

BNSSSG Controlled Drugs Newsletter for GP Practices

Welcome to our new Accountable Officer!

Your CDAO is Sue Mulvenna. Please get in touch if you have any queries in relation to controlled drugs

Email: england.bnsssg-controlleddrugs@nhs.net

Phone: 0113 825 3568

Fax: 0117 900 3409

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We are pleased to announce that Sue Mulvenna is now in post as the Controlled Drugs Accountable Officer for the BNSSSG Area Team. Sue joins us from Bristol CCG where she was the Head of Medicines Management. Sue has 2 days a week to work on controlled drugs related matters and the rest of her time will be spent working as the Lead Pharmacist for the South West Strategic Clinical Networks and the Local Professional Networks.

Samantha Allen will be supporting Sue in her new role.

The purpose of the Area Team Accountable Officer is to secure the safe management and use of controlled drugs within the teams geographical area and to ensure that any contractor providing NHS services within this area that could involve controlled drugs is doing so too.

“Appropriate arrangements” for management

and use of controlled drugs must include—

- (i) systems for recording concerns (including complaints), and
- (ii) incident reporting systems for untoward incidents; and
- (iii) up to date standard operating procedures.

If you wish to speak to the CD Accountable Officer about anything which relates to controlled drugs she is contactable on the details to the left of this article.

Controlled Drugs Legislation Changes

We can now confirm that the following legislative changes will come into force on **Tuesday 10 June 2014**:

Tramadol will become a schedule 3 controlled drug (CD No Register POM), but will be exempt from Safe Custody Regulations.

Lisdexamfetamine will become a schedule 2 controlled drug (CD POM)

Zopiclone and **Zaleplon** will become schedule 4

part 1 controlled drugs (CD Benz POM) The points below summarise various characteristics of the affected drugs that will apply from **Tuesday 10 June 2014**.

The main things to note are;

- Tramadol will need to be written as a Controlled drug on prescriptions requiring:
- Quantity in Words and

figures

- Dose to be specified on the prescription
- Prescription valid for 28 days
- Cannot be issued on a Repeat prescription RA / RD

We understand that work is being undertaken to update EMIS. If you have any queries please contact support@e-mis.com.

Opiate patches

A total of 5,139 patient safety incidents relating to fentanyl or buprenorphine patches have been reported nationally between July 2009 and July 2012.

Patients should be advised how to use patches, including correct administration and disposal, frequency of patch application and symptoms and signs of opioid overdosage. Patches should be removed immediately in case of breathing difficulties, marked drowsiness, confusion, dizziness or impaired speech and patients should seek prompt medical atten-

tion. Patients should be reminded that they should allow several days to pass before a new patch is applied onto the same area of skin.

Heat can cause increased drug absorption and so patients should be advised not to expose the patch to direct heat such as heating pads, electric blankets, hot-water bottles, heated water beds, heat or tanning lamps, intensive sun bathing, prolonged hot baths, saunas or hot whirlpool spa baths.



ANY CD INCIDENT
WHICH INVOLVES
PATIENT CARE OR
PUBLIC SAFETY
MUST BE
REPORTED TO
THE CDAO

Safeguarding Children

Many types of medication are extremely dangerous to children and unfortunately there have been a number of incidents in our area where children have gained access to their parents medicines.

As a result of this a leaflet has been produced by Safeguarding Bristol and the Bristol

Safeguarding Children's Board to provide guidance for parents who use methadone, alcohol or other drugs on what they need to be aware of and what they can do to keep their children safe.

The leaflet is called 'Keeping your child safe' and is available from

www.bristol.gov.uk or by calling 0117 914 2222.



If you are a parent and use methadone, alcohol or other drugs you need to be aware of what you can do to keep babies and children safe.

SOPs and reporting forms

A number of SOPs and standard reporting forms have been developed by the Area Team and we have been made aware that not everyone has access to these. If you would like to see any of the SOPs or require a reporting form please get in touch using the contact de-

tails on the front page of this newsletter. The documents available are as follows;

- SOP for the management of CD destructions
- SOP for the safe handling of CDs by Healthcare Professionals employed in the

community and GP Surgeries

- Discrepancy and Incident SOP
- Incident reporting form
- Discrepancy reporting form
- CD destruction template

Picking lists

Please note that prescribing systems often do not list options in order of strength, but by alphanumeric order. Thus it is likely that the strength below 10mg will be 100mg rather than 15mg, and the strength between 10mg and 30mg may be 200mg.

We have had a couple of incidents where 100mg morphine MR capsules has been selected rather than the intended 10mg. One of these cases related to an 86 year old opiate naive patient who ended up in hospital as a result of the high dose.

To prevent incidents like this occurring please expand the entry fully when prescribing. There is guidance at <http://www.connectingforhealth.nhs.uk/systemsandservices/eprescribing/refdocs/opiates.pdf>.

Oramorph incidents

The CDAO has been informed of several incidents in Bridgwater where prescriptions for Oramorph were ordered, collected and dispensed, but the patients did not request or receive the medicine.

Oramorph is a brand of morphine oral solution which due to its low strength is not subject to Controlled Drug legal requirements, but has potential for misuse and diversion.

An alert was circulated and on the back of this a few more practices have got in

touch to share similar concerns.

This incident is now being investigated by the police and NHS England are trying to decide on some measures to put in place to prevent something similar happening in the future. If you are aware of any good practice that is being undertaken in this area please get in touch.

It is normal practice to provide patients receiving regular opiates with a supply of quick-acting opiate such as morphine sulfate oral solution (e.g.

