5<sup>th</sup> April 2016

Dear Contractor,

**Re: Supply of Controlled Drugs - Responsibilities for Dispensing**

In 2015, the Statutory Committee of the Pharmaceutical Society of Northern Ireland considered a case whereby a Pharmacist had made supplies of benzodiazepines to a patient without a prescription on a regular basis over some years. The Pharmacist was found to be in breach of ethics and standards<sup>1,2</sup> including:

- make the safety and welfare of patients a prime concern
- exercise professional judgement in the interests of patients and the public
- act with honesty and integrity

The new updated Code published in March 2016, 'Professional Standards of Conduct, Ethics and Performance for Pharmacists in Northern Ireland', places similar obligations on pharmacists in their professional activities.<sup>3</sup>

In a separate incident in 2015, it emerged that a number of pharmacies had been making continued supplies of controlled drugs to patients, (mainly Z-drugs e.g. zopiclone and zolpidem) which had been prescribed on private prescription forms. These patients were registered with GP practices and should therefore have been eligible to receive HS21 prescriptions under Health Service arrangements. The investigation has also identified that in certain circumstances, prescriptions of these controlled drugs may have been excessive. Further investigation is currently under way in relation to this incident.

I am writing to highlight learning that has been identified from these incidents, and refer to the Professional Standards and Guidance for the Sale and Supply of Medicines.<sup>4</sup>

The Professional Standards and Guidance for the Sale and Supply of Medicines states that *'the pharmacist is expected to:*

- *provide appropriate treatment and care based on relevant information he has available to him. Where appropriate, consult with other agencies and signpost or refer patients to other health and social care professionals and/or relevant organisations....*
- *ensure as far as possible the clinical appropriateness of medicines supplied to patients and their safe and timely access....*
- *promote the safe, effective and rational use of medicines by controlling the sale or supply of all medicinal and related products, especially those with a potential for abuse or dependency...'*
- *undertake – 'a clinical assessment of every prescription is undertaken by a pharmacist to determine the suitability of the medication, the appropriateness of the quantity and its dose frequency for the patient.'*

Pharmacists are required to have in place and to adhere to standard operating procedures (SOPs) for the dispensing services they provide, including for private prescriptions. These SOPs should address both professional standards<sup>4</sup> and legal requirements.

As part of the clinical assessment and check of each prescription, pharmacists should ensure that medication prescribed is in line with relevant guidance, and should question prescribing that is out of line with this e.g. NICE or HSCB prescribing guidance.<sup>5,6</sup> This applies to both HSC (HS21) and private prescribing.

If there is a concern that a prescription may not be wholly appropriate for the patient, the pharmacist must speak **directly** to the prescriber about this and should only dispense the medication if they are satisfied that it is appropriate to do so.<sup>7,8</sup> Records of any clinical interventions must be maintained, for example on the patient's medication record.<sup>4</sup> Prescribers should pay due regard to pharmacists' interventions. The local office of the Board should be contacted if there appear to be difficulties in clinically justified interventions being acted upon, as patient safety must be the paramount concern.

In conclusion, I ask that all Responsible Pharmacists and Superintendents review and update SOPs for clinical checking and dispensing both private and HSC prescriptions, in line with the recommendations outlined above.

If you require further information or would like to discuss this further, please contact a member of the HSCB Pharmacy and Medicines Management team in your local office.



Mr Joe Brogan  
Assistant Director, DOIC  
Pharmacy and Medicines Management

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3. PSNI 2016. The Code- Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland Available at: <http://www.psni.org.uk/wp-content/uploads/2012/09/22504-PSNI-Code-of-Practice-Book-final.pdf>
4. PSNI 2016. Professional Standards and Guidance for the Sale and Supply of Medicines. Available at: [http://www.psni.org.uk/wp-content/uploads/documents/313/standards\\_on\\_sale\\_and\\_supply\\_of\\_medicines.pdf](http://www.psni.org.uk/wp-content/uploads/documents/313/standards_on_sale_and_supply_of_medicines.pdf)
5. NICE 2016. Hypnotics. NICE advice [KTT6]. Available at: <https://www.nice.org.uk/advice/KTT6/chapter/Evidence-context>
6. HSCB 2016. Northern Ireland Formulary, Adult. 4.0 Central Nervous System. 4.1 Hypnotics and anxiolytics. 4.1.1 Hypnotics. Available at: <http://niformulary.hscni.net/Formulary/Adult/4.0/4.1/4.1.1/Pages/default.aspx>
7. HSCB 2012. Letter - Repeat Medications wrt State Pathologist- Prescribing, Generating and Dispensing Repeat Medications. Available at: [http://www.medicinesgovernance.hscni.net/download/primarycare/medicines\\_safety\\_advice\\_&\\_letters/080%20March%202012%20-%20Letter%20-%20Repeat%20Medications%20wrt%20State%20Pathologist%20-%20PDF%20158KB.pdf](http://www.medicinesgovernance.hscni.net/download/primarycare/medicines_safety_advice_&_letters/080%20March%202012%20-%20Letter%20-%20Repeat%20Medications%20wrt%20State%20Pathologist%20-%20PDF%20158KB.pdf)
8. HSCB, 2013. Serious adverse incident learning letter. 'Learning from a Serious Adverse Incident, Community Pharmacist communication with GPs and management of information from secondary care'. Available at: <http://primarycare.hscni.net/2819.htm>