



UCLPartners Opioids Working Group

Thursday 6th October 2022

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Delivered by:

UCLPartners

Patient Safety Collaborative

*The***AHSN***Network*

Led by:

NHS England NHS Improvement

UCLPartners Team



Aiysha Saleemi

Pharmacist Advisor

MedSIP Workstream Lead



Mandeep Butt

Medicines
Optimisation Lead



Valentina Karas

Director of Implementation,
Patient Safety

UCLPartners Core Working Group

Name	Job Title/Organisation			
Aiysha Saleemi	MedSIP Workstream Lead, UCLPartners			
Mandeep Butt	MedSIP Clinical Lead, UCLPartners			
Amandeep Setra	Medicines Safety Officer and Lead Pain Management Pharmacist, UCLH			
Anh Vu	Joint Formulary Pharmacist, NEL ICB + Lead Pain Management Pharmacist, Homerton University Hospital			
Eric Chu	Senior Prescribing Advisor, NEL Integrated Care Board			
Julia Taylor	Senior Prescribing Advisor, NEL Integrated Care Board			
Helene Simonson	BOWS manager, NMP Nurse, Camden and Islington NHS Foundation Trust			
Sarah Wombell	Senior Clinical Nurse Specialist Pain Management, BHR Hospital			
Bernard Cheng	Lead Surgical Pharmacist, North Middlesex University Hospital			
Dalveer Johal	NEL Local Pharmaceutical Committee			
EY Cheung	Deputy Head of Medicines Management, NCL Integrated Care Board			
Kristina Petrou	NCL Integrated Care Board			
Yogendra Parmar	Camden and Islington Local Pharmaceutical Committee			
Marsha Alter	Barnet, Enfield and Haringey Local Pharmaceutical Committee			
Nisha Patel	Senior Pharmacist, Haringey GP Federation			

Time	Item	Facilitator
13:00	Welcome	Mandeep Butt, Clinical Lead
13:05	Introduction to Opioids National Programme	Aiysha Saleemi, Work Stream Lead
13:20	Why has overprescribing of opioids for chronic non-cancer pain become a problem?	Nisha Patel, Senior Pharmacist & Dr Kristin Ullrish, Barts Health
	(primary/secondary care perspectives) Q+A	Consultant in Pain Management
13:40	A Patient's Journey with Pain Management with Q+A	David Burbidge & Mahabuba Rahman
14:00	Break	
14:05	Panel Discussion of Pain Services with: - Benzodiazepine and Opiates Withdrawal Service (BOWS) - Turning Point Q+A	Helene Simonson, BOWS lead nurse & Katherine Watkinson, Head of Medicines Optimisation and Pharmacy Services
14:25	Are you aware of local initiatives that are available to tackle the issue of overprescribing of opioids in chronic non-cancer pain?	All
14:50	Feedback and Next steps	Mandeep
15:00	Close	





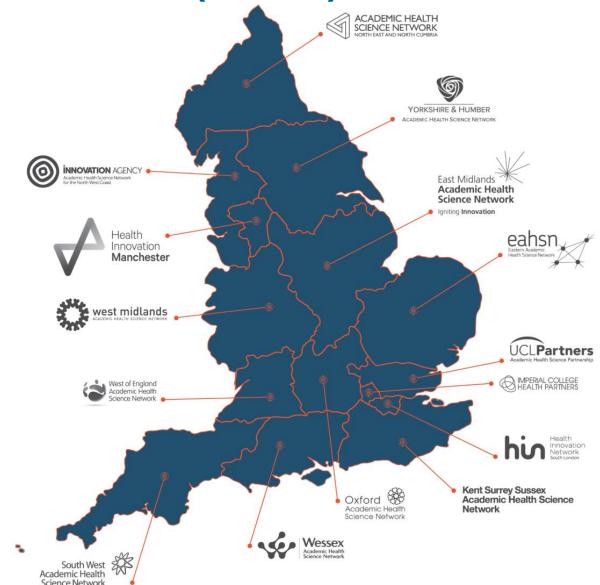
National Opioids Programme

Aiysha Saleemi, Pharmacist Advisor (MedSIP Workstream Lead)

