



**Academic Health
Science Network**
North East and North Cumbria

Campaign to Reduce Opioid Prescribing in the North East & North Cumbria (CROP-NENC):

Evaluation and feedback from
health care professionals involved



Executive Summary

- The Campaign to Reduce Opioid Prescribing in the North East & North Cumbria (CROP-NENC) scheme replicated a previously successful Yorkshire & Humber Region programme by encouraging reduction in opiate prescription through the provision of seven bi-monthly reports of GP practice opiate prescribing practice together with graphical representations of their comparators plus suggestions for action to reduce inappropriate opioid prescribing.

- Qualitative and semi-quantitative feedback on the programme was sought from all involved health care workers by either online questionnaire, focus group or individual interview.

- Response rate was generally low (approximately 10%) and so the risk of non responder bias should be considered. Evidence suggests that this low response rate was related to the ongoing COVID pandemic.

- Respondents were GPs, pharmacists and practice managers and on the whole they rated the scheme as useful, influential on their prescribing practice and welcomed the continuation of this or a similar scheme.

- Detailed qualitative evaluation revealed that the reports were seen as important reminders and as motivational in an area that was already considered important.

- There is some (but not strong) evidence in both quantitative and qualitative data that the views of GPs were slightly more negative than pharmacists regarding the project.

- Format of the reports was generally praised and the graphical presentation especially welcomed. Some concerns were raised about perceived accuracy of reports and consequent loss of confidence in the scheme.

- Barriers to the usefulness of the scheme were described as lack of alternatives for patients, challenging patient groups and difficulty in reducing opioids, workloads and time required and the existence of multiple overlapping schemes and conflicting priorities.

Background to study

Opioids for chronic non-cancer pain are known to be ineffective for most people when used long-term (90+ days). It is also known that prescribing opioids for 90+ days is linked with increased risk of dependence and overdose. People living in the North East are more likely to be prescribed these medicines for 6+ and 12+ months than in all other regions, indeed, the North East & North Cumbria has the highest rate of opioid prescribing in England.

The aim of the Campaign to Reduce Opioid Prescribing (CROP) was to promote the review of opioid analgesic prescribing within primary care and to support GP practices with this work. The programme essentially replicated a successful campaign undertaken in the Yorkshire & Humber Region (Alderson et al 20201; Wood et al, 2020) and their support was commissioned in the production of practice reports.

GP practices received seven bi-monthly updates on the prescribing of opioids for chronic non-cancer pain within their practice.

The reports were based on searches, which were designed to understand how many prescriptions of both strong and weak opioids are dispensed and which displayed in a graphical format comparing the practice data to their local comparator practice.

Unfortunately in comparison with the earlier study the multiple CCG implementation of this project and issues with the proprietary nature of searches meant that the volume of opioid data that was reported to prescribers in the reports could not be made available to the evaluators of the scheme and so a similar quantitative evaluation was not possible.

The objective was to encourage a reduction in inappropriate prescribing of high dose opiate prescribing for non-cancer pain. In addition this iteration of CROP reports included coverage of gabapentinoids as it was felt that these substances were often co-prescribed with opiates and were similarly considered likely to cause issues in the same patient groups.

Evaluation Procedure

The healthcare worker's experience of the CROP project was captured by seeking qualitative and a small amount of semi-quantitative feedback over the period after the 6th and 7th CROP report.

Given ongoing pressures on health care services feedback opportunities were given as a qualitative questionnaire hosted online or the possibility given to arrange a focus group or a one-on-one interview.

There were no responses to the request for interview and so the data below is taken from the questionnaire. Questions asked were developed by the CROP steering group in conjunction with

the MO pharmacy leads (is this who they were) and reviewed by Gemma Donovan (Senior Lecturer in Clinical Pharmacy and an expert in real world evaluation of prescribing interventions) of Sunderland University. The study was approved by the University of Sunderland ethics committee.

