

NHS England Yorkshire & Humber Authorised Witness and Controlled Drugs Destruction Reporter SOP

May 2024

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Introduction

Since the beginning of the COVID pandemic NHS England Yorkshire and Humber pharmacies and GP practices have been able to apply for a professionally registered colleague within their own team to act as a temporary authorised person to witness the destruction of Schedule 2 stock controlled drugs.

Pharmacies and Medical Practices can nominate a registered healthcare professional who is not responsible for the day to day use or management of CDs at their premises such as a pharmacist, pharmacy technician, GP or nurse (for medical practices). The person undertaking the destruction must not be the same person who has been nominated as an authorised witness and does not need to be a registered colleague (i.e. a dispenser).

Moving forward, the temporary authorised witness application will be the main system for witnessing the destruction of controlled drugs and the application process will be completed via the CD Reporting Tool. NHS authorised witnesses will only attend in exceptional circumstances.

The following information details the process for applying to be an Authorised Witness and completing a CD Destruction using the new Temporary Authorised Witness module on the CD Reporting Tool.

CD reporting Tool

If registration is required for the CD Reporting Tool, please following the registration instructions on the home screen via the link below.

[CD reporting Tool](#)

If any technical issues occur during registration the CD Portal Helpdesk will be able to provide support.

england.cdreportingtechnicalhelpdesk@nhs.net

Authorised Witness Application

Accessing the Application Module

Log in to the Controlled Drug Reporting website www.cdreporting.co.uk

NB: You will need to register as a new reporter if you have not used the website after 1 December 2022

On the reporter home page, click on the green tile to open the application form for applying to be a temporary authorised witness

Apply to be a Temporary
Authorised Witness
[Click here](#)

After you have clicked this, information about the application process will be displayed detailing who can apply and what the authorisation will enable the witness to do.

It is important to read this information BEFORE completing the application.

Home > Temporary Authorised Witness

Temporary Authorised Witness to the Destruction of Controlled Drugs

Temporary authorisation to **witness** the destruction of Controlled Drugs is an authority for a specified period of time in which a registered healthcare professional can **witness** the destruction of Controlled Drugs by another person.

This module is for requests to be a **witness** to destroy controlled drugs only if your Organisation does not have a Controlled Drugs Accountable Officer.

If you are a multiple pharmacy (5 or more) then please refer to your Standard Operating Procedures and your Superintendent before completing this form or contact your Regional Controlled Drugs team to discuss further.

The application can be completed on behalf of the Temporary Authorised Witness Applicant. In this situation, please ensure that you have consent from the Temporary Authorised Witness Applicant to complete the form on their behalf and that the details are correct and can be validated.

Application process for requests for multiple premises

If your application is for more than one premises, please follow the procedure below:

- List the postcode of all premises in Section 1.
- The system will automatically forward the application to the relevant Regional Controlled Drugs team(s) as each region has a different Regional Controlled Drugs Accountable Officer.

Section 1

Identify Your Region

Enter the postcode of the premises where the destruction will take place and be witnessed, once entered, click **'Add Postcode'** which will populate a table below to show the premises postcode has been added

If destructions need to be witnessed across multiple sites another site can be added by clicking the **'Add another'** button.

SECTION 1

Identification of your Region


Please enter postcode(s) of all the premises where you require a Temporary Authorised Witness Licence to ensure you are directed to the correct Regional Controlled Drug Team.

Add Postcode

SECTION 1

Identification of your Region

Please enter postcode(s) of all the premises where you require a Temporary Authorised Witness Licence to ensure you are directed to the correct Regional Controlled Drug Team.

Postcode	Region	
M13BN	NORTH WEST	

Add Another

Section 2

Eligibility Criteria **(MUST BE COMPLETED FULLY)**

All the questions on the eligibility criteria section must be completed. The applicant **WILL NOT** be able to move forward if any of the questions are not answered.

Please read the questions carefully and if assistance is required, the relevant regional controlled drugs team should be contacted for clarification.

When all the questions have been completed the application form will automatically become available to complete.

You can now proceed to the full application as you have answered "YES" to the eligibility criteria.

Proceed to Application

Section 3

Application Process

Ensure all the questions are read carefully before selecting the answer

Question 3a

When completing the list of controlled drugs to be destroyed ensure the postcode for the premises is selected and select '**Add Another**' to go to the next line.

