Private prescribing of controlled drugs
Introduction

This guidance has been developed by the BMA’s Private Practice Committee and aims to provide a practical overview of the regulations that apply to private controlled drug (CD) prescribers, the requirements for prescribing CDs for addiction and the requirements for writing CD prescriptions. The guidance also covers the reasons why some Primary Care Organisations (PCOs) that oversee a large percentage of private CD prescribing have introduced an annual fee for managing the prescribing process.

1. The management of private CD prescribers

In July 2006 the Department of Health introduced strengthened measures on the management of CDs. These were introduced as a result of decisions following the Shipman Inquiry, which concluded that there were shortcomings in the systems used for the safe management of controlled drugs. As a result of the 2006 recommendations all private CD prescribers must have the following arrangements in place:

- A dedicated prescription form (FP10PCD) must be used for all non-NHS prescribing of schedule 2 & 3 CDs dispensed by community pharmacists;
- All doctors and other prescribers must have a unique 6-digit private CD prescriber code allocated by the Prescription Pricing Authority (PPA);
- All individual private CD prescribers must be assigned to a designated local NHS Primary Care Organisation (PCO), which is then responsible for monitoring private prescribers use of schedule 2 &3 CDs in the community.

PCOs are therefore responsible for managing the private CD prescription process in the community as well as being accountable for the safer management of the drugs. This has had resource implications for some PCOs where the level of private CD prescribing is high, such as for NHS Westminster which oversees 60% of the national private CD prescribing. As a result of the additional resources needed, NHS Westminster has introduced an annual flat fee of £228 for all private CD prescribers in the Westminster district, regardless of the volume of CDs being prescribed.

The BMA’s Private Practice Committee (PPC) has been contacted by a number of members with concerns that a £228 flat rate fee is disproportionately high for those doctors who may only prescribe CDs a couple of times per year, and that a sliding fee scale would be more appropriate. The PPC Chairman has raised this issue with NHS Westminster and has met with the PCTs Accountable Officer for CDs. The meeting was extremely useful in clarifying the nature of the fee and the investigative work undertaken in relation to CD prescribing. It was reported that the £228 fee covered both administrative costs (e.g. cost of prescription pads & staffing to oversee the prescribing process) and costs for the investigation and analysis of concerns. Whilst the investigative costs were the result of concerns that applied to only a small proportion of controlled drug prescribers, these could not be identified in advance and a number of concerns were in relation to ‘low volume’ CD prescribers. As such, the decision had been taken to divide the cost equally amongst all private prescribers of CDs regardless of volume.

The majority of the concerns being raised about private CD prescribing in Westminster have been in relation to treatment for drug addiction, where excessive dosages and combinations of CDs are being prescribed to individual patients. NHS Westminster refers to the BNF and the
2007 Clinical Guidelines ‘Drug misuse and dependence: UK guidelines on clinical management’ as a reference for treatment protocols and effective dosage and drug combinations. Prescribers issuing CD prescriptions out of these reference ranges will therefore be highlighted as potentially raising concern.

It should be noted that where private CD prescriptions are issued and dispensed in a hospital pharmacy the hospital is responsible for monitoring private prescribers use of scheduled 2 & 3 CDs. Therefore, if prescribers are only issuing CD prescriptions that are dispensed in a hospital pharmacy, and not by a community pharmacy, they would not need to register with the local PCO as a CD prescriber, but would be monitored by the private hospital. Therefore, private CD prescribers in Westminster who are only using a hospital pharmacy for dispensing of CDs do not need to pay the annual £228 charge to NHS Westminster.

2. Prescribing schedule 2 & 3 controlled drugs

Prescribers have a duty to prescribe responsibly in order to prevent patients who are receiving legitimate prescriptions from developing dependency to their prescribed drugs. In addition, they also have a responsibility to prevent patients who misuse drugs from obtaining those drugs on prescription through dishonest means. Prescribers should be familiar with the Misuse of Drugs Act (1971) and how it impacts on health professionals in their treatment of drug users, and the Misuse of Drugs Regulations (2001) that authorize and govern the use of controlled drugs (CDs) for medical purposes.

Prescribing of CDs for addiction
Prescribing for drug misuse is an area of CD prescribing that should be approached with caution. The Misuse of Drugs (Supply to Addicts) Regulations 1997 prohibit doctors from prescribing, administering or supplying diamorphine, cocaine or dipipanone for the treatment of addiction or suspected addiction except under a Home Office license. Other practitioners must refer any addict who requires these drugs to a treatment centre. A license is not required however to prescribe these drugs to patients for pain management due to disease or injury.

If patients present for drug misuse doctors are responsible for reporting these cases to the National Drug Treatment Monitoring Centres or regional equivalents. Further details can be obtained from the National Drug Treatment Monitoring System (NDTMS) website, which is run on behalf of the National Treatment Agency for Substance Misuse: www.ndtms.net. However, except in Northern Ireland, there is no legal requirement for doctors in the UK to notify authorities if they suspect a patient is addicted to a controlled drug.

Unfortunately, the NDTMS database cannot be used to check if a patient is obtaining multiple prescriptions for CDs. Therefore, to avoid supplying to addicts without being aware of the addiction problem, prescribers should question if there is an addiction in cases where a temporary resident or new patient requests a prescription for a CD.

3. Writing prescriptions for CDs

Private prescribers of schedule 2 and 3 CDs (excluding temazepam), that are to be dispensed in the community must be written on specially dedicated prescription forms (FP10PCD). These are obtained from the relevant Primary Care Organisations. Privately prescribed CDs that are issued and dispensed within a private hospital do not need to be written on the FP10PCD form.
All Schedule 2 and 3 CD prescriptions (excluding temazepam), whether dispensed in the community or hospital, must contain specific information to meet the requirements of the Misuse of Drugs Regulations 2001. If any of this information is missing, the prescription will be returned by the pharmacist:

1. The patient’s full name, address and where appropriate age (if under the age of 12)
2. The name and form of the drug e.g. expressed as tablets, capsules etc.
3. The dose must be on the prescription and cannot be expressed as ‘to be taken as directed’.
4. The strength must be indicated, where more than one strength is available.
5. The total quantity, or number of dose units, must be written in both words and figures.
6. The prescribers name, address (within the UK), date of issue and a handwritten signature must be provided. Private prescribers must also include their unique six-digit identification number.
7. The validity period of the prescription is restricted to 28 days.
8. The schedule 2 & 3 CDs cannot be prescribed on repeat dispensing.
9. The prescription of schedule 2, 3 & 4 CDs should be limited to a supply of up to 30 days treatment. In exceptional circumstances of clinical need and after consideration of any risk, a prescription can be issued for a longer period.
10. Prescribers should not issue CD prescriptions for themselves or family members unless exceptional circumstances exist.

4. Useful links

For more information on the prescribing of CDs please see the following links:


- The National Prescribing Centre, web based controlled drug resource: [http://www.npc.co.uk/policy/cd/controlled_drugs.htm](http://www.npc.co.uk/policy/cd/controlled_drugs.htm)
