



Home Office

CONSULTATION ON PROPOSALS TO CONSOLIDATE AND REVIEW SPECIFIC PROVISIONS UNDER THE MISUSE OF DRUGS REGULATIONS 2001

SUMMARY OF RESPONSES

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Background

1. Since the introduction of the 2001 Regulations in February 2002, there have been several amendments (fourteen of these substantive) to the original statutory instrument – the 2001 Regulations – to reflect policy changes and clarify provisions under the regulations. This has led to the provisions in the 2001 Regulations being fragmented, complex and at times difficult to follow.
2. The Home Office, conscious of the potential impact of fragmented regulations on healthcare professionals and the need to ensure the regulatory framework on controlled drugs is effective, reflects current policy and keeps pace with an ever changing healthcare landscape, particularly with new healthcare professionals and settings in which care is provided, consulted on proposals to consolidate the 2001 Regulations in August 2011.
3. Following the consultation, and in light of competing demand for resources, it became necessary to separate the review of specific provisions from the consolidation work. The specific review is now being carried forward separately with plans to consolidate the 2001 Regulations as soon as possible in the near future. This paper notifies the results of the consultation in relation to the proposed regulatory amendments.

The Consultation Process

4. In August 2011, the Home Office published a consultation paper seeking views on 3 options, including the Home Office's preferred option (option 3 below). The options for consolidating and reviewing the 2001 Regulations were as follows:

OPTION 1: Do nothing

5. This option proposed maintaining the status quo, with the provisions under the 2001 Regulations continuing to remain set out in the nineteen statutory instruments which currently contain provisions under the 2001 Regulations.

OPTION 2: Consolidate the Misuse of Drugs Regulations 2001 (as amended)

6. This option proposed consolidating the 2001 Regulations, bringing the current provisions under the 2001 Regulations, contained in nineteen statutory instruments, into a single legislative document.

OPTION 3: Consolidate the Misuse of Drugs Regulations 2001 (as amended) and amend specific provisions to reflect current policy on controlled drugs.

7. This option proposed consolidating the 2001 Regulations as in option two (2) above and includes specific amendments to the 2001 Regulations, where there is a clear and compelling professional and/or policy need, to ensure the regulations continue to be comprehensive, fit for current purpose and reflect current policies in relation to drugs controlled under the Misuse of Drugs Act 1971 (the 1971 Act) which are also scheduled under the 2001 Regulations.

8. The consultation period closed on 28th October 2011. A full list of the organisations that responded is attached at Annex A. In addition a number of responses from individuals were received. This paper provides a summary of the responses received and the Government response to each of the proposals in light of comments received.

SUMMARY /OVERVIEW OF RESPONSES TO INDIVIDUAL PROPOSALS (INCLUDING WHERE APPROPRIATE COMMENTS MADE ON ALTERNATIVE OPTIONS)

9. A total of 103 responses were received by the closing date of the consultation. Of these 16 related to issues outside the scope of the consultation proposals. Respondents overwhelmingly supported the proposal to consolidate and review specific proposals under the 2001 Regulations (**option 3**). However, there were diverging views on some specific proposals, more particularly on proposals relating to outstanding recommendations from the Shipman Inquiry. The responses to specific proposals are summarised below;

Proposal 1: to exempt hospices and prisons from requisition requirements under Regulations 14(4) and 14(5).

Aim: to ensure data captured by the National Health Service Business Service Agency and corresponding departments in Scotland and Wales, for use by Controlled Drugs Accountable Officers, reflect requisition activity for individual healthcare professionals in the community.

10. The vast majority of respondents were supportive of the proposal. This proposal followed recommendations in the **Care Quality Commission's** (CQC) Safer Management of Controlled Drugs Annual Reports of 2009 and 2010 and was supported by organisations and departments including the **CQC**, the **Secure Environment Pharmacy Group** and the **Department of Health**.

11. The **Health Protection Council** and **Plymouth Local Intelligence Network** for controlled drugs were of the view that the proposal should be expanded to include community hospitals and private drug dependency units respectively. Respondents also highlighted the need to ensure that the alternative procedure employed provides a robust and auditable trail that complies with the required governance standards for controlled drugs.