3a. Please list all Controlled Drugs to be destroyed below

Drug Name	Form	Strength	Quantity	Expiry Date	Postcode
<input type="text"/>	Please select ▼	<input type="text"/>	<input type="text"/>	dd/mm/yyyy	Please Select ▼

Add another

Please note – controlled drugs that are obsolete including those that are due to expire within the next 2 months can be included in the list of drugs to be destroyed.

Completing the Application

- Details of the Temporary Authorised Witness Applicant should auto populate from the CD Reporting account details, these can be changed manually if required by over typing the information.
- Details of the premises at which the Temporary Authorised Witness Applicant will witness the destruction of Controlled Drugs will need to be entered manually, however the postcode will be auto populated.

Details of the premises at which the Temporary Authorised Witness Applicant will witness the destruction of Controlled Drugs

Premise 1

Postcode

M13BN

Organisation Type

Please Select

Organisation Name

Address

Address Line 1

Address Line 2

- Details of the person undertaking the Controlled Drug destruction to be entered. **Please note the Temporary Authorised Witness must not undertake the destruction.**
- The declaration questions **MUST** be completed – each statement should be read carefully before answering.
- Once the declaration has been completed click on the **‘Submit Application’**

- ☒ There are no restrictions on the Temporary Authorised Witness Applicant's professional practice.
- ☒ The Temporary Authorised Witness Applicant is not subject to an investigation by a regulator, NHS England, Police, their employer, or a professional body.
- ☒ The Temporary Authorised Witness Applicant consents to NHS England requesting information relating to current concerns or investigations, or an investigation where the outcome was adverse from a regulatory body, from an NHS England or CCG contracting team, an NHS England performance team, or sharing information with a local Police, Controlled Drug Liaison Officer or a Responsible Officer.
- ☒ An appropriate person has been identified to undertake the destruction of Controlled Drugs who is not the Temporary Authorised Witness Applicant.
- ☒ The Temporary Authorised Witness Applicant understands that all concerns and / or discrepancies observed must be reported to the Regional NHS England Controlled Drugs team on the Controlled Drug Reporting website – www.cdreporting.co.uk using the Events reporting form.

Submit Application

Application Approval

When the application has been submitted, the applicant will receive confirmation of submission via email which will include a reference number.

Home > Temporary Authorised Witness

Dear Temporary Authorised Witness Applicant,

Thank you for your application to be a Temporary Authorised Witness to witness for the destruction of controlled drugs by another party.

Your application will be processed by your Controlled Drug Accountable Officer. You will be informed of the decision by email.

If you require any further information regarding your application please contact your regional Controlled Drugs Accountable Officer team and quote the following reference: **TAW-35**

On approval of the application the applicant will receive confirmation via email that a temporary authorised witness licence has been approved for 28 days.

Section 4

Completing the Destruction

A reminder email will be sent seven days prior to the date of expiry to remind the applicant the controlled drug destruction needs to be witnessed before the active licence period expires and that confirmation the destruction has been witnessed.

Once the destruction has been undertaken the Temporary Authorised Witness should log back into www.cdreporting.co.uk to declare that the destruction has taken place within the active licence period.

- Navigate to View and Amend Reports on the Reporter home page.



- Find the Temporary Authorised Witness submission by selecting the Temporary Authorised Witness tab. Under the Actions column there will be a list of any actions to complete.

Controlled Drug Reporting

NHS

Menu

Incidents (29)

Concerns (8)

Occurrences (1)



Temporary Authorised Witness (2)

Awaiting Action (1)

Previous Module Submissions (346)

Temporary Authorised Witness Applications



Search...

Ref	Submitted	Status	Actions
 30	25th Apr 2024	SB Pharmacy 4th Floor, 3 Piccadilly Place, , Manchester, M13BN	Authorised Period: 25th April 2024 - 23rd May 2024
 29	22nd Apr 2024	SB Pharmacy 4th Floor, 3 Piccadilly Place, , Manchester, M13BN Sb Pharm 4th Floor, 3 Piccadilly Place, , Manchester, M13BN	Authorised Period: 22nd April 2024 - 20th May 2024

- There is also the ability to have a PDF copy of the submission by selecting the PDF icon.
- To complete the declaration, click on the action Temporary Authorised Witness Declaration.

Temporary Authorised Witness Applications

Search...