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The AHSN Network	

Academic Health Science Networks (AHSN)

- 15 AHSNs across the country
- 3 AHSNs in London
 - Health Innovation Network
 - Imperial College Health Partners
 - University College London Partners
- Commissioned by NHS England, NHS Improvement and the Office for Life Sciences to spread proven innovations within each AHSN's locality
- Our aim is to benefit patients, save the NHS money and create health and social care efficiencies



Overall Aim

To reduce severe avoidable medication related harm by 50% by March 2024

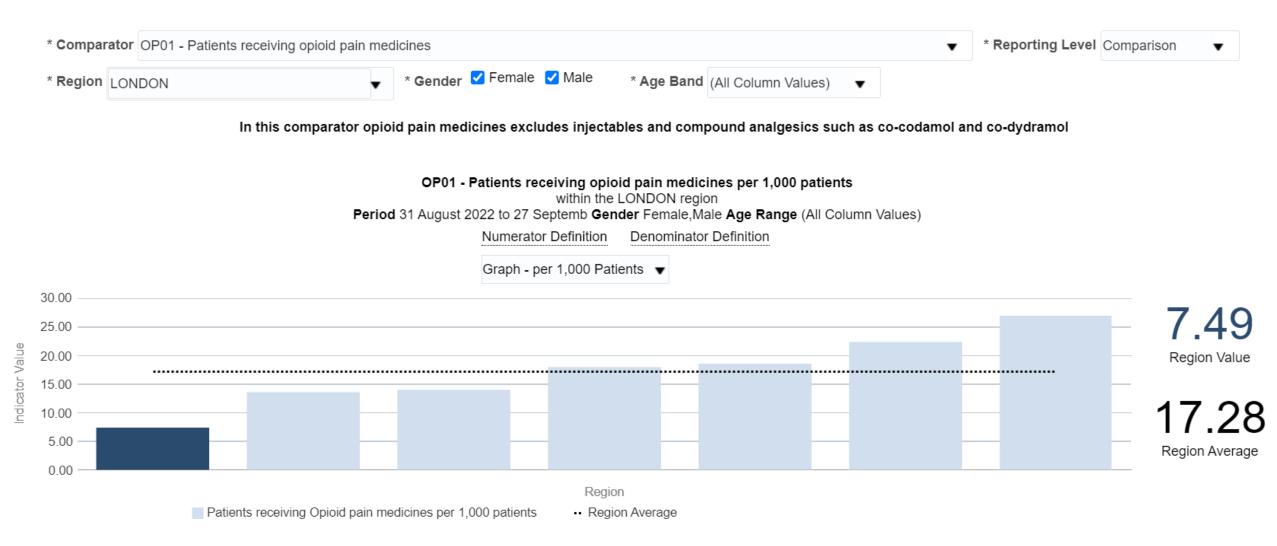
Primary Driver – Improve care of people living with chronic pain

