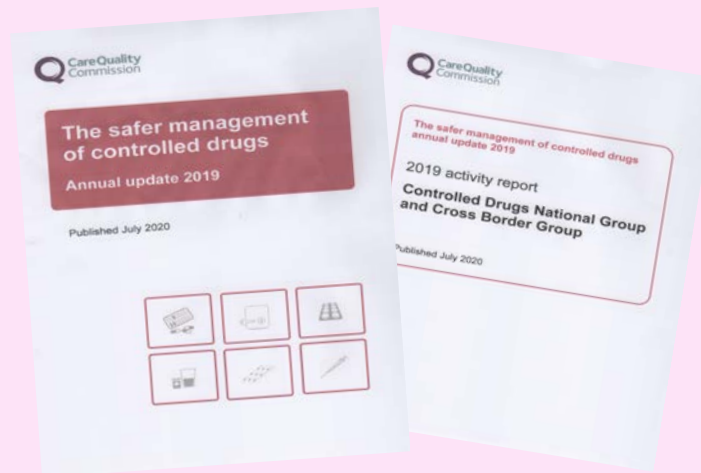


## South Regional CD LIN Education Day 22 September 2020



Sarah Dennison, National CD Manager



# Unique oversight of care



- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

22,949 adult social care services  
146 NHS acute hospital trusts  
234 independent mental health locations  
10 NHS ambulance trusts  
71 NHS or independent community health providers or locations  
55 NHS mental health trusts  
200 hospices  
1,033 dental practices  
244 independent acute hospitals  
6,850 primary medical services



#StateOfCare

# Oversight of the safe management and use of Controlled Drugs (CDs)



- We are responsible for making sure that health and adult social care providers, and other regulators, maintain a safe environment for the management and use of CDs in England.





- We do this under the Controlled Drugs (Supervision of Management and Use) Regulations 2013.



- We report annually to Government on what we find through our oversight and make recommendations.
- Our findings are important for all controlled drugs accountable officers (CDAOs) in England.



- Throughout 2019, there was an average of 982 organisations on our CDAO register.

- The CQC-led Controlled Drugs National Group met 3 times in 2019 and the Cross-Border Group met twice
- The operational sub-groups to the National Group met 3 times in 2019
- The outputs from the groups were shared through our National Group newsletter
- You can subscribe to this newsletter from our website  [“subscribe to receive CQC newsletters”](#). 
- We also published a separate summary of activity of our key stakeholder organisations .

# 2019 Controlled Drugs (CD) Annual Update



- We continued to raised concerns about the increasing number of prescribed opioids.



- Lessons were learned from the findings of the independent panel into the failings at Gosport with reflection sessions held at CDLINs.

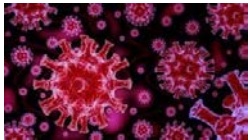


- We saw a general expected increase in online prescribing during 2019, which has expanded in every sense over the last few months due to the COVID-19 pandemic.



- Cannabis based products for medicinal Use (CBPMs) continued to receive high-profile media coverage during 2019.

# Coronavirus (COVID-19) - End of Life



- The COVID-19 pandemic led to many consultations taking place remotely.

- Services across areas worked in partnership to put processes in place to ensure they had ready access to medicines for people at the end of their life.
- Legislative changes were made to allow flexibility to respond to need and guidance was developed to repurpose patients' unused medicines.
- But a note of caution:
- End of life care must remain patient-centred and based on a person's individual needs rather than in a rush to manage their symptoms.
- CQC were part of a joint statement about the importance of advance care planning being based on the needs of the individual.
- Lessons learned from Gosport must not be forgotten.

