Academic Health Science Network
North East and North Cumbria

Feeling the Pain: Reducing Harm Caused by Opioids for Non-Cancer Pain

Friday 18th November 2022,
The Durham Centre, Durham

POSTER ABSTRACTS

Poster Title:
Evaluating the safety of prescribing and monitoring of Opioid Patches for adult inpatients at Newcastle Hospitals

Abstract:

Background

National opioid prescribing has more than doubled since 1998 (1) and we are facing an 'opioid crisis'. Opioid misuse contributes to >50% of drug-associated deaths each year (2). Our region has the highest rate of strong opioid prescribing in England (3). Limited evidence supports strong opioid use in chronic non-cancer pain.

National Institute for Health and Care Excellence guidance (NG46) (4) aims to minimise risks associated with opioid misuse. Scoping investigations at our Trust have demonstrated that >50% of opioid patch-related incident reports in the last 24 months (n=12) were prescribing errors (harm: none (n=5), low (n=1), moderate (n=1)): including wrong strength, unsafe dose titrations, and inappropriate opioid polypharmacy. One third related to administration errors (all no harm), including failure to remove old patches and delayed patch administrations.

Aims

· To audit compliance of inpatient opioid patch prescribing and administration against NG46;
· To identify system improvements to facilitate safer prescribing and administration when non-compliant.

Method

Retrospective data collection from Electronic Prescribing and Administration (EPMA) for adult inpatients prescribed fentanyl or buprenorphine patches in the Trust during January 2022. Audit standards were collated from NG46 and agreed with the Trust's Medication Safety Officer. EPMA records were audited against the standards.

· Patch indication and drug history (DHx) change dates documented for patients using patches pre-admission
· Scheduled change date on prescription corresponded to DHx change date
· Scheduled change frequency on prescription complied with licensed patch duration
· Patches were changed within 3 hours of the prescription
· Patches that were started inpatient were on the advice of Palliative Care or Pain team
· Where applicable, discharge information was provided to Primary Care

The audit was registered on the Trust's Clinical Effectiveness Register (Ref:13478).

Results

38 patients fulfilled the inclusion criteria, 35 (92.1%) had indications documented in their medical record. Only 20 (53%) of DHx documented last date changed or next due date; where change dates were documented, the prescription corresponded 70% of the time. 5 (13.2%) patients had doses changed or patches discontinued during admission, 3 (60%) had those changes communicated to Primary Care in discharge letters. Buprenorphine patches had a median change of 5.54 days, 20.8% under the licensed change interval. Fentanyl patch changes complied with licensed patch interval with a median change of 3.0 days (IQR: 2.90-3.02). 4 patients started patches as inpatients, all of whom had appropriate pain indications and safe dose titrations.

Conclusion

The Trust observed good compliance with NG46 around licensed patch duration, specialist input with new patches and changing patches within three hours of prescriptions. Conversely, there was poor compliance

around documenting change dates and communicating patch changes to Primary Care. Only 2 patients had buprenorphine patches changed during admission, meaning it is not possible to compare buprenorphine and fentanyl change interval appropriateness. The reason for good compliance with fentanyl patch change intervals warrant further investigation using larger patient cohorts. Results of this audit provide scope for improving NG46 compliance using EMPA by documenting patch date changes and using body mapping frameworks to monitor patch administration, preventing future patient harm.

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Poster Title:
Pharmacist Opioid Intervention Clinics

Abstract:
The Tees Valley Medicines Optimisation Team and the then Tees Valley CCG worked closely with South Tees Hospital Foundation Trust (STHFT) in order to explore ways of addressing high rates of prescribing of opioids locally. STHFT operates an opioid reduction clinic, and members of their pain team have been actively involved in delivering the I-WOTCH project (Improving the Wellbeing of People with Opioid Treated Chronic Pain), a support programme that aims to improve the everyday functioning for people living with chronic pain and reduce their opioid use. Working with the Trust, we were keen to replicate the I-WOTCH project in primary care, with a focus on the high opioid prescribing rates, and ensuring that patient outcomes and expectations were managed appropriately. An education programme was developed and two 4-hour interactive education sessions were delivered to over 30 primary care pharmacists from across Tees Valley. Following the programme, pharmacists explored ways in which identified patients could be engaged and encouraged to take part in the intervention clinics using the I-WOTCH structured approach. This initiative raised awareness of high dose opioid prescribing and we have seen promising reductions in high dose opioids prescribing. The Trust now has a robust discharge policy in relation to opioids and all practices across the CCG now have access to the pain specialist pharmacist. Based on feedback received, a follow up education session has been organised for Autumn 2022 to reinforce some of the messages and to outline the findings of the now completed I-WOTCH study.

