

CONTROLLED DRUGS NEWSLETTER

From the Controlled Drugs Team, London Region, NHS England

This newsletter contains local and national information to support the safe management and use of controlled drugs.

Welcome to our fourth edition of the London Region's Controlled Drugs Newsletter. We hope you find this, our 2023 Summer edition, full of worthwhile information and have also found previous editions of the newsletter useful.

For information, we are now saving the newsletters in the resources section of the Controlled Drugs Reporting website www.cdreporting.co.uk so that they are all in one place for future reference.

Please continue to give us your feedback on the newsletter and we hope you enjoy the Summer!

Best Wishes,
The London CDAO Team

CQC ANNUAL REPORT

The CQC Controlled Drugs Update for 2022 has now been published and you can access it [here](#)

CD REPORTING WEBSITE - RESOURCE CENTRE

We would like to draw your attention to the resource centre on the upgraded CD Reporting website [Resource Centre](#). This contains a wealth of information relating to controlled drugs including:

- Regulations and acts [Articles](#)
- Guidelines-within this section you will find a useful article entitled 'Serious Incident Case Study: Infant Morphine Overdose Investigation Summary & Learning' [Articles](#)
- CD reporting website tutorials and information [Website Upgrade Information](#)
- Regional resources- within the North West Region subfolder folder, you can access Controlled Drug Accountable Officer Training Parts 1, 2 and 3. You can also find at [Resource Centre](#)
- Regional newsletters- previous editions of the London CD newsletters are available here, together with our codeine diversion bulletin (tips to reduce the diversion of codeine and other lower schedule CDs from secondary care settings). [Articles](#) (cdreporting.co.uk)
- Designated Body Quarter Occurrence Report Information [Articles](#)

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STAFFING UPDATES

Martin Warnes is retiring!

We wanted to let you know that CDLO Martin Warnes retires on 31st July 2023 and are sure you would like to join us in thanking him for all of his support and sage advice over the past few years.

To ensure that any concern or query that you have is picked up in a timely manner, please contact our CDLOs via their generic email address: SCMailbox-CSC-ControlledDrugLiaisonOfficers@met.police.uk

OPIOIDS

The Opioid Safety Improvement Programme workstream is continuing throughout 2023 2024 with the current focus on maintaining the gains made through improvement made to date. If anyone is not aware of the programme or wants to learn more about how they can get involved in their area, please get in touch and we will put you in contact with your local leads.

OCCURRENCE REPORTING - CONTROLLED DRUGS DESIGNATED BODIES (CDDBs)

The occurrence reporting module on the CD Reporting website (www.cdreporting.co.uk) has been reviewed and updated. This upgraded module is now available for the submission of Quarter 1 2023-24 occurrence reports by CDDBs.

The following changes have been made to the occurrence reporting module:

- A delegate can complete the form on behalf of the Controlled Drug Accountable Officer (CDAO) within certain criteria.
- Patient harm level has replaced the previous risk rating, which corresponds with the Incident reporting module. Definitions of the harm levels are provided on the report and can also be found in the **Resource Section** of the website.
- There is now only a single form to submit an occurrence report where incidents have occurred, or a NIL report. (NB: When completing the occurrence report, please remember that all incidents that involve controlled drugs in schedules 2 to 5 need to be reported in the incident matrix).
- You will receive automated e-mail reminders requesting you to submit your occurrence reports.
- Incidents meeting the following criteria need to be reported as an incident on the Incident reporting module as well as being included in the incident figures on the quarterly occurrence report:
 - Persons, professional or staff of interest or concern relating to controlled drugs
 - Actual or suspected diversion of controlled drugs, schedules 2 to 5
 - Controlled drug incidents classified as causing severe or fatal patient harm.
 - Any other controlled drug incidents considered to be significant by the CDDB Accountable Officer

Further guidance and tutorials on completing the CDDB Quarterly Occurrence report can be found in the **Resource Section**, accessed from the **Home Page** of the Controlled Drug Reporting website or via the following link: [Articles](#)

PRIMARY CARE REPORTING OF CONTROLLED DRUG INCIDENTS

We would like to remind our primary care colleagues that all controlled drug related incidents and concerns arising in health and care settings must be reported to the NHS England London CDAO team via the [Controlled Drugs Reporting Website](#)

This applies to all health and care settings including GP practices, community pharmacies, dental practices, private providers and care homes. Where a patient is seen remotely and/or resides outside of London, incidents still need to be reported to the London CDAO team if the service is based in London.

You should report incidents involving controlled drugs from all schedules, including those from lower schedules (schedules 4 and 5) such as benzodiazepines, z-drugs, codeine and dihydrocodeine.