12. A healthcare professional was against the proposals on the basis that because of "*the perceived altruistic nature of hospices, audit, control and outside supervision is light touch at best*". **PharmacyVoice**, which represents the views of community pharmacists, felt the proposal was a "*retrograde step as it does not take account of possible future developments*".

Government Response

The Government notes the comments received in relation to this proposals, including the minority views against the proposal. While it is evident that this significant change is not supported by all, it notes that implementing this proposal will improve the data available to Controlled Drugs Accountable Officers and assist in the monitoring of individual prescribing centrally through data gathered by the

National Health Service Business Services Agency for England and similar bodies in Scotland and Wales. The Government has therefore decided to implement legislative changes to remove the requirement for hospices and prisons to use a complaint requisition when obtaining stocks of controlled drugs.

Proposal 2: to include paramedics and operating department practitioners in the list of healthcare professionals under Regulation 14.

Aim: to ensure requisition activity by these professionals can be captured and monitored.

13. This proposal was fully supported by all respondents as it was perceived that the current lack of provision, mandating paramedics and operating department practitioners to provide a requisition when ordering controlled drugs, was a barrier to better data collection and therefore effective audits of requisition activity by these professionals. A number of the respondents also felt that this would bring the relevant healthcare professionals in line with other professionals and improve data collection. A number of respondents highlighted the current gap relating to wholesale supplies to paramedics and the need to capture and monitor requisition activity between paramedics and wholesalers.

14. The **Health Professions Council, NHS Protect, College of Operating Department Practitioners** and the **Scottish Ambulance Service** amongst others were all fully supportive of the proposal

Government Response

The government notes the overwhelming support for this proposal, which is aimed at improving the audit trail of stocks of controlled drugs supplied to paramedics and operating department practitioners. The Government will implement legislative changes to make the use of a compliant requisition a requirement for paramedics and operating department practitioners when obtaining stocks of controlled drugs.

Proposal 3: to extend authorities applicable to senior registered nurses in charge of wards to registered midwife ward managers.

Aim: to ensure registered healthcare professional are given equal recognition and treatment under controlled drugs regulations.

15. This proposal was fully supported by all respondents to the consultation. All respondents agreed that this was a step forward in ensuring that all healthcare professionals are placed on a similar footing under the 2001 Regulations.

16. The **Nursing and Midwifery Council (NMC)** is fully supportive of the proposal as not all midwives also hold registration as registered nurses. However, the NMC recommends that the term “senior” should be removed from references to registered nurses in charge of wards or registered midwife ward managers as this term is not recognised in medicines legislation or regulations and is likely to be open to various interpretations and therefore cause confusion in the field.

Government Response

The government notes the overwhelming support for this proposal and agrees that placing trained and registered healthcare professionals on a similar footing is a positive move to ensuring the skills of healthcare professionals are maximised for the benefit of patients. The Government will implement legislative changes to extend the authorities applicable to senior registered nurses in charge of wards to registered midwife ward managers

Proposal 4: to make it a requirement to include Royal College of Veterinary Surgeons (RCVS) number on veterinary prescriptions for Schedules 2 and 3 controlled drugs (except Temazepam).

Aim: to ensure prescribing activity of veterinary professionals can be monitored in a similar way to private healthcare prescriptions.

17. This proposal was supported by all respondents. However, respondents were also of the view that; temazepam should be included in the proposal, inclusion of RVCS number should also be made mandatory for veterinary requisitions, and that veterinary practitioners should be required to submit veterinary prescriptions to the NHS Business Services Agency for monitoring.

18. The **Royal Pharmaceutical Society**, the **Royal College of Veterinary Surgeons**, the **British Veterinary Association** and the **Veterinary Medicines Directorate** were all fully supportive of the proposal.

Government Response

The Government notes the support for this proposal from respondents to the consultation, including from the regulatory and professional bodies. It notes that when implemented this proposals will enhance the audit trail of drugs prescribed in the veterinary sector. The Government will implement legislative changes to make it a requirement for veterinary practitioners to include their RCVS number on prescriptions for Schedules 2 and 3 drugs.

