

# REDUCING OPIOID PRESCRIBING IN PRIMARY CARE



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DR ARPIT SRIVASTAVA

GP & CLINICAL DIRECTOR, BRUNEL 5 PCN

MEMBER OF NICE TECHNOLOGY APPRAISALS COMMITTEE

[ARPIT.SRIVASTAVA1@NHS.NET](mailto:ARPIT.SRIVASTAVA1@NHS.NET)



# AIMS

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- Challenges
- Improvements
- Strategy



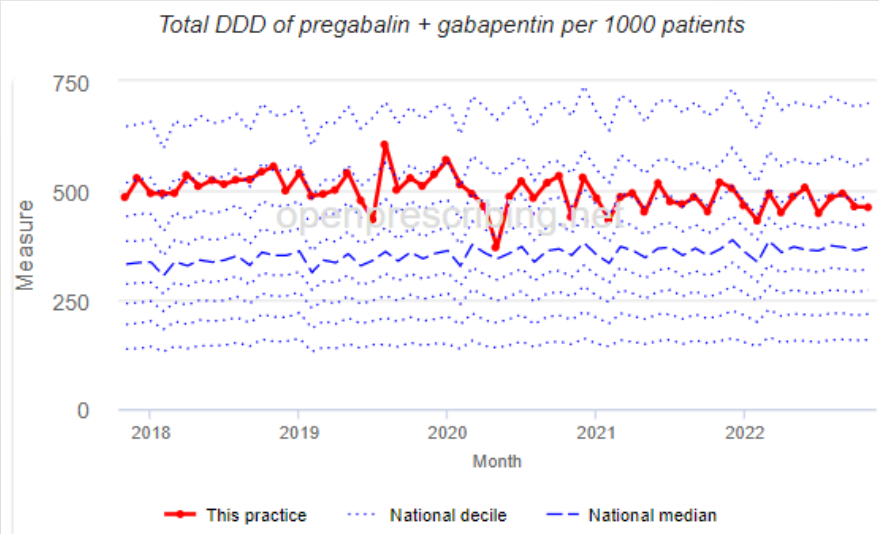
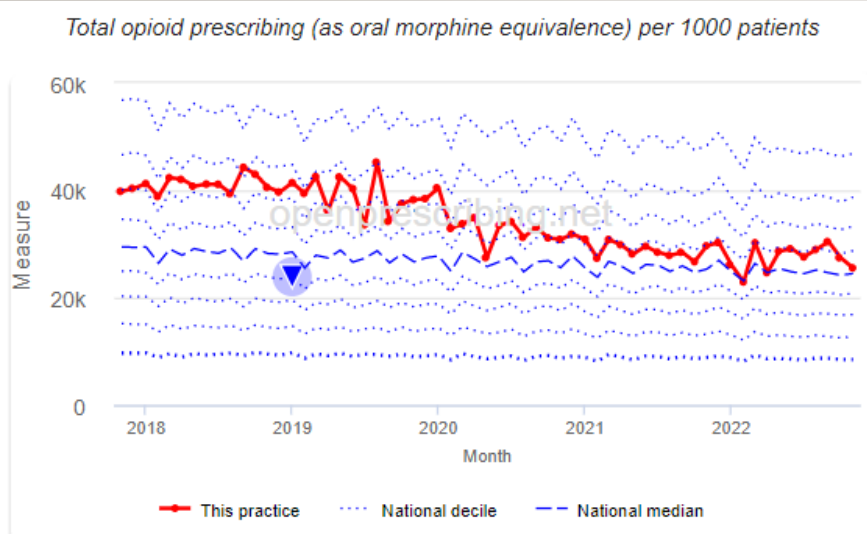
# CHALLENGES

