



Opioids Safety Improvement Programme: Scoping Needs of Primary Care Workforce

September 2022

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Executive summary

- UCLPartners has worked with our partners across North Central London (NCL) and North-East London (NEL) Integrated Care Systems (ICS) to improve chronic non-cancer pain management by reducing high-risk opioid prescribing, as part of the National Patient Safety Improvement programme, since January 2022.
- As part of this work, we wanted to understand more about the support needs of primary care healthcare professionals to provide care for patients with ongoing non-cancer pain.
- We conducted a scoping exercise through a survey for the primary care workforce in North Central London (NCL) and North-East London (NEL) in September 2022.
- The aims of the survey were to identify any:
 - support/advice available to primary care clinicians on how to manage ongoing (chronic) pain, e.g. specialist advice.
 - services available that practices can refer patients to for further support in managing ongoing pain, and
 - gaps in knowledge/confidence in healthcare professionals caring for patients with ongoing non-cancer pain.
- Most respondents were GPs and pharmacists.
- The biggest barrier reported to deprescribing opioids was that patients were unwilling to reduce or stop their medication.
- Clinicians lacked confidence in the following areas:
 - Their ability to explain non-pharmacological self-management techniques for managing pain.
 - Understanding when opioids should be tapered/stopped and the key principles for dose reduction.
 - Understanding the dose equivalence of various opioid products and how to calculate opioid equivalent doses if conversion factors are provided.
- Respondents said they would be likely to use links to specific pain resources directly from their practice website and would use an opioid dose conversion calculator if those resources were made available.
- Most clinicians were unaware of 3 out of the 4 online national resources about managing ongoing pain that were asked about in the survey.
- Other than pain teams, respondents were unaware or unsure about the additional support, advice or resources available for healthcare professionals caring for those with complex ongoing pain.
- Clinicians cited access to resources for clinicians and/or best practice policy and social prescribers as types of additional support that would be useful to help them, and their practices manage ongoing non-cancer pain better and reduce overall opioid prescribing for these conditions.
- UCLPartners will seek to address some of the challenges raised in this survey across North Central London and North-East London, as part of the Opioids Safety Improvement Programme.

Background

UCLPartners is an Academic Health Science Network (AHSN) helping five million people from North London to the Essex coast live longer, healthier lives. We bring together expertise from across our health innovation partnership and drive research and innovation to co-create, test, implement and evaluate solutions to the biggest health challenges our communities are experiencing. UCLPartners Patient Safety Collaborative has been implementing the National Patient Safety Improvement programme with Medicines Safety Improvement programme being one of the key areas of focus. The work has been commissioned by NHS England across all of 15 AHSNs.

Since January 2022, we have worked with our partners across North Central London (NCL) and North-East London (NEL) Integrated Care Systems (ICS) to improve chronic non-cancer pain management by reducing high-risk opioid prescribing. The national deliverables of the project are for:

- 30,000 fewer people to be prescribed opioids for more than 3 months.
- 4,500 high dose opioids to be stopped.

A survey was developed with support from individuals working across the system within pain management services (UCLPartners opioids core working group) and sent to the primary care workforce in NCL and NEL to identify any:

- support/advice available to healthcare professionals in practices on how to manage ongoing (chronic) pain e.g. specialist advice.
- services available that practices can refer patients to for further support in managing ongoing pain, and
- gaps in knowledge/confidence in healthcare professionals caring for patients with ongoing non-cancer pain.

Results

Respondents

In total, 169 responses were received over a 2-week period. Graph 1 illustrates that most of these responses were from North-East London (59.8%), specifically City and Hackney (19.5%). Table 1 shows that most respondents were GPs (59%) or pharmacists (37%).