# Cannabis-based products for medicinal use (CBPMs)



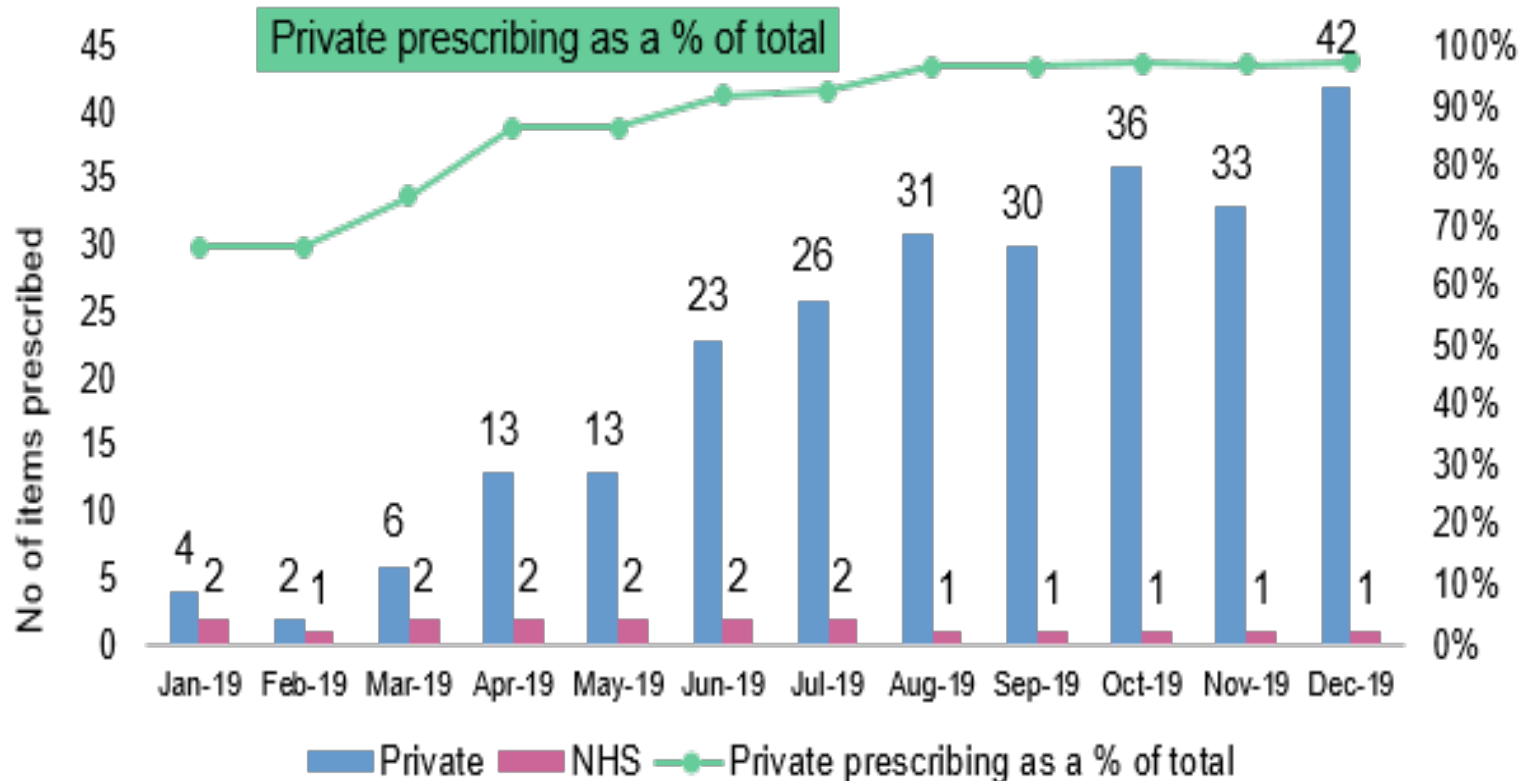
- CBPMs continued to receive high-profile media coverage during 2019.
- Currently 5 independent clinics are now registered with CQC.
- CBPMs are Schedule 2 controlled drugs under the Misuse of Drugs Regulations 2001.
- Unlicensed CBPMs can only be lawfully prescribed by a doctor who is on the specialist register of the GMC to treat patients with a specific unmet clinical need.
- The number of prescriptions was low throughout 2019 but growing.
- Epidyolex, was licensed in November 2019 and moved to Schedule 5 on 24 June 2020.



