

## **Summary of selected recommendations of the fourth report of the Shipman enquiry affecting nurses in the community**

*Please note: This is a summary of selected recommendations. For further details and background information, please refer to the full text of the report. This can be accessed at <http://www.the-shipman-inquiry.org.uk/fourthreport.asp> or via the link in the palliativedrugs.com August newsletter.*

### **Prescriptions**

1. The report recommends that a special prescription form should be introduced for use when prescribing a controlled drug (CD) on either an NHS or private basis. Pads of these forms should only be supplied to doctors who genuinely need to prescribe CDs for patients.

The prescription form should show the General Medical Council (GMC) registration number of the doctor to whom it has been issued, and no other prescriber should be allowed to use it.

2. The form should provide space for the doctor to record the medical condition for which the prescription has been issued. As a matter of good practice, they should ask the patient's consent to provide this information. The form may also require the patient's NHS number or other patient-specific identification to be provided.

3. The amount of CD that can be dispensed on a single prescription should not exceed 28 days supply. (This would not apply to drugs in Schedule 5 of the Misuse of Drugs Regulations [MDR] 2001; i.e., preparations that contain such small amounts of codeine/morphine etc. that they can be sold over the counter).

### **Safe custody and record-keeping in GPs' surgeries**

1. GPs who keep a stock of Schedule 2 CDs (e.g., morphine, diamorphine etc.) should still be required to keep a CD register and observe existing safe custody requirements. The CD register could be kept in electronic form, but should allow for a running total of each CD to be kept.

2. Each practice should set up a standard operating procedure that would state, amongst other things, how often the CD balance should be checked. Adherence to this procedure should be mandatory and subject to regular inspection.

### **Collecting CD supplies from the pharmacy**

1. Any healthcare professional acting in their professional capacity who presents or collects a CD prescription or requisition from a pharmacy, and who is not personally known to the pharmacist, should be asked for identification (preferably their professional registration card). The relevant information will be recorded in the pharmacy CD register.

2. Anyone who collects Schedule 2 CDs on a patient's behalf should have details of their name and address noted in the pharmacy CD register. For certain other CDs (barbiturates, benzodiazepines and anabolic steroids) they will be asked to sign the

back of the prescription to record receipt. If they are not personally known to the pharmacist, they should be asked for identification. The pharmacist has the discretion not to supply the CD if no identification is produced.

### **Use of CDs in the community**

1. Pharmacists should prepare a statutory patient drugs record card (PDRC) for each new supply of an injectable Schedule 2 CD that leaves the pharmacy. This should record the form (e.g., injection, tablet) and amount of drug supplied, the form and amount dispensed, and the dosage instructions as they appear on the prescription.

2. Healthcare professionals who administer injectable Schedule 2 drugs should be obliged to enter every new supply and administration on a master PDRC, and keep a running balance of any remaining stock. The destruction of any unused stock should also be recorded on the PDRC, wherever it takes place.

After the patient's death, or if injectable CDs are no longer required, the completed PDRC should be sent to the PCT to which the patient's GP is contracted. The PDRC should then be checked for anomalies, then cross-checked with the patient's GP records.

Once the new CD inspectorate comes into being, they may carry out audits of the PDRCs.

3. The destruction of injectable Schedule 2 CDs in the community should be more tightly regulated. Their destruction or removal from the patient's home should be properly recorded and witnessed. The classes of person lawfully entitled to undertake or witness destruction should include doctors, pharmacists, nurses, suitably trained law enforcement or PCT officers, and inspectors belonging to the proposed new CD inspectorate. (This may mean that two healthcare professionals are required to destroy or remove CDs from a patient's home).

4. PCTs should ensure that suitable arrangements are in place for the disposal of CDs.