

# **MIDDLESBROUGH COUNCIL**

## **SCRUTINY REPORT**

### **HEALTH SCRUTINY PANEL**

**10th March 2020**

#### **Opioid prescribing in Middlesbrough**

#### **SUMMARY**

South Tees CCG is mindful of the current issues in relation to both high levels of opioid medication prescribing and the high levels of drug related deaths in Middlesbrough, as well as the Tees area in general.

The CCG has been engaging actively with local authority partners, in particular the Tees Preventing Drug Related Deaths Co-ordinator; the pain clinic at James Cook Hospital, in particular Professor Eldabe and his team; and local GP practices, in order to raise awareness amongst all clinicians of high levels of opioid prescribing in Tees.

In addition the CCG Medicines Optimisation practice team have been working with GP practices to assist in the identification of patients on particularly high doses of opioid medication.

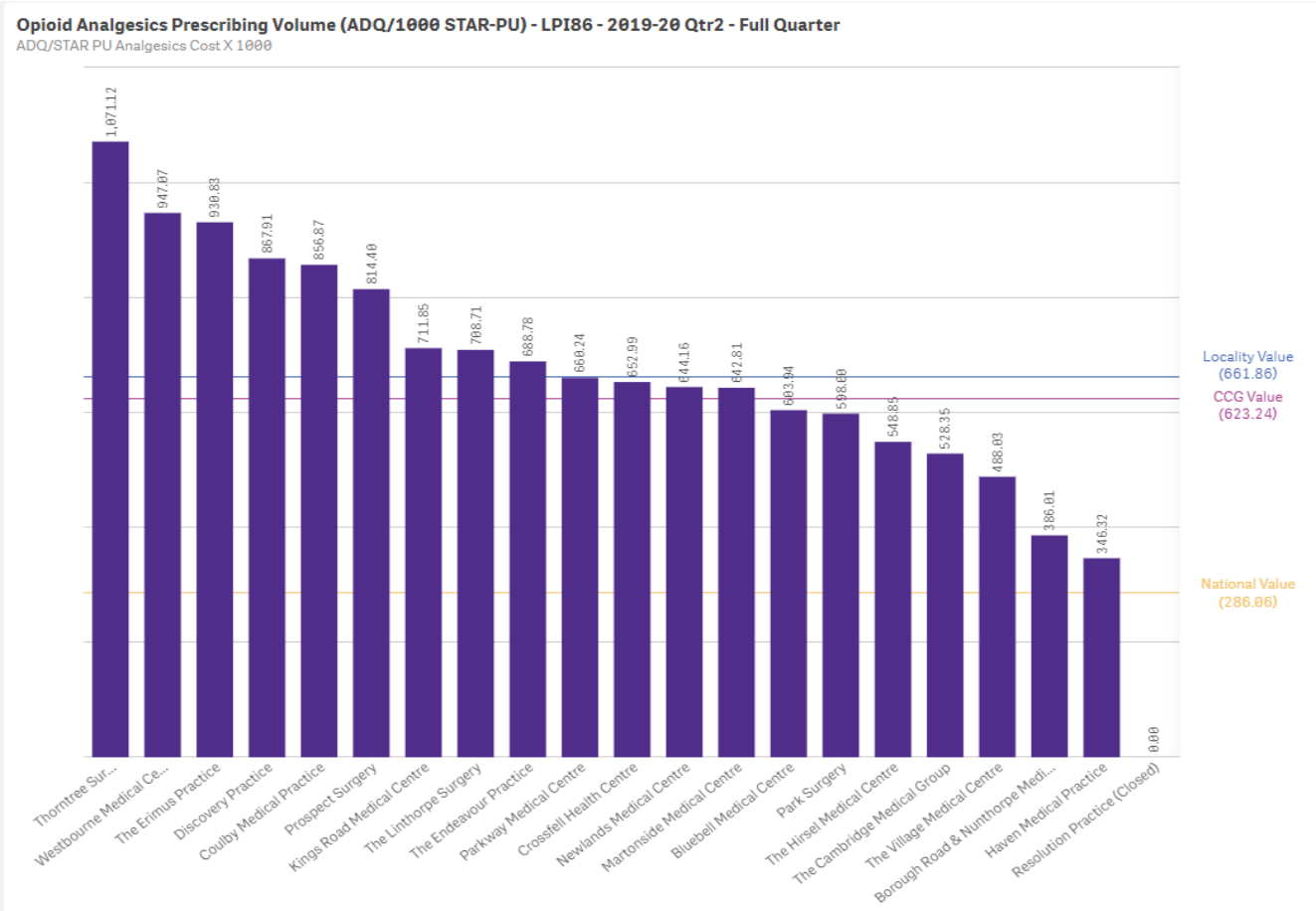
#### **INTRODUCTION**

The following narrative and graphs set the scene regarding opioid prescribing in GP practices in Middlesbrough.