Ref	Submitted	Status	Actions
 30	25th Apr 2024	SB Pharmacy 4th Floor, 3 Piccadilly Place, , Manchester, M13BN	Authorised Period: 25th April 2024 - 23rd May 2024
 29	22nd Apr 2024	SB Pharmacy 4th Floor, 3 Piccadilly Place, , Manchester, M13BN Sb Pharm 4th Floor, 3 Piccadilly Place, , Manchester, M13BN	Authorised Period: 22nd April 2024 - 20th May 2024

- This will open up the declaration screen which shows the active authorisation period along with two options for the declaration.

If you have not completed the declaration that the destruction was witnessed after your active period has expired, a further email will be sent asking you to complete the declaration.

If you do not respond to these emails, then this may hinder you to apply again in the future and your regional team may feel it necessary to arrange for a visit to be made to your premises.

Controlled Drug destruction witnessed

Authorised Period

22nd April 2024 – 20th May 2024

Declaration that a destruction has been undertaken.

- ☐ I [Sarah Bethell](#) confirm that as a validated Temporary Authorised Witness ([TAW-29](#)) I witnessed the destruction of controlled drugs
- ☐ I [Sarah Bethell](#) confirm that as a validated Temporary Authorised Witness ([TAW-29](#)) I **did not** witness the destruction of controlled drugs

If you wish to amend your drug list please do so in the table below:

Date Added	Drug Name	Form	Strength	Qty	Drug Expiry Date	
26th Apr 2024	<input type="text"/>	Select <input type="text"/>	<input type="text"/>	<input type="text"/>	dd/mm/yyyy <input type="text"/>	+
22nd Apr 2024	Morphine	Solution	1mg/1ml	120mls	22nd April 2024	

- The table of drugs submitted at the time of the application will appear. This can be amended by either adding or removing drugs that were destroyed or not destroyed.
DO WE NEED TO KNOW WHY ANY DRUGS ARE REMOVED?
- If the destruction has been completed within the 28 day period of the licence this is confirmed and date of completion is added by the authorised witness then submitted.

Controlled Drug destruction witnessed

Authorised Period

22nd April 2024 – 20th May 2024

Declaration that a destruction has been undertaken.

- ☒ I [Sarah Bethell](#) confirm that as a validated Temporary Authorised Witness ([TAW-29](#)) I witnessed the destruction of controlled drugs

Signed (Enter full name)

Sarah Kay Bethell

Date of Witnessed Destruction

25/04/2024

Submit

- If the destruction was completed outside of the 28 day period of the licence the following warning statement will appear.

Warning

You have inputted a date which is outside of your active period of authorisation. If this is a mistake please correct this error. If this date is the actual date that you witnessed the destruction of controlled drugs because it is outside of the active period of authorisation you must report this as a controlled drug incident via the incident module www.cdreporting.co.uk and your regional controlled drug team will contact you.

Submit

- If the destruction **has not** been completed within the 28 day period of the licence a reason for not being completed within the allocated time should be completed and submitted.

Controlled Drug destruction witnessed

Declaration that a destruction has been undertaken.

- ☐ I [Sarah Bethell](#) confirm that as a validated Temporary Authorised Witness (ref [30](#)) I witnessed the destruction of controlled drugs
- ☒ I [Sarah Bethell](#) confirm that as a validated Temporary Authorised Witness (ref [30](#)) I did not witness the destruction of controlled drugs

Reason why



Sickness therefore
unable to
complete

Submit

- Once the Temporary Authorised Witness Declaration has been submitted the action will disappear however it can be viewed and drug list amended if it wasn't amended at the time of making the declaration.

Temporary Authorised Witness Applications

Search...

Ref	Submitted		Status	Actions
 30	25th Apr 2024	SB Pharmacy 4th Floor, 3 Piccadilly Place,, Manchester, M13BN	Authorised Period: 25th April 2024 - 23rd May 2024	View and amend Controlled Drug list after a declaration has been completed
 29	22nd Apr 2024	SB Pharmacy 4th Floor, 3 Piccadilly Place,, Manchester, M13BN Sb Pharm 4th Floor, 3 Piccadilly Place,, Manchester, M13BN	Authorised Period: 22nd April 2024 - 20th May 2024	Temporary Authorised Witness Declaration

Important Information

If applicant is unsure as to whether they are filling out the form correctly or have submitted the form and believe they have made a mistake they are directed to email the Yorkshire and Humber Controlled Drugs Team via england.yhcdao@nhs.net.

DRAFT

Document History

Version	Date	Revision	Initials
V1.0	13/05/2024	First draft	MS