

Controlled Drugs Newsletter

Summer Edition

August/September 2021

This newsletter contains local and national CD information to support safe use and handling of controlled drugs

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CQC Information

Designated bodies who have a CQC registered CDAO are reminded to ensure the details of their CDAO are kept up to date on the CQC register. The CQC register can be accessed [online](#) and details on how to notify the CQC can be found on the [CDAO notifications](#) section of the website.

The latest CQC CD newsletter can be found at [CQC's Controlled Drugs National Group Newsletter \(govdelivery.com\)](https://govdelivery.com)

Surgery and Opioids: Best Practice Guidelines 2021

The Royal College of Anaesthetists Faculty of Pain Medicine in March 2021 published an updated version of its [Surgery and Opioids: Best Practice Guidelines 2021](#). The guidelines' key aims are to ensure 'All healthcare professionals involved in perioperative care should collaborate to provide the highest standards of patient-centred care including opioid stewardship' and that 'Opioids should be used judiciously by healthcare professionals. This means using opioids when necessary but stopping opioids when they are no longer required.'

Oral Opioids

Medication incidents and concerns have been reported relating to mix-ups in administration between Oramorph® (morphine) and Oxynorm® (oxycodone). Morphine 10mg is equivalent to oxycodone 5mg, therefore, this could result in a patient receiving an underdose or overdose.

Safety Reminders:

- When prescribing controlled drugs, always state the brand name
- When administering opioids, ensure that you have carefully read the Kardex and selected the correct medicine
- A double-check must happen at the selection, preparation and administration stages

Opioid Medicines and the Risk of Addiction

The MHRA has issued a safety leaflet on opioid medicines to help patients and their families reduce the risks of harm. This safety leaflet is to help support patients in using opioid medicines safely and it can be found at [Opioid medicines and the risk of addiction - GOV.UK \(www.gov.uk\)](#)

Diversion of Controlled Drugs - MHRA Investigation

In March 2021, the MHRA reported on the outcome of an investigation into a pharmacist from Sutton Coldfield. The investigation began following allegations that the pharmacy was selling large quantities of prescription-only medicine without a prescription. Records found on the premises showed that, of hundreds of thousands of doses of diazepam, nitrazepam, tramadol, zolpidem and zopiclone purchased from wholesalers, only a small percentage had been dispensed against prescriptions. This left more than 800,000 pills unaccounted for that the accused pharmacist later admitted had been sold to drug dealers.

Further details on the case can be found on the [MHRA website](#).

Fraudulent Private CD Prescriptions

There has been a noted increase in relation to the number of fraudulent private CD prescriptions being presented. Private CD prescriptions for Schedule two items must include a private PIN, which is six digits long starting with a six. The presence of this PIN number should be checked as part of the dispensing process.

Should you have any concerns or suspicions regarding a private prescription, please contact the prescribers to verify whether the prescription is genuine. If found fraudulent, try to keep the prescription, contact the police on 101, and notify your NHSE&I CD team via the online CD reporting tool www.cdreporting.co.uk

Completed CD requisition forms should, for privately requisitioned items, also include a six digit PIN number starting with a six. Private requisitions are usually made by private prescribers, paramedics and dental practices. Should you need to check the validity of the private PIN number, please contact your local NHSE&I CD team.

Privately Prescribed Prescriptions

Individuals who currently hold a private prescriber PIN number for prescribing or requisition purposes need to make the NHSE&I CDAO Team aware of any changes, this includes changes of organisation, contact details, any changes in CD prescribing or if you no longer require the PIN. Once the appropriate changes have been addressed (please note this may take a minimum of four weeks to be processed) you will be notified by the NHSE&I CD Team. The ordering of private prescription pads is processed through PCSE.

If you no longer need the PIN number the CDAO Team will then process the request to deactivate the PIN number and provide guidance on the safe disposal of any unused private controlled drug prescription forms.

PSNC - Dispensing Prescriptions for Controlled Drugs Factsheet

The Pharmaceutical Services Negotiating Committee (PSNC) Dispensing and Supply team prepared a useful factsheet that outlines prescription requirements for Controlled Drugs (CDs) including prescription validity, length of treatment, omissions, repeat dispensing, instalment dispensing and checks to confirm the identity of CD collectors. This factsheet can be found at https://psnc.org.uk/wp-content/uploads/2021/03/CPN_0221_Dispensing-Factsheet-Dispensing-prescriptions-for-Controlled-Drugs.pdf

CD Balance Checks

Recent incidents have been reported where balance checks are not being completed according to organisational SOPs. Organisations need to consider the most appropriate frequencies for both checking and recording stock. NICE Guidance NG46 states:

“the frequency of stock checks, which should be based on the frequency of use and controlled drug related incidents, and risk assessment; for most organisations stock checks should be at least once a week, but they may be more or less often depending on the circumstances.”

Learning from Regulation 28 Prevention of Future Deaths Notification

Situation:

The Coroner has a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a 'report under regulation 28' or a Preventing Future Deaths report.

The following cases highlight learning in relation to the management of patients prescribed controlled drugs:

[Patient Accessing GP Services - Morphine Overdose](#)

An investigation was undertaken into the death of a patient who died from an overdose of prescribed medication including morphine. The patient had accessed services and was being prescribed by their Medical Centre, Student Medical Centre and Out of Hours. This meant over a period of 28 days the patient was issued with four prescriptions for morphine and was found deceased following a suspected overdose. In conclusion the coroner noted that the computer medical record had failed to alert the medical centre that the patient had registered at a student medical centre. As a result, there was inadvertent duplication of their morphine prescription and the patient was prescribed significantly more morphine than was intended.

[Access to Pain-Relieving Medication - Patient Addiction](#)

A patient with a long history of chronic pain developed an addiction to pain-relieving medication. On occasion the patient, who was also a practice nurse, had been prescribed too much medication and there had also been periods when repeated prescriptions were requested early. The prescribing GP practice identified this and stopped prescribing without discussion with the patient. Evidence was heard by the coroner that the patient had forged prescriptions whilst employed to obtain further medication illicitly. This led to removal from the NMC register.

The patient continued to source Codeine and the coroner reflected it was likely on-line pharmacies may have been approached. The GP practice requested that a patient alert be issued, and this was actioned within the region where the patient lived.

The coroner highlighted that the absence of a requirement for doctors in the private sector to contact a registered GP prior to dispensing opiate medication to a patient leaves the system open to abuse. The coroner also noted there is no formal procedure for circulating Patient Alerts to pharmacies on a national level.

The full details of these Prevention of Future Deaths Notifications and responses from notified parties can be accessed on the [Judiciary Website](#)