Graph 1: Number and percentage of responses from each borough

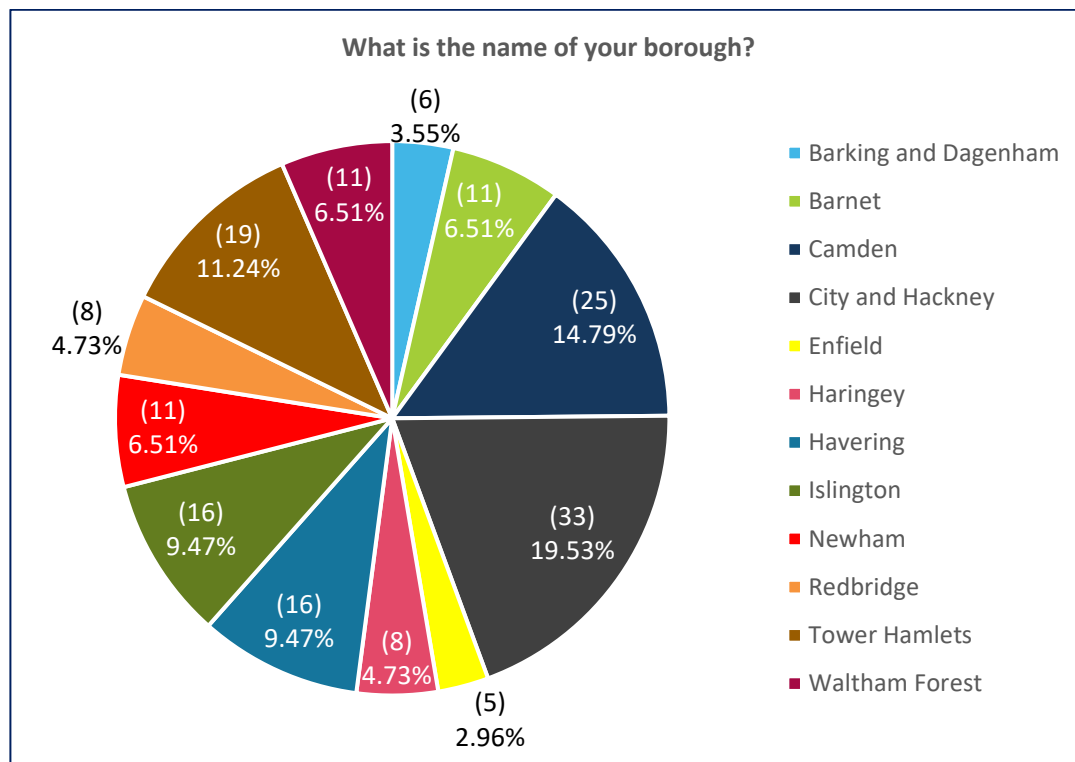


Table 1: Respondents by profession

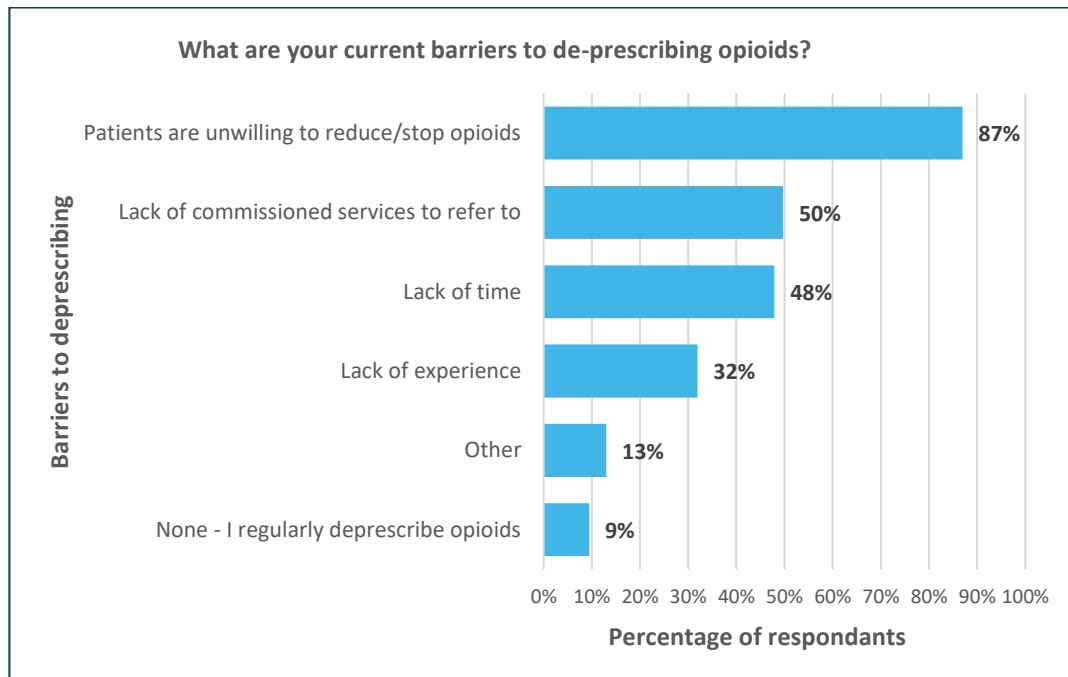
Profession	Percentage	Number
GP	59%	99
Pharmacist	37%	62
Nurse	2%	4
Physiotherapist	1%	2
Other	1%	2

