CLINIQUE ALPA
PRIVATE MEDICAL DOCTORS • HOME CARE

Controlled drugs: remote prescribing policy

Public summary and document control

CA-CD-REMOTE-001-PUB | Version 1.2 FINAL

Underlying policy: CA-CD-REMOTE-001 | Version 1.1 FINAL

Approved by Dr Mitesh Parmar. In force from 20 October 2026.

Provider: Clinique Alpa, Alpa Care Ltd.

This summary describes the clinic's exceptional bridging policy. Every prescription requires an individual clinical decision and all relevant safeguards.

The seven-day exception

Clinique Alpa does not offer routine remote controlled drug prescribing. Exceptionally, Dr Mitesh Parmar may consider a single short prescription to continue independently verified, established treatment for an adult physically in England. Every clinical, identity, records and lawful prescribing safeguard in the controlled drugs policy must be met. Supply is limited to the minimum clinically necessary, never more than seven days or the interval until the agreed handover, whichever is shorter. New treatment, dose escalation and successive prescriptions used to extend the bridge are excluded.

Assessment and checks

A live video consultation with Dr Parmar is required. He must verify identity, current location, relevant medical records and established treatment; assess the interruption, current safety and risk of duplicate supply; and arrange appropriate communication and follow-up.

Patient-uploaded packaging or a previous prescription alone is insufficient. If a necessary check, examination, specialist input or lawful dispensing arrangement cannot be completed, an appropriate alternative is arranged rather than an unsafe prescription.

The seven-day maximum is a clinic restriction, not a general legal exemption, standard supply or entitlement. It does not permit an unsafe restart after missed doses. A booking or payment does not guarantee a prescription.

Service limits

This is a restricted continuation pathway, not a routine repeat-prescription service. It excludes new treatment, dose escalation, titration, detoxification, restarts requiring a changed dose, addiction-treatment/supervised-consumption regimens, and injectable, depot or transdermal controlled-drug formulations.

The clinic does not provide medical cannabis or medicines to terminate a pregnancy. It does not offer testosterone replacement therapy. Treatment outside the prescriber's competence or the policy scope is excluded.

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Lawful supply and continuity of care

Prescribing and dispensing

A remote consultation does not mean every prescription can be issued electronically. Private Schedule 2 and 3 prescriptions dispensed in the community in England use the original signed FP10PCD route specified in the SOP, with the required prescriber identification and prescription details. Other medicines follow their applicable legal requirements.

SmartRx is the clinic's dispensing partner. The prescriber must confirm that the particular prescription can be lawfully dispensed in time. The pharmacist independently assesses the prescription. Medicines arranged through this pathway are delivered only to verified UK addresses; international shipment or forwarding is excluded.

Handover and safety

The doctor must document who resumes care and when, communicate relevant prescription information to the patient's GP or primary care record and regular prescriber, and provide clear advice about deterioration or failed supply.

The bridge is not automatically renewed. If the planned handover fails, the doctor must arrange timely alternative care. The seven-day limit is not an instruction to stop essential or dependence-forming treatment abruptly.

The clinic must record the assessment, checks, prescribing decision, quantity, dispensing route and follow-up, and review incidents and compliance. No prescription proceeds where the required safeguards cannot be met.

Policy status and review

This policy permits the exceptional pathway subject to its safeguards. It replaces earlier wording that excluded all remote controlled-drug prescribing or described the pathway as inactive.

First review: 20 January 2027. Annual review: 20 October 2027, or sooner after an incident or relevant change. The policy concerns prescribing and does not itself authorise the clinic to hold, administer or dispense controlled-drug stock.

Questions and further information

For questions or an accessible version, contact Clinique Alpa. The supporting sources describe legal and professional requirements; they do not endorse this clinic or policy.

Supporting sources and links

GMC: controlled drugs and additional safeguards

NICE NG46: controlled drugs, safe use and management

Misuse of Drugs Regulations 2001: regulation 15

NHS England: availability of EPS

Contact Clinique Alpa

Clinical governance