NHS England London

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 fifth edition of the London Region's Controlled Drugs Newsletter. We hope you find this, our 2023 Winter edition, full of useful information and have also found previous editions of the newsletter helpful.

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 here's wishing you a very happy festive season and a Happy New Year!

Best Wishes,
The London CDAO Team

IN THIS ISSUE:

UPDATES FROM THE CDAO TEAM

Reporting of controlled drug incidents by NHS Trusts (and other Controlled Drugs Designated Bodies)
We are aware that a number of NHS Trusts are in the process of transitioning to the Patient Safety Incident Response Framework (PSIRF). We have received several enquiries relating to the impact of this on the reporting of controlled drugs (CD) incidents to the NHS England London CDAO team. We would like to clarify that the CD incident reporting arrangements for NHS Trusts (and other Controlled Drugs Designated Bodies) to our team remains unchanged. Incidents meeting the following criteria should, therefore, continue to be reported to us via the incident reporting module of the Controlled Drugs reporting website (www.cdreporting.co.uk):

- 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 classed as causing severe or fatal physical and/or psychological patient harm.
- Any other controlled drug incidents considered to be significant by the Controlled Drugs Designated Body CDAO.

Reporting of controlled drug incidents in primary care - a reminder
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.

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 'Reporting of controlled drug incidents by NHS Trusts (and other Controlled Drugs Designated Bodies)' article.

Destruction of obsolete Schedule 2 controlled drugs stock in primary care - temporary Authorised Witness

- In the London region there is no requirement for community pharmacies to inform us of the list of controlled drugs that have been destroyed. We are aware that you are asked to do this when you receive your automated AW authorisation notification email, however we do not require this information in the London region.

- The destruction of obsolete and expired stock schedule 2 CDs should be carried out in accordance with pharmacy SOPs, and appropriate records made in the CD register.

Private dispensing account number retrieval

Community pharmacies can check for their private controlled drugs dispensing account number via the NHSBSA website: http://applications.nhsbsa.nhs.uk/infosystems/welcome

Use guest access, then select +Report > Common info reports > organisation data > contractor details > then download the most recent months data in PDF format. Search for your pharmacy using the postcode. The 'private' column in the sheet indicates whether that row is a private code or not.

Controlled Stationery

The London CDAO team regularly receive reports of missing or unaccounted for controlled stationery and enquiries on what to do with obsolete stationery.

For guidance, please refer to:
- The NHS Counter Fraud Authority guidance on the management and control of prescription forms (Management and control of prescription forms (cfa.nhs.uk)), which includes a brief section on the destruction and disposal of prescriptions (paragraphs 4.23 and 4.24, pages 12 and 13)
- GP mythbuster 23: Security of blank prescription forms - Care Quality Commission (cqc.org.uk)

Community Pharmacist Consultation Service (CPCS)

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.

The London CDAO team reviews data of controlled drugs supplied via CPCS on a monthly basis and follow up as necessary on any potentially inappropriate supplies.

We would like to remind you of 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. We are regularly seeing supplies being issued for 100 co-codamol 30mg/500mg tablets and 100 codydramol 10mg/500mg tablets, neither of which is permitted via CPCS.
- 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

ADHD MEDICINES SUPPLY DISRUPTION

A National Patient Safety Alert (NatPSA) was issued in September 2023 for a number of medicines used to treat Attention Deficit Hyperactivity Disorder (ADHD). Further information has been published on the Specialist Pharmacy Service website to support the ongoing management of supply disruption of medicines used to treat ADHD.

This information is in a series of articles which are available below:

Continuing management of the ADHD medicines shortage

Supporting system response to the ADHD medicine shortage

Considerations when prescribing guanfacine

Considerations when prescribing modified-release methylphenidate

Prescribing available medicines to treat ADHD

NITROUS OXIDE IS NOW A SCHEDULE 5 CD

Schedule 5 of the Misuse of Drugs Regulations 2001 has been amended specifically for nitrous oxide to enable all activities required for legitimate uses.

Home Office has also produced a helpful fact sheet - Media Fact Sheet Ban: Nitrous Oxide Ban

ACTIMORPH IMMEDIATE RELEASE TABLETS

Please note that Actimorph orodispersible is an immediate release (IR) formulation, and not a modified release (MR) formulation.

We have been made aware of a recent incident where a clinician prescribed Actimorph as if it was a modified release preparation.

Actimorph 1 mg Orodispersible tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

ESPRANOR AND SUBUTEX

These two products are not interchangeable. Espranor (buprenorphine oral lyophilisate) is placed on the tongue and is specifically designed to rapidly disperse - usually within 15 seconds. However, Subutex is a sublingual tablet which usually dissolves within 5-15 minutes.

