

AO News

A quarterly newsletter for Accountable Officers

Issue 6 June 2011

Welcome to issue 6 of 'AO News'

This is a quarterly publication produced by the National Prescribing Centre (NPC) for all Controlled Drugs Accountable Officers (CDAOs) and their support staff within England. It aims to provide a regular communication channel between you, us and other relevant organisations. We hope you find this newsletter of interest and value, and would welcome constructive ideas for future content (email feedback or suggestions to ian.pye@npc.nhs.uk).

NPC launches new website

As you may already be aware the NPC has launched a redesigned website. This new website combines the old main NPC website, NPCi, the controlled drugs website and the local decision-making website into one, meaning for the first time all these resources are available via one site designed with the user in mind.

Combining these sites meant moving and reconfiguring content that was spread over four websites and in excess of 4,000 web pages. This was a huge task and as you will appreciate there have been some teething problems and technical issues but we are working hard to resolve these. Once these problems have been resolved it will be easier and quicker to access the full range of NPC resources that may be of relevance to Controlled Drugs Accountable Officers.

The password protected area of the website still contains a discussion forum, shared resources and the current authorisation for witnesses for the destruction of Controlled Drugs (CDs) in multiple pharmacies — England document. If you don't have a username and password for the protected area all controlled drug Accountable Officers within England are eligible to receive one and are also able to nominate three support staff access. For further information email AccountableOfficerAccess@npc.nhs.uk

The discussion forum gives you a secure forum to post questions to peers and we would encourage you to become actively involved.



Topics currently under discussion include:

- Performers lists — conditions of contingent removal
- Safe disposal of transdermal patches
- Unlawful CD destructions
- Adult ADHD

The shared resources section offers an opportunity to share documents with colleagues across the country as well as searching documents already uploaded.

All of the other resources previously available on the CD website are now available via the CD pages on the NPC website www.npc.nhs.uk/controlled_drugs/

These resources include:

- e-learning packages
- Good practice guides and handbooks

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- A summary of relevant guidance
- A summary of relevant legislation
- FAQs
- Five minute guides
- AO News newsletters
- Links to other key organisations websites

New to the CD area of the NPC website is the opportunity for you to share examples of local practice. We want to hear about

experiences as a Controlled Drugs Accountable Officer or member of staff supporting them:

- Tips to share with other organisations on implementation or improvement?
- Impacts on quality and efficiency within your organisation?
- Overcoming barriers

If you would like to submit an example of implementation or improvement for

sharing, please download the Shared Practice Examples proforma www.npc.nhs.uk/non_medical/resources/sharing_practice_proforma.doc and return it to the NPC.

We are always happy to receive constructive comments regarding the website or any of the NPC's work. Please visit www.npc.nhs.uk/feedback.php if you would like to feedback specifically about the website.

A summary of the recommendations to CD Accountable Officers from the NPC review of a national Controlled Drug Record Card (CDRC)

Following a detailed review by the NPC into the proposal for a national CDRC as indicated by the Fourth Shipman Inquiry, two reports have now been published and are available to read and download from the NPC website www.npc.nhs.uk/controlled_drugs/cdrc.php.

The Phase One report covers the background to the CDRC, a review of the pilot sites and the opinions of key stakeholders on how the CDRC could be implemented in a way that would achieve its desired aim. The Phase Two report provides a series of recommendations that build on the current regulatory infrastructure already in place. The recommendations are largely for local implementation and should be of particular relevance to Controlled Drug Accountable Officers. To gain a fuller understanding of the reasons for each recommendation it would be useful for AOs to read both reports but a summary of the recommendations can be found below. Although AOs should be aware of all of the recommendations the ones relating specifically to their role are in green below.

