

The Dove Valley Practice

PRACTICE POLICY ON SUPPLY OF DRUGS LIABLE TO MISUSE

1. CONTROLLED drugs, for example Methadone, Diamorphine (Heroin), Buprenorphine (Temgesic) will not be supplied by this Practice. Management of patients is by the Substance Misuse Team.
2. SEDATIVES, TRANQUILLIZERS, HYPNOTICS (SLEEPING TABLETS) for example DIAZEPAM, TEMAZEPAM, NITRAZEPAM, ZIMOVANE: These are all licensed for NHS prescription for short-term use only. Therefore patients will not be supplied with prescriptions for maintenance doses of these drugs. We are prepared to work with patients, in conjunction with the Substance Misuse Team, who commit themselves to stopping these drugs.
3. ANTIDEPRESSANTS, MAJOR TRANQUILLIZERS, ANTICONVULSANTS: These drugs are prescribed only for certain disorders, often on the advice of a Consultant Psychiatrist. Repeat prescriptions will only be issued when the GP is satisfied that there is a genuine need or if there is a written report from a Psychiatrist indicating that a treatment is currently recommended. We have a range of counselling services available at the practice and are keen to help those with genuine psychiatric problems.
4. PAINKILLERS such as Codeine and Dihydrocodeine will only be supplied where the GP is satisfied there is a genuine need and in appropriate dosage.
5. Patients needing any of these medications will normally see only the GP they are registered with, or another doctor nominated by that GP. Repeat prescriptions will only be issued after approval by the GP and normal practice arrangements will apply (48 hours notice needed).
6. Repeat prescriptions will not be given ahead of the scheduled date. Extra prescriptions will not be issued under any circumstances. Any attempts to get extra medication by deception or fraud will result in withdrawal of all further prescriptions and a report made to the Health Authority.

DECLARATION FOR NEWLY REGISTERED PATIENTS

DOVE VALLEY PRACTICE- POLICY OF SUPPLY OF DRUGS LIABLE TO MISUSE

I have read and fully understand the Practice Policy on this subject. I agree to comply with its provisions at all times while I am registered at the Practice.

SIGNED:

DATED:

FULL NAME.....

DATE OF BIRTH.....