

Guidance relating to the Management of Controlled Drugs (CDs) for Locum* General Practitioners

* In this document the term locum includes any sessional GPs, long- or short-term locums, and may also be applied to registrars/FY2, etc.

As a result of the recommendations resulting from the Shipman Inquiry, NHS Boards have been legally required to appoint Accountable Officers (AOs) for CDs. AOs are responsible for ensuring all CD management activities, carried out by their respective Board staff members and contractors (e.g. GPs), are both legal and appropriate. Within many Boards, a CD Governance Team has been formed to assist with this task.

Locum GPs might encounter their local CD Team as part of a Practice CD Inspection visit or by being contacted personally in relation to ongoing CD enquiries or requirement for a witnessed CD destruction.

To find an NHS Board Accountable Officer in Scotland and for additional guidance go to:
<http://www.knowledge.scot.nhs.uk/accountableofficers>

Locum GPs should be aware of the following:

1. Acquiring Personal Stock CDs for NHS Purposes

A locum should discuss his supply requirements with the Lead GP of the practice and the supply will be made in accordance with the practice Standard Operating Procedures (SOPs) (see section 7). For locum GPs, direct transfer from either an existing GP Practice central stock facility or from another individual GP is recommended. Some GP practices supply locums with a standard locum bag rather than individual supply. Once CDs are supplied by GP/Practice the locum must accept full responsibility for storage and record keeping.

A clear audit trail for CDs must exist - from point of order to eventual use or destruction. Direct transfer (with correctly witnessed records) ensures the existence of an unambiguous CD audit trail, capable of correctly identifying the various doctor(s) or practice nurses involved in the supply chain.

Note: GP10A stock order forms are personalised in the name and prescriber code of individual Partners at GP Practices.

Locums are asked not to use these forms to order personal stock CDs for themselves without the permission of the named doctor. The willingness to supply to a locum by a GP of the practice or from central stock will depend on a number of variables including how long the locum is intending to work, the expectation to carry out home visits, the availability of a standard practice locum bag and the possibility of being employed again in the future.

In all cases of supply, the CD Register should be annotated to include for example "2 amps diamorphine supplied to Dr Locum" as above to preserve the audit trail.

2. Retention of Personal Stock CDs whilst working at different/multiple GP Practices

If a locum has been supplied with a personal stock of CDs, there is no expectation that these CDs will be surrendered back to the particular Practice from or through which they were obtained, however, this will be dictated by the practice/GP from which the supply was made. In the majority of cases locums may expect to retain possession of CDs acquired, as an audit trail exists and the cost of a small quantity of CDs is minimal. If CDs are no longer required by a locum at the end of his/her time with a practice they can be transferred back to central stock or to the supplying GP, again with full witnessed recording in CD Registers.

3. Storage of Personal Stock CDs

CDs must be stored in a locked receptacle to which only the GP and/or any persons authorised by him/her have access. Combination locks and locked cash boxes are acceptable.

Note: Key security is an issue. Access is not being adequately restricted if the receptacle key is available to anyone not authorised to access the CDs. A locked car boot does not constitute a locked receptacle.

4. Record Keeping for Personal Stock CDs

Possession of personal stock CDs must be recorded in an appropriate CD Register (excluding central stock or emergency bag registers). Once in use, the Register becomes the personal property of the individual, not to be used by or passed on to others (i.e. shared by sequential Locums at a Practice).

A CD Register must be retained by its owner for at least two years from the date of the last entry and during that time must be produced for inspection if required. CD Team members are authorised to require production of and inspect CD Registers. AO/CD Teams will advise on suitable CD Registers and where they may be obtained from (see Appendix 1 for 'Record Keeping' requirements).

5. Disposal of Out-of-Date Personal Stock CDs

For a Locum GP, direct transfer to either an existing GP Practice central stock facility or to an individual Practice Partner is recommended. Alternatively, a Locum GP may arrange to meet an NHS Authorised Witness at a GP Practice. This may be arranged by contacting the CD Team via the AO.

Note: An Authorised Witness is an individual in possession of a written authority to witness the destruction of controlled drugs. That authority must be signed by an NHS Board Accountable Officer for Controlled Drugs.

Most GP Practices have access to an established CD disposal system - including the required equipment (denaturing kit and blue-lidded pharmaceutical waste bin). Generally, Locum GPs have no personal access to either.

Unless a Locum's expired CDs are transferred to an existing Practice central stock facility or to another GP, the Locum retains responsibility for their disposal and destruction. The destruction of those CDs may only be carried out in the presence of an NHS Authorised Witness.