Participants were sent a link and after identifying their role within the practice were asked a short number of semi quantitative questions followed by open text qualitative responses.

Semi quantitative responses are reported in terms of frequencies and a narrative synthesis of a content analysis of the qualitative responses is provided.

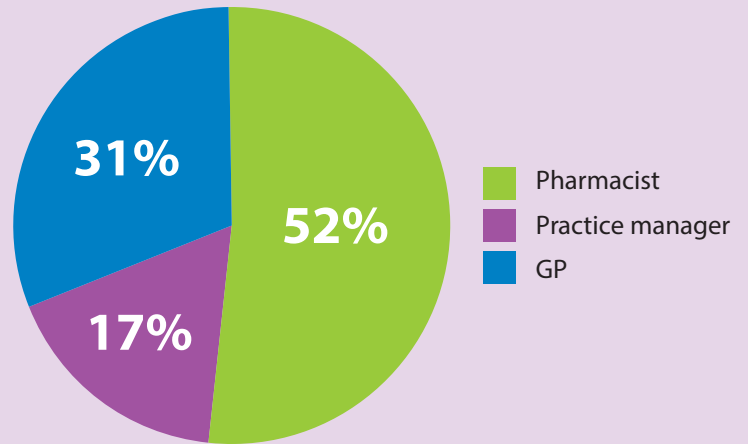




Results

56 respondents clicked on the link to provide feedback but only 34 actually completed the questions (which is an overall response rate of approximately 10% given there were 354 practices involved). Of these 18 were pharmacists – mostly specified as practice based but with a small amount of feedback from pharmacists at CCG level, 6 from the practice management team and 11 GPs.

Nature of respondents

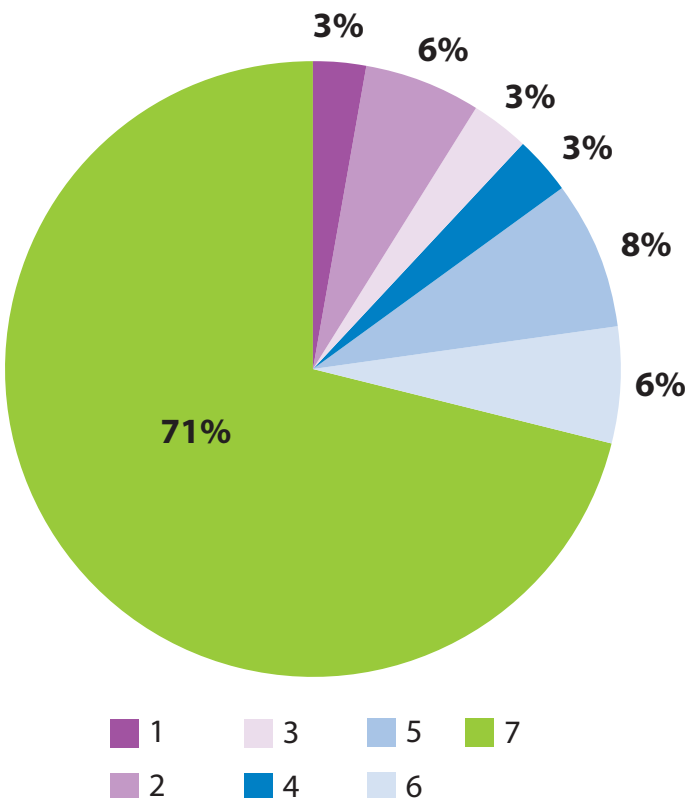


Quantitative Feedback

1. Number of CROP reports received and acted upon

Of those responding to the request for feedback 71% (25 out of 34 respondents) had viewed all 7 CROP reports. This equated to 72% of pharmacists, 83% of practice managers and 64% of GPs. There was no significant association between role and number of reports seen.