Secondary Driver – Reduce harm from opioids

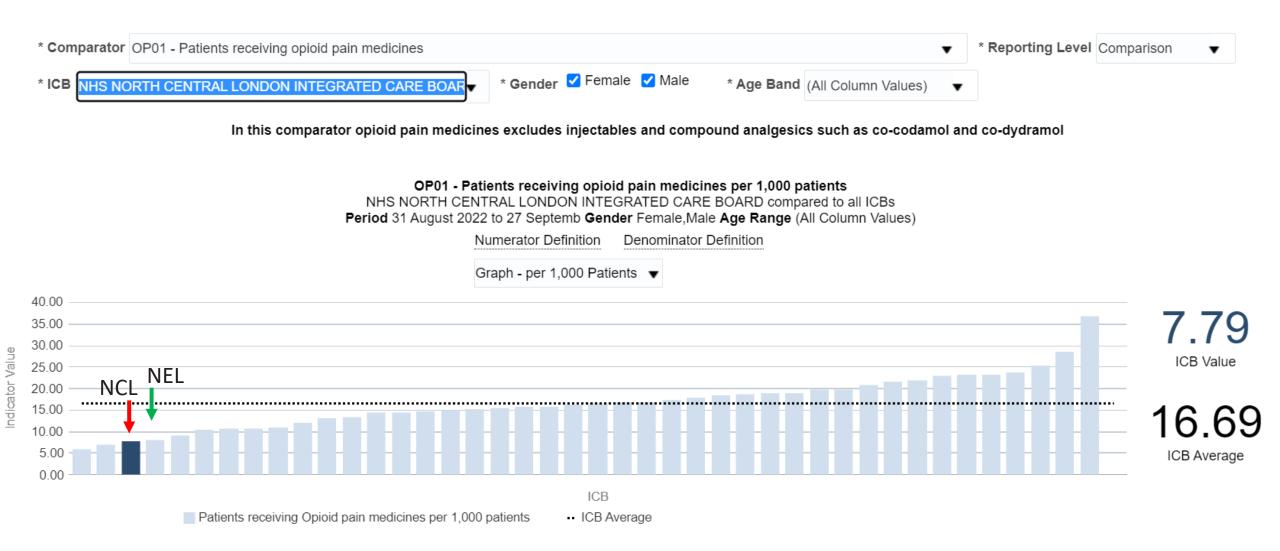
Deliverables

- Minimum of one ICS to implement a Whole Systems Approach
- 30,000 fewer people prescribed opioids for >3 months
- 4,500 to be stopped (high dose opioid)
- ePACT2 national (opioid dashboard) and local data

London Opioids Use (over 4 weeks: 31st August – 27th September 2022)

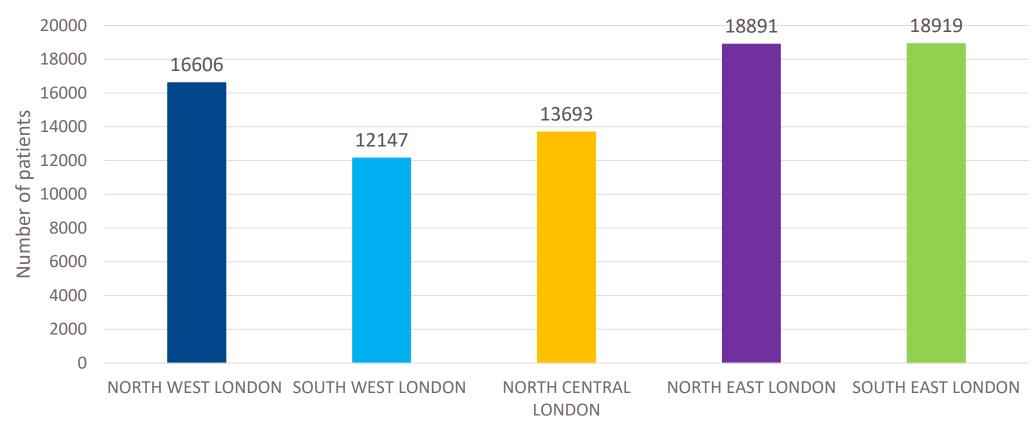


London Opioids Use (over 4 weeks: 31st August – 27th September 2022)



