Controlled Drugs Newsletter - Winter Edition 2025

NHS England, London Controlled Drugs Team

December 2025

Introduction

Welcome to our Winter 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 for the festive season,

The London CDAO Team

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Controlled Drug Incident Reporting in Primary Care

Thank you for continuing to report incidents and concerns in a timely manner. We would like to remind colleagues that all controlled drug related incidents and concerns occurring within GP practices, community pharmacies, dental practices, private providers and care homes must be reported through our website: https://www.cdreporting.co.uk/

The reporting of incidents allows us to identify themes and share learning to help improve patient safety across the region. When reporting an incident to multiple organisations please ensure that details are consistent across all reports (include the same timeline, facts & descriptions). Maintaining consistency helps prevent misunderstandings, ensures accurate investigations and supports timely resolution.

After submitting an incident, please ensure you monitor for any follow-up questions or responses. Your co-operation in responding promptly is greatly appreciated.

What a good incident report looks like

Please follow the template on the CD reporting portal and remember the following key points:

***Report promptly**- Submit the report as soon as possible after the incident occurs*

***States the facts clearly**- Be open, honest and objective. Avoid speculation*

***Describe the outcome**- Include whether any patient harm occurred and the extent of that harm*

***Explain why you think it happened**- Share your perspective on the root cause(s) or contributing factors*

***Detail your immediate actions**- What have you done to prevent recurrence?*

Reflect and share learning*- What did you learn from the incident? Have you shared this learning with your team?*

Plan for follow-up*- How will you monitor whether your changes are effective?*

Document professional details*- For any individuals involved, include their professional registration number where applicable*

Do not include patient identifiable information *such as patient name and patient address*

Our priority is to ensure that the incident is investigated fully and that a recurrence of the incident is less likely as a result of the learning that has taken place.

London CDAO team overview of incident themes & trends

The London CDAO team have reviewed the incidents reported to them during the first half of the year (2025-2026) and below are the key themes:

Community Pharmacy

Diversion:

- *Presentation of fraudulent prescriptions continues - this cuts across all controlled drug schedules and both NHS and private prescriptions so please remain vigilant and continue to undertake your due diligence checks and report to us and the police when fraud is identified*

- *We have also been made aware of individuals who misuse the Pharmacy First Urgent Medicines Service and we have provided some points of consideration later on in this newsletter*

- *Community pharmacies have reported thefts of controlled drugs when the pharmacy is open and we would urge a review of security arrangements to minimise this occurring*

Incidents:

- *We have observed an increase in Pharmacy First supplies of lower schedule CDs of more than five days quantity so please keep issues to a maximum of 5 days*

- *We have also been made aware of inadvertent dual supplies of CDs when a separate supply is dispensed at a different time to the compliance aid, resulting in an unintentional overdose so please take extra care where this might arise*

- *The team has been contacted regarding private prescriptions from Wales and whether or not these can be dispensed in England. The standardised private Welsh controlled drug prescriptions WP10PCD or WP10PCDSS can be accepted and dispensed by English community pharmacies, Dispensing Controlled Drugs - Community Pharmacy England*

- *We have received reports of poor CD register management with entrenched discrepancies and ask that record keeping is completed in a timely manner to mitigate against this*

- *We have also received a number of incident reports of lost tablets where the loss is believed to be a result of the them falling out of the CD cupboard and into a bin located directly underneath the CD cupboard. And given the bin is emptied daily, the missing tablets cannot then be found. We would therefore ask you to review where you position the bin in relation to the CD cupboard to avoid this happening*

- *We also remind you to avoid a build up of obsolete and date expired stock to keep controlled drug cabinets manageable, minimise the chance of dispensing date expired stock and reduce opportunities for diversion. Requests for a temporary AW can be made via www.cdreporting.co.uk*

- *We recognise the challenges community pharmacy colleagues face with staffing shortages and these have been a contributory factor in recent incident reports. Please ensure clear lines of communication where there are staff changes and the use of locum staff so that they are familiar with your processes and procedures*

Particular incident types of note have included:

- *Methadone incidents: wrong formulation, wrong prescription, wrong patient*

- *Quantity issues e.g. 30 instead of 28. We often see this error in relation to supplies of medication to treat ADHD, where the pack sizes often contain 30 tablets or capsules rather than 28. It is important to remember that not all medications containing controlled drugs are packed in multiples of 28*

