

Controlled Drug Resource Pack for GP practices

Version 7.1, December 2020





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# Introduction

This educational and resource pack brings together helpful resources that primary care teams can use within their practice. It aims to support the appropriate use and review of controlled drug prescribing in Surrey Heartlands.

Please note that our local guidance document “[The Pharmacological Management of Persistent Non-Malignant Pain in Adults”](https://surreyccg.res-systems.net/PAD/Guidelines/Detail/6095) is on PAD and contains additional resources.

# Acknowledgements

This pack draws on work from a number Clinical Commissioning Groups and Health Boards.

The authors of this document give thanks to:

[***AWMSG Material to support appropriate prescribing of hypnotics and anxiolytics across Wales***](https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/material-to-support-appropriate-prescribing-of-hypnotics-and-anxiolytics-across-wales/) December 2016

[***Greater Manchester Medicines Management Group (GMMMG)***](http://gmmmg.nhs.uk/)***,*** *Opioid Prescribing for Chronic Pain: Resource Pack, August 2018*

[***NHS Scotland Chronic pain prescribing strategy resources***](https://www.therapeutics.scot.nhs.uk/pain/)*. December 2018*

[***Cambridgeshire and Peterborough CCG***](https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/prescribing-information/controlled-drugs/)***,*** *Controlled drugs prescribing information*

***West Suffolk CCG,*** *Opiate tapering resource pack, March 2018*

[***PresQIPP,***](https://prescqipp.info/)*Information about stopping your opioid medication, Feb 2019*

[***Deprescribing.org***](https://deprescribing.org/)***,*** *Benzodiazepine deprescribing algorithm, Feb 2019*

[***NICE CKS***](https://cks.nice.org.uk/benzodiazepine-and-z-drug-withdrawal#!topicSummary)***,*** *How to manage a patient who wants to stop taking benzodiazepines or z-drugs*

***Oxford University Hospitals –*** *Opioid Calculator*

# CD Safer Prescribing Audit

Surrey Heartlands prescribing audit 20/21 is to audit safety and best practice prescribing process for controlled drugs.

**Overall Aim**:

* To review the practice prescribing processes for Controlled Drugs (CDs) to minimise risk of harm (dependency, misuse or diversion)

**Scope:**

* Includes all schedule 2, 3, 4 (part1) and some schedule 5 CDs
* Excludes palliative care patients, and injectable preparations
* Drugs for ADHD included within part A only

**Objectives:**

* To identify adherence to recommended prescribing guidelines for CDs with respect to duration and frequency of prescribing
* To determine levels of co-prescribing of CDs in individual patient’s
* To assess adherence to best practice recommendations when initiating a CD
* To compare practice processes and policy for prescribing CDs to recommended best practice

# General information about CDs

## 4.1 Summary of CD schedules factsheet (Cambridgeshire and Peterborough CCG)

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=11893&type=0&servicetype=1>

## 4.2 Useful information about CDs

[Cambridge and Peterborough CCG Controlled Drugs information and resources](https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/prescribing-information/controlled-drugs/) include factsheets on:

|  |  |
| --- | --- |
| * Private prescribing, * CDs for the doctors bag * CD storage * Record keeping * Running balance * Dealing with discrepancies | * Patient returns * Travelling with CDs * Raising concerns * Dispensing CDs * Standard Operating Procedures |

CQC advice for GP practices on Controlled Drugs <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-28-management-controlled-drugs>

CQC controlled drugs governance self-assessment toolkit for primary care organisations <https://www.cqc.org.uk/sites/default/files/20190114_controlleddrugs_selfassessment-primary.xlsx>

## 4.3 How to report a CD incident

Use CD incident reporting portal: [www.cdreporting.co.uk](http://www.cdreporting.co.uk/)

Contacts for NHS England South East Controlled Drugs Team:

**Julie Mccan**

Controlled Drug Accountable Officer

[Julie.mccann3@nhs.net](mailto:Julie.mccann3@nhs.net)

07900 715189

**Charlotte Vinter**

Controlled Drugs Manager

[c.vinter@nhs.net](mailto:c.vinter@nhs.net)

**Carole Boarer**

Controlled Drugs Manager

[cboarer@nhs.net](mailto:cboarer@nhs.net)

# Available support services

## 5.1 High Dose Pain Clinic (EStH)

Patients meeting the referral criteria below may be referred to the pain service at Epsom & St Helier Hospital.

All patients willing to engage will be given the Brief Pain Inventory (BPI) short form and Continued Opioid Misuse Measurement (COMM) forms to complete and bring to their first and last appointment.

