Park House Surgery Controlled Drugs (CD) Policy

1. Purpose and Scope

- This policy sets out how the practice prescribes, stores, monitors, and manages controlled drugs (CDs), including procedures for lost medications. It applies to all clinical and non-clinical staff involved in the prescribing, dispensing, handling, and governance of CDs.
- The purpose of this policy is to ensure patient safety, regulatory compliance, and the prevention of misuse or diversion. Inappropriate prescribing of these medications can result in harm to patients including addiction, physical and mental harm, criminal misuse and death.
- This policy primarily focuses on drugs which are commonly used for recreation, abuse, or where risk of diversion is high. These include but are not limited to:
- Morphine, Tramadol, Codeine, Dihydrocodeine, Oxycodone, Fentanyl, Buprenorphine, Diazepam, Lorazepam, Temazepam, Alprazolam, Pregabalin, Gabapentin, Zopiclone, Zolpidem.

2. Prescribing and Supply

- Supply duration: Prescriptions are limited to no more than 30 days supply. This allows for regular monitoring and ensures that prescriptions are reviewed frequently to maintain safety and efficacy.
- Exceptional circumstances: If clinically justified and at the discretion of the provider a longer supply may be issued. In this event the prescriber must note and justify the reason for deviating from this guidance.
- Prescription issue: Prescriptions for Schedule 2 and 3 CDs will be issued electronically via the Electronic Prescriptions Service so that the prescription can be tracked and audited.
- Repeat prescriptions: Controlled Drugs are not automatically added to repeat prescriptions due to their potential for misuse, addiction and other risks. Therefor patients will typically not find these medications on their repeat list.
- Intended use: CDs are primarily prescribed for acute, short-term conditions. Long-term prescribing requires robust justification, careful monitoring, and documentation.

3. Monitoring and Review

- All patients receiving CDs will undergo regular clinical review to monitor effectiveness, side effects, and continued need.
- Reviews must be recorded in the patient record, with clear documentation of the decision-making process.
- Warning codes/alerts should be added to clinical systems where relevant to ensure safe prescribing.
- Regular reviews should be undertaken by the practice pharmacy team to check that supplies are not being issued for more than 30 days.

4. Lost or Misplaced Controlled Drugs



If a patient reports that controlled drugs are lost, stolen, or damaged:

Patient Responsibilities:

- The patient must report the loss to the police and obtain a crime reference number.
- The patient must provide this reference to the practice before any consideration of replacement.
- Patients are reminded that responsibility for the safe storage of their medication rests with them.

Clinical Review and Replacement:

- We reserve the right not to issue a further supply of these prescriptions until they are next due again. Not to replace the lost medication.
- If a crime reference number is provided and can be verified, if there are no safeguarding concerns, and this is the first occurrence, the practice may in exceptional circumstances issue a replacement supply
- Pharmacy verification may be requested to confirm dispensing history before issuing further medication.
- A record of the incident will be made on the patient's clinical record by the GP, both in the patient notes and on the pop up "Manage Patient Warnings" screen.
- The code "Controlled Medication Review" should be added to the patient's record.

Risk Mitigation Measures:

- If CDs are lost more than once, or there are safeguarding concerns, the practice may:
    - Convert the prescription from weekly to daily dispensing.
    - Restrict the prescription to smaller, more frequent quantities
    - Require closer monitoring, including face-to-face reviews before issue
    - Any suspicion of misuse or diversion will trigger a multidisciplinary discussion and may involve liaison with safeguarding teams or the NHS England Controlled Drugs Accountable Officer (CDAO).

- Record Keeping
    - All incidents must be documented in the patient's clinical record.
    - A pop-up alert should be added in "Manage Patient Warnings".
    - A summary of the incident should also be reported to the practice's prescribing lead for monitoring trends.

5. Controlled Drugs Governance (CQC Requirements)

- The practice will maintain written Standard Operating Procedures (SOPs) covering:
    - Prescribing and administration
- The Practice does not stock any controlled drugs.
- Concerns may be raised internally (line manager/GP lead) or externally with the NHS England Controlled Drugs Accountable Officer (CDAO).



6. Responsibilities

- GP Partners / Prescribing Lead GP – Dr Jaujar Sidhu. Overall responsibility for CD governance.
- Practice Manager: Ensures SOPs are up to date, and training/record-keeping are in place.
- All Staff: Must follow SOPs, report incidents, and maintain safe handling at all times.

7. Review Cycle

- This policy will be reviewed annually or sooner if regulations change.
- Last review: September 2025
- Next review due: September 2026

8. Contact Details

- Practice Address: Park House Surgery, 6 Park Street, Bagshot, GU19 5AQ
- Telephone: 01276 476333
- NHS England Controlled Drugs Accountable Officer (CDAO): England.southeastcdao@nhs.net