Controlled Drugs Newsletter - Summer Edition 2025

Introduction

Welcome to our Summer 2025 edition of the London Region's Controlled Drugs Newsletter. We hope you find it 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 cascade the newsletter to relevant colleagues within your organisation and continue to give us your feedback and suggestions.

With our best wishes,

The London CDAO Team

E: england.londoncdaccountableoffice@nhs.net

Please note, we have moved offices from Wellington House and are now based at 10 South Colonnade Canary Wharf

CDLO Update

In this update we would like to bid farewell and extend our thanks to Nikki Hubbard, a very valued member of the Met Police CDLO team, as she retired at the end of June. She has supported us in the London CDAO team and supported many of you with investigations. She will be greatly missed.

Primary Care

Reporting of controlled drug incidents in primary care

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:

www.cdreporting.co.uk

This applies to all health and care settings including GP practices, community pharmacies, dental practices, private providers and care homes.

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.

From the reports submitted, we can proportionately quantify and identify themes in order to:

- share learning and act on preventable causes of harm.
- provide assurance that concerns and incidents are identified, investigated, and mitigated appropriately.
- act on the concerns and incidents where required (which may include involving the relevant regulators and police as necessary, for example in cases of diversion).

You may find it helpful to refer to our aide memoire (attached) and we would like to thank the NHSE East of England CDAO team as this aide memoire is based on their template.

Destruction of expired stock schedule 2 controlled drugs – Primary Care

There may be some community pharmacies and GP practices that have accumulated obsolete and date expired stock schedule 2 controlled drugs (CDs). These must be destroyed in a timely way in the presence of an Authorised Witness (AW).

This will involve requesting temporary authorisation from the London CDAO team, for a registered healthcare professional from within the organisation to act as an Authorised Person to witness the destruction of Controlled Drugs by another person, for a defined length of time at specified premises.

The proposed Authorised Person MUST be a fully registered healthcare professional.

To apply for this temporary authorisation, please visit www.CDReporting.co.uk and select the 'Authority to witness the destruction of controlled drugs' tab.

Please note that all applications will now require submission of the list of the controlled drugs to be destroyed.

Whilst completion of the application should be self-explanatory, a tutorial video on how to complete the application is available in the resources centre of the Controlled Drug Reporting website – under Website tutorials and information (Website Upgrade Information).

Please note that the above does not apply in the following circumstances:

• Where the organisation operates as a sole trader, the sole trader may NOT act as the

Authorised Person (please contact us at england.londoncddestruction@nhs.net) •

Where the community pharmacy is part of a community pharmacy multiple with a

registered trading address in London (please contact us at

england.londoncddestruction@nhs.net)

Pharmacy First – Urgent Medicines Service

The NHS Pharmacy First service launched as a new advanced service of the community pharmacy contract on 31st January 2024. One of the elements within this service is the Urgent repeat medicine supply.

Urgent medicines supplies for controlled drugs can be provided under this service, however, please remember that:

- Emergency supplies of schedule 2 and schedule 3 controlled drugs are not permitted, with the exception of phenobarbitone or phenobarbital sodium for the treatment of epilepsy.
- Temazepam, gabapentin, pregabalin and tramadol are all schedule 3 controlled drugs. Emergency supplies of these medicines are not allowed and so they cannot be supplied via the service.
- Medicines such as benzodiazepines (apart from temazepam, which is schedule 3), zopiclone, and zolpidem are schedule 4 controlled drugs. Up to **five days' treatment** may be supplied, if clinically appropriate.
- Dihydrocodeine and codeine containing products (including co-codamol 30mg/500mg) are schedule 5 controlled drugs. Up to five days' treatment may be supplied if clinically appropriate.

We would like to remind our community pharmacy colleagues that the London CDAO team will follow up where we identify deviation from these criteria. Please ensure data is inputted accurately when claiming for urgent medicines service supplies to avoid unnecessary follow up.

Good Practice for Delivery of Controlled Drugs

We would like to remind our community pharmacy colleagues of the importance of good governance arrangements when controlled drugs are delivered from the pharmacy to patients. These include:

- Having dedicated SOPs that cover transport and delivery arrangements
- Training of staff involved in the delivery process
- Ensuring the medicine is delivered securely and promptly to the intended recipient to enable safe and effective use of their medicine
- Provision for any special security/storage requirements of the medicine
- Incorporating a verifiable audit trail for the medicine from the point at which it leaves the pharmacy to the point at which it is handed to the patient or their carer, or returned to the pharmacy in the event of a delivery failure
- Safeguarding confidential information about the medication that a patient is taking

Discharge Medicines Service (DMS) - Controlled Drugs and High-Risk Medicines

The NHS Discharge Medicines Service (DMS) is an essential community pharmacy service which enhances medication safety during patient transitions from hospital to primary care. It involves structured referral, pharmacist review, and follow-up consultation to ensure safe continuation of medication use. DMS directly supports the NHS's Three Strategic Shifts by enabling safer community-based care, using digital referrals, and promoting preventive action through early intervention on high-risk medicines.

