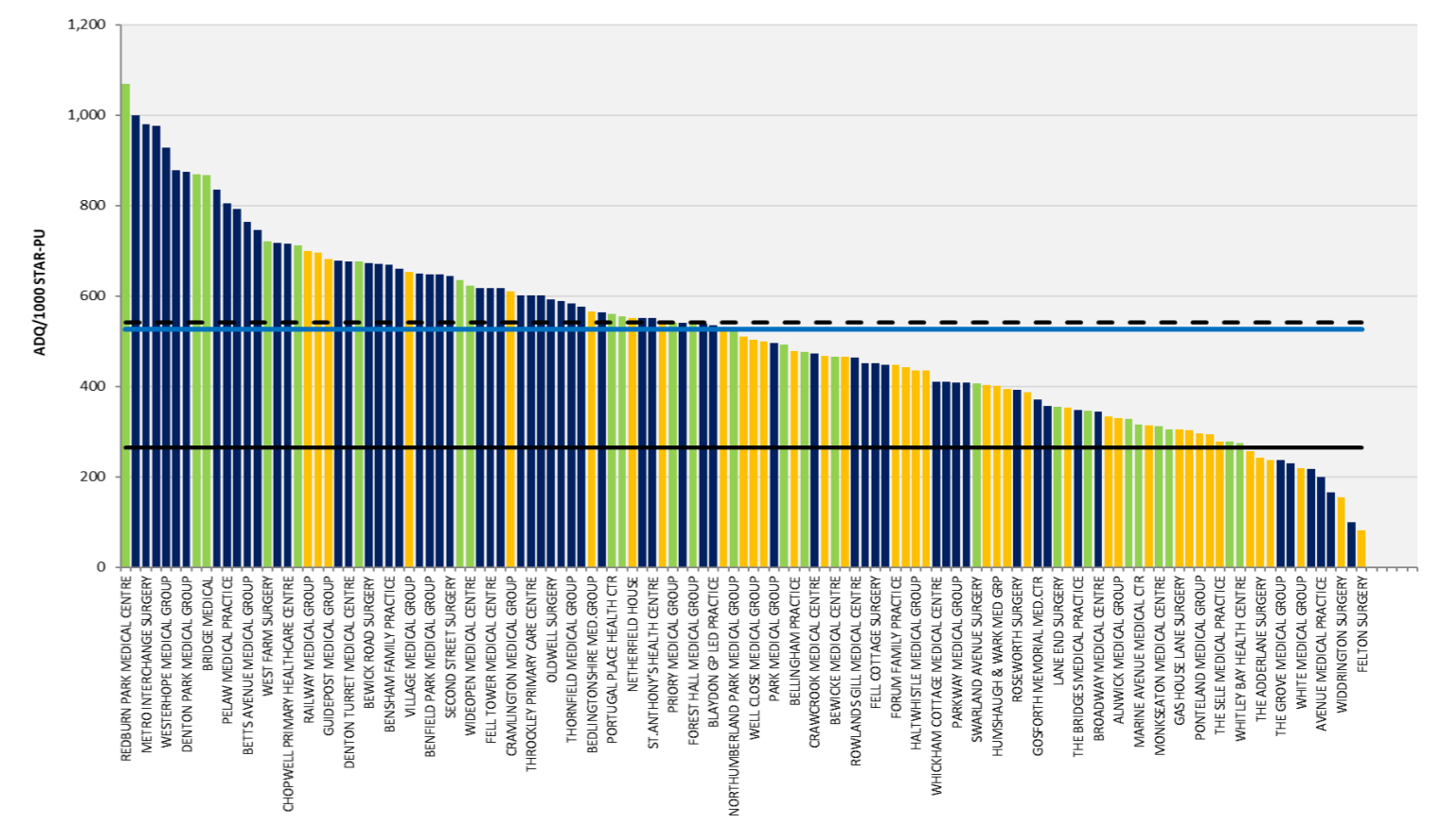


Codeine - reduction in weaker opioids

Background

- Prior to this piece of work Redburn Park were the highest in the ICP footprint
- >90% of opioid prescribing is for weaker opioids
- Previous attempts made to reduce opioids – letters sent, reviews

