CONTROLLED DRUGS NEWSLETTER

SHARING GOOD PRACTICE IN THE SOUTH-WEST

April 2015

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NHS England

South Region
South-West Sub-Region

CONTACTINGTHE ACCOUNTABLE OFFICER TEAM

Following our recent changes, this is a good time to remind you how best to contact us.

In the panel to the left, you'll see email addresses and telephone numbers. We can no longer receive or send faxes.

Our addresses in Exeter (for Darren) and St Austell (for Graham) remain unchanged. If you are in Devon, Cornwall or the Isles of Scilly please use Darren and Graham as your main contacts, but use the secure email address wherever possible.

Sue and Sam are based in Bristol. If your matter is urgent and you are unable to reach either Darren or Graham they will take a message for us.

For most reports we will need something in writing. We do not have a particular form to use, because that would mean some people would have to complete their own internal form and ours. Please continue to use any stationery that we have issued until such time as we replace it.

PHYSICAL SECURITY OF PREMISES

Did you know that NHS Protect offers anti-crime advice and support to NHS providers via security professionals called Local Security Management Specialists (LSMS) who work in provider organisations? This can include advice on the security of prescriptions, medicines and medical gases. A range of guidance and tools for providers and primary care practitioners can be found at http://www.nhsbsa.nhs.uk/4430.aspx. NHS Protect's Area Security Management Specialist for the South West is Adrian Clarkson and he can be contacted at adrian.clarkson@nhsprotect.gsi.gov.uk.

IS IT EMPTY?

We regularly receive reports of lost tablets or capsules in which the missing items cannot be traced and the conclusion is that they "must have been thrown away".

While this is undoubtedly true in some cases, it is an unsatisfactory result

from our point of view. It would be all too easy for a healthcare professional to pocket controlled drugs and then claim that they "must have been thrown away", so anything we can do to reduce the instances of this must be welcome.

A number of procedures may help to reduce this, including:

- Flattening all boxes before throwing them away
- Checking that all discarded blisters are empty
- Verifying with a colleague that a box is empty before throwing it out
- Keeping boxes in a safe place until the balance check has been done
- Unfolding patient leaflets before disposal to free any trapped tablets or capsules
- Taking the exact number of tablets or capsules required for a monitored dosage blister to the dispensing station rather than an original pack.

ATTENDANCE AT CD LOCALITY INTELLIGENCE NETWORKS

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 govern who must attend CDLINs. You can read them at http://www.legislation.gov.uk/uksi/2013/373/made. Those who must be present are all designated bodies and responsible bodies. The responsible bodies are: the professional regulatory bodies, CCGs, NHS Protect, the Prescription Pricing Division of the NHSBSA, CQC, local authorities and police forces. The designated bodies are: NHS foundation trusts, NHS trusts, independent hospitals, NHS England and the headquarters in England of regular or reserve forces. Others may also be invited at the discretion of the NHS England CD Accountable Officer.

The CDAO *may* invite attendance, but once invited, attendance is mandatory. Ideally this should be the AO of the designated body, but a deputy is acceptable so long as they are briefed to contribute fully. The purpose of the LIN is to exchange information and to co-operate with other bodies as required by regulations 13 and 15. Non-attendance prevents that exchange, and for that reason we report non-attendance to CQC. An organisation that fails to attend may find that this impacts on CQC assessments of their governance.

We understand that some bodies operate over an area that spans more than one CD LIN. For Devon and Cornwall, our three meetings are technically sub-LINs and attendance at any one of these suffices. Similar arrangements exist in the old BNSSSG area. As the two teams unite we will revisit the CD LIN geographies but the same principle will apply.

We have been asked whether teleconferencing is possible. In our view, it is not. The length of a CD LIN meeting means that teleconferencing would be demanding, and we would need to ensure that the caller could not be overheard or subjected to interruptions. We believe that not being in the room inhibits the free exchange of information that is the reason for having CD LINs.

PRESCRIBING FOR TEMPORARY RESIDENTS

There are repeated concerns arising out of prescribing for temporary residents that turns out to be inappropriate – which is not to say that the prescriber should have known that when they prescribed. We fully understand that there are settings in which prescribers do not have access to patient notes and are faced with an apparent patient need, and that a prescriber may feel obliged to prescribe despite doubts about the genuine nature of the presentation.

However, there are some points worth making.

- Some drugs are particularly sought after. These include tramadol, co-codamol, co-dydramol, gabapentin, pregabalin, benzodiazepines and morphine sulfate solution. We assume that prescribers would have a high index of suspicion if sch. 2 and 3 controlled drugs were requested.
- Prescribers who are more accommodating become known to substance misusers and therefore tend to attract more requests. If you are receiving more than you were, or more than your peers, this may be an indication that you are seen as easier to persuade.

- Drugs which need titration require a long-term relationship with a prescriber. If a patient asks for an increase in dose you would usually be justified in saying that is a matter for their usual doctor.
- Electronic prescribing may mean that it is not necessary to allow time to post a prescription from the usual source. Emergency prescribing can be very short-term and it may be reasonable to provide only one or two days' doses.
- Telephone numbers for practices can be obtained at www.nhs.uk. If the practice is unobtainable, remember that the patient's dispensing pharmacy can also be reached via this route and may be in a position to confirm details.
- If you successfully deter a bogus request, it is helpful to colleagues to alert NHS England in case the applicant tries elsewhere. Contact us via england.bnsssg-controlleddrugs@nhs.net.
- It is good practice to ask patients whom you don't know for identification. Some people will impersonate others in order to gain access to the medicines that they have.