DMS plays a vital role in reducing hospital readmissions, with data showing a readmission rate of 5.8% for patients who received DMS compared to 16% for those who did not. It prioritises controlled drugs and other high-risk medicines due to their potential for harm, misuse, and complex dosing requirements. By ensuring accurate medication reconciliation and clear communication during care transitions, DMS significantly lowers adverse events, dependency risks, and readmissions.

The service supports safe prescribing, enhances patient understanding and adherence, and strengthens collaboration between hospital and community care providers—ultimately improving patient safety and outcomes. For more information, see B0366-dischargemedicines-toolkit.pdf .

(Article courtesy of Gawain Young, Pharmacy Advisor, NHS England - London)

Controlled Drug Designated Bodies

Destruction of expired stock schedule 2 controlled drugs - Controlled Drug Designated Bodies

We continue to receive queries from controlled drug designated bodies regarding the appointment of authorised witnesses that are not named on their Home Office CD licence.

Our understanding, as per Reg 27 Of MDR 2001(The Misuse of Drugs Regulations 2001), is that the CDAO of a controlled drug designated body can appoint suitable individuals from within the organisation to act as authorised witnesses for the destruction of controlled drugs.

The following guidance may be of help, particularly paragraphs, 4, 5, 7 and 12: https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/06/8-guidance-ondestruction-cds.pdf.

Whilst the guidance is old, the principles still apply.

CDAO Notifications

We would like to remind controlled drug designated bodies 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 at Controlled drug accountable officers - Care Quality Commission.

If you are a new CDAO and have not yet submitted a CDAO notification form, can we please request that you do so.

In some situations, a controlled drug designated body 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.

Introductory letter to new CDAOs

If you are a new CDAO in London, you will receive an introductory letter from our team outlining useful information such as controlled drug incident and occurrence reporting arrangements, signposting to resources on the CD Reporting website for new CDAOs and dates of forthcoming CD Local intelligence Network (LIN) meetings.

Regulatory Updates and Reminders

Post Implementation Review of The Controlled Drugs (Supervision of Management and Use) Regulations 2013

The Department of Health and Social Care has completed the post implementation review of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 and it is due to be published in the coming weeks.

Prescribing and possession of controlled drugs by paramedics

Prescribing

As of 31st December 2023, amendments to the Misuse of Drugs Regulations 2001 (The Misuse of Drugs Regulations 2001) enable **paramedic independent prescribers** to prescribe the following controlled drugs, provided the controlled drug is prescribed to be administered by the specified method:

- Morphine sulfate by oral administration or by injection;
- Diazepam by oral administration or by injection;
- Midazolam by oromucosal administration or by injection;
- Lorazepam by injection; and
- Codeine phosphate by oral administration.

We would like to remind paramedic independent prescribers, including those working in GP practices, that they are only permitted to prescribe the above-mentioned controlled drugs.

Possession

Guidance from MHRA ***(***Rules for the sale, supply and administration of medicines for specific healthcare professionals - GOV.UK) outlines that registered paramedics can administer certain medicines on their own initiative to sick or injured persons who need immediate, necessary treatment. This includes two controlled drugs, diazepam 5 mg per ml emulsion for injection and morphine sulphate.

The guidance further states that registered paramedics can keep stocks of these injectable medicines as part of their professional practice.

We would, therefore, like to remind our community pharmacy colleagues that these are the only two controlled drugs that you are able to supply to paramedics on a CD requisition form (FP10 CDF)

Patient Returns to Community Pharmacies

Community pharmacies are required to accept and dispose of unwanted drugs, including controlled drugs, presented to the pharmacy for disposal from a private household, a children's home or a residential care home. (ToS - 14(1))

Common Queries

Managing unknown substances in services

The management of unknown substances in services is a subject on which we continue to receive a number of queries. The CQC Controlled Drugs Annual Update 2023, published in July 2024, has a useful section relating to this: The safer management of controlled drugs: Annual update 2023 - Care Quality Commission

Some key points from the report are as follows:

- Services need to have a clear policy and process to manage this issue and the risks associated with it, and there must be a robust documented audit trail. Unknown substances must be put into a secure, sealed container. Quantities that indicate personal use only can be destroyed locally as an unknown substance. Services should assess and manage the risk of exposure to unknown substances during the destruction process.