Proposal 5: to remove the reference to the National Health Service (Scotland) Act 1978 for the 2001 Regulations.

Aim: to remove the reference to a repealed provision in the 2001 Regulations.

19. This proposal was supported by all respondents with the exception of the **Maritime and Coastguard Agency (MCA)**.

20. The **MCA** could not support the proposals to transfer responsibility for this work to MCA approved doctors as in their view their doctors "*lacked the competence and the capacity to undertake the role*". MCA approved doctors only carry out occupational health assessments for seamen and are not based at the ports or have the relevant knowledge about controlled drugs used on ships to enable them undertake this role. Following further consultation with Scottish Government officials, the Home Office is advised that the repealed provisions under the NHS Act were reformed and re-enacted, and the proposal is that the new re-enacted provisions should replace the current provisions under the 2001 Regulations.

Government Response

The Government notes the support for this proposal and the concerns raised by the MCA. Over the course of the consultation process, it became clear that the provisions under the National Health (Scotland) Act 1978 have been re-enacted under a different piece of legislation. The Government, in consultation with Scottish Government lawyers, will implement legislative changes to replace the current reference with the re-enacted provisions.

Proposal 6: to clarify that Regulation 15(3) of the 2001 Regulations does not apply to prisons.

Aim: to ensure that on transfer of a prisoner, particularly over a weekend, a copy of their prescription can travel with them to their new location to assist in maintaining continuity of care.

21. This proposal was supported by the vast majority of respondents who were of the view that patient's interest through continuity of care will be best served by implementing this proposal. **Her Majesty's Inspectorate of Prisons** supports the proposal for the reasons outlined in the consultation document.

22. The **Secure Environment Pharmacy Group (SEPG)** fully supported this proposal as *"it has been the expert advice of the SEPG Executive Committee that legislation specifically relating to hospitals and care homes should not be applied to prisons unless explicitly stated"*. In the SEPG's view *"controlled drug bed charts with administration record can and should include the required information to make them legal prescriptions"*.

23. **Social Care and Social Work Improvement Scotland** and the **Betsi Cadwaladar University Local Health Board** (Wales) also agree with the proposal. However, the **Pharmacy and Health Adviser to the Scottish Prison Service (PHASPS)** has concerns around the proposal. The PHASPS reports that in the SPS the majority of Schedule 2 and 3 controlled drugs are ordered as stock and then written up on a *"Kardex"* for individual prisoners via an instruction to administer. The concern is that if the proposed change will require all prescriptions in the SPS, including instructions to administer, to comply with Regulation 15 this would mean a significant disruption to the Scottish prison regime and an increase in costs to the service of up £1.7 million per year. These costs will not be incurred if instructions to administer are not affected by the proposal. The **British Medical Association** expressed similar concerns around written paper prescriptions for all prisoners, which could potentially get lost, if the change will lead to a requirement that medication charts can no longer be used in prisons.

24. The **Accountable Officers Network (Scotland)** commented that in Scotland records travel with prisoners so there are no concerns with the current process. However, it was of the view that *"if controlled drugs were provided against a prescription transferable with a prisoner this would prevent any problems"*.

Government Response

The Government notes the majority support for this proposal. However, since the consultation ended developments in the secure environment sector mean this proposal is now redundant and no longer needs to be implemented.

Proposal 7: to extend authorities applicable to senior registered nurses in charge of wards to senior registered nurses in charge of prison health centres.

Aim: to ensure better governance for controlled drugs used in prison healthcare.

25. The overwhelming majority of respondents support the proposals to extend authorities to registered nurses in charge of prison health centres as it is felt that this will enable better governance. However, respondents will like the extension to be carefully drafted to address issues such as the definition of 'senior registered nurse' and consideration to be given to whether authority should be granted to a "*registered healthcare professional*" rather than simply to a nurse.

26. The **Department of Health** welcomes the proposal but is of the view that the legislation and guidance should make it clear that the proposed change only applies where there is no on-site pharmacy. The **CQC** expressed the view that consideration should be given to the '**senior-nurse-in-charge**' being a specific nominated position within the prison. The **Accountable Officers Network (Scotland)** is of the view that with the transfer of prison healthcare to NHS Scotland, the senior registered nurse will be employed by the NHS and the proposal would help accountability and patient care by ensuring equality of responsibility with senior registered nurses in charge of wards.