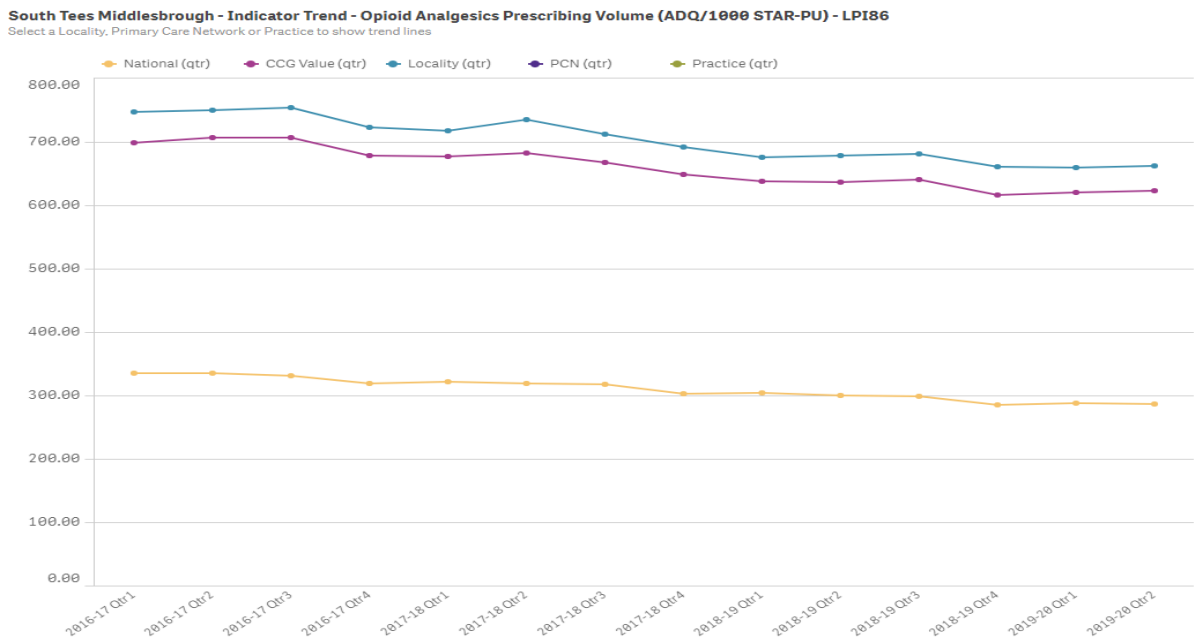
The first graph shows the ranking of practices in Middlesbrough in terms of volume, measured as Average Daily Quantity (ADQ)/1000 weighted population; and graph 2 shows how prescribing volume has changed over the last three and a half years.

In both cases the Middlesbrough locality prescribing is compared to the Sth Tees CCG average, and the national average

