

Medicines

UCLPartners Opioids Programme

Aiysha Saleemi MRPharmS – Senior Implementation Manager

May 2023

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Patient Safety Collaborative

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NHS Improvement

UCLPartners Team



Aiysha Saleemi

Senior Implementation
Manager & MedSIP
Workstream Lead



Mandeep Butt

Medicines
Optimisation Lead



Jessica Catone

Implementation Manager



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
Jessica Catone	Implementation Manager, 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
Victoria Dunlop	BOWS service manager, Camden and Islington NHS Foundation Trust
Eileen Doyle	BOWS service manager, Camden and Islington NHS Foundation Trust
Sarah Wombell	Senior Clinical Nurse Specialist Pain Management, BHR Hospital
Melanie Chow	Senior Surgical Pharmacist, North Middlesex University Hospital
Dalveer Johal	NEL Local Pharmaceutical Committee
EY Cheung	Deputy Head of Medicines Management, NCL Integrated Care Board
Jyoti Gupta	Senior Prescribing Adviser, NCL Integrated Care Board
Marsha Alter	Barnet, Enfield and Haringey Local Pharmaceutical Committee
Nisha Patel	Senior Pharmacist, Haringey GP Federation
Dr Dede-Kossi Osakonor	Counselling Psychologist Lead for Community Health Team – Newham, East London Foundation Trust
Banita Patel	Lead Pharmacist, Enfield Community Services & Clinical Governance, BEH MH Trust, St Anns Hospital

Agenda

<u>Time</u>	<u>Session</u>	<u>Facilitator</u>
12:00	Welcome and introductions	Aiysha Saleemi, Senior Implementation Manager
12:05	Update on current work	Aiysha Saleemi, Senior Implementation Manager
12:15	Group Education Session Feedback + Q&A	Dr Siva Ramakrishnan & Dr Sangeetha Pazhanisami, GP Partners, Clayhall Group Practice
12:30	Long term pain management - lived experience + Q&A	David Paisley
12.45	Whole group discussion on Miro Board	All
13.15	Feedback survey	All
13.20	Any questions/queries + next steps	All/Chair

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

UCLPartners **Patient Safety Collaborative**



Overall Aim

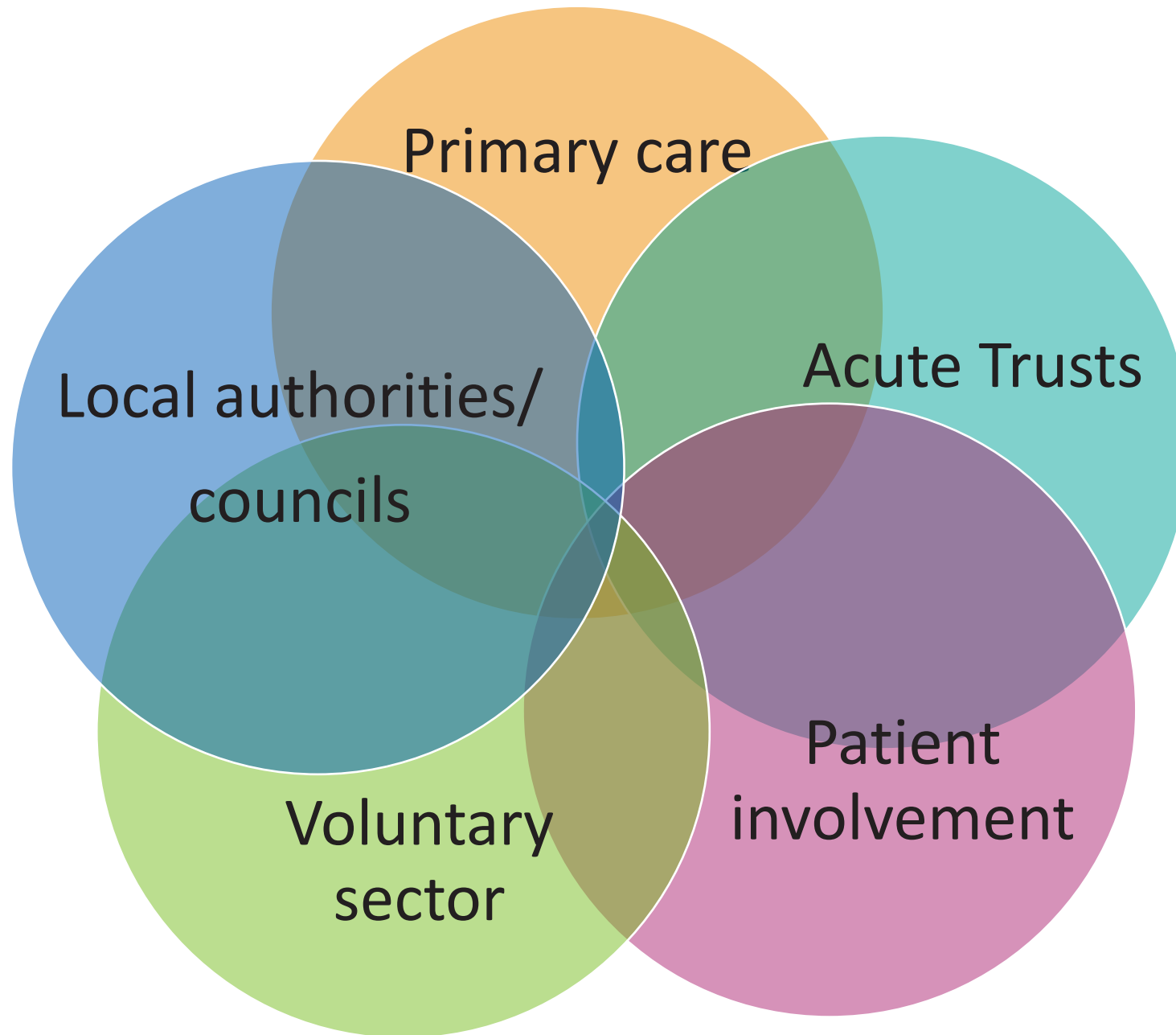
To reduce severe avoidable medication related harm by
50% by March 2024

