

North Midlands Controlled Drugs Newsletter

**Controlled Drugs
Accountable Officer**
Samantha Travis
Samantha.travis@nhs.net

**Jayne Wood
CD Administration
Support**
Tel: 0113 8254717
Jayne.wood11@nhs.net

**Eleanor Carnegie
Controlled Drugs
Support Officer
(Shropshire &
Staffordshire)**
Tel: 0113 8254630
Eleanor.carnegie@nhs.net

**Margaret
Farrow-Johnson
Controlled Drugs
Support Officer
(Derbyshire &
Nottinghamshire)**
Tel: 0113 8249774
Margaret.farrow-
johnson@nhs.net

**Please report ALL CD
Incidents & Concerns
via the CD reporting
tool**
www.cdreporting.co.uk

CD Local Intelligence Network

CD LIN members - don't forget to book your place for the next CD LIN meeting which is the Educational Event on 12 September 2018. Details of how to book have been sent out to you. Contact a member of the CD team if you experience any difficulties booking a place.

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.shropshire-staffs-cd@nhs.net and for Derbyshire & Nottinghamshire e-mail: england.nottsderbycontrolleddrugs@nhs.net

CQC publishes controlled drugs report

The CQC have recently published their annual CD report for 2017. It sets out the work covered in 2017, in monitoring the effectiveness of controlled drug local intelligence networks (CD LINs) across England, and in leading the National Group on Controlled Drugs and the Cross-Border Group for safer management of controlled drugs.



The update for 2017 also presents data on prescribing of controlled drugs across England in the primary care sector, and shows trends over the last 10 years.

You can find the full report on the CQC website at: <https://www.cqc.org.uk/publications/major-report/safer-management-controlled-drugs>

CQC recommendations

Based on learning from work carried out in 2017 CQC make four recommendations in their Annual Report to improve and strengthen the management of controlled drugs in health and social care services.

- ◆ The first recommendation relates to prescribing controlled drugs outside of NHS general practice, for example by independent healthcare professionals, and the importance of informing a patient's own GP when this happens. This helps to ensure that patients are kept safe and that GPs maintain an overview of all the medicines prescribed to their patients.
- ◆ Because of new and emerging models of care the second recommendation is relevant for commissioners of healthcare. All those involved in commissioning need to be aware of the governance arrangements for controlled drugs to ensure these are part of the commissioning arrangements.
- ◆ Following a rise in personal identity theft, sometimes to fraudulently obtain controlled drugs. The importance of vigilance and security for health professionals was also highlighted. Highlighting the requirement to report any losses of personal identity such as badges and passwords.
- ◆ The fourth recommendation highlights the importance of monitoring controlled drugs in lower schedules. Schedules 4 and 5 comprise more than 67% of prescribed controlled drugs in primary care. Regular monitoring should help to identify diversion and enable swift action to reduce it.

Requests for additional supplies of Controlled / High Risk Drugs

Nationally there has been an increase in patients trying to obtain additional inappropriate supplies of Controlled Drugs. We are sharing information cascaded by Yorkshire & Humber region to help each of you manage this risk within your practices/pharmacies.

Actions for GP Practices

- ⇒ Implement a system for colleagues to identify and raise concerns to the prescriber for patients in this high risk category
- ⇒ Prescribers should have regular face to face reviews with patients prescribed controlled or other medicine commonly abused or misused.
- ⇒ Prescribers concerned that a patient is trying to obtain additional supplies of a drug should add the following wording to **each drug** they have concerns about:
SUPPLIES ONLY TO BE MADE BY THE AUTHORISING PRESCRIBER
- ⇒ Share your concerns with 111 & GP OOH providers; they may be using different computer systems and could add an alert to their own system.
- ⇒ Use Electronic Repeat Dispensing (eRD) with daily or weekly prescribing for non-Schedule 2 or 3 Controlled Drugs. Pharmacies can change nominations and retrieve prescriptions from the spine if the patient works away or is travelling.
- ⇒ Post Dated Paper CD Prescriptions collected and signed by pharmacy teams to help prevent loss of prescriptions.
- ⇒ Reduce risk by limiting quantities to 28 days or less.
- ⇒ Review all NUMSAS/ OOH/ A&E supply notifications, to identify and manage inappropriate supplies. Add any notifications of supplies made to GP record (under medicines prescribed elsewhere) so that they are made visible to others accessing the SCR and could help prevent further incidents.
- ⇒ For Temporary Patients check ID and contact their current GP before supplying controlled or other medicines commonly abused or misused.



Actions for Pharmacies

- ⇒ Determine if a supply request is genuine and use all existing information to support your decision making.
- ⇒ Access SCR for each NUMSAS or Emergency supply to identify any concerns raised by the authorising prescriber with the drugs concerned which will be communicated with **SUPPLIES ONLY TO BE MADE BY THE AUTHORISING PRESCRIBER**
- ⇒ Check the EPS Tracker status for current prescriptions and where necessary contact the nominated pharmacy for further information.
- ⇒ Discuss, document and raise any new concerns with prescribers.
- ⇒ Work collaboratively with General Practices to help manage high risk and vulnerable patients.
- ⇒ Where a NUMSAS notification has not been sent electronically ensure a paper copy is sent to the GP Practice.
- ⇒ To prompt staff to access SCR, keep a copy of this newsletter near your prescription book or with your relevant SOPs.

Staff Training
All staff should have regular refresher training around high risk drugs and medicines that are commonly abused or misused in your practices.

Prescription authorisation rights on SmartCards

There have been two separate instances where prescriptions had been issued to patients for dispensing, including CD prescriptions, that bore the 'prescriber details name' as being a non-prescriber member of staff at two separate practices. This occurred when prescribing authorisations for staff had not been correctly aligned.

One instance occurred during a practice merger, when the surgeries went to a shared admin on TPP defaults were changed on individual user settings on the opposing surgery system. This allowed a non-prescriber member of staff the incorrect authorisation to issue medications on prescriptions to patients.



We would advise all practices to check practice staff rights on Smartcards are correct and would encourage that the amendments are permanent to avoid risk of a similar occurrence in your practice.

Myth busters and tips

CQC have updated their CD mythbusters and tips for general practice and dentistry. Designed to help providers with the inspection process and share best practice guidance. GP Practice www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update and Dentistry www.cqc.org.uk/guidance-providers/dentists/mythbusters-tips-dentists-full-list-latest-update

Key Messages

- CQC Annual Report
- Ensure prescription authorisation rights are correct
- Manage risks associated with additional supplies of Controlled Drugs

