

North Cumbria Place Opioid Workstream

Helena Gregory

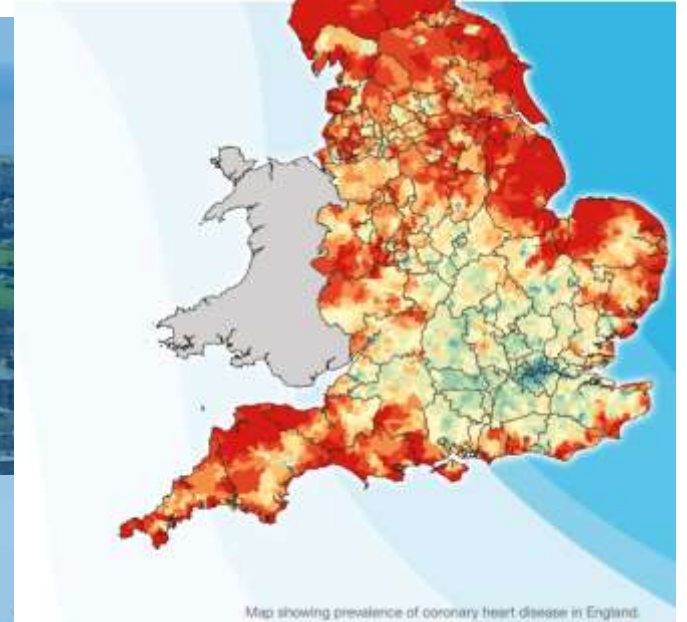
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North east and North Cumbria Integrated Care Board

November 2022

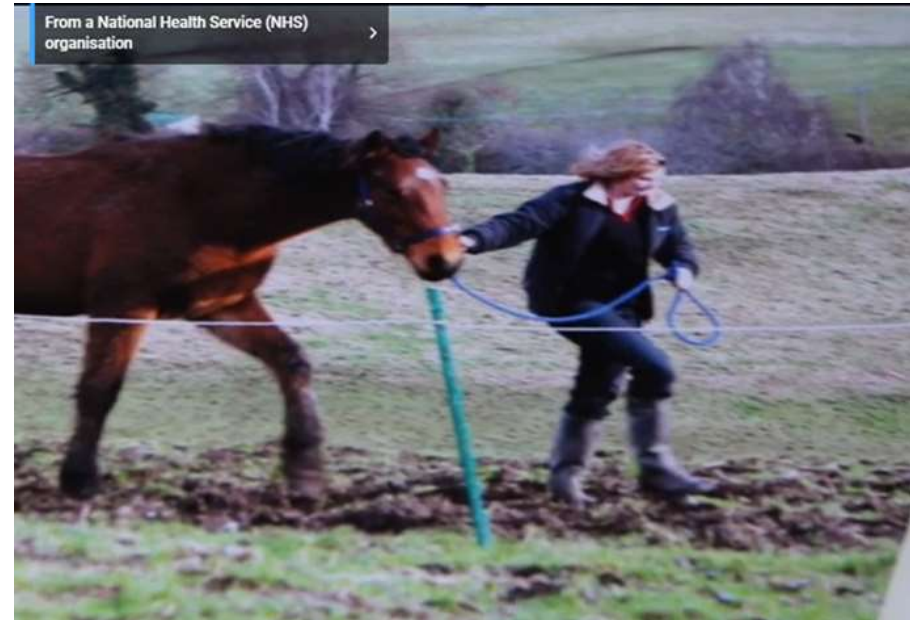
North Cumbria



Map showing prevalence of coronary heart disease in England.



Our opioid story.....



What's changed for you in the last 10 years?

- For reflection – no need to feed back.
- One minute to discuss with neighbours.

Recent history of NICE Guidance

1986

- World Health Organisation Analgesic Ladder

2013

- NICE CG193 - Neuropathic pain in adults: pharmacological management in non-specialist settings