27. The **Secure Environment Pharmacy Group (SEPG)** supports the proposal in principle but would like consideration to be given to whether the authority extends to the registered nurse in charge (several individuals) over a 24 hour/ 7 day period, as would be the case in a hospital ward; or is restricted to a single role such as the healthcare manager if a qualified nurse, in line with the scenario of the pharmacist in charge within an 'in house' pharmacy, who would only be on site during pharmacy opening hours. **Norfolk Community Care and NHS Trust** amongst others commented that "*the terminology used should not include reference to 'prison health centre' as controlled drugs may not be situated only in 'health centres' in prison, but may also be stored and administered in outlying wings*". They recommend the use of the simpler 'prison health service'.

28. The **Pharmacy and Health Adviser to the Scottish Prison Service** considers the proposal to be well overdue. Its view is that "*the proposed change will address the anomaly which currently exists and enable healthcare professionals to operate wholly within the 2001 Regulations*". The **NMC** fully supports this proposal but again would recommend that the term "senior" is removed from references to registered nurses (see comments at paragraph 18).

Government Response

The Government notes the overwhelming support for this proposal and the benefits this will deliver in governance arrangements for the most potent drugs controlled under the 1971 Act. It notes that the extension of authorities under this proposal are similarly a positive step towards ensuring the skills of healthcare professionals in all sectors are recognised and maximised for the benefits of patients.

Further Proposals – General

Proposal 8: to include prisons in the 2001 Regulations

Aim: to provide clarity on provisions and requirements that apply to the secure environment sector.

29. This proposal received overwhelming support from respondents. Respondents were of the general view that the current lack of reference to prisons is confusing and that specific reference to prisons under the 2001 Regulations will provide clarity and establish which provisions applied to healthcare provision in +prisons.

30. **HMIP** commented that the term ‘offender health environment’ is ambiguous and requires definition. The **East and South East Specialist Pharmacy Service**, the **Secure Environment Pharmacy Group (SEPG)** and other respondents expressed the view that the definition used should include healthcare centres within HM Prisons, Young Offenders Institutes, Immigration Removal Centres, Secure Training Centres and Police Custody Suites.

31. The **Department of Health (DH)** welcomes the proposal to include prisons in the 2001 Regulations and believes the current position is “*an important omission*”. In the light of other comments received the DH “*would welcome further discussions on the scope of any definition used to capture ‘other secure settings’ including Immigration Removal Centres, Secure Training Centres (for children aged 13-17) Secure Childrens Homes etc as there would be advantages to a universal regulatory framework for all such settings*”.

Government Response

The Government notes the overwhelming support for this proposal and the clarity and benefits that this brings. The Government will implement legislative changes to include the secure environment sector in the 2001 Regulations to ensure provisions that apply to the sector can be clearly identified.

Proposal 9: to make Midwife Supply Orders patient specific.

Aim: to reduce the risk from midwives carrying stocks of controlled drugs on their visits in the community.

32. The majority of respondents supported this proposal. The **NMC**, the professional body which represents midwives strongly recommended the proposed change for the consideration of the ACMD in 2007. The ACMD has historically supported this proposal (ACMD Annual Report 2007). In the **NMC’s** view, making Midwife Supply Orders patient specific rather than midwife specific “*will allow improved access to pain relieving medicines during labour and for medicines to be in the possession of the “patient” rather than the midwife*”. This will remove the risk currently associated with midwives carrying controlled drugs in the community.

33. The **Department of Health** supports this proposal and would welcome the opportunity to discuss what further legislative changes are necessary to enable midwives supply controlled drugs in an emergency. The **Care Quality Commission** and the **SHA Pharmacy and Prescribing Leads Group** amongst others also support this proposal. The **Accountable Officers Network (Scotland)** supports the proposals but highlights

that “it may carry the potential of increased waste and diversion as patients will be relied on to return unused drugs to a pharmacy for destruction”. **NHS Protect** supports the proposal and “believe this is an important change that will help address the potential for the diversion of controlled drugs stock, provide greater scrutiny of prescribing trends and usage in community settings and eliminate the risk to staff safety from carrying controlled drug stocks”.

