



Medicines

# UCLPartners Opioid Network Meeting

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Delivered by:

UCLPartners

**Patient Safety Collaborative**

**Health  
Innovation  
Network**

Led by:

**NHS England**

**NHS Improvement**

# Agenda

Time	Item
14.00	Welcome
14:05	Haringey GP Federation – primary care opioid reduction projects
14:35	MedSIP update and 2024/25 support offer
14:50	AOB
15.00	Close

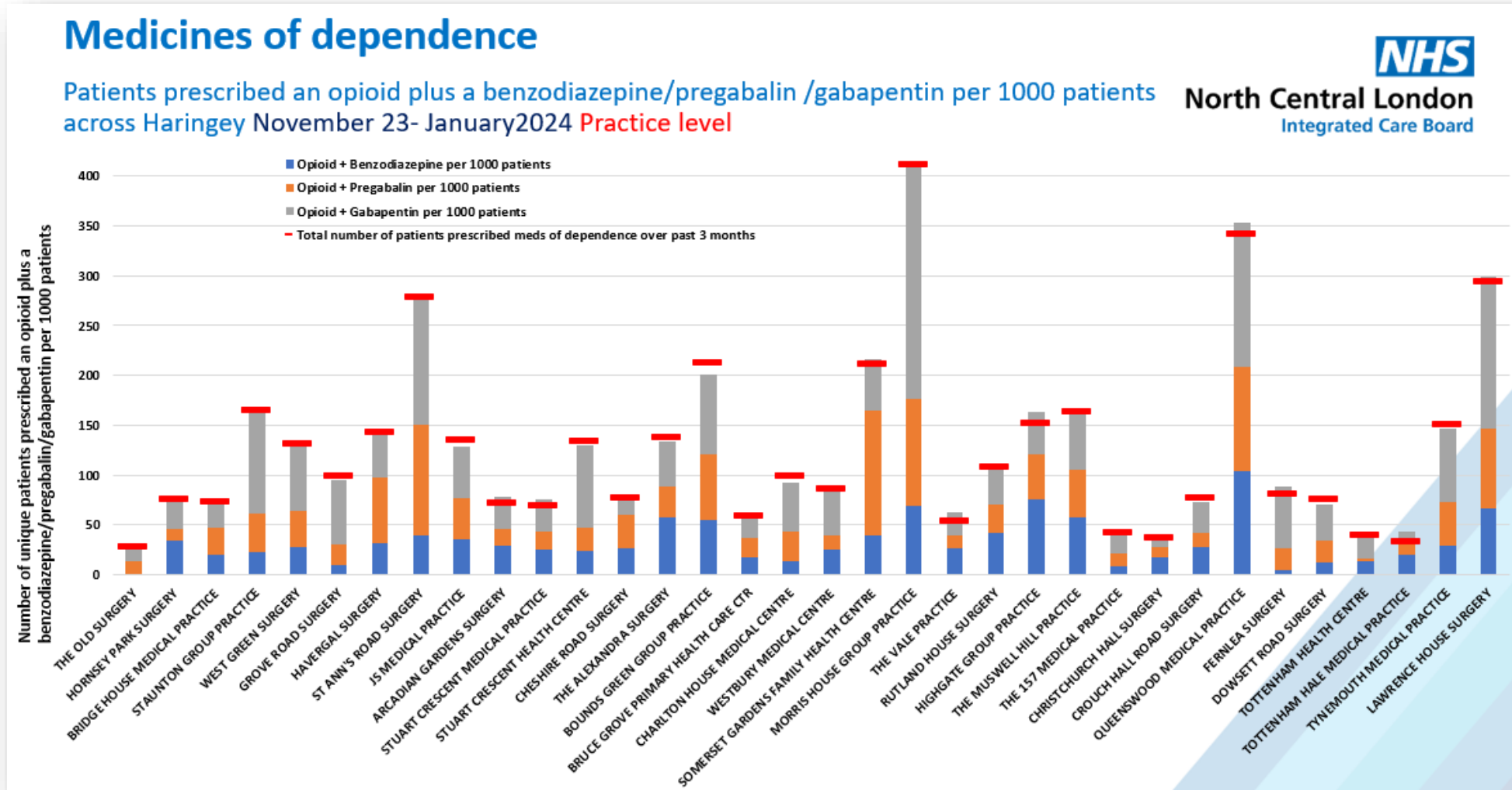


# Structured medication reviews: Haringey quality improvement

Senior Clinical Pharmacist team: Haringey GP  
Federation

# Background

- Local need to focus on opiate prescribing
- DES contractual requirement



# Aims & methodology

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## **Ensure this work is prioritised proactively/reactively for our patients**

- By presenting quarterly performance data to the pharmacy team
- Providing tools and tips on how the work can be conducted alongside the "business as usual" reviews

## **Ensure increased number of SMR's conducted throughout the year**

- Continue motivating the team to prioritise this piece of work
- Spotlight the practices with particularly poor prescribing data

## **Upskill the pharmacy team to support this cohort of patients**

- Build In content Into the education and training agenda

# Standards set

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Both NICE and CQC do not quantify how many patients on opiates are reviewed but ask organisations to determine a review process.