2016

- NICE NG59 - Low back pain and sciatica in over 16s: assessment and management

2021

- NICE NG193 - Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

2022

- NICE NG215 - Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults

2022

- NICE NG 226 - Osteoarthritis in over 16s: diagnosis and management

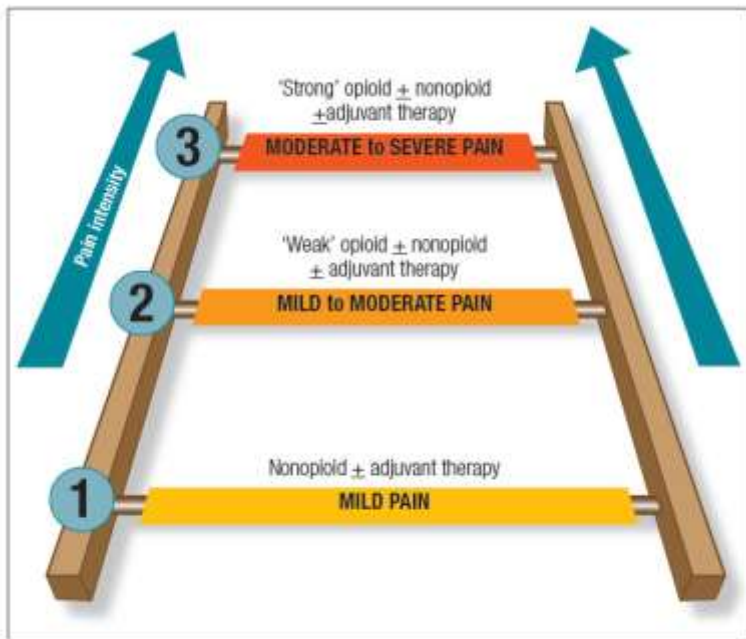
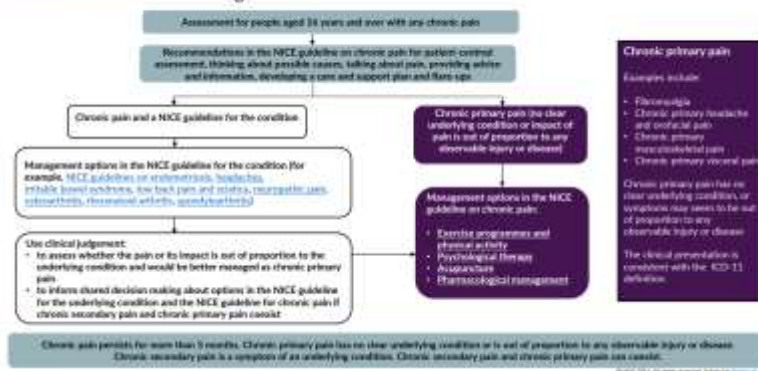


Figure 1. A modern rendition of the original 1986 WHO pain ladder with 3 steps. Patients begin at the first rung and then based on pain intensity progress, rung by rung, up the ladder as pain worsens.



Chronic pain (primary and secondary) – using NICE guidelines for assessment and management



NICE

Chronic primary pain
 Examples include:
 • Fibromyalgia
 • Chronic primary headache and orofacial pain
 • Chronic primary hyperalgesic pain
 • Chronic primary nociceptive pain
 • Chronic primary visceral pain
 • Chronic primary neuropathic pain
 • Chronic primary regional pain
 • Chronic primary pain that is clear underlying condition, or symptoms are seen to be out of proportion to any observable injury or disease
 The clinical presentation is consistent with the ICD-11 definition.

Management of osteoarthritis

Essential:
 • Referability is diagnosed clinically and usually does not need imaging to confirm diagnosis.
 • Management is guided by symptoms and physical function.
 • The core elements are: assessment, exercise, and health management, suitable information and support.

Exercise	Weight management	Information and support
<ul style="list-style-type: none"> For all people with osteoarthritis, when recommended, exercise should be encouraged to improve quality of life and physical function, and reduce pain. Consider supervised therapeutic exercise initially. Monitor exercise tolerance but only limit activities to an extent that will benefit the joints, reduce pain and improve function. Exercise programs should be tailored to the individual, including frequency, intensity and duration. Exercise programs should be tailored to the individual, including frequency, intensity and duration. Exercise programs should be tailored to the individual, including frequency, intensity and duration. 	<ul style="list-style-type: none"> For people who are living with overweight or obesity, weight management should be encouraged to improve quality of life and physical function, and reduce pain. Weight management should be encouraged to improve quality of life and physical function, and reduce pain. Weight management should be encouraged to improve quality of life and physical function, and reduce pain. Weight management should be encouraged to improve quality of life and physical function, and reduce pain. Weight management should be encouraged to improve quality of life and physical function, and reduce pain. 	<ul style="list-style-type: none"> Take information to the person in an accessible format, with version 2 in an accessible format. Advise where people can find further information on the condition and information that supports common health management options. Offer a copy of the patient information leaflet (PIL) for the condition and information that supports common health management options. Offer a copy of the patient information leaflet (PIL) for the condition and information that supports common health management options. Offer a copy of the patient information leaflet (PIL) for the condition and information that supports common health management options.
<p>Manual therapy Only consider for the knee and lower back osteoarthritis and alongside the specific exercise.</p>	<p>Diets Consider working with the dietitian to advise on diet.</p>	<p>Do not offer: • acupuncture or dry needling • electroacupuncture • manual therapy • manual therapy • manual therapy • manual therapy</p>

Pharmacological management
 If needed, use:
 • paracetamol
 • topical NSAIDs
 • oral NSAIDs
 • tramadol
 • opioids
 • corticosteroids
 • hyaluronic acid
 • intra-articular hyaluronic acid
 • intra-articular hyaluronic acid
 • intra-articular hyaluronic acid
 • intra-articular hyaluronic acid

Referral for joint replacement
 Consider referring people with hip, knee or shoulder osteoarthritis for joint replacement if:
 • joint symptoms are substantially impacting their quality of life and
 • non-surgical management is ineffective or unstable.

NICE National Institute for Health and Care Excellence

Before starting medicines associated with dependence or withdrawal symptoms

This is a summary of recommendations 1.1.1 to 1.2.2 in the NICE guideline on medicines associated with dependence or withdrawal symptoms. It is intended to support healthcare professionals carrying out a clinical review for people taking an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant. It is not an exhaustive list but should support standard practice for reviews, including the advice on reviewing medicines in the NICE guideline on medicines associated with dependence or withdrawal symptoms. The guideline includes more detailed information on reviewing medicines in section 1.4 and making decisions about withdrawing medicines (section 1.5) using a collaborative and person-centred approach.

