

North Midlands Controlled Drugs Newsletter

NHS England North Midlands

Controlled Drugs
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Occurrence Reports

Just a reminder if not already done so, that Q2 (July – September) occurrence reports are due. You can submit via the dedicated in-box for your locality:

Derbyshire &
Nottinghamshire
[england.nottsderbycontrolled
drugs@nhs.net](mailto:england.nottsderbycontrolleddrugs@nhs.net) or

Shropshire & Staffordshire
england.cd_x24n@nhs.net

This edition Controlled Drugs Newsletter contains local and national CD information. You can use the dedicated email in-boxes to contact us. For Shropshire & Staffordshire email england.cd_x24n@nhs.net and Derbyshire & Nottinghamshire email england.nottsderbycontrolleddrugs@nhs.net

Potential risk of harm with high strength opioids

When opioid medicines are prescribed, dispensed or administered, all healthcare professionals should:

- Confirm any recent opioid dose, formulation, frequency of administration and any other analgesic medicines prescribed for the patient. This may be done by discussion with the patient or their representative, the prescriber or through medication records.
- Ensure where a dose increase is intended, that the calculated dose is safe for the patient (**e.g. for oral morphine or oxycodone in adult patients, not normally more than 50% higher than the previous dose**).
- Ensure they are familiar with the following characteristics of that medicine and formulation: usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose, common side effects.

NPSA guidance -Reducing Dosing Errors with Opioid Medicines

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59888>

While dose increments should be in line with this guidance, it is recognised that in palliative care higher than normal doses may be required and are used in a way that is as safe as possible for patients.

CD requisitions

Use of the standardised FP10CDF requisition form becomes a legal requirement from November 2015. They must include the following: name, address and profession/occupation of the recipient, the purpose for which the drug is required, total quantity of drug to be supplied, signature of the recipient, the practitioner's prescriber or dispenser identifier code or the unique prescriber identification number for private prescribers. The regulations allow requisitions for Schedule 2 and 3 CDs to be handwritten or computer generated.

Where CDs are transferred between pharmacies, the pharmacist receiving the supply must provide a requisition (FP10CDF) and the supplier should submit the original to NHSBSA using their private CD submission code. Both pharmacists must ensure that the correct entries are made in their respective CD registers within 24 hours. Dispensing doctors may not supply CDs against requisitions unless they have a MHRA wholesaler licence. Accountable Officers are able to access the new reporting system available through the NHSBSA Prescription Services website to allow them to monitor CDs supplied via this route.

Where do I get these FP10CDF requisition forms from?

Nottinghamshire pharmacies and dispensing practices can obtain them from Integral - requests to be submitted in writing, via Fax: 0115 9123300. Derbyshire pharmacies and dispensing practices - from Derwent Logistics (shared services) - requests to be submitted via email to lynn.judge@derwentsharingservices.nhs.uk . Shropshire & Staffordshire pharmacies and dispensing practices can request via a web-based ordering facility at: <http://www.pcass.bsbc.nhs.uk/csorders/>

How can I dispose of obsolete and expired CDs?

It is a legal requirement for out of date or otherwise unusable stocks of CDs to be destroyed in the presence of an Authorised Witness. To arrange for a witness to attend email: england.cd_x24n@nhs.net or england.nottsderbycontrolleddrugs@nhs.net

Sufficient CD denaturing kits should be available in the pharmacy or GP practice. Pharmacy Multiples should contact their own Company Authorised Witness for destructions.

Destruction of Patient returned CDs does not need to be witnessed by an authorised witness. Patient returned CDs should be entered in the designated controlled drugs patient returns book on receipt. A record of destruction should be made after the patient returned controlled drugs have been destroyed, and countersigned by another appropriately trained member of staff.

Missed titrating prescription pick ups

Following a recent incident report relating to missed pickups on titrating opioid substitution prescriptions. All dispensing services are reminded that when patients are on a titrating dose and they miss a pick up, before they continue to dispense against the prescription they should seek advice from the prescriber before continuing with the prescription.

CD Registers

Some common issues found during visits/ audits:

The running balance of a controlled drug remaining, should include out of date stock (until denatured by an authorised witness). Balances should be calculated and recorded after each transaction and checked at regular intervals – best practice, to complete stock checks weekly.

Crossings-out, cancellations and alterations are NOT permitted in the CD register. Ensure all corrections/amendments in the CD register, are not crossed through or rubbed out. They should have an asterisk (*) next to the entry. Enter details of the amendment as a footnote next to another asterisk (*) at the bottom of the page then sign and date the footnote.

Remember to always use an indelible pen, do not use pencil and do not use any corrective fluid. For CDs received from the wholesaler, include the invoice reference number in the column 'name and address from whom supply received' for audit purposes. It is good practice to also record batch numbers.

Take extra care when transferring quantities from old to new register pages – this will help you to reduce time trying to identify a discrepancy later.

GP practices should ensure they are using an appropriate bound book as their CD register

Lost or mislaid prescriptions

A number of reports have been received about lost or mislaid controlled drug prescriptions. It may help identify and minimise these losses if you keep an audit trail of CD prescriptions. It is good practice for GP practices to have such an audit trail process in place and to record the collection of CD prescriptions from the practice by patients/carers and community pharmacy members of staff.

To report lost, stolen or fraudulent prescriptions in Derbyshire & Nottinghamshire email e.derbyshirenotttinghamshire-pharmacynotts@nhs.net or Tel: 0113 8255484 in Shropshire & Staffordshire email england.cd_x24n@nhs.net or contact Eleanor Carnegie Tel:0113 8254630

Key Messages

- **CD registers—make sure staff adhere to statutory requirements**
- **CD destructions of out of date stock and patient returns**
- **CD requisitions**
- **Potential risk of harm with high strength opioids**
- **Report all CD Incidents to the CDAO Samantha.travis@nhs.net**

