

The safer management of controlled
drugs: Annual update 2017

**Controlled Drugs National Group
and Cross-Border Group:
activity report for 2017**

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The Controlled Drugs National Group

CQC leads the Controlled Drugs National Group, which comprises key regulators and agencies with a remit for controlled drugs in England. The group met three times in 2017 to share and discuss emerging issues and to identify ways of working together to reach solutions.

Membership of the group remained broadly the same as in 2016, with the addition of the Human Fertilisation and Embryology Authority and the Nursing and Midwifery Council. The members are:

- Care Quality Commission
- Department of Health and Social Care
- General Medical Council
- General Pharmaceutical Council
- NHS Digital
- Her Majesty's Inspectorate of Prisons for England and Wales
- Home Office
- Human Fertilisation and Embryology Authority
- Medicines Advice (Medicines and Prescribing Centre) National Institute for Health and Care Excellence
- Medicines and Healthcare products Regulatory Agency
- Ministry of Defence
- National Police Chiefs' Council
- NHS England (including Health and Justice Commissioning)
- NHS Protect (now known as the NHS Counter Fraud Authority)
- Nursing and Midwifery Council
- UK Anti-doping
- Veterinary Medicines Directorate.

This activity report highlights how these agencies contribute to the overall safer management of controlled drugs in England. CQC is grateful for their ongoing commitment and contributions to the National Group.

1. National Police Chiefs' Council

The National Police Chiefs' Council (NPCC) was formed on 1 April 2015 replacing the Association of Chief Police Officers.

During 2017, the NPCC was involved with a case where a district nurse was implicated in three separate thefts from a patient's home. The first theft involved the disappearance of a full box of 56 Oxycontin 80mg tablets. Investigations found no firm evidence but the nurse was dismissed. The same nurse then started to work at a care home where, after a short time, medicines were found to be missing. Following further enquiries by controlled drug liaison officers, the nurse pleaded guilty at magistrate's court and received an interim suspension order from the Nursing and Midwifery Council pending the result of their investigation.

In November 2017, 11 new CDLOs attended the National Police Controlled Drug Liaison Officers course in Manchester. The 2018 course runs from 26 November.

<http://www.npcc.police.uk>.

2. Department of Health and Social Care

The Department of Health and Social Care (DHSC) supports health and social care professionals and their organisations by developing policy, legislation and guidance on the safe management and use of controlled drugs as part of care.

DHSC continued to work closely on the shared controlled drug agenda with other interested parties such as NHS England, the Care Quality Commission, the National Institute for Health and Care Excellence, Home Office, NHS Protect, and the General Pharmaceutical Council. This includes work on the rescheduling of pregabalin and gabapentin and the Home Office review of the safe custody regulations.

DHSC is committed to reviewing the Controlled Drugs (Supervision of Management and Use) Regulations 2013. There will be further stakeholder engagement in 2018 to consider the effectiveness of the regulations; for example, to what extent the Regulations have achieved the original policy objectives and if the objectives remain appropriate. This will result in recommendations on whether to replace and/or amend the regulations, which will cease to have effect from 31 March 2020.

<https://www.gov.uk/government/organisations/department-of-health-and-social-care>.

3. General Pharmaceutical Council

The General Pharmaceutical Council (GPhC) regulates pharmacists, pharmacy technicians and registered pharmacies in Great Britain. Its role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.

This involves inspecting registered pharmacy premises to make sure they meet the required standards, which include the arrangements to manage controlled drugs. When GPhC receives concerns about controlled drugs, or identifies concerns on inspection, they are shared with controlled drugs accountable officers.

In 2017, GPhC continued to work closely with CQC on areas of joint interest, being represented on the Controlled Drugs Cross Border Group and the cross-regulator group, which works to make sure that the public receive safe and effective care when using independent online primary medical services.

<https://www.pharmacyregulation.org/>

4. Her Majesty's Inspectorate of Prisons for England and Wales

Her Majesty's Inspectorate of Prisons for England and Wales (HMI Prisons) inspects the treatment of and conditions for people detained in court, police custody, prisons, young offender institutions, and immigration detention facilities in England and Wales. As part of this, HMI Prisons inspects all health and social care provision, including medicines optimisation and pharmacy services. HMI Prisons also jointly inspects and reports with CQC colleagues in prison and immigration removal centres (IRCs).