Give verbal and written information about the medicine	Discuss and agree a medicines management plan
<p>Before making an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant decision:</p> <ul style="list-style-type: none"> All other medicines (prescription, over-the-counter, herbal, vitamins, supplements, and medicines from other countries) should be reviewed. Explain the risks of dependence and withdrawal symptoms. Explain the risks of dependence and withdrawal symptoms. Explain the risks of dependence and withdrawal symptoms. Explain the risks of dependence and withdrawal symptoms. Explain the risks of dependence and withdrawal symptoms. 	<p>Include in the medicines management plan:</p> <ul style="list-style-type: none"> When the medicines should be reviewed. When the medicines should be reviewed. When the medicines should be reviewed. When the medicines should be reviewed. When the medicines should be reviewed. When the medicines should be reviewed.

Reviewing medicines associated with dependence or withdrawal symptoms

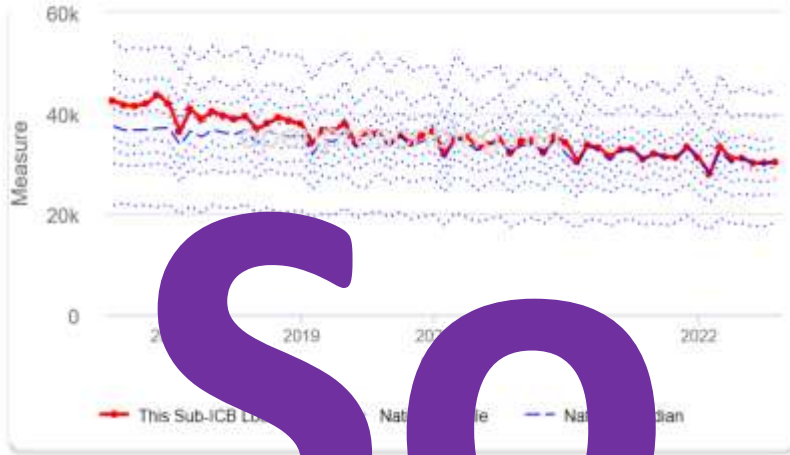
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Regularly review the person's medicines and update their management plan	Add your notes here
<p>At each medicines review for people taking an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant, discuss:</p> <ul style="list-style-type: none"> The benefits and risks of continuing the current dose, with advice on stopping the medicines. The benefits or harms the person is experiencing from continuing the medicine. Any signs that the person is developing problems associated with dependence, such as: • increasing use of a medicine • waking frequently at night • forgetting that a medicine has been stopped and needing to re-start • the person's preferences for continuing the current dose, adjusting the dose or stopping the medicine. When to contact a drug user helpline or pharmacist. 	<p>Agree and update the management plan with the person and give them a copy.</p>

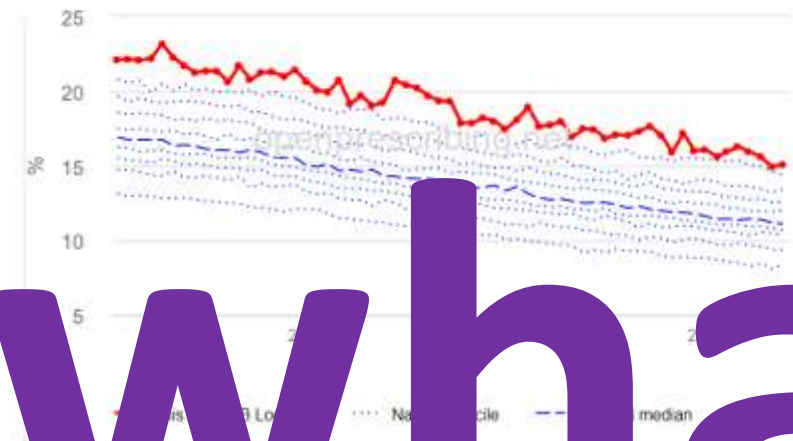


Data driven

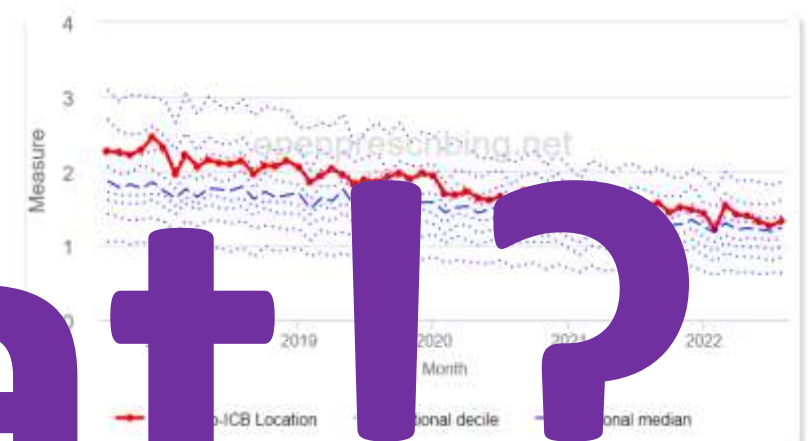
Total opioid prescribing (as oral morphine equivalence) per 1000 patients



