

Controlled Drugs Newsletter

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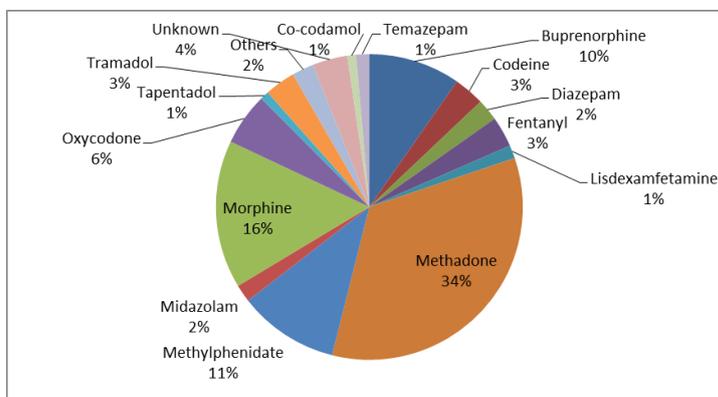
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DECEMBER 2018

Welcome to the NHS England Central Midlands Controlled Drugs Newsletter

1. Controlled Drug (CD) Incidents

The pie chart below shows the CDs involved in incidents reported via the online reporting tool with a risk rating of moderate and above from Community pharmacies, GP practices and Care Homes, from 1st April to 30th September 2018.



The top 3 reported drugs are:

- Methadone 34%
- Morphine 16%
- Methyphenidate 11%

Learnings recorded for the most reported controlled drug - Methadone:

- Prescriptions were sent to a pharmacy by recorded delivery but misplaced - need to ensure a robust process is in place within the pharmacy and followed by all members of staff.
- Wrong formulation supplied - Highlight formulation (sugar & sugar free) on prescription. Keep separately in CD cupboard and ensure that there is always a second check.
- Medication given to incorrect patient - always double check patient's full name, address and date of birth even if a regular patient.
- Balance discrepancies - between sugar and sugar free. Ensure a second check at dispensing, and regular balance

2. Rescheduling of Gabapentin and Pregabalin

From April 1st 2019 Pregabalin and Gabapentin will be classed as a Schedule 3 CD, with the exception of safe custody.

Patients whose neuropathic pain is already effectively managed with Pregabalin and Gabapentin should usually have existing treatment continued but be regularly clinically reviewed for safety, continuing need, efficacy and dose optimisation.

Due to the change to Schedule 3 CD status all prescribing needs to be for 30 days, and labelled with clear dosing instructions and not using "as directed". If, under exceptional circumstances, a larger quantity is prescribed, the reason for this should be documented in the person's care record.

3. Sharing Learning

Incident Description

A community pharmacy received a request from a patient to release an electronic prescription for codeine to the spine as they wished to collect it from another branch. The pharmacy in question contacted another branch to raise some concerns as the person making the request (allegedly the patient themselves) had been cut off mid call and when they called her back using the phone number they had on record, the patient knew nothing about this prescription and had not been prescribed codeine.

A phone call was later received by the second branch to request that the prescription for the codeine was dispensed to a representative as the patient could not get out of the house. The pharmacist on duty agreed to this provided the representative could confirm patient details requested by them. The representative came to collect and provided the patient's name, address and postcode and the medication was handed out.

The actual patient came into the store to collect another prescription for herself later that week and mentioned the telephone call from the other branch. Patient again stressed they had not collected prescriptions for codeine. It was at this point that the Store Manager decided to speak to the surgery regarding the patient and codeine prescriptions.

The surgery confirmed that they had been issuing prescriptions for codeine and / or dihydrocodeine since December 2017. This medication had been put on the prescription after a telephone consultation in which the alleged patient claimed they had been admitted to A&E with severe abdominal pain, a scan had showed a left ovarian cyst but they had been discharged late at night without medication.

The surgery subsequently checked with the hospital and the patient had never attended A&E.

Lessons Learnt :

- * Avoid prescribing all schedule CDs via telephone consultations if there is no history of this medication on the patient's records
- * Check that discharge letters confirm the patient's requests.
- * Review patients prescribed CDs (is the medication still appropriate, patient still taking)
- * Do not change any patient contact details over the phone, ask them to visit the surgery and complete a change form, and ask for ID to confirm details.
- * Report any concerns to the surgery if you believe the medication is not going to the intended patient.
- * Report to the Police / NHS Counter Fraud Authority / NHS England CDAO

4. CD Destructions

It is a legal requirement under the 2001 regulations to have stocks of obsolete, expired and unwanted Schedule 2 CDs destroyed in the presence of an authorised witness. Please complete the CD Destruction Form online at www.cdreporting.co.uk or contact the CD team at NHS England to request a visit from an authorised witness.

Out of date schedule 3 CDs (eg Temazepam, Tramadol, Buprenorphine, Midazolam) do not require the presence of an authorised witness. It is recommended that a senior member of practice staff / pharmacy to destroy and record the Schedule 3 CDs and another member of staff to witness the destruction.

5. Gosport

For those not aware of the recent report into failings at the Gosport War Memorial Hospital Hampshire, please follow the link below:

<https://www.gov.uk/government/publications/gosport-independent-panel-report-government-response>

All professionals are asked to review the report and understand the implications of their local practice. Please contact the CDAO Team if you wish to discuss further.

6. Reminder

All incidents and concerns raised involving CDs must be reported to the CD Accountable Officer. Concerns may include patients potentially misusing or abusing drugs, prescribing concerns, dispensing concerns etc.

To report all CD incidents, concerns or to request a CD destruction visit, please use the CD online reporting tool available at

www.cdreporting.co.uk