- *Pregabalin/Gabapentin LASA Error One common incident that we have noticed is the Pregabalin/Gabapentin Look Alike Sound Alike (LASA) error where gabapentin is supplied instead of pregabalin in error or vice versa. Errors in which the wrong drug is supplied concern us greatly due to the high risk of patient harm, and there is a very significant difference in the potency between these two medications. We note that it is likely that these medicines are usually well segregated within a dispensary as their names are not close alphabetically. We do know however that in some dispensaries they are stored together in dedicated storage sections due to the size of the packs. The Community Pharmacy Patient Safety Group has also issued some guidance around Look Alike Sound Alike Drugs which may be useful: https://pharmacysafety.org/wp-content/uploads/2019/12/lasa-one-pagers-191219.pdf*

- *Miscommunications with GP Practices where a tapering dose regime has been agreed or a medicine has been stopped, resulting in supplies being issued against the prescriber's intentions*

GP Practices:

- *We receive regular incident reports of missing prescription stationery. Please keep paper prescription stationery supplies to the minimum required, given the majority of prescriptions are submitted electronically via EPS, to minimise theft or diversion*
- *We have also received reports regarding the misuse of software by GP Practice staff to generate illegal prescriptions. Robust arrangements should be put in place to mitigate against this and any concerns should be reported at the earliest opportunity to our Controlled Drug Liaison Officers for advice*

- *Additionally we have received incident reports of practitioners prescribing for family members and on some occasions this has also involved patient record falsification to conceal prescribing*

- *We also remind Practice staff to be vigilant regarding patients who seek to obtain additional supplies of opioids or other dependence forming medicines by approaching multiple prescribers within the same practice or seeking multiple registrations with a number of GP Practices*

Secondary Care:

- *We continue to receive reports of diversion of controlled drugs by healthcare professionals for personal use. Where concerns are identified, including for agency staff, please contact the Controlled Drug Liaison Officers as soon as possible to ensure appropriate steps are taken*

- *Please be vigilant when topping up stock of lower schedule controlled drugs to wards and departments, and follow up where usage appears higher than usual*

- *We have received a number of reports recently regarding lorazepam misuse and diversion and would encourage you to review arrangements for lorazepam injection given it is a fridge item*

- *Waste controlled drugs can provide an opportunity for diversion and we have received reports of this, so please ensure you have appropriate governance arrangements in place for waste CDs*

- *Additionally we have received reports regarding poor practice in the management of controlled drugs in theatres, including the practice of pre-drawing up syringes, so please review arrangements where you identify any concerns*

- *Where patients admitted to hospital are being managed by a drug and alcohol service, please communicate with the service at the earliest opportunity to avoid duplicate supplies being made*

- *Please also consider the use of the Discharge Medicines Service when controlled drugs are prescribed on discharge and particularly if instructions are complex*

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

The Post Implementation Review (PIR) of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 was published in July 2025 Post Implementation Review 2025

- *This review recommends that the 2013 Regulations are maintained. It finds that they remain a crucial role in safeguarding patients and the public by securing the safe management of controlled drugs in healthcare and minimising diversion, harm, misuse and criminality'*

- *85% of respondents said the objectives of the Regulations were "met" or "firmly met"*

- *Areas to improve included information sharing behaviours*

The Chief Pharmaceutical Officers (CPhOs) for England and Scotland have pointed out that the review highlights:

- *the importance of the work individuals and organisations undertake to safeguard patients and ensure the safe management and use of CDs*

- *that complacency in governing and handling CDs can lead to harm*

- *the importance of organisations understanding their responsibilities under the regulations*

We would therefore like to take this opportunity to remind primary care colleagues, including GP Practices, community pharmacies, dental practices, private clinics and care homes that all incidents which involve a CD of any schedule must continue to be reported to the NHSE London CDAO team via the www.cdreporting.co.uk website, and that this reporting route remains the same despite the upcoming integration of NHS England with the Department of Health and Social Care.

The next review will take place in five years' time.

Pharmacy First Urgent Supply of Repeat Medicines Service - points for consideration

Following the roll out of the Pharmacy First Urgent Supply of Repeat Medicines Service, we would like to take this opportunity to remind colleagues to consider the following points before making supplies as part of this service:

- *Supplies carried out for urgent repeat medicines supply under Pharmacy First **MUST** comply with emergency supply legislation (regulation 225 HMR 2012), including **the pharmacist being satisfied that there is an immediate need and that it is not practical for the patient to obtain a prescription without undue delay.** An entry **MUST** be made in the POM register and the medicine labelled 'emergency supply'. The medicine **MUST** have been previously prescribed, and consideration should be given to when it was last prescribed.*

