

NHS England & NHS Improvement - Midlands Controlled Drugs Newsletter

This newsletter contains local and national CD information to support safe use and handling of controlled drugs

Midlands Controlled Drugs Accountable Officers

North Midlands

Derbyshire, Nottinghamshire, Shropshire and Staffordshire

Samantha Travis

Email: Samantha.travis@nhs.net

Tel: 0113 8254717

Generic Email:

england.northmidlandscd@nhs.net

Central Midlands

Lincolnshire, Leicester, Leicestershire, Rutland, and Northamptonshire

Bhavisha Pattani

Email: b.pattani@nhs.net

Tel: 07730 381109 /381119

Generic Email:

England.centralmidlands-cd@nhs.net

West Midlands

The Black Country, Birmingham and Solihull, Coventry and Warwickshire, Herefordshire and Worcestershire

Amit Dawda

Email: amit.dawda@nhs.net

Tel: 0121 611 0813

Generic Email:

AGCSU.controlleddrugs@nhs.net

Pregabalin

As from 1 April 2019 pregabalin was re-classified as a Schedule 3 controlled drug under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971.

The Department of Health and Social Care has issued strong recommendations that the maximum quantity of Schedule 3 drugs prescribed should not exceed 30 days.

Pregabalin prescribing was investigated, specifically 300mg with prescribed quantities in excess of 112. The maximum recommended daily dose is 600mg.

The common themes highlighted the following:

- Two months' supply was routinely prescribed and not challenged.
- Maximum recommended daily dose exceeded, with reports of patients on 900mg, 1200mg and one patient on 1800mg.
- One prescribing error where the patient's dose had been increased from 600mg to 1200mg daily without any entries in the patient's notes to indicate the change.

- Post-dated prescriptions issued, but patients were still able to over-order medication.

Recommended actions:

For GP practices:

- Ensure your Practice team is aware of the change to CD schedule 3.
- Identify and review all repeat prescriptions for pregabalin.
- Ensure the quantity on the prescription does not exceed 30 days supply.
- Check patients prescribed pregabalin do not exceed the recommended 600mg maximum daily dose.
- Ensure prescriptions include the dose clearly defined and not 'as directed'.
- Systems and processes need to be in place to monitor over-ordering.

For community pharmacies and dispensing GP practices:

- Communicate with GP practices where the total amount prescribed exceeds 30 days supply.

CQC Update

The latest edition of the [CQC National Sub Group Newsletter \(Issue 9\)](#) was published in July. The Safer Management of Controlled Drugs: 2019 Annual Update advised that the level of controlled drug prescribing continues to increase year-on-year. In light of this:

- Prescribers should regularly review patients' clinical needs before prescribing and consider the quantity prescribed, particularly when issuing repeat prescriptions.
- Healthcare professionals should fully explain patients' medicines at the point of prescribing and supply. This should include giving guidance and warnings of the potential for dependence and actions to take appropriate to the patient's needs.



More can be read by clicking [here](#).

Case Study and Key Learnings

The Shropshire Coroner's Office raised a concern with the CDAO regarding dosage instructions on controlled drug medication. A patient had been prescribed morphine/sulphate 10mg/5ml. They were both marked "PRN".

On the second occasion the prescribing GP documented that the patient was taking Oramorph 10ml every 2 hours also with paracetamol. Prior to the second prescription the patient had been admitted to hospital and an attending doctor recorded the medication as "take 5 to 10 ml up to every 2 hours as required". The printed label on the medication bottle stated "when required".

In response to this concern healthcare professionals involved in the prescribing and dispensing of prescriptions are reminded of the importance of clear dosing instructions on controlled drugs.

The BNF and NICE guideline 461, "Controlled Drugs, Safe Use and Management" state that it is considered best practice to include:

- Clear dosing instructions on the prescription
- Clear dosing instruction on the corresponding medicine label, such as the individual unit dose and maximum total daily dose to reduce the risk of confusion or misunderstanding at a later date, particularly when terms such as 'as directed', 'when required' or similar phrases are used.

It is acknowledged that the use of 'as directed' has reduced significantly in recent years and that there are some specific circumstances where it is not possible to be explicit about the dose. We request that you:

1. Review the use of these phrases within your area of practice and take appropriate action where it is deemed that the phrases are being used inappropriately. Amend prescription doses or query the dose with the prescriber, if ambiguous.
2. In cases where it is deemed necessary to use 'as directed' or similar, provide the patient and/or their carer, with explicit verbal and/or written instructions.

Community Pharmacy Consultation Service (CPCS) Reminder

We would like to take this opportunity to remind you that for Schedule 4 or 5 Controlled Drugs up to five days' treatment may be supplied if it is clinically appropriate and after an assessment has been made of the risk that the patient might be using the CPCS to gain additional supplies inappropriately. Please click [here](#) for more information.

Prescription Delivery Services

Community pharmacies and GP dispensing practices that offer a delivery service are reminded to ensure they have an organisational Standard Operating Procedure (SOP) for delivery of medication in place which is **followed by all members of staff**, including delivery personnel and locum staff. New delivery drivers should read and sign the SOP before commencing duties. The SOP should cover the requirement of a "door step check" to confirm patient details during COVID, and what system to follow if the patient is not at the delivery address at the time of delivery.

Post-dated Prescriptions

Guidance concerning post-dated prescriptions can be found in Medicines, Ethics and Practice (RPS). Prescriptions for Schedule 2, 3 and 4 CDs are only valid for 28 days. The 28 day period of validity runs from the date the prescription was signed unless the prescriber has specified a start date on the prescription as a date before which the drugs should not be supplied. Any owing balance of prescriptions for Schedule 2, 3 or 4 CDs cannot be dispensed later than 28 days after the appropriate date on the prescription.

Instalment Prescriptions

The first instalment must be dispensed within 28 days of the appropriate date. The remainder of the instalments should be dispensed in accordance with the instructions (even if this runs beyond 28 days after the appropriate date). Please click [here](#) for more information.

