

Campaign to Reduce Opioid Prescribing (CROP)

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CROP

North East & North Cumbria

An evidence based audit and feedback approach for quality improvement



CROP

Campaign to Reduce
Opioid Prescribing

Quote:

We're encouraged to treat pain seriously and generously, but chronic pain differs from terminal care. How sure are we about these drugs in the long term?

And does the relentless political focus on the "happy customer" model of NHS delivery mean that doctors are less inclined to be unpopular by refusing to escalate or continue doses of drugs that barely help?

Is the customer always right when it comes to high and sustained doses of drugs that have addictive qualities?

Margaret McCartney



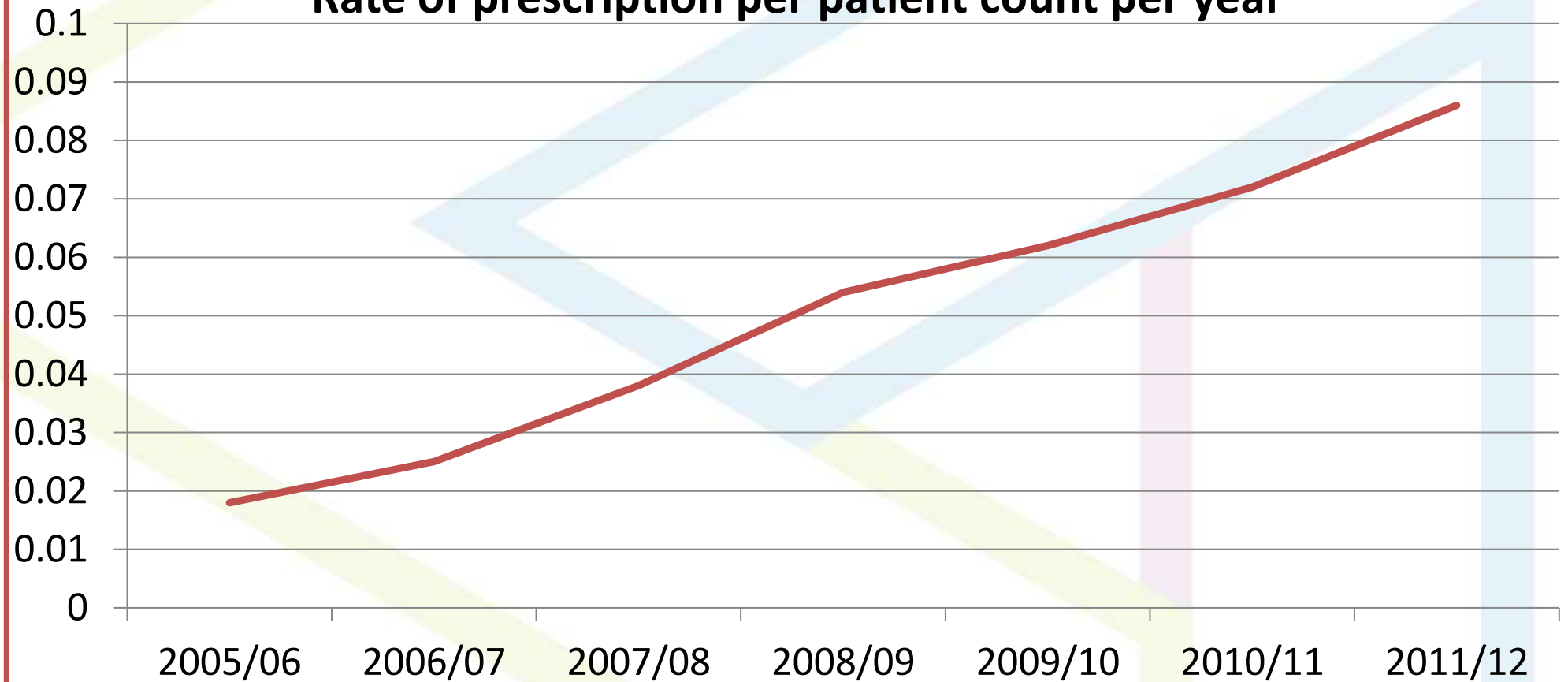
OPIOIDS

Tolerance

Dependance 80%

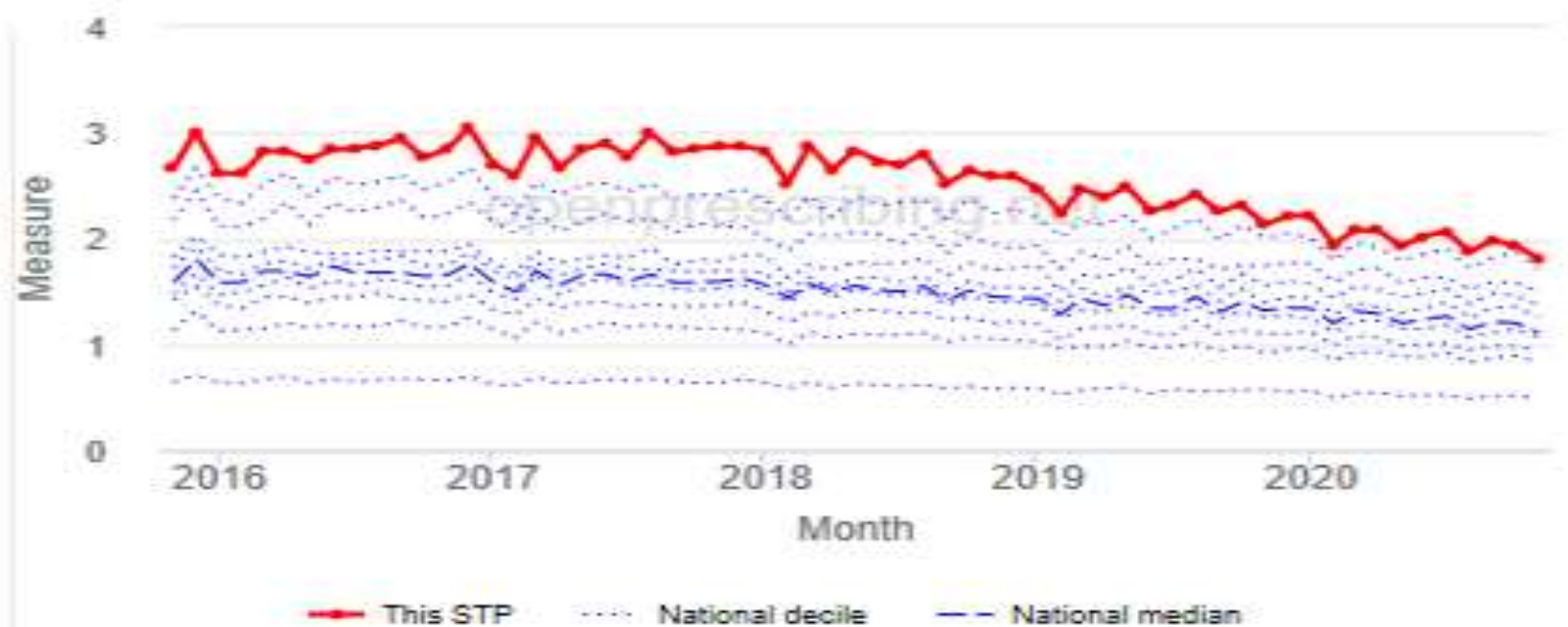
Addiction

Rate of prescription per patient count per year

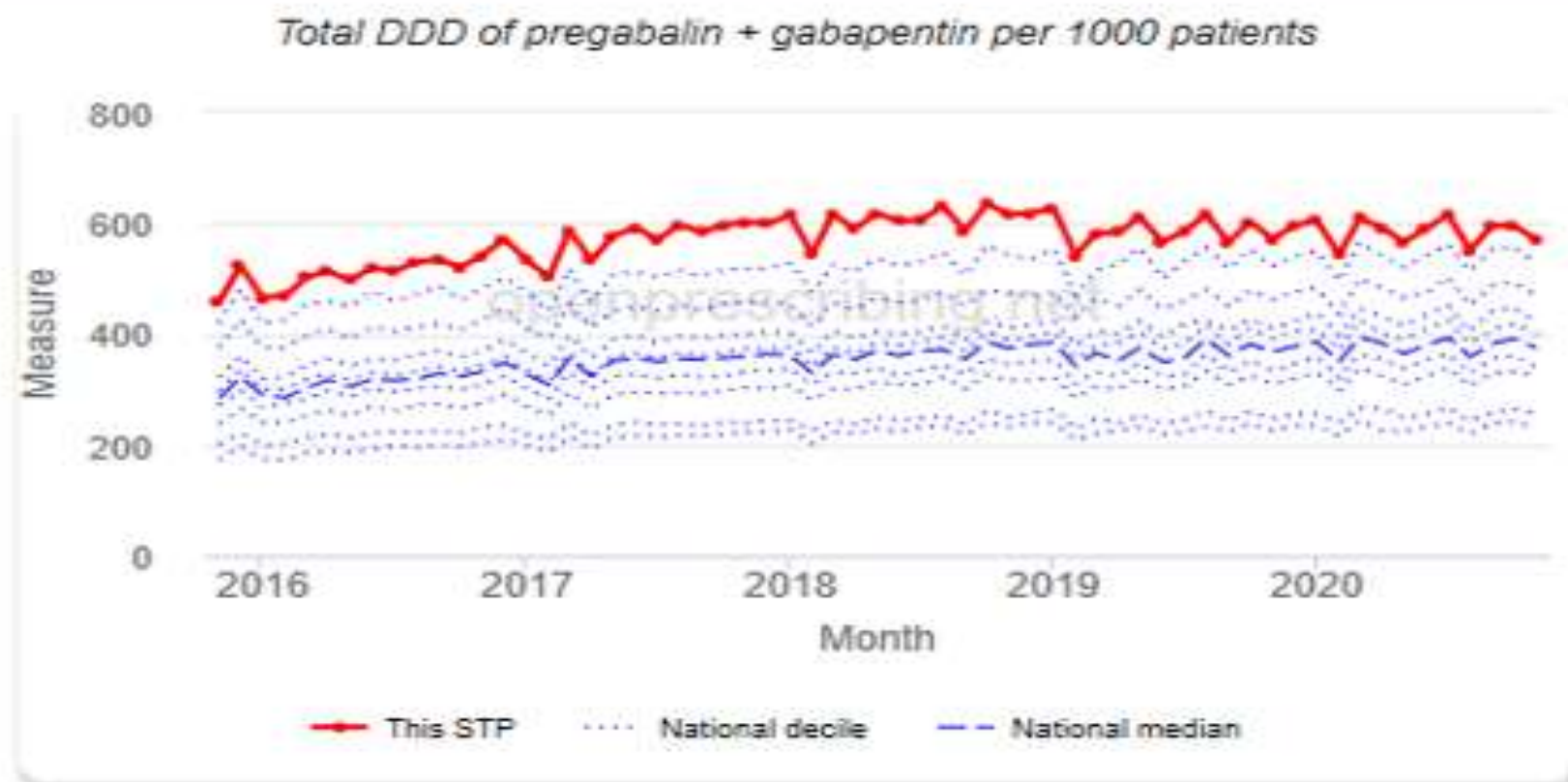