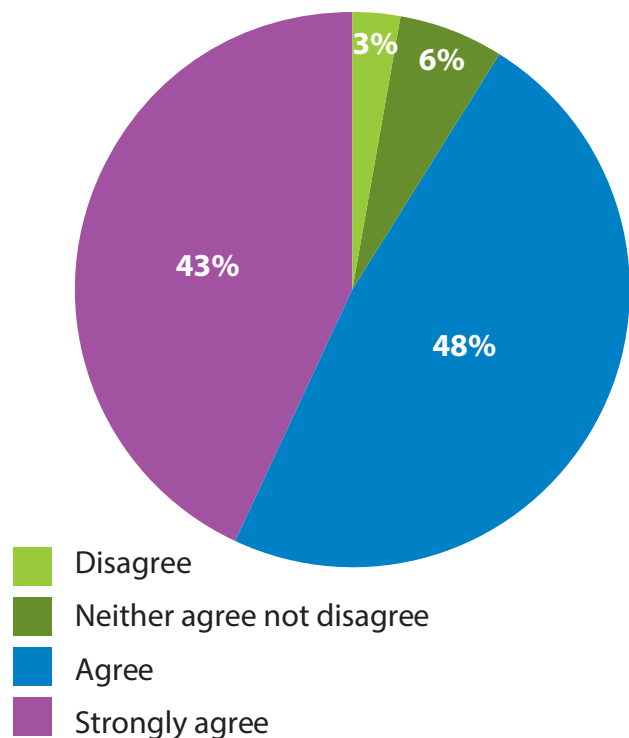
Number of CROP reports received and acted upon



2. Usefulness of Reports

91% (32 out of 34) of respondents rated the reports as useful or very useful. The usefulness ratings by the three groups trend towards significance with an indication that Pharmacists (mean rating 4.3/5) and Practice Managers (mean rating 5/5) were very slightly more likely to report they were very useful than GPs (mean rating 3.9/5) $\chi^2(6) = 12.55, p=0.04$ however low expected numbers in 75% of the cells in this analysis violate the assumptions of the test and it should be considered with caution and not as strong evidence that there is a difference in attitude.

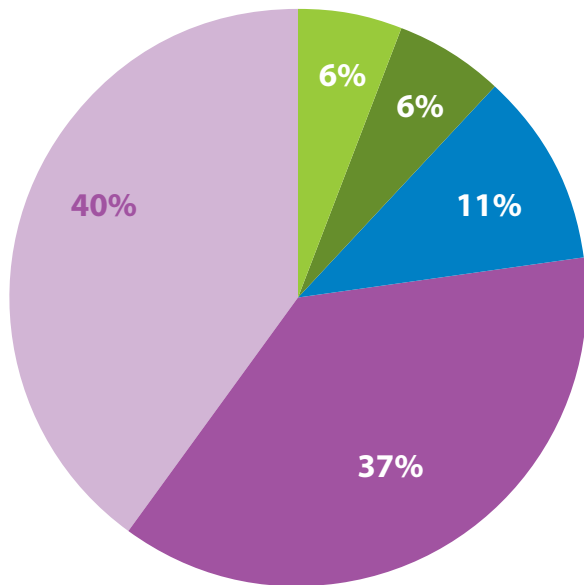
The CROP reports have been useful



3. Influence of Reports

77% (27) of respondents felt that the CROP reports had influenced prescribing practice. There was no significant association between role of respondent and perception of influence.

