

Controlled Drugs Management Update

Parenteral Opioid of Choice for ADULT Palliative Care

Please be advised that Cambridgeshire and Peterborough health system have made the decision to change the parenteral opioid of choice for adult palliative care:

from DIAMORPHINE to MORPHINE SULPHATE

This change came into effect Monday 4 February 2019 for all new ADULT patients.

It was expected that adult patients stabilised on parenteral diamorphine would not be switched to morphine until their scheduled review and that all patients would be reviewed and prescribed morphine by Sunday 31 March 2019.

First line option for paediatric patients remains as diamorphine.

To ensure the safety of the population, providers and the CCG have worked together to ensure all necessary amendments have been made to the many documents, prescription charts, IT solutions and templates across the county that reference these drugs.

We request health care professionals who **prescribe, dispense or administer** parenteral opioids in all clinical situations ensure that the **intended preparation is received by the patient at the correct dose** based on previous oral opioid use:

- Check that FP10 prescription matches the administration chart exactly at the time of prescribing.
- Check carefully that the supply the patient has matches the prescription on the administration chart.

Changes to the “Yellow charts”

When the anticipatory prescribing policy was reviewed, and the system chose morphine sulphate as first line injectable opioid for adult palliative care, the community End of Life Care (EOLC) MAR chart was also updated including dose ranges.

All unused copies of the yellow chart must be destroyed.

Do not accept yellow charts for new patients or rewrites.

The new chart is available on the End of Life Care templates in SystemOne and Emis Web and on the CCG website. This must be printed (colour paper is no longer a requirement) from either source; hard copies are not available to GP practices.

In summary:

All patients with a pre-existing yellow chart should have been reviewed by 31 March 2019 and a white chart put in place with associated changes in medication. (Dose ranges have also been updated)

Please highlight existing patients with a yellow chart to their responsible GP/Prescriber for review.

- All new patients requiring end of life care or syringe driver medicines for other indications should have a new white chart.



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Gabapentin and Pregabalin Update

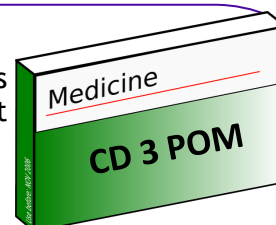
From 1 April 2019, gabapentin and pregabalin became Schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971.

This means that additional requirements are needed on the prescription. For example, the dose must be clearly defined. 'As directed' is not acceptable.

Prescriptions for controlled drugs are valid for 28 days after the date on the prescription.

The Department of Health and Social Care strongly recommends that the maximum quantity of Schedule 3 drugs prescribed should not exceed 30 days.

Emergency supply is not permitted. There must be a valid controlled drug prescription to obtain supplies from a pharmacy.



Implications for Care Providers

These medicines are exempt from safe custody. This means you do not need to store them in a controlled drugs cupboard.

Schedule 3 controlled drugs do not need to be recorded in the controlled drugs register.

But a care home might choose to store securely and record in a controlled drugs register. This will help to keep a tighter control on them and for audit purposes.

Staff should follow their medicines policy when storing and recording controlled drugs.

Staff must make sure ordering processes are robust enough so that people do not run out of these medicines.

Care Homes with Nursing need a T28! Do you have one?

A T28 is a waste exemption that allows the sorting and denaturing of controlled drugs for disposal and is required to comply with the requirements of the Misuse of Drugs Regulations 2001.

Care homes with nursing need to make arrangements for the collection of waste medication with a Waste Management Regulations licensed waste disposal company. Controlled drugs (CDs) must be denatured before being handed to the waste disposal company (e.g. in specially designed denaturing kits). A T28 exemption will be needed in order to comply with the legislation that is overseen by the Environment Agency.

Care homes without nursing do not require a T28 as they return CDs to their relevant pharmacist or dispensing doctor for appropriate destruction.

How do I register for a T28 and does it need to be renewed?

Each waste exemption registration lasts 3 years so you'll need to re-register the exemption if you're still carrying out that waste operation after 3 years.

To register, visit: <https://wasteexemptions.service.gov.uk>

Action for Care Homes with nursing: ensure you have a T28 which has not expired. Please note this is free and there is no charge to register.

You can also check here: <https://environment.data.gov.uk/public-register/view/search-waste-exemptions>.



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Reporting CD Incidents

Incidents involving CDs must be reported to the Care Quality Commission (CQC). In addition to CQC there is also a legal requirement for Care Homes to report all CD related incidents in a timely manner to the local NHS England Accountable Officer for Controlled Drugs.



- Reports can be submitted to the CDAO (Controlled Drugs Accountable Officer) via www.cdreporting.co.uk.
- The East of England Regional Team CDAO is Dr Sarah Rann. Contact: england.ea-cdao@nhs.net.

If you have ANY concerns relating to CD misuse or diversion, or any running balance discrepancy that cannot be resolved within 48 hours, contact the CDAO and the police CD Liaison Officer for your area immediately.

Although immediate concern upon discovery of a CD incident is for service user safety, and this takes priority, incidents should be reported as soon as possible thereafter, ideally within 48 hours. There should be robust processes in place to identify, report and review incidents, errors, concerns and near misses. These may arise in your organisation or outside your organisation e.g. primary care prescribing or hospital discharge. If in doubt, get in touch.

Police Controlled Drug Liaison Officers

Cambridge City, Cambridge East,
Cambridge South area

Mr Gavin Guy
07802 451130
Gavin.Guy@cambs.pnn.police.uk

Huntingdonshire, Fenland, Peterborough

DC Harvey Nutton
07736 084567
Harvey.Nutton@cambs.pnn.police.uk

Shared Learning from Recent CD Related Incidents in Care Homes

- Carefully check all CDs received to ensure they match those prescribed and ordered exactly.
- Take care with all scheduled drugs i.e. Schedule 2 to Schedule 5.
- Ensure that the CD register is being used properly and entries are accurate e.g. dispensing pharmacy is accurate, product is accurate.
- Report any errors identified using www.cdreporting.co.uk - this might be an error the pharmacy made or an error the care home staff made - so these can be investigated and learning shared.
- Ensure your standard operating procedures are up to date.