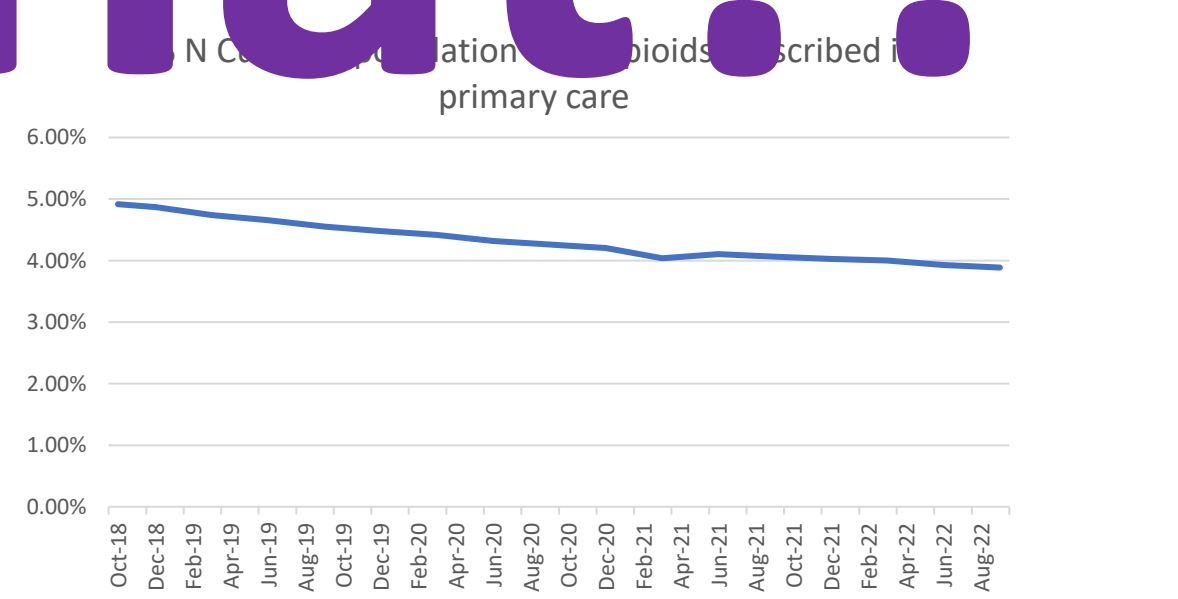
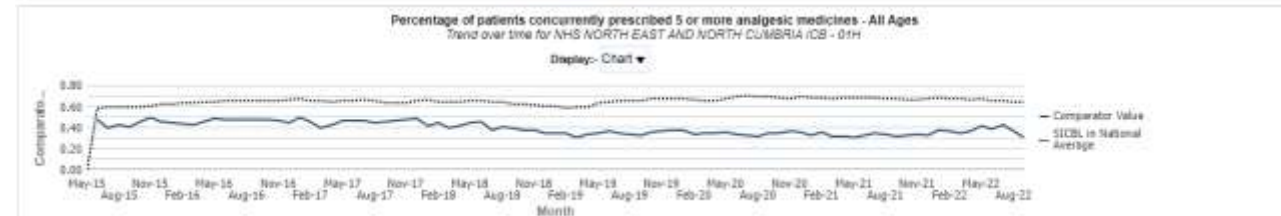
Opioid items with likely daily dose of ≥120mg morphine equivalence compared with prescribing of all items of these opioids