	Recommendation	For action by
1	If the conclusion that the proposed CDRC is unlikely to be deliverable is accepted: <ul style="list-style-type: none"> • raise awareness amongst AOs of the need to develop local arrangements for the monitoring and audit of controlled drugs prescribed, dispensed, used and potentially disposed of in patients' home settings; • ensure that the role and responsibilities of the AO are understood at senior level, both within the organisation and with partner organisations, in order to ensure that the AO is fully supported to develop or strengthen local arrangements. 	<ul style="list-style-type: none"> • CEs of designated bodies • NPC through their AO network • AOs • Under- and postgraduate training providers
2	Raise awareness amongst AOs about their legal responsibility to ensure the training and education of all health professionals in the safe management and use of controlled drugs (including home usage) both in their organisations, and the services they commission.	<ul style="list-style-type: none"> • CEs of Designated Bodies • NPC through their AO network
3	Provide good practice support for AOs which highlights mechanisms for monitoring and auditing CDs used in patients' homes.	<ul style="list-style-type: none"> • NPC through their AO network, website and handbook
4	If the conclusion that the proposed CDRC is unlikely to be deliverable is accepted, there must be broad understanding and acceptance of, and support for, the need to strengthen and develop existing processes. This understanding should be facilitated by: <ul style="list-style-type: none"> • professional bodies, through review and updating of their guidance; • AOs as part of their statutory duties; • commissioners through contracts; • providers through education and training of their clinical and social care teams. 	All relevant Professional bodies and supporting organisations <ul style="list-style-type: none"> • AOs • CEs of commissioning organisations • CEs of provider services

5	Where appropriate, regulators should signpost good practice guidance developed by professional bodies and supporting organisations, and issue guidance about compliance.	<ul style="list-style-type: none"> Professional regulators
6	Work with local patient support groups to ensure adequate awareness and information about the safe and secure use of controlled drugs when administered in patients' homes.	<ul style="list-style-type: none"> AOs
7	Work with clinical teams to ensure that there are systems locally for the audit and monitoring of CDs administered by healthcare professionals in patients' home settings.	<ul style="list-style-type: none"> AOs
8	Link nationally with patient groups, and NHS Direct and NHS Choices, to facilitate the review/development of patient awareness information.	<ul style="list-style-type: none"> National AO steering group to lead
9	Maintain an awareness of IT developments locally that might facilitate the audit and monitoring of CDs. These developments need to be shared through the AO network so they can be picked up by other local organisations or nationally if appropriate.	<ul style="list-style-type: none"> AOs
10	Designate a group to have a watching brief so that any central NHS IT developments take into account opportunities to better monitor and audit CD usage.	<ul style="list-style-type: none"> National AO steering group to lead
11	Professional bodies and other organisations supporting healthcare professionals should develop co-ordinated guidance for prescribers of schedule 2 injections of controlled drugs. Where appropriate this should cover other categories and types of controlled drugs. This guidance would provide a tool for AOs and regulators to help review practice with prescribers.	<ul style="list-style-type: none"> Professional bodies and supporting organisations
12	Development of a controlled drug toolkit for AOs which enables them to use prescribing and dispensing data to get the best information possible to allow effective monitoring of CD usage.	<ul style="list-style-type: none"> NHS Business Services Authority Prescription Services
13	Ensure there are mechanisms in place so that community pharmacists are aware of the sort of anomalies and incidents that should be reported to AOs.	<ul style="list-style-type: none"> AOs in conjunction with Local Pharmaceutical Committees (LPCs) and local pharmacy managers
14	Ensure that reporting arrangements for anomalies and incidents are in place and that community pharmacists are aware of them.	<ul style="list-style-type: none"> AOs
15	Share good practice in the development of local arrangements so that it can be picked up by other local organisations if appropriate.	<ul style="list-style-type: none"> NPC through their AOs website and handbook
16	Ensure good practice in the labelling of controlled drugs. Good labelling should allow nursing teams, or other care professionals, to check that the quantity of controlled drugs dispensed is the same as the quantity received into the patient's home.	<ul style="list-style-type: none"> Pharmacy and dispensing doctor professional bodies and supporting organisations
17	Develop SOPs and provide training for community nursing teams, and other health and care professionals so that anomalies can be identified when CDs are received in the patient's home. Ensure that reporting arrangements for incidents and anomalies are in place.	<ul style="list-style-type: none"> AOs
18	Develop a standard data set for record keeping of controlled drugs administered in patients' homes, to include for example running balances. This could be implemented locally and incorporated into administration records in patients' homes.	<ul style="list-style-type: none"> National AO steering group to lead development in conjunction with nursing professional bodies
19	Support local implementation of the standard data set. In parallel, outline local arrangements for reporting of incidents or anomalies by health professionals administering CDs in patients' homes; these arrangements need to be consistent with national systems.	<ul style="list-style-type: none"> AOs Provider organisations
20	Develop national guidance which clarifies legal and environmental requirements, and outlines best practice options in the disposal or destruction of schedule 2 CDs left in a patient's home at the end of a care episode.	<ul style="list-style-type: none"> Department of Health to lead