During 2017, GPhC inspectors or CQC specialist pharmacy inspectors joined HMI Prisons on most of the prison and IRC inspections. As in previous years the potential for the trading, diversion and misuse of controlled drugs remains high in places of detention. Most that are prescribed within the establishments are administered as supervised consumption, but many establishments still report significant problems related to diversion and smuggling drugs in, particularly Buprenorphine.

The prescribing, dispensing and administration of controlled drugs in most establishments inspected met regulation requirements. However, a small minority did not meet regulations on storage, record-keeping and/or transport of controlled drugs. Additionally, in several establishments there was inadequate supervision by officers of the queues to administer medication, which continued to create opportunities for bullying and diversion.

<http://www.justiceinspectorates.gov.uk/hmiprisons/#.U4yR31Mumjg>

5. Home Office - Drug Licensing & Compliance

The Home Office has responsibility for the Misuse of Drugs Act 1971 and associated Misuse of Drugs Regulations 2001. The latter provide the framework for lawful activity with controlled drugs and drug precursor chemicals by the pharmaceutical industry and healthcare professionals.

The Drug and Alcohol Unit is part of the Crime and Policing Group and is responsible for delivering the Government's Drug Strategy. This aims to reduce illicit and other harmful drug use, and increase the number of people recovering from their dependence. The Drug & Alcohol Unit also continues to hold responsibility for developing and implementing amendments to the Misuse of Drugs legislation. The Drug Firearms and Licensing Unit operates a risk-based domestic licensing regime to enable the licit use of controlled drugs (and precursor chemicals). A [licensing system](#) enables the import and export of controlled drugs and precursor chemicals.

During 2017 the unit continued to operate on a full cost recovery basis, striking a proportionate balance to minimise the risk of the diversion of controlled drugs, but to ensure the availability of drugs for licit use. The aim is to visit each premises holding a controlled drug licence on a rolling three to five-year basis, according to the risk posed by that site.

Activity during 2017 included:

- further reducing waiting times for licensees
- actively supporting and prioritising licensing for Schedule 1 synthetic cannabinoids at locations throughout the UK
- issuing 1,838 domestic controlled drug domestic licences, including 535 compliance visits
- serving two administrative licensee contraventions
- issuing 21,981 import-export licences, approximately 95% of these for controlled drugs
- working closely with the Medicines and Healthcare products Regulatory Agency following its opinion that CBD (cannabidiol) is medicinal in nature
- hosting a series of scoping review meetings and targeted meetings to discuss the review of the Misuse of Drugs (Safe Custody) Regulations 1973
- working with colleagues to resolve the consequential impact of including paramedics to the list of individuals required to provide a mandatory requisition form under Regulation 14 of the Misuse of Drugs Regulations 2001 and agreeing an approach for 2018
- launching a public consultation on the Scheduling impact of Pregablin and Gabapentin and working with the ACMD to discuss possible solutions for the impact of Scheduling on research.

Drug controls in 2017:

- Control of U-47-700 as a Class A drug under the Misuse of Drugs Act 1971 and a Schedule 1 drug under the Misuse of Drugs Regulations 2001 came into force on 31 May 2017 ([ACMD advice](#)).
- Control of 12 methylphenidate-related substances as Class B drugs under the Misuse of Drugs Act 1971 and a Schedule 1 drug under the Misuse of Drugs Regulations 2001 came into force on 31 May 2017 ([ACMD advice](#)).
- Control of 16 'designer' benzodiazepines as Class C drugs under the Misuse of Drugs Act 1971 and a Schedule 1 drug under the Misuse of Drugs Regulations 2001 came into force on 31 May 2017 ([ACMD advice](#)).
- Control of Methiopropamine (MPA) as a Class B drug under the Misuse of Drugs Act 1971 and a Schedule 1 drug under the Misuse of Drugs Regulations 2001 came into force on 27 November 2017 ([ACMD advice](#)).