Barriers to deprescribing

Overall barriers

The most common barrier to deprescribing reported was that patients were unwilling to reduce or stop their opioids, which was reported by 147 respondents. Clinicians also cited a lack of commissioned services to refer to (n=84) and a lack of time (n=81) as barriers to deprescribing.

Graph 2: Current barriers to de-prescribing for primary care clinicians*



Confidence

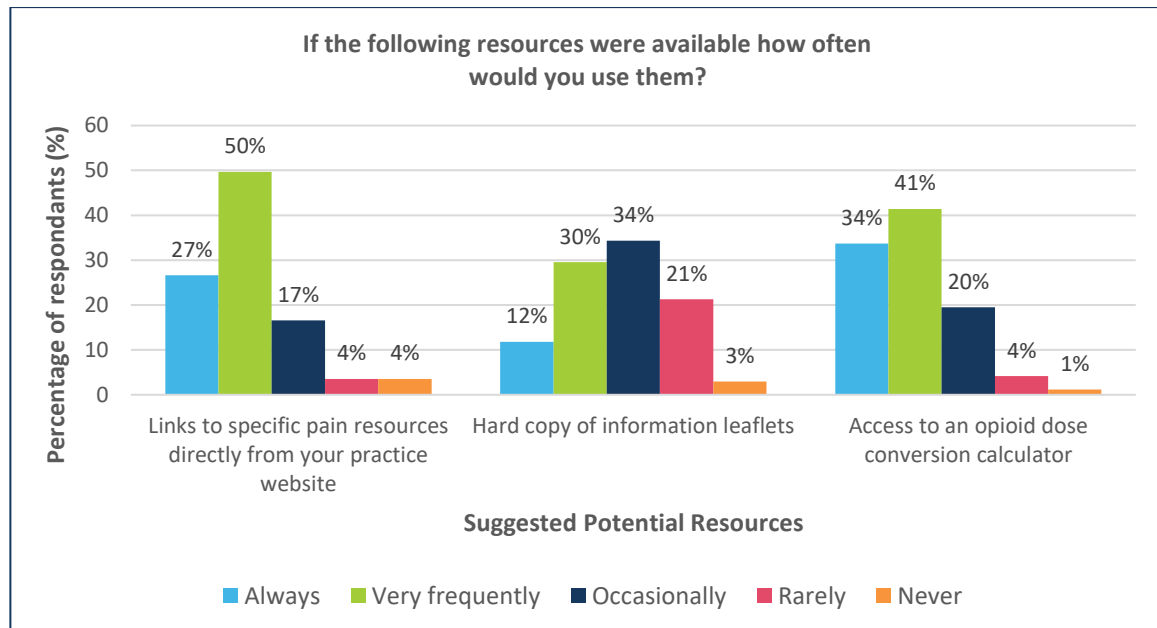
Clinicians felt the least confidence in their ability to explain non-pharmacological self-management techniques for managing pain, with 39 respondents reported having little or no confidence. Other areas of low confidence included understanding when opioids should be tapered/stopped, being aware of the key principles for dose reduction (little confidence, n=33; no confidence, n=5), understanding the dose equivalence of various opioid products and knowing how to calculate opioid equivalent doses if conversion factors are provided (little confidence, n=29; no confidence, n=7).