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POSTER ABSTRACTS

Poster Title:
The collaboration of North Cumbria Opioid Workstream

Abstract:
Originating in 2018, the multidisciplinary group identified the higher volume of opioid prescribing for people in North Cumbria and the associated risks especially for higher doses or combinations. The members collaborative approach, coming together around a common problem have overseen a number of projects, guideline implementations and patient care improvements. The group make progress sharing and reviewing data, improvement audits, educational sessions, clinician resources and the introduction of sound doctor to the area. These projects extend across organisations pioneering shared decision making and joint working. The group welcomes different professions and perspectives and has observed the number of people taking opioids in North Cumbria decrease (data will be included in the poster)

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Poster Title:

A case study: Supporting the patients' journey of opiate reduction utilising the ARRS roles

Abstract:

Use of over 120mg of morphine is linked to substantial increased risk of harm . Given the ever-growing evidence base that long-term opiate use in chronic non-cancer pain is not beneficial , there has been a growing need in general practice to review this cohort of patients (GP) . Supporting patients with opiate reduction can be challenging and time onerous, in an era of long wait times for patients to have a face-to-face appointment with a GP, using the ARRS roles is a must . Utilisation of a practice based clinical pharmacist (CP) to support a patients reduction plan alongside the pain clinic could ease pressure on GP. Patients are referred to the pain clinic for support to optimise pain management. They are often then given a plan for how to support their pain and sent back to the GP to prescribe this. Mr N was identified as a patient on 140mg-150mg oral morphine daily with multiple safety cautions for opiate use. He was referred into CP clinics after receipt of pain clinic letter and received continuity of care from the CP alongside three-monthly pain clinic appointments. This resulted in a reduction of 9 GP appointments across 7-month period. Mr N reduced his opiate to 60mg daily. Pain clinic and patient valued the support from the CP. CP are well placed to provide continuity of care to support complex opiate reductions.

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POSTER ABSTRACTS

Poster Title:
Codeine - reduction of weaker opioids

Abstract:
The purpose of this project is to reduce weaker opioid prescribing, mainly codeine phosphate. The practice this project is used in, is a severe outlier in opioid prescribing and when further searches were conducted it was identified that weaker opioids were the predominant reason for this. The main purpose of this project is to reduce codeine prescribing and reduce patient's codeine to the lowest effective dose and/or stop codeine where appropriate. At a practice meeting it was agreed to send an 'opt out' letter whereby the risks of codeine were highlighted, and the patient had the option to call and discuss their pain management or if no response we shall reduce their prescriptions by one tablet per day per month. The letter also recommended use of the live well with pain website for patients to utilise the tools on there and encourage self-management. In the two years this project has been running the practice has achieved a 40% reduction in patients prescribed codeine phosphate. I learned the importance of having a supportive team throughout this project and the benefit of regular meetings. These meeting helped establish the pace of the project, address any concerns and feedback progress. This project has been extremely successful due to the collaborative working and maintaining a steady and consistent pace that suits the practice and supporting team.

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Poster Title:

Audit of patient outcomes after elective orthopaedic surgery following switch to immediate release opiate preparations for post-op analgesia

Abstract:

In 2021, Best Practice Guidelines issued by the Faculty of Pain Medicine advised the use of immediate-release opioids for management of pain in the post-operative period,1 when sufficient pain control cannot be achieved using Paracetamol and NSAIDs alone, due to the risk of harm associated with the use of modified-release preparations1,2 and the risk of inappropriate continuation in the community3. Our Trust switched from using modified-release to immediate-release morphine following elective joint arthroplasty on November 1st 2021 and this audit was undertaken to assess the effect of this on patient outcomes. For all patients undergoing elective joint arthroplasty receiving immediate release opiates following surgery it was agreed patient outcomes should be equivalent or better than for those who received m/r opioids prior to the switch. All patients admitted for elective THR and TKR during the months of September and November were identified to provide a patient group receiving prolonged-release opioids and one receiving immediate release opioids for comparison. There was a significant reduction in overall opioid use following both hip and knee replacement surgeries. Average pain scores fell after both types of surgery, with a greater reduction in pain reported on POD 1. Length of stay was reduced for patients admitted for both THR and TKR, with a more significant decrease seen following THR. The results demonstrate that the change to I/R opioids has improved patient outcomes.

