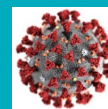


**NHS England & NHS Improvement—Midlands (North)
Controlled Drugs Newsletter - [COVID 19 edition](#)**



**NHS England & NHS
Improvement Midlands (North)**
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This newsletter contains local and national CD information to support safe use and handling of controlled drugs. You can use the dedicated e-mail to contact us:

england.northmidlandscd@nhs.net

Report ALL CD incidents, concerns and occurrence reports via the CD on-line reporting tool: www.cdreporting.co.uk

Anticipatory Medicines at the End of Life



The NHSE&I [primary care bulletin 15](#) published on 10th April 2020 detailed that during the COVID-19 emergency, there have been calls for Care Homes and individual patients be able to keep anticipatory medicines for end of life care to be used when normal supply might not be possible (e.g. out of hours or at the weekend).

The decision to place medicines in Care Homes as anticipatory stock needs to be balanced with the impact of increased demand on the medicines supply chain.

We advise that Care Homes or individual patients should not routinely hold anticipatory medicines stock and stocks should be centralised as much as possible.

We are aware that some CCGs have already established local hubs to ensure rapid access to anticipatory medicines. Those that do not already have these arrangements in place should consider setting

these up as a matter of urgency. These hubs could be a Community Pharmacy, GP Practice, Community Hospital, Acute or other settings where palliative medicines (including Controlled Drugs) can be safely and legally stored and rapidly released when needed. The CCG Chief Pharmacist and their team are central to this action. CCGs should work with providers to ensure rapid access to end of life medicines for patients.

To receive the primary care bulletin please register at <https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/>

All previous editions of the COVID-19 Primary Care bulletins are available at: <https://www.england.nhs.uk/coronavirus/primary-care/other-resources/primary-care-bulletin/>

Community pharmacies to support Health & Justice Services and released detainees for COVID-19

On the [4th April 2020 a letter](#) was Issued by NHSE & NHSI to all community pharmacies which gave information on how they can support released detainees during the COVID-19 Pandemic.

The letter gave details on how individuals released with an FP10MDA should be managed and guidance on the medication these individuals should have received prior to release.

**Department of Health & Social Care
Update on Amendments to the Controlled Drugs
Regulations 2013**

The Department of Health and Social Care has confirmed that the post-implementation review of the Controlled Drugs (Supervision of Management and Use) Regulations 2013 has been approved by Ministers and is now [available online](#)



The review concludes that the Regulations should be maintained in force, and consequently the Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations 2020 were laid in February 2020.

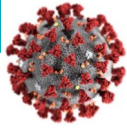
Other suggested amendments as part of the review will be considered further and any proposed changes will be subject to further consultation in due course. The Regulations will be reviewed again by March 2025.

Reporting CD Incidents and Concerns (Applies to all)

During COVID-19 we require only incidents or concerns that you consider are “**serious**” or have had a “**catastrophic**” outcome to be reported. Reports must be made as soon as practicable and via www.CDRreporting.co.uk.

For the avoidance of doubt we consider **serious** to be **patient harm or death** and **any theft or significant loss especially where misappropriation by a Healthcare Professional** would meet the above definition.

Suspected misappropriation by HCPs at this time is of particular concern to us as colleague across the system are under intense personal pressure. We receive regular reports of HCPs accessing CDs at work to cope, self-medicate or self-harm. Please do ensure that your governance ensures that health and wellbeing of your colleagues is protected.



COVID-19: emergency legislation to enable supply of controlled drugs

The Covid-19 pandemic is placing very high demands on our health service and in response to this emergency measures are being put in place. It has been **PROPOSED** that the legislation relating to emergency supply of controlled drugs is amended.

i) legislate to allow registered pharmacies to supply substances in Schedule 2, 3 and Part 1 Schedule 4 to the Misuse of Drugs Regulations 2001 ('the 2001 Regulations') without a prescription, where the patient has been receiving them as part of ongoing treatment

ii) allow supply of Schedule 2, 3 and Part 1 Schedule 4 substances under a Serious Shortage Protocol. These allow on-going treatment with alternative products where prescribed items are unavailable or are in short supply

iii) allow pharmacists without prescribing rights to change the frequency of instalments on instalment prescriptions without the immediate need for a new prescription from a prescriber. These measures aim to help secure access to controlled drugs within the healthcare system in a pandemic and where there is a serious risk to human health. They

will ensure patients continue to have access to medicines critical for on-going treatment, build resilience and help relieve pressure elsewhere in the health system.

Safeguards are to be put in place to detail under which a pharmacist has the capacity to make an emergency supply without prescription and any arrangements would be limited to a defined time period (a maximum of three months, which can be extended for further periods of not more than three months).

Further information on the proposals can be accessed on the [Home Office Website](#)

RPS Publishes Guidance on Ethical, Professional Decision-Making in the Covid-19 pandemic

The Royal Pharmaceutical Society has published [Guidance on ethical, professional decision-making in the COVID-19 pandemic](#) to support pharmacists and technicians in making difficult decisions linked to the exceptional impact of COVID-19.

The guidance has been developed by a diverse group, chaired by Dr Matthew Boyd, Head of the Division of Pharmacy Policy and Practice at Nottingham University and Vice Chair of the Pharmacy Law and Ethics Association.

The guidance can be used to support colleagues involved in strategic planning, or front-line roles and is for use by wider pharmacy professionals.

It provides helpful reminders about the process of reasoned decision making, the national pandemic ethical framework and some considerations about specific areas of importance to pharmacists and pharmacy technicians.

The varied experiences of the guidance contributors brings together a wide range of up to the moment professional issues that many may or will be facing.

Pharmacists and pharmacy technicians should be reassured that should decisions be called into question at a later date, they will be judged according to the circumstances at the time of the decision, not with the benefit of hindsight.

RPS President Sandra Gidley said:

"In times such as these, individuals have to demonstrate professional integrity and work flexibly, sometimes across professional boundaries, to ensure the best realistic outcomes for patients.

"This guidance will help pharmacy professionals to take responsibility for making difficult but informed decisions. It provides reassurance that those decisions are the right thing to do given the pandemic situation."

Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression

In March 2020 the [MHRA issued an alert](#) in relation to the prescribing of Benzodiazepines and opioids. Benzodiazepines and opioids can both cause respiratory depression, which can be fatal if not recognised in time and the alert reminded prescribers to only prescribe together if there is no alternative and closely monitor patients for signs of respiratory depression.

Healthcare professionals were reminded of the following points:

- When a decision is made to co-prescribe, the lowest doses possible should be used for the shortest duration of time and carefully monitor patients for signs of respiratory depression
- If there is any change in prescribing such as new interactions or dose adjustments, re-introduce close monitoring of the patient
- If co-prescribing methadone with a benzodiazepine or benzodiazepine-like drug, closely monitor for respiratory depression for at least 2 weeks following initiation or changes to prescribing because the respiratory depression effect of methadone may be delayed
- Advise patients of the symptoms of respiratory depression and sedation and the need to seek immediate medical attention if these occur
- Report suspected adverse drug reactions to any medicines to the [Yellow Card Scheme](#)