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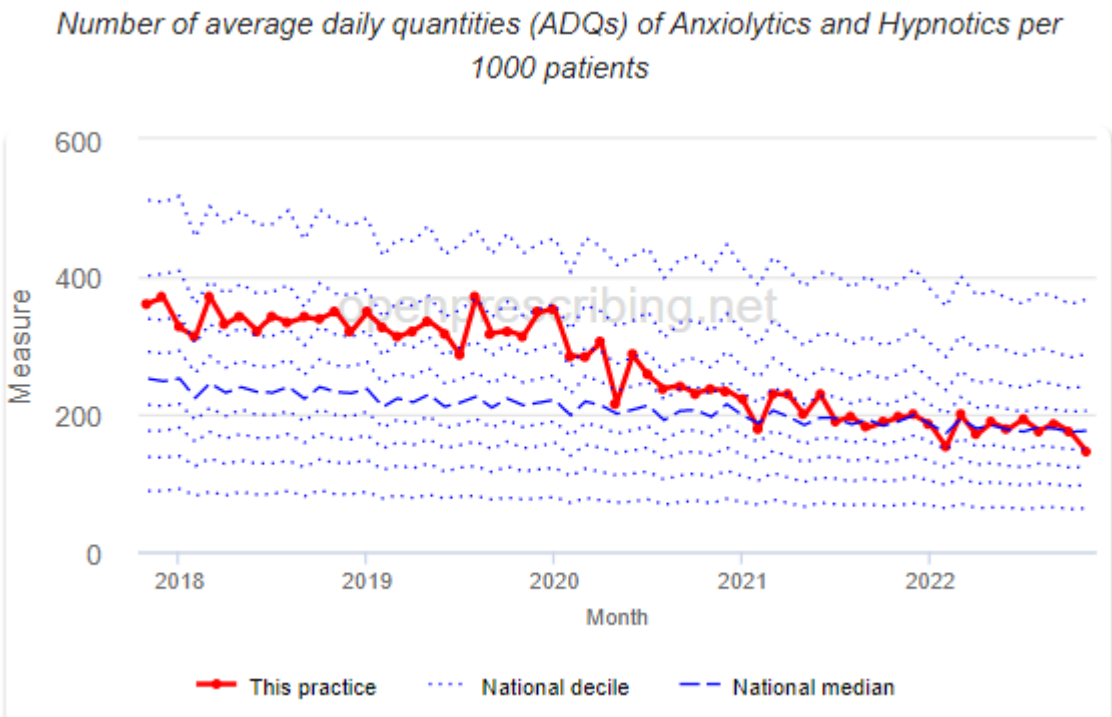
- High opioid prescribing surgeries with little oversight of prescribing
- Easier to prescribe than not
- Easier to suggest tackling the issue in another consult
- Patients waiting for treatment, e.g. physio or surgery
- Patients not aware of the risk
- Underlying mental health issues needing addressing



# IMPROVEMENTS



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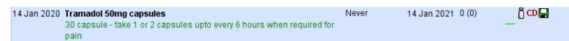


# STRATEGY

- Culture change is key
  - Regular teaching
  - Regular messaging for example through MS Teams
  - Targeted learning for over-prescribers (use searches)
  - Involve prescribers and non-prescribers

## c. Guidance on Identifying Controlled Drugs

- Reception staff must not issue controlled drugs. These must be "Patient Requests" to the Prescription Query group.
- Controlled drugs are medicines that are used for their medicinal benefit but have a high risk of causing dependence or harm if misused. They are dangerous and potentially fatal if used inappropriately.



- Always look for the red "CD" symbol on the right of a drug to help identify controlled drugs.
- Some drugs may not display the CD flag so you should also check the following list.
- Examples of Controlled Drugs (but not an exhaustive list, always look for the red "CD" symbol)