Oramorph) for use as breakthrough doses. The size of these doses is usually included on the prescription but no frequency is specified. However, this places an onus on the prescriber to review actual usage, both to determine whether the patient's condition is worsening and to ensure that the prescribing is safe.

Please remain vigilant with Oramorph usage and contact the CDAO if you have anything suspicious to report.



Controlled drugs destruction process

It is a legal requirement for stocks of Controlled Drugs (CDs) to be destroyed in the presence of an Authorised Witness.

There is a different understanding of the destruction process across BNSSSG so we thought it would be useful to provide an overview.

- Practices/community pharmacies are to contact Area Team to inform them when

they have CDs that need to be destroyed in the presence of an Authorised Witness (contact details on front page of this newsletter)

- Once a date has been agreed a Record of CD Destruction Form will be sent out. This form must be completed and returned the Area Team prior to the visit date
- CDs for disposal must be stored in the CD cupboard,

segregated from CD stocks in use, be clearly marked for disposal but remain part of the running stock balance in the CD register until destroyed

- On the day of the destructions please ensure that a nominated member of staff is available to undertake the destructions
- Nominated staff member to destroy CDs, make entry

in CD register and sign Record of CD Destruction Form

- A copy of the record of CD Destruction will be kept on file by BNSSSG Area Team indefinitely



Incident and Discrepancy Reporting

Why report CD incidents?

Primary medical services are now registered with CQC, and the *CQC Annual report 2012: The safer management of controlled drugs* includes the following advice for GP practices around controlled drugs;

- All healthcare professionals have a duty to ensure that controlled drugs in their own practice are managed safely, according to the Controlled Drugs (Supervision of Management and Use) Regulations 2006
- There should be appropriate arrangements in place for the safe management of controlled drugs

Managers, staff and healthcare professionals should know which member of staff to contact if they have a concern regarding the performance or practice of healthcare professionals, or their staff, involving CDs. This would normally be the Controlled Drugs Accountable Officer, and contact details must be kept up to date in the organisation's Controlled Drugs Standard Operating Procedure.

http://www.cqc.org.uk/sites/default/files/media/documents/cdar_2012.pdf

It is very important for the CDAO to know about all the CD incidents that happen in GP practices, as this often acts as an early warning around wider process problems, and allows us to share learning and increase patient and public safety around CDs.

What to report

There are several situations where GP practices specifically need to report incidents to the CD AO;

- Unresolved discrepancies in CD stock
- Problems with security of prescription pads – theft or loss

- Controlled drugs related prescribing or administration errors
- Concern about the performance or practice of a Health Care Professional or staff member involving CDs

Any adverse incident or near miss must be recorded in accordance with the practice or NHS England Clinical Incident policy, which should include a requirement to notify your local NHS England area team CD AO as well, if these incidents involve CDs.

Practices may also need to contact the CDAO where there is a:

Need for witnessed CD out of date stock destruction (must be a witness authorised by CD AO)

How to report

You can let us know what is happening by phone or e-mail, and we will get back to you if we need more details in order to advise or investigate further. We have standard incident and discrepancy reporting forms and if you would like a copy of these please email england.bnsssg-controlleddrugs@nhs.net

Phone: Sam Allen Controlled Drugs Manager 0113 8253568

Self Declarations

All healthcare providing clinical services must provide a periodic self-declaration every 2 years and the Health Act 2006 granted powers to the Controlled Drugs Accountable Officer to request this. This is an integral part of normal clinical governance arrangements and must be completed by a member of your Practice.

We are about to send out self declarations forms for 2014.

Please ensure that you complete the forms and return to us within the timescales provided.

CD Registers

CDAO

BNSSSG Medical Directorate
NHS England
South Plaza
Bristol
BS1 3NX

Phone: 0113 825 3568

Fax: 0117 900 3409

E-mail: england.bnsssg-controlleddrugs@nhs.net

GPhC Inspectors

Somerset —

Barry.Cohen@pharmacyregulation.org

BNSSG —

Deborah.Hylands@pharmacyregulation.org

Police CD Liaison Officer

Peter.Collins@avonandsomerset.police.uk

Avon LPC

<http://psnc.org.uk/avon-lpc/nhs-england/bristol-n-som-s-glos-and-somerset/bnsssg-controlled-drugs-resource-page/>

Somerset LPC

<http://psnc.org.uk/somerset-lpc/our-news/controlled-drugs-autumn-newsletter/>

Records for Schedule 2 CDs must be kept in a controlled drugs register (CDR). All healthcare professionals who hold personal CD stock must keep their own CDR and they are personally responsible for keeping this accurate and up-to-date.

The register must:

- Be bound (not loose-leaved) or a computerised system which is in accordance with best practice guidance;
- Contain class sections for each individual drug;
- Have the name of the drug specified at the top of each page;
- Have the entries in chronological order and made on the day of the transaction or the next day;
- Have the entries made in ink or otherwise so as to be indelible or in a computerised form in which every such entry is attributable and capable of being audited;
- Not have cancellations, obliterations or alterations; corrections must be made by a signed and dated entry in the margin or at the bottom of the page;
- Be kept at the premises to which it relates and be available for inspection at any time;
- A separate register must be kept for each set of premises (for example, not just the main surgery);
- A separate register must be kept for each place CDs are stored (for example, the main surgery CD cupboard and a GP's bag for home visits MUST have separate registers);
- Pages must be sequentially numbered;
- Be kept for a minimum of two years after the date of the last entry, once completed;
- Not be used for any other purpose.

It has been noted that a number of Practices are not using appropriate CD registers. We have a number of registers available for Practices and individual doctors.

Please email england.bnsssg-controlleddrugs@nhs.net if you would like us to send you some new registers.

