



**Guidance On Obtaining Controlled Drugs In Primary Care -  
Supply Routes In Exceptional Circumstances**

<b>Co-ordinators:</b> Lead Pharmacist Controlled Drugs Team	<b>Consultation Group:</b> See Page 8	<b>Approver:</b> Controlled Drug Accountable Officer
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<b>Signature:</b> 		<b>Signature:</b> 
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\* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

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## NHSG Guidance-Obtaining Controlled Drugs (CDs) In Primary Care- Supply Routes In Exceptional Circumstances

### 1. Introduction

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 must be a clear audit trail. Exceptional circumstances policy should **only** be used when other options for supply have been exhausted e.g. therapeutic substitution, formulation change. Where exceptional circumstances apply the policy may be used for both oral and injectable CDs. Within primary care there are three potential routes for supplying CDs to primary care patients:

1. Normal (during usual daily working hours)
2. Emergency (GP practice closed-out of hours supply/community pharmacy may be open/No Just in Case box in place).
3. Exceptional circumstances (GP/Community pharmacy closed and/or collection of a dispensed prescription is impossible due to urgency of the situation)

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.

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 Standard Operating Procedures (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 CDs 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. Where supply is made from a community hospital or hospital pharmacy a Datix should be submitted by the supplying area.

## 2. Objective

This guidance is intended for use by registered nursing/medical/pharmacy staff across NHS Grampian and describes how 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. Exceptional circumstances are defined as those circumstances when the normal and emergency supply routes as defined above are unavailable.

This guidance does not relate to transfer of CDs between wards. Refer to [NHSG Policy And Procedure For The Safe Management Of Controlled Drugs in Hospitals](#) for further information.

## 3. Supply Routes in Normal Circumstances

Under normal circumstances routes of supply for CDs (Schedule 2/3) should be via the patient's doctor/independent prescriber on a GP10/GP10N/NMP prescription dispensed via community pharmacy. This can occur during normal working hours when both GP practice and community pharmacy are open.

Regular review of patients regarding their potential requirements for palliative care and anticipatory provision of 'Just in Case' medication supplies will aid in timely and 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
- Dispensed prescription collected by patient representative or delivered by community pharmacy

**and/or**

- Patient has 'just in case' box with supply of palliative care medication which can be utilised

## 4. Supply Routes in Emergency Circumstances

Out with normal surgery/community pharmacy hours it may be necessary to access supply routes in emergency circumstances. This will involve on call services in liaison with GMED/NHS 24. GP practice is closed but access to some community pharmacies may be possible.

- GMED/NHS 24 to be contacted to issue a GP10/GP10N prescription
- GMED/NHS24 contact community pharmacy to access emergency dispensing of prescribed CDs
- Dispensed prescription delivered by or collected from dispensing pharmacy

**Or**

- GMED/GP visit to patient to administer/supply CD medication as necessary
- Any adjustment of dose should be recorded for example on syringe driver sheet and Adastra notes
- GMED register to be updated to reflect dose administered or left with nurse for future administration
- The quantity left should be a minimum until other routes are re-established

## **5. 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 as defined below, when all other routes have been considered and excluded. CDs supplied by this route should be labelled with patient name and directions.

### **5.1. Aberdeen City CDs are Available from GMED Centre/Car**

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

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

GMED will arrange a home visit to the patient, administration of the CDs documenting dose(s) given and any drug(s) left with the patient in GMED Controlled Drug Record Book and other records for example sub cutaneous prescription chart/Adastra.

#### **5.1.1. CDs are not Available from GMED Centre/Car**

- 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 sufficient to last until normal/emergency routes are established
- The on-call pharmacist will attend the pharmacy at ARI to supply and arrange collection or deliver to GMED, this supply will be direct to GMED.
- The supplying pharmacist should annotate CD register with “collected by GMED driver”
- On receipt of the drug(s) GMED clinician 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.
- Any medicines left should be labelled.