The first appointment will be with a pain consultant - setting out expectations, diagnostics and plan. Subsequent appointments will be with the lead pain nurse (with consultant support) on a monthly basis with instructions to the GP about support and 2 weekly prescriptions tapering opioid doses down. A help line number will be provided to patients.

Nurse led pain clinics are held at St Helier on Wednesday mornings.

**Prescriptions will be done by the GP according to the plan set out in clinic.**

When the patient is ready and if necessary pain psychology support will be sought by referral to COPE.

**Referral Criteria**

* Patients 16 years or older with non-cancer chronic pain on high doses of opioids
* Greater than 100 mg equivalent of oral Morphine per day.

(Calculate equivalents for all opioids being taken, guide to equivalents overleaf)

* **Patients need to be willing to engage**
* Patients need to be psychologically stable **not** undergoing addiction management

Avoid referral of patients if they have active cancer, or take recreational drugs (e.g. cannabis, stimulants etc.), are in detox programmes or those with unstable mental health.

## 5.2 IAPT / Talking Therapies

CBT for insomnia (CBTi) is offered by some locally commissioned IAPT services. Information on on how to access IAPT services, including CBT for anxiety / insomnia is here: [Local mental health services - Healthy Surrey](https://www.healthysurrey.org.uk/mental-wellbeing/adults/local-services)

## 5.3 Sleepstation for patients with insomnia

Sleepstation is a drug-free and clinically validated sleep improvement programme delivering cognitive behaviour therapy for insomnia. Delivered entirely online and carefully tailored to each individual, Sleepstation helps people identify the underlying causes of their sleep problem and provides the support and guidance needed to improve sleep. Clinically proven to combat even the most severe insomnia, the personalised support is what makes Sleepstation so effective. A team of coaches and sleep experts support and guide patients on a journey to better sleep. Further information available from <https://www.sleepstation.org.uk/>

The Sleepstation service is available across England, under contract from NHS England, for patients presenting with primary sleep problems where a referral to Sleepstation is an alternative to referring to a sleep clinic. GPs can refer patients via the NHS England national contracting arrangement by completing the attached form.

Please note – Sleepstation cannot accept referrals for patients who:

* + Are under 18 years old
  + Are currently engaged with another CBT programme
  + Are currently under the care of a psychiatrist
  + Have epilepsy, mania, schizoaffective disorder, schizophrenia or personality disorder
  + Have a history of psychosis/psychotic episodes, seizures, PTSD, severe migraine or head injury
  + Have very severe untreated generalised anxiety (this should be addressed first)
  + Have been diagnosed with a circadian rhythm disorder
  + Work variable shifts, shifting between day and night shift regularly
  + Do not have regular access to the internet

Completed forms should be emailed to: [tnu-tr.sleepstation@nhs.net](mailto:tnu-tr.sleepstation@nhs.net) via secure NHS email and the application will be processed within 48 hours. The patient will then be contacted to set up an account.



## 5.4 Insomnia clinic (RSCH)

Royal Surrey Insomnia Service for Adults over 18 years <https://www.royalsurrey.nhs.uk/-insomnia-clinic>

The service does not have any prescribers, so they are unable to help with reducing doses’, however they can support with other strategies to help insomnia, requires GP referral.

# Examples of practice policies - general

## 6.1 CD prescribing policy (Cambridgeshire and Peterborough CCG)



# Opioids – examples of practice policies

## 7.1 New patients to practice on Opioids (adapted from GMMMG)



## 7.2 Issuing Opioid Prescriptions (GMMMG)



## 7.3 Practice Procedure for Patients where dependence on, or diversion of, Controlled Drugs has been identified (GMMMG)



## 7.4 Preparation for Dose Reduction (GMMMG)



## 7.5 Patient agreement form (Surrey PAD)



# Hypnotics - examples of practice policies

## 8.1 Sample of a GP practice prescribing policy for benzodiazepines and “Z” drugs (Welsh Medicines Partnership)



## 8.2 Example of practice policy- An example of GP practice guidelines for initiating hypnotics and anxiolytics (Welsh medicines partnership)

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# Prescribing support tools – Opioids

**Note**: Dose conversion ratios are approximate as there is a lack of definitive trial data to demonstrate dose- equivalence. They are intended as a guide and may be subject to individual variation. Prescribers should use with caution, particularly in the elderly, if there are significant co-morbidities or polypharmacy.

## 9.1 Opioid dose conversion – Opioids Aware



## 9.2 Oxford University Hospitals Opioid calculator

This calculator has been devised to calculate the equivalent Morphine equivalent dose per day in mg. The conversion doses are approximate and assume long term use. *Note this calculator uses old Opioid Aware conversion table, not updated 2020 table*.



