

**Controlled Drugs National Group Condensed Minutes – 1st December 2015**

The Controlled Drugs National meeting was held on 1st December 2015 in the Old Library, Department of Health, Richmond House, 79 Whitehall, London. The following updates were given at the meeting from the national organisations that were in attendance. NHS England’s Area Teams’ Lead CDAOs’ can share the updates with CD LIN members and discuss at the CD LIN.

Could we please request that these minutes are cascaded to all CD LIN members and for those members to share with relevant staff within their organisation.

Organisations in attendance were:

* Care Quality Commission
* Department of Health
* Home Office
* NHS Protect
* NHS England
* GPhC
* UK Anti-Doping
* Ministry of Defence
* Health and Care Professions Council
* Veterinary Medicine Directorate, DEFRA
* Metropolitan Police representing Association of Chief Police Officers

**Care Quality Commission (CQC)**

The CQC continues to publish its CDAO register update on a monthly basis by no later than the 15th of the consecutive month, the latest Register update was publish on 15th November. CDAO notifications are made via a web-based form downloaded directly from CQC’s website. Work is now underway on introducing a new on-line CDAO notification form; CQC will keep members updated as to the progress.

CQC have been working with Cathy Stannard on the development of an opioid prescribing resource. The resource is web based and funded by PHE and hosted by the Faculty of Pain Medicine, Royal College of Anaesthetists. The resource was launched on 15th December and can be found at: [**www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware**](http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware)

**Department of Health (DH)**

No DH update was given at the meeting.

**Home Office (HO)**

**Home Office- Drugs Licensing & Compliance update- December 2015**

**Licensing & Compliance-**

Operational update from Drugs Licensing & Legislation

**Oxycodone import policy-**

The consultation response was published on 26 September 2015, with a phased implementation for the policy change.

**Customer feedback survey-**

Home Office has expanded the scope of our survey and will be using a different platform from Survey Monkey due to IT compatibility issues. The HO expects this to be operational early next year.

**Paper-based considerations/ renewals-**

Being considered much earlier as a result of HO’s new system, with decision-ready cases being turned around within a few weeks. Where payments are received early we are not issuing those new licences until the expiry of the previous licence to preserve their validity.

**Ambulance Service Trust-**

There is an ongoing issue concerning the ‘supply’ models within Ambulance Service Trusts, some of whom are holding stocks of controlled drugs in central stores (NB- these may not for MHRA purposes be wholesale stocks). These are then distributed (in our view supplied) to either other sub-stores, or to Ambulance Stations. We are working with DH and ASTs to achieve compliance, and have offered up proactive and pragmatic solutions.

(MDR) Regulation changes in June 2015 negated the previously issued Group Authority (for NHS Ambulance Service Trusts) and corrected various anomalies but it did not enable in our view, supply within the ASTs. The situation is distinct from hospitals supplying in limited situations within their legal entity, because the legislation provides from supply to ‘wards’. Ambulance Stations are not wards, and we consider the legislation strikes the right balance in respect of ASTs. ASTs shared their legal advice early November and this is currently being analysed by HO lawyers.

**NHS ‘contracted’/ commissioned services in Health and Justice settings-**

Legal advice has confirmed the likely need for licensing of NHS ‘providers’ delivering services in justice settings. This is because authority to possess/ supply does not travel with the ‘employee’ and their exemption is derived by virtue of the setting within with the service is delivered.

**Compliance Officers**-

We Home Office have increased their compliance officer capacity by 20%, and in time this should reduce waiting time for visits.

**Legislation-**

A Temporary Class Drug Order to control Methiopropamine (MPA)

A new temporary class drug order subjecting Methiopropamine (MPA) and its simple derivatives to temporary control came into force on **27 November**. MPA, along with its simple derivatives, have no legitimate medicinal or industrial uses. The order will remain in force for twelve months, or until revoked or varied.

This follows the Minister for Crime Prevention’s acceptance of ACMD advice that these compounds are being, or likely to be, misused and misuse is causing harms.

The ACMD advice is available at <https://www.gov.uk/government/publications/acmds-temporary-class-drug-order-report-on-methiopropamine>.

The Government response is available at <https://www.gov.uk/government/publications/ministerial-response-to-acmd-advice-on-temporary-control-under-the-misuse-of-drugs-act-1971>.

A Home Office circular introducing the legislative change is also available at <https://www.gov.uk/government/publications/circular-0282015-misuse-of-drugs-act-1971-temporary-class-drug-no-3-order-2015>.

