



Controlled Drugs: Learning from Incidents



North of England
Commissioning Support

FEB 2022 Issue 21

Partners in improving local health

NECS supports the NHS England Area Team Controlled Drugs Accountable Officer in ensuring the safe management and use of controlled drugs within the North East & Cumbria region. Based on the commonly reported incidents and the lessons learned, we aim to share good practice across the region

BE VIGILANT AND CHECK

An incident was reported where a doctor made a prescribing error involving Oxycodone which was subsequently dispensed and supplied by a pharmacy.

The error occurred when the prescriber accidentally selected Oxycodone 10mg/ml concentrated solution from the drop down list instead of Oxycodone 5mg/5ml liquid. A dose of 30ml of the concentrated solution was prescribed and the patient received 10 times the dose they should have had, a dose of 300mg of Oxycodone. (approx. 454mg oral morphine equivalent)

We are sharing this information to increase awareness and encourage vigilance whilst checking different strengths and maximum doses of liquid opioids.

Precautionary measures to help mitigate this include:

- Taking care when selecting medications from a drop down list
- Double checking whenever you require concentrated solution (Oxycodone & Morphine), particularly when the lower strength is more commonly used
- Placing warnings on the shelf or labelling the product 'high strength' for concentrated solutions
- Calculating what an individual dose would be as a prompt when either prescribing or dispensing and putting this in the context of the overall opioid use. i.e. whether it is for top up in addition to a sustained release formulation.

A similar incident also occurred involving Methadone. Instead of prescribing 1mg/ml again the doctor selected the wrong strength from the drop down box and the patient actually received Methadone 10mg/ml concentrate. Again receiving 10 times the dose.

Both medications can have detrimental consequences if not given as prescribed.

Interesting Links

- Public Health England (PHE) has produced a briefing highlighting the unique role that pharmacy teams can play in helping to address health inequalities — [PHE publish pharmacy briefing on addressing health inequalities : PSNC Main site](#)
 - Article in the Pharmaceutical Journal regarding a naloxone pilot set up by charity Turning Point in Somerset & Wakefield — Community pharmacy pilot provides hundreds of take-home naloxone kits in one year - [The Pharmaceutical Journal \(pharmaceutical-journal.com\)](#)
 - News article in Pulse about halting Pregabalin treatment initiation in Northern Ireland by GPs — [NI GPs told to stop initiating pregabalin for neuropathic pain amid deaths rise - Pulse Today](#)
 - Orally Dissolving Buprenorphine Tied to Severe Tooth Decay, FDA Warns — [Linked to severe dental problems](#)
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Codeine Linctus Sales

It has been brought to the attention of the CDAO that community pharmacies are receiving phone calls from a male purporting to be a GP, who then asks if the pharmacy would sell codeine linctus to a patient. The patient then attends the pharmacy claiming that they have had a telephone consultation with the GP and require codeine linctus.

If you receive a phone call from this male, please can you note the time and date of the call and use 1471 to potentially obtain the number which called. Please send this information to the email address below.

It is suspected that the actions described are purely to increase the likelihood of codeine linctus being supplied and extreme caution should be taken. Appropriate checks should be carried out prior to any supply being made.

As with all codeine products, codeine linctus has addictive quantities and ideally should only be supplied on prescription. Only if the patient is paying a prescription charge would it be appropriate to advise that it is cheaper to purchase.

Please be advised that the GPhC are closely monitoring the sale of codeine linctus and will investigate the pharmacy if it is felt that the pharmacy is selling or supplying unusually high quantities of codeine linctus.

If you have any additional information or want any advice, please don't hesitate to contact the MO CD Team by emailing england.cumbrianortheast-cds@nhs.net

CD Requisitions — Using the mandatory form (FP10CDF)

On 30 November 2015, amendments to the Misuse of Drugs Regulations 2001 introduced the mandatory use of the new FP10CDF CD Requisition Form to requisition all Schedule 2 and 3 CDs only. (Not to be used for antibiotics, inhalers, sildenafil or prednisolone, which some have requested.)

Legally, the FP10CDF CD Requisition Form must:

- be signed by the practitioner
- state the practitioners name, address and area of practice (e.g. GP)
- specify the total quantity of drug (the total quantity of drug does not have to be written in both words and figures)
- state the purpose of the requisition (e.g. 'practice use')

It is important that FP10CDF CD Requisition Forms are completed properly and should not be accepted by pharmacies if incomplete. If details are missing when submitted to the NHSBSA, particularly in section C of the form (see below), the prescriber data is returned to NHSEI as unidentifiable and the CD team have to investigate.

| C Customer Details | |
|--|---|
| * See overleaf (Part D, point 1(iii)) for guidance on completion | * Individual Prescriber code / pharmacy's NHS account number / CQC / HIS / HIW Number: <input type="text"/> |
| | * Practice, NHS Trust or NHS Provider Code: <input type="text"/> |
| Name of Practice: | <input type="text"/> |
| Individual practitioner's name (printed): | <input type="text"/> |
| Professional qualification / occupation: | <input type="text"/> |
| Address line 1: | <input type="text"/> |
| Address line 2: | <input type="text"/> |
| Telephone: <input type="text"/> | Postcode: <input type="text"/> |
| Signature: _____ | Date of Order / Supply: <input type="text"/> |
| (NB: This must be the signature of the practitioner named above) | |

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All the boxes must be completed - further guidance on completing the form can be found in part D of the CD requisition template.

It is also important to make clear and differentiate between: individual prescriber code/pharmacy's NHS account number/CQC/HIS/HIW number AND Practice, NHS trust or NHS provider code.

If you need advice, or would like an article to be included in a future issue, please contact one of the Controlled Drugs Team Senior Medicines Optimisation Technicians or the CD Liaison Officer:

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