Graph 1. Practice opioid prescribing data – volume



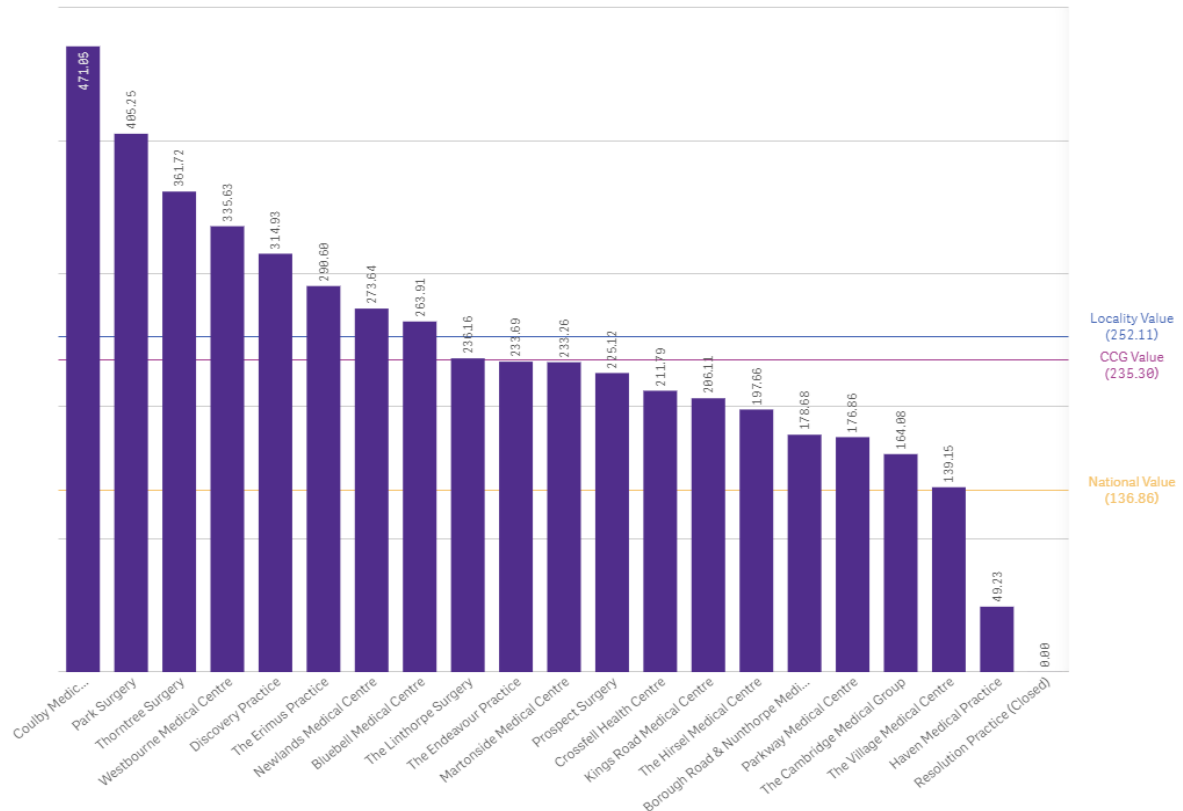
Graph 2. Practice Opioid Prescribing Trend – volume



The following 2 graphs are comparing practices in terms of cost, and also trends in costs over the same period

Graph 3. Practice prescribing data – cost

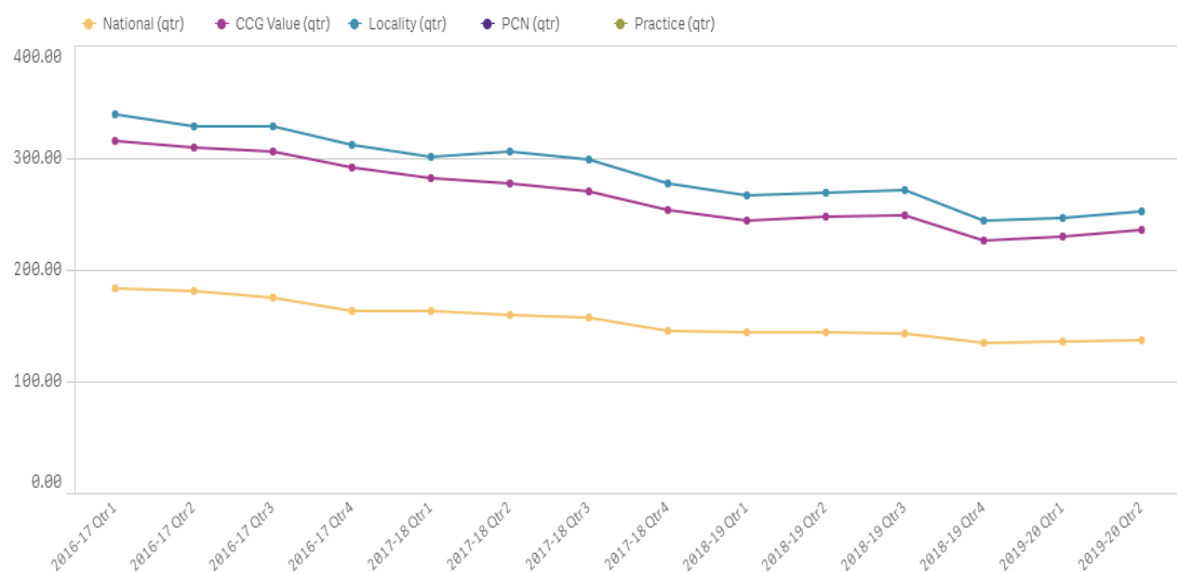
**Opioid Analgesics Prescribing Cost (Total Act Cost/1000 STAR-PU) - LPI85 - 2019-20 Qtr2 - Full Quarter**  
Actual Cost/STAR PU Analgesics Cost X 1000



Graph 4. Practice Opioid Prescribing Trend – cost

**South Tees Middlesbrough - Indicator Trend - Opioid Analgesics Prescribing Cost (Total Act Cost/1000 STAR-PU) - LPI85**

Select a Locality, Primary Care Network or Practice to show trend lines



There is a wide practice variation in both volume and cost of opioid prescribing, but in both cases, the overall trend is a decrease. Middlesbrough practices are prescribing at more than double the volume of opioid medication when compared with national average.

