

CONTROLLED DRUGS NEWSLETTER

From the Controlled Drugs Team, London Region, NHS England

This newsletter contains local and national information to support the safe management and use of controlled drugs.

Welcome to our sixth edition of the London Region's Controlled Drugs Newsletter. We hope you find this, our 2024 Summer edition, 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 continue to give us your feedback on the newsletter.

Best Wishes,
The London CDAO Team
E: england.londoncdaccountableoffice@nhs.net

REPORTING OF CONTROLLED DRUG INCIDENTS IN PRIMARY CARE - A REMINDER

We have identified that reporting of incidents from community pharmacies, GP practices and other primary care services in London is lower than in other regions. Whilst this may be due to a number of factors, our concern is that it may also be due to a lack of awareness of the requirement to report CD incidents to the London CDAO team.

We would like to remind all 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](#)

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 you submit, 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).

Please note - There are separate reporting arrangements in place for those organisations with their own CDAO (a 'controlled drugs designated body')

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AUTHORISED WITNESS (AW) APPLICATIONS FOR DESTRUCTION IN 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 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. If the organisation operates as a sole trader, the sole trader may NOT act as the Authorised Person.

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

For those that have previously used this facility, please note that the temporary authorised witness module has been reviewed and updated and looks different to the previous module.

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 \(cdreporting.co.uk\)\)](http://Website Upgrade Information (cdreporting.co.uk))).

There are different arrangements in place for large pharmacy multiples, such that this module may not be applicable. Please contact england.londoncddestruction@nhs.net for alternative arrangements for pharmacy multiples with a registered trading address in London.

This process to request temporary authorisation does not apply to those organisations that have their own CDAO or have a Home Office CD licence with a named AW.

PHARMACY FIRST

The NHS Pharmacy First service launched as a new advanced service of the community pharmacy contract on Wednesday 31st January 2024.

Pharmacy First replaces the Community Pharmacist Consultation Service (CPCS).

The full Pharmacy First service consists of three elements:

- Clinical pathways – a new element of the service
- Urgent repeat medicine supply – previously within CPCS
- NHS referrals for minor illness – previously within CPCS

Providing the service requires community pharmacies to hold consultations that give advice and NHS-funded treatment (via Patient Group Directions), where appropriate for seven common conditions (following clinical pathways), which are:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women

To make sure urgent medicines supplies for controlled drugs are provided appropriately, 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 CPCS supplies to avoid unnecessary follow up.

CQC ANNUAL REPORT

The CQC Controlled Drugs Update for 2023 has now been published and you can access it [here](#)

CONTACT DETAILS FOR METROPOLITAN POLICE CDLOs

To ensure that any concern or query that you have is picked up in a timely manner, please contact our Metropolitan Police CDLOs via their generic email address:
smailbox-sochg-controlleddrugliaisonofficers@met.police.uk

CONTROLLED STATIONERY

The London CDAO team regularly receives reports of missing or unaccounted for controlled stationery and enquiries on what to do with obsolete stationery.

Unaccounted for or lost blank prescription stationery which might be diverted and used fraudulently should be reported to the Pharmacy contracting team at england.lon-pharmacy@nhs.net.

They will ask you to complete a template and will circulate this to London based community pharmacies for their information if appropriate.

If criminal activity is suspected, then the incident should also be reported to the Met Police and a crime reference number obtained. This can be done online.

Individual prescriptions lost by patients do not need to be reported to either the CDAO team or the London pharmacy team, these matters are for local resolution.

Obsolete stationery, due to staff changes, retirement, organisation changes and so on should be securely shredded and a record made of the serial numbers of the destroyed forms.

For guidance on the management and control of prescription forms, please refer to:

The NHS Counter Fraud Authority guidance [Management and control of prescription forms \(cfa.nhs.uk\)](#).

The CQC GP mythbuster 23: [Security of blank prescription forms - Care Quality Commission \(cqc.org.uk\)](#) is also a helpful resource for GP Practices.