London Opioid Use

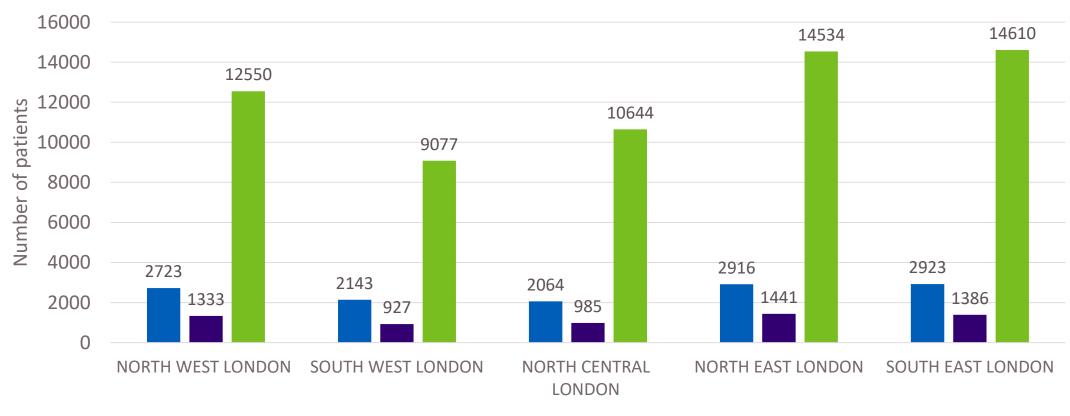
Patients receiving opioid pain medicines over 4 weeks (31st August - 27th September 2022)



London Integrated Care Boards

London Opioid Use

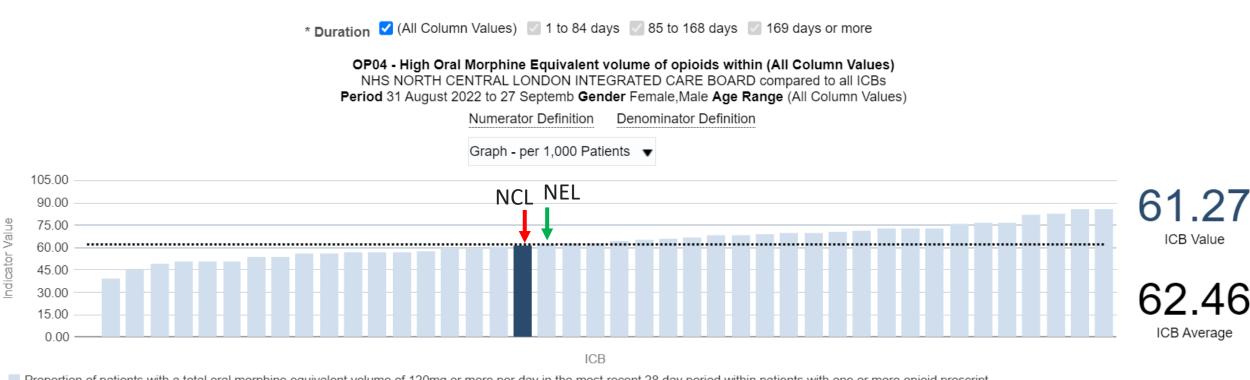
Pan-London Opioid Use by Duration over 4 weeks (31st August – 27th September 2022)



London Integrated Care Boards

■ 1 to 84 days ■ 85 to 168 days ■ 169 days or more

London Opioids Use (>120mg Morphine Equivalent)



Proportion of patients with a total oral morphine equivalent volume of 120mg or more per day in the most recent 28 day period within patients with one or more opioid prescript...

••• ICB Average

Pan-London Use of High Dose Opioids

Patients with a total oral morphine equivalent volume of 120mg or more per day in the most recent 28 day period



Drivers for Action

- It matters to patients and healthcare professionals
- National Patient Safety Improvement Programme
- Discharge Medicines Service
- PCN DES Structured Medication Reviews
- 2022/23 QoF QI module

Support Available

- Patient Safety Collaboratives
- Future NHS Collaborative platform
- Data and metrics NHSBSA, PrescQIPP
- NICE guidance
- PHE Prescribed medicines review
- NHS Comprehensive Model of Personalised Care
- ICS implementation guidance on working with people and communities

Change Package

- 1. How to Implement a Systems Wide Approach 7 phases
- 2. Resources on NHS Futures Website 5 themes*



^{*}For information on how to access the NHS Futures workspace for the this work, email aiysha.saleemi@uclpartners.com

Phase 4 Action Planning

Stakeholders come together to prioritise areas to intervene in the

local system and propose

collaborative and aligned actions.