Although It Is Ideal for all patients on controlled drugs to have a structured medication review, this was not realistic for various reasons Including:

- a) the lack of protected time for the piece of work
- b) recruitment and retention issues
- c) more junior staff lacking confidence to tackle this area. Hence It was determined a 50% achievement by end of year would be suitable.

# Scoping

- Spotlight focus on opiates in 2023/24
- Baseline survey

## WHY DO YOU THINK THAT THE ISSUE OF OVERUSE OF OPIOIDS IN CHRONIC PAIN HAS RISEN?

- **CLINICIANS**
  - Increased prescribing
  - Lack of awareness of risks of opioids
  - Lack of follow up reviews once initiated
  - Generalised pain vs neuropathic pain
  - Delays in waiting times for specialist services and physiotherapy
  - Variation in confidence in deprescribing
- **PATIENTS**
  - Misuse of both prescription and non-prescription opioids
  - Patient expectations of being pain free
  - Lack of awareness of risks of opioids
  - Psychosomatic pain
  - Vulnerable populations

## WHAT CAN WE DO IN PRIMARY CARE TO REDUCE THIS PROBLEM?

- **DISCUSS RISKS OF OPIOIDS AT INITIATION AND AT FOLLOW UP REVIEWS**
- Utilising opioids resources i.e. Opioids aware
- Patient centred care
- Holistic reviews exploring other causes of pain
- Being alert to patients at risk of escalated opioid prescribing
- Prescribing data
- Liaising with specialist services i.e. A&G and/or referral
- Referral for non-pharmacological therapies i.e. physiotherapy
- Signposting to self-management resources i.e. Live Well with pain

## WHAT ARE THE BARRIERS PREVENTING BETTER PAIN MANAGEMENT?

- **FUNDING AND/OR RECRUITMENT FOR SPECIALISTS AND/OR SERVICES**
- Lack of patient engagement
- Prescribing variation
- Referral waiting times for pain clinic, physiotherapy, capacity

## WHAT DO WE NEED IN PRIMARY CARE IN ORDER TO ACHIEVE THIS AIM?

- **CLINICIANS**
  - Raising awareness of the risks of opioids
  - Education and training to safely deprescribe
  - Specialist integrated services in primary care
  - Virtual group clinics in primary care with a specialist
  - EMIS/SystemOne searches to identify patients for review i.e. Morphine equivalent 120mg or more
  - Care coordinators
  - Social prescribers
- **PATIENTS**
  - Supported self-management by signposting to pain resources, charities i.e. Live well with pain
  - Pain management programmes