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

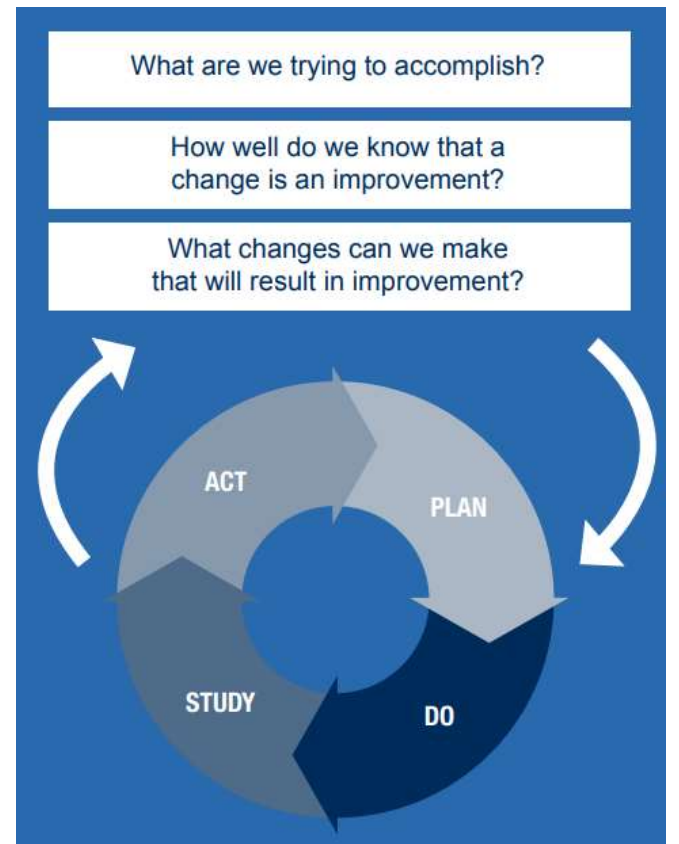
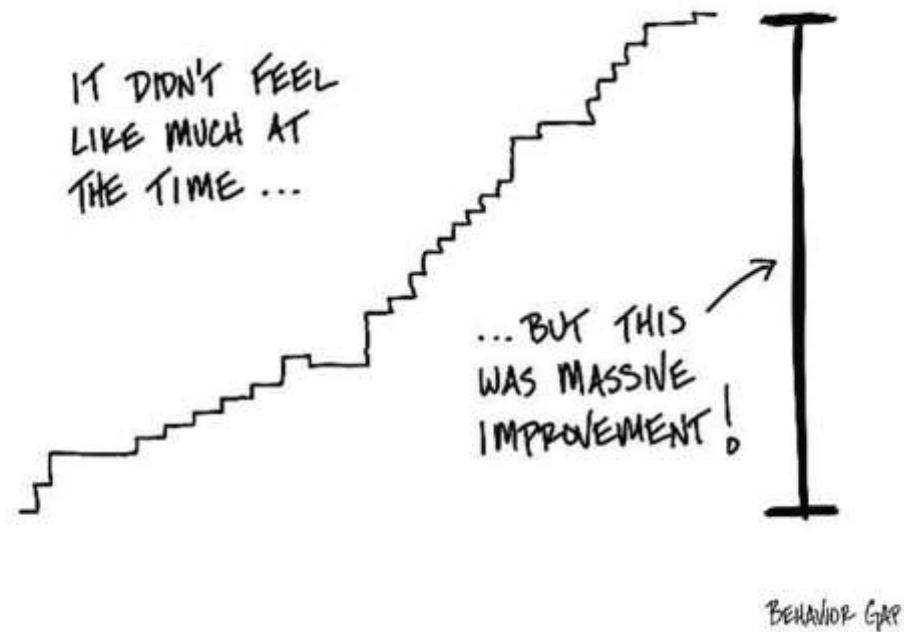


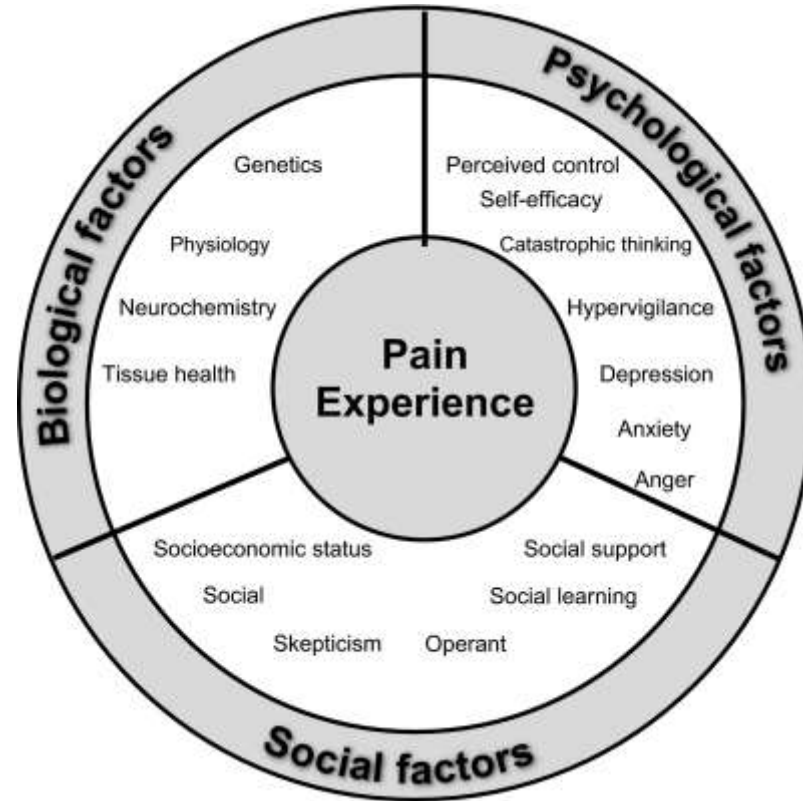
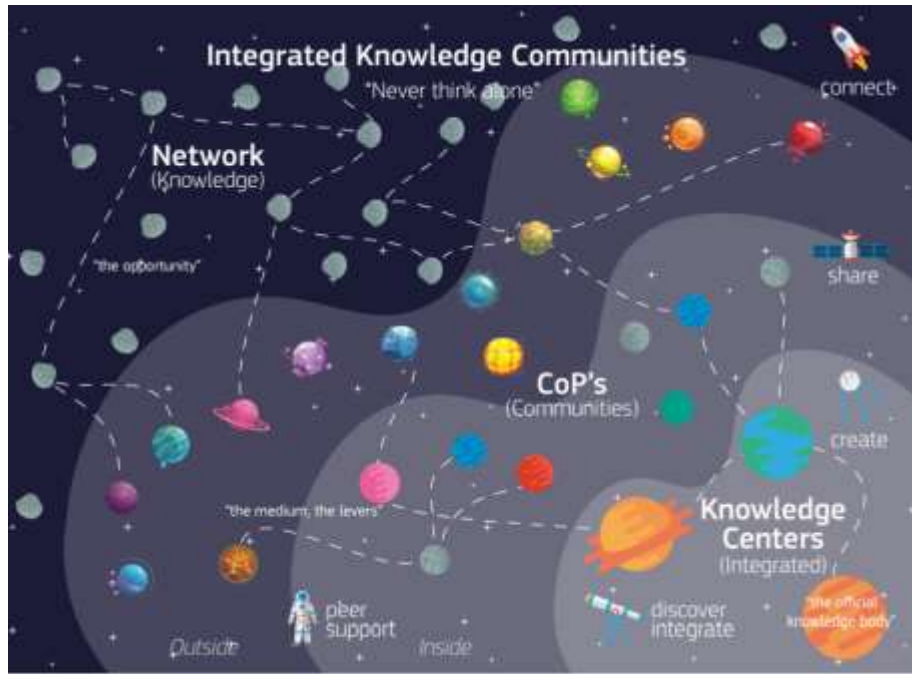
So what!?