# 2019 Controlled Drugs (CD) Annual Update – CBPMs prescribing data



- Prescribing of cannabis-based medicinal products in 2019, in NHS and independent services**

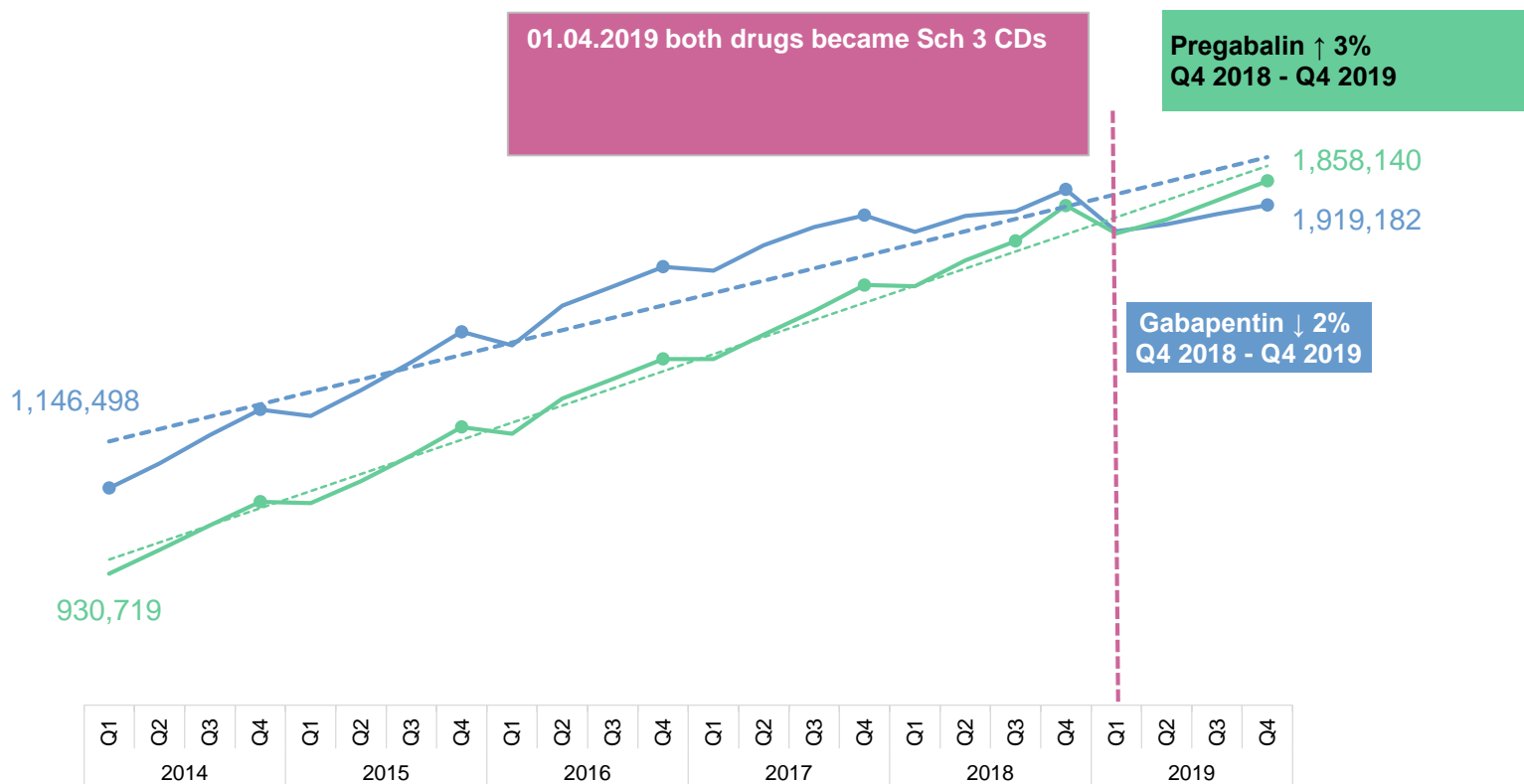