# Outcomes: 2023/24

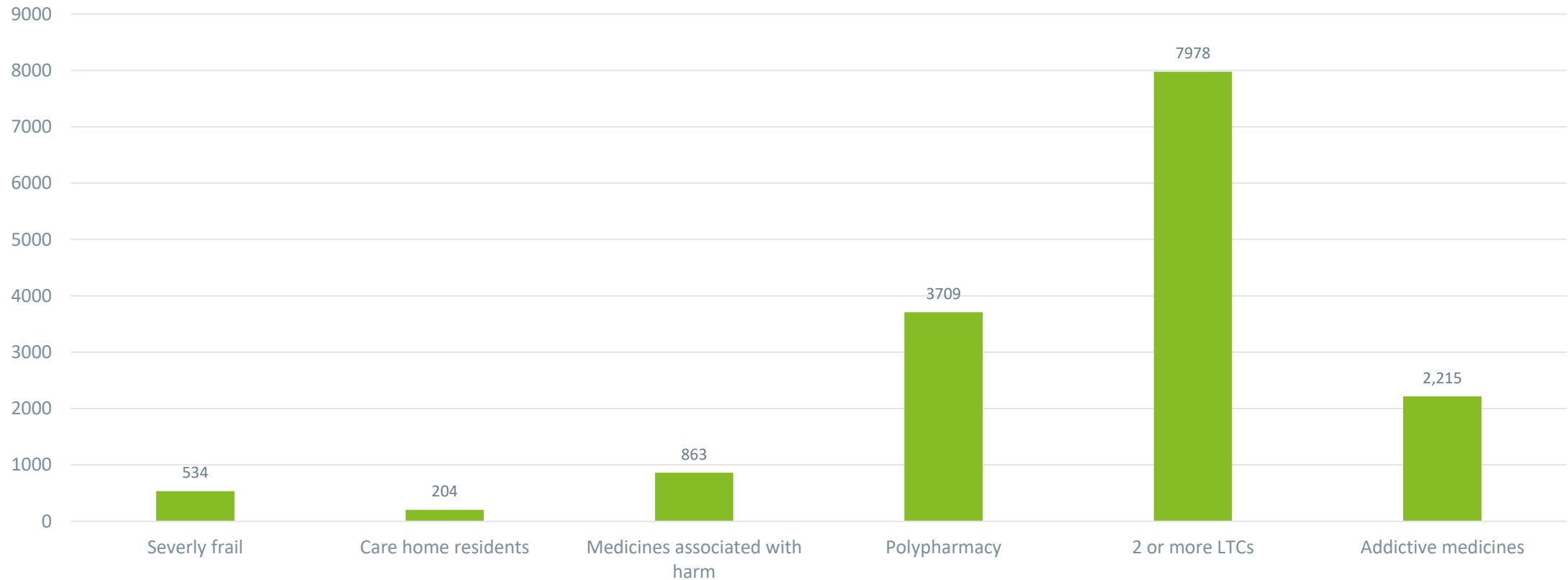
- Focussed on combination prescribing
- Focussed on 120mg morphine or more

	Q1			Q2			Q3			Q4		
	Population count	SMR DONE	% SMR DONE	Population count	SMR DONE	% SMR DONE	Population count	SMR DONE	% SMR DONE	Population count	SMR DONE	% SMR DONE
Benzodiazepine & Opioid	331	35	11%	345	85	25%	359	124	35%	344	134	39%
Gabepentin & Opioid	1008	83	8%	1055	200	19%	1066	291	27%	1019	319	31%
Pregabalin & Opioid	554	48	9%	575	123	21%	607	193	32%	577	200	35%
Z-drugs & Opioid	279	29	10%	296	77	26%	309	114	37%	289	116	40%
<b><u>Opioids equivalent to 120mg morphine or more</u></b>												
Buprenorphine	15	1	7%	15	3	20%	16	4	25%	14	4	29%
Diamorphine	0	0	N/A	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A
Fentanyl	24	2	8%	25	7	28%	24	10	42%	25	12	48%
Hydromorphone	0	0	N/A	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A
Morphine	15	2	13%	12	5	42%	13	9	69%	15	10	67%
Oxycodone	32	8	25%	30	13	43%	30	18	60%	29	16	55%
Tapentadol	1	0	0%	1	0	0%	0	N/A	N/A	0	N/A	N/A



# Overall SMR performance (2023/24)

Number of SMR's 2023/24 (DES)