- Larger quantities, which are indicative of supply (not for personal use), will need to be notified to the police. CDLOs are a good first point of contact for concerns in relation to this. Any trends should also be communicated to the NHS England CDAO so they can share the issue and any learning with the CDLIN.

- It is important to note that dispensed supplies of cannabis-based products for medicinal use are legal to possess when they have been prescribed.

News and Updates

CQC Controlled Drugs Annual Update 2024

The CQC Controlled Drugs Update for 2024 has now been published.

You can access the report and its recommendations here: 2024 report

Fentanyl transdermal patches – video resource

The Community Pharmacy Patient Safety Group have published a useful video resource, Focus on Fentanyl. This video is aimed at community pharmacy team members. and covers fentanyl patches from a patient safety point of view. The discussion covers key risks and mitigations to improve the care of patients who use fentanyl patches for pain management.

https://pharmacysafety.org/focus-on-fentanyl-video-resource/

Opioids

Prolonged release opioids no longer indicated for post-operative pain

MHRA has advised that the indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids. These opioids should not be used post-operatively due to the increased risk of persistent post-operative opioid use (PPOU) and opioid-induced ventilatory impairment (OIVI). It is not recommended to use transdermal patches for the treatment of post-operative pain.

Prolonged-release opioids: Removal of indication for relief of post-operative pain - GOV.UK

Repeat prescription opioids most commonly linked to patient harm

In a recent article in The Pharmaceutical Journal, it was reported that a study's results show that repeat prescription opioids are the most common medicines linked to patient harm and deaths. Researchers found that between January 2019 and December 2023, opioid analgesics made up 76% of the medications mentioned in coroners' prevention of future deaths reports:

https://pharmaceutical-journal.com/article/news/repeat-prescription-opioids-mostcommonly-linked-to-patient-harm-and-deaths-study-results-show

Naloxone

The Department of Health and Social Care has provided guidance on the legislation which widens access to naloxone and came into force in December 2024:

Supplying take home naloxone without a prescription

The legislation enables drug services and others to supply take home naloxone without a prescription and the guidance covers who can supply it, products that can be supplied, who can supply and to whom, governance, training, data collection, storage, dosing and sideeffects.

The government has also set out new recommendations to local authorities, police and public health organisations to better prepare against synthetic opioids. This includes making sure police officers have the skills and confidence needed to carry and administer naloxone, a lifesaving drug to tackle illicit drug use: **New local guidance to tackle synthetic opioid threat**

Opioid substitution therapy

The Department of Health and Social Care has published guidance on Medicine choices in opioid substitution treatment, **Oral methadone and buprenorphine: recommendations - GOV.UK**

Clinicians should use this guidance, alongside the Orange Book, to inform their prescribing of oral methadone & buprenorphine as substitute medication to people who are in treatment for opioid dependence. Further guidance on buprenorphine long-acting injections will be published in 2025.

Opioids in palliative care

The Specialist Pharmacy Service has produced the following resources that highlight that switching between oral morphine and other oral opioids requires care and thoughtful application of a stepped process:

Switching between morphine and other opioids in palliative care

Read SPS commentary

Cannabidiol products

The MHRA has provided the following statement on products containing cannabidiol,

MHRA statement on products containing cannabidiol (CBD)

Products containing cannabidiol (CBD) used for medical purposes are medicines. If a company markets a CBD containing product that makes a medicinal claim it will be considered to fall within the definition of a medical product contained in The Human Medicines Regulations 2012.

Stimulant and non-stimulant agents for ADHD

The Pharmaceutical Journal has published a medication guide that details the different types of treatments for attention deficit hyperactivity disorder, for both adults and children:

https://pharmaceutical-journal.com/article/ld/stimulant-and-non-stimulant-agents-foradhd

Rules for the sale, supply and administration of medicines

This MHRA guide, **Rules for the sale, supply and administration of medicines,** covers the specific medicines that certain healthcare professionals can sell, supply and/ or administer. It has recently been updated to include information about dental hygienists and dental therapists.

Labelling of Dispensed Oral Medicines for Children position statement

The Neonatal & Paediatric Pharmacists Group have published **Labelling of Dispensed Oral Medicines for Children position statement – NPPG** that includes recommendations on how to label oral medicines (liquids, tablets, capsules), to encourage consistent practice when labelling and dispensing medicines for children and thus reduce risk of harm.

Wishing you a lovely summer!

The London CDAO Team