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POSTER ABSTRACTS

Poster Title:
Collaboration to reduce opioid and gabapentinoid prescribing

Abstract:
In Carlisle Rural PCN we are supporting many patients with chronic pain. This is a huge task which was proving difficult due to the lack of alternatives to the medication. What are the other alternatives, well, movement! We literally knocked on our First contact Physios door and got chatting…and that is how it all began. From that conversation we all realised we had a common goal – to support these patients without the use of medication if possible. From then on we have developed a system for referral between the pharmacy team and the FCP. Once the referral has happened we continue to communicate to ensure the patient has the highest standard of care. The patient now has different health professionals supporting them but also with this common goal.
So, how do we know if this collaboration is working? Well, we all know that collaborating with colleagues and not working in silo has many benefits. Our opioid and gabapentiniod prescribing has reduced considerably (need %). We have worked collaboratively on ?? patients and although our data is incomplete around ?? are reducing their medication. Time will tell if this has a detrimental effect on the patient's quality of life. Our interventions may not reduce pain but hopefully there will not be an increase in pain after stopping medication.
An unforeseen benefit is our evolving knowledge of each others professions.
Just knock on that door – you don't know where that will lead!

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Poster Title:

First Contact Practitioners: An untapped resource in the management of Opioid deprescribing for non-cancer pain.

Abstract:

The North East and North Cumbria are outliers for prescribing opioids for non-cancer pain. This evaluation was undertaken to understand how well positioned First Contact Practitioners (FCPs) are to support the effort to reduce opioid deprescribing rates.

A confidence survey was developed following collaboration of two focus groups. FCPs can be recruited from various registered health care disciplines. For this evaluation physiotherapists, paramedics and podiatrists were targeted and asked to complete the confidence survey.

55 responses were received in total, of which, 49 completed the opioid confidence section of the survey.

70% felt confident to have a conversation about a patient's drug history. Less than 50% felt capable of identifying an issue with opioids and 32.6% of FCPs felt competent or confident to have a conversation about opioids with a patient. However, over 50% of FCP's who responded felt they had the resources to signpost a patient who was interested in a lifestyle change.

The issue of overprescribing of opioids for non-cancer pain in the North East and North Cumbria requires a multi-disciplinary approach.

Clarity is required for a FCPs, particularly physiotherapist's, to understand the scope of their practice with regards to conversations with patients about opioids as opposed to actually being responsible for deprescribing.

Stakeholders must be aware the FCP workforce is in a prime position to contribute to the task of reducing harm caused by opioids for non-cancer pain, but this will require investment in training.

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Poster Title:
Low dose opiate prescribing

Abstract:
Background: Low dose opiates have been on the agenda with various local authorities over the years. North Tyneside CCG has the third highest usage of codeine across the North of England, with significant variation across practices. The CCG have identified a need for low dose opiates to be reviewed, especially acute requests and post discharge requests to ensure pain management is successfully controlled. Therefore, allowing for safer prescribing across the network, and ensuring patients medication is optimised accordingly. Aim: To create and implement a robust standard operating procedure when issuing acute requests for low dose opiates. To ensure acute requests are managed appropriately, and not repeatedly being prescribed without review. Method: First draft of Standard operating procedure (SOP) was created and shared with the team. Feedback gathered and revisions completed. Final SOP approved by Executive team. SOP has been shared on appropriate communication channels, colleagues trained on the process and practices aware of the change and implementation of the policy. Audit of requests to be completed to ensure SOP compliance. Results: Ongoing implementation of the policy, and results to be collated/audited in due course. Conclusion: The Quality improvement project (QIP) has significantly increased reviews of patients on low dose opiates. This was taken from initial feedback. Ongoing review of the policy is still underway, and results will be shared with the team. We plan to audit cases from the practice to ensure compliance, comment on the process and share learnings with the team.

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Poster Title:

Population demographics of patients prescribed opiates in the North of England ICSs

Abstract:

