Opioid Prescribing in Primary Care

5th September 2019

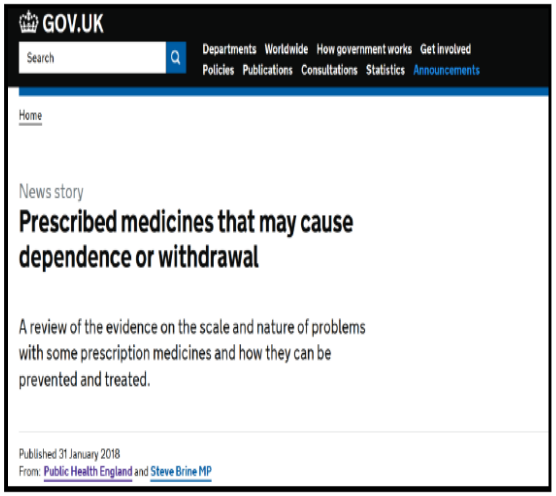
NIS 2019/20 Medicines Optimisation 1) Clinical Criteria Pain – High Dose Opioid Prescribing

National Priority

- Recognition of national problem
- Opioids Aware Audit in NHS England, Midlands & East
  - 74 practices or 663,418 patients
  - 1022 pts on high dose opioids 87% for chronic pain
- Growing evidence of limited use and increased harms
- National & Local priority
- NHS England asking all practices to undertake audit

PHE: public-health focused review

Jan 2018



Included within the scope of the review are:

- adults (age 18 and over)
- medicines that may cause dependence and discontinuation syndrome:
  - opioids
  - gabapentinoids
  - benzodiazepines
  - Z-drugs
  - antidepressants

https://www.gov.uk/government/news/prescribed-medicines-that-may-cause-dependence-or-withdrawal

1) Opioid and Pain Prescribing Pathway Review

Clinical Area: Opioids - specifically high dose opioids (>120mg morphine or equivalent)

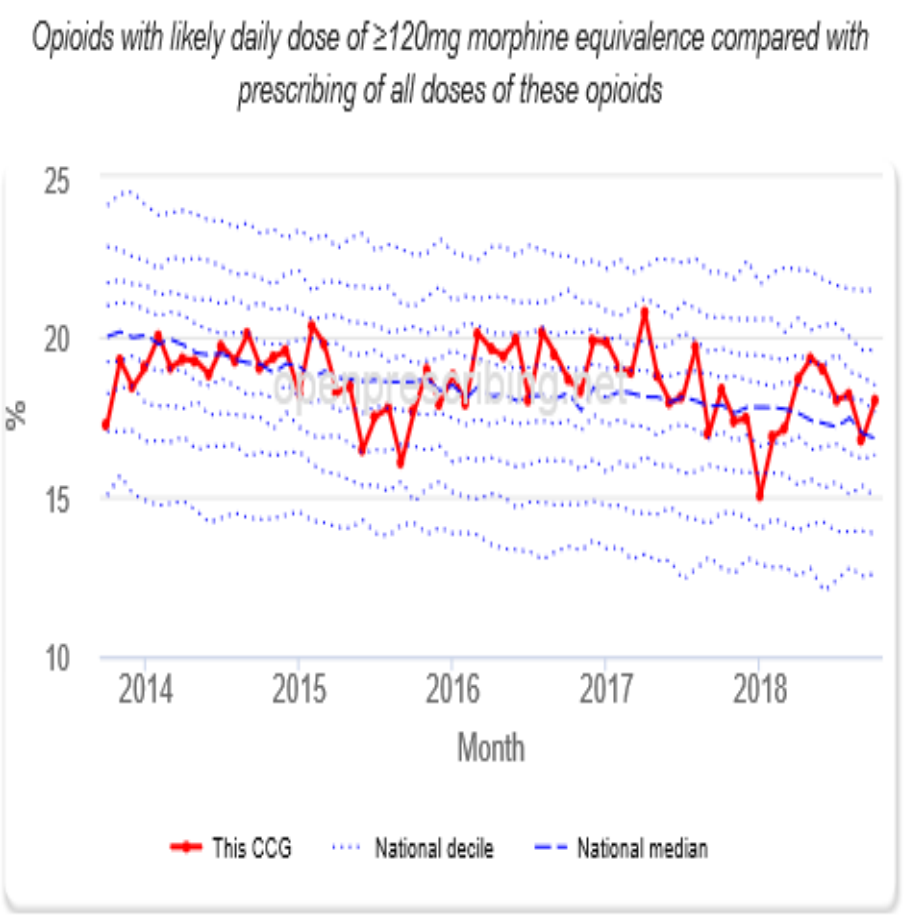
Why? Prescribing of opioids has increased, mostly being used for the treatment for long-term pain; which may be ineffective.