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
- Preventing approximately 484 deaths
- ePACT2 national (opioid dashboard) and local data
- NHS England dashboard on opioid prescribing



Recap from last Opioids Network Event

- Presentation from Jessica Catone (Implementation Manager, UCLP) on the results from the survey sent to primary care clinicians.
- Presentation from Amandeep Setra (Medicines Safety Officer, UCLH) on Opioid Stewardship within Acute Trusts.
- Miro Board exercise

Work to date

- NCL/NEL joint core working group
 - Meetings every 6-8 weeks
- Primary care clinicians survey
 - 169 responses over 2 weeks
- Set up UCLPartners Opioids Network
 - Approximately every 3 months
 - Completed 3 Network meetings
- Group Education Sessions
 - Implementation guide completed and available on UCLP website
- Acute Trust Audit
 - Audit completed by UCLH and plan to be completed by Barnet, Enfield, Haringey Mental Health Trust and Homerton Hospital.

Group Education Sessions

Aim

- To support patients to explore methods for managing ongoing non-cancer pain.

Method

- Invite patients who have been on opioids for 3-6 months
- Practices can decide to have either 2 or 3 sessions with same cohort
- Survey to be completed before and after sessions to record any changes
- Ensure patient is seen by clinician after the session to discuss plan

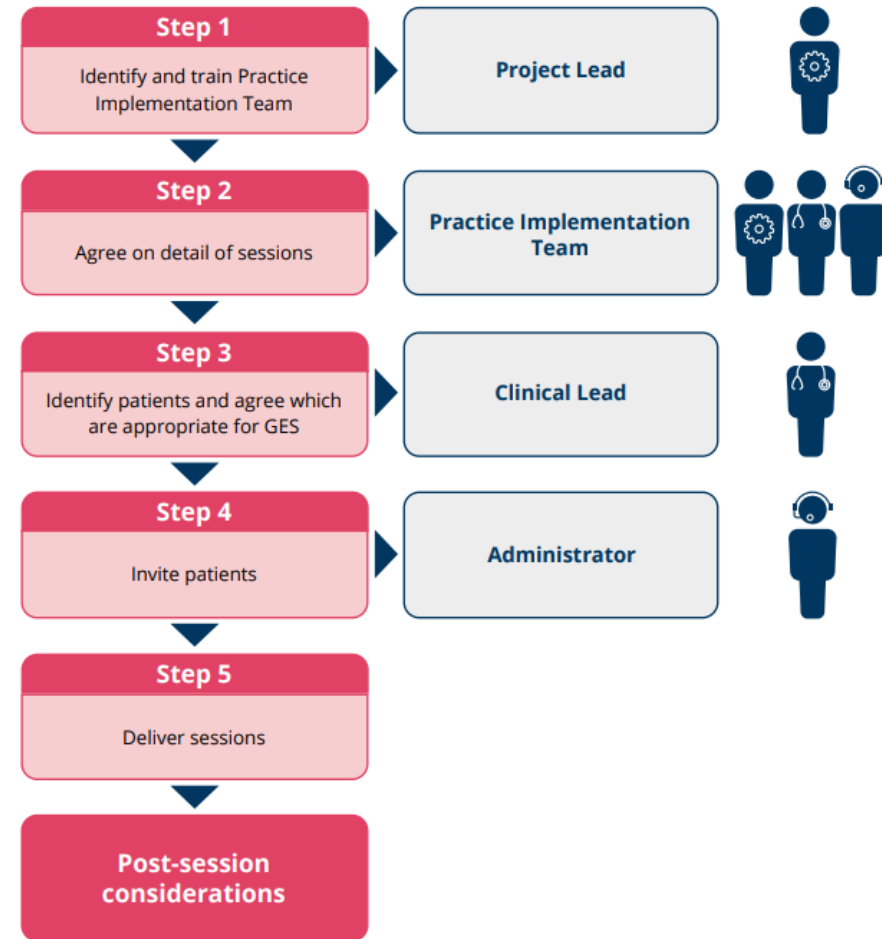
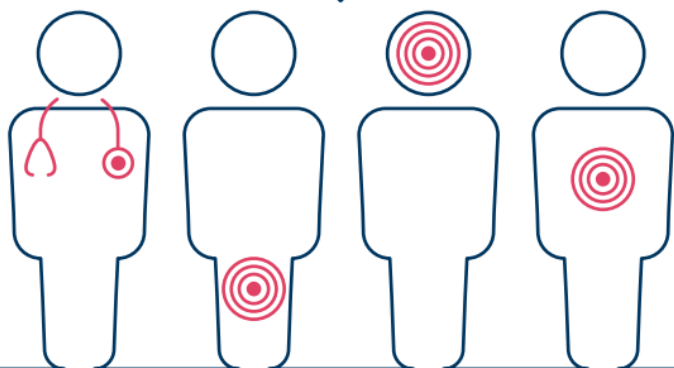
**UCLPartners Group Education Sessions for Ongoing Non-cancer Pain -
Implementation Guide for GP practices available here:**

<https://uclpartners.com/project/national-medicines-safety-improvement-programme/>

Implementation Guide for GP Practices

Group Education Sessions for Ongoing Non-cancer Pain

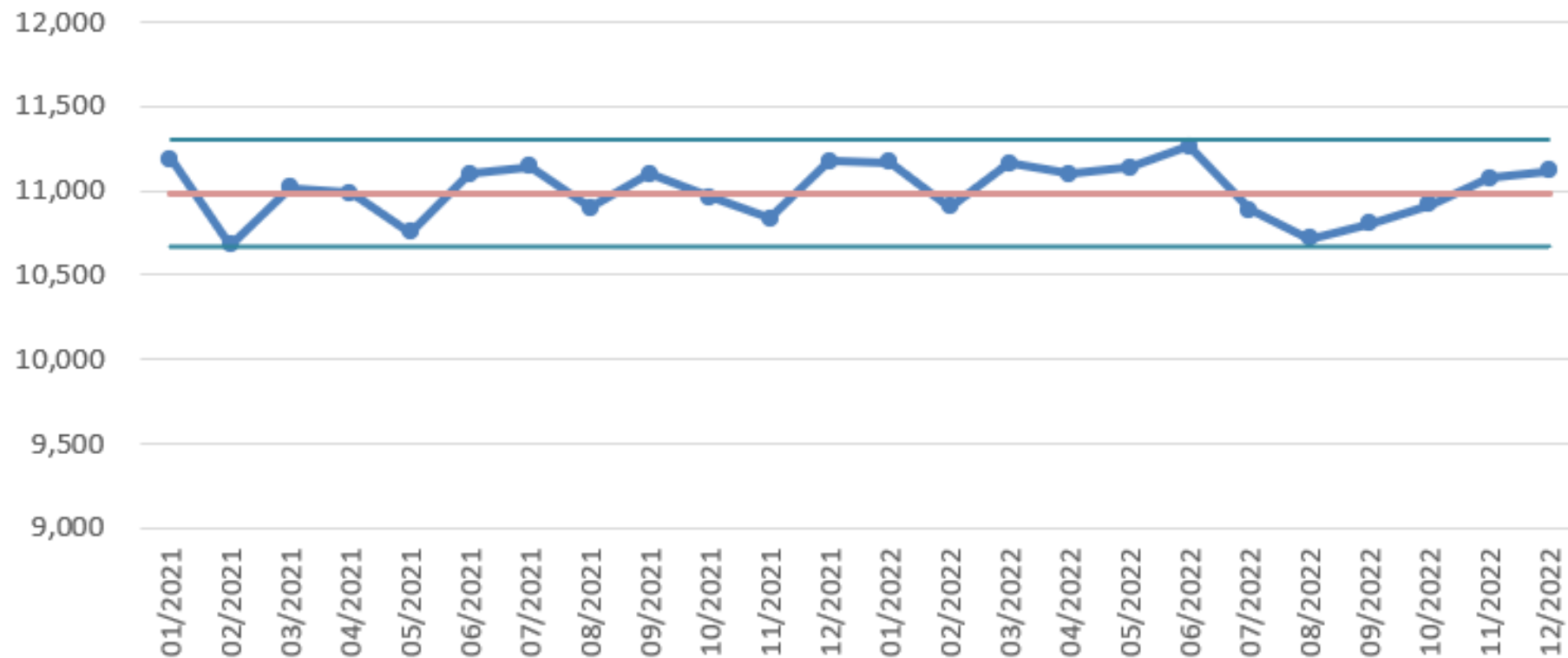
Feeling **ALIVE**: I cAn **LIVE** well with pain



