

Evaluating the impact of
a video intervention to
reduce opioid prescribing
in primary care





Opioid use in the Northeast of England is high. A video messaging pilot-intervention has been implemented, in response to the pandemic, to explain the rationale for opioid reduction and encourage people to seek support. This study aims to evaluate the potential benefits, risks, and economic consequences of 'at scale' implementation.

| Project summary

In response to the impact of COVID-19, a novel process was initiated to remotely explain the reasons for reduced opioid use and initiate support. A short video suitable for smartphone viewing is messaged using a two-way communication system. Patients can watch the video more than once and request additional support by replying with a simple text or email response. This approach has already been rolled out in selected GP practices in a region in Northern England, targeted at patients identified as prescribed high levels of opioids. This process also enables efficient delivery of a discrete offer of help to at-risk individuals who often avoid service contact, especially during the pandemic.

The intervention arm comprised 25 GP practices using SystmOne (a clinical computer system which the intervention is currently integrated with) who delivered the video to 538 of their patients via text message. The video was watched 721 times. The control arm comprised 19 practices using EMIS (a different clinical computer system) who continued usual care.

Monthly practice level data is being followed up for six months, and the association between exposure (video message vs. control) and outcome (opioid prescribing) estimated. Semi-structured interviews are currently underway remotely with selected participants, including patients who received the video and health professionals involved in sending out the videos and providing additional support. These interviews are being recorded with consent, transcribed and analysed thematically.

| Addressing health inequalities

This study was developed with a person with lived experience of opioid reduction, who reviewed and commented on video scripts, ethics documents and recruitment strategies. In addition, we actively sought support from people from disadvantaged socioeconomic backgrounds to join this study to ensure this project reduces health inequalities in access, experience, and outcomes.

Opioid use is recognised as a significant problem within disadvantaged communities, and the majority of the highest prescribing areas are located in the North of England. Therefore, the intervention, by its very nature, aims to support and address health inequality by facilitating the timely and appropriate reduction of opioid prescribing. The qualitative component of this study is exploring this intervention through a health inequalities lens.



“Many people prescribed long term high-dose opioids are not fully cognisant of the consequences of taking these medications or how the medical evidence regarding their effectiveness has progressed. It was important to me, as someone with lived experience of opioid reduction, that the choice to do so remains with the patient. I also hope that the video will have ongoing benefits by starting the thought process regarding future reductions for those who did not choose to do so during the trial period.”

Niki Jones, steering group member and person with lived experience

| Outcomes

- 1** There was considerable interest in primary care with early and positive engagement from the required general practices willing to engage, to learn and to support those who find themselves using high doses of opioids.
- 2** It is possible to bring together teams across a large geography to deliver an important project that addresses an ICB priority.
- 3** Where interventions to reduce opioid prescribing are available, we observed that primary care organisations were keen to participate despite the current service pressures.
- 4** The findings from this work will be used to inform future plans for opioid strategies.

| Implications for service improvement

The project was developed with the support of our NENC ICB and specifically the Director of Medicines, Ewan Maule. The data will be used to support future plans for opioid reduction strategies. Our dissemination plan is described in our published protocol (BMJ Open) and will support and inform future use of the project outputs.

A major challenge identified related to the process of delivering a research project in a non-research based organisation. However, we were still able to deliver it. The need to obtain research ethics and governance approvals through the Integrated Research Application System (IRAS) and other appropriate approvals, without extensive experience with this requirement, presented additional, unexpected challenges for the project team.



I Next steps

We are working with the York Health Economic Consortium to understand the potential impact and return on investment of the approach. This will represent an important output of the project.

The analysis and formal evaluation of this project will inform further development and implementation of the intervention, and the outcomes of this project will inform future strategies to address opioid prescribing.

Ultimately if positive, the evaluation will lead to widespread implementation, and the positive impacts of reduced opioid prescribing that this will bring communities.

This project was undertaken by Health Innovation North East and North Cumbria (the new name for the Academic Health Science Network for the North East and North Cumbria) and National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) North East and North Cumbria with funding from the Accelerated Access Collaborative at NHS England, and support from the NIHR.

Resources

- The project resources are available on the [website](#).
- The protocol has been published in [BMJ Open](#).

Key partners

- Teesside University
- Newcastle University
- Northumbria University
- York Health Economic Consortium
- Primary Care Teams NENC
- Integrated Care Board NENC

The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.



More information

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Care settings

✓ STP / ICS ✓ Primary Care ✓ Community

Clinical areas

✓ Pain management

Cross-cutting themes

✓ Digital transformation
 ✓ Patient safety
 ✓ Quality improvement and culture
 ✓ Diversity, inclusion, and equality
 ✓ Health inequalities
 ✓ Patient and public involvement and co-design

Solution themes

✓ Monitoring ✓ Treatment ✓ Management
 ✓ Communication and consultation ✓ Operations or logistics

Innovation types

✓ Digital ✓ Service ✓ Complex intervention

Innovation status

✓ Pilot