



**Suffolk
Primary
Care**

Lost Medications & Controlled Drugs Protocol

Version	Date	Version Created By	Version Approved By	Comments
Issue 1	9 September 2022	Holly Warman	IGC	First issue
Issue 2	17 October 2025	Dr Lena Farruggio	IGC	Completely re-written

Next Review: October 2027

1. Purpose

This policy provides guidance to ensure the safe prescribing, storage, and management of Controlled Drugs (CDs) in accordance with:

- The *Misuse of Drugs Act 1971* and *Misuse of Drugs Regulations 2001*
- *NHS England: Safer Management of Controlled Drugs (2024)*
- *CQC Regulation 12: Safe Care and Treatment*

The protocol supports doctors, nurses, and administrative staff to prevent misuse, diversion, and harm related to controlled drugs.

2. Scope

This policy applies to all practice staff involved in prescribing, handling, or discussing controlled drugs. It includes:

- Safe prescribing and repeat issue of CDs
 - Management of lost or early prescription requests
 - Secure storage and destruction
 - Reporting concerns and incidents
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3. Controlled Drugs Covered

Common medicines at risk of misuse or diversion include (but are not limited to):

Morphine | Tramadol | Codeine | Dihydrocodeine | Oxycodone | Fentanyl | Buprenorphine
Diazepam | Temazepam | Alprazolam | Pregabalin | Gabapentin | Zopiclone | Zolpidem

The practice will **not initiate long-term use or increase doses** of these medicines without clear clinical justification and/or multidisciplinary review.

4. Safe Prescribing Principles

- Controlled drugs should be prescribed **at the lowest effective dose** for the **shortest appropriate duration**.
 - Repeat prescribing of CDs must be **clinically reviewed at least every 3 months**.
 - All prescriptions should be generated by **authorised prescribers only**.
 - Quantities prescribed should reflect safe intervals (typically **no more than 28 days' supply**).
 - Patients must be informed of the risks of dependency and safe storage.
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5. Lost or Early Prescription Requests

If a patient reports lost or stolen medication:

First Occurrence:

- On-call GP decides whether to reissue after assessing circumstances.
- Document decision, rationale, and discussion in the patient record.

Repeated Occurrence:

- Prescriptions are reduced to **weekly issue** and not replaced if lost again.

If on Weekly Issue and Report Loss:

- Change to **daily prescriptions** until further review.
- No replacement prescription will be issued.

All such incidents must be discussed at the next **clinical meeting/MDT** and reviewed by the **Named GP/Usual GP**.

6. Incident Reporting & Governance

- All CD-related incidents (loss, theft, discrepancies, suspected misuse) must be:
 - Recorded in the patient record
 - Serious incidents or repeated losses must be escalated to the **Practice Manager** and **NHS England Controlled Drugs Accountable Officer (CDAO)** and Reported to the via the **Local Intelligence Network (LIN)** if appropriate.
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7. Storage, Security, and Destruction

- All CDs kept on site must be **stored in a locked CD cabinet** compliant with the *Misuse of Drugs (Safe Custody) Regulations 1973*.
 - Access to CDs is restricted to authorised staff only.
 - Expired or returned CDs must be destroyed by an authorised witness and recorded in the CD register.
 - Unwanted patient CDs should be returned to a community pharmacy/dispensary for safe destruction.
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8. Safeguarding & Patient Support

- Repeated requests for lost or early medication should prompt consideration of:
 - **Dependency or misuse concerns**
 - **Safeguarding risks**
 - Referral to **substance misuse services** or pain management support if appropriate.
 - Patients should receive written information about:
 - Safe storage of CDs
 - Avoiding sharing or diversion
 - Returning unused medication safely
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9. Staff Training

- All relevant staff must complete **annual training** on safe CD management.
 - Training should cover prescribing, storage, destruction, and incident reporting.
 - Training records must be retained for **CQC inspection**.
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