

REQUESTS FOR SUPPLIES OF CONTROLLED / HIGH RISK DRUGS

The Lead Controlled Drugs Accountable Officer for the North East and Yorkshire region has recently seen a further increase in reports of serious incidents and concerns of patients trying to obtain additional supplies of Controlled/High Risk Drugs concurrently through various service pathways and their GP.

We have had a significant increase in incidents reported to us where patients have frequently presented through the Community Pharmacy Consultation Service (CPCS); private Community Pharmacy Emergency Supply Service, attended OOH GP Care Providers, Walk in centres and or A&E Departments and managed to obtain supplies at multiple sites across the region in a very short period of time.

All these incidents have highlighted the potential for patient harm. Across our healthcare system, we all have a part to play to help identify and support patients who may be accessing multiple providers for Controlled Drugs and minimise this risk to prevent harm.

In 2018 we developed a multidisciplinary approach to tackle this issue of inappropriate requests for supplies of controlled drugs/high risk medicines. One of the main programme of actions we developed with clinicians and stakeholders was for the prescriber to highlight any concerns they have through the Summary Care Record (SCR). Access to the SCR is an invaluable tool and should be checked to support decisions for any requests for urgent supply of medicines. We would like to take this opportunity to remind primary care colleagues of these simple actions they can take, that can have a significant impact to reduce any inappropriate supplies being made.

FEEDBACK FROM PRACTICES

We have received positive feedback from practices that have implemented our suggested actions; simple interventions have helped healthcare professionals support patients when their GP practice is closed and helped their decision making on when to supply additional doses.

Any GP Practice who have concerns that a patient is trying to obtain additional supplies of specific drug(s) should use our generic wording as outlined below on the SCR to highlight their concerns to other healthcare professionals.

**SUPPLIES ONLY TO BE MADE
BY AUTHORISING PRESCRIBER**

ACTIONS FOR GP PRACTICES

- ⇒ Implement a system for colleagues to identify and raise concerns to the prescriber for patients in this high risk category.
- ⇒ Prescribers should have regular face to face reviews with patients prescribed controlled or other medicine commonly abused or misused.
- ⇒ Prescribers concerned that a patient is trying to obtain additional supplies of a drug should add the following wording to **each drug** they have concerns about: **SUPPLIES ONLY TO BE MADE BY THE AUTHORISING PRESCRIBER**
- ⇒ Share your concerns with 111 & GP OOH Providers; they may be using different computer systems and could add an alert to their own system.
- ⇒ Use EPS to issue daily or weekly prescriptions. Pharmacies can change nominations and retrieve prescriptions from the spine if the patient works away or is travelling.
- ⇒ Reduce risk by limiting quantities to 28 days or less.
- ⇒ Review all CPCS / OOH / A&E supply notifications, to identify and manage inappropriate supplies. Add any notifications of supplies made to GP record (under medicines prescribed elsewhere) so that they are made visible to others accessing the SCR, and could help prevent further incidents.

ACTIONS FOR PHARMACIES

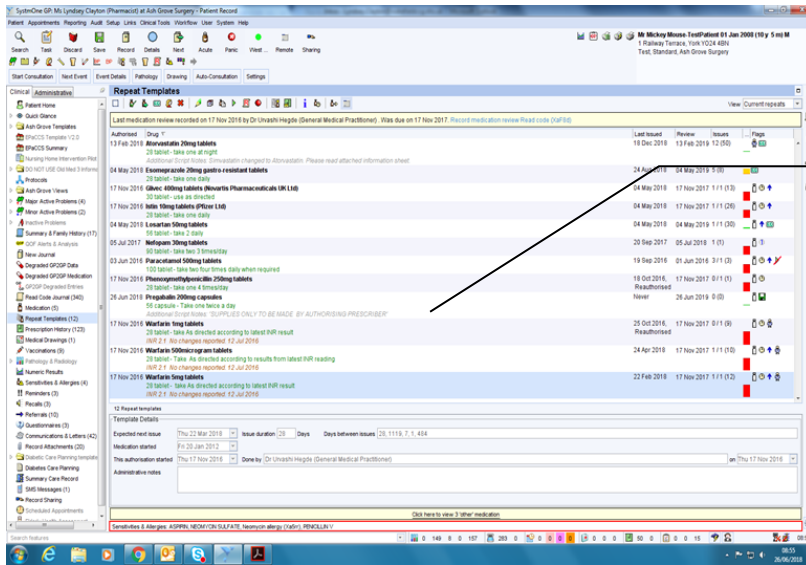
- ⇒ Determine if a supply request is genuine and use all available information to support your decision making.
- ⇒ Use SCR for each CPCS or Emergency Supply to identify any concerns raised by the authorising prescriber with the drugs concerned which will be communicated with **SUPPLIES ONLY TO BE MADE BY THE AUTHORISING PRESCRIBER**
- ⇒ Check the EPS Tracker status for current prescriptions and where necessary contact the nominated pharmacy for further information.
- ⇒ Discuss, document and raise any new concerns with prescribers.
- ⇒ Work collaboratively with General Practices to help manage high risk and vulnerable patients.
- ⇒ Where a CPCS notification has not been sent electronically, ensure a paper copy is sent via NHSmail.
- ⇒ To prompt staff to access SCR, keep a copy of this newsletter near your Prescription Book or with your relevant SOPs.

