Department of Health & Social Care

NHS

Supply Disruption Alert

SDA/2020/003 Issued: 26 February 2020

Diamorphine Hydrochloride powder for reconstitution and injection 5mg & 10mg ampoules – Supply Disruption Alert

Summary

- There are two suppliers of diamorphine hydrochloride 5mg and 10mg in the UK, Wockhardt and Accord.
- Accord are out of stock of both 5mg and 10mg strengths, with a re-supply date of Summer 2020.
- Wockhardt are expecting to be out of stock of 5mg vials from week commencing (w/c) 2nd March and 10mg vials from w/c 16th March until w/c 6th April 2020.
- Diamorphine hydrochloride 30mg ,100mg, 500mg are available but manufacturers are unable to support an increase in demand on these strengths.
- Morphine sulfate solution for injection 10mg/ml has been identified by clinical experts as the most likely first-line alternative.
- Morphine and diamorphine are not equipotent, and care should be taken when switching patients or amending guidelines, the UKMi memo (link in problem/background section below) gives further information.
- Sufficient supplies of morphine sulfate 10mg/ml injection are available from Ethypharm and Hameln to support this supply disruption. The Hameln presentation is preservative free.

Action

PRIMARY CARE

All healthcare professionals in primary care who prescribe, dispense or administer diamorphine hydrochloride injection 5mg and 10mg should:

- identify a local lead within their organisation to manage the delivery of actions as advised in this document where possible;
- review and update guidelines and protocols, moving to morphine sulphate injection as opioid of choice, where clinically appropriate, in place of diamorphine 5mg and 10mg for the duration of this supply disruption;
- identify and deliver required education and training to General Practice and community nursing teams to support the switch over to morphine;
- ensure no new patients are started on diamorphine hydrochloride 5mg or 10mg injection;
- review patients currently receiving diamorphine 5mg or 10mg injection and manage the switch to an alternative opioid;
- not switch patients to higher strengths of diamorphine injection as there is insufficient stock to support increased use;
- consider morphine 10mg/ml injection as the first line opioid, supplies of other alternative opioid agents are limited and should be prescribed for patients where morphine is not clinically appropriate while stocks remain; and
- place orders for morphine sulfate 10mg/1ml solution for injection ampoules (Ethypharm (Martindale) and Hameln) from major wholesalers.

SECONDARY CARE

All healthcare professionals in secondary care, including hospices, who prescribe, dispense or administer diamorphine should work with their local Medication Safety Officer (MSO) to:

- identify a local lead within their organisation to manage the delivery of actions as advised in this document and appropriate cascade of information to clinical areas and teams impacted;
- review and update guidelines and protocols, moving to morphine sulphate 10mg/1ml injection as opioid of choice in place of diamorphine 5mg and 10mg for the duration of this supply disruption, clearly identifying groups of patients or indications for whom any available diamorphine should be reserved;
- identify and deliver required education and training to clinical teams to support the move over to morphine;
- ensure no new patients are started on diamorphine hydrochloride 5mg or 10mg injection;
- manage the switch over to morphine for patients currently on diamorphine where this is deemed safe and clinically appropriate;
- centralise all diamorphine at the Trust or Health Board pharmacy and reserve remaining stock for use in patients who cannot be treated with alternatives;
- only order diamorphine hydrochloride 5mg and 10mg injection to meet individual patient demand once local stock holding has been used, while stocks remain;
- not change prescribing practice to alternative opioids, other than morphine 10mg/1ml, unless the regional pharmacy procurement specialist has confirmed sufficient stock is available to support an uplift; and
- order morphine sulfate 10mg/1ml solution for injection ampoules from major wholesalers for Ethypharm (Martindale) and direct for Hameln product.

Deadlines for actions

Actions initiated:	on receipt of this alert
Actions completed:	5 March 2020

Product details

Diamorphine hydrochloride powder for reconstitution and injection 5mg and 10mg ampoules (Wockhardt and Accord).

Problem / background

Diamorphine is used extensively in secondary care mainly for the treatment of severe pain in obstetrics, surgery and in palliative care. The use in primary care is mainly for palliative care patients. There is some use of diamorphine for substance misuses related indications, but this is generally at much higher doses and therefore it is unlikely that a shortage of the 5mg and 10mg vials will have an impact on these patients.