## **EVIDENCE / DISCUSSION**

During 19/20 and continuing into 20/21, the CCG is focusing on how we can assist GP practices to reduce inappropriate prescribing of high dose opioid medication to our population.

We have been working closely with South Tees Hospital NHS Foundation Trust (STHFT) to highlight current high levels of opioid prescribing in primary care. As a result the trust is working to both limit the number of patients commencing opioid therapy, but also assisting patients who need to reduce their doses of opioid medication. There is a dedicated opioid reduction clinic in the trust, operating as part of Prof Eldabe's team, where a specialist pharmacist is able to consult with patients referred by GP practices.

In addition, work has progressed on an opioid specific discharge protocol in order to limit the amount of opioid medication being given to patients on discharge from James Cook Hospital. Clearer advice is included to patients in order to ensure they do not ask for further medication, unnecessarily, from their GP.

Other CCG led initiatives include:

- The CCG medicines optimisation team assisting practices in identifying high dose opioid patients and highlighting these patients to prescribers. GPs are then able to initiate reduction programmes in appropriate patients, ideally using a structured reduction programme of gradually decreasing doses. More complex patients are able to be referred to the trust clinic
- South Tees CCG is taking part in the CROP (Campaign to Reduce Opioid Prescribing) initiative. This initiative is being co-ordinated by the Academic Health Science Network (AHSN), on behalf of all CCGs in the North East & North Cumbria. The initiative consists of specific practice information being sent to practices every 2 months, commencing in April 2020. The report contains
  - details of practice opioid prescribing
  - where the practice features compared to all practices
  - age and gender information related to opioid prescribing
  - national resource's to assist prescribers in reducing the prescribing of opioid medication
- We have some patient awareness campaign materials available which we will launch once the CROP initiative is "live"
- More patient focused work will be occurring in 20/21, when we establish pharmacist led community opioid/gabapentinoid reduction clinics, operating at

Primary Care Network (PCN) level. The CCG is funding a pilot involving education of 5 pharmacists to deliver a series of structured patient level opioid reduction interventions in a primary care setting.

The intervention will consist of three days of a group self-management intervention jointly led by a clinical pharmacist and lay facilitator plus one-to-one support from the pharmacist (face to face and telephone) to support tapering of opioid medication. The clinical facilitators will have received 3 days of training prior to delivering the programme. A key role of the clinical facilitator is to generate motivation. The outline of the intervention structure is as follows:

- First session, Week 1: One-to-one consultation with pharmacist. Jointly agreed withdrawal treatment plan. Education on living and dealing with pain
- Second session, Week 2: Goal setting, discussing barriers to change
- Third session, Week 3: Managing communications and relationships
- Week 4 to 6: Up to two telephone consultations
- Week 7 to 10: One-to-one consultation with pharmacist

The aim of the intervention is ideally complete withdrawal from opioids over ten weeks.

The specialist pain management pharmacist at STHFT and a total of five practice pharmacists will be trained as clinical facilitators. They will be trained to run the programme and receive training on psychologically interviewing and motivating participants and designing opioid tapering regimens. Working alongside a lay facilitator each pharmacist will facilitate a three day programme for participants. They will also complete a one-to-one consultation with each participant on week 1 and create personalised opioid tapering regimes. They will additionally complete the telephone consultations during weeks 4 to 6 and the final one-to-one consultation in week 7 to 10. A lay facilitator will attend day 1, 2 and 3 of the programme. Their presence is essential for participant engagement, trust and motivation.

## **CONCLUSIONS**

South Tees CCG and STHFT are both mindful of the high levels of opioid, and gabapentinoid, prescribing across the area.

Both the CCG and the trust are working jointly to address these prescribing issues. The focus initially is on opioid prescribing, but we are mindful that prescribing levels of gabapentinoids are higher than average. Some patients prescribed high doses of opioids will also be prescribed gabapentinoids; tackling one element initially is far more prudent than addressing both prescribing issues at the same time.

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