6. Human Fertilisation and Embryology Authority

The Human Fertilisation and Embryology Authority (HFEA) is the UK Government's independent regulator responsible for the licensing, regulation and inspection of the fertility sector, overseeing fertility treatment and research with human embryos.

In 2017, compliance with controlled drugs regulations was monitored carefully. The use of fentanyl or alfentanil in conscious sedation is the main area of interest regarding controlled drugs in the fertility sector. Most centres have a good recording system for the supply, administration and disposal of controlled drugs and all have a reporting system for incidents.

A team of HFEA inspectors has continued to inspect licensed fertility premises to ensure compliance with the legislation set out in HFEA's [Code of Practice](#), which includes arrangements for the management, safe storage and administration of controlled drugs.

Where relevant, HFEA shared post inspection information with CQC at the National group meetings. HFEA holds a register of all controlled drugs accountable officers in the fertility sector, which is continually updated and shared with CQC.

<https://www.hfea.gov.uk/about-us/how-we-regulate/>

7. Medicines Advice (Medicines and Prescribing Centre) National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Its role is to improve outcomes for people using NHS and other public health and social care services.

[Medicines optimisation: key therapeutic topics \(KTT\)](#) summarises the evidence base on topics identified to support medicines optimisation, but is not formal NICE guidance. The 2017 update included Medicines optimisation in long-term pain: high-risk medicines as a topic. This includes advice on the safe prescribing of controlled drugs such as opioids.

<https://www.nice.org.uk/>.

8. Medicines and Healthcare products Regulatory Agency

The Medicines and Healthcare products Regulatory Agency (MHRA) is an Executive Agency of the Department of Health and is the UK Regulatory Authority for medicines for human use and medical devices. The MHRA also acts as the law enforcement authority for these products and officials from the Enforcement Group undertake criminal investigations into illegal activity using powers available in the Human Medicines Regulations and Medical Devices Directive.

In 2017, MHRA continued the investigation into the large-scale diversion of specific class C controlled drugs or prescription-only (POM) medicines, including diazepam, zopiclone and zolpidem, from the authorised UK supply chain to an illegal market. Evidence has shown that they are being sold either online or distributed through the black market. There is no legal restriction on pharmacists purchasing unlimited quantities of these medicines, but dispensing is restricted to a prescription being submitted and, if licensed by both the Home Office and the MHRA, they can be distributed wholesale within the UK and abroad.

UK medicines legislation allows medicines of all categories (including POMs) to be sold online – provided existing legal requirements are met. Many websites offer an online consultation and prescribing services, where a doctor conducts the consultation by telephone, Skype™ or an online questionnaire and may opt to provide a prescription. The online consultation and prescribing are not MHRA's remit – the General Medical Council and CQC lead, but the four regulators involved (CQC, GPhC, GMC and MHRA) have been collaborating to address safety concerns raised by online-only healthcare services and map the regulatory landscape.

MHRA continues to receive complaints from authorities in other EEA member states where POMs cannot be offered online and consultations between doctors and patients must take place other than face-to-face. As it stands, pharmacies comply with medicines law as medicines are dispensed against a bona fide prescription, although specific aspects of supply are being reviewed together with GPhC. MHRA is taking action against pharmacies that do not supply the appropriate medicine to patients – legal requirements stipulate that the pack dispensed must be appropriate to the country of destination – for example, a French pack to a patient in France.

Under the provisions of the Falsified Medicines Directive, all POMs are required to have safety features (a unique identifier and tamper-proof evidence). Systems must be in place by 2019 across the 28 member states of the EU. MHRA is working with stakeholders and plans a communications exercise in 2018.

<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

9. Ministry of Defence

The majority of primary care delivered to Her Majesty's Armed Forces in the UK and overseas is provided by Defence Primary Healthcare (DPHC). This enables a consolidated and consistent approach to management procedures for controlled drugs across primary care. Apart from operations and the Defence Medical Rehabilitation Centre (DMRC), the Ministry of Defence (MoD) does not manage controlled drugs in secondary care.

The key challenge in 2017 was the realignment of controlled drug export processes to overseas medical treatment facilities; this has been conducted in liaison with the MHRA and Home Office. From October 2017, morphine 10mg auto-injectors have been replaced by oral transmucosal fentanyl citrate, 800 micrograms as the core operational analgesia for self-administration by UK troops. All stock will continue to be managed and accounted for in accordance with MoD policy, which is based on UK legislation.

