



28th October 2011

Drug Legislation Team
Home Office Drugs and Alcohol Unit
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London
SW1P 4DF

**Proposals to consolidate and review specific provisions under the
Misuse of Drugs Regulations 2001**

Response from the Guild of Healthcare Pharmacists

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite.

We wish to make the following comments:

**OPTION 3: CONSOLIDATE THE MISUSE OF DRUGS REGULATIONS 2001 (AS AMENDED)
AND AMEND SPECIFIC PROVISIONS TO REFLECT CURRENT POLICY ON
CONTROLLED DRUGS.**

We support this preferred option.

**AMENDMENT TO EXEMPT DESIGNATED BODIES AND PRISONS FROM REQUISITION
REQUIREMENTS UNDER REGULATION 14(4) AND 14(5) OF THE 2001 REGULATIONS**

It is proposed to exempt designated bodies - hospices - and prisons from the requisition requirements under Regulation 14 of the 2001 Regulations

We support this proposal

Comments: No costs are envisaged as the proposal only removes a burden.

**AMENDMENTS TO INCLUDE PARAMEDICS AND OPERATING DEPARTMENT
PRACTITIONERS IN THE LIST OF HEALTHCARE PROFESSIONALS WHO MUST
PRESENT A REQUISITION IN ORDER TO OBTAIN CONTROLLED DRUGS FROM A
SUPPLIER**

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It is proposed to include paramedics and operating department practitioners in the list of professions required to present a requisition in order to obtain controlled drugs under Regulation 14(4) of the 2001 Regulations.

We support this proposal

AMENDMENTS TO EXTEND AUTHORITIES APPLICABLE TO SENIOR REGISTERED NURSES IN CHARGE OF WARDS TO REGISTERED MIDWIFE WARD MANAGERS

It is proposed to provide registered midwife ward managers with similar authorities to those currently applicable to senior registered nurses in charge of a Ward.

We support this proposal

AMENDMENTS TO MAKE IT A REQUIREMENT TO INCLUDE THE ROYAL COLLEGE OF VETERINARY SURGEON NUMBER ON PRESCRIPTIONS FOR SCHEDULES 2 AND 3 CONTROLLED DRUGS (EXCEPT TEMAZEPAM)

It is proposed to amend Regulation 15(1)(ab) to make it mandatory for veterinary practitioners to include their Royal College of Veterinary Surgeon number on prescriptions for Schedules

We support this proposal

AMENDMENTS TO REMOVE THE REFERENCE TO THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978 FROM REGULATION 14(5) OF THE 2001 REGULATIONS

It is proposed to remove the reference to the National Health Service (Scotland) Act 1978 from Regulation 14(5)(b) of the 2001 Regulations and to transfer responsibility for signing statements supporting requisitions by masters of foreign ships under these provisions to persons appointed by Scottish National Health Service Boards.

We support this proposal

Comment: No costs are envisaged as the proposal only removes a reference to a repealed Act

AMENDMENTS TO CLARIFY THAT REGULATION 15(3) OF THE 2001 REGULATIONS DOES NOT APPLY TO PRISONS

It is also proposed to clarify that Regulation 15(3) – which enables a prescription for Schedules 2 and 3 controlled drugs for the treatment of a patient in a hospital or care home to be written on the patient's bed card – is not applicable to prisons and that a 2001 Regulation compliant prescription needs to be completed.

We support this proposal

Comments: No costs are envisaged as the proposal only clarifies existing provision.

AMENDMENTS TO EXTEND AUTHORITIES APPLICABLE TO SENIOR REGISTERED NURSES IN CHARGE OF WARDS TO SENIOR REGISTERED NURSES IN CHARGE OF PRISON HEALTH CENTRES

It is proposed to extend the authorities currently applicable to senior registered nurses in charge of wards to senior registered nurses in charge of prison health centres.

We support this proposal

Comments: No costs are envisaged as the proposal only provides authority.