# 2019 Controlled Drugs (CD) Annual Update – Gabapentinoid prescribing trends



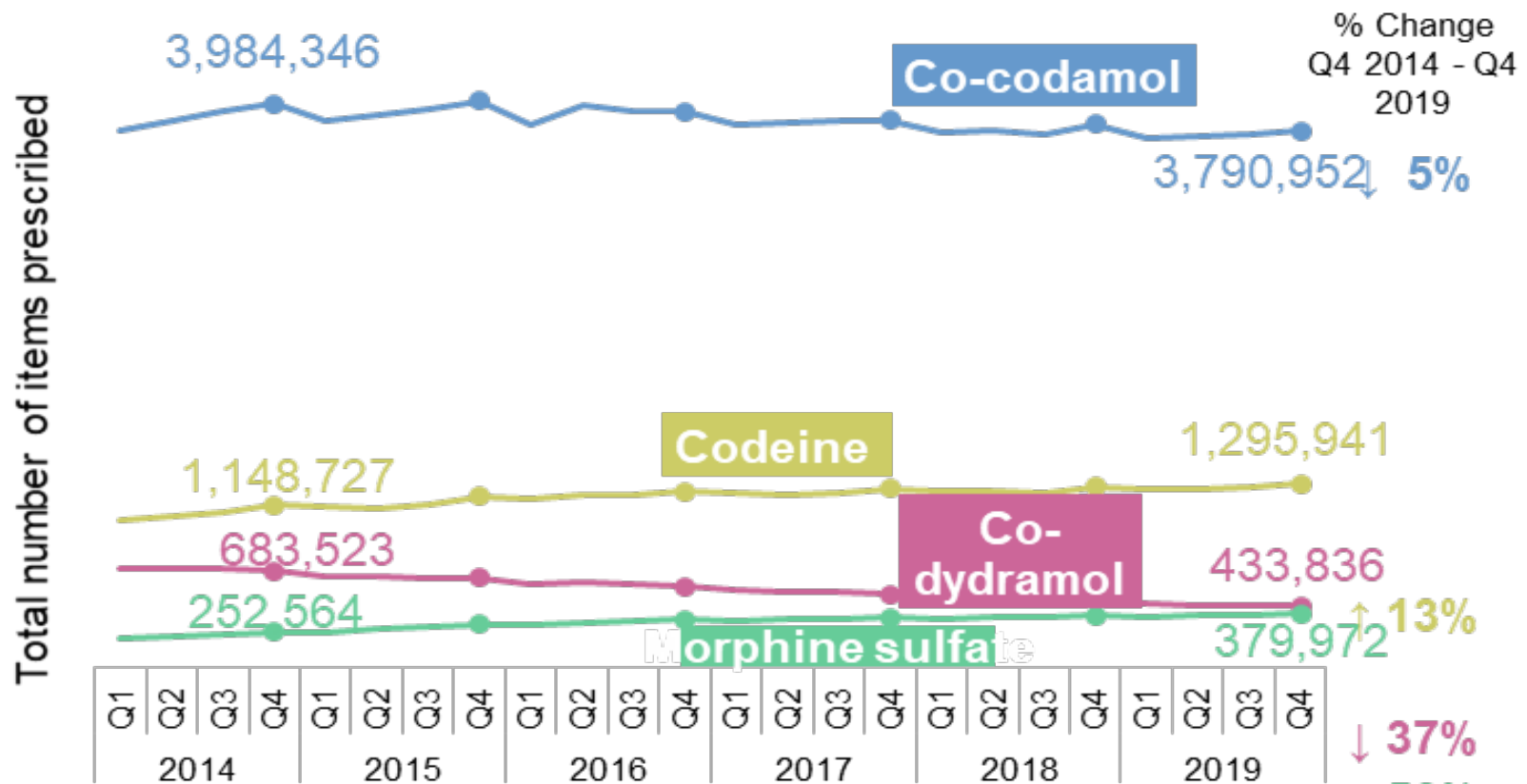
## Prescribing of gabapentin and pregabalin in NHS primary care services, by number of items, 2014 to 2019