Where/ when do you explore opioid data?

- For reflection – no need to feed back.
- One minute to discuss with neighbours.

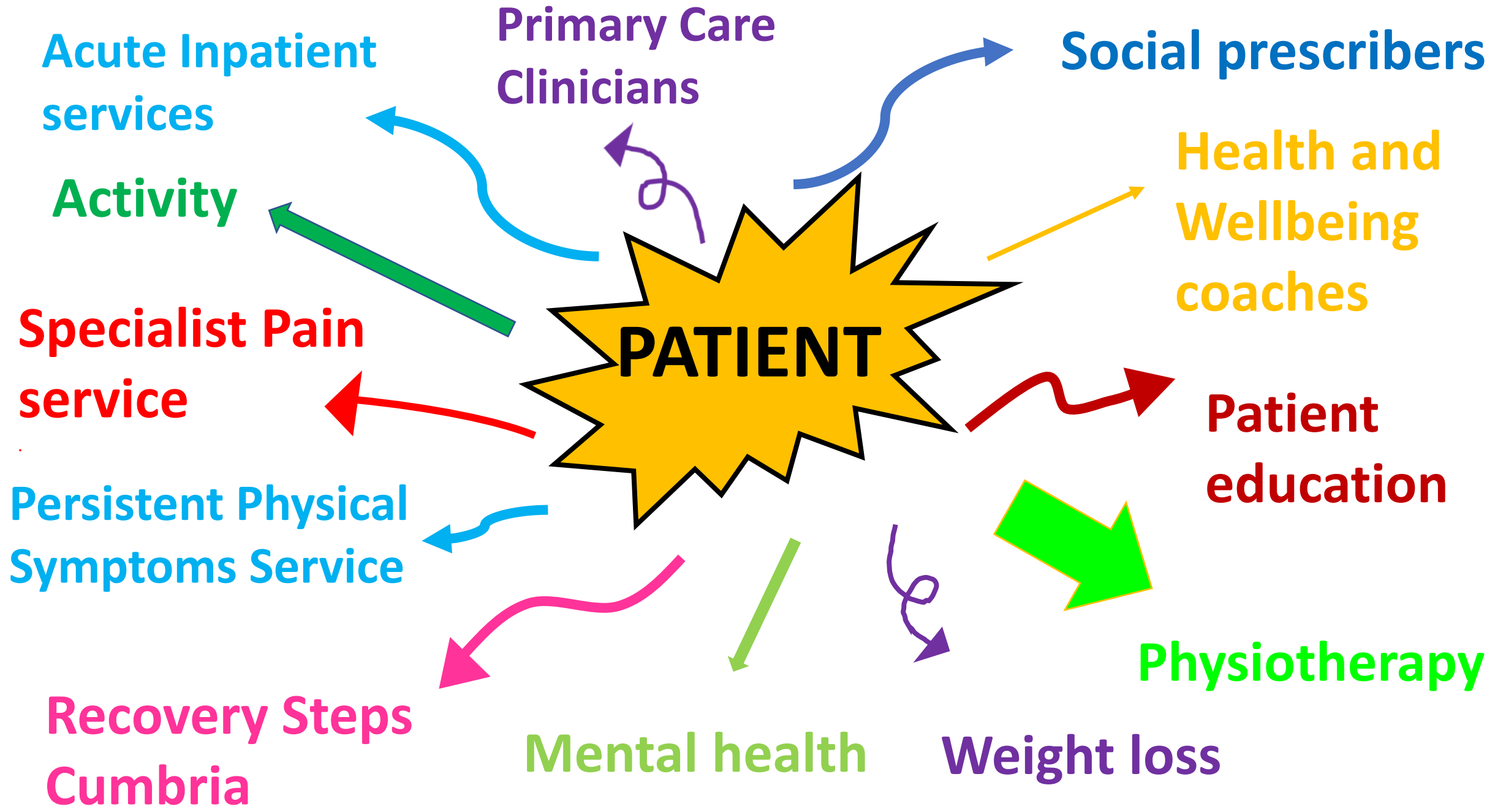




Helena Gregory
@HelzGregory

The most inspirational meeting in my calendar is our opioid workstream, so proud of our teams working together to improve services for people with chronic pain. Such a good learning and sharing environment 🌟 Kirsty talking about her MDT working 😊
[@pauldaylive](#) [@ElspethDesert](#)