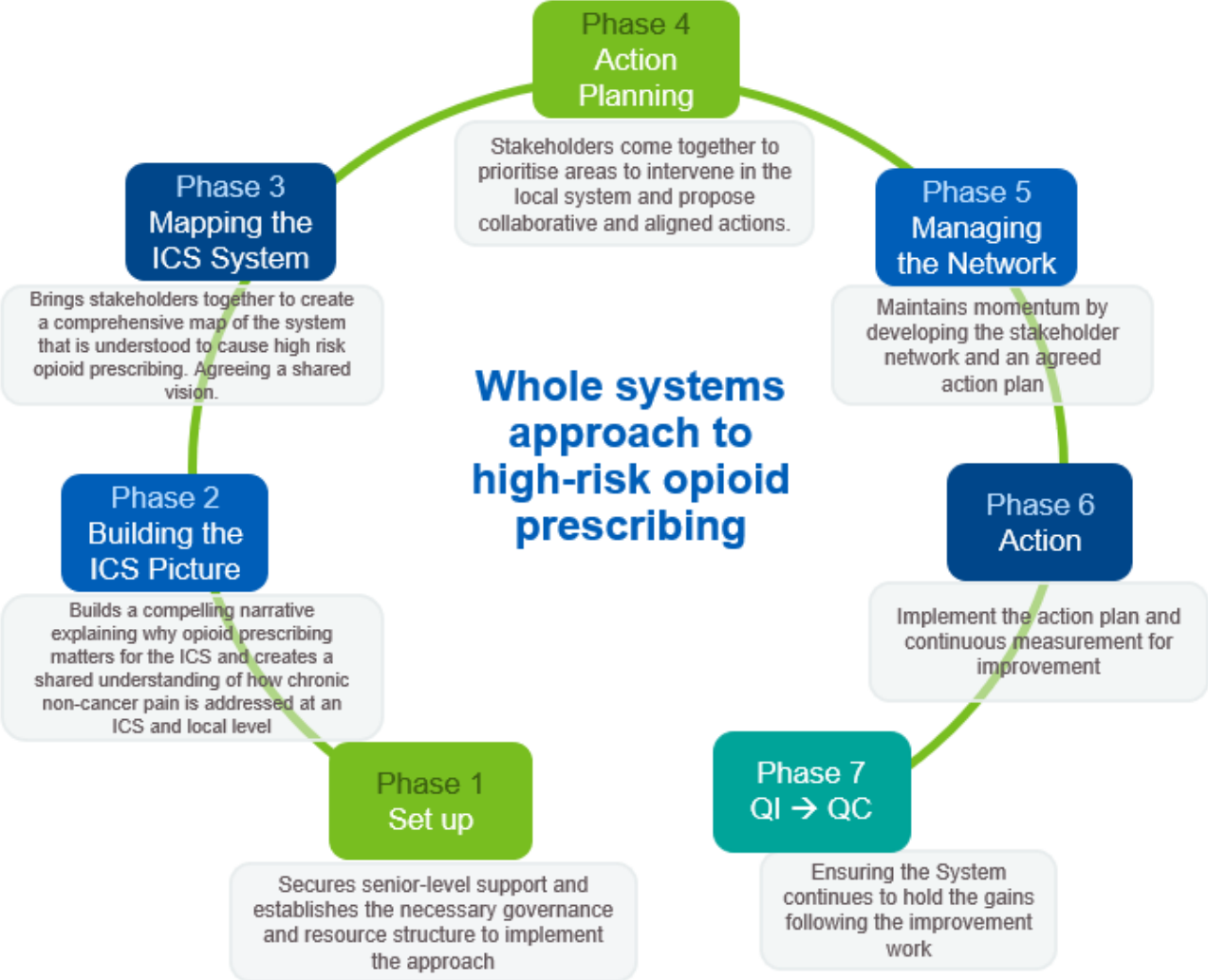
# 2024/25 Q1 report



	Care home	Medicines associated with harm - based on prescribing data	Abuse potential	Frailty	2 or more LTCs
<b>EC</b>	4/29 (10%)	135/173 (78%)	<b>94/556 (17%)</b>	5/94 (2.6%)	44/47,549 (0.09%)
<b>N15</b>	6/92 (7%)	230/320 (7%)	<b>47/793 (6%)</b>	15/130 (12%)	64/39,544 (0.16%)
<b>NC</b>	0/34 (0%)	203/247 (82%)	<b>16/619 (2.6%)</b>	7/145 (5%)	24/36,157 (0.07%)
<b>NE</b>	9/329 (3%)	331/654 (50%)	<b>26/1061 (2.5%)</b>	8/240 (3.3%)	26/47,498 (0.05%)
<b>NW</b>	1/60 (2%)	274/342 (80%)	<b>26/765 (3.4%)</b>	6/202 (3%)	31/55,173 (0.06%)
<b>SW</b>	0/22 (0%)	179/209 (86%)	<b>35/653 (5.4%)</b>	15/220 (6.8%)	52/38,117 (0.14%)
<b>WEL</b>	1/46 (2%)	196/251 (78%)	<b>22/667 (3.3%)</b>	33/351 (9.4%)	47/37,300 (0.13%)

# MedSIP Update

# National Medicines Safety Improvement Programme (MedSIP)



## MedSIP UCLPartners Work to Date

- NCL / NEL joint core working group
  - Meetings every 6-8 weeks
- Set up UCLPartners Opioids Network
  - Every 3 months
  - Completed 5 Network meetings
- Primary care clinicians survey
- [Group Education Sessions](#)



## MedSIP UCLPartners Work to Date

- [Discharge Letter Audits](#)
  - [QI session](#)
- [Pan-London MedSIP shared learning event](#)
- 2024/25 work
  - Submitted support offer in June
  - Waiting for sign-off



## MedSIP UCLPartners Plan for 2024/25

- Shared Learning
  - Opioid Core Working Group
  - Opioid Network meetings
  - Discharge letter audit results
  - Sustainability event(s)
- PPIE
  - Opioids PPIE Group
  - Opioids PPIE Lead
- Resource creation
  - Primary care QI toolkit
  - Primary care chronic pain support guide
- Quality improvement support



**AOB**



# Thank you

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