Kingston GP Chambers	Controlled Drugs Policy		Reviewed	June 23
			Revised	June 23
	Adopted	2020	Next review	June 25

# **Controlled drug policy**

## **Definition**

Controlled drugs are those drugs currently controlled under the misuse of drugs legislation.

#### Stocking controlled drugs

KGPC do not stock or dispense any controlled drugs.

## Issuing prescriptions for controlled drugs

By their nature, controlled drugs have the potential for misuse. While it is not the policy that there is a blanket ban on prescribing these medications within the KGPC services, a great deal of caution is advised. A blanket ban would be too limiting when, for example, a clinician may want to issue a short supply of diazepam or tramadol (e.g. acute mechanical back pain).

There may be times when a patient, on a regularly prescribed controlled drug has run out of this medication and is seeking a prescription. Clinicians should be satisfied that:

- 1. They have access to their notes
- 2. They can see the last prescription date and patient is taking as prescribed
- 3. Waiting for a prescription from their own GP is not practical

If these criteria are met then a short supply (2 - 3 days) could be issued until they are able to obtain a repeat from their GP. The rationale for this decision must be made clear in the patient's medical records.

#### Controlled drugs which must not be prescribed

**Schedule 2 controlled drugs**, such as methadone, are prescribed in Kingston CCG by the drug and alcohol team should not be issued – patients requesting these drugs should be referred back to that team.

**Drugs requiring ongoing prescriptions** must not be prescribed in EA or KEC services. Where a prescription for these drugs (e.g. gabapentin/pregabalin) is required, patients should be instructed to make an appointment with a GP at their registered practice.

#### Drug seeking behaviour

Where there are concerns that a patient is using the KGPC service to access prescriptions to controlled drugs inappropriately, the service manager should be notified by email:



Extended Access: <u>kingstonccg.chambersextendedhours@nhs.net</u> Kingston Education Centre: <u>kingstonccg.kec@nhs.net</u>

GPs with Extended Role: kingstonccg.chambersadmin@nhs.net

Having received details of the patient, the service manager will contact the patient directly to inform them that they cannot access the service for this purpose, and the patient's registered practice to inform them of the patient's attendance and requests. Where a patient persistently makes such requests despite warnings about their inappropriate use of the service, the service manager may put a block on future appointments being made for them in the service.

## Concerns about controlled drug prescribing

It is the responsibility of all healthcare professionals to speak up on areas of concern that might negatively affect patient safety, including prescribing, administering, dispensing, supplying and disposing of controlled drugs.

Concerns should be reported to the CQC compliance specialist, who will investigate and decide whether the matter requires referral to the Controlled Drug Accountable Officer (CDAO):

CDAO contact details: Name: William Rial Email: <u>England.londonadaccountableoffice@nhs.net</u> Tel: 0113 807 0791

Details of the concerns, investigation and action taken will be fully documented and reported to the CQC compliance specialist and, where appropriate, recorded as a significant event.

#### Alleged theft of controlled drugs/prescriptions

There may be times where a patient alleges that a previously issued prescription for controlled drugs, or the drugs themselves, have been stolen and makes a request for a prescription to replace them. In this case, the patient must report the theft to the Police and receive a crime number before any replacement prescription can be issued. The crime number must be provided by the patient and recorded on their EMIS record.

The patient's registered practice must be informed of the alleged theft via the consultation summary. Where the GP has reason to believe that the allegations of theft are drug-seeking in nature, they must follow the process outline in the "Drug seeking behaviour" section above.