Note: Out-of-date CDs should be appropriately segregated from in-date CDs in order to avoid accidental administration of out-of-date drugs to the patient.

The disposal and destruction process involves rendering the CDs irretrievable (using a denaturing kit) and disposal in a pharmaceutical waste disposal bin.

6. GP Practice CD Standard Operating Procedures (SOPs)

GP Practices are legally required to document their CD management and handling procedures. In some cases no CDs are kept as stock, in others, no GP personal stock is kept. Many GP practices have developed SOPs based on a standard template, available from their local CD Team. Locum GPs must ensure that when administering CDs during their work for a Practice, they make themselves fully aware of the content of that particular Practice's CD SOPs.

7. Incidents or Concerns involving CDs

As well as complying with any local alerting or reporting procedure (i.e. raising a Significant Event Report at a GP Practice), the appropriate NHS Board AO for CDs must also be informed. This should be carried out by the Locum in accordance with the Practice CD SOPs, or directly to the AO or CD Team if there is a concern about any professional practice at the employing GP practice. If urgent, contact the local CD Team by telephone and, if non-urgent, by e-mail within two days by. See Section 1 for web link to AO contact list for Scotland. Details may also be found within Practice CD SOPs. See Appendix 2: 'Reporting Incidents, Near Misses and Concerns involving Controlled Drugs' for additional information.

CD Registers (CDRs) and Record Keeping

Note: CDR record keeping requirements are outlined in the information section at the front of the primary care CDR. Locum GPs can obtain a primary care CDR from their NHS Board. Contact your NHS Board AO or CD Team for information.

- Locum GPs who carry personal CD stocks must keep appropriate records in a personal CDR.
- Locum GPs who do not carry personal CD stocks, but will occasionally take stock from the surgery to a patient's home, also require to have, and to use, a personal CDR.
- The Locum GP should transfer the stock from the Practice's CDR into his own CDR whilst he is carrying the CD in his bag. If the CD is not used, the stock should be re-entered into the main Practice CDR and out of the Locum's own CDR.

For further information refer to: [A guide to good practice in the management of controlled drugs in primary care](#)

Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs

A Guide for NHS Staff and Contractors

There is a requirement for the NHS Board Accountable Officer (AO) to be notified of all incidents and concerns involving controlled drugs (CDs) that arise within their organisation and in the premises of independent contractors. Receiving information on all CD incidents allows the AO to track trends and share these on an anonymous basis to prevent recurrence.

This Guide has been produced to clarify exactly what is required and applies to all incidents and concerns involving Controlled Drugs in Schedules 2, 3, 4 and 5, but does not apply to those involving illicit drugs.

The Board AO should receive information on issues related to:

1. Clinical Governance and Professional Practice

- All events or near misses involving prescribing, administration, supply or dispensing of CDs
- Any concern(s) about professional practice or behaviour of staff in relation to CDs e.g. unusual prescribing patterns
- Complaints from patients/carers/service users relating to CDs

2. Record Keeping and Stock Discrepancies

- Unexplained losses/discrepancies of any CD, regardless of schedule
- Any discrepancy in CD stock which, although resolved, raises concerns
- Events or near misses involving CD destruction
- Loss of CD Register/Order Book or other relevant controlled stationery

3. Fraud and Possible Criminal Issues

- Any suspected illegal activity relating to CDs, e.g. theft, patients attempting to obtain CDs by deception
- Lost or stolen prescription forms
- Attempts to fraudulently produce prescriptions.

These examples are not mutually exclusive, for example, record keeping issues may escalate to concerns about clinical practice or suspected theft.

All CD incident reports must include details of the actions taken, including immediate steps to prevent or reduce harm to patients, any investigations undertaken and actions taken to prevent recurrence, to provide assurance to the AO that the incident has been thoroughly investigated.

In the event of a serious incident or concern, the AO must be notified within two working days.

If reports are made through other systems or for other purposes, a copy of the existing paperwork should be supplied, e.g. Datix, SEA, appraisal, company reports.

Where there is no reporting form available, 'NHS Scotland Controlled Drugs Incident Report to Accountable Officer' may be used. Contact your local AO for a copy of the template.

Contact details for AOs can be found at <http://www.knowledge.scot.nhs.uk/accountableofficers> or from your local NHS Board, hospital or CHP pharmacy team.

Note: If reports are made through other systems or for other purposes, the NHS Board AO for Controlled Drugs may be supplied with a copy of that paperwork, e.g. Practice SEA or Datix.