LEGISLATION UPDATES

Reclassification of codeine linctus to a POM

Codeine linctus, an oral solution or syrup licensed to treat dry cough in adults, has been reclassified as a prescription-only medicine due to the risk of abuse, dependency and overdose and evidence that pharmacists were under pressure to provide the medicine from those suffering from addiction.

The Medicines and Healthcare products Regulatory Agency provide more information in their [press release](#) and the [consultation response](#).

Legislation changes to enable paramedic independent prescribers and radiographer independent prescribers to prescribe a small range of controlled drugs

The Home Office has amended the Misuse of Drugs Regulations 2001 to enable paramedic independent prescribers to prescribe and administer five specified controlled drugs, as follows:

- 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.

Therapeutic radiographer independent prescribers can prescribe and administer six specified controlled drugs, as follows:

- Tramadol by oral administration;
- Lorazepam by oral administration;
- Diazepam by oral administration;
- Morphine by oral administration or by injection;
- Oxycodone by oral administration; and
- Codeine by oral administration.

These legislation changes came into force on 31 December 2023. The SI is available at www.legislation.gov.uk, at the following link [The Misuse of Drugs \(England and Wales and Scotland\) \(Amendment\) \(No. 2\) Regulations 2023](#)

OPPORTUNISTIC SNATCH AND GRAB THEFTS

Opportunistic snatch and grab thefts of lower schedule CD stock from community pharmacies by members of the public are an increasing issue in the London region.

In a recent incident, an individual presented at a pharmacy and asked a member of staff which brand of dihydrocodeine they stocked. The individual asked to take a photo of the available brand, and then grabbed the carton.

In a second incident reported by a late-night community pharmacy, an individual known to the pharmacy threatened staff and stole a 500ml bottle of methadone solution from the CD cabinet. Please may we remind colleagues to ensure the CD cabinet is locked at all times, including during supervision of patients on opioid substitution therapy.

We are sharing these incidents to raise awareness and wish to emphasise that whilst these incidents are concerning, personal safety should be prioritised. We would strongly advise our community pharmacy colleagues to store medicines liable to misuse out of the sight and immediate reach of the public.

HOME OFFICE CONTROLLED DRUGS LICENCES

The Home Office website currently states that you should allow 16 weeks from the time of submitting a completed application for a Home Office CD licence to being contacted by them to arrange a compliance visit, if one is required.

The Home Office only considers applications as complete where all component parts of an application are correct and present. If there is a delay because the Home Office requests further information regarding the application, it will take longer than 16 weeks for them to contact you to book a compliance visit.

In those cases where a compliance visit is not required (see Home Office website for further details as to when this is the case), the website states that your application will be processed in 8 to 10 weeks from the point where an application acknowledgement email has been sent. If the Home Office have asked for further information or documents, the 8 to 10 weeks will start at the point they have received all requested information and documents and the acknowledgement email has been sent.

These timescales need to be taken into account when applying for or renewing Home Office CD licences- please plan well ahead.

It is also important to regularly check the contact details of those named on the licence as we understand that the Home Office CD licensing team use these contact details to remind organisations when their CD licences are to expire. Failure to do so could therefore result in these reminders not being received.

We have been advised that CQC and the Home Office CD licensing team have developed a joint factsheet setting out the licensing process. CQC will host the document on their website once finalised.

For queries concerning domestic licensing please email dflu.dom@homeoffice.gov.uk or call **0300 105 4848**.

TRAMADOL-WARFARIN INTERACTION

A prevention of future deaths report (Regulation 28 letter) has been issued after an inquest concluded that the death of a patient from intraparenchymal and subarachnoid haemorrhage was caused by a generally unknown interaction between warfarin and tramadol which caused exceptional thinning of the blood.

Following the release of this report:

- the BNF has been updated with details of this interaction, which it has classified as 'severe.'
- a new comparator has been added to the ePACT2 Alerts Dashboard for co-prescribing of tramadol and warfarin. This shows the number of unique patients co-prescribed warfarin and tramadol in each ICB and also within each practice in the ICB (select table view to see all practices).