Examples of incidents that should be reported include, but are not limited to the following:

- Suspected diversion or criminal activity
- Concerns about healthcare professionals and staff working in health and care settings.
- Breakages and spillages e.g., methadone
- Missing/lost or dropped tablets during dispensing or physical balance checks
- Liquid CD discrepancies identified during physical balance checks
- Any CD supply discrepancies including those due to differing pack sizes e.g., 30 supplied instead of 28
- Unresolved running balance discrepancies
- Instalment Opioid Substitution Therapy dispensed without valid prescription or after missed doses
- Supervised Opioid Substitution Therapy dispensed as a take-away dose
- Dispensing errors (patient taken or not taken), for example mis-selection of Elvanse 30mg capsules/Elvanse Adult 30mg capsules, Espranor/Subutex, gabapentin/pregabalin
- Fraudulent prescriptions presented in person or via email
- Theft of CDs from premises by patient accessing dispensary
- Administration errors
- Prescribing errors

Please note - There are separate reporting arrangements in place for those organisations with their own CDAO (a 'controlled drugs designated body'), as outlined in the 'Occurrence Reporting' article.

RECENT REPORTS OF DIVERSION

Prescription Requests Made by E-mail

We have received several reports of community pharmacies being asked to dispense schedule 4 and 5 CDs from an e-mailed private prescription under the guise of an emergency supply at the request of a prescriber. These approaches are typically being made late in the evening and at the weekend when regular staff are less likely to be available and the prescriber cannot be contacted as their service is closed.

As e-mailed prescriptions do not comply with the requirements of a legally valid prescription, the original prescription must be furnished by the prescriber within 72 hours.

When prescriptions are presented in this way, there is a significant risk that the prescription(s) is fraudulent and/or that it may have been sent to several pharmacies in order to obtain multiple supplies.

As is the case with all prescriptions for items liable to misuse, community pharmacists are strongly advised to check the authenticity of the prescription before making a supply.

Please also note that the emergency supply of a schedule 2 or 3 CD (except for phenobarbital or phenobarbital sodium for the treatment of epilepsy), either at the request of a patient or a prescriber, is not permitted.

Case study:

- Locum pharmacist A received a call on a Saturday afternoon from a person purporting to be Dr X to check availability of Zolpidem tablets and requested pharmacy's email address to send through an emergency request for a patient under his care.
- The alleged patient was a premier league footballer who needed support with an ongoing condition.
- Community pharmacy received a private prescription for Zolpidem 10mg x 56 tablets via email.
- Locum pharmacist A checked doctor's credentials on the GMC website, and all seemed in order.
- Locum pharmacist A attempted to call the doctor but was unable to get through on a Saturday afternoon.
- A young male attended the pharmacy shortly thereafter to collect the dispensed medication, and informed the pharmacist that they may have difficulty getting hold of the doctor at their practice as they often attend the football club in person.
- Locum pharmacist A was satisfied that scenario was genuine and went on to make the supply.
- The following Monday, the pharmacy received another request from the same email address with a convincing explanation as to why the patient needed a further two months' supply of medication.
- Pharmacist B thought this was strange and replied to the email explaining that a supply had already been made on the Saturday afternoon and as the pharmacy were awaiting the original prescription, no further supplies would be made.
- Pharmacist B also noted that the alleged doctor's email address was a personal email address and not from the clinic. No further response was received to the email.
- Pharmacist B contacted the clinic who confirmed that the patient had been removed two years previously from the patient list and the prescription was likely to be fraudulent.

In summary, even though a number of checks had been undertaken to verify the authenticity of the prescription, the prescription was fraudulent. The incident happened on a Saturday afternoon, when the clinic was closed and therefore the pharmacist was unable to contact the prescriber.

The scenario created by the person purporting to be the doctor and/ or the patient was very convincing, and the celebrity status of the patient added plausibility.

Learning points:

Be on your guard: there are currently various methods being used to obtain lower schedule controlled drugs fraudulently. These include fraudulent private prescriptions, fraudulent paper FP10s and requests for an emergency supply via email. Often the presenting scenario appears plausible. Where the prescriber is unknown to you, please verify the provenance of prescriptions, prescribers and email addresses.

Snatch and Grab Incidents

We have also seen an increase in the number of incidents involving the opportunistic grabbing/snatching of lower schedule CD stock from dispensary shelves in community pharmacies by members of the public. We would strongly advise our community pharmacy colleagues to store medicines liable to misuse out of the sight and immediate reach of the public.