<https://www.gov.uk/government/groups/defence-medical-services>

10. NHS England

NHS England leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS and encourages and informs the national debate to improve health and care.

NHS England Lead Controlled Drugs Accountable Officers (CDAOs) have responsibilities for leading the Controlled Drug Local Intelligence Networks across their area. Taking into account CQC's recommendations in the 2016 report, and following on the progress made in previous years, NHS England

CDAOs have continued to review and broaden the membership of the Local Intelligence Networks. As part of this ongoing review, they are taking into consideration new models of care and the subsequent new range of healthcare services with controlled drugs responsibilities.

During 2017, NHS England, through its CDAOs, continued to standardise processes such as incident reporting systems, occurrence reporting and controlled drug destruction authorisation. The majority of NHS England areas are now using the online reporting tool www.cdreporting.co.uk to report incidents. After the review of information requested from designated bodies, a new NHS England-wide occurrence reporting form was introduced in April 2017. In conjunction with a more consistent approach, these actions should significantly improve joint learning.

NHS England CDAOs and their teams have collaborated in more areas. A Development Group was established to maximise the use of the controlled drug reporting tool. In 2017, the group started work on a standardised Annual Report template and a standardised practitioner controlled drug declaration form. NHS England CDAOs are represented and actively engaged in CQC's Controlled Drugs National Group and all sub-groups. They are also represented and/or have contributed to the Health and Justice Controlled Drug group and to regulatory reviews.

NHS England CDAOs have continued to share learning around safe use and management of controlled drugs:

- In response to a coroner's report, CDAOs issued a letter to all prescribers and dispensers, reminding them to ensure that clear dosing instructions, including an individual dose and maximum total daily dose, where possible, are used on both the prescription and the corresponding medicine label.
- Following an increase in the number of incidents reported concerning prescription delivery, and in conjunction with the Community Pharmacy Patient Safety Group, CDAOs have been raising awareness of the issue and sharing key learning points.

<https://www.england.nhs.uk/>

11. NHS England Health and Justice

NHS England has responsibility for directly commissioning healthcare services or facilities for people who are detained in a prison or in other specific accommodation. The Health and Justice commissioning team is part of the Medical Directorate in NHS England. There is a central support team and 10 commissioning hubs within the four NHS England regions. In 2017, the Health and Justice (H&J) [Medicines Optimisation Programme](#) contributed to many activities that include controlled drugs.

- A new Health and Justice Pharmacy Advisory Group convened in February 2017, and will meet quarterly. Membership includes an NHS England CDAO to provide a formal link between H&J medicines and CDAOs.
- NHS England collaborated with the Royal Pharmaceutical Society, who published [Professional Standards for Medicines Optimisation for secure environments](#).
- FP10 and FP10MDA prescription forms are now available in all H&J settings to enable continuity of all medicines, including controlled drugs where they are needed urgently on admission or for unplanned H&J releases.
- National clinical templates for transfer and release were introduced, which include the supply of most controlled drugs, to minimise the risk of omitted or delayed doses.
- There was planning for the impact of and consultation about the re-scheduling of gabapentin and pregabalin, and collaboration with Home Office teams to minimise the wastage of controlled drugs when contracted providers change.
- NHS England's national H&J service specification for substance misuse services was completely revised. This includes aligning with revised clinical guidelines and including services to support people who are dependent on prescription drugs.
- In October 2017, NHS England H&J published a revised version of the [Prison Pain Management formulary](#). This retains the list of medicines and the implementation guide, but has updated the clinical evidence in the formulary.

<https://www.england.nhs.uk/commissioning/health-just/>

12. NHS Counter Fraud Authority (previously NHS Protect)

The NHS Counter Fraud Authority was launched on 1 November 2017 as a new organisation leading the fight against NHS fraud. It was preceded by NHS Protect, part of the NHS Business Services Authority, an arm's length body of the Department of Health and Social Care, responsible for the development of effective local anti-crime standards and assessment services. The NHS Counter Fraud Authority is a special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care (DHSC).