Resources

A significant number of clinicians said they would always (n=45) or very frequently (n=84) use links to specific pain resources directly from their practice website if that resource was available. Respondents also indicated that they would always (n=57) or very frequently (n=70) use an opioid dose conversion calculator if access was made available.

* Respondents could choose more than one response

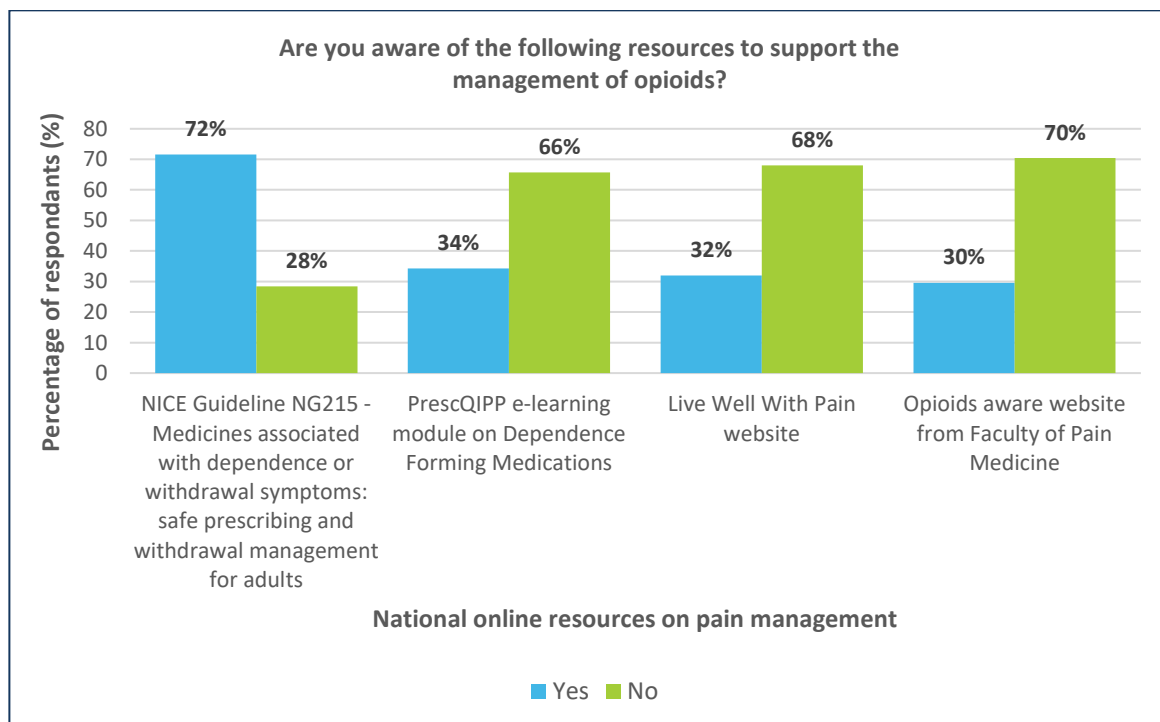
Graph 3: Resources that the clinicians would value most*



Clinicians were then asked about their awareness of four resources to support the management of ongoing pain. For three of these, more clinicians reported being unaware than aware of them.

72 % of clinicians were aware of NICE guidance, however only 34% were aware of PrescQIPP e-learning module; 32% of Live Well with Pain website and 30% of Opioids Aware website from the Faculty of Pain Medicine

