

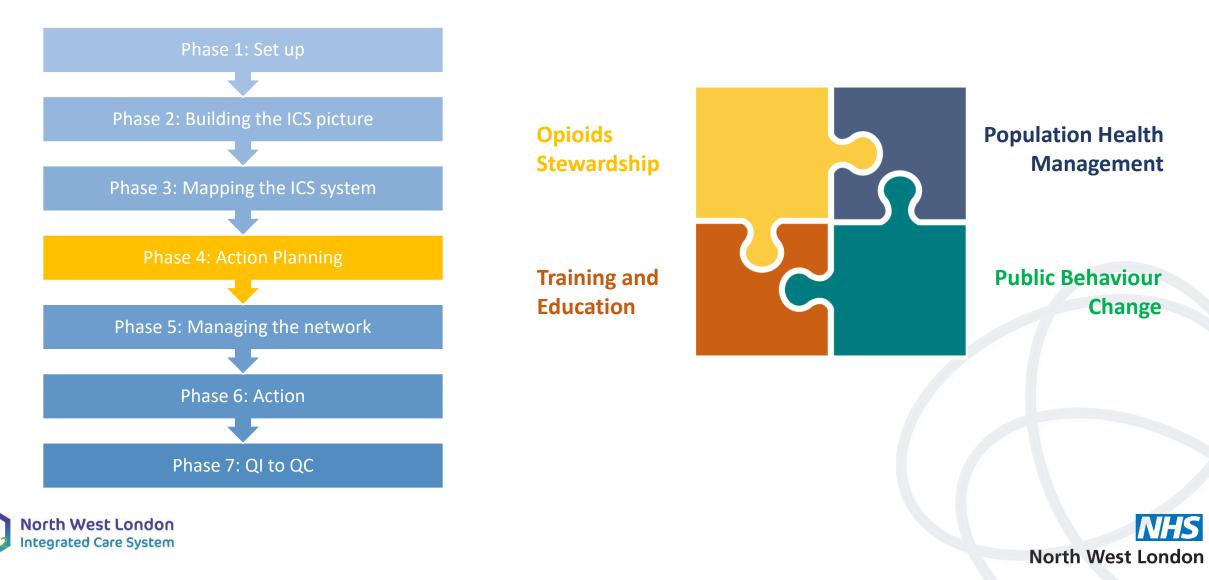
# NHS North West London ICS approach to reducing harm from opioids

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In collaboration with Imperial College Health Partners (ICHP)

# Whole systems approach

Improving chronic non-cancer pain management and reducing harm from opioids & dependence forming medicines



# **Opioids Stewardship**



## Audits

- Imperial College Healthcare Trust (ICHT) led **transitional care audit** (pre-op, to inpatient, to discharge)
- ICHT led opioids on discharge audit
- Trust MSO scoping of opioid management in secondary care



## **Shared learning**

- Use of Medicines Safety Network to improve stewardship across all interfaces.
- Learning from early adopters of stewardship – e.g., LNWUT completing trial of follow up phone calls to patients



# Communication

Work with acute Trust MSOs with aim ensure **opioids have plan on discharge** for those on >120mg OME/day via Discharge Medicines Service to community pharmacy in addition to patient's practice/PCN



## Systems approach

Proposed **PCN engagement** in review of newly initiated opioids, using NHSBSA Opioid Dashboard data or EMIS/S1/Ardens searches and patient review template





# **Opioids Stewardship**

# Opioid Plan on Hospital Discharge: Pharmacist Support Role



#### **Trust Pharmacist**

- Sending a discharge opioid plan for high dose > 120mg /day OME or longterm non-cancer pain patients via Discharge Medicines Service.
- Highlighting that the patient should have reducing needs post-surgery, through to stopping over time if no other underlying pain issues. *Liaise with pain team/specialty team if non-surgical patient.*
- Where appropriate, give patient copy of British Pain Society 'Managing Pain After Surgery' leaflet.



#### **PCN Pharmacist**

- If patient needs are over and above postsurgical pain, including repeats requested, consult the discharge opioid plan.
- If ongoing requests not aligned to opioid plan, consult the GP.
- Advice can be sought from the hospital surgical team/pain team or if urgent signpost to A&E.
- Set up post-discharge reviews, acute rather than repeat prescriptions.



#### **Community Pharmacist**

- Note the intended opioid plan/duration of post discharge opioids.
- Raise with PCN any concerns about: repeats that do not align to opioid plan or **prolonged duration**
- Additional use of OTCs indicating uncontrolled analgesia





# **Population Health Management**

# **GP MDT chronic pain management pilots**

- 1 borough already commenced pain management programme of work
- Additional pilots due to commence in 2 practices and 1 PCN in April
  - NWL ICS resources to support: Opioids Review Implementation Pack, competency framework & resource pack
  - MDTs to help support complex decision making and support shared learning approach
    - To consider including: GP, PCN Pharmacists, social prescribers, health and well being coaches, MSK services, physiotherapists, mental health practitioners, drug & alcohol services
  - Patient identification: S1/EMIS searches and templates along with NHS BSA opioids dashboard
- Pilots will be evaluated for potential spread and adoption
- Personalised care approach to chronic pain management will be embedded in pilots with support from social prescribers and health and wellbeing coaches (see new national guidance - <u>Optimising personalised care for adults prescribed medicines</u> <u>associated with dependence or withdrawal symptoms</u>)



# **Education and training**

Really useful webinar

It was great to have examples on how to have difficult conversations

*Really helpful not just for chronic* pain patients but patients who are not sure about change

