

March 2016

## North Midlands Controlled Drugs Newsletter

### NHS England North Midlands

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### Occurrence Reports

Just a reminder if not already done so, that Q4 (January 2016—March 2016) occurrence reports are due on the 29th April. You can submit via the dedicated inbox for your locality:

Derbyshire &  
Nottinghamshire  
[england.nottsderbycontrolledrugs@nhs.net](mailto:england.nottsderbycontrolledrugs@nhs.net) or

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

This edition of the Controlled Drugs Newsletter contains local and national CD information. You can use the dedicated email inboxes to contact us. For Shropshire & Staffordshire email [england.cd\\_x24n@nhs.net](mailto:england.cd_x24n@nhs.net) and Derbyshire & Nottinghamshire email [england.nottsderbycontrolledrugs@nhs.net](mailto:england.nottsderbycontrolledrugs@nhs.net)

### Online Controlled Drugs Reporting Tool

In December 2015 NHS England North Midlands went live with a new online reporting tool. All primary care contractors are encouraged to register to use the tool as it not just for reporting incidents that may have happened within your organisation.

The tool also provides you with a secure way to raise any concerns you may have regarding a patients usage of controlled drugs, prescribing concerns or dispensing errors, fraud, theft etc. We would strongly encourage all primary care contractors to report any concerns they have which involve controlled drugs from Schedules 1 -5 as this information may support a wider issue that you are unaware of.

The CD reporting tool can be accessed at [www.cdreporting.co.uk](http://www.cdreporting.co.uk). When registering please select the **NORTH MIDLANDS** region. If you have any difficulties registering or using the system please contact a member of your NHS England North Midlands Controlled Drugs Team.

Controlled Drugs Reporting  
Keeping your local accountable officer in the loop

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**Important Notice**  
Sections of this site are currently under maintenance. [Click here](#) for more information.

Welcome to CDReporting.co.uk

As of August 2013 we have successfully launched a Controlled Drugs Reporting Website and Capturing System which now consists of 9832+ Submissions, of these we are able to analyse & report in real time using in-house built database system developed by NHS England Greater Manchester Area Team. This is a positive step forward to minimise risks associated with registering incidents, there is also opportunities to share statistics and identify common trends across the area which could result in streamlining processes and reducing concerns / incidents being reported.

Login Forgot Password Register

### Superintendent Pharmacists and the CD Reporting Tool

Superintendent pharmacist/clinical governance lead pharmacist can be given access to their own section of the CD reporting tool. This will enable them to see incidents they have reported regardless of region and give them access to the superintendents forum that is being developed.

If you are a superintendent pharmacist/clinical governance lead pharmacist who either reports CD incidents using the online tool in different regions or reports for one or more branches in the North Midlands region please contact the NHS England North Midlands Controlled Drugs Team.

### Out of Date CD Stock and CD Balances

We need to remind contractors that out of date CD stock must remain within the balance recorded in your CD register until it's destruction is witnessed, in order to meet legal requirements.

### Patient CD Returns

Unwanted controlled drugs that are returned by patients/carers should be recorded in your patient CD returns register as soon as they are received and not only at the time of destruction. It is important these items are recorded as soon as they are received to minimise the risk of items being lost or unaccounted for at a later date.

### Exemption Certificates for Controlled Drug Safes

If you store CDs in your dispensing practice, pharmacy or practice within a safe please ensure you have an up to date exemption certificate which has been issued by your local police force. CDs can be held in an safe but this must comply with the safe storage regulations and you must also have an exemption certificate. If you need to arrange for your safe to be reviewed please contact your local police controlled drugs liaison officer. If you are not sure who this is in your area contact us via the details provided overleaf.

### Reporting missing/lost/stolen NHS prescription forms

The security of prescription forms guidance was updated in August 2015, following some recent incidents involving fraudulent prescriptions in North Midlands we want to raise awareness of this latest guidance to all prescribers, practice staff, pharmacists and staff to highlight responsibility and importance of reporting all missing/lost/stolen NHS prescription forms. The NHS Protect updated guidance can be found at the following link:

[www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security\\_of\\_Prescription\\_forms\\_Updated\\_August\\_2015.pdf](http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security_of_Prescription_forms_Updated_August_2015.pdf)

In the event of a loss or suspected theft of prescription forms the prescriber or staff member should notify their organisation's designated person with overall responsibility for prescription forms, the controlled drugs accountable officer (CDAO), NHS Protect and the police as required.

The matter should also be recorded as a security incident on the organisation's incident reporting system and the local notification/alert process initiated. As part of the alert process pharmacies within the local and adjacent area will be informed.

The prescriber whose prescription stock has gone missing will be required to write/sign all newly issued prescriptions in a specified colour pen for a period of two months.

### Opioids Aware — Opioid five-a-day

1. Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain.
2. A small proportion of people may obtain good pain relief with opioids in the long-term if the dose can be kept low and especially if their use is intermittent (however it is difficult to identify these people at the point of opioid initiation).
3. The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit.
4. If a patient is using opioids but is still in pain, the opioids are not effective and should be discontinued, even if no other treatment is available.
5. Chronic pain is very complex and if patients have refractory and disabling symptoms, particularly if they are on high doses, a very detailed assessment of the many emotional influences on the pain experience is essential.

Ref: Opioids Aware <http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>



### Key Messages

- Using the new CD Online Reporting Tool to report all CD incidents
- Exemption Certificates for Controlled Drug Safes
- Secure Stationary Requirements
- Opioids Aware