Further information is available at:

[Prevention of future deaths report - Courts and Tribunals Judiciary](#)

[SPS commentary on Drugs and Therapeutics bulletin: DTB Select: Tramadol-warfarin interaction | Medicines Awareness Service](#)

MEDSIP OPIOIDS WORKSTREAM UPDATE

On 7th March, the London CDAO team and the three Health Innovation Networks covering the London Region held a Pan London Shared Learning Event on Reducing harm from opioids in chronic (non-cancer) pain. We were delighted to welcome a number of excellent speakers including GPs, pharmacists and service users and heard about some of the excellent work that is being done.

Our three Health Innovation Networks workstream leads provided us with an overview of the work being done across each ICB:

Jessica Catone, the MedSIP workstream lead for UCLPartners, gave an overview of the work being done to reduce opioid prescribing for chronic pain in North East London and North Central London. This included the production of a group education session implementation guide, discharge letter audits, and the delivery of a quality improvement webinar. In addition, UCLPartners continues to engage stakeholders through its Opioid Network meetings and Opioid Core Working Group.

Natasha Callender, MedSIP workstream and Polypharmacy programme lead for the HIN, provided an overview of the three local workstreams across South London: (i) working with staff to drive improvement; (ii) using data for system audit and feedback and (iii) working with people living with chronic pain. It included an update on the chronic pain experience-based co-design project which brought together staff and patients to raise the awareness of alternatives to pain relieving medicines, highlighted the HIN resource pack to support clinicians with providing a biopsychosocial approach to chronic pain management and the quality improvement and education support offers for staff.

Lucie Wellington, Senior Innovation Advisor at Imperial College Health Partners (ICHP), spearheaded the opioid programme in NW London. Lucie directed a pharmacist-led model to reduce harm from opioids taking a person-centred approach. Implementation of multi-disciplinary team (MDT) meetings within primary care were supported by Community MSK services. Additionally, ICHP has developed a website signposting resources for professionals working to improve their approach to chronic non cancer pain management.

FALLS PREVENTION

As part of the National Falls Prevention Co-ordination Group, a document has been published on the Royal Pharmaceutical Society website containing information and guidance on reviewing medicines for people at risk of falls; these are sometimes referred to as falls risk increasing drugs (FRIDs).

The guidance can be found on the [Medicines Optimisation](#) webpage, under the 'Medicines optimisation in practice' heading. The document highlights FRIDs and medicines that cause or contribute to fractures and sets out that patient's presenting to healthcare services with a fall or related injury (and therefore deemed high risk of further falls) should have a medication review as part of a multifactorial assessment.

Of note, a number of controlled drugs, including opioids, gabapentinoids, benzodiazepines and z drugs can cause or contribute to falls.

USEFUL LINKS

[Expansion of life-saving opioid overdose treatment](#)

[Community pharmacy: delivering substance misuse services](#)

[Efficacy of psilocybin for treating symptoms of depression: systematic review and meta-analysis](#)

[Supply and administration of medicines by staff group \(A to G\)](#)

[Supply and/or administration of Controlled Drugs under a PGD](#)

[Legislative changes to enable the prescribing supply and administering of controlled drugs by certain healthcare professionals.](#)

[Everything you need to know about nitazenes](#)

[Illegal medicines worth more than £30 million seized in the UK in 2023](#)

[Chronic pain: supported self-management](#)

[JMIR Public Health and Surveillance - Data-Driven Identification of Potentially Successful Intervention Implementations Using 5 Years of Opioid Prescribing Data: Retrospective Database Study. Limit packaging size for opioids prescribed at post-surgical discharge](#)

[Pregabalin prescribing increases by almost 25% since restrictions imposed](#)

A BIG THANK YOU!

We would like to continue to thank our community pharmacy colleagues for their vigilance in detecting fraudulent controlled drugs prescriptions, and for reporting such incidents to the CDAO team in a timely manner.