NCL Opioids Use (Jan 2021 – Dec 2022)

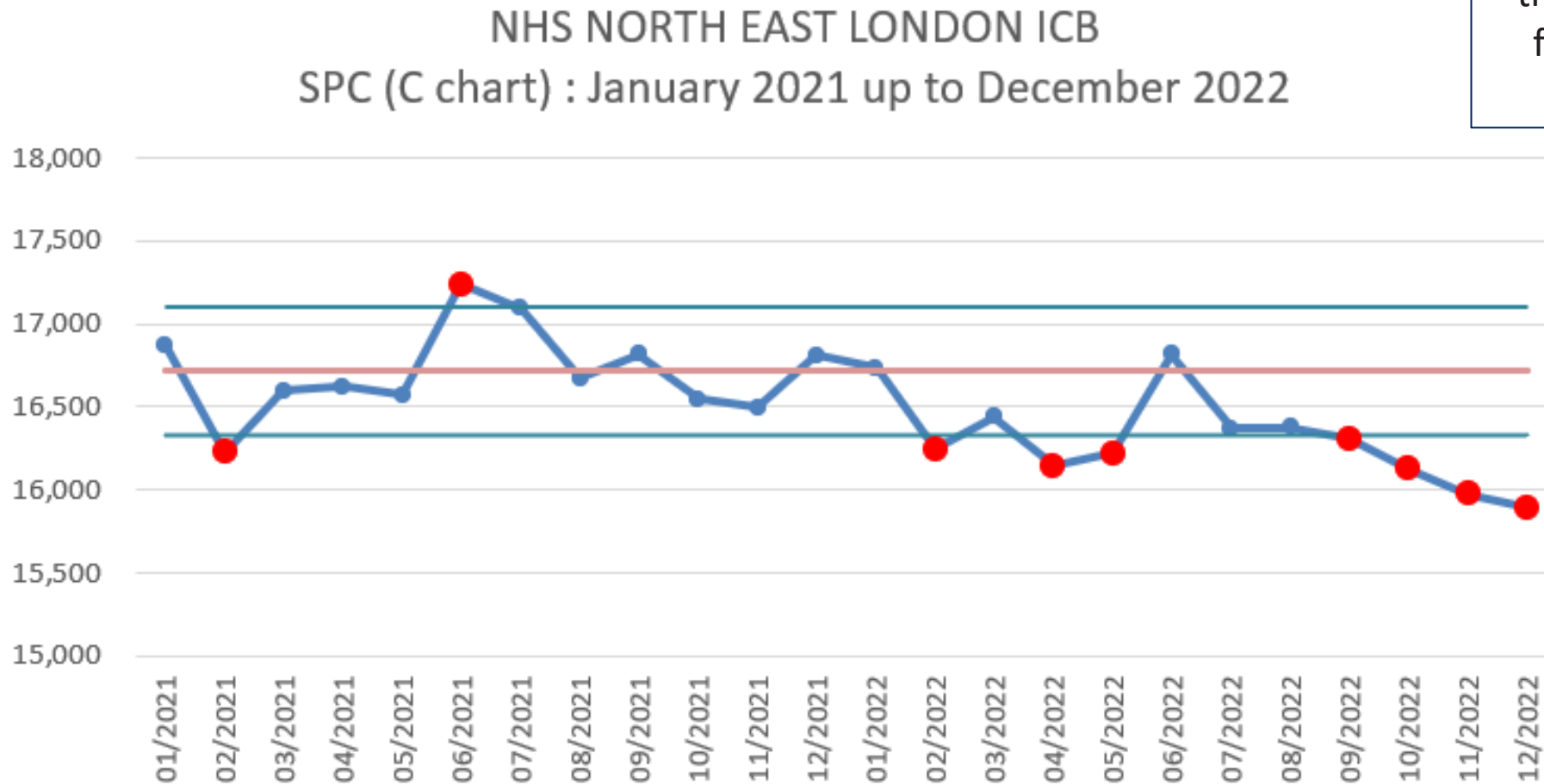
Number of patients
who have been
prescribed an oral or
transdermal opioid
for 4 consecutive
months

