GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Prescribing of Controlled Drugs (CDs)

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1	Initial Issue	April 2023

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
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Circulated to the following for Consultation

Date	Role / Designation
April 2023	CD LIN Group

1. Introduction

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 require designated bodies (and any body or person acting on behalf of, or providing services under arrangements made with the designated body) to have adequate and up to date standard operating procedures (SOPs) in place in relation to the management and use of controlled drugs.

Controlled Drug (CD) SOPs are detailed written instructions that aim to achieve uniformity in the way that CDs are managed across the organisation.

Benefits of CD SOPs include:

- Clarity for staff on what is expected of them.
- Practical guidance to support the management of CDs
- Improved CD governance by ensuring consistent safe and legal processes are in place

The Health Board is required to have SOPs covering every applicable aspect of the CD journey. The Regulations specify that the SOPs must, in particular, cover the following matters, as appropriate to the organisation —

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 the 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 the misuse of drugs legislation, and
    ii. maintaining a record of the controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001(specified controlled drugs to which certain provisions of the Regulations apply) that have been returned by patients.

The CD SOPs should be used in conjunction with the Medicines Policy

This SOP covers the prescribing of CDs

2. Objective

This SOP applies to all prescribers working for PTHB and provides advice and guidance on the correct procedures for prescribing all Schedule 2 or 3 CDs for inpatients, at discharge and to outpatients
A full list of Controlled Drug Prescribing Restrictions & Prescriber Types may be found in PTHB Medicines Policy

3. Definitions

- MTeD- Medicines Transcribing and Electronic Discharge system
- TTO- 'To Take Out', documentation used for providing discharge medication
- PTHB – Powys Teaching Health Board
- SOP- Standard Operating Procedure
- CDAO – Controlled Drugs Accountable Officer
- CDs – controlled drugs
- MMT – Medicines Management Team (pharmacists, pharmacy technicians, nurses and administrative staff working in Medicines Management department)
- NMP – Non Medical Prescriber
- RODP – Registered Operating Department Practitioners
- Pharmacy Team- Pharmacists, Pharmacy Technicians and Pharmacy Assistants employed by PTHB
- Supplying Pharmacy – the pharmacies which supply CDs to PTHB – Nevill Hall Hospital for all stock and some named patient items. Bronglais Hospital for named patient items only

4. Role / Responsibilities

The prescribing of CDs on a ward or department is solely the responsibility of a prescriber within scope of practice and legal restrictions. Prescribers are also responsible for the security of any WP10 prescriptions/pads issued to them.

5. Remote Orders

Controlled Drugs (schedules 2, 3 and 4) are not to be prescribed by remote order, apart from adjustment of dose within a previously prescribed dose range.

6. Making and recording prescribing decisions

6.1 When making decisions about prescribing controlled drugs take into account:

- the benefits of controlled drug treatment
- the risks of prescribing, including dependency, overdose and diversion
- all prescribed and non-prescribed medicines the person is taking (particularly any centrally acting agents) and whether the person may be opioid naive
- evidence-based sources, such as NICE and the British National Formulary (BNF), PTHB formulary and guidance for prescribing decisions when possible. See AWTTC Opioid Resources, Analgesic Stewardship and Opioids Aware

6.2 When prescribing controlled drugs:

- document clearly the indication and regimen for the controlled drug in the person's care record and include the indication on the inpatient medication chart.

- check the person's current clinical needs and, if appropriate, adjust the dose until a good balance is achieved between benefits and harms
- discuss with the person the arrangements for reviewing and monitoring treatment
- be prepared to discuss the prescribing decision with other health professionals if further information is requested about the prescription. If prescribing opioids consider the opioids aware checklist

6.3 When prescribing 'when required' controlled drugs:

- document clear instructions for when and how to take or use the drug in the person's care record. Include the indication on the drug chart.
- include dosage instructions and reason for taking on the prescription (with the maximum daily amount or frequency of doses) so that this can be included on the label when dispensed
- ask about and take into account any existing supplies the person has of 'when required' controlled drugs.
- Consider the quantity to supply based on anticipated requirement but within maximum dosage limits.

6.4 When prescribing, reviewing or changing controlled drug prescriptions, prescribers should take into account the:

- appropriate route
- dose (including when dose conversions or dose equivalence is needed)
    - Use a recognised opioid dose conversion guide when prescribing, reviewing or changing opioid prescriptions to ensure that the total opioid load is considered https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids
- formulation (including changes to formulations) e.g. consider bioavailability when changing formulations

7. Prescribing for Inpatients:

CDs should be prescribed on the standard inpatient medication chart as described in: Medicines Policy . NB schedule 2, 3 and 4 controlled drugs are only valid for 28 days from the ‘appropriate’ date.

When prescribing controlled drugs for inpatients that are to be administered by different routes, prescribe each as a separate item and clearly state when each should be administered to avoid administration errors.

7.1 Person Who Uses or Injects Illicit Drugs

If a newly admitted patient states that they are a person who uses or injects illicit drugs and is prescribed medication for their addiction, then the medication and dosage must be confirmed by a third party before prescribing or supplying. The third party must be either of the following:

- The patient’s GP

- The patient's community pharmacy
- A member of the patient's substance misuse team

The supplier of medication in the community must also be informed of the patient's admission so that they do not dispense any more medication until informed to do so by the hospital or support/key worker.

