# Obtaining Controlled Drugs In Primary Care - Supply Routes In Exceptional Circumstances

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Uncontrolled When Printed

Version 2
Obtaining Controlled Drugs In Primary Care- Supply Routes In Exceptional Circumstances

Background

This guidance is intended for use by registered nursing/medical/pharmacy staff across NHS Grampian and describes how controlled drugs (CDs) (Schedule 2/3) may be obtained for patients in Primary Care in exceptional circumstances. This includes patients in their own home, care homes and sheltered/very sheltered housing.

This guidance does not relate to ward transfer of controlled drugs. NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals section 13 ‘Transfer of Stock Controlled Drugs Between Wards/Departments’ must be referred to and followed in these circumstances.

It is in the interest of patient care to ensure that supplies of medicines, including CDs, are available in a timely manner and there is minimal delay when initiating/increasing treatment. This is particularly the case in palliative care. It is also necessary to ensure that routes of supply comply with legislation and there is a clear audit trail.

Only when normal and emergency supply routes have been considered and excluded should supply routes in exceptional circumstances be utilised. The Medicines Act 1968 prohibits the supply of any controlled drugs in schedules 2/3 from hospital wards and departments to other parties. This is acknowledged in ‘Safer Management of Controlled Drugs: A guide to good practice in secondary care’; CEL 7 (2008) which states that local arrangements for exceptional supply of controlled drugs should be discussed with the pharmacy and local SOPs should be developed. The Central Legal Office have stated that the supply routes for use in exceptional circumstances and the associated guidance in this document are sufficiently robust to meet the criteria set down in the legislation/guidance, providing all steps outlined are followed including clear documentation of all actions.

Medical/nursing staff obtaining controlled drugs using supply routes in exceptional circumstances must clearly document, in the patient record, the circumstances leading to the decision to supply in exceptional circumstances and be able to justify this route of access.

Supply routes in normal circumstances:

Under normal circumstances routes of supply for controlled drugs (schedule 2/3) should be via the patient’s doctor/independent prescriber on a GP10/GP10N prescription dispensed via community pharmacy. Regular review of patients regarding their potential requirements for palliative care and provision of ‘Just in Case’ medication supplies will aid in appropriate access to CDs and minimise the need to utilise emergency or exceptional supply routes.

GP10/GP10(N) prescription supplied by patient’s own doctor/independent prescriber, e.g. palliative specialist nurse. Dispensed at community pharmacy or directed to a palliative care network pharmacy should their normal pharmacy not have the required stock.
and/or

Patient has ‘just in case’ box with supply of palliative care medication

Supply Routes in Emergency Circumstances:

Out with normal surgery/community pharmacy hours it may be necessary to access ‘supply routes in emergency circumstances’ to obtain controlled drugs in liaison with GMED/NHS 24.

GMED/NHS 24 to be contacted to issue a GP10/GP10N prescription. GMED/NHS24 contact community pharmacy to access emergency dispensing of controlled drugs.

or

GMED/GP visit to patient to administer/supply controlled drug medication as necessary

Supply Routes in Exceptional Circumstances:

This process is only for use by registered nursing staff in discussion with medical or pharmacy staff in exceptional circumstances, when all other routes have been considered and excluded.

It is acknowledged that there can be times when the supply routes in normal and emergency circumstances may not be accessible or able to provide the required strength, quantities or type of medication. In these cases ‘supply routes in exceptional circumstances’ may be considered in order to prevent delay in initiation/continuation of treatment.

In exceptional circumstances, when all other normal and emergency routes of supply have been exhausted the following process should be followed:

Aberdeen City:

Nursing staff should contact GMED for advice on patient management and supply routes for controlled drugs. GMED will discuss the patient, confirm that the supply is urgent and that supply under exceptional circumstances needs to be considered.

GMED will determine if they have the drug(s) available from GMED supplies considering the drug, form, strength and quantity required. The quantity requested should be the minimum required for immediate treatment with future supplies being obtained through normal/emergency routes.

GMED must verify that emergency circumstances have been considered and are not appropriate.
If the drug(s) required are not available from GMED then:

- GMED will contact the Hospital on-call pharmacist via the hospital switchboard.
- GMED will write a CD order for the agreed drug(s), strength and quantity.
- The on-call pharmacist will attend the pharmacy at ARI to supply and arrange collection or deliver to GMED.
- On receipt of the drug(s) GMED will enter the receipt into GMED Controlled Drug Record Book.
- GMED will arrange a home visit to the patient, administration of the drug(s) documenting dose(s) given and any drug(s) left with the patient in GMED Controlled Drug Record Book.

Out With Aberdeen:

Nursing staff should contact GMED for advice on patient management and supply routes for controlled drugs. GMED will discuss the patient, confirm that the supply is urgent and that supply under exceptional circumstances needs to be considered.

GMED must verify that emergency circumstances have been considered and are not appropriate.

