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Private CD Prescriptions

Recently we have received reports of concern regarding the validity of private prescriptions presented in community pharmacies for lower Schedule CDs. When pharmacy staff attempted to verify these were genuine using the prescriber's private PIN code and their contact details their calls were answered by an agency answering service. If a similar private prescription is presented in your pharmacy always make attempts to contact the prescriber to verify and take appropriate action if you suspect a prescription is a forgery. Prescriptions should be written legibly in ink or otherwise so as to be indelible, they should be dated, and include the name and address of the patient, the address of the prescriber and an indication of the type of prescriber. Prescriptions for CDs can be printed from a computer but the prescriber's signature must be handwritten (computer-generated signatures do not meet the legal requirement).

The maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days. A prescription for Schedules 2, 3, or 4 is valid for 28 days from the date stated thereon (the prescriber may forward-date the prescription; the start date may also be specified in the body of the prescription). Schedule 5 prescriptions are valid for 6 months from the issued date. Private prescriptions for Schedules 2 and 3 CDs must be written on designated private CD prescription forms – FP10PCD. Pharmacy contractors in England are required to submit FP10PCD and FP10CDF forms to NHS Prescription Services for audit purposes each month using a special submission document, FP34PCD. More information can be found at www.nhsbsa.nhs.uk



Centre for Pharmacy Postgraduate Education



A new e-learning programme *Controlled drugs in chronic pain: supporting patients with safe and effective use* has been launched with the aim of supporting pharmacy professionals develop the knowledge, skills and behaviours to support patients. The programme will explore the risks, challenges and consequences associated with a growing use of prescribed controlled drugs, ways to apply a shared decision-making approach and discussions involving controlled drugs.

This e-learning module is available now on the CPPE website and is open to all pharmacy professionals working in the NHS. You can find further information and the programme at [Controlled drugs in chronic pain: supporting patients with safe and effective use](#) :

Guidance on dealing with 'county lines'

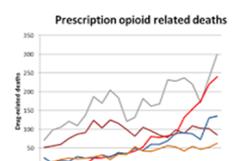
'County lines' is a national term used by the police and law enforcement to describe the approach taken by gangs and criminal networks originating from urban areas, who travel to locations such as county or coastal towns to sell class A drugs. NHS Safeguarding has produced guidance which you may find helpful including [coercive internal concealment](#) and [county lines introduction](#)

Opioid Dashboard

Over the past few months a set of Opioid Prescribing Comparators have been developed to help GP practices, PCNs, ICS and others to:

- understand the scale of their local opioid issues,
- understand which areas of opioid prescribing are most problematic locally
- identify patients who are deemed to be at greatest risk from harm, to be prioritised for a structured medication review.
- measure the impact of any interventions aimed at reducing harm from opioids.

We're hoping to release this new set of comparators in the first few months of the new year; and we may revise and extend them following the initial release. We'll also be testing out a method for reducing our 'data lag' so that comparators that can help identify cases that may require review much closer to the time of dispensing.



Good Housekeeping and the Importance of Controlled Drugs Balance Checks

Possibly due to COVID pressures resulting in pharmacy teams consisting of transient staff members, we have seen a rise in incidents where regular CD housekeeping has not been completed, notably where CD balance checks have not been completed for some time and/or the out of date CDs were not included in the CD balance check. The frequency of CD balance checks, including out of date CDs, should be based on the frequency of use, on controlled drug-related incidents, and on risk assessment. For most organisations stock checks should be at least once a week, but they may be carried out more or less often depending on the circumstances.

We have also discovered longstanding issues where pharmacy teams have not been able to access or do not know how to operate the electronic CD registers. In some cases, the CD registers have not been found. These issues have led to a large number of missed entries, leading to balance discrepancies, which in turn have led to lengthy and complex investigations.

Recommendations:

- If you have had a transient workforce in your pharmacy, consider completing a CD audit
- Ensure details on access and a quick guide to processes are readily available in your pharmacy
- Ensure staff are trained on how to use the electronic CD registers and checks are made with any locums attending
- Ensure CD registers have a clear location in the pharmacy and that this is highlighted to all staff



Further information can be found in the NICE guidance "Controlled drugs: safe use and management" <https://www.nice.org.uk/guidance/ng46/resources/controlled-drugs-safe-use-and-management-pdf-1837456188613>

Security During Stock Counts

Recent incidents reported have involved CDs being stolen from CD cupboards by external visitors during CD stock counts. Please ensure all CD stock counts are supervised by the Pharmacist on duty or a member of the dispensary team as appropriate. The CD cupboard key must be under the personal control of the Responsible Pharmacist, GP or another appropriate member of the team as per your SOPs. Any CD discrepancies must be investigated and reported to the CDAO.



Collection By a Representative for a Patient in Treatment for Substance Misuse

If a client from a substance misuse service wants a representative to collect a dispensed CD on their behalf, pharmacists are advised to first obtain a letter from the client that authorises and names the representative. A separate letter should be obtained each time the client sends a representative to collect and the representative should bring identification. The pharmacist must be satisfied that the letter is genuine and the record of supply in the CD register should include details of the representative. It is also good practice to insist on seeing the client in person at least once a week unless this is known not to be possible.



If the directions on the prescription state that the dose must be supervised, the pharmacist should contact the prescriber before the medicine is supplied to the representative since supervision will not be possible. It is legally acceptable to confirm verbally with the prescriber that they are happy with this arrangement but an appropriate record of this conversation should be made.

All pharmacists need to remember to notify the drug misuse service if a client misses 3 consecutive doses of their opioid substitute. By day 3, tolerance is likely to be affected and a re-assessment needed. If the service is not informed it may result in someone being off script longer than they need to be.

Palliative Care Medicines Orders on FP10 Forms



FP10 prescriptions for palliative care drugs should include drug name, drug form, dose, quantity in words and figures. Prescriptions stating "as per chart" are not legal CD prescriptions. If you are unsure of the requirements, please contact your local CCG pharmacy teams or check your local formularies for more advice.

And finally

The Controlled Drugs Team has produced bespoke guidance in the form of newsletters for the **Safe management of CDs in Care Homes** and for **Private CD Prescribers and Private Paramedics**. Copies of the guidance can be found at www.cdreporting.co.uk OR please email any of the CD teams for a copy