## 9.3 Suggested opiate dose conversion ratios (SIGN)

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## 9.4 Medicines Q&As on the limitations of using dose conversion ratios (UKMI)



## 9.5 Checklist for opioid prescribing in persistent non-malignant pain in adults (Surrey PAD)



## 9.6 Definitions of Degrees of Renal Impairment including doses of Morphine (Surrey PAD)



## 9.7 Process for trial of strong opioid (Surrey PAD)

This process should be followed for all patients prescribed a strong opioid e.g. morphine and oxycodone. Consider also for patients prescribed weaker opioids e.g. codeine, buprenorphine (low dose) and tramadol.



## 9.8 Tapering and stopping opiates



## 9.9 Opiate tapering Resource Pack (West Suffolk CCG)

This resource pack is designed to provide simple structured guidance and resources related to opioid tapering in adults with chronic non-cancer pain. It also contains a protocol for informed evaluation of long term opiate prescribing in primary care and a patient letter to invite patients for review of their opiate prescribing.

<http://livewellwithpain.co.uk/wp-content/uploads/2828-NHS-WSCCG-Opioid-Tapering-Resource-Pack-3.pdf>

## 9.10 Opioid Risk Tool:

The Opioid Risk Tool (ORT) (from [www.drugabuse.gov](http://www.drugabuse.gov)) is a brief, self-report screening tool designed for use with adult patients in primary care settings to assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain. Patients categorized as high-risk are at increased likelihood of future abusive drug-related behaviour. The ORT can be administered and scored in less than 1 minute and has been validated in both male and female patients, but not in non-pain populations.



# Prescribing support tools - Gabapentinoids

## 10.1 Gabapentinoid reducing sheet (NHS Scotland)

Suggested gabapentin and pregabalin reducing regimens.

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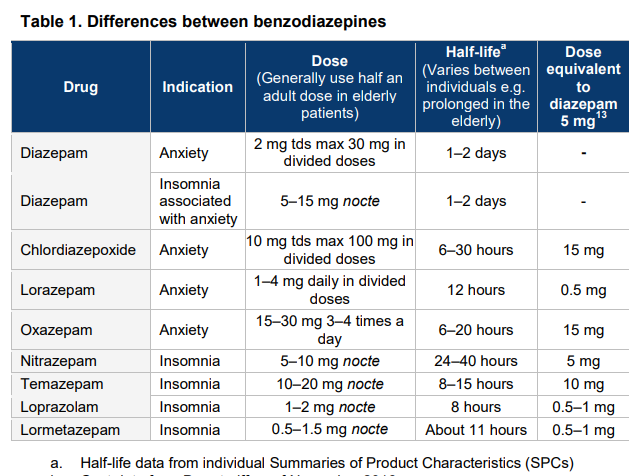
## **10.2 Gabapentinoid Quick Reference Guide (NHS Scotland**)

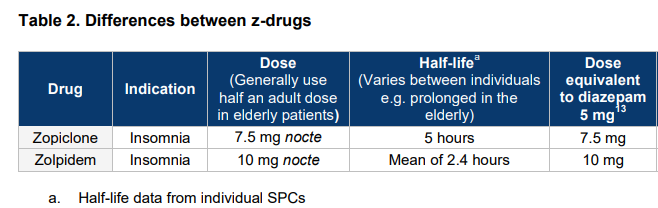
This document contains information on evidence, side effects and risks, choice of therapy, choosing the correct dosage, high risk patients, reducing regimens and further resources.



# Prescribing support tools - BDZs/hypnotics

## 11.1 Difference between Benzos and Hypnotics (Welsh Medicines Partnership)





## 11.2 Benzodiazepine deprescribing algorithm (Deprescribing.org)

<https://deprescribing.org/wp-content/uploads/2019/03/deprescribing_algorithms2019_BZRA_vf-locked.pdf>

## 11.3 How to manage a patient who wants to stop taking benzodiazepines or z-drugs (CKS)

Guidance from NICE CKS on approaches for withdrawal of benzodiazepines or z-drugs



## 11.4 Problems associated with the long-term use of benzodiazepines (Welsh Medicines Partnership)

The long-term use of benzodiazepines is associated with a number of adverse effects and other complications. This document contains information on adverse effects, complications relating to long term use and signs of dependence.



# Patient resources – Pain (letters to patients)

## 12.1 Drug holiday (GMMMG)



## 12.2 Inviting patient for review (GMMMG)



## 12.3 Letter for new patients on Opioids for review (adapted from GMMMG)



# Patient resources – Pain (other resources)

## 13.1 Surrey Heartlands leaflet Opioids – How to reduce or discontinue patient information leaflet (adapted from NHS Fife)



## 13.2 Information about stopping Opioid Medication (PresQIPP)

This document is for you to adapt for your patient(s). Please ensure that you customise the information so that it is appropriate – see notes in document. Note once you have made amendments check that important information isn’t split across two pages. This section should be deleted prior to giving to the patient.