- Public Health England with the Faculty of Pain Medicine have launched an "Opioids Aware Programme" to support clinicians. https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware
- **There is a national drive to reduce the prescribing of high dosed opioids (>120mg or equivalent of morphine).**

TH CCG Position:

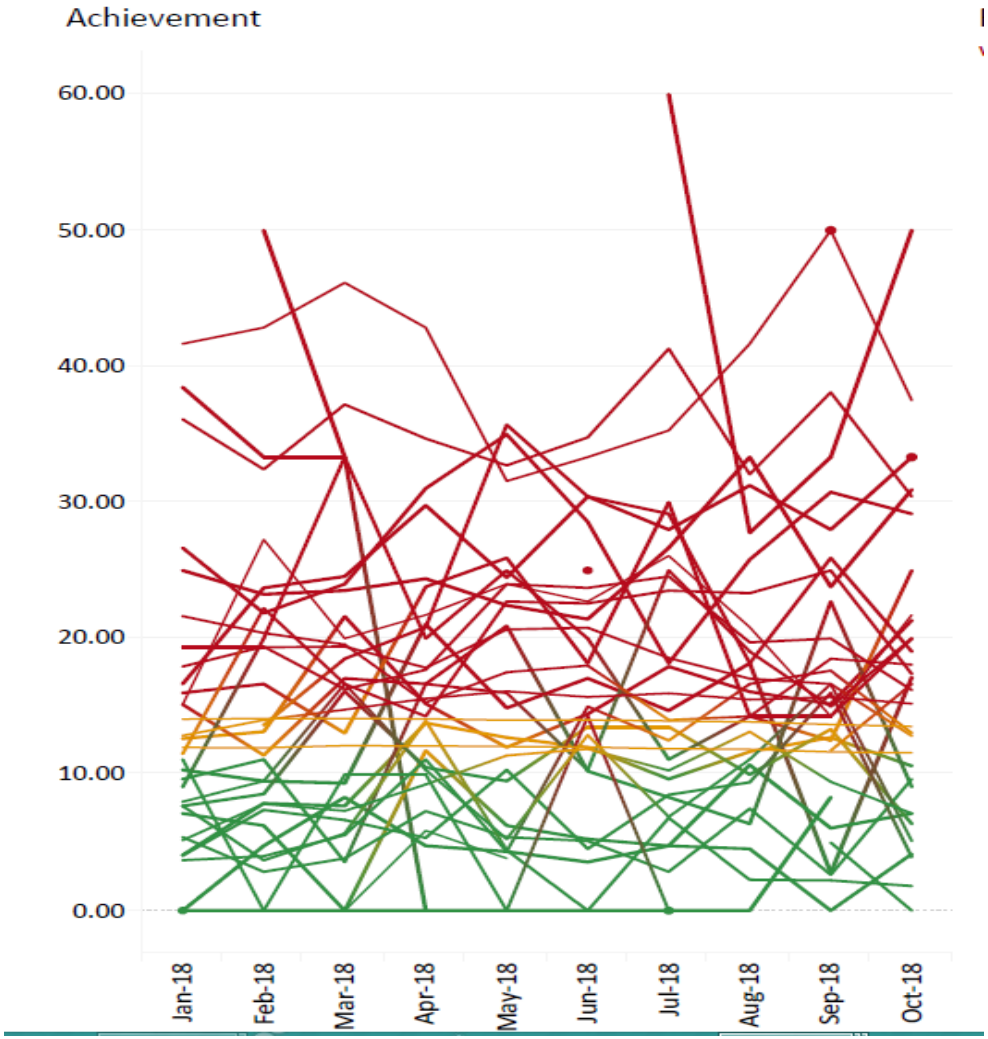
- TH CCG is prescribing slightly above the national mean (as seen from the openprescribing data https://openprescribing.net/).
- However at practice level there is variation in prescribing of high dose opioids which can have clinical consequences and unintended harms for patients.