Whole systems

approach to

high-risk opioid

prescribing

Phase 3 Mapping the ICS System

Brings stakeholders together to create a comprehensive map of the system that is understood to cause high risk opioid prescribing. Agreeing a shared vision.

Phase 2 Building the ICS Picture

Builds a compelling narrative explaining why opioid prescribing matters for the ICS and creates a shared understanding of how chronic non-cancer pain is addressed at an ICS and local level

Phase 1 Set up

Secures senior-level support and establishes the necessary governance and resource structure to implement the approach

Phase 5 Managing the Network

Maintains momentum by developing the stakeholder network and an agreed action plan

Phase 6 Action

Implement the action plan and continuous measurement for improvement

Phase 7 QI → QC

Ensuring the System continues to hold the gains following the improvement work

Timeline of National Opioids Programme

Phases description	Output		Q1			Q2			Q3			Q4	
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Phase 1 - Set up	Presented to NCL/NEL												
	First working group meeting			CWG 1									
Thase 2 Balla les Hetale	Engaging with key stakeholders,												
	building CWG membership				CWG 2								
Phase 3- Mapping ICS System -	System mapping/draft shared						CWG 3;						
Workshop 1 (Opioids Network)	vision						W 1						
Phase 4 - Action Planning -													
Workshop 2	Action plan/Driver diagram							CWG 4	W 2				
Phase 5 - Managing the network	Shared vision, agreed action plan Sustainability plans												
Phase 6 - Action	Implementation of action plan Continuous measurement								CWG 5		CWG 6		
Phase 7 - QI to QC	Sustainability model											CWG 7; W 3?	

Key
CWG = Core Working Group
W = Workshop

Expression of Interest

- We are looking for practices/PCNs in North Central London and North East London who want to work with us to co-design and test Virtual Group Education sessions for patients with chronic noncancer pain.
- Secondary care/other sectors please also complete registration if interested in this work.
- UCLPartners will support in providing guidance on setting up Group Education sessions, support
 with locating expertise to deliver sessions, sharing learning across NCL/NEL and nationally, and
 showcasing the great work done.
- Due to limited resources we may not be able to work with everyone.
- Please register your interest using the Eventbrite link
 https://www.eventbrite.co.uk/e/uclpartners-opioids-programme-expression-of-interest-tickets-429637847367

Workforce needs survey

- Survey sent to primary care workforce in NCL and NEL
- Aim to identify the following:
 - services available for healthcare professionals on managing chronic pain e.g. specialist advice
 - services available that practices can refer patients to for support in managing chronic pain
 - gaps in knowledge/confidence in healthcare professionals caring for patients with chronic non-cancer pain