The CROP reports have influenced prescribing



- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

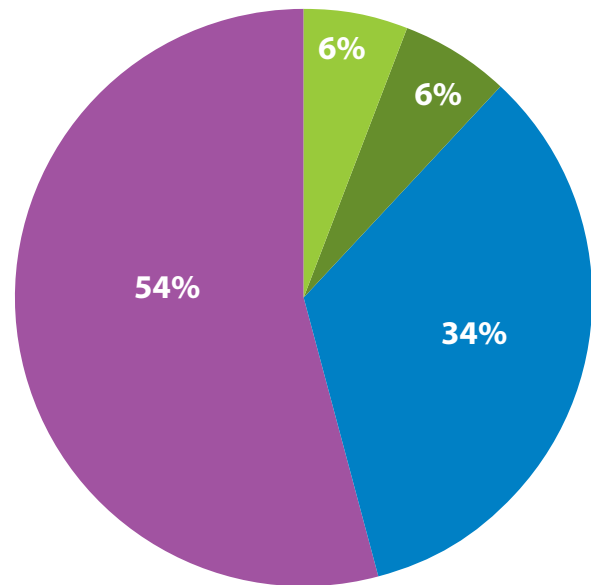
For each of these semi-quantitative responses the Likert scale of strongly disagree to strongly agree was transformed into the numerical equivalent 1-5.

Respondents' responses to the three rating scales were unsurprisingly strongly correlated (Kendall-tau correlation) with

4. Request for future reports

88% (31 out of 34) of respondents feel that future CROP reports would be useful. Again there was no significant association between role and views about future CROP reports

Future crop reports would be useful and valued



- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

each other but there was no relationship between any of the ratings and the number of CROP reports seen and acted upon. To confirm there were no significant differences in the ratings of usefulness, influence or future use depending on the role of the respondent a series of Kruskal-Wallis no-parametric ANOVAs were performed and confirm this finding.



Qualitative analysis

The free text questions used to prompt responses are given in table 1 below.

Table 1: questions used to elicit free text responses

How useful were the CROP reports in influencing the prescribing of opioids and gabapentinoids? Please could you explain who received the report and how were they used within the practice.

What are your feelings about the format and presentation of the CROP reports? Is there anything you would like to see changed?

What other opioid reduction initiatives were your CCG involved in? Please could you tell us how these interacted with the CROP report?

What effect overall do you think the CROP reports have had and do you feel it they have been useful? If not then can you tell us what you think would have worked?

Have there been any problems or difficulties with the CROP reports and if so what were they?

Are there any GOOD things you would like to draw to our attention about the CROP reports and their use? Were there any negatives or unforeseen consequences? Were there any factors beyond what the project provided that may have impacted upon the success of CROP?

In general and thinking about the CROP reports in particular, what information do you think prescribers would find useful to change their prescribing attitude?

Finally is there anything you would like to add or tell us about CROP that we may not have thought about?

Not all respondents completed each feedback box and in some cases provided most of their responses within one field. Given the relatively small amount of data received a thematic analysis is impossible so here a narrative synthesis of the feedback based on relative frequency of comments is given with an indication of the number of comments of that nature where possible to enumerate. Where relevant differences in feedback from the different roles is highlighted and appropriate or illuminating quotes are included. On the whole most extensive feedback was provided by pharmacists with less given by practice management teams and GPs

Reports were received by the practice manager (specified in 11 responses) and circulated to the practice teams. 12 practices report that they were shared at some form of team meeting or discussed amongst the prescribing team. It appears there is varying degree of engagement with the CROP report from some practices that had a formal process for dealing with them via the Clinical pharmacist through to their ad-hoc use to raise awareness or promote discussion. Many comments relate their usefulness in a positive way in terms of awareness (4 mentions) and discussion (17 mentions):

...“used as an aid to re-focus the team”...

“ a good overview to highlight progress, create prompts and improve focus”

Other positive aspects mentioned include the role of positive feedback (2 mentions) and encouragement (1 mention). There were however some limitations to their usefulness highlighted, a particular one being the limited time of practitioners to engage with the reports (3 mentions – particularly of GP workloads) and one respondent focussed in-depth of inaccuracies within the reports which led to dissatisfaction with the overall scheme. One respondent was able to use the CROP reports 5 to 7 to track and cause a change in the volume of opioid prescribing with their practice and felt they reflected well the efforts put in at practice level.

