

## THE TEAM:

CDAO /

Head of Pharmacy

Bhavisha Pattani  
B.pattani@nhs.net  
0113 824 8257

Controlled Drugs  
Support Team

Amit Dawda  
Deputy CDAO (Fosse  
House)  
Amit.dawda@nhs.net  
0113 8249596

Tina Goudie  
Pharmacy Programme Man-  
ager (Fosse House)  
Tinagoudie@nhs.net  
0113 824 9602

Gillian Castanha  
Pharmaceutical Prescribing  
Technician (Fosse House)  
g.castanha@nhs.net  
0113 8070457

Sarah James  
Medicines Governance  
Pharmacy Technician  
(Fosse House)  
sarah.james13@nhs.net  
0113 8247451

Kay Jones  
Administrator  
(Fosse House)  
Kay.jones10@nhs.net  
0113 824 9614

Tania Faria  
LPN Administrator  
(Fosse House)  
tania.faria@nhs.net  
0113 824 8678

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## Welcome to the NHS England Central Midlands update



### 1. Audit of Patients on High Dose Opioids for Chronic Pain

The Controlled Drugs Accountable Officer for the Central Midlands (Bhavisha Pattani) sent letters to GP practices in LLR, Lincolnshire and Nene & Corby asking them to participate in an audit on the use of high dose opioids for the treatment of chronic pain.

The audit was for patients prescribed high doses of opioids for chronic pain (more than 120mg morphine equivalent per day). The evidence suggests that doses above 120mg morphine equivalent for chronic pain are mostly not effective and can lead to harm (see link below)

<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>.

For some patients the dose was suitable and appropriate, but there was a cohort that needed further review. In some cases GPs had not realised the total equivalent morphine dose (see link below)

<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware/structured-approach-to-prescribing/dose-equivalents-and-changing-opioids>

GPs who participated were asked to send in some reflections and learnings as well as the audit results; these showed some common themes across all areas. The CD team are analysing the results and will share the findings in the next newsletter.

### 2. Prescribing Monitoring

The controlled drug accountable officer (CDAO) for NHSE, Central Midlands is required by legislation to ensure that safe systems are in place for the management and use of controlled drugs. In order to discharge these responsibilities the CDAO periodically reviews data available via NHSBSA EPACT2 that relates to prescriptions for controlled drugs that have been dispensed. In cases where the prescribing is unusual or exceptional assurance will be sought from the GP to confirm that prescribing is genuine and clinically appropriate.

This work sometimes identifies a case, in which a person is forging prescriptions in the name of a genuine doctor, or in which a patient or their carer is diverting prescribed medication. It also sometimes identifies a patient who may be in need of a review by their GP or a specialist.

The data will be gathered quarterly, for a selection of GP practices across Central Midlands, on a rolling programme. For any prescribing where assurance is required by the CDAO, the GP will receive details of the CD medication and supply details via email along with an NHS England Prescription Monitoring Form to complete and return within 14 working days.

If no record of the prescription can be found on the practice clinical system the CDAO will request a copy of the original prescription from the NHS Business Services Authority and share it with the GP.

If you have any questions around this process please contact the CDAO Team.

### 3. Private Prescribing and Dispensing of Private CD Scripts

Prescribers can only prescribe Schedule 2 or 3 CDs privately on pink private prescription forms FP10PCD.

All private prescribers will be allocated a six digit prescriber identification number which must be included on all private prescription forms FP10PCD. Private prescriptions for Schedule 2 or 3 CDs should not be dispensed in community pharmacies if they do not contain this six digit identification number. Private prescribers should be referred to the CDAO support team at NHSE if they require a private prescriber identification number.

The Misuse of Drugs Regulations 2001 were amended in 2006 to introduce a requirement for all private prescriptions for Schedule 2 and 3 CDs to be sent to the NHS Prescription Services or its equivalent body for analysis and monitoring purposes.

Pharmacy contractors in England are required to submit FP10PCD forms to NHS Prescription Services for audit purposes each month using a special submission document, FP34PCD, which is available on the NHS Prescription Services website. Alternatively, pharmacy teams may telephone or email NHS Prescription Services on **0300 330 1349** or [nhsbsa.prescriptionservices@nhsbsa.nhs.uk](mailto:nhsbsa.prescriptionservices@nhsbsa.nhs.uk) to receive another form.

Community pharmacies require a private CD account number which should be used when submitting FP10PCD private forms which is a different account to the NHS account number used by contractors to submit NHS prescriptions. In England, suppliers who need to submit private prescription forms but who do not already have a private CD prescription F code must contact their local NHS England team.

## 6. Reminders:

### 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 at [www.cdreporting.co.uk](http://www.cdreporting.co.uk)

PLEASE REMEMBER: Out of date schedule 3 CDs (e.g. Temazepam, Tramadol, Buprenorphine, Midazolam) do not require the presence of an authorised witness. It is recommended that a senior member of practice staff / pharmacy destroys and records the Schedule 3 CDs and another member of staff witnesses the destruction.

### Incidents and Concerns

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](http://www.cdreporting.co.uk)

## 4. Requisitions for Schedule 2 and 3 CDs

From 30 November 2015, amendments to the Misuse of Drugs Regulations 2001 introduced the mandatory use of the new **FP10CDF CD Requisition Form (the mandatory form)** for requisitioning all Schedule 2 and 3 CDs. Pharmacy contractors must ensure that requisitions for Schedule 2 and 3 CDs are obtained on the new mandatory form (see link below)

[https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/6-1387-Form\\_FP10CDF\\_v5\\_final.pdf](https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/6-1387-Form_FP10CDF_v5_final.pdf)

This mandatory requisition form also applies to pharmacy contractors when the pharmacy makes pharmacy to pharmacy transfers. NHS Prescription Services has indicated that requisitions not received on the new mandatory form cannot be processed. The regulations also require the supplier of the CD to mark on the requisition their name and address at the time the supply is made. A pharmacy stamp containing the name and address of the pharmacy could meet this requirement. Please use the link below to the NHSBSA - Safer Management of Controlled Drugs for all forms and guidance.

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/safer-management>

## 5. Pregabalin and Gabapentin

- Rescheduling of Gabapentin and Pregabalin as Schedule 3 Controlled Drugs Briefing Note

[https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support%20alert/Pregabalin%20and%20Gabapentin%20Briefing%20Note%20-%2012%20Feb%202019%20\(002\).pdf?ver=2019-02-13-153122-913](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support%20alert/Pregabalin%20and%20Gabapentin%20Briefing%20Note%20-%2012%20Feb%202019%20(002).pdf?ver=2019-02-13-153122-913)

- Guidance and patient leaflet regarding the rescheduling of Pregabalin and Gabapentin - published on Friday 8<sup>th</sup> March 2019

<https://www.england.nhs.uk/primary-care/pharmacy/controlled-drugs-use-regulations/>