Espranor 8 mg oral lyophilisate - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

A CASE STUDY

Opioid Substitution Therapy - incidents involving methadone

An increasing number of incidents involving oral methadone have been reported to the London CDAO team. These broadly fall into the following categories:

- Volume underages or overages identified during balance checks
- Patients receiving an incorrect dose, or a supply intended for a different patient
- Patient receiving a supply when the prescription is not legally valid
- Crossover of formulations between sugared and sugar-free methadone

Good practice:

- Segregate different formulations of methadone e.g., sugar -free / sugared within the CD cupboard
- Remind patients that their prescriptions will be coming to an end, to ensure continuity and avoid breaks in treatment.
- Ensure dispensing is from a current and not from a future prescription, and that current and future prescriptions are separated and clearly marked with appropriate dates
- Where possible, two people should be independently involved in dispensing and checking methadone prescriptions
- Check the methadone prescription includes all relevant details including the daily instalment dose and the total volume to be supplied
- Highlight key information such as the start date on the prescription to prevent issues such as duplicate supplies being made
- Ensure all staff and locums are well informed of all relevant procedures

Key messages – avoiding errors:

- Check prepared doses of methadone against original prescription, not the label
- Check supply records for that day to ensure dose has not already been supplied
- Undertake identity checks such as name, date of birth and address where possible at the point of handout
- Ask patient what their normal dose is as an extra check and confirm against the prescription
- Ask patient to verify the labelled bottle before administration/supply
- Verify the start and finish date specified on the prescription prior to handout

Adverse event- what to do:

- Every effort must be made to contact the patient and the prescriber/ key worker when an error has been identified, to ensure patient safety. This is particularly critical if a dose in excess of the prescribed dose has been dispensed
- Inform your NHSE CDAO of the incident via www.cdreporting.co.uk
- In the event of a dispensing error, it is not appropriate to request a new prescription to cover for any incorrect supply made. Instead, the CD register should be annotated appropriately

Missed doses

- If a patient misses three consecutive daily doses, the prescriber or key worker must be contacted and the next dose withheld, as the patient needs to be reassessed and a new prescription issued

Oversight and guidance

- Please refer here for further information.
- Reporting methadone incidents to the London CDAO team enables the team to get an overview of methadone related issues and share themes to allow learning and promote safe practice.

FALLS PREVENTION

As part of the National Falls Prevention Co-ordination Group, a new document has been published on the Royal Pharmaceutical Society website containing information and guidance on reviewing medicines for people at risk of falls. These are sometimes referred to as falls risk increasing drugs (FRIDs). Of note, a number of controlled drugs, including opioids, gabapentinoids, benzodiazepines and z drugs can cause or contribute to falls.

The guidance can be found on the Medicines Optimisation | RPS (rpharms.com) webpage, under the 'Medicines optimisation in practice' heading.

A BIG THANK YOU!

We would like to thank our community pharmacy colleagues for their vigilance in detecting fraudulent controlled drugs prescriptions, and for reporting these incidents to the London CDAO team in a timely manner.

NEW CONTACT DETAILS FOR METROPOLITAN POLICE CDLOs

To ensure that any concern or query that you have is picked up in a timely manner, please contact our Metropolitan Police CDLOs via their new generic email address: **scmailbox-.sochq-controlleddrugliaisonofficers@met.police.uk**

GUIDANCE FROM THE NHSE LONDON COUNTER FRAUD TEAM

There has been a growing trend of fraud offences in relation to the impersonation of a medical professional.

The trend is in relation to bank/agency staff where a person registers with an agency, meets all the identification and qualification requirements, and books on to shifts. However, a completely different person arrives to work the shift.

Prevention Advice
This type of fraud relies on ID checks not being undertaken when a new worker arrives at the beginning of their shift.

To protect against this type of fraud, please consider the following:

Pre-employment checks
- When contracting staff from an agency or other external third-party provider, assure yourselves that the agency carries out pre-employment checks.
- Clear instructions should be given to all new staff that photographic ID will be required and inspected before any shift is undertaken. This should form part of an induction checklist for all new/temporary workers and checked against the ID provided to the agency. If it is not provided, appropriate action should be taken.

Employee management
- If a new or temporary worker is withdrawn, reluctant to undertake duties (especially clinical duties), or attempts to conceal their identity (for example wearing a face mask when not required) consider whether this could be a red flag that they are not who they claim to be.
- Managers should be vigilant for any poor/underperformance. Immediate action should be taken (in line with organisational policy) to protect patient safety if someone is suspected of impersonating a medical professional.

Action to Take
- Raise staff awareness of the risk of impersonating a medical professional.
- Staff must check the identification of new staff prior to them starting work to ensure they are the person expected.