<https://cfa.nhs.uk/>

13. Nursing and Midwifery Council

The Nursing and Midwifery Council (NMC) regulates nurses and midwives in England, Wales, Scotland and Northern Ireland and exists to protect the public. It sets standards of education, training, conduct and performance so that nurses and midwives can deliver high-quality healthcare throughout their careers.

The NMC makes sure that nurses and midwives keep their skills and knowledge up to date and uphold professional standards, with clear and transparent processes to investigate those who fall short of the standards. NMC maintains a register of nurses and midwives allowed to practise in the UK.

In 2017, the NMC consulted on its pre-registration standards of education for the role of the future nurse (in relation to prescribing standards and medicine management guidance). Following feedback from more than 1,000 people and organisations, the standards were refined.

The NMC also established a Regulatory Intelligence Unit, which analyses data and identifies themes and areas of serious regulatory concern.

<https://www.nmc.org.uk/>

14. UK Anti-doping

UK Anti-doping (UKAD) is the national organisation dedicated to protecting a culture of clean sport. It is responsible for ensuring that sports bodies in the UK comply with the World Anti-Doping Code by implementing and managing the UK's National Anti-Doping Policy.

UKAD's Intelligence and Investigations team liaises directly with law enforcement agencies. As part of its role, the investigator contacts UK Border Force and police forces regarding controlled deliveries and the team assesses whether there are any links to sport.

The focus in 2017 was on forming new partnerships and building on existing ones. This enables UKAD to develop how it collects information and its ability to share high-quality information as a way to tackle doping. This reflects an international move towards more intelligence-led methods of detection and disruption. To have an effective intelligence-led anti-doping programme, UKAD works closely with:

- the sports community
- CQC's Controlled Drug National Group
- pharmaceutical companies and health regulators
- law enforcement partners, such as the [National Crime Agency](#), UK Border Force and other police partners
- other National Anti-Doping Organisations and the World Anti-Doping Agency

A key focus of UKAD's intelligence work is to promote and engage in inter-agency information sharing about doping in sport. It also engages with the public, and manages [Report Doping in Sport](#) in partnership with Crimestoppers. This is a 24-hour confidential phone line for anyone to report information or suspicions about doping in sport.

Public health bodies and drug misuse charities have warned of an increase in performance-enhancing drug use in Wales due to the obsession with body image and competition among peers to look better than each other. The growing social issue of performance-enhancing drug use outside of organised sport, particularly in gyms, has a trickle-down effect on UKAD's work especially in amateur sport. In January 2017, UKAD was involved in organising and delivering at an IPED symposium in Wales alongside Sport Wales and the Welsh Government, to try and address the issue and will feed into ongoing partnership work with these agencies in 2018.

www.ukad.org.uk

15. Veterinary Medicines Directorate

The Veterinary Medicines Directorate (VMD) is an Executive Agency of the Department for Environment, Food and Rural Affairs (Defra) and is the Competent Authority for veterinary medicinal products in the UK.

The VMD inspects all registered veterinary practice premises in the UK, other than those registered with the Royal College of Veterinary Surgeons (RCVS) as Practice Standards Scheme premises. Responsibility for enforcing the Veterinary Medicines Regulations at Practice Standards Scheme premises remains with the VMD.

The VMD's inspectors regularly advise veterinary surgeons on how to comply with the Misuse of Drugs Regulations (MDR) 2001, in particular with regard to safe storage, record-keeping, disposal and requisition orders. Inspectors provide reports after an inspection pointing out non-compliance and give advice and guidance on the measures required to correct them.

In 2017, the VMD inspected over 650 veterinary practice premises. No enforcement actions relating to controlled drugs were required as a result of these inspections.

<https://www.gov.uk/government/organisations/veterinary-medicines-directorate>.

Cross Border Group on controlled drugs

The Cross-Border Group for safer management of controlled drugs in the devolved administrations includes the Controlled Drugs Accountable Officers' Network Scotland, the Health and Social Care Board of Northern Ireland, NHS Wales and the Health Products Regulatory Authority of Ireland. The group provides a forum to discuss controlled drug matters at a strategic level.