The format of the reports was in general well received with 6 respondents describing them as “clear”, “easy to interpret” and most respondents not requesting any changes to formatting. The graphical nature of the report was mentioned favourably by four respondents.

Where improvements to the report are suggested these tend to focus on accuracy (mentioned by 3 respondents) and to focus particularly on the metrics involved – here the requests are for breakdown by amount of opioid prescribed as well as number of patients (quantities mentioned by 5 respondents) and a request for expressing this as morphine-equivalents (3 respondents). Another request was more breakdown by strength of opioid and a focus on weak opioids whilst one was for increased clarity regarding



opiate use in cancer patients. Three respondents considered the reports too long and two suggest that while the report is useful the suggested action plan is either the same every month or gives too many suggestions and is not focussed enough.

The CROP reports were utilised alongside other opioid reduction initiatives by 23 out of 34 respondents. Awareness of these seemed highest amongst pharmacists and least known about by practice management staff. Ongoing projects at CCG level were mentioned by 8 respondents and 6 reported ongoing practice / PCN based initiatives including an annual opioid audit (two respondents), a practice focus on tramadol and gabapentinoids (1 practice) and involvement in local area education events (2 respondents). Three respondents mentioned the painkillersdontexist.com campaign, two the iWatch trial and three have taken part in webinar training this year. Three respondents report increasing work with local pain services for opioid reduction plans but such plans having yet to come into effect because of COVID. One respondent felt that the CCG had no involvement in any opioid reduction initiative.

In terms of effectiveness of the CROP reports on opioid prescribing the feedback is mixed. Four respondents considered them a success in terms of being a motivating factor or as useful reminders of prescribing practice (3 respondents) which helped keep focus (5 respondents) on an important issue:

“...set the agenda and been useful to keep opiate prescribing far enough up the agenda.”

Fifteen respondents suggested that the reports had changed their actual prescribing practice in some way with three specifying that opiate prescribing had reduced “significantly” whilst two others highlight that the reports have resulted in regular review of patients on long term opioids. Three respondents felt that the reports had made very little difference and an additional respondent felt that the majority of the work needed in this area had already been done. It is markedly notable here that the less positive responses in this area were received from GPs rather than pharmacists. A more widespread comment about the effectiveness of the report related the difference between the data and the practice with respondents focussing on the difficulty of reducing opioid dose (4 respondents), of patient pressure on GPs who repeatedly attend with chronic pain issues (2 respondents), on socio economic factors which contribute to opioid use (2 respondents) and lack of other support services for such patients (3 respondents).

To some extent some of the respondents felt that the reports did not tell them anything new and what was needed to be done was not simply provide information but more services: “However simply showing data sets will not be effective . Opioid patients to wean off [sic] is very difficult and time consuming , so support is needed in this field more than just data reporting.” Three respondents (all GPs) focussed their comments on the

limited alternative options for patients with two suggesting the CROP approach would lead to a spike in duloxetine prescribing. Physiotherapy provision and psychological support are described as inadequate with too long waiting times (2 respondents).

Overall in terms of problems with the reports the major issues raised were some about inaccuracy in the earlier reports (4 respondents), some queries regarding summary graphs in the final report (2 respondents) and the request to provide data as morphine equivalent dose rather than number of patients.

One respondent comments that early inaccuracies damaged confidence in the scheme, another suggested that more information about how figures were derived would have improved their usefulness (and perceived accuracy) while five report that the timing of the scheme in conjunction with COVID and high workload probably impacted on their effectiveness. Need for more time to deal with the problem is commonly mentioned:

“The best thing about the CROP reports is that they have allowed us to reduce our prescribing. The only negative is that regular review of patients on opioids has been very time consuming.”

Respondents’ views of what data would be useful to affect prescribing practice focussed on the usefulness of graphical representations of data (7 respondents) and comparisons with local (8 respondents) or national (2 respondents) data. Five suggest the further breakdown of data to individual prescribers but also warn about the issue of information overload

“...we are drowning in guidelines, initiatives and pop-up prescribing boxes...”

