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**CQC** is the health and social care services regulator with responsibilities for oversight of safe arrangements for controlled drugs across England. [Website](#)

**Department of Health**  
The Department of Health (DH) helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve. [Website](#)

**Home Office**  
The Home Office leads on immigration and passports, drugs policy, crime policy and counter-terrorism and works to ensure visible, responsive and accountable policing in

## Introduction

Hello and welcome to the first of our Policy sub-group newsletters. As many of you will be aware, the sub-group is one of four sub-groups reporting into our Controlled Drugs (CD) National Group which was set up as part of the strengthened governance arrangements following the Shipman Inquiry. The National CD Group meets quarterly and comprises representatives from those regulators and agencies with a CD remit. The sub-group feeds into that group and is made up of members from Government Departments, other regulators and NHS England CD Accountable Officers, and we invite other healthcare professionals and organisations as and when required. We hope that by working together, we can clarify and resolve some of the policy & operational issues that are encountered in everyday practice and signpost you to useful guidance.

## About the newsletter

In this issue, we include the concerns you have raised with us following the introduction of the new mandatory requisition form. Home Office are now aware of the issues and are looking at how best to address them. We also cover the Psychoactive Substances Act which came into force on 26<sup>th</sup> May 2016, destruction of unknown illicit substances and CD returns between trusts. We hope you find this first newsletter informative and we welcome your input and feedback. Please also share the newsletter with your colleagues and networks to raise awareness. Links to relevant new guidance can be found in the column on the left.

## Home Office guidance on the new CD Requisition requirements



On 30 November 2015 legislative provisions came into effect which made it mandatory for specified health and veterinary care professionals, and organisations listed in the Misuse of Drugs Regulations 2001, to use an approved form for the requisitioning of Schedule 2 and 3 controlled drugs.

Following the introduction of the form, the Home Office was made aware that activities within the hospital sector, which would normally be governed by provisions under regulation 14(6), and which was not expected to come within the scope of the new requirement, are now captured as a result of changes in the NHS structures in recent years.

This is an unintended consequence of the changes to NHS structures and healthcare delivery since 2011 rather than a result of a regulatory change and led to additional guidance being issued which can be found on NHS BSA's website.

## the UK. Website

### NHS England

**NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.**  
Website

### Resources

**CQC Controlled Drug Accountable Officer Register**

### Useful links:

- **NICE guidance (NG46) on Controlled Drugs: Safe Management and Use**
- **Links to other CD National Sub-Group Newsletters**
- **Mandatory CD Requisition Form**

### Information wanted

- Please send us your feedback to;  
**CDsubgroups@cqc.org.uk**

### Contact Us

**CDsubgroups@cqc.org.uk**

Some of the main concerns highlighted to us have been shared with Home Office for their consideration and are summarised below. Please await an update in a further newsletter.

#### *Trust issues:*

*What are the purpose and /or value of the requisition in a single trust hospital pharmacy department where it does not supply CDs to any other legal entity? The trust does not hold a wholesale dealers license or a home office CD license and the pharmacy is not a registered premises. The pharmacy uses electronic ordering to place orders for CDs (with wholesalers) with the system providing a far more robust audit trail than a paper record. Completing the mandatory requisition form by hand and sending it separately to the wholesaler places an additional burden on both the pharmacy department and the wholesaler. Furthermore, as the regulation exempts the submission of requisitions received by wholesalers from being sent to the NHSBSA, there is no apparent benefit derived from its use.*

#### *Wholesaler issues / suggestions*

- 1. Wholesaler supplier drivers neither request nor accept the form.*
- 2. Wholesalers do not want to store the paper copies.*
- 3. Would it be possible to provide / keep a secure electronic copy with our most commonly used wholesaler – to save the time taken to complete the form (as details cannot be saved)?*

*And finally.....some community pharmacists have requested the following considerations:*

- 1. Can the Customer details be above the order list i.e. in section A.*
- 2. Can the Supplier details be below the order list i.e. in section C.*
- 3. A Responsible Pharmacist name and GPhC number after the supplier address (if applicable).*
- 4. Can the columns be Drug name/ Strength/ Form/ Quantity then a further 2 columns in different colour for Quantity received / Signature of recipient.*

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## The Psychoactive Substances Act

The Psychoactive Substances Act (PSA) came into force on 26th May 2016. The PSA makes it an offence to produce, supply or offer to supply any psychoactive substance if the substance is likely to be used for its psychoactive effects and regardless of its potential for harm. The only exemption to the PSA is those substances already controlled by the Misuse of Drugs Act, food, nicotine, alcohol, caffeine and medicinal products.

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## Useful information - CD returns between trusts

Regulation 6 (1) of the MDR 2001 sets out: "Notwithstanding the provisions of section 4(1)(b) of the Act, any person who is lawfully in possession of a controlled drug may supply that drug to the person from whom he obtained it." However, other factors such as integrity of the product will also need to be considered and reflected in any overall policy.