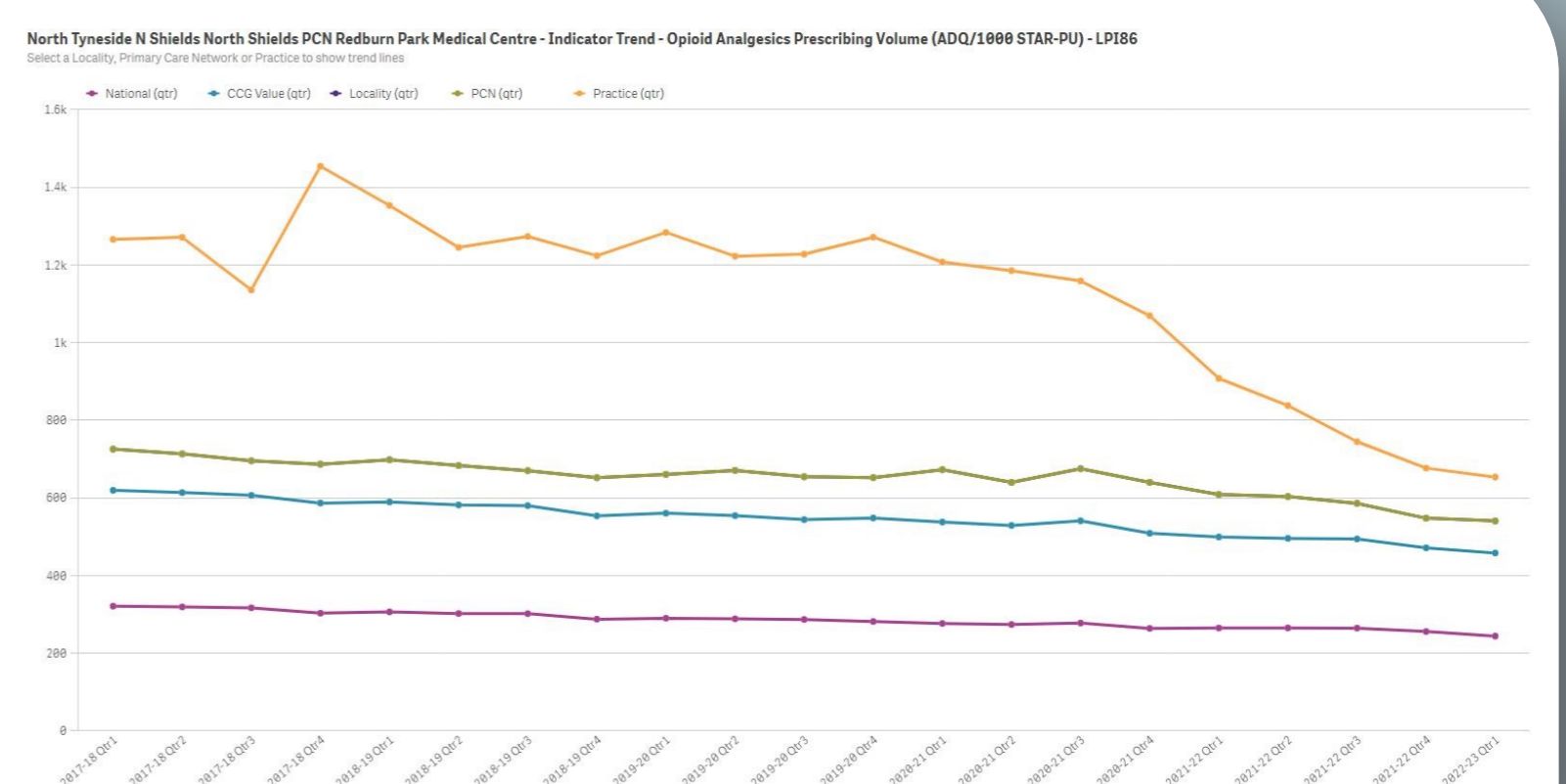


What we did

- Agreed to look at codeine prescribing
- Discuss approach successfully implemented by Northumberland CCG
- Discuss concerns – impact on practice, roles in process
- Housekeeping – ensure 28 days' supply, agree to stop if not had for 3 months, add additional text regarding maximum dose and side effects
- Section patients into cohorts and send to GP to confirm suitability
- Send 10 letters at a time – including Oxford opioids leaflet
- Start reduction by one tablet a day reducing monthly
- GP to highlight any suitable patients during consultations
- Offer LWWP support if required
- Offer telephone consultation to discuss letter if required
- Create an SOP for the pharmacy hub that deals with Rx requests to ensure collaborative working

Successes

- In November 2020 252 patients had codeine 15mg, 30mg or 60mg on repeat/acute/urgent dispensing
- In November 2022 151 patients had codeine 15mg, 30mg or 60mg on repeat/acute/urgent dispensing - from letters, interventions and stopping those who have not ordered for 3 months
- Reduction of approx. 40%



Conclusion and discussion

Following This Success

- Low strength opioid work added to PES 22-23
- Continue to review and reduce Codeine at Redburn Park
- Sharing materials to support other practices/PCNs

Reason For Success

- Going at a steady pace so we can deliver adequate support
- Having a plan in place should patients wish to discuss reduction/letter
- Having an opt out letter rather than opt in
- Teamwork