## **5.2. Aberdeenshire/Moray CDs are Available from GMED Centre/Car**

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

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

GMED will arrange a home visit to the patient, administration of the CDs documenting dose(s) given and any drug(s) left with the patient in GMED Controlled Drug Record Book and other records for example sub cutaneous prescription chart/Adastra.

### **5.2.1. CDs not Available from GMED Centre/Car**

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

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

### **5.2.2. Supply to be Collected by Registered Community/Marie Curie/Care Home Nurse from Nearest Community Hospital/Dr Grays Hospital**

GMED clinician 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/scanned and emailed 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 CD, e.g. midazolam which are supplied should be documented on the reverse of the patient's drug prescription sheet/syringe driver sheet copy stating:

- Drug supplied: name, strength, form and quantity
- Name and designation of staff member collecting the drugs
- 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.

### **5.2.3. Supply Directly to GP/GMED Doctor/Nurse Practitioner from Nearest Community Hospital/Dr Grays Hospital**

In circumstances where drugs are supplied directly to a GMED clinician these must be transferred into the GMED clinician Controlled Drug Register/Record Book. The doctor/nurse practitioner is then taking personal possession of the controlled drug(s) and must record any subsequent 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:

- Date and time
- Name and designation of the doctor/nurse practitioner collecting the drugs
- Statement ' Exceptional Supply for GMED/GP/NP'
- Quantity supplied
- 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.

The GMED clinician must make an entry in the GMED Controlled Drug Register/Record Book, in the appropriate drug/strength/form section stating:

- Date and time
- Statement 'Exceptional Supply' stating the ward area, hospital the drugs have been supplied from
- Quantity supplied
- 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.

A GMED driver may in exceptional circumstances collect the CDs on behalf of the GMED clinician. This must be prearranged with the Nurse in Charge and the driver is taking possession of the CDs to deliver to the GMED clinician. Additionally the record should show the supply was collected by GMED driver who must present his 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 the doctor/nurse practitioner collecting the drugs
- Statement 'Exceptional Supply for GMED/GP/NP'
- Quantity supplied
- The running balance must be documented and checked
- The entry must be signed by the Nurse in Charge and include the statement collected by GMED driver.
- Two nurses from supplying hospital should check the supply and running balance at this time

On receipt of CDs from the GMED driver: The GMED clinician must make an entry in the GMED Controlled Drug Register/Record Book, in the appropriate drug/strength/form section stating:

- Date and time
- Statement 'Exceptional Supply' stating the ward area, hospital the drugs have been supplied from
- Quantity supplied
- The running balance must be documented/ checked and signed

## **6. 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.

CDs are obtained for a care home resident 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 the GMED clinician transfers CDs from their own/GMED/NP stock to the care home for subsequent administration to a resident, these drugs must be written out of the GMED Controlled Drug Register/Record Book and signed by the GMED clinician 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 CDs will be recorded in the care home Controlled Drug Register.

CDs obtained from a GMED clinician by this exceptional supply route must be clearly marked with the patients name to indicate to which care home resident they relate and the CD name form and strength and directions for use.

## **7. CDs No Longer Required**

CDs 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.

## **8. Consultation Group Update 2021**

Donna Beedie	Senior technician ARI
Wendy Boyle	Advance nurse /paramedic team leader
Ian Darcy	Charge Nurse Dr Grays Hospital
Alison Mc Gruther	Lead Nurse AHSCP
Linda Harper	Associate Nurse Director Primary Care, Lead Nurse GMED
Sandra Jamieson	Inspection Officer CD Team
Elaine Neil	H&SCP Pharmacist manager
Catherine Noble	Operational Lead Nurse AHSCP
Bryony Payne	Inspection Officer ,CD team
Karen Proctor	Pharmacy Technician, Aberdeenshire
Susan Reid	Pharmacy Technician, Aberdeenshire