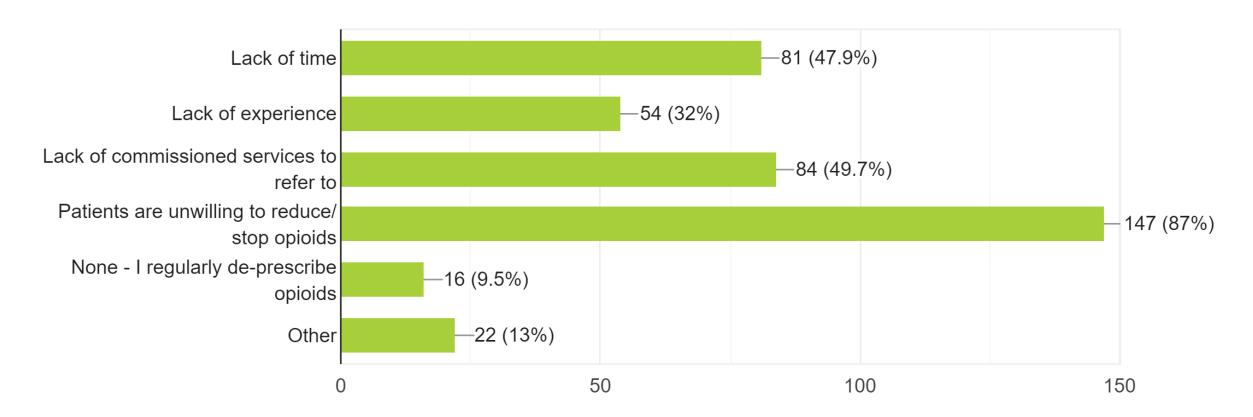
• 169 responses over 2 weeks

• 60% NEL; 40% NCL

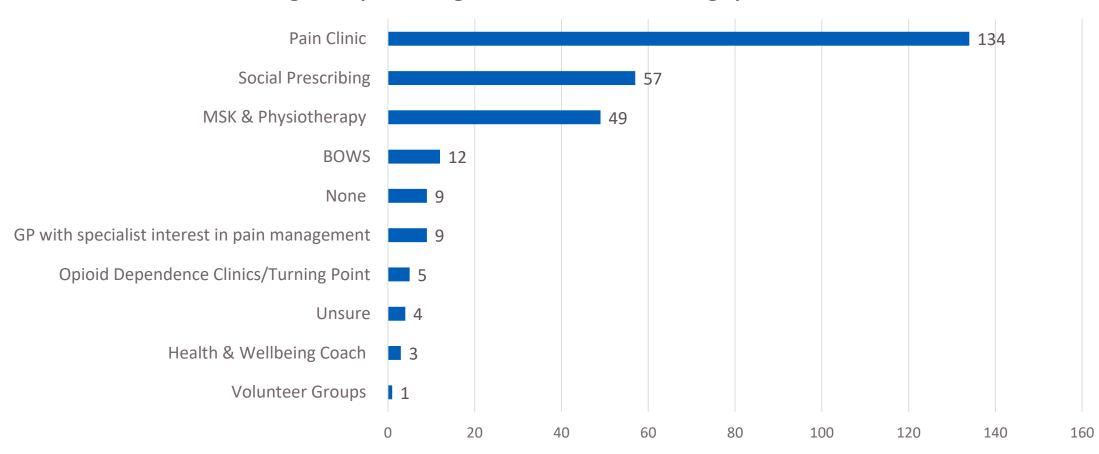
Profession	Percentage	Number
GP	59%	99
Pharmacist	37%	62
Nurse	2%	4
Physiotherapist	1%	2
Other	1%	2