If exceptional circumstances apply GMED/nursing staff should contact the Nurse in Charge of the nearest Community Hospital/Dr Grays Hospital to discuss supply of the required item(s).

Supply to be collected by Registered Community/Marie Curie/Care Home Nurse

- GMED to confirm that the ward has the appropriate drug, form, strength and quantity required. The quantity requested should be the minimum required for immediate treatment with future supplies being obtained through normal/emergency routes.

- If the Nurse in Charge is able to supply the item(s) required the patient’s drug prescriptions sheet/syringe driver sheet must be taken/faxed to the ward area.

- The staff collecting the drugs must present their NHSG/Marie Curie/Care Home identification badge.

- The Nurse in Charge must make an entry in the appropriate page (i.e. corresponding to the drug, form and strength) of the ward Controlled Drug Record Book stating:
  - Date and time
  - Name and designation of staff member collecting the drugs
  - Statement ‘Exceptional Supply for patient in community’
  - Name and address of patient for whom supply is being given
  - Quantity supplied
  - The running balance must be documented and checked
  - The entry must be signed by the Nurse in Charge and the staff member collecting the drugs.
• Details of any non schedule 2 controlled drugs, e.g. midazolam which are supplied should be documented on the reverse of the patient’s drug prescription sheet/syringe driver sheet copy stating:
  o Drug supplied: name, strength, form and quantity
  o Name and designation of staff member collecting the drugs
  o Signed and dated by the Nurse in Charge and the staff member collecting the drugs.

• A copy of the patient’s drug prescription sheet/syringe driver sheet should be taken and stored in the back of the ward Controlled Drug Record Book. This must be held for a minimum of 2 years from the date of supply.

Supply directly to GP/GMED Doctor/Nurse Practitioner

In circumstances where drugs are supplied directly to a doctor/nurse practitioner these must be transferred into the doctor’s/GMED/NP Controlled Drug Register/Record Book. The doctor/nurse practitioner is then taking personal possession of the controlled drug(s) and must record any administration/supply to patients in their own/GMED Controlled Drug Register/Record Book.

• Confirm the ward has the appropriate drug, form, strength and quantity required. The quantity requested should be the minimum required for immediate treatment with future supplies being obtained through normal/emergency routes.

• The doctor/nurse practitioner collecting the drugs must present their NHSG identification badge/proof of identity.

• The Nurse in Charge must make an entry in the appropriate page (i.e. corresponding to the drug, form and strength) of the ward Controlled Drug Record Book stating:
  o Date and time
  o Name and designation of the doctor/nurse practitioner collecting the drugs
  o Statement ‘Exceptional Supply for GMED/GP/NP’
  o Quantity supplied
  o The running balance must be documented and checked
  o The entry must be signed by the Nurse in Charge and the doctor/nurse practitioner collecting the drugs.

• The doctor/nurse practitioner must make an entry in their personal/GMED Controlled Drug Register/Record Book, in the appropriate drug/strength/form section stating:
  o Date and time
  o Statement ‘Exceptional Supply’ stating the ward area, hospital the drugs have been supplied from
  o Quantity supplied
  o The running balance must be documented and checked
The entry must be signed by the Nurse in Charge and the doctor/nurse practitioner collecting the drugs.

Care Home Residents – Additional Controlled Drug Record Keeping Requirements

It is a requirement that care homes maintain Controlled Drug Registers for all controlled drugs received and subsequently administered, from this supply, to their residents.

If controlled drugs are obtained for a care home resident the supply must be entered in the care home Controlled Drug Register on a page for this resident which specifies the residents name, drug name, strength and form.

If a GP/nurse practitioner administers controlled drugs to a resident of a care home from their own/GMED/NP stocks then this must be recorded in their personal/GMED/NP Controlled Drug Register/Record Book. In these circumstances this administration does not need to be recorded in the care homes Controlled Drug Register. This episode of care should be documented in the patient’s medical notes.

However, if GMED doctor/nurse practitioner transfers controlled drugs from their own/GMED/NP stock to the care home for subsequent administration to a resident, these drugs must be written out of the GP/GMED/NP Controlled Drug Register/Record Book and signed by the doctor/nurse practitioner and care home staff member.

These drugs must then be entered in the care home Controlled Drug Register on a page for this resident which specifies the residents name, drug name, strength and form. Subsequent administration of these controlled drugs will be recorded in the care homes Controlled Drug Register.

Controlled drugs obtained from a GP/nurse practitioner by this exceptional supply route must be clearly marked with the patients name to indicate to which care home resident they relate. Skillets (medicines boxes) have been supplied to GMED and any controlled drug should be placed in a skillet marked with the patients name and the medicine name, form and strength it contains.

Controlled drugs no longer required

Controlled drugs obtained for patients via any route, once in the possession of the patient become their property. If these drugs are no longer required they should be delivered, by the patient or their representative, to a community pharmacy for appropriate disposal.

There is no requirement to replace CDs supplied by exceptional circumstances route from future prescription supplies.
Consultation Group Update 2017

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