

North Midlands Controlled Drugs Newsletter

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CD Reporting Tool:
www.cdreporting.co.uk

Faye's Story

What can happen when things go wrong with prescribing for chronic pain – lessons that must be learned by all healthcare professionals.

<https://improvement.nhs.uk/resources/fayes-story-good-practice-when-prescribing-opioids-chronic-pain/>

CDs in Dental Practice

The UKMi Medicines Q & A explains controlled drug legislation relevant to primary care dental practice. Includes ordering/requisitioning, storage and disposal, SOPs and the CQC's role. <https://www.sps.nhs.uk/articles/how-should-dentists-prescribe-store-order-and-dispose-of-controlled-drugs-2/>

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

Over The Counter Medication Open to Abuse

NHS England North Midlands over recent months have been made aware of concerns relating to individuals trying to obtain OTC that it is suspected is not for its intended use. Community pharmacies have been reminded to review requests for any signs of misuse such as:

- Nervous or guilty behaviour — the customer avoids eye contact, appears uncomfortable answering questions, or is unusually timid
- Lack of symptoms — the customer is not suffering from cough, cold and flu symptoms or, if buying for someone else, is unable to describe his or her symptoms
- Rehearsed answers — the customer's answers appear rehearsed or scripted
- Impatient or aggressive — the customer is in a hurry to complete the transaction
- Opportunistic — the customer waits for busy periods in the pharmacy or until less experienced staff are available
- Specific products — the customer wants products that contain only pseudoephedrine (e.g., Contac 12 hour relief, Sudafed non drowsy 12 hour relief) or only ephedrine
- Paraphernalia — the customer wishes also to purchase other items that can be used to manufacture methylamphetamine (e.g. lithium batteries and acetone)
- Requests for large quantities

OTC medication alerts have been issued in relation to the following items:

Hyoscine (Buscopan®): When the tablets are crushed and smoked, scopolamine is realised which is a known hallucinogen. Reported effects of misuse include auditory, visual and tactile hallucinations, amnesia, insomnia, palpitations, flushing, irritability and inability to concentrate. This may also affect others who inhale the fumes.

Sudafed (the pseudoephedrine version)

Products containing Codeine: Medication containing Codeine is being purchased, mixed with lemonade and sweets to form a very sweet drink. This mixture is commonly known as LEAN, although there are a number of other names the mixture may go by.

Patients may try to achieve a high, or an altered state of mind by way of the codeine. Alone, this can create addiction and the ongoing related harms of misuse. When combined with the intake of ibuprofen, paracetamol or other medications, this may lead to acute and significant harm e.g. gastric bleeds with ibuprofen and liver damage with paracetamol.

Launch of reporting site for harms associated with illicit drugs

Public Health England and MHRA have launched a new national system for reporting the effects of new psychoactive substances (NPS) and other illicit drugs.

This new system is being piloted in order to collect more information about the harms of new drugs, many of which are poorly understood. It is hoped that a better understanding of NPS-related harms will lead to improved interventions to help people who have problems.

RIDR enables health professionals to report adverse effects of NPS (or any illicit drug) that they encounter with patients through a quick and easy to use website <https://report-illicit-drug-reaction.phe.gov.uk> and further Information is also available on the RIDR website including summary reports and publications.

Safer Delivery of Medication

The Community Pharmacy Patient Safety Group have recently released a discussion paper on delivery of controlled medication and highlighted ten key points for consideration.

1. Understanding The Patients Needs

Patients needs are complex and will pose challenges to the delivery drivers. Time invested in understanding patients requirements when the service is requested will help to reduce the number of 'failed deliveries,' provide clarity to patients and their representatives as to the scope of the service and reduce the risk of pharmacies inadvertently perpetuating a model of poor care.

2. Permission to deliver to a patient at home

Permission must be obtained from the patient to provide delivery on a single occasion or for a set period of time. The patient must be able to give informed consent and if unable to then consent must be obtained from a relative or other representative authorised to give consent e.g. through a Power of Attorney.

3. Responsible Pharmacist Accountability During Delivery

The RP must understand their accountability with regard to dispensed medication that is provided via a delivery service. The pharmacist still has professional responsibility to ensure that patients know how to use their medication safely and appropriately and check there are not experience adverse effects or compliance difficulties.

4. Patients Ability To Positively Identify Themselves On Every Occasion A Delivery Is Made.

Patients must be able to consistently identify them self to confirm their address. If a patient is unable to do this alternative options for the receipt of dispensed medication need to be considered. This could include acceptance of the delivery by the patients authorised carer/ representative, delivery to another designated person/ address or family member or authorised representative to collect medication from pharmacy.

5. Hiding Medication

If a patient cannot be trusted to take receipt of their own medication it is not appropriate for a community pharmacy delivery service to place the items in a 'hiding place.' It is not appropriate for vulnerable patients to have their medication hidden from them and for delivery drivers to have to make a 'professional decision' on its location. This type of patient requires an alternative solution to be determined with the RP and GP.

6. Delivery of Medication to Safe Havens

As the RP needs to be assured that the medication delivered has been received by the patient, supported by an audit trail. Delivery to a safe haven is not appropriate as this can not be achieved and the storage of the medication may lead to its degradation.

7. SOPs and Support for Key safe access for delivery drivers

It is recognised that some patients received their medication after the delivery driver has entered their home by a key safe access code. Whilst able to consistently identify themselves they are unable to physically receive their delivery. Appropriate patient consent to cross the threshold must be obtained and suitable support for drivers provided.

8. Delivery to Alternative Address

There may be occasions when it is required for a named authorised individual at an alternative address nearby to receive the delivery of medication. Patient consent for a named individual at an alternative address is required and the patient must advise the pharmacy of any changes to this arrangement. The named individual should be made aware of the delivery schedule.

9. Delivery of Medication by Taxi

The decision to deliver items by taxi must only be made when all other options have been explored and considered unsuitable. Preference should always be made to have medication delivered by company-employed drivers. If delivery by taxi is chosen, consent must be obtained from the patient and the RP should consider the suitability of individual taxi driver upon arrival at the pharmacy. If the delivery includes a CD, it should be accompanied by a member of the pharmacy team.

10. Medication sent via Royal Mail or Other courier services

Delivery of medication via courier should be as a last resort by general community pharmacy teams. If chosen the medication should be securely packaged so the contents are not obvious. The items should be sent via 'signed for 1st class' service or equivalent so that signature is obtained as evidence of receipt.

Occurrence Reports Reminder

You can submit your quarterly occurrence report via the dedicated e-mail inbox for your locality:
Derbyshire & Nottinghamshire england.nottsderbycontrolleddrugs@nhs.net or
Shropshire & Staffordshire england.cd_x24n@nhs.net