NPC joins NICE

On 1st April 2011 Sir Andrew Dillon, Chief Executive, National Institute for Health and Clinical Excellence (NICE), extended a warm welcome to the staff of the NPC who will become part the NICE Evidence and Practice Directorate, led by Dr Gillian Leng.

NICE and the NPC already share a history of working closely together to ensure medicines use across the NHS is high quality, safe and good value for money. This integration is an exciting opportunity for both organisations to build on the important work achieved over the past decade and more, and will further strengthen access to good quality advice and support in medicines management, decision making about medicines and education.



NPC in numbers

- 34 staff
- Half a million visits a year to e-learning
- 4000 pages on www.npc.nhs.uk
- 75 events each year reaching 3500 delegates
- 19,000 subscribers for email alerts; average 37 e-alerts and 150,000 emails sent each month

Handbook for Controlled Drugs Accountable Officers in England – 1st Edition

The NPC has recently published the much awaited handbook for controlled drugs accountable officers and initial feedback suggests that it will be a valuable resource for both experienced and new AOs.

The requirements and responsibilities of the AO are set out in regulations 3 to 31 of the Controlled Drugs (Supervision of Management and Use) Regulations 2006 and the purpose of the handbook is to help AOs to fulfil their role. The handbook emphasises the legal requirements as well as providing recommendations for further reading. It is intended to supplement existing guidance produced by the Department of Health (DH) to underpin the regulations and will complement any additional face to face training designed to support AOs.

The day to day duties of an AO may vary depending on the organisation in which the AO is employed. However, the principles of the legislation and the organisational responsibilities of the role will be the same in all environments. The handbook reflects any specific duties according to the healthcare setting for which the AO has responsibility although

all AOs should read and familiarise themselves with the opening chapters and core elements of the role.

The handbook is relevant to all Accountable Officers and AO support staff in Primary Care, Secondary Care, Ambulance Services, Mental Health Services, Hospices, Independent Hospitals.'

To download your copy visit

www.npc.nhs.uk/controlled_drugs/ao_handbook.php



Metropolitan Police Controlled Drugs Liaison Officers and information sharing

In the Metropolitan Police Service the Controlled Drugs Liaison Officers remit is to ensure the safer management of Controlled Drugs in London. This involves intelligence, prevention and enforcement activities in partnership with a number of healthcare professionals.

The Health Act 2006 and its supporting regulations – The Controlled Drugs (Supervision of Management and Use) Regulations 2006 determine the role of the CDLO. This legislation was enacted as a result of the findings of the Shipman Enquiry. It changed the police role from inspection of pharmacies regarding the management and supervision of controlled drugs to a far wider partnership responsibility for the management and supervision of controlled drugs by all health care professionals throughout London. The role has therefore become one that is primarily that of liaison and information sharing which allow the CDLOs to investigate a particular issue or referral.

Information sharing

The purpose of an Information Sharing Agreement (ISA) is to achieve a common understanding and procedures where:

In the Metropolitan Police Service (MPS) the Controlled Drugs Liaison Unit (CDLU) share information with London NHS Primary Care Trusts (PCTs) and other regulatory bodies in support of their role as established by the Health Act 2006.

The Metropolitan Police's ISA considers the following:

- a) Identification of cases in which action needs to be taken in relation to the management or use of CDs and the need to share information.
- b) The consideration of issues relating to the taking of action in respect of such matters.
- c) The action needed to be taken on an individual basis.
- d) Who is asking for the information?
- e) Who is it you want to share with?
- f) What security is in place to handle, store and share the information with the correct people.