A web story about the legislative change is available at <https://www.gov.uk/government/news/new-psychoactive-substance-banned-under-temporary-power>

**NHS Protect update**

**NHS Protect Update December 2015 Prescription survey report**

Preliminary findings from the Security of prescription forms survey showed a good completion rate from a cross section of the country, healthcare professionals and sectors. Seventy-five percent of those completing the survey advised that their organisation had a policy or SOP in place for the security of prescriptions. However 26% of those completing were not aware of the guidance or aide memoir documents. The purpose of the survey was to assess how the Security of prescription forms guidance is used and to identify updates and amendments based on current practice and the experiences of healthcare professionals. Areas of interest highlighted in the responses include the security of printers, posting of prescription forms and advice to patients on losing their prescriptions. NHS Protect will update the guidance to reflect recent changes and feedback from the survey.

**Thefts**

NHS Protect continues to receive reports of theft and fraud involving prescription forms, including computerised prescription form stock for printers. The thefts are connected with the gaining access to CDs. Issues of poor or lack of checks on staff has arisen, this is in relation to unqualified agency staff and employed staff with a previous convictions of stealing CDs.

**Medical Gas Cylinder update**

The police investigation into the organised crime group targeting medical gas cylinders is still ongoing. The cost to healthcare organisations is substantial. Although the number of reports has dropped significantly since the autumn, a small number of reports continue to be made, and organisations are asked to continue to report incidents. NHS Protect has encouraged organisations to review their arrangements and use the guidance and checklists made available by NHS Protect at <http://www.nhsbsa.nhs.uk/4430.aspx>.

**NHS England**

Further to the reorganisation of NHS England in April 2015 there are now 13 ‘lead’ CDAOs. It has been agreed that they will meet regularly. They are responsible for the collective leadership of the CDAO function in NHS England. There is a desire to operate consistently across NHS England and this group will facilitate this.

The Local Intelligence Networks across England that are convened by the NHS England CDAOs are now established. While there are still variations in membership and how they operate the consensus is that they are effective.

NHS England CDAOs have raised the fact that dental private prescribers do not have individual Prescriber Identification Numbers (PINs) rather they use a ‘cohort’ code that is allocated to the NHS England Region. This is problematic when seeking to monitor prescribing and recently caused concern when a large quantity of FP10PCDNC forms printed with a dental PIN went missing in one area. This has been raised with the NHS BSA and a solution is being explored as part of a wider piece of work.

The NHS England Single Operating Model in relation to its CDAO function is being revised with a view to publishing the refreshed version in early 2016.

**GPhC**

There have been incidents where CDs have been obtained legitimately by pharmacies/wholesalers and then diverted for illicit use. This can be difficult to detect if there is a deliberate attempt to cover up e.g. by destroying invoices. This may come to light if suppliers report unusual demand but the GPhC is unclear what obligation wholesalers are under to report unusual transactions, or how they decide what is unusual.

GPhC had been shown a document that was in circulation explaining how to deal with CD concerns and other matters. The provenance was uncertain, but it appeared to be a local policy and there may potential for misunderstanding if it is more widely distributed.

**UK Anti-Doping**

**Operation Underground**

An international drive is underway on identifying and dismantling underground illicit drug laboratories. UKAD is working together with international and national law enforcement agencies and relevant stakeholders.

Several warrants had been executed and arrests made leading to the seizure of substantial quantities of steroids, monies and the identification of illicit drug laboratories. UKAD is concerned with the filthy state of some of the laboratories and the immense profit gained from the proceeds of crime.

It was reported that an on-line advertisement via Amazon UK’s website for T5 Extreme 180 Fat Burning Capsules were being sold. This product was found to contain anabolic steroids a Class C drug. It was of concern to UKAD as athletes maybe consuming what they believe are innocuous substances but in fact they turn out to be a prohibited substances leading to a violation and up to a 4 year ban from sport.

**MOD update**

As MOD has its own CDAO and an internal reporting and assurance process, MOD representatives who attend LINs will not provide occurrence reporting to the local CDAO. This is to prevent double reporting. MOD representatives are still encouraged to attend LINs for information sharing and best practice.

**Health and Care Professions Council (HCPC)**

A small number of fitness to practise final decisions relating to CDs were identified during the past 6 months:

* ODP suspended after failing to follow policies in respect of medicines management and controlled drugs.