# 2019 Controlled Drugs (CD) Annual Update – Schedule 5 prescribing trends



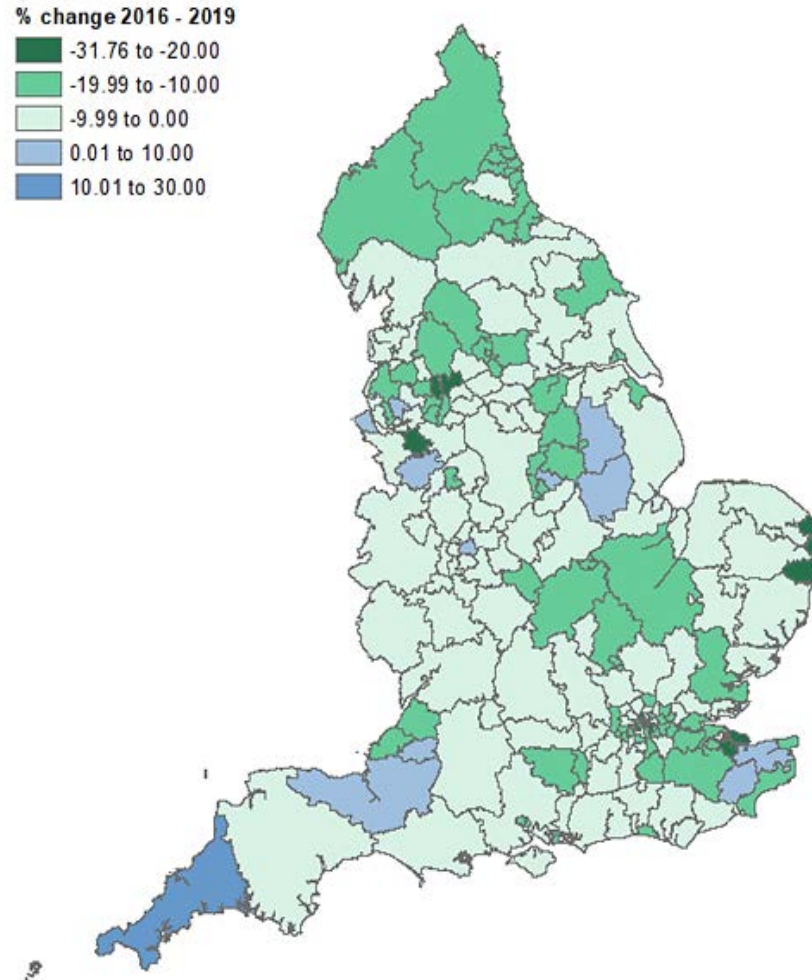
## Prescribing of top four Sch 5 items in NHS primary care, 2014 to 2019



# 2019 Controlled Drugs (CD) Annual Update – Prescribing data changes



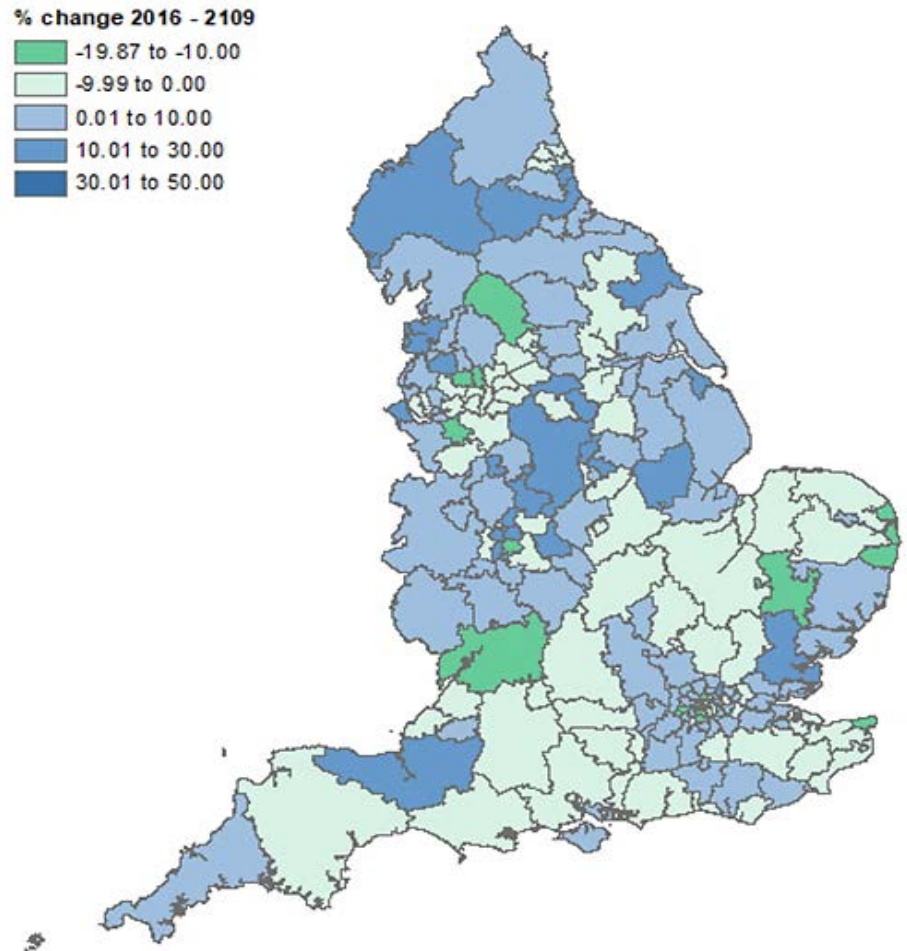
Prescribing of a benzodiazepine and an opioid concurrently per 1,000 patients; percentage change, 2016 to 2019