High dose opioids per 1000 patients

Opioids with likely daily dose of ≥ 120 mg morphine equivalence per 1000 patients



Prescribing of gabapentin and pregabalin (DDD)





CROP
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Opioid Prescribing

Can your practice review and reduce opioid prescribing?

Dear Practice Manager and colleagues,

Many doctors and professional bodies are concerned about rising opioid prescribing in general practice. Much of this prescribing is for chronic non-cancer pain, which is often difficult to treat. However, there is little evidence for the effectiveness of opioids in chronic pain but accumulating research indicating that the harms of opioids to patients can outweigh benefits. As well as addiction, prescribed opioids are associated with higher risks of hospitalisation and premature death.

Therefore, we are undertaking a major Campaign for the Reduction of Opioid Prescribing (CROP) across West Yorkshire to reduce opioid prescribing for chronic pain. We recommend that all general practices review and, where clinically appropriate, reduce opioid prescribing. You will receive regular feedback to your practice on your current levels of opioid prescribing. This is the first report for your practice.

We invite you to review your practice's prescribing of opioids and ways of avoiding initiation of long term opioid prescribing.

Please distribute this report to all prescribers within your practice team and identify a time to discuss it at a practice meeting.

The CCG will provide ten copies of this report for your team, if you require more please contact [Name CCG contact email and telephone number]

Yours sincerely,

[Insert names and signatures of leaders of all partner organisations supporting the campaign]

Doctors' prescriptions are killing people, and this is an international problem, with rapid increases in opioid prescriptions in Canada, Australia, Germany, and the UK.