Buprenorphine (Butec, Bunov, BuTrans)	Methylphenidate (Medikinet, Concerta)
Chlordiazepoxide	Midazolam
Clobazam	Morphine (Zomorph, Oramorph, MST, Sevredol)
Clonazepam	Nabilone
Codeine	Nitrazepam
Co-Codamol (Solpadol, Zapain, Tylex)	Oxazepam
Co-Dydramol (Remedeine, Remedeine Forte)	Oxycodone (OxyNorm, Oxycontin, Longtec, Shortec)
Dexamfetamine	Pethidine
Diamorphine	Pholcodine
Diazepam	Pregabalin (Lyrica)
Diethylpropion	Tapentadol
Dihydrocodeine (DHC Continus)	Temazepam
Gabapentin (Neurontin)	Testosterone
Flurazepam	Tramadol (Marol, Zydol)
Loprazolam	Zopiclone
Lorazepam	Zolpidem
Methodone	

## Controlled Drugs

Controlled drugs are a group of medications that have much stricter legal requirements. These medicines have therapeutic benefit but can also be dangerous if used inappropriately hence strict legal requirements. Common controlled drugs include codeine, diazepam, gabapentin, morphine, pregabalin, tramadol and zopiclone. For your safety, we are legally obliged to ensure:

- Thorough checks are made to ensure the medication is being used for the right reasons
- Thorough checks to ensure the medication is not being overused
- We cannot provide a supply longer than 1 month
- The prescription is trackable. The safest way to achieve this is with Electronic Prescriptions.
- Prescriptions are not issued early



# DFD MDT

- Involved a GP, mental health nurse, pharmacist and physiotherapist
- Clinicians able to fill out internal referral form

## Dependence Forming Drugs MDT (DFD)

### Purpose

To support clinicians in recognising dependence forming behaviours and to help patients find alternative strategies to using dependence forming medicines.

### How It Works

You can refer anybody who you are concerned has become dependent on DFD.

The MDT (Dr Ram Arora, Dr Arpit Srivastava, Pharmacy, Physiotherapist, Mental Health) meets fortnightly.

The MDT will review the medical notes.

The MDT will provide suggestions on how to approach supporting the patient.

The MDT will organise appointments including follow up calls for yourself. You will receive a task to notify yourself.

If a patient is deemed higher risk - especially if overusing - the patient may be booked in with Dr Arora.,

### What to do

1. Fill in the Referral page as thoroughly as you can
2. Free Slot Search for a "DFD MDT" slot
3. Await a response (please specify if you have any annual leave scheduled)

## GWH Dependence Forming Medicines MDT

**Assessment** Reason

Assessment - include details of which medicines are being used, frequency and dose, what symptoms was the medicine started for (eg. right knee pain)

Mental Health history - how well controlled is the mental health? Any relevant history from childhood or previous traumatic experiences?

Social History - it is very useful to know support (for example, from family and friends) and living situation

**Risk**

History of Substance Misuse?

Alcohol  **AUDIT-C** **AUDIT**

Smoking

Driving?

Safeguarding  You carry responsibility to address any Safeguarding concerns as per the Safeguarding policy. This field is for information only, the MDT will expect any necessary action to have been taken.

**Patient Goals** Patient Goals for Reducing Medication

**Book patient into the MDT...**  Search for "DFD MDT" slot

**The patient should not expect a call. This is an opinion/discussion only**

Created by Dr Arpit Srivastava  
Contact arpit.srivastava1@nhs.net



# DFD MDT

- MDT reviews notes, advice back to the clinicians, as well as booking in with physio/mental health nurse/pharmacist to provide coordinated approach.

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# DFD MDT

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- Why it worked
  - Clinicians felt supported – they could offer patients something
  - Provided structured support for patients
  - Took a holistic approach
  - Primary care based – and this is where the prescribing happens
- Why it didn't work
  - Not funded and needed clinician time
  - MDT members did not have specific training
  - Needed continuity of care
  - Needs culture change



# STRATEGY

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- To make the MDT work...
  - Funding- provide PCN funding to have an MDT including GP, pharmacist, mental health nurse and physiotherapist
  - Training-provide the MDT with training resources
  - Access to targeted psychology
  - Support the MDT with secondary care pain specialists
  - Continue changing the culture



# FINAL THOUGHTS

Culture change

Primary care led MDT

Early avoidance of DFDs