HOME OFFICE CD LICENCES

The Home Office [website](#) currently states that you should allow 16 weeks from the time of submitting a **completed** application for a Home Office CD licence to being contacted by them to arrange a compliance visit, if one is required. The Home Office only considers applications as complete where all component parts of an application are correct and present. If there is a delay because the Home Office requests further information regarding the application, it will take longer than 16 weeks for them to contact you to book a compliance visit.

This needs to be taken into account when applying for or renewing Home Office CD licences- please plan well ahead. For queries concerning domestic licensing please email dflu.dom@homeoffice.gov.uk or call 0300 105 4848.

INTERIM CDAOs

We would like to remind Controlled Drug Designated Bodies (CDDBs) of the need to notify CQC of any change in the Controlled Drugs Accountable Officer (CDAO) of the organisation. The relevant notification form can be accessed [here](#).

In some situations, a CDDB may need to appoint an interim CDAO e.g. between substantive appointments or due to an extended period of absence.

If a substantive CDAO is going to be absent for 6 weeks or more, CQC will need to be advised of the details of an interim CDAO via their notification form, so that their details can be included in the CQC register of CDAOs.

COMMUNITY PHARMACIST CONSULTATION SERVICE

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.

Please note the following:

- Supplies of schedule 2 or 3 controlled drugs (CDs) are not permitted with the exception of phenobarbital or phenobarbital sodium which can only be supplied via CPCS for treatment of epilepsy.
- For schedule 4 and 5 CDs, up to a maximum of 5 days supply can be issued.
- A CPCS referral does not mean that a pharmacist must make the supply, a clinical assessment is still required.
- Be aware that some patients may try to use the scheme to obtain additional dependence forming medicines and be vigilant in the assessment of those attempting to obtain repeat CPCS supplies.

Further information can be found [here](#).

CD PRESCRIBER IDENTIFICATION NUMBERS (PINS)

Requisitioning Controlled Drugs

We receive regular enquiries about the private requisitioning of Schedule 2 and 3 controlled drugs. This is a gentle reminder that a prescriber identification number (PIN) is required for the private requisitioning of Schedule 2 and 3 controlled drugs, not just for private prescribing. If you require further information or clarification, please contact us at england.londoncdpins@nhs.net

SAFE MANAGEMENT OF PRESCRIPTION STATIONERY

We are continuing to receive incident reports of prescription stationery either being mislaid or stolen, with stolen prescriptions then being used fraudulently. This is a reminder that you must have arrangements in place to manage prescription stationery securely and should have a Standard Operating Procedure in place that covers these arrangements. This includes secure storage and maintaining records of stationery received, issued or destroyed. Obsolete stationery that is no longer required must be destroyed securely and in a timely way, in the presence of a witness and a record made.

For guidance, please refer to the [management and control of prescription forms document](#). This guidance also covers prescriptions sent in the post. In addition, there is some useful information on the CQC [website](#).

If a community pharmacy is presented with a fraudulent prescription form, they need to take the following actions:

- Inform the prescriber that his/her name has been used on a fraudulent prescription.
- Contact the local police via 101 or Report a crime | Metropolitan Police and obtain an action fraud number.
- Inform the NHSE London Region Controlled Drug Accountable Officer team via the [CD reporting tool](#).

Please be aware that you may be able to claim a payment (for NHS prescriptions only) under Part XIVA "Reward Scheme – Fraudulent Prescription Forms. Details of how to do this are set out in the Drug Tariff.

REMINDERS

RUNNING BALANCE CHECKS

We would like to remind our Community Pharmacy colleagues of the importance of conducting regular CD running balance checks, so that any discrepancies can be identified and investigated in a timely manner. Failure to do this is resulting in an increasing number of incident reports relating to unresolved CD discrepancies.

USEFUL LINKS

[Cannabis-based products for medicinal use: Frequently asked questions](#)

[Assessment of patients on long-term benzodiazepines or z-drugs](#)

[Tools - Specialist Pharmacy Service](#)

[Serious Shortage Protocols \(SSPs\)](#)

[Serious Shortages Protocols \(SSPs\) - Specialist Pharmacy Service](#)

CQC Controlled Drug Resources

[GP Mythbuster 23: Security of Blank Prescription Forms](#)

[GP Mythbuster 28: Management of Controlled Drugs](#)

[CQC Controlled Drugs Governance Self Assessment Tools for Primary and Secondary Care](#)

[Controlled Drugs in Home Care](#)

[Topical Testosterone \(Testogel\): Risk of Harm to Children Following Accidental Exposure](#)

[MHRA Public consultation on the proposal to make Codeine Linctus available as a prescription-only medicine](#)