Graph 4: Awareness of current available online resources

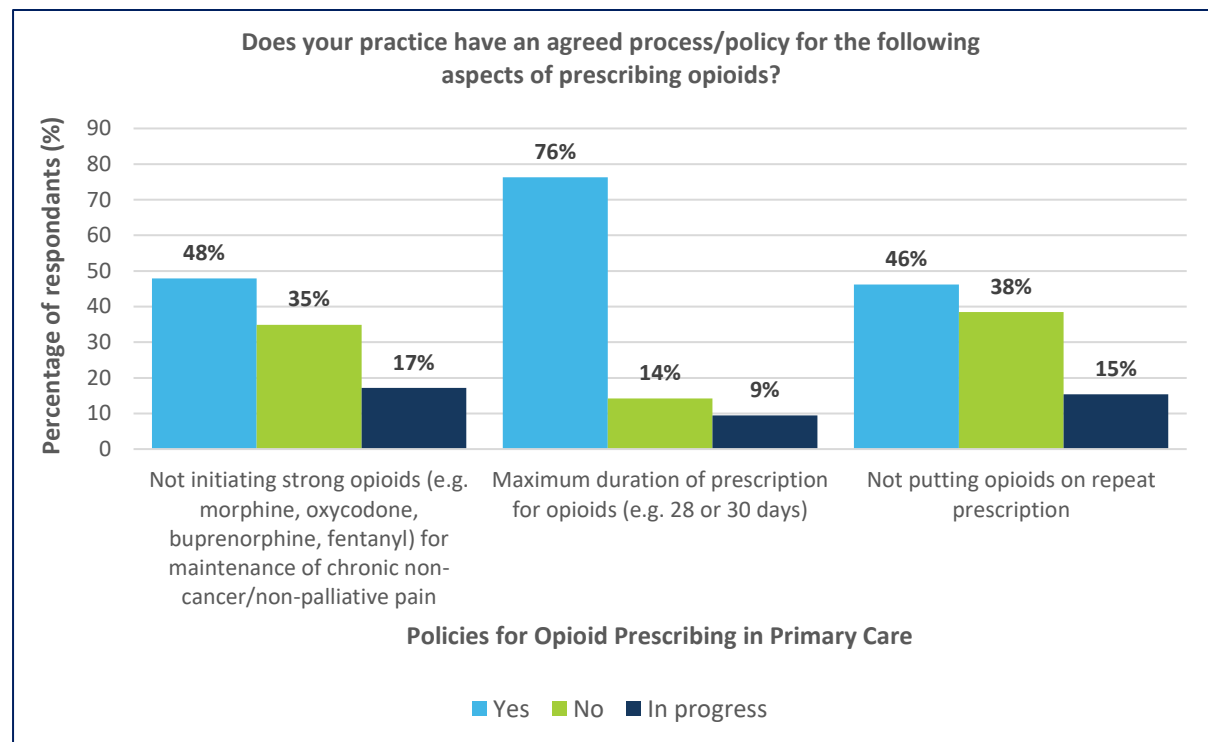


* Respondents could choose more than one response

Policies and services

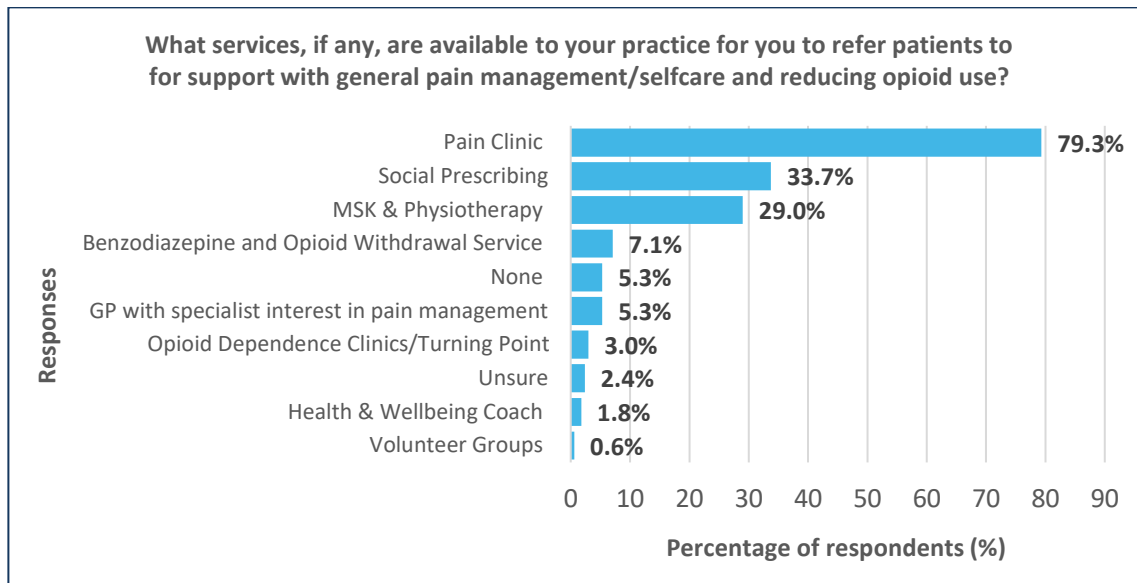
Most respondents reported having a policy on the maximum duration of an opioid prescription (yes=129, no=24, in progress=16). Not putting opioids on repeat prescription was reportedly the least implemented policy, with 65/169 respondents saying that it was not in place in their practice.