The UK has been experiencing intermittent supply issues of diamorphine 5mg and 10mg injection since May 2018. To date these issues have largely been managed by secondary care allocations which has allowed primary care to continue to purchase at usual forecasted demand. However, in addition to the Accord out of stock position, Wockhardt has experienced an unexpected delay in delivery of the active pharmaceutical ingredient, which means that the UK will go out of stock of both strengths in March 2020. This supply issue will impact both primary and secondary care.

Morphine sulphate is deemed to be an appropriate alternative to diamorphine hydrochloride for most patients. A clinical guidance document has been developed by UKMi to support local management plans https://www.sps.nhs.uk/articles/shortage-of-diamorphine-5-and-10mg/.

NHS England and Improvement and the Department of Health and Social Care will continue to work closely with manufacturers of diamorphine and morphine and clinical experts, over the coming weeks, to assess the mid to long-term supply picture of the two agents and how this may impact clinical practice.

Distribution

Trusts (NHS boards in Scotland and Wales)

CAS and SABS (NI) liaison officers for onward distribution to all relevant staff including:

- A&E consultants
- A&E departments
- A&E directors
- A&E nurses
- Adult intensive care units
- Anaesthesia, directors of
- Anaesthetic medical staff
- Anaesthetic nursing staff
- Anaesthetists
- Cardiologists
- Cardiology departments
- Cardiology nurses
- Cardiology, directors of
- Cardiothoracic departments
- Cardiothoracic surgeons
- Cardiothoracic surgery directors
- Chief pharmacists
- Clinical governance leads
- Clinical Procurement Specialists
- District nurses
- Hospital at home units
- Hospital pharmacies
- Hospital pharmacists
- Immunologists
- Intensive care medical staff/paediatrics
- Intensive care nursing staff (adult)
- Intensive care nursing staff (paediatric)
- Intensive care units
- Intensive care, directors of
- IV nurse specialists
- Intensive care, directors of
- Obstetricians
- Obstetrics and gynaecology departments
- Obstetrics and gynaecology directors
- Obstetrics departments
- Obstetrics nurses
- Paediatric intensive care units
- Paediatric medicine, directors of
- Palliative care teams
- Pharmaceutical advisors
- Pharmacists
- Purchasing managers
- Theatre managers
- Theatre nurses

NHS England Regional Offices

CAS liaison officers for onward distribution to all relevant staff including:

- Community pharmacists

General Practice

For onward distribution to all relevant staff including:

- General practitioners
- General practice managers
- General practice nurses

Independent distribution

Establishments registered with the Care Quality Commission (CQC) (England only

- Care homes providing nursing care (adults)
- Clinics
- Domiciliary care providers
- Hospices
- Hospitals in the independent sector
- Independent treatment centres
- Nursing agencies
- Private medical practitioners

Enquiries

England

Enquiries from NHS Trusts in England should in the first instance be directed to you trust pharmacy team who will escalate issues to the Regional Pharmacy Procurement Specialist and national teams if required.

REGION	Full Name	Email
East Midlands	Andi Swain	andi.swain@nhs.net
East of England	James Kent	james.kent@southend.nhs.uk
London	Jackie Eastwood	jacqueline.eastwood@lpp.nhs.uk
North East	David Cook	David.Cook@nth.nhs.uk
North West	Glenn Harley	Glenn.Harley@liverpoolft.nhs.uk
South Central	Alison Ashman	Alison.Ashman@berkshire.nhs.uk
South East Coast	Richard Bateman	richard.bateman2@nhs.net
South West	Danny Palmer	Danny.Palmer@UHBristol.nhs.uk
West Midlands	Sumara Parvez	Sumara.parvez@swft.nhs.uk
Yorkshire & Humber	David Allwood	davidallwood@nhs.net

Scotland
NSS.NHSSMedicineShortages@nhs.net

Wales
MedicinesShortages@gov.wales

Northern Ireland
Noel.dunn@northerntrust.hscni.net

All other organisations should send enquiries about this notice to the DHSC Supply Resilience Team, quoting reference number **SDA/2020/003**

Email: supplyresiliencemd@dhsc.gov.uk