We could blame the marketing of big pharma, but the truth is that these deaths are the responsibility of doctors. We must put it right.
Des Spence, GP. The painful truth: deaths and misuse of prescribed drugs
BMJ 2011; 343 :d7403



How is your practice doing?

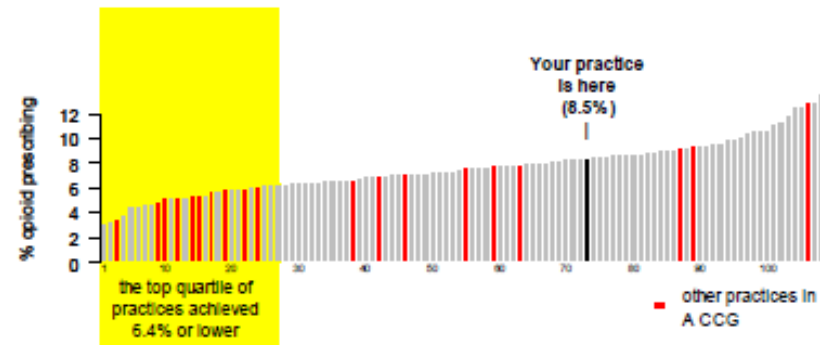


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Achievement in participating practices across West Yorkshire

The graph below demonstrates:

Your practice (black bar) and percentage of the practice population prescribed opioids (35.4%) in the last 8 weeks; a lower value indicates better clinical practice. The audit data exclude patients with a cancer diagnosis, on the palliative care register or drug addiction diagnosis.



- Achievement throughout West Yorkshire overall (range 3.1 to 13.6%)
- The best achieving practices within West Yorkshire (yellow box – achieving 6.4% or below)
- Other practices within A CCG (red bars)

Your practice achievement on individual indicators:

Risk Factor	Number of patients
Prescribed strong opioids	14
Men aged under 30 years and prescribed strong opioids	2
Patients aged over 75 years and prescribed strong or weak opioid	37
Women aged over 65 years and prescribed strong or weak opioid	33
Polypharmacy (on 10 or more repeat prescriptions) and prescribed strong or weak opioid	93
All mental health diagnoses and prescribed strong or weak opioid	69
Severe mental health diagnoses and prescribed strong or weak opioid	6
Taking antidepressant and a strong or weak opioid	33
Taking benzodiazepines and a strong or weak opioid	35

What next?

Can you halt the increase in opioid prescribing at your practice?



Make a plan about what your individual practice team members want to do, when and with whom. It may involve one or more of the following:

Think twice about prescribing opioids for the first time. Consider alternative forms of analgesia and patient support if the condition being prescribed for is likely to be long term or in a high risk patient.

At medication reviews check over-adherence, indication and assess for behaviours that may indicate problem usage.

Identify a practice opioid champion who will lead on this work and review relevant prescribing guidelines.

Consider allocating records for review within the team to the patient's usual GP or to a pharmacist for review and follow-up (if necessary) by usual GP. Could administrative staff identify and code patients?

Review your progress in light of further feedback we will send you later.

1 team plan of action is to :

- What are we going to do (e.g. which risk factors would you like to review if any)?

- When are we going to do it (opportunistic, systematic, a combination or another time)?

- Who will be involved (GPs, pharmacist, administrative staff)?

Risk factors measured in each report

Risk Factor	Number of patients
Prescribed strong opioids	5
Men aged under 50 years and prescribed strong opioids	0
Patients aged over 75 years and prescribed strong or weak opioid	36
Women aged over 65 years and prescribed strong or weak opioid	49
Polypharmacy (on 10 or more repeat prescriptions) and prescribed strong or weak opioid	54
All mental health diagnoses and prescribed strong or weak opioid	71
Taking antidepressant and a strong or weak opioid	36
Taking benzodiazepines and a strong or weak opioid	16

Tailored feedback for practices

In the report we include:

- Action plans
- NICE guidance
- Recent Cochrane Reviews
- Recently published evidence
- Recent advice from NHSE
- Tips and hints to consider to improve the consultation

Patient Quote:

“I was taking opioid medication for many years, initially for pain, and then gradually over time they helped me when I was emotionally distressed. I used more to get the same effect and became physically and emotionally dependant. My life centred on my tablets, I lost all my interests.

Since stopping the tablets my sanity has been restored, and my confidence has increased. I have finally got my life back”

Thank you