## 13.3 Safeguarding Users of Opioid Patches by Standardising Patient/Caregiver Counselling (AWMSG)



## 13.4 Surrey Heartlands leaflet - Reducing Gabapentinoids- Patient information leaflet (adapted from NHS Fife)



## 13.5 Pain diary (adapted from GMMMG)



## 13.6 Pain and self-care cycles (Live well with Pain)

<https://livewellwithpain.co.uk/resources/resources-for-patients/>

# Patient resources – Anxiety

## 14.1 Surrey Heartlands leaflet - Coming off benzodiazepines and z- drugs, patient information leaflet (Adapted from NHS Cambridgeshire and Peterborough CCG)



## 14.2 Anxiety diary (adapted from Welsh Medicines Partnership)



## 14.3 Relaxation guide (Welsh Medicines Partnership)



# Patient resources – Insomnia (letters to patients)

## 15.1 Benzo/Hypnotic clinic review (Welsh Medicines Partnership)



## 15.2 Example of a letter to be given to patients who are identified as needing to stop taking their hypnotics (Canadian Deprescribing network)



## 15.3 Example of a letter to be given to patients newly prescribed a hypnotic or anxiolytic (Welsh Medicines Partnership)

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# Patient resources – Insomnia (other resources)

## Patient information on insomnia (NHS)



## 16.2 Surrey Heartlands leaflet - Sleeping tablets (adapted from Welsh Medicines Partnership)



## 16.3 Sleep diary (adapted from Welsh Medicines Partnership)

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## 16.4 The good sleep guide (Welsh Medicines Partnership)



## 16.5 New Drug Driving Rules leaflet (Department for Transport)

<https://extranet.dft.gov.uk/think-downloads/wp-content/uploads/sites/29/2015/01/150213-10349-DfT-New-Drug-Driving-Rules-A5-Leaflet_DIGITAL-Amended.pdf>

# GP education resources

**Opioids aware:**

Developed by The Faculty of Pain Medicine of the Royal College of Anaesthetists  [to support the safe and rational use of opioid medicines](http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware). The decision to prescribe is underpinned by applying best professional practice; understanding the condition, the patient and their context and understanding the clinical use of the drug.

**MHRA educational modules for safer prescribing**

The MHRA has developed educational modules for medical, nursing and pharmaceutical professions – opioids and benzodiazepines.

The Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom has approved this learning module for CPD credits.

* Benzodiazepines – 2.5 CPD credits
* Opioids – 2 CPD credits

They can be accessed here: <https://www.gov.uk/government/publications/e-learning-modules-medicines-and-medical-devices/e-learning-modules-medicines-and-medical-devices>.

**Kernow CCG information for clinicians**:

<https://www.eclipsesolutions.org/Cornwall/info.aspx?bnfotherid=7>

**INFORMATION FOR CLINICIANS - VIDEO PRESENTATIONS**

[**VIDEO - Most recent update March 19 here**](https://youtu.be/PQkYLt9jW6o)(6 mins) Cornwall's prescribing update, how last year's videos performed and introducing our NEW video...

[**VIDEO -  “If I don’t prescribe.... what do I do?”**](https://www.youtube.com/watch?v=iGeUg-Yd8Hs&t=58s)This video takes you from meeting a pain sufferer through to making a coherent plan in 3 consultations; bosh. You’ll need the [**HNA questionnaire and the pain cycle paperwork**](https://www.eclipsesolutions.org/UploadedFiles/363_Consultation%202%20bumpf.docx) in consultation 2 (18mins) March 19

[**VIDEO – Deprescribing opioids - when, why and how**](https://www.youtube.com/watch?v=M_fytqFrl5U&t=5s) - practice based and consultation strategies (30mins) March 18

[**VIDEO – The opioid trial - when, why and how**](https://www.youtube.com/watch?v=OrNo4LySvLw&t=38s) – when to try opioids SAFELY (30mins) March 18

**July 2017**[**VIDEO – Cornwall’s opioid strategy – the demedicalisation of chronic pain**](https://www.youtube.com/watch?v=7S_3Pw5V1rg&t=35s)– an overview of the opioid climate, our strategy in Cornwall and where you, the clinicians, fit into the program (15 mins)

**Prescribing drugs of dependence in general practice - RACGP** (2020)

[Royal Australian College of GPs clinical guidelines on prescribing drugs of dependence](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/drugs-of-dependence), very useful range of resources including guidance on prescribing, practice support documents and checklists.