

Medicines Management Scorecard Opioid Prescribing Indicators 22/23

This document is an update on the opioid prescribing indicators. There are three indicators in the scorecard in 22/23.

Indicator 14 - Reducing Opioid prescribing (excludes injections)

This indicator continues from previous year's scorecards

Target: < 43 ADQ per 1000 Astro PU or 10% reduction compared to baseline

Rationale:

There is a focus on prescription drug dependency nationally and in Somerset.

Opioid prescribing is complex, and a multifaceted approach is needed.

Resources:

In Spring 2021, Somerset CCG launched the "Skills not Pills" resources for general practice. These can be found on our [pain management webpage](#). Resources include **suggested tapering regimes** for Codeine, Dihydrocodeine Tramadol, Fentanyl, Morphine, Oxycodone and Tapentadol, **patient agreement templates, patient information resources, audit tools** and other resources.



The Somerset GP Education and Training Hub website also hosts several [pain resources](#). There are **six presentations** developed jointly by Somerset Community Pain Management Service (SCPMS), Somerset CCG Medicines Management Team, Somerset Drug and Alcohol Service (SDAS), Somerset IAPT and Somerset Training Hub.

Interventions : The **Skills not Pills** resources can support you with reviews and tapering within general practice.

If you have very complex patients and require further guidance, then please consider use of the **Somerset Community Pain Management Service's Advice to Clinicians** service. They can support if you need assistance with patients who are seeking help with reduction of opioids, those whose opiate use is escalating and there is a safety concern, patients who are taking more than 100mg oral morphine equivalent a day. The email address is painservice@somersetft.nhs.uk



Somerset

Social prescribing has been a Somerset-wide development with training rolled out to over 30 social prescribers across the county in 2021.

Some PCNs have used Health and Wellbeing Coaches who work with general practices in the area to support patients living with pain. The coaches offer 1:1, groupwork and community initiatives with a goal being to increase the levels of health-promoting activity in patients vulnerable to the effects of inactivity.

If you are still unsure about tackling this piece of work then please take a look at these very powerful patient stories – [Christine's Story](#), [Sean's Story](#) . These and many more patients are seeing the benefit of reducing and stopping opioids.

Identifying patients

The Medicines management team's scorecard EMIS search may help identify patients prescribed opioid analgesics. Alternatively, the [NHS Pathways](#) site's SMR section can be used to get list of patients prescribed opioids by your practice. (Contact us if you require a username and password.)

The Somerset CCG/ICB Emis Pain Audit may help prioritise interventions. It will help identify patients who are taking high doses, multiple opioids or who have been taking for many months or years. Please contact us if you would like a copy of the audit tool.

Further Information:

If you would like to discuss these three scorecard indicators with the medicines management team, please contact your Locality Medicines Manager.

NICE Guidance: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults. (April 2022)

<https://www.nice.org.uk/guidance/ng215>

[Visual summaries on the recommendations for discussing starting a medicine and making a management plan](#) and [reviewing medicines](#).

Reviewing medicines associated with dependence or withdrawal symptoms

This is a summary of recommendations 1.4.5 and 1.4.6 in the [NICE guideline on medicines associated with dependence or withdrawal symptoms](#). It is intended to support healthcare professionals carrying out medicines reviews for people taking an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant. It is not an exhaustive list but should supplement standard practice for reviews, including the [advice on reviewing medicines in the NICE guidelines on medicines optimisation](#) and [medicines adherence](#). The guideline includes more detailed information on reviewing medicines (section 1.4) and making decisions about withdrawing medicines (section 1.5) using a collaborative and person-centred approach.

Regularly review the person's medicines and update their management plan

At each medicines review for people taking an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant, discuss:

- The benefits and risks of continuing the current dose, adjusting the dose or stopping the medicine
- The benefits or harms the person is experiencing from continuing the medicine
- Any signs that the person is developing problems associated with dependence such as:
 - running out of a medicine early
 - making frequent requests for dose increases
 - reporting that a medicine that was working well previously is no longer working
- The person's preferences for continuing the current dose, adjusting the dose or stopping the medicine
- Who to contact if they have problems or concerns

Agree and update the management plan with the person and give them a copy

Add your notes here

Before starting medicines associated with dependence or withdrawal symptoms

This is a summary of recommendations 1.3.1 to 1.3.5 in the [NICE guideline on medicines associated with dependence or withdrawal symptoms](#). It is intended to support prescribers before starting treatment with an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant. It is not an exhaustive list but should supplement standard prescribing practice. The guideline includes more detailed information for prescribers on supporting people (section 1.1) and making decisions (section 1.2) using a collaborative and person-centred approach.

Give verbal and written information about the medicine

Before starting an opioid, benzodiazepine, gabapentinoid, Z-drug or antidepressant, discuss:

- All other suitable management options, including non-pharmacological approaches, and ensure that they have been offered
- Potential side effects and if they are likely to be temporary or permanent and improve or worsen over time
- Any implications if pregnant or planning pregnancy
- Possible difficulties with stopping the medicine and how to manage this
- That missing doses may lead to symptoms of withdrawal
- How to store their medicine safely
- Options if the medicine does not work

For an opioid, benzodiazepine, gabapentinoid or Z-drug, also discuss:

- That dependence is common with these medicines but not a reason to avoid them
- The potential for developing problems associated with dependence and risk factors (such as mental health problems, history of drug misuse, taking an opioid with a benzodiazepine)
- Symptoms that suggest the development of problems associated with dependence and the importance of telling people close to them about the symptoms

For an antidepressant or gabapentinoid, also discuss:

- That any benefits may occur slowly and side effects might be experienced first, but many side effects ease over time

Discuss and agree a medicines management plan

Include in the medicines management plan:

- What the medicine has been prescribed for
- Intended outcomes of treatment and how these might be assessed
- Starting dose and intervals between dose adjustments or titrations
- Who to contact if problems occur
- How long the medicine will take to work and how long they might be taking it for
- Duration of each prescription that will be issued
- Risks of taking more than the prescribed dose
- Symptoms of an overdose and what they should do if this happens
- Plans for reviewing the medicine, including when, where and by whom their next review will be done

NICE Guidance: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain (April 2021)

<https://www.nice.org.uk/guidance/NG193>

Visual summary setting out how to use NICE guidelines for assessing and managing chronic primary and chronic secondary pain

Chronic pain (primary and secondary) – using NICE guidelines for assessment and management

NICE National Institute for Health and Care Excellence