- *Legislation **limits any supplies** of Schedule 4 and 5 controlled drugs made through this service **to five days.** This includes codeine containing products such as co-codamol which are schedule 5 controlled drugs. This restriction also applies to other lower schedule controlled drugs including dihydrocodeine, diazepam, lorazepam, morphine sulfate solution 10mg/5ml, zopiclone, zolpidem, testosterone and others. If a medicine comes in a container containing more than 5 days supply, that cannot be split, it is not legal to supply (this applies to most testosterone products).*

- *Codeine, related products and other lower schedule controlled drugs are medicines that can be subject to abuse and pharmacists should always access the patient's national care record or where available the GP record via GP Connect: Access Record and check for previous supplies. If a patient refuses to provide consent to view their clinical record, consideration should be given as to whether it is clinically appropriate to make that supply.*

- *Please also be aware that **it is for the pharmacist to determine whether any urgent medicines referral to supply a medicine is appropriate**, not the person who issued the referral. The supplying pharmacist needs to balance the potential for misuse against clinical need and to consider any impact on the patient if not supplying a medicine or appliance, and also if supplying. If thought appropriate, a limited supply of one or two days can be considered, to allow the patient time to access their GP practice.*

- *Please note that with the exception of supply of phenobarbitone for the treatment of epilepsy,* ***schedule 1, 2 or 3 controlled drugs*** *(including tramadol)* ***cannot be supplied under emergency supply regulations.***

- *If a referral is received for a controlled drug that cannot be supplied under emergency supply regulations and the pharmacist believes that there is a genuine patient need to obtain a supply of their medicine, although it would not be possible to make an emergency supply, the pharmacist should ensure the patient is able to speak to another appropriate healthcare professional by either:*
  - *Referring the patient to their own general practice; or*
  - *By contacting a local out of hours provider*

An entry should be made in the Pharmacy First IT system, and a consultation fee can be claimed in this instance.

Hub and Spoke Dispensing - Schedule 2 and Schedule 3 controlled drugs

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From 1st October 2025 hub and spoke dispensing arrangements between two legal entity pharmacy businesses is now permitted under the Human Medicines Regulations 2012, as recently amended. Community pharmacy contractors and pharmacy commissioners should note that such arrangements cannot at present be used for medicines that are Schedule 2 or Schedule 3 controlled drugs as this would not comply with the provisions of the Misuse of Drugs Regulations 2001. Schedule 2 and 3 controlled drugs must not be dispensed through hub/ spoke arrangements at present. More information on hub and spoke arrangements.

An update from CQC

CQC has provided the following update:

CQC Controlled Drugs Annual Report 2024

In July CQC published their 2024 Controlled Drugs Annual Report. In this report they made 7 recommendations, 4 recommendations were for Government and NHS England, 2 were for health and care services and 1 for health care professionals. Work is now beginning on their next annual report. Should you wish to contribute by sharing any good practice or locally implemented initiatives, then please contact the CD Team at CQC (controlleddrugsteam@cqc.org.uk).

Home Office Controlled Drug Licences

The Home Office is responsible for issuing CD licences, the decisions and processes, and, with this in mind, CQC continue to work with the Home Office's CD Licence team for those services who have applied to have their CD licence application expedited.

From working in collaboration with the Home Office and with services who have asked for CQC's help, CQC can offer a few tips to help navigate the licencing process.:

- *When a new CD Licence is issued a covering note is included. This covering note gives information on the CD licence, the licence conditions and gives details of when to reapply for a renewal should one be needed. Failure to re-apply in time is the most common issue CQC find and assist with, and failure to apply in time is likely to result in a new full CD Licence application being required.*

- *It is worthwhile keeping your licence under constant review. Please ensure the licence is in date, has the correct organisation details showing, the correct people named, and that they have an in date DBS check. You can amend the licence details at any time during your licence period and failure to do so can invalidate your licence and a new CD licence will then need to be made. Additionally, please ensure your policies and SOPs for CD licence governance arrangements are kept up to date because the Home Office may request to see these in any future licencing decisions. Please ensure that polices reflect more than one point of contact should the named person on the licence be absent.*

- *Should the Home Office Licensing team ask for further information as they work on the licence application, it is important to send that information in by the date given, failure to do so could mean that your application is moved to the back of the allocation list.*

To help organisations, CQC have co-developed, with Home Office CD Licencing colleagues, a CD Licence expedition form. To request an expedition, you must have already made a CD Licence application which is going through the licencing process.

This form is downloadable from the Home Office's website:

https://www.gov.uk/government/publications/controlled-drugs-license-request-yourapplication-to-be-expedited.

To help organisations navigate the CD licensing process, CQC has also published joint guidance in the form of a factsheet with the aim of helping organisations navigate the CD licencing processes. This guide has now been published on the CQC website Home Office controlled drugs licences - Care Quality Commission.