SUSPENDED PRESCRIPTIONS IN SUBSTANCE MISUSE

It is clear from recent incidents that some pharmacies do not have effective systems for one pharmacist to share messages about clients with another pharmacist. We have had instances of suspended or cancelled prescriptions being supplied.

It is not for us to specify how this should be done, nor could we do so in view of the variation in practice SOPs, but either a note should be attached to the prescription, an entry made on the patient record, or (if the drugs are pre-dispensed) a warning attached to the bottles in hand seems to be the minimum necessary. Some pharmacies operate a handover log system, in which case a reminder can appear on the handover sheet.

However, an additional issue is that the healthcare professional suspending the prescription does not always speak to the pharmacy directly, relying instead on a clerk or receptionist to do so. In some cases where the prescription is said to have been suspended nobody at the pharmacy is aware of having received a message to that effect, suggesting that the delegation may not have been effective.

A pharmacy should always be aware who has suspended a prescription and who should be contacted (and by whom) in order to reactivate it.

The client is very likely to ask the pharmacist why their prescription has been suspended. There may be circumstances in which it is not appropriate to share that information with the pharmacist, but in general terms it puts the pharmacist in a very difficult position if they cannot explain the circumstances to the client.

Please be aware that we have had an incident in which an enterprising client telephoned the pharmacy themselves in order to authorise the release of their suspended prescription. The authority of anyone making such calls should be validated.

ORIGINAL PACKS

There seems to be a persistent issue when original packs are dispensed by mistake when one month's supply has been ordered. For example, the prescription may call for 56 doses of a drug which comes in packs of 60, or for 28 from a pack of 30. Please take extra care when dispensing these quantities.

REWARD!

If you are presented with a fraudulent prescription please contact the police on 101 or 999 as appropriate.
Any pharmacy or dispensing practice detecting and retaining a fraudulent prescription and informing the correct authorities may be eligible for a reward payment of up to £70.00. For further information regarding the reward scheme please contact NHS Counter Fraud Service on 0800 068 6161.

IDENTIFICATION REQUIREMENTS

We continue to face problems with the impersonation of patients by others collecting their prescription forms or supplies of controlled drugs. We make no apology for returning to this subject. Despite the assurances of a number of practices that they do not need ID protocols because they know all their patients the evidence is that this is not true.

Some practices and pharmacies display notices that ID will be requested when CDs are collected. If this is the only time that ID is asked for, the fact that you are asking may alert others to the presence of controlled drugs in a bag. It is therefore good practice to ask others for ID too at intervals.

The Disclosure and Barring Service produces lists of acceptable ID: (https://www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide-) but it is unlikely that most people will be carrying any of the documents under primary identity documents. They may, however, have a secondary document with them. In any event, the possibility of being asked for ID may act as a deterrent.

DELAYED REPORTING

We continue to receive reports of incidents some time after they took place. We would expect to hear within a working day, even if inquiries have not been finished – the report can be topped up later. We record the time lag in reporting and that can influence our view of the adequacy of the response to an incident.

HANDWRITTEN AND SCANNED PRESCRIPTIONS

Handwritten prescriptions are as rare as hens' teeth these days and the few services that still use them are generally well-known to dispensers. Please be cautious when handwritten prescriptions (or handwritten alterations to computer-generated prescriptions) are offered for drugs of abuse.

We have recently had scanned prescriptions offered in pharmacies. The quality of the paper, and the fact that the signature has been printed rather than pressed into the form, may be indications for suspicion. Practices using electronic prescribing and therefore printing barcodes on most of their prescriptions are less prone to this (though, at present, barcodes do not appear on schedule 2 and 3 controlled drug prescriptions).

If you write handwritten prescriptions please ensure that they are accurate. If, as in a recent case, a 12.5mcg fentanyl patch is prescribed rather than a 12mcg one, it cannot be dispensed because that product does not exist and a change of dose (even when manifestly wrong) is not one of those that a dispensing pharmacist is authorised to make.

DRIVING UNDER THE INFLUENCE OF DRUGS

The new regulations relating to driving while under the influence of drugs have received substantial publicity in the professional journals. Background information can be found at https://www.gov.uk/drug-driving-law.

You will see that one element of the defence that drivers have is that they have followed advice from a healthcare professional. It is expected that this will be given by the prescriber and repeated by the dispenser. This is straightforward for new patients but practices need to think about how they give the advice to existing patients. They cannot rely on dispensers given that up to a third of patients do not collect their medicines in person.

SUBMITTING YOUR PRIVATE PRESCRIPTIONS TO NHSBSA

Download the submission form at **http://www.nhsbsa.nhs.uk/2473.aspx** (or use the QR code below) - click on "Submission document for submitting controlled drugs through a private account."

NATIONAL REPORTING AND LEARNING SYSTEM (NRLS)

Please note that reporting incidents to us does not obviate the need or meet the duty to report to NRLS. You can report at http://www.nrls.nhs.uk/report-a-patient-safety-incident/healthcare-staff-reporting/ or via QR below.