

**FAO: All healthcare professionals involved in the prescribing and dispensing of prescriptions**

By email

Controlled Drugs Accountable Officer  
NHS England South (South West)  
South Plaza  
Marlborough Street  
Bristol  
BS1 3NX

0113 825 0168

[england.southwestcontrolleddrugs@nhs.net](mailto:england.southwestcontrolleddrugs@nhs.net)

15 December 2017

Gateway Reference Number: 07519

Dear Colleague,

**Re: Controlled Drugs Clear Dosing Instructions and schedule 2 and 3 controlled drug prescribing through the Electronic Prescription Service**

We are writing to bring to your attention two patient safety issues, these are covered in two parts.

**Part 1: Regulation 28: Controlled Drugs (CD) Clear Dosing Instructions**

NHS England has received a Regulation 28 report from a coroner and requests that you take further action to help prevent future deaths. Coroners are required under the Coroners (Investigations) Regulations 2013, under regulation 28, to make reports to a person, organisation, local authority, government department or agency where the coroner believes that action should be taken to prevent future deaths.

NHS England has received a coroner's report in relation to a patient who was prescribed liquid morphine (Schedule 5 CD) by their GP, and who later died through misadventure. The medication label printed was *"take as directed by your doctor every four hours"*. The prescription was sent using the Electronic Prescription Service (EPS) but the concerns apply equally to all prescriptions. The dose to be taken was discussed with the patient by their GP and this understanding was checked further at the point of dispensing. The coroner's concern was that neither the individual unit dose nor the maximum total daily dose was printed on the label of the medication.

This prescription was issued and dispensed in keeping with regulations, however NHS England would like to remind all relevant health care professionals of the guidance contained in the BNF and NICE guideline 46<sup>1</sup>, "Controlled Drugs, Safe Use and Management" that it is considered best practice to include:

---

<sup>1</sup> NICE guideline [NG46], April 2016, controlled drugs safe use and management, accessed online at: <https://www.nice.org.uk/guidance/NG46/chapter/Recommendations#prescribing-controlled-drugs>

- clear dosing instructions on the prescription
- clear dosing instruction on the corresponding medicine label, such as the individual unit dose and maximum total daily dose.

To reduce the risk of confusion or misunderstanding at a later date, particularly when terms such as 'as directed', 'when required' or similar phrases are used.

It is acknowledged that the use of 'as directed' has reduced significantly in recent years and that there are some specific circumstances where it is not possible to be explicit about the dose. We request that you:

1. Review the use of these phrases within your area of practise and
2. Take appropriate action where it is deemed that the phrases are being used inappropriately.
3. In cases where it is deemed necessary to use 'as directed' or similar, provide the patient and/or their carer with explicit verbal and/ or written instructions.

## **Part 2: Introduction of schedule 2 and 3 controlled drug (CD) prescribing through the Electronic Prescription Service**

Pilots are expected to start in early 2018 with a small number of GP practices issuing schedule 2 and 3 CDs via EPS, subject to further consultation, a national roll-out is expected to follow across general practice and subsequently urgent and emergency care centres. Further information will be communicated about this development on the NHS Digital website in the New Year.

Prescribers are reminded that face to face consultations are considered best practice when initiating controlled drugs; although the introduction of EPS may result in opportunities for remote consulting and prescribing particularly in urgent and emergency care, this should be a last resort when a controlled drug is involved particularly in the absence of access to the primary care record or personal knowledge of the patient. Local processes should be updated to reflect the need to consider face to face consultations where controlled drugs are requested or may be prescribed in readiness for these EPS changes.

Yours sincerely



Jon Hayhurst  
Controlled Drugs Accountable Officer  
NHS England South (South West)

[jon.hayhurst@nhs.net](mailto:jon.hayhurst@nhs.net)