

July 2015

## North Midlands Controlled Drugs Newsletter

### NHS England North Midlands

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### Occurrence Reports

Just a reminder— that provider organisations and designated bodies (organisations that have a CDAO) are due to submit their 15/16 Q1 (April – June) reports by the **31st July 2015**. You can submit via the dedicated in-box for your locality:

**Derbyshire & Nottinghamshire**  
[england.nottsderbycontrolleddrugs@nhs.net](mailto:england.nottsderbycontrolleddrugs@nhs.net)

**Shropshire & Staffordshire**  
[england.cd\\_x24n@nhs.net](mailto:england.cd_x24n@nhs.net)

From 1st April 2015 Derbyshire & Nottinghamshire and Shropshire & Staffordshire Area Teams merged. We are now known as NHS England North Midlands. Samantha Travis is the Controlled Drugs Accountable Officer. You can still use the dedicated email in-boxes for Derbyshire & Nottinghamshire email [england.nottsderbycontrolleddrugs@nhs.net](mailto:england.nottsderbycontrolleddrugs@nhs.net) and Shropshire & Staffordshire email [england.cd\\_x24n@nhs.net](mailto:england.cd_x24n@nhs.net) This edition of the Controlled Drugs Newsletter contains local and national CD information.

### Electronic prescribing of Schedules 2 and 3 Controlled Drugs

Legislation came into force on 1 July 2015 to allow controlled drugs listed under Schedules 2 and 3 to be prescribed and dispensed using EPS.

However, it should be noted that although this means using EPS for Schedule 2 & 3 controlled drugs will be legal, it will be some time later that it becomes technically possible. All EPS enabled dispensing system suppliers have to amend their systems before a GP system (which also needs amending) can prescribe to a nominated dispenser. The HSCIC will be assuring supplier systems conform technically to legislative change requirements. Updates on Schedule 2 & 3 Controlled Drugs and EPS is available at <http://systems.hscic.gov.uk/eps/news>



### Patient Safety Incidents involving Community Pharmacies /GP practices

**Safer use of high doses of opioids: there are significant risks of overdose if a concentrate product is used in error for a normal strength product. Confirm any use of concentrate products** with the prescriber to check the appropriate medicine formulation is being used. Obtain details of the previous daily dose, and frequency of administration of previous analgesics used by the patient. **We have had a number of near misses/incidents recently with Oxynorm 10mg/ml and Oramorph 20mg/ml one of which resulted in a fatality.**



**Please make time to read the rapid response report with supporting information and make this available in your practice/pharmacy. The Opiate rapid response alert can be found at <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59888>**

- ◆ Clonazepam: Recently two separate patients have been admitted into hospital, they needed emergency medical intervention as a result of suffering adverse effects. On both occasions the incorrect strength of clonazepam had been dispensed.
- ◆ Self Checking: Some significant CD dispensing errors that have been reported are due to pharmacists self-checking. These may have been prevented by ensuring a second check when dispensing. If as the Pharmacist you find yourself in a situation when you have to self-check always take a mental break and follow accuracy checking SOPs.

### Private CD prescriptions

Private prescriptions for Schedules 2 and 3 CDs for dispensing in a community pharmacy must be written on an FP10PCD prescription form. The private prescription form should contain the private practitioner's personal identity number (issued by NHS BSA Prescription Services)

- New private CD prescribers must complete an application form available from the controlled drugs team request via [england.nottsderbycontrolleddrugs@nhs.net](mailto:england.nottsderbycontrolleddrugs@nhs.net) or [england.cd\\_x24n@nhs.net](mailto:england.cd_x24n@nhs.net)
- The list of private CD submission codes for community pharmacies is held by the CD Team.

### Advice websites for patients travelling with prescribed CDs abroad

Travelling with controlled drugs <https://www.gov.uk/travelling-controlled-drugs>  
National Travel Health Network and Centre (NATHNAC) <http://www.nathnac.org/>  
Fit for Travel website <http://www.fitfortravel.nhs.uk/home.aspx>

### Be prepared for Bank Holidays

Check all instalment prescriptions which are due to START on bank holidays. Ensure all prescriptions have the correct date of issue, especially if your pharmacy is closed on these days.

Pharmacists will be able to amend a controlled drug prescription where there are minor typographical errors, spelling mistakes or where the total quantity of the controlled drug or the number of dosage units, as the case may be, is specified in either words or figures but not both.

Pharmacists will have to exercise all due diligence and be satisfied on reasonable grounds that the prescription is genuine and that they are supplying in accordance with the instructions of the prescriber.

The pharmacist will need to amend the prescription in ink or otherwise indelibly and mark the prescription so that the amendment is attributable to them.

### Common themes from reported CD Incidents

Dispensing errors: wrong formulation / strength / brand/ quantity – prescriptions should be second checked before they are issued to the patient. Ideally not self-checked by the pharmacist.

Identifying patients: Dispensing errors due to failure to identify patients correctly before dispensing to them. This is particularly an issue where pharmacies pre-dispense bottles for substance misuse patients. Always ask the patient to confirm their address.

Governance concerns: missed entries in CD register/ inappropriate storage of CDs/ dispensed post dated scripts/ illegal destruction of stock out of date CDs—ensure statutory requirements are met at all times. Robust clinical governance procedures are in place and followed by appropriately trained staff.

### Advice for prescribers on Pregabalin and Gabapentin

Public Health England and NHS England have published an expert group's advice for prescribers on the risk of misuse of pregabalin and gabapentin, and suggestions for a balanced and rational use of these medicines. We are including this item in the newsletter, as whilst they are not controlled drugs they are subject to abuse; this advice will be useful to share with colleagues and can be found at: <https://www.gov.uk/government/publications/pregabalin-and-gabapentin-advice-for-prescribers-on-the-risk-of-misuse>