Using the Opioid prescribing comparators dashboard provided by the NHS BSA (ePACT2), the RDTC has analysed the demographics of the unique patients in primary care that were prescribed opioid analgesics (excluding injectables, licensed for addiction, co-dydramol and co-codamol; 21st June – 18th July). Typically, prescribing of opioids in females was more concentrated across a broader range of age bands; 50-79 years, than male patients; 55-69 years. However, opiate use in females aged 50-64 years was more pronounced than the England average for NENC, C&M, HLSC and GM. Similarly, opiate use in males aged 60-64 years was more pronounced than the England average for NENC and C&M. The age bands with the highest proportion of long-term opiate use were between 55-69 years old. An analysis of the age, ethnicity and gender for all opioid related hospital admissions* across the NoE (2018-2021) (includes substance misuse and cancer indications), showed that the main age band for admissions was 40-49 years. The gender with the higher proportion of opioid related admissions was male (54.9%-58.7%) and the predominant ethnicity was 'white British'. When the broader population of patients receiving an opiate on prescription (includes opioid-containing compound analgesics and opiate users in the substance misuse service, excludes cancer indication) is considered, there is a moderately strong positive correlation with both Index of Multiple Deprivation (IMD) score (R2 = 0.2545, correlation coefficient = 0.5045) and Health deprivation (R2 = 0.4069, correlation coefficient = 0.63788). Increasing opioid related hospital admissions were also observed with increasing deprivation.

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POSTER ABSTRACTS

Poster Title:
Deprescribing of morphine sulfate oral solution in County Durham

Abstract:
Concerns have been raised nationally regarding the risks associated with morphine sulfate 10mg/5mL oral solution including unintentional or intentional overdose and death1. This can particularly be an issue if dose instructions and frequencies are not clear and patients do not use appropriate measuring devices. There is also limited evidence for the use of opioids or for "breakthrough" pain relief in chronic pain2. In 2021 County Durham was one of the highest prescribers of opioid medications in the country and had recently had a death of a patient associated with overdose of morphine sulfate oral solution. It was recognised that across the County many patients were prescribed this medication for chronic pain outside the national guidance. In response to this the County Durham Medicines Optimisation Team developed a workstream for GP practices to ensure the review of patients with chronic pain prescribed morphine sulfate 10mg/5ml oral solution, with a view to stopping, reducing or switching to an alternative where possible. The MO team also provided additional support including clinician education, example deprescribing regimes and resources including the RDTC document3. Completion of the workstream led to 1423 patients being reviewed across County Durham. Of these 793 had the medication stopped, reduced or switched to an alternative (55.7%). 468 (32.8%) required alterations to their prescription to ensure full dose and maximum frequency were specified, and 112 (7.8%) showed evidence of oversupply. Following the workstream the volume of morphine sulfate 10mg/5ml oral solution prescribed in Q1 2022-23 compared to Q1 2021-22 (as ADQ) in County Durham has reduced by 15.9% and the number of patients it was prescribed to has also reduced between the two periods by 11.8%. It is therefore concluded that the MO workstream for GP practices in County Durham has been effective in reducing and improving the safety of prescribing of morphine sulfate 10mg/5ml oral solution in County Durham. It is planned that further workstreams will be carried out with other liquid oral opioids products and opioid medications.

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2. https://www.nice.org.uk/guidance/NG193
3. https://rdtc.nhs.uk/prescribing-support-document/optimising-the-use-of-morphine-10mg-5ml-oral-solution-in-primary-care-update/

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Poster Title:
Gabapentinoids – improving the safety of prescribing in County Durham

Abstract:
Gabapentinoids are classified as Dependence Forming Medicines and have limited evidence for efficacy in chronic pain. They are associated with a risk of severe respiratory depression, especially in those on high doses, concomitant opioids or with renal impairment1 and have high misuse and diversion potential2. In 2021 it was identified that County Durham was amongst the highest prescribing areas in the country; there was a need to reduce this prescribing due to the safety concerns. The County Durham Medicines Optimisation (MO) Team developed a programme of workstreams for GP practices to ensure the review of patients prescribed gabapentinoids, starting with those most at risk. The MO team also provided additional support including clinician education and example deprescribing regimes. Two workstreams have so far been completed – "Patients on high strength gabapentinoids" workstream led to 1307 patients being reviewed. "Patients aged over 85 on gabapentinoids" workstream led to 812 patients being reviewed, with 164 patients (20%) having a dose reduction and 57 (7%) having the medication stopped. The volume of gabapentinoids prescribed in Q1 2022-23 compared to Q1 2021-22 (as ADQ per STAR-PU) in County Durham has reduced by 4%. It is therefore concluded that a programme of MO workstreams for GP practices in County Durham has been effective in improving the safety of prescribing of gabapentinoids in County Durham. A significant number of patients have had their medication reviewed and appropriately stopped or reduced and there has been a reduction in prescribing volume across the County. It is planned that further workstreams will be carried out with reducing age ranges, and that this model may also be applied to low strength opioids.

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2. https://www.gov.uk/drug-safety-update/pregabalin-lyrica-gabapentin-neurontin-and-risk-of-abuse-and-dependence-new-scheduling-requirements-from-1-april

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