

OPIOID DE-PRESCRIBING IN PRIMARY CARE

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CHRONIC PAIN CONSULTATION

- Building rapport / relationship
- What's their story?
- Understanding the impact of condition - QOL
- Pain scores (SIQR) / evaluation of medication
- Pharmacological - Highlighting harms of chronic opioids / evidence
- Mood / Sleep / Pain
- Non-Pharmacological
- Patient expectations – goals?
- Language
- Acceptance

DE-PRESCRIBING

- 10% reduction (Oxford Pain Management Centre – [Guidance for opioid reduction in primary care \(ouh.nhs.uk\)](https://www.ouh.nhs.uk/primary-care/pain-management/guidance-for-opioid-reduction-in-primary-care))

[For GPs: opioids and chronic pain - Oxford University Hospitals \(ouh.nhs.uk\)](https://www.ouh.nhs.uk/primary-care/pain-management/for-gps-opioids-and-chronic-pain)

- Identify pain levels at their lowest – start reducing
- Patient choice – When? Which formulation?
- Be honest – talk through potential withdrawal s/e
- Driving
- Review date
- SafetyNet
- High Risk Patients: Remove opioids from repeat

RESOURCES



The Great OPIOID SIDE EFFECT Lottery

Opioids ('strong painkillers') can be really useful for a short time – after an injury or surgery. But longer term they aren't much help. They only reduce pain for about 10 percent of people in the long term.

So out of every 100 people, 90 get no benefit long term. And they'll still get the side effects.

If you're taking opioids, the chances are you'll be experiencing at least some of the side effects listed here. Tick the ones that affect you, and you may decide it's time to review your medicines with your clinician.

(Remember – never come off your medicines suddenly as this may cause other problems).

<input type="checkbox"/> Feeling dizzy, sickness	17 to 35 in every 100 people
<input type="checkbox"/> Sweating	35 in every 100 people
<input type="checkbox"/> Confused, sleepy	14 to 29 in every 100 people
<input type="checkbox"/> Constipation	20 to 40 in every 100 people
<input type="checkbox"/> Risk of falls and fractures	
<input type="checkbox"/> Weight gain	29 in every 100 people

<input type="checkbox"/> Dry mouth	50 in every 100 people
<input type="checkbox"/> Reduced sex drive, erectile dysfunction, infertility	25 in every 100 people
<input type="checkbox"/> Unable to pass urine	4 in every 100 people
<input type="checkbox"/> Immune system affected	
<input type="checkbox"/> Increased levels of pain	
<input type="checkbox"/> Sleep problems	26 in every 100 people
<input type="checkbox"/> Forget things / memory loss	24 in every 100 people
<input type="checkbox"/> Euphoria (feeling high)	
<input type="checkbox"/> Mood changes	
<input type="checkbox"/> Emotionally numb	

Other consequences
Tolerance – your body gets used to it, so the same dose is less effective than it used to be
Dependence – withdrawal symptoms if stopping suddenly or without clinical support
Addiction – psychological dependence and behaviour patterns develop
Misuse – not using them in a responsible way

my Live Well with pain

Produced by my.livewellwithpain.co.uk in association with North Tyndale CCG (all figures are approximate) V32 09/19 © My Live Well with Pain 2019



Engage | Educate | Empower

OPIOIDS



More info on Opioids

- [OPIOID MEDICINES AND THE RISK OF ADDICTION \(MHRA\)](#)
- [The Great Opioid Side-Effect Lottery](#)
- [Ten Opioid Safety Messages](#)
- [Taking Opioids for Pain](#)
- [Opioids and Driving](#)
- [Opioid Tapering- Information for Patients \(livewellwithpain.co.uk\)](#)

Live Well with pain

My pain concerns form

What is the 'My pain concerns form'?

Pain can bring with it a number of concerns and worries. The 'My pain concerns form' gives details of a number of common concerns that people with pain have. The concerns may be to do with:

- not knowing what is going on
- things in your life that have changed
- the way you are feeling; and
- the medication you have been prescribed.

Or you may have other concerns that do not fall into these categories.



Why have I been given this form?

You have been given this form to help you and your health-care professional talk about the concerns you have about your pain. It will help you both focus on the things that are most important to you to make sure these are covered during your appointment time.

Talking through the concerns and possible solutions should help you start to reduce the effect that pain is having on your everyday life.