6. What are your current barriers to de-prescribing opioids?

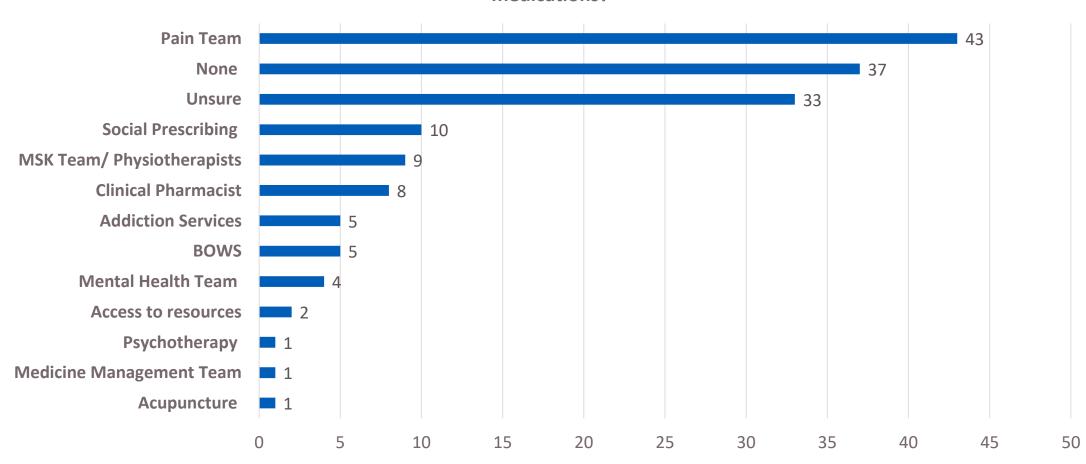
169 responses



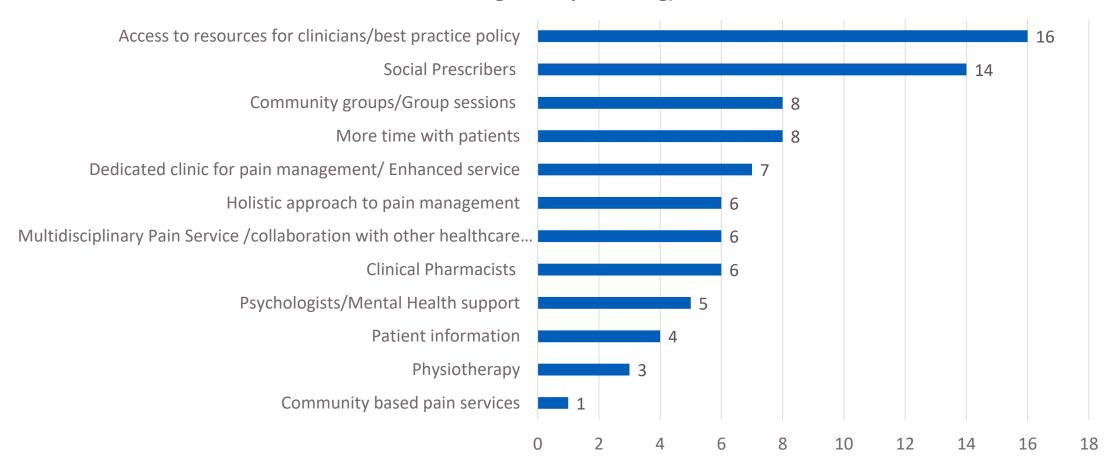
What services, if any, are available to your practice for you to refer patients to for support with general pain management/selfcare and reducing opioid use?



What additional support for healthcare professionals are available within your local area to help manage complex patients who are struggling to manage their pain despite being on multiple pain medications?



What additional support do you think would be useful to help you and your practice manage chronic non-cancer pain better and reduce overall opioid prescribing for these conditions (e.g. training, social prescribing)?



- In summary:
 - Patient information on use of opioids in chronic pain.
 - Additional training/information for healthcare professionals.
 - Current services either have too long waiting times or do not provide holistic support for the patient.





Why has overprescribing of opioids for chronic non-cancer pain become a problem?

Nisha Patel, Senior Pharmacist, Haringey GP Federation Dr Kristin Ullrich, Consultant in Pain Management, Barts Health

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Nisha Patel

Senior Clinical Pharmacist Haringey GP Federation



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

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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/SystmOne 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 is e. Live well with pain
- Pain management programmes







A Patients Journey – Chronic Pain Management

David Burbidge Mahabuba Rahman

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Before you go – please can you add in the chat box:

- Services for pain management you are aware of in your borough
 - Which organisation the service is run by





Panel Discussion of Pain Services with: Benzodiazepine and Opiates Withdrawal Service (BOWS) & Turning Point

Helene Simonson, Lead Nurse, BOWS Katherine Watkinson, Head of Medicines Optimisation and Pharmacy Services, Turning Point

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Breakout Rooms

You will be allocated to a room depending on where you are based:

- North Central London Amandeep Setra
- North East London Anh Vu

Please discuss:

What local initiatives have been done in your organisation to reduce use of opioids for chronic non-cancer pain.

E.g. Sending out patient information to raise awareness of potential harm of chronic opioid use/inviting patients for pain management medication review.

Feedback



Expression of Interest deadline – COP Monday 24th October

Thank you

For more information please contact:

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