8. Prescribing for Discharge and Outpatients:

Discharge prescriptions must be written on the locally approved TTO form (or using MTeD system or, in exceptional circumstances to avoid delayed discharge, on WP10 HP) for dispensing to a named patient by the Supplying Pharmacy. Outpatient prescriptions must be written on WP10 forms.

Schedule 2 or 3 controlled drugs should be prescribed on a separate prescription form to other medicines.

All CD prescriptions must conform to all requirements of the Misuse of Drugs Regulations for CDs:-

Prescription requirements for TTOs and outpatients:
Prescriptions for Controlled Drugs that are subject to prescription requirements (all preparations in Schedules 2 and 3) must be indelible, must be signed by the prescriber, including the date on which they were signed, and WP10 prescriptions must specify the prescriber's address (must be within the UK). An electronic prescription is acceptable, but the prescriber's signature must be handwritten (including MTeD DAL). Advanced electronic signatures can be accepted for Schedule 2 and 3 Controlled Drugs where the Electronic Prescribing Service (EPS) is used. All prescriptions for controlled drugs that are subject to the prescription requirements must always state:

- the name and address of the patient (use of a PO Box is not acceptable);
- in the case of a preparation, the form (the dosage form e.g. tablets must be included on a Controlled Drugs prescription irrespective of whether it is implicit in the proprietary name e.g. MST Continus, or whether only one form is available), and, where appropriate, the strength of the preparation (when more than one strength of a preparation exists the strength required must be specified); to avoid ambiguity, where a prescription requests multiple strengths of a medicine, each strength should be prescribed separately (i.e. separate dose, total quantity, etc);
- for liquids, the total volume in millilitres (in both words and figures) of the preparation to be supplied; for dosage units (tablets, capsules, ampoules), state the total number (in both words and figures) of dosage units to be supplied (e.g. 10 tablets [of 10 mg] rather than 100 mg total quantity);
- the dose, which must be clearly defined (i.e. the instruction 'one as directed' constitutes a dose but 'as directed' does not); it is not necessary that the dose is stated in both words and figures;
  the words 'for dental treatment only' if issued by a dentist.

A pharmacist cannot legally dispense a Controlled Drug unless all the information required by law is given on the prescription.

9.Technical amendments of Controlled Drug Prescriptions by a pharmacist

In the case of a prescription for a Controlled Drug in Schedule 2 or 3, a pharmacist can amend the prescription in certain circumstances e.g if it specifies the total quantity only in words or in figures or if it contains minor typographical errors, provided that such amendments are indelible and clearly attributable to the pharmacist (e.g. name, date, signature and GPhC registration number). The prescription should be marked with the date of supply at the time the Controlled Drug supply is made.

No other amendments can be made to a CD prescription, e.g. if the date, strength, form, dose is missing or incorrect then the item will need to be correctly re-prescribed.

10. Providing information and advice to people taking or carers' administering CDs

Document and give information to the person taking the controlled drug or the carer administering it, including:

- how long the person is expected to use the drug
- how long it will take to work
- what it has been prescribed for
- When to use
- how to use controlled drugs when sustained-release and immediate-release formulations are prescribed together
- how it may affect the person's ability to drive (see the advice from the Department of Transport on drug driving and medicine: advice for healthcare professionals)
- that it is to be used only by the person it is prescribed for

Useful resources- https://www.paintoolkit.org/, https://fpm.ac.uk/patients

Inform people who are starting controlled drugs that they or their representative may need to show identification when they collect the controlled drugs.

When prescribing controlled drugs for use in the community, advise people how to safely dispose of:

- unwanted controlled drugs at a community pharmacy/dispensing practice
- used controlled drugs.

11. Pre-printed sticky addressograph labels:

These must not be used for CD prescriptions because they are not properly tamper-evident.

12. Validity of prescription:

Prescriptions for Schedule 2, 3 and 4 CDs are only valid for 28 days after the appropriate date (i.e. date of signing unless the prescriber indicates a date before which the CD should not be dispensed). Note: a prescriber may forward-date a CD prescription in which case the date of validity is 28 days after the forward-date, or the start date, where specified.

For example, if the appropriate date is 1 November, the 28-day validity period would run until 29 November. Supply on 30 November would not be compliant with the regulations as the 28-day validity period would have expired.

Prescriptions for Schedule 5 CDs are valid for dispensing for 6 months from the appropriate date.

13. Maximum length of supply:

The Department of Health has issued a strong recommendation that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision must be recorded on the patient's notes and may be questioned by the dispensing contractor and will be subject to audit.

14. Security and dispensing of TTOs:

Prescription pads must be kept in a locked cupboard or draw when not in use (in accordance with the management of controlled stationary SOP). Original TTO prescriptions for CDs should be sent to Supplying Pharmacy securely in the Pharmacy Box or a Pharmacy wallet sealed with a tamper evident seal, allowing a minimum of 72 hours for it to be dispensed. *NOTE the CD will not be released from the Supplying Pharmacy until the original is received*

15. Monitoring of Controlled Drugs Prescribing & Use

The PTHB Medicines Management Team will carry out regular monitoring of prescribing of controlled drugs (including private prescriptions), through various means, including CASPA, control charts and PrescQIPP data, hospital supply data and occurrence reports and audits.

16. References / Bibliography

See Medicines Policy