# 2019 Controlled Drugs (CD) Annual Update – Prescribing data changes



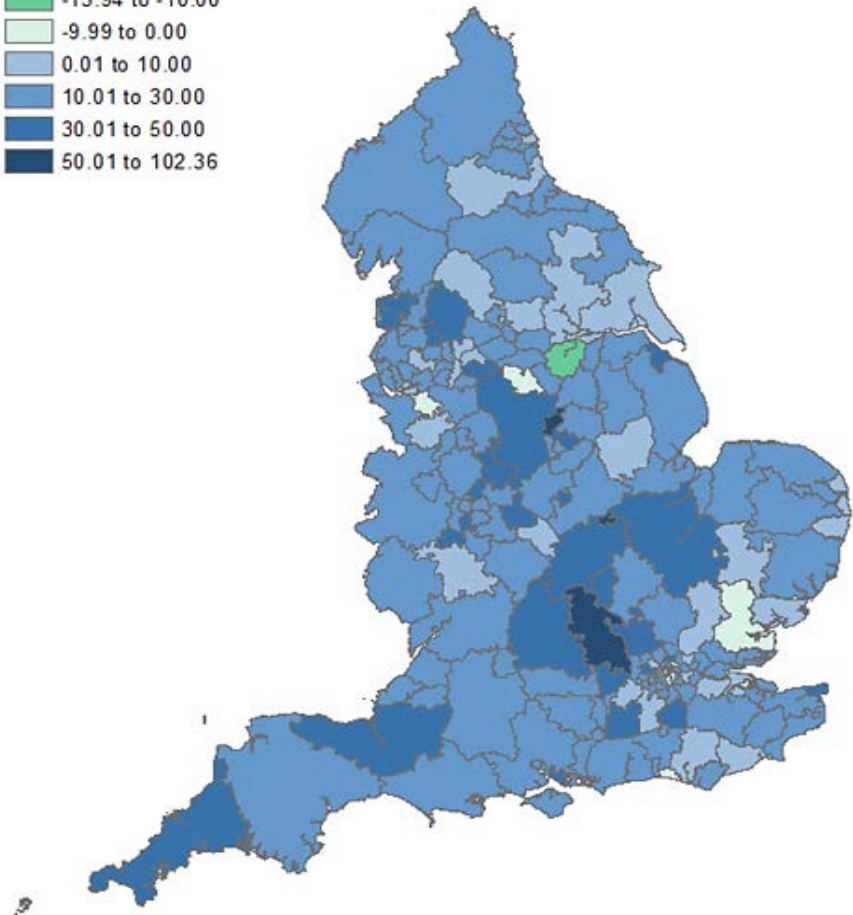
Prescribing of gabapentin and an opioid concurrently per 1,000 patients, percentage change, 2016 to 2019