High dose opioids as percentage regular opioids



Select Indicator:

Quality - High dose opioids as a % of all included strong opioids



What do you have to do?

- **Complete an audit of high dose opioid prescribing** (>120mg morphine or equivalent)
  - NHS England Controlled Drugs Accountable Officer (CDAO) requests practices to carry out an audit of high dose opioid prescribing in primary care for chronic pain by **31st July 2019**. Hence this has been included in the NIS and will be the baseline.
- **Meet a target to reduce** high dose opioid prescribing
  - 6% reduction from baseline or maintain level

In the process we would like you to:

- Undertake some e-learning training (Opioids Aware & PresQIPP)
- Share learning from above and consider the practice systems of how these patients are managed / reviewed and what improvements could be made. Devise an action plan.
- Review patients and de-prescribe / make changes where appropriate
- Share any near misses as learning opportunities

Medication review – don't forget…

Safe prescribing indicators:

- **Brand prescribing for products that require it** (90% prescribed by brand)
- Formulary choice prescribing
- Utilisation of ScriptSwitch , e-BNF, local pain guidelines

General review:

- Practices should think about how these patients are identifiec
- Are they regularly reviewed and assessed for effectiveness of drugs?
- Has patient expectations been managed? Are available resources being utilised?
- Have other non-pharmacological needs been considered?
- Have they been referred to appropriate services (e.g. social prescribing)?
- If prescribing initiated by pain clinic - these patients still require review of efficacy – is further engagement with the pain team required?

Opioids - submissions

Submission:	Submission of evidence template of: - **Audit submission** (as requested by NHSE) by 31st July 2019 - **Undertaken key learning** from RCA 'Opioids Aware' & PrescQIPP 'Reducing opioid prescribing in chronic pain' resources and how this has been shared with all staff - **Indicate how the learning has been utilised to reduce high dose opioid prescribing**. This should include a system review and an action plan on what systems / behaviours require change (following the training) to manage/review these patients and how it will be accomplished? - **Summary of learning themes that have occurred at a patient level** from the patient reviews including outcomes as a result of changes/review. Where patients were initiated by secondary care/ pain clinic and unable to make any change, provide evidence of review in primary care and engagement with other services e.g. pain clinic where required - **Medicines safety:** learning from **review** of safety incidents/ near misses involving opioids

Formulary choices - Opioids

- Oxycodone hydrochloride - **Amber**
- Prescribe modified release preparations by brand (Longtec®)
- Prescribe immediate release by branded generic (Lynlor®)

- Buprenorphine - **Amber**
- Oral tablet – prescribe generically
- Sublingual tablet – prescribe generically or branded generic (Temgesic® or Subutex®)
- Patch – prescribe by brand (Butrans®, Transtec®, Hapoctasin®)

- Oxycodone hydrochloride - **Amber**
- Prescribe modified release preparations by brand (Longtec®)
- Prescribe immediate release by branded generic (Lynlor®)

- Fentanyl - **Amber**
- Patch – prescribe by brand (Fencino®, Fentalis®, Matrifen®, Mezolar®, Osmanil®, Opiodur®)

- Diamorphine hydrochloride - **Amber**
- Tapentadol - **Amber**
- Levomepromazine - **Amber**
- Methadone hydrochloride - **Amber**
- Tramadol hydrochloride - **Formulary**

Non-Formulary Opioids

Combination opioids

– e.g. Co-codamol, morohine with cyclizine

- nefopam hydrochloride Non-Formulary
- oxycodone with naloxone Non-Formulary
- pentazocine Non-Formulary
- diclofenac potassium Non-Formulary
- tramadol with dexketoprofen or paracetamol
- meptazinol Non-Formulary
- hydromorphone hydrochloride Non-Formulary

Questions?