34. The **British Medical Association**, the **Secure Environment Pharmacy Group**, **Shropshire and Telford & Wrekin Local Intelligence Network**, **Guild of Healthcare Pharmacists** and **PharmacyVoice** have reservations about the proposal as in their view it would effectively create a circumstance which allows diversion of controlled drugs in the community as drugs prescribed become the “patients” property and will not be removed from their house when no further need exists or be seen as a high priority for disposal by the patient. **Bedfordshire Primary Care Trust** and **East & South East England Specialist Pharmacy Services** do not support the proposal and comment on the potential wastage and technical difficulties in putting this in place. Both organisations propose that an alternate solution is “the use of independent prescribing which will enable midwife prescribing activity to be visibly monitored via e-pact”.

Government Response

The Government notes the overwhelming support for this proposal, including the concerns raised by respondents opposed to the proposal. It further notes that whilst making MSOs patient specific will transfer ownership of controlled drugs to patients, this will be no different from drugs prescribed for patients in general practice. In this regard the benefits from preventing stocks of controlled drugs being carried by midwives in the community and the risks that will be minimised by such change far outweigh any concerns raised in response to the proposal. Furthermore, the Government notes that the NMC, which represents the interests of midwives, fully supports this proposal. The Government will therefore implement legislative changes to make midwife supply orders patient specific.

Proposal 10: to provide authority to NHS Ambulance Trusts to possess and supply controlled drugs to paramedics employed by the Trust.

Aim: to ensure public Ambulance Trusts have similar authorities to hospitals trusts and improve governance arrangements for controlled drugs used in the sector.

35. This proposal was fully supported by respondents. The **North East**, **South Western**, **Great Western** and **South Central Ambulance** Trusts fully support the proposal and “welcome the flexibility and effective monitoring that the proposals promises”. However, the Trusts recognise the responsibility that the proposal places on them and understand that robust governance will be needed to ensure only clinicians with the requisite skills and competence to administer controlled drugs have access to these drugs in clinical practice. The Trusts and other respondents are of the view that “the proposal should not be restricted to the drugs that paramedics are authorised to possess as Ambulance Trusts employ other healthcare professionals in their work”.

36. **NHS Protect** welcomes this development as a positive step. In their view “the current position allows Ambulance Trusts to interpret the legislation in different ways leading to potential security issues and inconsistencies”. **NHS Protect** further comments that “the proposed change will provide opportunity for a less complicated system with reduced

risks and will complement and support its work within the sector". The **Department of Health (DH)** and the **Care Quality Commission** both support the proposal. In their view the proposal will remove the confusion around current arrangements and ease the current pressures within Trusts. The **Scottish Ambulance Service** and the **SHA Pharmacy and Prescribing Leads Group** are also supportive of the proposal as in their view it will ensure greater control, flexibility, accountability and governance in the introduction and management of controlled drugs in the future.

Government Response

The Government notes the overwhelming support for this proposal which when implemented will provide better governance for drugs used within the public ambulance sector and reduce the risk of diversion and misuse from drugs used within the sector. The Government will introduce legislative authorities to enable NHS ambulance Trusts to possess and supply controlled drugs to qualified and registered employees of the Trust.

Proposal 11: to make legislative amendments enabling the emergency supply of phenobarbitone sodium (Phenobarbital sodium)

Aim: to regularise the emergency supply of medicines containing phenobarbital or phenobarbital sodium for the treatment of epilepsy.

37. This proposal was fully supported by respondents, including the **Care Quality Commission** and the **Royal Pharmaceutical Society**. The **British Medical Association** was not against the proposal but commented "*that it needs to be made clear in guidance how a pharmacist ascertains whether a patient has epilepsy or not, and whether they will require proof before supplying the controlled drug*".

Government Response

The Government notes the support for this proposal and will introduce legislative provisions to regularise the emergency supply of medicines containing phenobarbitone and phenobarbitone sodium in accordance with the Human Medicines Regulations 2012.