Four Chronic Pain webinars hosted in 2022/23 on different topics within **Chronic Pain Management** 

Over 350 attendees

**Guest speakers** including Pain Consultant, GP clinicians, Consultant Pain Nurse, Clinical Psychologist

Webinar resources and clinician resources hosted on North West London ICS website

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Faculty of Pain Medicine

Live Well with Pair

#### Improving chronic non-cancer pain management

Home > Professionals > Referral guidelines and clinical documents > Improving chronic non-cancer pain management

#### Reduction of harm from opioids and dependence forming medicines

The North West London Opioids Working Group ambition in line with those nationally is to achieve fewer people prescribed oral or transdermal opioids (of any dose) for more than 3 months and fewer people on high dose (>120mg daily Oral Morphine Equivalence) for longer-term (> 6 months). This equates to about 50 patients and 7 patients respectively per PCN.

Our resources aim to support clinicians in helping people live well with chronic non-cancer pain, whilst also reducing harm from dependence-forming medicines such as opioids.

The resources support practices to undertake patient reviews, from case finding using the NHSBSA Opioids Prescribing Comparators Dashboard to useful webinars on patient review and managing opioid reduction

The Opioid Review Support Pack guides you through the review process, with useful tools and leaflets, including a patient letter to start the review process and patient information to support the shared decision-making conversation.



Agenda: Having Better Conversations with Dr Jeremy Anderson

Session title	Speaker	Tim
Welcome, NWL Opioids Context	Dr Imran Sajid Chair, NWL Opioids Programme, MSK GP lead	13:0
Having Better Conversations	Dr Jeremy Anderson Clinical psychologist, ICHT	13:0
Panel Q&A – Bring your cases!	Above speakers are joined by: Keval Modi Borough Lead Pharmacist (Hillingdon) Sara Izadi Ealing Borough Pharmacist, Medicines Management Team	13:4



# **Reflections from impact on the ground**

# **Delivery and implementation in two Hounslow PCNs**

#### Retrospective data - opioid dashboard NHSBSA

- Prioritise patients perceived as most complex ie high dose opioids (>=120mg oral morphine equivalent with other dependence forming medication and 169 days repeat Rxs): n=80
- 2. Roadmap communicated to GP practices peer review meetings with GP lead or delegate attendance
- 3. Patients contacted

# **Activities performed**

### Engagement

PCN wide engagement Link to QoF on potentially addictive medicines

#### **SMR reviews**

SMR reviews and action plans by PCN senior pharmacists

## Virtual MDT

Virtual MDT hosted by a GP lead on cases seen by pharmacists

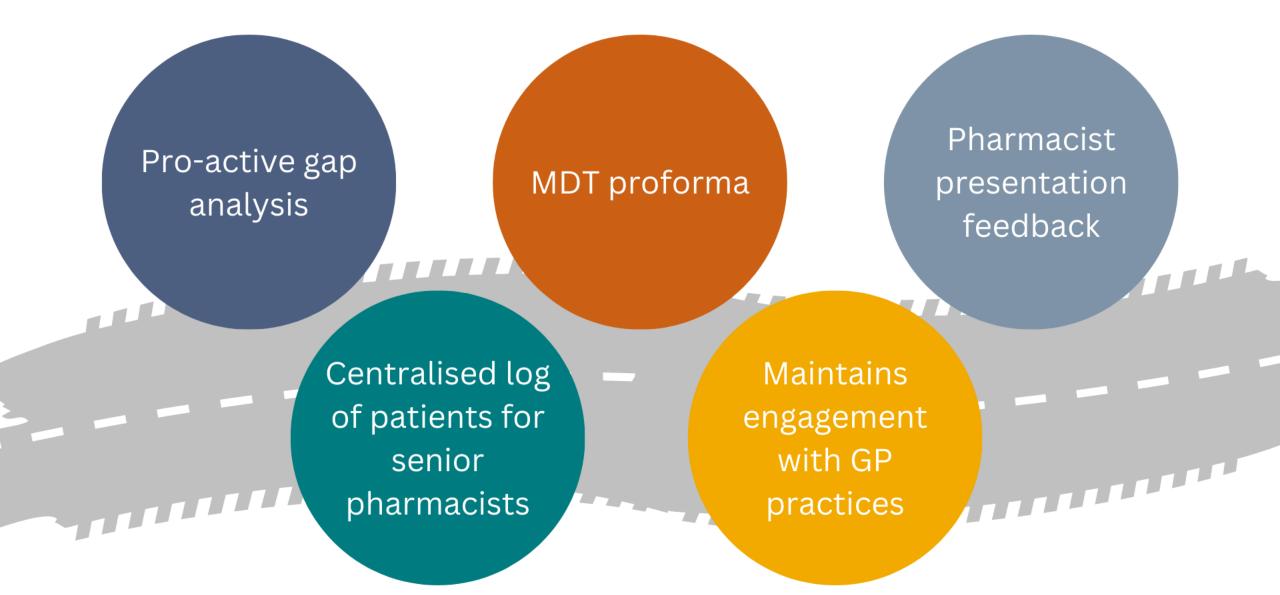
## Mentorship

PCN pharmacists inhouse mentorship led by senior pharmacist

## Audit

Re-audit annually

# **MDT Reflections: a roadmap to success**



## Thank you

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If you would like more information about the North West London approach to reducing harm from opioids programme, please contact <a href="lucie.wellington@imperialcollegehealthpartners.com">lucie.wellington@imperialcollegehealthpartners.com</a>