IIF / QIP (QOF)

- SMR-01C: Percentage of patients using potentially addictive medicines who received a Structured Medication Review
- DFM QIP: 37 Points £7679

SUPPORT

- 120 is plenty
- Practice MDT meetings – discuss high opioid users
- Lead & share knowledge – “Change the prescribing culture”
- Consider running a local support group
- Tai Chi Sessions (Muscle strengthening activity)
- Easily accessible resources (Surgery based)

CASE STUDY 1 (AB)

- Female patient, 56yrs, referred by GP
- Chronic back pain (T2DM, Breast Cancer)
- November 2019 – OUH “Reducing & Stopping Opioid Leaflet”
- Driving (Lessons learnt!)
- MED = 200mg (Shortec / Longtec)
- 5mg oxycodone reduction – (liquid formulation)
- May 2022 – “Opioid Free”

CASE STUDY 2 (EN)

- Female, 25yrs
- Endometriosis, Chronic Interstitial Cystitis
- Dec 2019 – Pain Clinic - Switch from Zomorph to Oxycodone
- Longtec 15mg bd, Shortec 5mg x 6 / day

January 2019: MED = 120mg

- Mood change
- Driving the change
- Oxycodone reduction

May 2022: MED = 40mg

September 2022: MED = 20mg

CASE STUDY 3 (CG)

- Female, 43yrs
- Hx of anxiety, depression, migraine, FBM
- June 2019 – FBM review MED = 280mg
- Referred by team member (March 22)
- Addicted – 200mg Longtec, Shortec 10mg (20 max per day)

March 22: MED = 700-800mg

- Reduction Plan
- Dossett Box organised

1) Shortec

2) Longtec

September 22 = MED 480mg

QI CYCLE

STEP 1: DIAGNOSE

Identified escalating opioids a concern, requests of opioids increasing at practice level

Individual Practice MDT meetings: Identified high dose opioid users

GP's: Strict appt slots, clinical pharmacists better placed; able to offer consistency / support patient throughout their journey

PCN Meeting (May 22) -Opioid Concerns

Understand the numbers

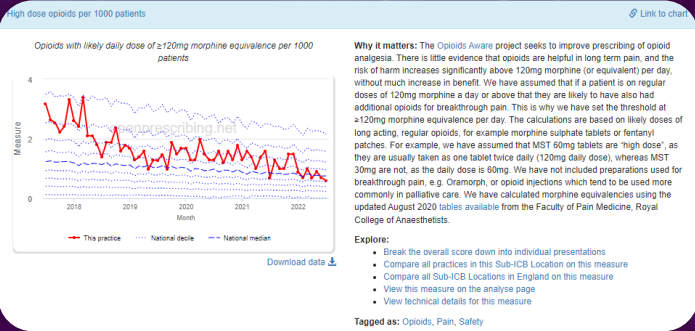
Data: Open Prescribing / ePACT2

Patient education?

Risk awareness?

Medication Reviews / SMR

Prioritise high opioid users: SMR & de-prescribing to safer levels



QI CYCLE STEP 2: PLAN AND TEST

Complete opioid medication reviews (SMR's) for multiple opioid medications (including codeine) for all patients, prioritising RED patients

Ardens Searches / Open Prescribing / ePACT2

Calculate Morphine Equivalent Daily Dose (MED)

RED: Patients $>120\text{mg}$ recommended MED

AMBER: Patients $< 120\text{mg}$ MED & NO opioid review in last 12mths

GREEN: Patients $<120\text{mg}$ & opioid review in last 12mths

MISC: Patients DO NOT meet criteria of chronic opioid patients

Review all RED patients

CP's review amber

6 surgeries across the PCN



QI CYCLE
STEP 3:
IMPLEMENT AND
EMBED

Individual surgery MDT – highlight findings, review data, opioid presentation (education)