Additionally, CQC has added an "information box" on their CQC Registration pages to remind organisations undergoing the CQC registration process that should they wish to hold CD stocks, they may want to contact the Home Office CD Licencing Team as early as they can to ascertain their CD licencing requirements.

Cross Border Controlled Drug Prescribing

At the CQC Controlled Drugs National Group, one of the common discussion themes is regarding prescribing data, and in particular prescribing and dispensing across borders. One of the actions from the last National Group meeting was for CQC to bring together interested parties to scope the issue in more detail. This initial scoping meeting took place in early November 2025.

CDAO Notifications

CQC would like to remind CDAOs of the importance of keeping their entry on the CDAO Register up to date. Please check your entry is correct and email any changes to CQC via CDAOregisterdata@CQC.org.uk.

If you are a new CDAO and have not sent in a CDAO notification, then please do so using CQC's on-line CDAO Notification form.

This also applies to temporary CDAOs covering the role, for example when covering for extended leave or recruitment. If you are planning to cover the role for more than 6 weeks, then CQC also require a CDAO notification.

Please note that a temporary CDAO will be required to carry the full responsibilities of the CDAO role and must fit the CDAO person requirements as set out in the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

For information

Relevant open and recently closed national consultations and calls for evidence that may involve the use of Controlled Drugs

***Open**:*

- *Enabling pharmacist flexibilities when dispensing medicines (DHSC) closes 11 December 2025*

Closed but shared for information:

- *Proposals to extend medicines responsibilities for paramedics, physiotherapists, operating department practitioners and diagnostic radiographers (DHSC) closed on 28 October 2025*
- *The misuse and harms of gabapentin and pregabalin (ACMD) closed on 13 October 2025*
- *Cannabis based products for medicinal use (ACMD) closed on 17 October 2025*
- *Extend medicines for optometrists and contact lens opticians (DHSC) closed 27 November 2025*
- *Private (non-NHS) prescribing (DHSC) closed 4 November 2025*

Management of individuals using false identities to obtain controlled drugs - a reminder!

Our Controlled Drug Liaison officers have asked us to remind you that any encounters where an individual provides false details in order to obtain CDs should be reported to the borough police via 101 or on-line as fraud and a crime reference number obtained.

Support for Healthcare Professionals

Practitioner Health

Practitioner Health is a free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals:
https://www.practitionerhealth.nhs.uk/

Pharmacist Support Charity

Pharmacist Support is a charity supporting pharmacists and their families, former pharmacists, trainee pharmacists and pharmacy students. They provide a wide variety of free and confidential support services, including Information and Enquiries, Specialist Advice, Financial Assistance, Addiction Support, Counselling and Peer Support, and the Wardley Wellbeing Service:

Homepage - Pharmacist Support

Pharmacy Professionals Recovery Group (PPRG) - Independent Peer Support for Pharmacy Professionals

The Pharmacy Professionals Recovery Group (PPRG) is an independent, peer-led network of pharmacists and pharmacy technicians in recovery, providing confidential support to pharmacy professionals affected by alcohol or drug dependency.

Dependency issues can be isolating; the PPRG recognises this and offers a safe and understanding space where individuals can speak openly with peers who have experienced similar challenges. Connecting with others in recovery provides reassurance, reduces feelings of isolation, and offers renewed hope for the future.

The group recognises the pressures and stigma associated with substance dependency within the pharmacy profession. Its members offer empathetic, confidential support to pharmacists, pharmacy technicians, trainees, and students who may be struggling, including those navigating professional or regulatory processes.

The PPRG offers both individual and group support. Meetings are held monthly via Zoom, on the first Sunday of each month, with the option to attend anonymously.

Pharmacy professionals who are concerned about their use of alcohol or drugs, or who wish to learn more about the group's activities can contact the PPRG directly.

Email: PharmProfRG@proton.me

Useful articles and useful links

Coroner raises concerns following opioid overdose after hospital discharge letter was lost

A patient discharged to a care home was given both his new and previously prescribed opioid medication as his discharge letter could not be located, leading to an overdose. He died from flu contracted in hospital, following treatment for an opioid overdose.

Source: Pharmaceutical Journal

Useful links:

Reporting CD incidents to NHSE London: www.cdreporting.co.uk

Notifying CQC of a CDAO: Controlled drug accountable officers - Care Quality Commission

Controlled Drugs, safe use and management: Overview | Controlled drugs: safe use and management | Guidance | NICE

Thank you!

The London CDAO team would like to thank all our colleagues in both primary and secondary care for all their hard work in making arrangements for controlled drugs safer despite the current pressures and challenges faced in all our services.