# 2019 Controlled Drugs (CD) Annual Update – Prescribing data changes



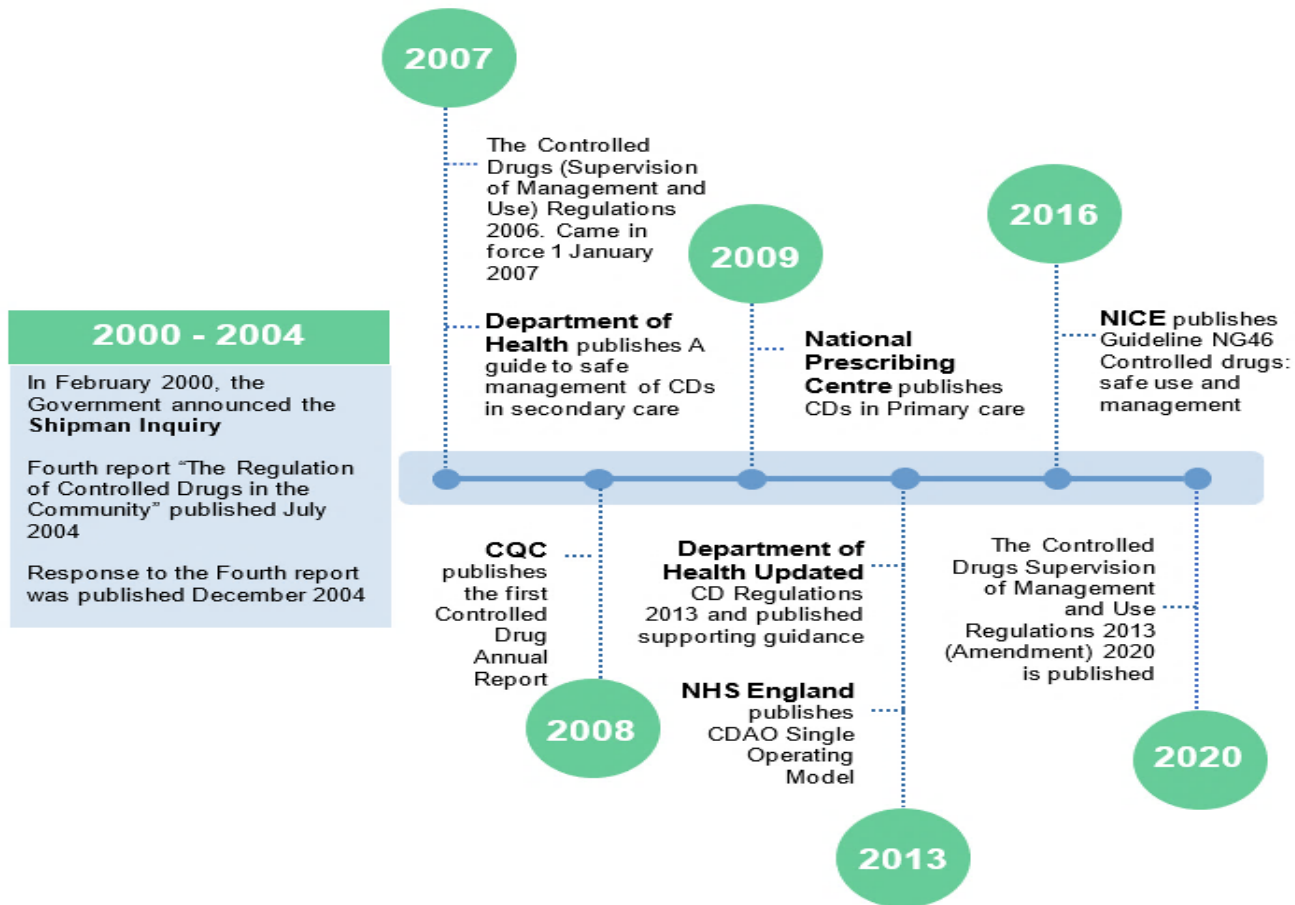
Prescribing of Pregabalin and an opioid concurrently per 1,000 patients, percentage change 2016 to 2019