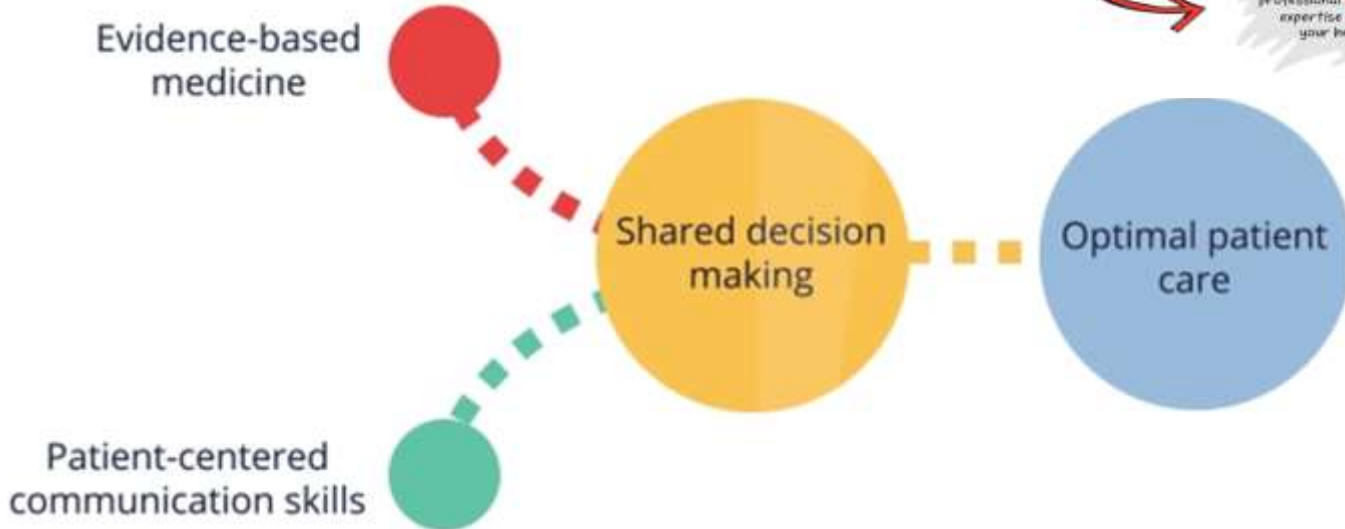
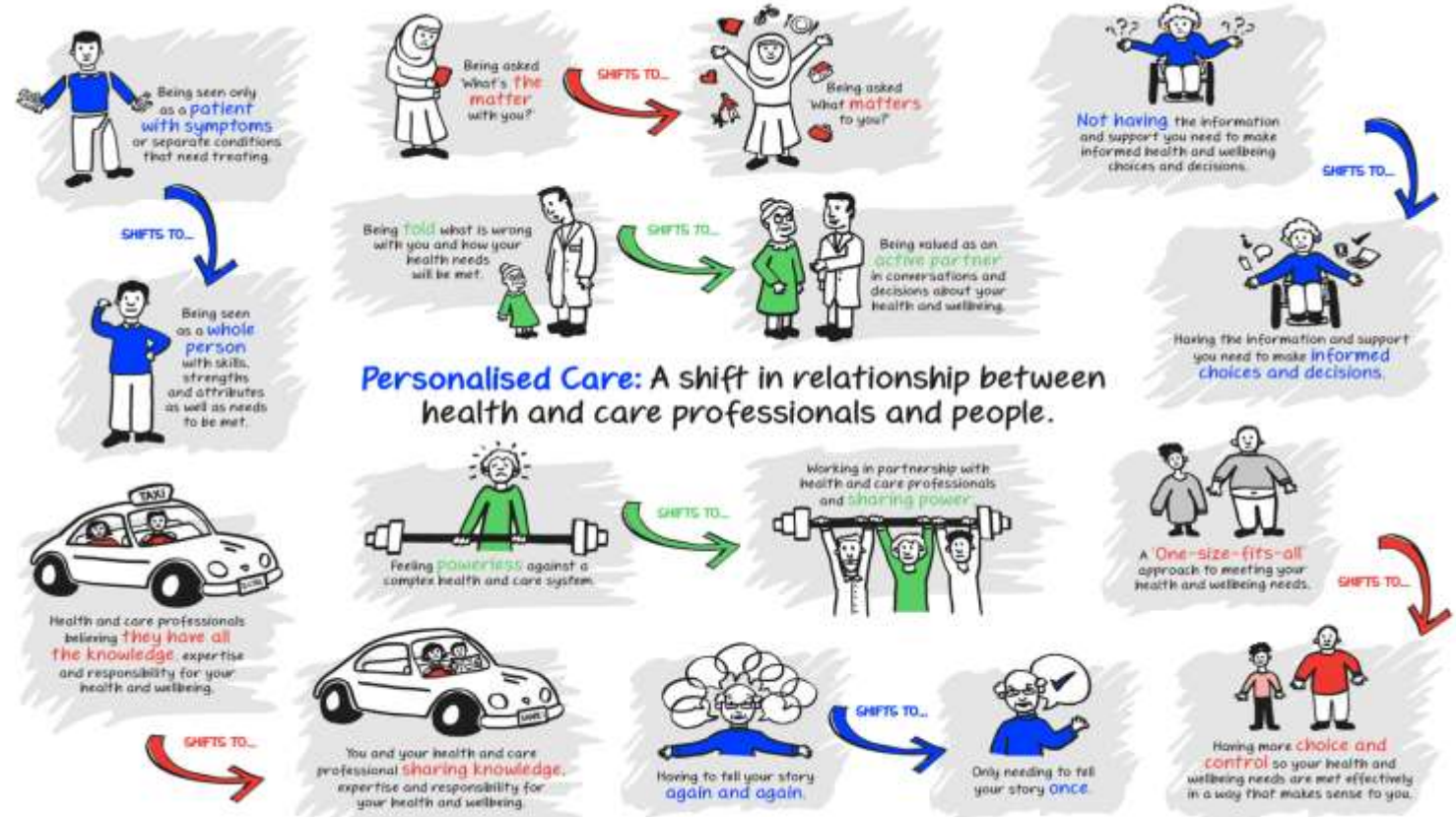