CONTACT US:

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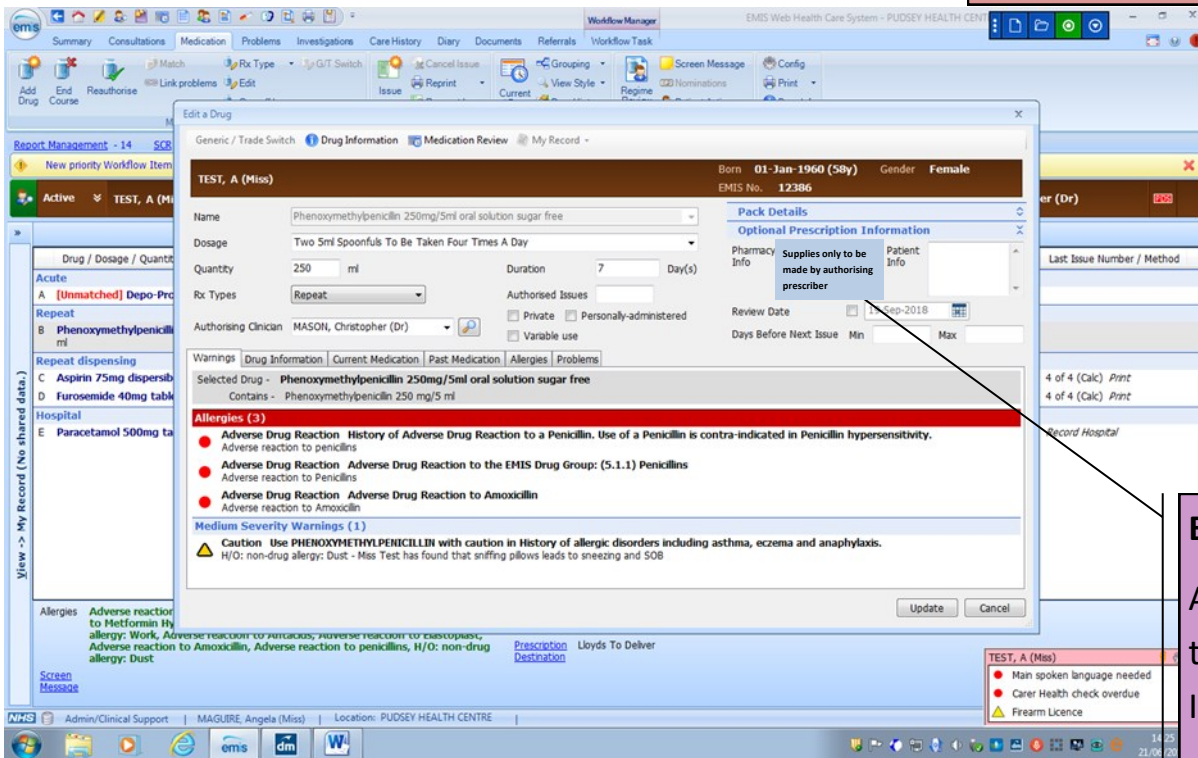
USING THE WORDING IN PRACTICE



SystemOne
Add wording to
Additional Script Notes.

Type	Date	Medication Item	Dosage Instructions	Quantity
Repeat Medication	Authorised (not issued): 15 Aug 2014	Simvastatin 40mg tablets	One tablet once daily, in the evening	28 tablet
Repeat Medication	Last issued: 11 Aug 2014	Supporting information: For cholesterol-lowering Amlodipine 5mg tablets	Take one daily, in the morning	
Repeat Medication	Last issued: 11 Aug 2014	Supporting information: For hypertension. Aspirin 75mg dispersible tablets	take one daily	
Repeat Medication	Last issued: 11 Aug 2014	Supporting information: For ischaemic heart disease Co-codamol 30mg/500mg tablets	take 1 or 2 4 times/day as required	
Repeat Medication	Last issued: 11 Aug 2014	Supporting information: For pain relief and supplies only to be made by authorising prescriber Enalapril 2.5mg tablets	take one daily, in the morning	
Repeat Medication	Last issued: 11 Aug 2014	Supporting information: For microalbuminuria FreeStyle lancets 0.5mm/29gauge (Abbott Laboratories Ltd)	use as directed	
Repeat Medication	Last issued: 11 Aug 2014	Gliclazide 80mg tablets	One tablet twice a day, half an hour before meals	
Repeat Medication	Last issued: 11 Aug 2014	Supporting information: For Type 2 Diabetes OneTouch Verio testing strips (LifeScan)	use as directed	

SCR
This is where other
Healthcare Professionals
would see 'SUPPLIES ONLY
TO BE MADE BY
AUTHORISING PRESCRIBER'



EMIS
Add the wording
to the Pharmacy
Info section.