INCLUSION OF PRISONS IN THE 2001 REGULATIONS

It is proposed to include prisons in the 2001 Regulations to provide clarity on the specific provisions applying to the offender health environment.

We support this proposal

MIDWIFE SUPPLY ORDERS

It is proposed to amend the 2001 Regulations to make midwife supply orders specific to a patient.

We do not support this proposal. Although the proposal states that the risks associated with midwives having to carry controlled drugs would be removed by making the controlled drugs the property of the patient, we feel that the change would result in increased risks due to the increased availability of controlled drugs with reduced control in the community, particularly in light of increasing home births.

AMENDMENTS TO PROVIDE AUTHORITY TO AMBULANCE TRUSTS TO POSSESS AND SUPPLY CONTROLLED DRUGS TO PARAMEDICS EMPLOYED BY THE TRUST

It is proposed to provide authority, under the 2001 Regulations, to enable Ambulance Trusts to possess and supply controlled drugs.

We support this proposal but we do have some concerns. The consultation document states that the proposed changes will provide Ambulance Trusts with a similar authority to that currently applicable to NHS Hospital Trusts and care homes, and that this system will be more robust. However, we question how robust this system would be as there are no details on who would be responsible the ordering, stocking and supplying controlled drugs to paramedics, or what systems will be in place to ensure a good audit trail and how this links into the Local Intelligence Network.

Miscellaneous Proposals:

REQUISITIONS

It is not proposed to introduce a legislative amendment making the use of a standardised requisition form by individual healthcare professionals mandatory at this time.

We support this proposal.

While the Home Office will keep this situation under review with respect to possible future new legislation, we wish to point out that whilst it is currently practical for community pharmacies to submit a standardised form to the NHS Business Agency, this may not be practical for e.g. Ambulance Trusts and so this would need to be taken into consideration.

RUNNING BALANCES

It is proposed not to make running balances for controlled drug registers a mandatory requirement at this time but to review the position in the light of further information.

We do not support this proposal. The consultation paper states that the Home Office is of the view that the use of electronic controlled drug registers has not yet reached an extent that would warrant making running balances obligatory. However, we feel that the point made in the Shipman Inquiry has been missed here. The key point is the 'good practice' aspect of maintaining running balances by whatever

method is available - manual or otherwise. The application of electronic registers only serves as another means of providing a running balance. Hospital pharmacies have undertaken manual running balances for many years and community pharmacies have undertaken this method in recent years. We therefore feel that running balances should be made mandatory in all pharmacies.

GENERAL PROVISIONS

APPLICATION OF ANY LEGISLATIVE CHANGES TO ENGLAND, WALES, SCOTLAND AND NORTHERN IRELAND

The proposed changes to the Misuse of Drugs Regulations 2001 would have effect in England, Wales and Scotland. Northern Ireland has its own misuse of drugs regulations.

We support this proposal although we do not understand why Northern Ireland should maintain its own misuse of drugs regulations. For the sake of consistency of legislative changes and clarity for healthcare professionals, many of whom work in the home countries at different stages of their career, we feel that the same legislative changes should apply across all four countries.

Recommendations:

We also wish to submit the following items for consideration under the proposed Consolidation of the Misuse of Drugs Regulations 2001:

1. Pharmacist Independent Prescribers

Pharmacists who are qualified as independent prescribers should have full access to the range of controlled drugs currently available to other prescribers (i.e. medical staff). There are increasing numbers of independent pharmacist prescribers across the NHS and we feel that extending this access would produce significant benefits for patients and would reduce the need to for medical practitioners to be involved in the process.

2. Authorisation to transfer Controlled Drugs

Pharmacists should be able to authorise the transfer of controlled rugs between wards in a hospital either in person or remotely, out of hours, provided that a full auditable and subsequently audited trail is checked after the event.

Our reply may be made freely available.

Yours faithfully

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