<http://www.hpc-uk.org/mediaandevents/pressreleases/index.asp?id=920>

* ODP struck off after stealing controlled drug from Emergency Department

<http://www.hpc-uk.org/mediaandevents/pressreleases/index.asp?id=1005>

* Paramedic self-administered drugs in back of ambulance

<http://www.hpc-uk.org/mediaandevents/pressreleases/index.asp?id=1009>

**Independent prescribing by paramedics and radiographers**

Proposals to introduce changes in legislation to enable paramedics and radiographers working as advance level practitioners to train as independent prescribers were presented to the Commission on Human Medicines (CHM) in October. The CHM is responsible for making recommendations to ministers on issues relating to medicines. Ministerial decision regarding the proposal is expected in late 2015 or early 2016.

The proposals include a short list of controlled drugs which paramedics and radiographers would be able to prescribe, as follows:

* Radiographers: Fentanyl, Morphine, Oxycodone, Codeine, Temazepam, Midazolam, Tramadol, Lorazepam, Diazepam
* Paramedics: Fentanyl, Morphine, Codeine, Midazolam, Lorazepam, Diazepam

HCPC has been involved from a regulatory perspective; however this project is being led by NHS England, in conjunction with the Department of Health and the devolved administrations. HCPC’s understanding is that approval of the CDs for inclusion in independent prescribing by these professions would require consideration by the Advisory Council on the Misuse of Drugs (ACMD) and ultimately changes to Home Office regulations.

**Veterinary Medicine Directorate (VMD)**

VMD recently met with their CDLO Single Point of Contact (SPOC) and are now exploring joint inspections and greater liaison between CDLOs and VMD inspectors on veterinary practice premises. VMD have received several queries on the new mandatory requisition form that has been introduced for Schedule 2 and 3 CDs.

**Association of Police Controlled Drugs Liaison Officers (APCDLO)**

**National Police Chiefs Council (NPCC) - *formerly known as the Association of Police Controlled Drugs Liaison Officers (APCDLO)***

**Current National landscape:**

The National CDLO training course was held on 15th November in Manchester with 15 candidates comprising CDLOs from West Yorkshire, South Yorkshire, Hertfordshire, West Midlands, Devon & Cornwall, Cumbria, Civil staff from Surrey, Hampshire. Another CDLO training course is planned for 2016 if sufficient people show interest.

The CDLO from Essex (Allan Adam) has been replaced by a Single Point of Contact (SPOC) within Essex who is due to attend CDLINs. It was reported that a couple of Police officers are due to retire from Nottingham and Derbyshire but may come back in civilian role.

The next annual National CPD/conference event booked for May 16 in Stratford-upon Avon with guest speakers from Anti-doping, UKSAS, Mental health and the NHS.

Greater Manchester Police are looking into Care homes as a result of ongoing concerns raised by some senior officers where they have noted an increase in attendance to deaths at such establishments with real concerns identified for safeguarding. Also coroners have raised some concerns at a perceived increase in incidents. The Greater Manchester Police is targeting CD and medication issues. The Met police have spoken to the coroners’ department for London and currently no similar concerns in London albeit high volume.

Graham Jackson Moore is currently active again and was last heard of in mid -October in a Birmingham hospital.

Private paramedics. Cheshire police raised an issue around private paramedics storing drugs particularly morphine at home with Chief Constable Andy Bliss from Herts and through to Commander Bray at the Metropolitan Police Service.

**Updates on the CD National Group sub-groups**

The four CD National Group Sub-Groups have now met on at least two occasions with the Vigilance and Patient Safety Sub-Groups having produced a newsletter. The newsletters are published on the CQC website and can be found [here.](http://www.cqc.org.uk/content/use-controlled-drugs#vigilance)

The newsletters highlight good and poor practice, areas of concern and lessons learnt as part of the process of gaining improvements in CD management including shining a spotlight on different topics using case studies.

Work is underway on the development of a newsletter from the Policy & Operations and the Prescribing & Monitoring Sub-Groups. All newsletters will be sent to CD National Group members for comments and approval prior to circulation to NHS England’s Lead CDAOs.

**Information**

The next meeting of the CD National Group will be held on Tuesday 8th March 2016 and a condensed version of the minutes will be shared afterwards.

Should you require further information on any of items mentioned above please contact Rob Allan at [Robert.allan@cqc.org.uk](mailto:Robert.allan@cqc.org.uk).