Two respondents suggest that testimonials about positive alternatives to opioids would be useful, one suggests a “handy hints for change section” and two suggest production of a tool or flowchart for prescribers which is kept up to date with national guidelines. Four respondents feel that further education on alternative pain management is needed and two that more support in having difficult conversations with patients would be useful. Beyond opiate prescribing two respondents requested that similar reports could be provided for antibiotics or over the counter (OTC) medication and one for benzodiazepines.

In terms of overall evaluation of the reports the feeling is generally positive across the majority of the respondents with some understanding of the difficult of the area:

“All of the prescribers with whom I work are totally on board with the CROP and similar initiatives - you are pushing at an open door! (however change is not easy in this area!)”

Only one respondent had generally negative views about the



scheme across all question prompts and felt the scheme had little positive effect "...it was felt like an added stick to be beaten with..", "I found it very stressful to start with as felt constantly criticised for our prescribing position" but this appears to be the minority

position and on the whole the scheme has been well received, considered useful and effective (given limitations in alternatives) and a number of respondents used free text to request the continuation of the scheme.

Conclusions

Given the large number of practices involved in the project only a small amount of feedback was generated. Suggestions (both within the data and unofficial comments made to members of the steering and implementation group) were that this difficulty in obtaining feedback was primarily due to the ongoing COVID pandemic and pressures on NHS staff.

Nevertheless the data collected does suggest that the project had useful impact though this needs to be considered alongside the possibility of non-responder bias.

The quantitative data shows that the majority who responded thought favourably of the project, felt that it had influenced prescribing practice and would welcome the continued provision of the CROP or similar reports. There is low quality evidence here that approval of the scheme was marginally lower amongst GPs than either pharmacists or practice management staff.

The qualitative feedback broadly supports the positive rating of the project and here again there is a slight suggestion that GPs responded less positively to the scheme and were less full in their feedback. On the whole the information and content of the reports was welcomed though there were some concerns about accuracy which needed to be high to maintain confidence.

The overall feeling was that in principle the scheme was a good one and that the reduction of opiate prescription was an important goal however there were a number of barriers to achieving this in practice. Whilst the CROP report scheme acted

as an important reminder and motivator it did not and could not influence these other obstacles.

A major issue here was the co-occurrence of the COVID pandemic and subsequent workload but workload in general at general practice level was considered a major issue (particularly by GPs) alongside the lack of any other realistic treatment opportunity for what is seen as a difficult and challenging patient group.

Another hurdle appeared to be that a large number of opiate prescription reduction schemes either have been running or were currently occurring (depending on CCG) and this could lead to dilution of the core message or confusion over best practice. Some felt that any gains that could have been made in this area had already been made.

It is notable that only one of the respondents appeared negative about the scheme as a whole.

This person expressed frustration with multiple targets and workload and very strongly suggested that too many schemes (as previously noted) simply led to demoralisation. Although this is a minority view it is echoed in some of the feedback of others regarding multiple CCG schemes and suggests that any future implementation of the scheme should be carefully targeted and not add to practice workloads. It would also seem reasonable to suggest that multiple, possibly slightly conflicting strategies, occurring at the same time should be avoided.

References

Alderson, S. L., Farragher, T. M., Willis, T. A., Carder, P., Johnson, S., & Foy, R. (2021). The effects of an evidence- and theory-informed feedback intervention on opioid prescribing for non-cancer pain in primary care: A controlled interrupted time series analysis. *PLoS medicine*, 18(10), e1003796.

Wood, S., Foy, R., Willis, T. A., Carder, P., Johnson, S., & Alderson, S. (2021). General practice responses to opioid prescribing feedback: a qualitative process evaluation. *British Journal of General Practice*, 71(711), e788-e796.