Addictive group – Post date Rx's / liaise with Pharmacies

All clinicians to record opiate review using template

Patients increasing opioid doses to be tasked to RD

Official Pain PCN Pain Referral Pathway

QI CYCLE
STEP 4:
SUSTAIN
AND
SPREAD

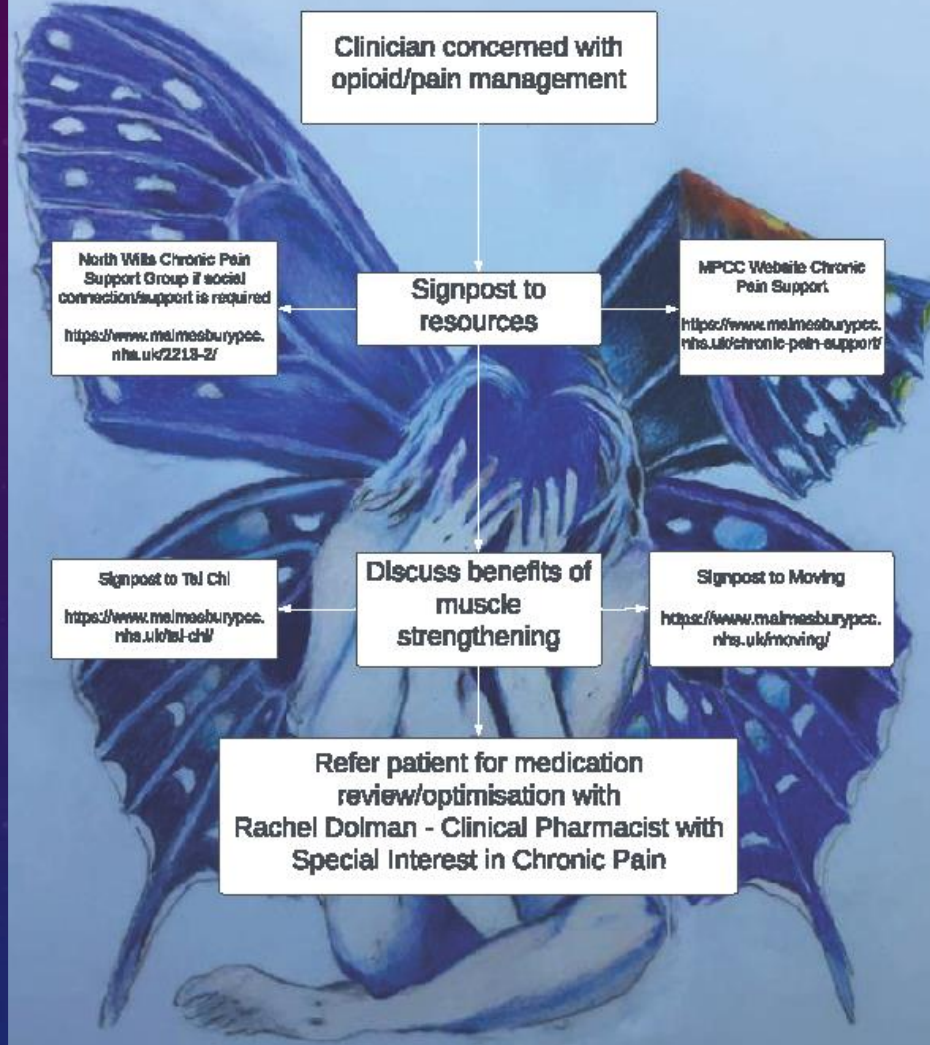
All clinicians to record opiate review using template

Review High Opioid Users 6 monthly

Official Pain PCN Pain Referral Pathway

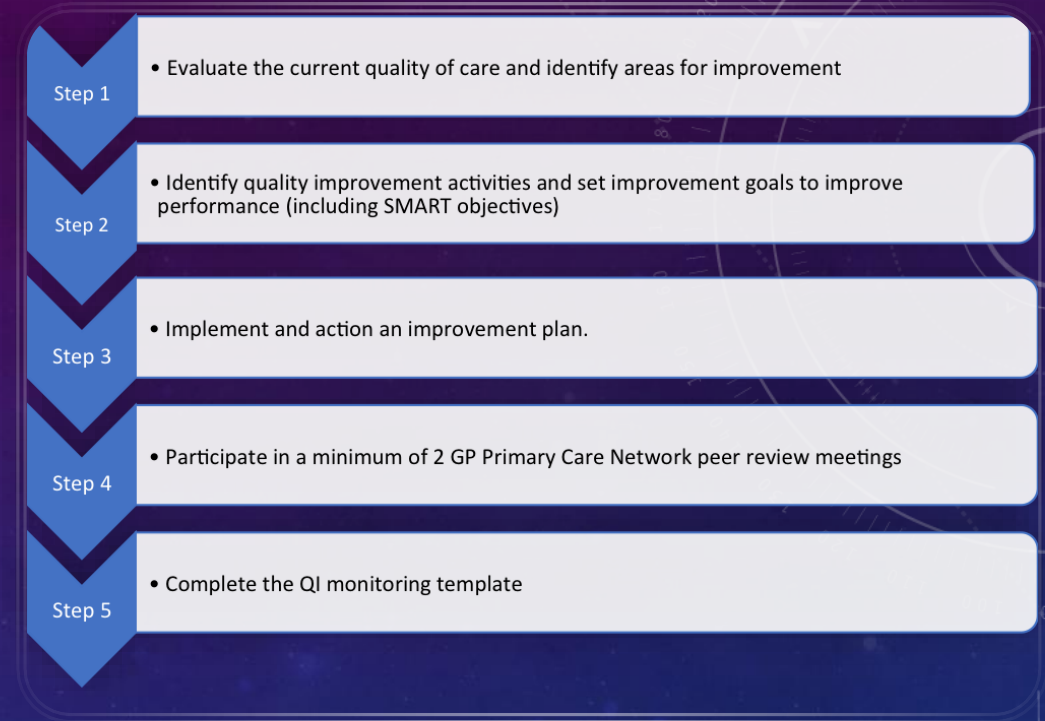
Opioid patients – MDT
PCN Peer Review Meeting