Controlled Drugs Accountable Officer's Network, Scotland

The Controlled Drugs Accountable Officers' Executive group operates on behalf of the Controlled Drugs Accountable Officers' Network (CDAON Scotland) to engage with key strategic stakeholders to drive improvements in the management of controlled drugs and to ensure effective decision-making and actions.

A major focus of the work in 2017 involved a review of the GP inspection process, from which a number of new national resources were developed, including standards for GP practices, an assessment checklist and a controlled drugs inspection report.

The Controlled Drugs Self-Assessment Questionnaires (SAQ): General Practice for dispensing and non-dispensing practices was also revised.

New Controlled Drugs Declaration & Self-Assessment Questionnaires are now in place for use in the Scottish Prison Service Healthcare and the Forensic Medical Service and a new process for obtaining controlled drugs for administration in Prisoner Healthcare has been approved. The Controlled Drug Governance Handbook is under review.

Updated resources in 2017 include a standard operating procedure for destruction of Schedule 2 controlled drugs observed by an authorised witness, and Reporting incidents, near misses and concerns – Guide and Reporting template.

- CDAON is working with Health Improvement Scotland to develop guidance on operating a local intelligence network, and expects to develop standards and suggested topics for discussion.
- The analysis of incidents involving oxycodone covering all sectors of health care is nearing completion
- Work is ongoing with Police Scotland and other partners to develop an Information Sharing Protocol (ISP) for local intelligence networks.
- The Network has provided the Royal Pharmaceutical Society with information required for the updated Duthie Report.

- The CDAON, with agreement from Scottish Pharmacists with a special interest in Substance Misuse (SPiSMs), endorsed the use of licensed methadone in community pharmacy. Controlled drug lead pharmacists could agree exemptions but only in response to adverse weather conditions or shortages.

The updated resources, flash reports and general information are all available at <http://www.knowledge.scot.nhs.uk/accountableofficers.aspx>.

Department of Health, Social Services and Public Safety, Northern Ireland

The Department of Health (DoH) is one of nine Northern Ireland Departments. The Department through its Medicines Regulatory Group (MRG) continues to be the lead regulatory authority for a wide range of controlled drug licensing, compliance, legislative and enforcement matters in Northern Ireland.

Throughout 2017, the MRG continued to carry out enforcement activities and gather intelligence with key partner agencies with regard to the illegal supply or diversion of controlled drugs throughout Northern Ireland. Where appropriate, it has prepared case files for consideration by the Public Prosecution Service and maintained active liaison with national and international medicines enforcement agencies including the Medicines and Healthcare products Regulatory Agency (MHRA), Permanent Forum on International Pharmaceutical Crime (PFIPC) and European Working Group of Enforcement Officers (WGEO).

MRG officers carried out 337 inspections and visits in community pharmacies, controlled drug licensees and secondary care pharmacies. While covering a wide range of professional and statutory areas, these inspections also specifically targeted the management and use of controlled drugs. On 1 February 2017, MRG circulated the annual self-assessment and declaration form to all registered pharmacy premises in Northern Ireland.

MRG has been working closely with the Home Office regarding the review of the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 (“1973 Regulations”) to ensure that changes are progressed in tandem with Great Britain. The Department also continues to work in parallel with Great Britain to ensure that, where appropriate, parity is maintained with GB provisions in relation to the Misuse of Drugs Regulations (Northern Ireland) 2002 (MDRs).

The Department continues to hold the [list of accountable officers in Northern Ireland](#) as required by Regulation 4 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009.

The Controlled Drugs Reconciliation Project (CDRP) was initiated by MRG, the Health and Social Care Board and the Business Services Organisation. This followed the successful investigation into the illegal supply of controlled drugs by a pharmacist, which resulted in a significant prison sentence.

The project adds a further dimension of security into the distribution chain for prescription and over-the-counter medicines from pharmacy wholesalers to community pharmacies. Since the project began in late 2014, 2.3 million rows of data providing details for 7.1 million controlled drug items have been audited, leading to a number of successful investigations. This project has established a process for ensuring that the medicine supply chain is robust and ensuring that there is less potential for fraud in the system. The project was runner-up in the NICS Working in Partnership Award 2017 and won the Team Award in the recent Northern Ireland HSC Safety Forum Awards for 2016/17. It was also short-listed for the UK Civil Service awards.

