



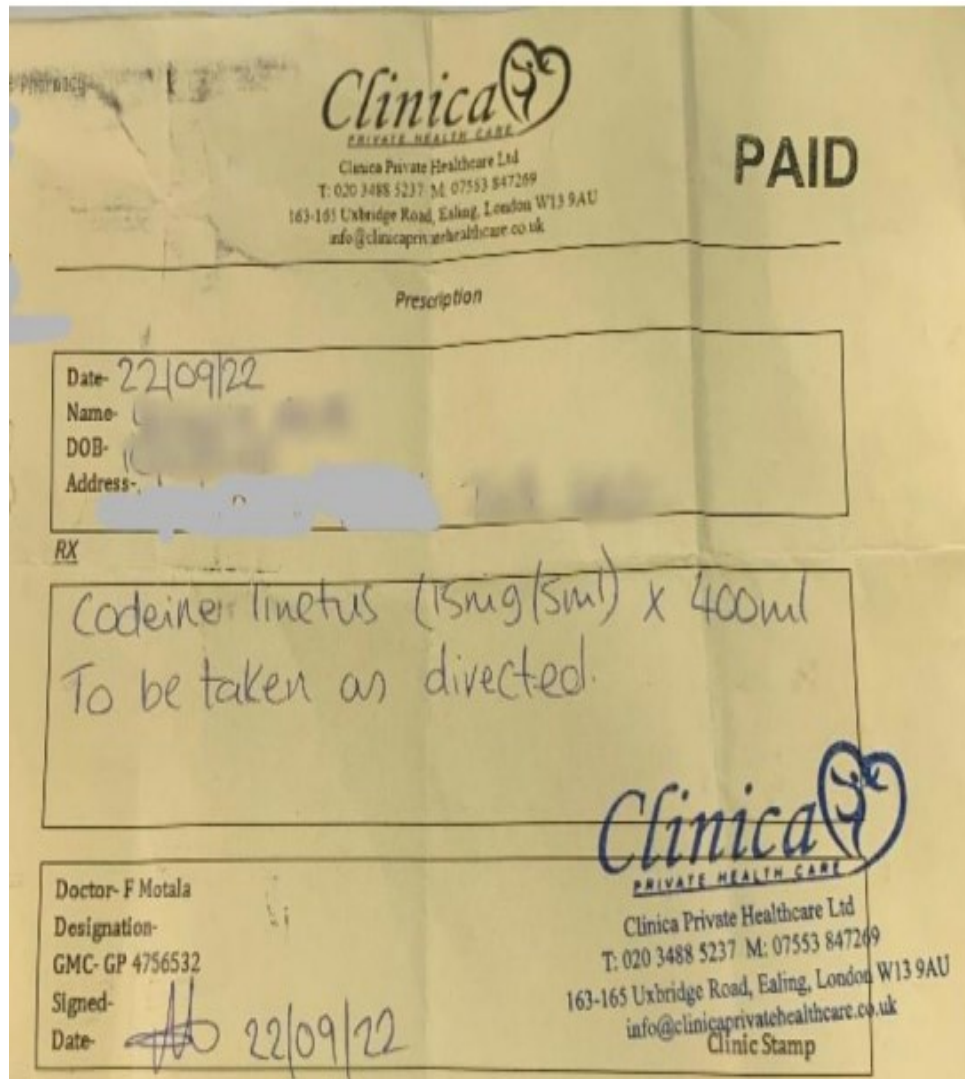
NHS England

# Controlled Drugs: Learning from incidents

*This bulletin contains local and national CD information for shared learning.*

## PRIVATE FRAUDULENT SCRIPTS

There has been numerous attempts some successful in presenting private Clinica scripts throughout our regions. A copy of one of the scripts is below, Not all of the presented prescriptions are for controlled drugs but they are still fraudulent. **DO NOT SUPPLY** if you are presented with a script like this (unless you can confirm it is authentic with the prescriber). **THEY ARE FRAUDULENT!**



As a team we are very aware of the impact that presented fraudulent prescriptions have on pharmacy businesses and the wellbeing of staff.

Therefore we have devised a guidance document to support your pharmacy on 'How to spot a forged/fraudulent script' which will enable your pharmacy to have the information and tools available to seek advice and support if this was to occur in your pharmacy.

The guidance will be shared separately alongside this Bulletin.



## Controlled Drugs: Learning from incidents

### The General Pharmaceutical Council—Duty of Candour

The GPhC have published two new resources; [Keeping patients safe – being open and honest](#) and [Pharmacy team toolkit – learning from incidents](#) to help pharmacy professionals understand the duty of candour. The resources highlight that the duty of candour is not an add-on – it's a fundamental part of pharmacy professional practice. These resources bring together relevant existing GPhC policy, standards, and previous statements on pharmacy professionals' professional obligations with respect to candour when things go wrong. [Read our news item.](#)

The responsibility to be open and honest applies even in difficult or challenging times and it's essential that professionals do the right thing for patients, their families and carers. Saying sorry meaningfully when things go wrong is vital for everyone involved.

Given the link with issues around liability and indemnity, the National Pharmacy Association and the Pharmacists' Defence Association – as leading providers of professional indemnity - have also contributed to the new resources and highlighted the importance of openness and transparency in this context.

[Keeping patients safe – being open and honest](#) looks at what our standards, guidance and a joint statement with other health professional regulators say about the duty of candour. It also considers the duty of candour in the context of fitness to practise investigations as well as how it is embedded through education and training.

[Pharmacy team toolkit – learning from incidents](#) includes real case studies and examples of notable practice about how pharmacy teams have learned from incidents, to improve patient safety outcomes and minimise the risk of these happening again. The slides in this toolkit can be used as prompts for individual reflection and learning and can be shared and discussed with pharmacy team colleagues in meetings.

#### [Methylphenidate long-acting \(modified-release\) preparations: caution if switching between products due to differences in formulations](#)

Prescribers and dispensers should use caution if switching patients between different long-acting formulations of methylphenidate (Concerta XL, Medikinet XL, Equasym XL, Ritalin LA, and generics) as different instructions for use and different release profiles may affect symptom management.

#### Good Recruitment

Some pharmacies unfortunately experience controlled drug diversion or thefts of drugs by the staff they employ.

As an employer are you carrying out all the appropriate checks necessary when hiring?

- Right to work in the U.K.
- DBS—criminal record check
- Reference checks
- Social media checks
- Regulatory checks when appropriate

If you need advice, or would like an article to be included in a future issue, please contact the relevant member of the Controlled Drug Team below, for your area:

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