Miscellaneous Shipman Inquiry Recommendations

Proposal 12: not to make the use of specific requisition form mandatory.

Aim: to encourage health and veterinary care professionals to comply with guidance.

38. This proposal was supported by a small majority of respondents with the number falling far below the necessary weight to carry forward the proposals. In addition, the support for the proposal is further dampened by the very strong views against the proposals from organisations and individuals who oppose the proposal not to legislate.

39. Support for the proposal came from organisations including the **Department of Health**, the **Scottish Ambulance Service**, the **SHA Pharmacy and Prescribing Leads Group**, **PharmacyVoice**, the **Nursing and Midwifery Council**, the **Guild of Healthcare Pharmacists** and the **Secure Environment Pharmacy Group** amongst others. The **Care Quality Commission** also supports the proposal if the current position is "*kept under review by the Home Office*". In its view "*not having a mandatory requirement*

*leaves gaps in the monitoring arrangements and requires robust and ongoing cooperation of professional bodies to promote best practice". The **Royal Pharmaceutical Society** "support and encourage the use of the standardised form by all healthcare professionals and would welcome non-legal initiatives to increase the use of the form".*

40. **NHS Cambridgeshire, Cornwall and Isle of Scilly PCT, Norfolk Community Health and Care NHS Trust, NHS Dorset** and the **Betsi Cadwaladar University Local Health Board** (Wales) amongst others strongly opposed the proposal. The **General Pharmaceutical Council** also opposed the proposal and is of the view that "*if the use of standard requisition forms were made a legal requirement for all healthcare professionals..., then a more comprehensive picture about the movement of stocks of controlled drugs could be captured, recorded and monitored*"

41. Respondents also commented on the minimal impact of making the use of a prescribed form mandatory, given the already high uptake (**80%+**), arguing that it is necessary to ensure the requisition activity of the remaining 20% is captured and monitored. Serious concerns were also raised around the supply of controlled drugs directly to dispensing practitioners and paramedics by wholesalers without the relevant requisitions being obtained and the need to ensure that this gap in data capture is closed. Respondents who oppose the proposal were of the view that mandatory use will achieve this aim.

Government Response

The Government notes the responses to the proposals and whilst it is clear that a small majority of respondents support the proposal, the concerns raised by respondents who opposed the proposal warranted reconsideration. It further notes that while the majority of professionals have adopted the requisition form introduced by the Department of Health in England and the corresponding departments in Wales and Scotland, it is now necessary to make the use of a specific form mandatory to ensure the minority that have not adopted the forms comply with their use. Furthermore implementing this change, a Shipman Inquiry recommendation, will enhance the data collected for stocks of the most potent controlled drugs obtained by healthcare professionals in the community.

Proposal 13: not to legislate to make running balance in controlled drug registers mandatory.

Aim: to encourage health and veterinary care professionals to comply with guidance on the keeping of running balances.

42. This proposal was strongly opposed by the majority of respondents including the **Guild of Healthcare Pharmacists**, the **Accountable Officers Network (Scotland)**, and the **Scottish National Acute Pharmacy Services**. The predominant view is that running balances have been recommended as good practice for some time and therefore a mandatory requirement will have very little impact in practice but would provide enhanced governance for those areas not currently maintaining running balances. Respondents also commented that the keeping of running balances have enabled discrepancies to be identified promptly preventing the need for extensive investigations at a later time. Respondents also felt that the lack of widespread use of electronic controlled drug registers should not be a barrier to making running balances mandatory.

43. The proposal is supported by the **Department of Health**, the **Care Quality Commission**, the **Royal Pharmaceutical Society (RPS)**, the **Nursing and Midwifery Council**, **PharmacyVoice** and the **Scottish Drugs Strategy Delivery Commission** amongst others. The RPS acknowledges that “*within the pharmacy profession there is a wide range of opinion regarding whether this should remain good practice or necessary to become mandatory*”. It further comments that in the event that running balances are made mandatory, it strongly believes that the Misuse of Drugs Regulations 2001 “*should not impose legal penalties where an error has occurred*”.