Graph 5: Current processes/policies in primary care to limit the use of opioids.



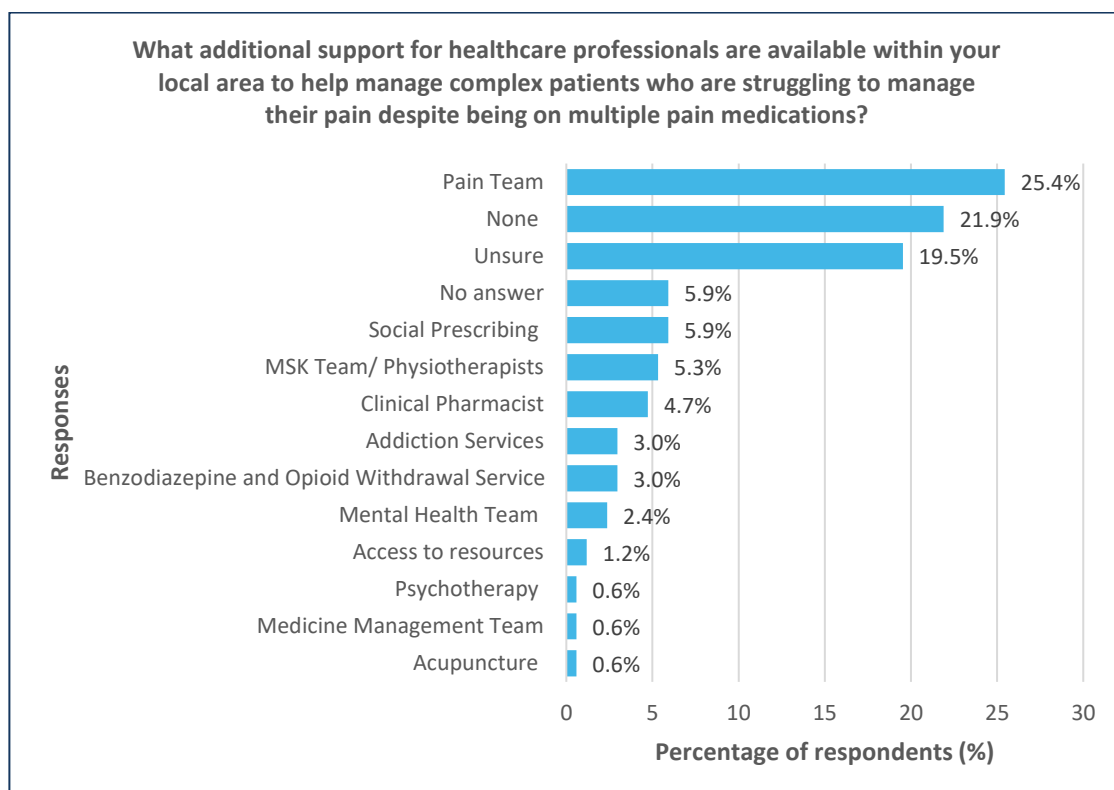
Pain clinics were the service most reported for clinicians to refer patients to for support with general pain management/selfcare and reducing opioid use (n=134), followed by social prescribing (n=57) and musculoskeletal (MSK) and physiotherapy services (n=49).

Graph 6: Local services available for patients with ongoing non-cancer pain*



Clinicians were also asked about additional support available for healthcare professionals to better care for patients with ongoing pain. The most common response was a pain team, but the next two most common responses were none and unsure.