North Wilts Chronic Pain Referral Pathway



QOF QI – DEPENDENCY FORMING MEDICATION

- <https://www.england.nhs.uk/wp-content/uploads/2022/03/B133-update-on-quality-outcomes-framework-changes-for-22-23-guidance.pdf>
- Simple, small, and manageable
- e.g., Identifying all your 120mg OME & agreeing a simple plan for supporting them/highlighting
- A minimum of 2 peer review meetings with your network/PCN to share learning and ideas



Indicator	Points	Thresholds
QIPDD009. The contractor can demonstrate continuous quality improvement activity focused upon prescription drug dependency as specified in the QOF guidance	27	N/A
QIPDD010. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on prescription drug dependency as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings	10	N/A

QOF QI – DEPENDENCY FORMING MEDICATION

- Complete self-declaration
- It is self-reported by filling in the reporting sheet at the end of the section Pg 98 – 99

6. Reporting Template
It is anticipated that the responses noted here should total a maximum of 2 A4 sides in Arial font size 11.

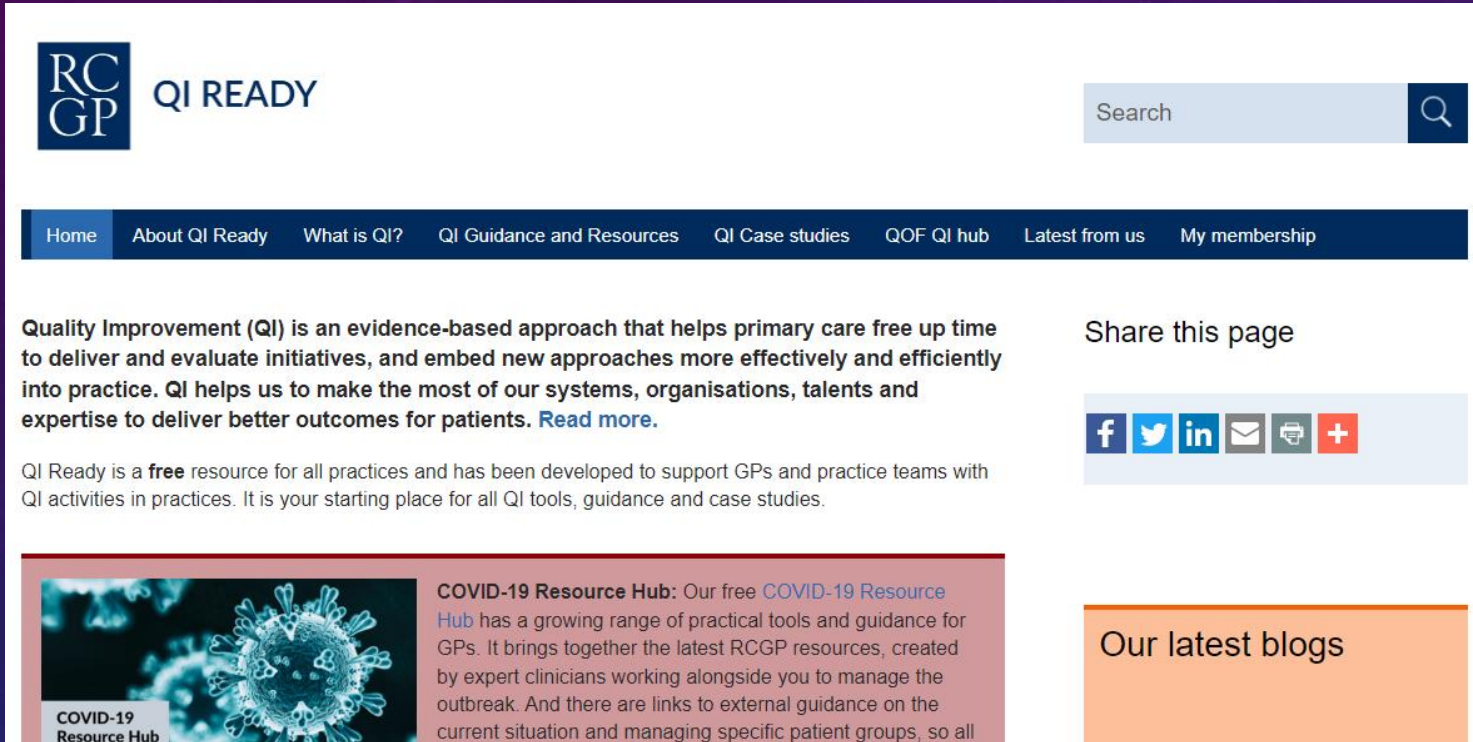
Practice name and ODS code
What area of practice did the practice identify for quality improvement?
What was the defined "Smart Aim" of your quality improvement work?
What were the changes that you tested?
What changes have been adopted?
How will these changes be sustained in the future?
What measures/indicators did you use to track your improvement?
Did you observe improvements in relation to these measures/indicators? Please provide details of any improvements achieved.

