



NHS England & NHS Improvement - Midlands Controlled Drugs Newsletter



This newsletter contains local and national CD information to support safe use and handling of controlled drugs

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Guidance on Switching Between Oral Morphine & Other Oral Opioids in Adult Palliative or Cancer Care Patients

The Specialist Pharmacy Service (SPS) have recently published updated advice for prescribers switching between morphine and alternative opioids, using a stepped process. Full details can be found on SPS website at [Switching between oral morphine and other oral opioids in adult palliative cancer care patients – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Prescribers can use the tool to obtain approx. dose equivalences of oral morphine to other oral opioids which can help prescribers calculate an estimated equivalent dose. Whenever possible, seek advice from a palliative care or pain specialist before switching opioids.



The advice on dosing equivalences only, applies to opioids prescribed for oral administration in adults for pain management in palliative cancer care settings. If your opioid conversion is outside this scope, seek advice from a palliative care or pain specialist, refer to national/local guidelines, or prescribers can contact your regional medicines information centre, based in Leicester; Midlands and East Medicines Advice Service, contact details Tel: 0300 770 8564 Email: MEMAS.enquiries1@nhs.net

Midlands Safe Management of CDs in GP Practices Training Event

The Midlands CD Team are running a live virtual training webinar via MS teams on: 8 December 2021, 1.00 - 2.30pm - *"Safe Management of CDs in GP Practices"*. This should be of interest to Midlands' PCN Pharmacists and Technicians, Nurses, GPs, Dispensary Leads and Practice Managers. Please register to attend:

<https://www.events.england.nhs.uk/events/safe-management-of-controlled-drugs-in-gp-practices>

Reminder of 30-Day Prescribing of CDs

The Department of Health and Social Care have issued strong recommendations that prescriptions for Schedule 2, 3 and 4 CDs are limited to the quantity necessary for up to 30 days' treatment. Exceptionally, where a prescriber believes that a prescription for a CD should be issued for a longer period, the prescriber may do so where there is a genuine clinical need, and it does not pose an unacceptable risk to patient safety. All decisions should be recorded on the patient's notes. Although pharmacists can dispense prescriptions ordering more than 30 days' supply of any Schedule 2, 3 and 4 CD, prescribers may be asked to justify their decision for prescribing CDs for an extended duration and should keep a record of their reasons.

NRLS has been Replaced—Now Known as LFPSE

LFPSE, the new national (Learn From Patient Safety Events) service is the successor to the National Reporting and Learning System (NRLS), a system for recording, sharing and learning from patient safety events. Roll out of the new system will continue throughout 2022. **The NRLS e-forms for general practice are no longer in use.**

Remember to record any events where:

- A patient was harmed, or could have been harmed
- There has been a poor outcome but it is not yet clear whether an incident contributed or not
- Risks to patient safety in the future have been identified
- Good care has been delivered that could be learned from, to improve patient safety

With immediate effect, all patient safety incidents need to be reported using the LFPSE service. [Read more about the LFPSE service here](#)



Morphine Oral Solution 10mg/5ml: Misuse / Diversion

Accidental overdose with liquid morphine 10mg/5ml continues to be reported nationally. Since 2013, 13 deaths have directly been attributed to overdose of Oramorph/Oral Morphine Sulphate solution. This drug is useful for breakthrough pain; but long term use can cause problems. Patients have drunk unmeasured doses from the bottle, leading to accidental overdose.

Morphine 10mg/5ml is a Schedule 5 CD, it doesn't have the same restrictions as Sch.2 & Sch.3 CDs but does have the risk of diversion/misuse. Locally we are aware of patients on high volumes, with increased frequency of repeat prescriptions.

Prescribers should consider conversion to solid dose formulations.

A small quantity of immediate release morphine tablets for breakthrough pain may be safer for occasional pain episodes.

Prescribers are advised to review their liquid morphine prescribing for each patient, to check that the morphine has not been incorrectly added to their repeat list. They should also check the daily amount of morphine taken, based on the prescribed amount, and intervals between scripts, and check the guidance contained in the BNF and NICE guideline 46, "Controlled Drugs, Safe Use and Management" to ensure clear dosing instructions are in place on the medicine label, such as the individual unit dose and maximum total daily dose.

Oramorph/Morphine Oral solution can be misused or diverted. A broken bottle, or medication left on holiday, and other requests for replacements, can sometimes be reasons given to get additional supply. Any suspicious prescription requests should be investigated and concerns reported to the CDAO on-line via www.cdreporting.co.uk



Potent Synthetic Opioids Alert

In August, Public Health England issued a Patient Safety Alert regarding a recent increase in cases of opioid overdose and deaths in some parts of the country. Details on the alert can be accessed on the [MHRA Central Alerting System](#).



PSNC Dispensing Controlled Drugs Webinar

Available to [view online](#), the above webinar covers the following areas:

- Differences between CD Schedules
- Prescribing rights for CDs
- CD prescription requirements and appropriate date
- Types of CD prescriptions (including EPS)
- Private CD prescriptions and requisitions
- Instalment dispensing
- Endorsing & submission of CD prescriptions
- Common endorsing errors
- Payments for CD prescriptions
- Brand prescribing of CDs

National Overprescribing Review Report

The outcomes of the [national overprescribing review](#) led by Dr Keith Ridge, England's Chief Pharmaceutical Officer, was published on 22 September 2021 by the DHSC. The review looked at reducing inappropriate prescribing, focussing on the role of digital technologies, research, culture change, social prescribing, repeat prescribing, and transfer of care. The aim is to reduce overprescribing, to make patient care better and safer.

On-Line Prescribing Services

Pharmacies who agree to supply medication against prescriptions from online prescribing services should ensure appropriate checks are completed to enable safe dispensing. This is particularly important for those medicines which have the potential to be abused, misused or overused and can cause serious harm, for example Sch. 4 or 5 CDs, opioid painkillers, benzodiazepines and Z drugs. To ensure that patients are kept safe, pharmacies should have robust governance arrangements in place which will safeguard patients and that the pharmacy's indemnity insurer is aware. The GPhC [Guidance for registered pharmacies providing pharmacy services at a distance](#) is a useful reference to reflect on. Further resources are available to support what is expected when supplying medicines online, including an article in [Regulate](#) and examples of best practice in distance selling pharmacies on the GPhC [Knowledge Hub](#). For further support please contact your local CD team who can link you to your GPhC Inspector.