# 2019 Controlled Drugs (CD) Annual Update



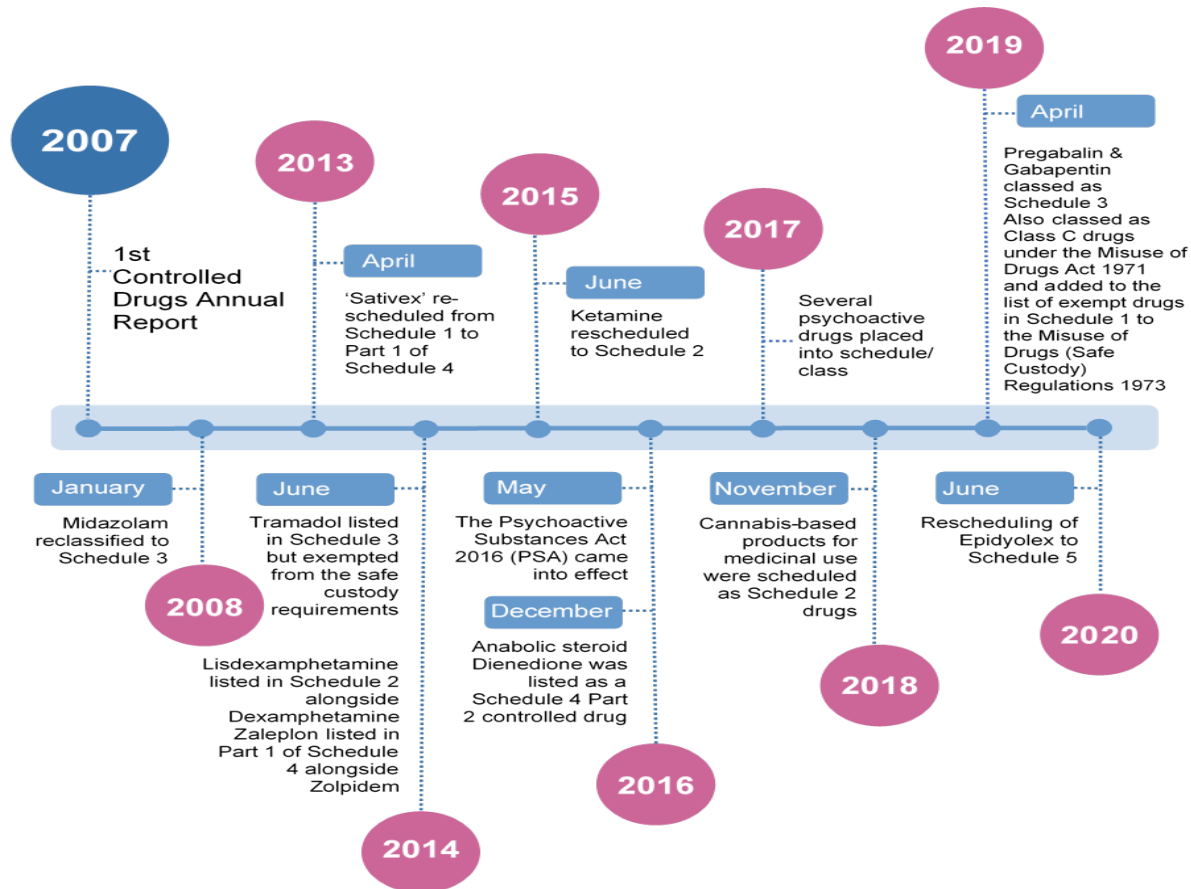
## Development of guidance and legislation on Controlled Drugs 2004 to 2020



# 2019 Controlled Drugs (CD) Annual Update





## Home Office, Controlled Drugs Legislation Timeline



# Controlled Drugs (CDs) issues found on inspection



## Some examples of issues found on inspection:

- Unclear prescribing
- Incidents of wrong drug / wrong route / wrong dose / incorrect dose calculations
- Poor record keeping
- CD storage issues; wooden cupboards still in use, contents not matching register entries
- Access to keys and cupboards. 
- Lack of audits 
- Out of date policies including standard operating procedures.
- Waste and disposal issues / accumulation of no longer required CDs
- Lack of understanding of when a Home Office CD licence is required and for what schedules.



# 2019 Controlled Drugs (CD) Annual Update - Recommendations



- This update covers the calendar year 2019 and the first half of 2020.

The level of CD prescribing continues to increase year on year. To address this:

- prescribers should regularly review patients' clinical needs before prescribing and consider the quantity prescribed, particularly when issuing repeat prescriptions.
- we encourage healthcare professionals to fully explain patients' medicines at the point of prescribing and supply. This should include giving guidance and warnings of the potential for dependence and actions to take, appropriate to the patient's needs.

The coronavirus (COVID-19) pandemic has highlighted the need to be able to access CDs rapidly to manage people's end of life care. To achieve this:

- CCGs should consider putting in place local arrangements to enable rapid mobilisation of medicines needed for end of life care in readiness for any future situation where the health and care system may come under similarly significant pressure.

The failings at Gosport War Memorial Hospital were the result of a blanket approach to prescribing end of life medicines irrespective of the circumstances of individual patients. The lessons learned must not be forgotten as we now learn from our experiences during the peak of the COVID-19 pandemic.

To achieve this:

- all healthcare professionals should consider the needs and wishes of patients and carers on an individual basis, particularly at the end of their life.

- CDAO register guidance
- CD Self Assessment tools
- FAQs and myth-busters
- Newsletters
- Annual Report
- Support for CD queries
- Internal support for inspection colleagues



# 2019 Controlled Drugs (CD) Annual Update - CQC contact details



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- CDAO Register queries: [CDAORegisterData@cqc.org.uk](mailto:CDAORegisterData@cqc.org.uk)