<https://www.health-ni.gov.uk/>

Health and Social Care Board Northern Ireland

The HSCB established an electronic portal for occurrence reporting by accountable officers (AOs). This has been challenging as many AOs are outside of the NHS IT networks. However, the electronic reporting system has now been established and it is underpinned by an Information Sharing Protocol. During 2017, there was further work to address the issues of prescription drug misuse in Northern Ireland. This included working throughout the lawful supply chain to identify and deal with diversion, support for practitioners in managing the demands for controlled drugs, public awareness of the risks of prescription drug misuse and signposting to services.

Wales

NHS Wales is the publically-funded National Health Service of Wales providing healthcare to some three million people who live in the country.

In 2017 the [All Wales Therapeutics and Toxicology Centre \(AWTTC\)](#) contributed to safe management of controlled drugs and drugs liable to misuse through the following initiatives:

- National Prescribing Indicators (NPIs) – continued monitoring and promotion of NPIs focused on reducing primary care prescribing of hypnotics and anxiolytics, opioid patches, and tramadol. In 2017, quarterly monitoring continued to show reduced prescribing in relation to these NPIs and they have been retained for 2018–2019.
- Medicines Identified as Low Priority for funding in NHS Wales – this was developed to encourage clinically effective and cost-effective use of resources at a time of financial pressure in the NHS. This guidance includes the recommendation to not prescribe co-proxamol (contains dextropropoxyphene), highlighting that it is now an unlicensed medicine and that all patients who currently receive prescriptions for co-proxamol should be urgently reviewed to enable them to switch to an alternative, safer treatment.

- Best Practice Day (28 June 2017) – this showcased medicines optimisation initiatives in Wales, where Dr Sue Jeffs presented ‘Deprescribing opiates – a patient’s perspective’. The event was attended by healthcare professionals across a range of disciplines and health boards, where delegates shared stories of good practice initiatives that they have implemented and the positive impact of these in their areas of work. The presentation highlighted the importance of deprescribing opioids, with personal experience from a patient who had successfully reduced her opioids and seen an enormous improvement in her quality of life as a result.
- Advisory Panel on Substance Misuse – AWTTTC provided data and advice to inform the work on analgesics available as prescription-only medicines.
- Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) – AWTTTC is working with the Programme Board and Executive team of the project. This helps provide a robust mechanism to collect and test new psychoactive substances and to develop and share advice on pragmatic harm reduction advice.
- Pain management (including opioids) formulary of the Prison Service – AWTTTC provided clinical pharmacology input to support this with colleagues in Public Health Wales.

Health boards and trusts in Wales have also been involved in work to contribute to the safe management of controlled drugs.

- Controlled drug local intelligence networks are communicating well and sharing information. Health boards have undertaken a number of audits and reviews, which have resulted in strengthened monitoring in both primary and secondary sectors.
- The Welsh Ambulance Services NHS Trust (WAST) has recently implemented its automated medicines system. The Omnicell Project involved installing 20 identical automated cabinets across the seven Welsh Health Board areas. Fifteen cabinets are located within or in close proximity to emergency departments at Welsh District General Hospitals, with a further five strategically located at rural WAST ambulance stations. The cabinets use biometric (fingerprint) technology and access to drugs requires user level permission. The cabinets comply with controlled drug legislation and the technology has given WAST a much greater level of control over which staff have access the controlled drug area of the cabinet, as access is restricted to paramedics only. Benzodiazepines may be accessed by single user (paramedic) fingerprint, whereas morphine sulphate can only be accessed when supported by a second (witness) user. The benefits of the system, reporting and intelligence gathering have yet to be fully realised, but give WAST a greater level of confidence in managing controlled drugs.
- Velindre Cancer Centre produced a newsletter to raise awareness among staff of common errors that can occur with controlled drugs and of priority topics regarding prescribing.

<http://www.wales.nhs.uk/>.

Contact us

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Look at our website: **www.cqc.org.uk**

Write to us at: **Care Quality Commission
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