The information shared will enable links between partner agencies, and lead to increased co-operation between partners, which, in turn, will build confidence and trust. Decisions to share personal information, or not, will be considered on a case by case basis. There has been some excellent partnership work done in recent years where the information sharing has been vital to identifying criminality in the healthcare arena.

Examples of this are:

In January 2011 the CDLO for Waltham Forest was informed by the Superintendent for the Co-operative Pharmacy that one of

its delivery vans had been stolen whilst on the morning delivery run. The CDLO liaised with the local borough to circulate the van as lost or stolen and also informed the Accountable Officer for Waltham Forest Borough of the incident. The CDLO was able to monitor the police report and the minute the van was found (with all 25 bags of prescription medicine still on board) she informed the Co-operative pharmacy and the AO for Waltham Forest. The driver was subsequently relieved of his duties and a training need has been highlighted to reiterate the danger some drugs pose if in the wrong hands.

Another example of when information sharing proves beneficial was in February this year when Newham PCT alerted the CDLO for that borough that a male had tendered a fraudulent private prescription at a pharmacy in High Street North. The CDLO then began liaising with neighboring boroughs to alert them and also contacted all the pharmacies in the immediate vicinity to warn them of this male and his actions. When this male attempted to gain POMs at another Newham Pharmacy at a later date the pharmacist was aware and called the police who arrested him at the scene.

The CDLO role is vital as the single point of contact for our partner agencies when incidents like this occur, important relationships can be forged to enhance and encourage information sharing and this must be a two way process.

Caryn James-Bailey, Inspector

Metropolitan Police
Vice Chair APCDLO



Department of Health issues a reminder to PCTs on the role of CD Accountable Officers

Issue 188 of 'The Week', the weekly bulletin published by the Department of Health (DH) for NHS Chief Executives and their teams, included a reminder to all Chief Executives of the legal requirements for Controlled Drugs Accountable Officers (CD AO). www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/theweek/DH_125383

The bulletin included specific reference for the need to make appropriate resources available for the CD AO to discharge their legal functions and responsibilities.

The Controlled Drugs (Supervision of Management and Use) Regulations 2006 (www.legislation.gov.uk/2006/3148) make a

PCTs regulatory obligations clear. Part 2, in particular, relates to the role of the AO and regulation 7 states "A designated body must provide its Accountable Officer with the funds and other resources necessary to enable him to carry out his responsibilities as its Accountable Officer. Those other resources may include access to and use of information systems, accommodation and staff."

As the NHS enters its transitional period organisations should ensure they continue to meet these regulatory obligations.

The NPC Controlled Drugs Accountable Officer meetings — London



The third and fourth meetings of a series of four took place in London on the 30th March as part of the NPC's ongoing programme to support the safe and effective use of controlled drugs within England. Each was a half-day meeting for Accountable Officers and the staff that support them with the opportunity to network over lunch.

The majority of the presentations given at the meetings were similar to the meetings held in Leeds at the beginning of the year and a summary of these can be found in Issue 5 of AO News. These presentations included:

- An NPC update
- An update from the Care Quality Commission

- The disposal of unwanted controlled drugs
- Relationship between the CDAO and the CDLO
- A case study on the role of the CDAO in the independent sector
- An update from the Department of Health

Harriet Lewis, Head of Implementation and Project Support, gave an update on the Controlled Drugs Record Card review and the reports that have been published. Peter Scholten, GP and Associate Medical Director at NHS Cambridge, also gave a presentation on minimum prescribing standards.

The presentations from all four meetings are now available to download from the NPC website at www.npc.nhs.uk/events/

All contributions welcome. Please write to:

**National Prescribing Centre, Ground Floor, Building 2000, Vortex Court,
Enterprise Way, Wavertree Technology Park, Liverpool, L13 1FB**

Tel: 0151 295 8671, Fax: 0151 220 4334, or email feedback or suggestions to ian.pye@npc.nhs.uk

The National Prescribing Centre (NPC) is responsible for helping the NHS to optimise its use of medicines. NPC is part of the National Institute for Health and Clinical Excellence (NICE), an independent organisation providing national guidance on promoting good health and preventing and treating ill health.

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