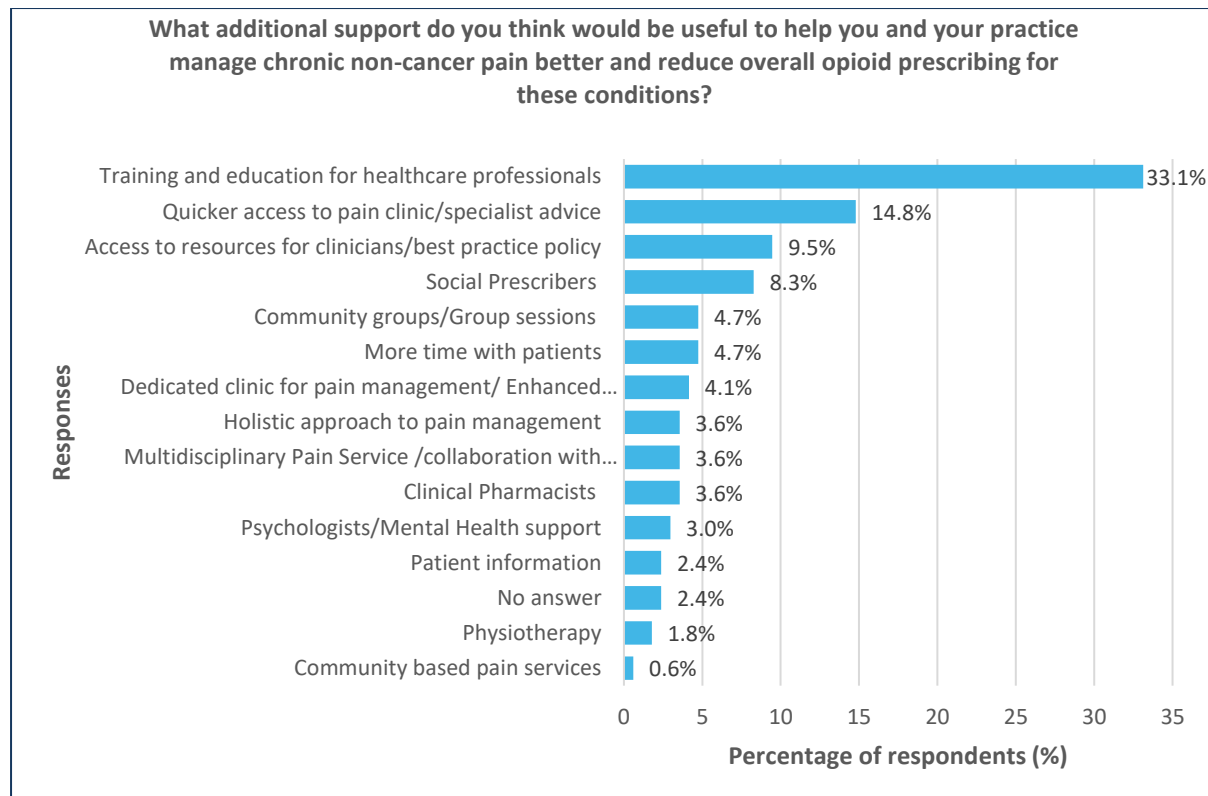
Graph 7: Additional support available for clinicians caring for patients with ongoing pain. *



* Respondents could choose more than one response

When asked about what additional support would be useful to help clinicians and their practices manage ongoing non-cancer pain better and reduce overall opioid prescribing for these conditions, most respondents mentioned training and education for clinicians (n=56) followed by quicker access to pain clinic or specialist advice(n=25).

Graph 8: Additional support that would be useful for clinicians managing ongoing pain*



Conclusion

The current pathway for patients with ongoing non-cancer pain is challenging for clinicians to navigate. Patients either do not have the available services needed or the services are inaccessible due to lengthy waiting times. Patients are reluctant to reduce or stop their opioid medication as there is no other support suggested to them as an alternative. Furthermore, healthcare professionals are unsure of the range of services in their locality and are not always aware of the support and resources available online.

Primary care clinicians state that they would benefit from:

- Information on local services that are available for patients other than pain clinics.
- An intervention to improve patient knowledge on long term use of opioids for non-cancer pain.
- Additional training/information for healthcare professionals.

UCLPartners will seek to address some of the challenges raised in this survey across North Central London and North-East London, as part of the National Opioids programme.

* Respondents could choose more than one response