Care Quality Commission

Summary

The safer management of controlled drugs

Annual report 2010

August 2011

Summary

The Care Quality Commission is responsible for making sure that providers of health and social care and other regulators create a safe environment for the management of controlled drugs.

This is the fourth annual report on the regulation of controlled drugs, covering the year ended 31 December 2010. We report how CQC and our partners have continued working to improve the safer management of controlled drugs and we look at how changes in healthcare legislation are affecting the arrangements for safer management of controlled drugs. We also report on the progress that has been made with the recommendations set out in the 2009 report. As safe handling of controlled drugs remains an essential part of good quality care, we have made further recommendations to assure the safety of people who use health and social care services.

The Controlled Drugs (Supervision of Management and Use) Regulations 2006 and accompanying guidance from the Department of Health set out the responsibilities post Shipman for the Care Quality Commission in relation to controlled drugs and external scrutiny of the arrangements.

Safe management of controlled drugs in health and social care organisations

The regulations require:

- The appointment of a controlled drugs 'accountable officer', who has specified responsibilities, in controlled drug designated bodies (primary care trusts, other NHS trusts including foundation trusts, and private hospitals).
- Organisations, regulators and agencies involved in handling controlled drugs to share information through the PCT-led controlled drug local intelligence network (CD LIN).

We continued to maintain the register of accountable officers on our website throughout 2010. However, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 that came into force for the registration of independent healthcare providers created an additional workload in managing the register in the last quarter of the year, due to the individual assessments now required for new registrations.

Information sharing between organisations is continuing to improve and we describe a number of examples of good practice. We have also recommended that non-designated bodies should also participate more in the information-sharing process to ensure that intelligence-gathering is thorough and complete, capturing information from all sources for example, community pharmacists, the Ministry of Defence, care homes, substance misuse services, and new provider services.

CD LIN working arrangements need to be robust and firmly embedded so that they can be passed on to the appropriate bodies in the new NHS structures. The Regulations (SI 3148) will continue to apply as the NHS is reorganised.

Partner organisations

The National Group on Controlled Drugs is a strategic group of regulators and key agencies that have areas of responsibility for controlled drugs within their remit.

During 2010, the National Group met to share findings and discuss concerns. There were a number of key initiatives from partners to refine management systems and support frontline workers.

National trends in the use of controlled drugs

During 2010, we continued to monitor the overall use and management of controlled drugs by analysing national prescribing and requisition data, feedback from monitoring routine activity in controlled drugs, and reports from members of the National Group.

There was little change in the overall volume of NHS (primary care) prescribing of controlled drugs in 2010 (an increase of 3% compared with 2009), but we noted that, although a small proportion of the whole, prescribing of controlled drugs by nurses and pharmacists continued to increase. This is in keeping with policy and the Government's agenda to improve people's access to medicines through the introduction of more non-medical prescribers.

The profile of prescribing in the private sector was markedly different from that of NHS prescribing, with high amounts of methadone and dexamfetamine prescribed privately. There were also increases in the use of methylphenidate and midazolam liquid. The reasons for these differences are not entirely clear at present, and further work is needed to look at this area.

Serial analyses of controlled drug prescribing over the past four years are now enabling us to see longer-term patterns of drug usage. These data sets will enable us to identify trends more accurately and monitor the impact of changes in practice or regulations.

There has also been further discussion during 2010 on how the system for collecting information on controlled drug requisitions can be enhanced.

The Royal College of Physicians, Royal College of General Practitioners and Royal College of Psychiatrists have confirmed that existing published guidance on best practice, *Drug misuse and dependence: UK guidelines on clinical management,* is equally applicable in both NHS and independent healthcare practice.

Overall view of activities in 2010

- Stakeholders, and partner organisations have continued to actively support the safer management and use of controlled drugs with enthusiasm. In several cases, organisations have devised innovative approaches to improve practice. We believe that the many examples of good practice in this report reflect an appropriate level of concern for safe management and use of controlled drugs.

- The planned changes to the NHS, including changes to the structure of PCTs, will affect the appointments of accountable officers and the CD LIN arrangements. It is important that these changes are clearly communicated to all providers in the local community so that information and concerns about controlled drugs can continue to be shared effectively.

- CD LINs need to continue to function effectively through the primary care structure changes and make adequate preparations to ensure that their existing arrangements are sufficiently robust to store intelligence securely. They also need to be sufficiently independent to be transferred to any future host body. The engagement of all health and social care providers, both new and existing, in sharing information and intelligence must not be overlooked.

- The newly-created provider organisations that are not required by the regulations to appoint an accountable officer must still make arrangements to ensure the safe management of controlled drugs within their organisation and report to their commissioning PCT.

- We still wish to emphasise that managing and monitoring the systems for controlled drugs at both national and local levels will require ongoing activity and vigilance to sustain the positive developments that have been achieved in the past four years.

Next steps for primary care

- Ensure that all systems for the safer management of controlled drugs are robust and up-to-date, ready for handover to the new organisations.

- Ensure that the private prescribing of controlled drugs, especially dexamfetamine, methylphenidate and midazolam liquid continues to be closely monitored.

Recommendations

1. **Chief executives and accountable officers should continue to keep the safe management of controlled drugs a high priority on their organisation's agenda during the reorganisation of the NHS to ensure that the gains in safety made over the past four years are not lost.**

2. **Chief executives and accountable officers should ensure that CD LINS have robust working arrangements and are fit for purpose and adequately prepared for the transition.**

3. **Non-designated bodies should also participate in the information-sharing process to ensure that intelligence-gathering is thorough and complete, capturing information from all sources for example, community pharmacists, the Ministry of Defence, care homes, substance misuse services and new provider services.**

4. **All professionals and providers of care, whether practising in the NHS or independent sector, should take account of best practice guidance that is published by relevant professional bodies and agencies. All sectors should be made aware of the document, *Drug misuse and dependence: UK guidelines on clinical management* and that it applies across all sectors.**