Government Response

The Government notes the overwhelming opposition to this proposal, and the limited difference legislative proposals will make in relation to running balances. It further notes that it is in the interest of pharmacists and other healthcare professionals to maintain running balances as this assists with managing stock levels. The Government has therefore decided not to legislate to make the maintenance of running balances in controlled drug registers mandatory.

Other relevant information

44. Respondents generally welcomed the proposal to consolidate the Misuse of Drugs Regulations 2001 and saw this as an opportunity to further strengthen the regulatory framework on controlled drugs to prevent diversion and misuse of potent drugs, whilst ensuring ready access for healthcare professionals requiring controlled drugs for clinical use. Some respondents used the opportunity to comment on other issues not related to the consultation.

Other responses

45. Other responses not related to the consultation proposals are summarised as follows;

- Authorities for pharmacy technicians under the 2001 Regulations;
- Authority to enable nurses to supply CDs to patients in other wards or for pharmacists to authorise transfer of CDs between wards out of hours;
- Mandatory use of CD registers in hospital wards;
- Mandatory recording of patients own drugs in CD register;
- Review of the Misuse of Drugs (Safe Custody) Regulations 1973;
- Authority for non-medical prescribers to prescribe all CDs;
- Exemption for the supply of foil (implemented in September 2014);
- Review of the instalment prescribing provisions under Regulations 15 and 16 of the 2001 Regulations;
- Authority for Authorised Witnesses to possess and denature CDs;
- Extension of CD register retention periods;
- Reuse of CDs for other patients due to shortages;
- Clarification of amount of CDs paramedics can possess under the Group Authority;
- Review of Khat with a view to control (implemented June 2014); and
- Possession authorities for paramedics to carry midazolam.

LIST OF RESPONDENTS**Organisations**

1. Department of Health
2. Care Quality Commission
3. General Pharmaceutical Council
4. Royal Pharmaceutical Society
5. Nursing and Midwifery Council
6. Royal College of Veterinary Surgeons
7. Health Professions Council
8. British Medical Association
9. NHS Kent & Medway
10. Turning Point
11. Pharmag
12. Spectrum Community Health
13. Cornwall and Isle of Scilly PCT
14. Help the Hospices
15. NHS Cambridgeshire
16. Barnsley PCT
17. Guild of Healthcare Pharmacists
18. Veterinary Medicines Directorate
19. Her Majesty's Inspector of Prisons (Health)
20. NHS Dorset
21. Pharmacy and Health Advisor to the Scottish Prison Service
22. Medical Defence Union
23. Scottish National Acute Pharmacy Services
24. Scottish Ambulance Service
25. NHS Hertfordshire
26. College of Operating Department Practitioners
27. Secure Environment Pharmacy Group
28. NHS Protect
29. Royal College of Nursing
30. Viropharma
31. Social Care and Social Work Improvement Scotland
32. Betsi Cadwaladar University Local Health Board (Wales)
33. Bedfordshire Primary Care Trust
34. East & South East England Specialist Pharmacy Services
35. SHA Pharmacy and Prescribing Leads Group
36. Shropshire and Telford & Wrekin Local Intelligence Network
37. PharmacyVoice
38. NHS Bedfordshire
39. East Midlands Ambulance Service NHS Trust
40. Torbay Care Trust
41. South West Ambulance Service NHS Trust
42. Great Western Ambulance Trust
43. Colchester Hospital University – NHS Foundation Trust
44. British Veterinary Association
45. NHS Cambridgeshire
46. Ambulance Pharmacist Network
47. Scottish Drugs Strategy Delivery Commission
48. Plymouth Local Intelligence Network

49. North East Ambulance Trust
50. Norfolk Community Health and Care
51. North Devon Healthcare NHS Trust
52. Greenwich Controlled Drugs Local Intelligence Network
53. South Central Ambulance Service
54. Herefordshire Controlled Drugs Local Intelligence Network
55. Palliative Care Pharmacists Network
56. British Paediatric Neurology Association
57. Welsh Refugee Council
58. Maritime and Coastguard Agency
59. British Paediatric Neurology Association
60. Epilepsy Society

61 to 103 – individual responses; midwives, pharmacists, Accountable Officers, paramedics, Police CD liaison Officer, nurses, veterinary practitioners and other healthcare professionals.