How do you hear about events/ services/ opportunities near you?

- For reflection – no need to feed back.
- One minute to discuss with neighbours.

Personalised care



Digital support

Knee Injuries

Management

1. Arrange an emergency assessment if:
 - fracture or dislocation suspected.
 - acute neurovascular compromise.
2. If the injury is less than 4 weeks old, and history of immediate swelling or deformity indicating significant injury, request urgent orthopaedic assessment via the Virtual Fracture Clinic.
3. If no significant injury, provide general management.

General management

Advise the patient to:

- consider self-referral to core physiotherapy.
- protect the joint from further injury or excessive stress. Use optimal loading – it is important to start active exercises sooner rather than later to reduce risk of adhesions developing. See MSK Reform – [New Knee Pain](#) (requires log in).
- Ice. Apply (but not directly to the skin) for 20 minutes every 2 hours for the first 2 to 3 days after injury.
- compress the joint with a simple elastic bandage (available over the counter from pharmacies).
- elevate the injured joint above the level of the heart.
- take simple analgesia, e.g. paracetamol or nonsteroidal anti-inflammatory drugs (NSAIDs) (available from pharmacies).

North Cumbria
COMMUNITY

HEALTHPATHWAYS

Health Advice Resources from 'The Sound Doctor'

Educational videos explaining the most effective ways of managing conditions.



Opioid resources

[Prescribing Guidelines](#) | [Opioid resources](#) | [North of Tyne Pharmacy](#)

[Wound Formulary](#) | [APC](#) | [MSGs](#) | [Shared Care Protocols](#) | [Practice Resources](#)

North Cumbria Opioid Prescribing Resources

[APC position statement on palliative care use of opiates](#)

Patient stories

One patient story

Peter was on Morphine 12mg oral daily dose and had repeated admissions with type 2 respiratory failure. On (T) and almost died.

He has followed the patient reducing regimen perfectly and was down to 15mg MDT before discharge. He said **I can breathe again**, he has started coming up to the surgery for leg dressings now once weekly, previously district nurses were going in to the house 2-3 times per week to do it. **he is continuing to reduce and aiming to stop all together.**

The patient is happy for his story to be shared anonymously with other patients and parents: **"because it helps just one person..."**

He said he is a different person to the one he was before he almost died in (T).

David's Story (T) November 2017 (2017) (download)



Explaining pain

A booklet to inform people about chronic pain and to help answer any questions that they may have.



Acknowledgement to Macchender & Garland Pain Centre for allowing North Cumbria CCG to adopt this guide.



A GUIDE TO PHYSIOTHERAPY



KEEPING ACTIVE

References

- European Commission Joint Research Centre – Communities of Practice Playbook <https://op.europa.eu/en/publication-detail/-/publication/9d18431e-1a88-11ec-b4fe-01aa75ed71a1/language-en>
- RCGP Quality Improvement for General Practice https://elearning.rcgp.org.uk/pluginfile.php/174203/mod_book/chapter/572/A%20practical%20guide%20to%20Model%20for%20Improvement%20and%20PDSA.pdf
- Live Well With Pain <https://livewellwithpain.co.uk/>
- Faye's Story <https://www.england.nhs.uk/patient-safety/fayes-story-good-practice-when-prescribing-opioids-for-chronic-pain/>
- Opioids Aware <https://www.fpm.ac.uk/opioids-aware>
- North Cumbria Opioid resources <https://medicines.necsu.nhs.uk/opioidresources/>
- NICE CG193 - Neuropathic pain in adults: pharmacological management in non-specialist settings (2013- 2020) <https://www.nice.org.uk/guidance/cg173>
- NICE NG59 - Low back pain and sciatica in over 16s: assessment and management (2016) <https://www.nice.org.uk/guidance/ng59>
- NICE NG193 - Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (2021) <https://www.nice.org.uk/guidance/ng193>
- NICE NG215 - Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults (2022) <https://www.nice.org.uk/guidance/ng215>
- NICE NG 226 - Osteoarthritis in over 16s: diagnosis and management (2022) <https://www.nice.org.uk/guidance/ng226>
- Elwyn et al - A three-talk model for shared decision making: multistage consultation process (BMJ, 2017) <https://www.bmj.com/content/359/bmj.j4891>
- Personalised care <https://www.england.nhs.uk/personalisedcare/>