NHS NORTH CENTRAL LONDON ICB
SPC (C chart) : January 2021 up to December 2022



NEL Opioids Use (Jan 2021 – Dec 2022)

Number of patients
who have been
prescribed an oral or
transdermal opioid
for 4 consecutive
months



Plan for 2023/24

- Core working group meetings and UCLPartners Opioids Network meetings to continue.
- On-board GP practices to run Group Education Sessions in their practice/ across a PCN.
- Collate data from NHS Trusts on discharge letter audit and discuss their plan for implementing interventions.
- Sign-post primary care clinicians to GES Implementation Guide for resources to improve knowledge and confidence to manage pain.
- Improve discussions/communication between secondary and primary care colleagues to ensure work is aligned.

Thank you

For more information please contact:

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Group Consultation for Chronic Pain

Clayhall Group Practice

Dr Sangeetha Pazhanisami and Dr Siva Ramakrishnan

Group Consultation: Starting the journey

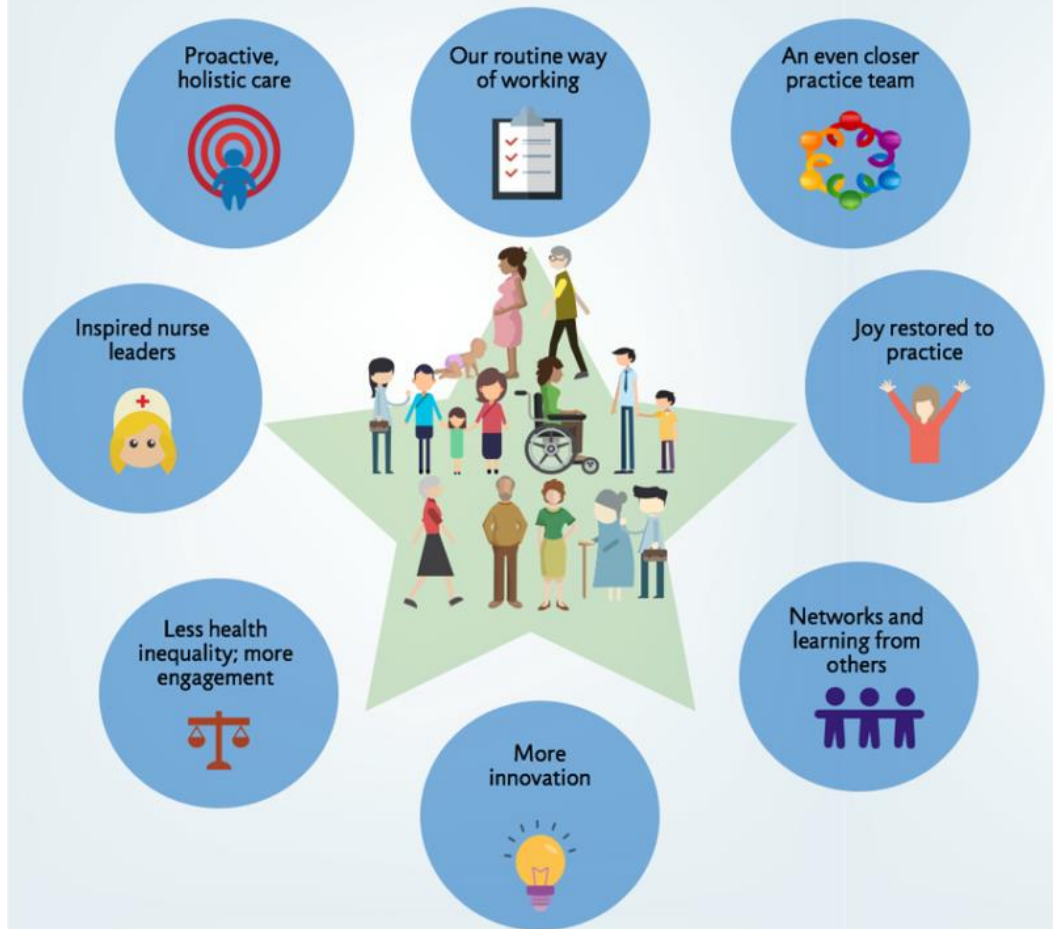
Patient selection

Invitation letter

Consent

Online appointment booking

Our Shared Ambition for Group Consultations:

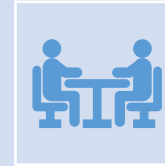


"An exciting and genuinely novel approach to the management of LTCs in primary care"

Group Consultation – Making it happen



Learning from past success – GP led initially and slowly empower other team members to take over



We opted to deliver the group consultation over 1 session and a follow-up meeting after 3 months



Structure of the session (mindfulness exercise, time for patients to tell their story, short informative videos, breaks, allow time for reflection)