OPIOIDS AND GABAPENTINOIDS ADMINISTERED TO PATIENTS WITH REDUCED RENAL FUNCTION

We are seeing an increase in the number of incident reports relating to controlled drug overdoses in renal patients in secondary care settings. In some cases, this has been exacerbated by patients with renal impairment being admitted to a non-renal ward where clinicians may have less experience regarding renal disease .

Clinicians must be mindful of a patient's renal function when considering the choice and dose of opioid to be prescribed. Similarly, where a gabapentinoid is indicated, the dose must again be modified to take account of the patient's renal function. It may be helpful to consider this as a training opportunity.

Please refer to the NICE guidance on gabapentinoid prescribing:
Pregabalin | Prescribing information | Neuropathic pain - drug treatment | CKS | NICE

Gabapentin | Prescribing information | Neuropathic pain - drug treatment | CKS | NICE

UPDATES FROM HEALTH INNOVATION NETWORKS

Health Innovation Network (HIN) updates on the work being done to reduce opioid prescribing in chronic non-cancer pain

UCL Partners (UCLP)
Since August, UCLPartners has continued to engage prescribers in North Central London and North East London through its Opioid Core Working Group and Opioid Network. They held a webinar on 9 November about the implementation guide and associated resources available to primary care practices who might want to deliver Group Education Sessions for their patients with persistent non-cancer pain who have been on opioids for 3-6 months. The aim of these sessions is to educate patients about the risks of long-term opioid use and about non-pharmacological options for persistent pain management. The webinar was recorded and the slides and video will be available on UCLPartners' website in due course.

UCLPartners' key activity for next quarter will be to deliver quality improvement workshops to demonstrate how QI methodology can be used to improve discharge letters when patients leave secondary care with a new opioid prescription. These sessions complement the discharge letter audit template created by UCLH and UCLPartners, designed to improve communication between primary and secondary care to help 'turn off the tap' of new long-term opioid users.

Imperial College Partners (ICP)
Exciting developments are underway in North West London (NWL) to enhance chronic pain management. Imperial College Health Partners (ICHP) and The NWL Integrated Care Board (ICB) are introducing an innovative pharmacist-led pilot to improve chronic pain management in primary care and reduce opioid-related harm. In partnership with local PCNs, The ICB and Connect Health, the initiative will provide training, assistance, and guidance from a pain specialist GP, initially within Hammersmith and Fulham. Additionally, project management support will be facilitated by ICHP. Anyone interested in finding out more can contact Lucie Wellington at lucie.wellington@imperialcollegehealthpartners.com or visit our webpage.

Secondly, a NWL Community of Practice (CoP) has now been set up linked to an Imperial Health Charity project, looking at adopting a population health management approach for people with chronic pain. We are looking for CoP members from all NWL walks of life, who are interested in making person-centred, holistic care more accessible for people with chronic pain. If this sounds like you, please contact kalwant.sahota@nhs.net.

Health Innovation Network (HIN)
The Health Innovation Network South London is re-launching its local programme working with partners to deliver on the NHS England Medicines Safety Improvement Programme ambition to reduce harm for people with chronic (non-cancer) pain by reducing the prescribing of opioids.

We are grateful for your support with the 2022/23 programme and would greatly appreciate it if you could:

- **Share** details about our Opioid Action Learning Set (ALS) with three workshops that aim to help build primary and secondary care health care professionals' understanding of the complex issues surrounding initiating, de-escalating opioids and effectively supporting patients living with pain. It will take place on 18, 30 January and 27 February 2024 from12.00- 13-00 via Microsoft Teams. Find out more and book now: Opioids Action Learning Set Workshops Tickets, Thu 18 Jan 2024 at 12:00 | Eventbrite

- **Watch** our educational film series created with people living with chronic pain from our experience-based co-design project. It is a video series providing insights into the activities and groups they have attended to support them to live well with pain. It also includes tips for professionals providing care to people living with chronic pain.

- **Encourage** use of our new resource pack for healthcare professionals. The resource pack has been re-orientated to encourage a focus on sustaining reduction in opioids through non-pharmacological alternatives e.g., social prescribing, exercise, physiotherapy, acupuncture, talking therapies in addition to guidance to support tapering opioids.

- **Read** the following blogs highlighting work within our local programme:
  - "We want to work in partnership" – World Patient Safety Day and MedSIP - Health Innovation Network
  - Working with patients as equal partners to improve chronic pain management - Health Innovation Network

- **Listen** to the national Health Innovation Network podcast highlighting our experience-based co-design project. It features one of the patient participants and our project lead discussing how to engage patients in patient safety.

For further information about our opioids programme click here or contact Natasha Callender, Senior Project Manager for Patient Safety and Experience Team natasha.callender3@nhs.net

USEFUL LINKS

Managing Controlled Drugs (CD) waste

Controlled Drugs records in pharmacy

Private prescribing of controlled opioids in England, 2014-2021: a retrospective observational study