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What have been the benefits to patients over the course of the quality improvement project, who were either identified as having been on >120mg oral morphine equivalent (OME) for chronic pain or who were identified as having polypharmacy of dependence forming medications?
How many patients over the course of the quality improvement project, on 120mg morphine equivalent (OME) for chronic pain received a structured medication review?
How many patients on 120mg oral morphine equivalent (OME) for chronic pain received a structured medication review?
How did the network peer support meetings and patient participation influence the practice's QI plans and understanding of prescription drug dependence?
Optional: We would be very grateful if you would consider sharing your improvement project as an example of good practice. If you would be willing to do this, please upload it to the National Prescribing and Medicines Optimisation Community - FutureNHS Collaboration Platform

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QI RESOURCES



The screenshot shows the RCGP QI Ready website. At the top left is the RCGP logo and the text 'QI READY'. To the right is a search bar with the text 'Search' and a magnifying glass icon. Below this is a dark blue navigation bar with white text links: 'Home', 'About QI Ready', 'What is QI?', 'QI Guidance and Resources', 'QI Case studies', 'QOF QI hub', 'Latest from us', and 'My membership'. The main content area has a white background. On the left, there is a paragraph defining Quality Improvement (QI) as an evidence-based approach that helps primary care free up time to deliver and evaluate initiatives, and embed new approaches more effectively and efficiently into practice. It mentions that QI helps make the most of systems, organisations, talents, and expertise to deliver better outcomes for patients, with a 'Read more' link. Below this is a short paragraph stating that QI Ready is a free resource for all practices, developed to support GPs and practice teams with QI activities. On the right side of the main content area, there is a 'Share this page' section with social media icons for Facebook, Twitter, LinkedIn, Email, Print, and a plus sign for more options. Below the main content area, there is a featured article section with a red header. It includes an image of a coronavirus particle and a text box that reads: 'COVID-19 Resource Hub: Our free COVID-19 Resource Hub has a growing range of practical tools and guidance for GPs. It brings together the latest RCGP resources, created by expert clinicians working alongside you to manage the outbreak. And there are links to external guidance on the current situation and managing specific patient groups, so all'. To the right of this section is an orange box with the text 'Our latest blogs'.

[Home](#) | [QI Ready Learning Network \(rcgp.org.uk\)](#)

SUMMARY



Patient safety



Patient & Clinician
rewards – “Giving
them their life back”



Whole system
approach – taking a
lead is important



Education,
education, education
(MDT & Patient)



Resources



You can't win them
all!