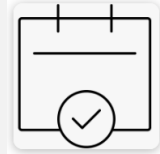


Information pack

Group Consultation



We invited approximately 80 patients were invited



14 accepted the invite and completed online appointment booking



5 patients turned up for the appointment



2 patients turned up at the Practice

Group Consultation - Considerations

- Group consultation for Chronic disease vs chronic pain (understanding and experience)
- Communication to patients
- Whole team approach
- Virtual vs face to face



Facilitator



Significant time commitment (group consultation, knowledge gap)



Active listening



Willingness to consult differently



Considerable planning required (structure, information flow, breaks and time for reflection)



Clinician saying that medications are not effective and the problems associated with it



Understanding of what is on offer locally – counselling/ exercise programmes/ voluntary organisations



Patient Feedback Post Survey

- Improvement in understanding of chronic pain
- Better understanding of non-pharmacological options to manage pain
- Willingness to consider reducing pain medication

Patient Follow up

Interview at 6 weeks -

- Felt optimistic after the session/ inspired by others stories
- Frustration about the waiting time to access counselling/ physiotherapy
- Willingness to come for medication review but apprehensive about reducing pain medication
- Have made small lifestyle changes



Challenges

- Standardised way of managing chronic pain both at primary as well as secondary care
- Clear plan when prescriptions are initiated/ titrated
- Effective MDTs in the community to manage chronic pain
- Education/ training offer for clinicians and non-clinicians

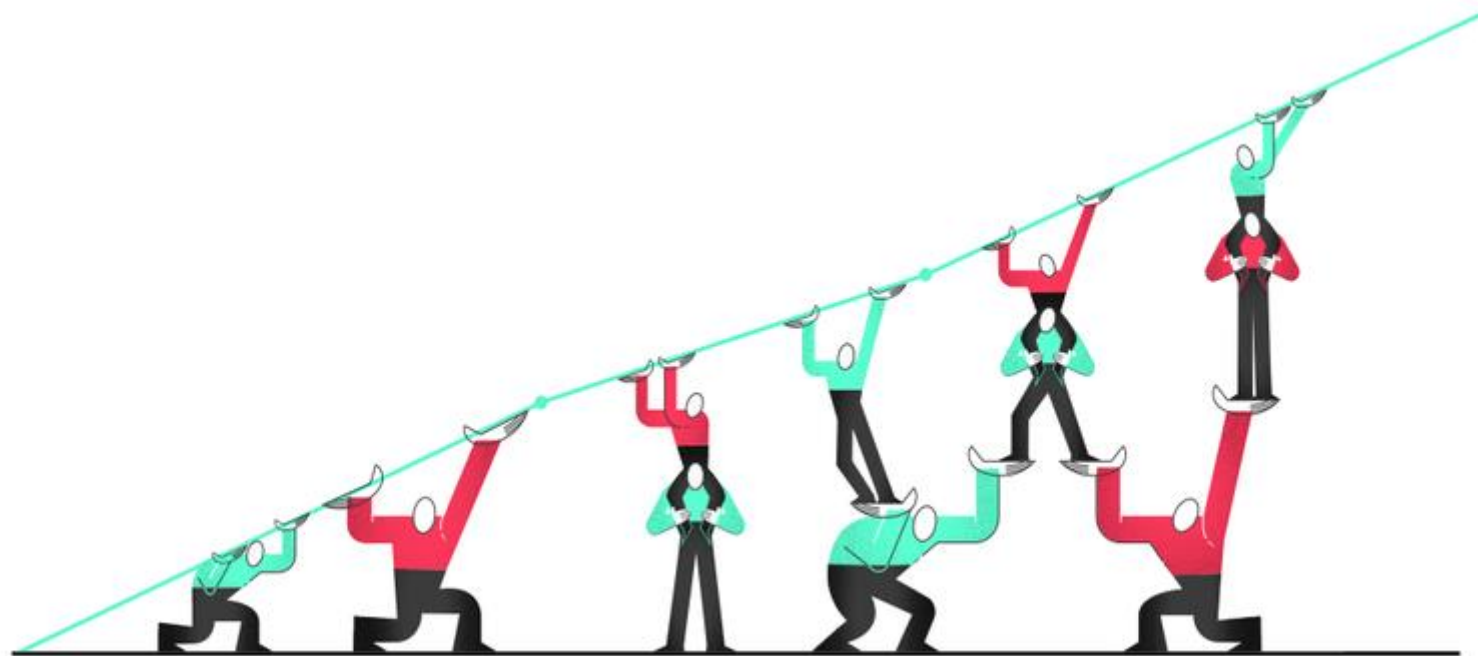


QI project

- Education and training for clinicians
- Improve documentation (using templates)
- Structured medication review
- Group consultation
- Social prescribers to create information pack regarding local support available



Thank You





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Long Term Pain Management: Lived Experience

David Paisley

May 2023

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Miro Board Exercise

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Primary Care

- **What's going well**

- Educating patients
- Making a start on local medicines optimisation

- **What could be better**

- Better alignment and communication across the different health services and work programmes
- More patient education, clearer discharge summaries, and appropriate expectation setting around opioid use/duration
- More offers of alternative therapies and/or approaches to pain management
- Timely structured medication reviews
- Commissioning review and/or Presqipp audit
- More timely response to Pain Service recommendations

- **Ideas for improvement**

- Provide info on and improve access to alternative therapies and non-pharmacological treatment options, including acupuncture, gyms, fitness centres, pools, spas, steam rooms, massage etc.
- Medicines optimisation scheme indicator to review and reduce high-dose opioids
- Better patient education on pain clinics

Acute Trusts

- **What's going well**

- Barking, Havering and Redbridge University Hospitals NHS Trust clinical nurse specialist-led opioid reduction service won clinical audit competition on the opioid reduction service
- Effective multidisciplinary team working, so that the pain service is aimed at high meds users with recurrent inpatient / A&E visits
- Established opioid reduction clinic, addressing the psychology to help acknowledge patient fears / beliefs / behaviours / readiness aiming to reduce threat

- **What could be better**

- Conduct medication reviews for patients on potentially addictive medications
- Clear instructions for duration of opioid use
- Better communication with GPs and community pharmacists
- Raise awareness amongst clinicians about inappropriate opioid prescribing
- More staff in chronic pain service
- More patient education and involvement

- **Ideas for improvement**

- Initiating pain clinic aimed at preop preparation and postop follow-up to support weaning in 0-6 months
- Use of discharge medicines service for opioids where needed
- Make funding available for innovative roles i.e., specialist posts to support opioid reduction

Miro Board

https://miro.com/app/board/uXjVMKaGF9s=/?share_link_id=938518264633

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Feedback Survey

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Feedback

- Please complete this short form

<https://docs.google.com/forms/d/e/1FAIpQLSe6PuUsdyC44WMjFPu206DbZLOFmkFhzWm3anshdeswawfLmw/viewform?vc=0&c=0&w=1&flr=0>



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Next Steps

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