

Opioid Deprescribing Toolkit

Kumud Kantilal
Senior Project Associate

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Our partners

NIHR | Applied Research Collaboration
East of England



NHS
Norfolk and Waveney
Integrated Care Board



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Opioid Deprescribing Toolkit



1 There needs to be a **clear expectation that opioid deprescribing is the responsibility of prescribers**, as this makes them more likely to initiate deprescribing discussions with patients.



2 Programmes need a **defined pathway incorporating tapering guidelines**, so that practitioners know what is expected of them and what support is available when the complexity of a patient's situation warrants referral.



3 There needs to be a **consistent approach by all members of the healthcare team** to achieve more success in supporting patients to taper and stop opioids.



4 Prescribers should be equipped with **cognitive behavioural intervention skills** to give them the confidence to initiate and manage tapering discussions.

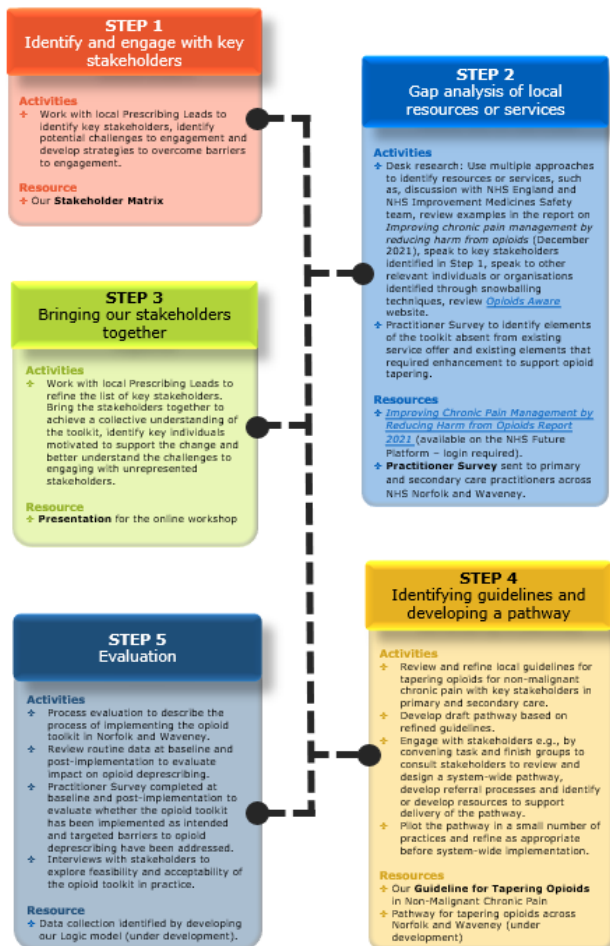


5 Programmes should incorporate an agreed level of **access to psychological and physical support for patients**. This makes consultations regarding tapering easier for practitioners as it allows them to offer an alternative to opioids and patients are better equipped to self-manage pain during the tapering process.



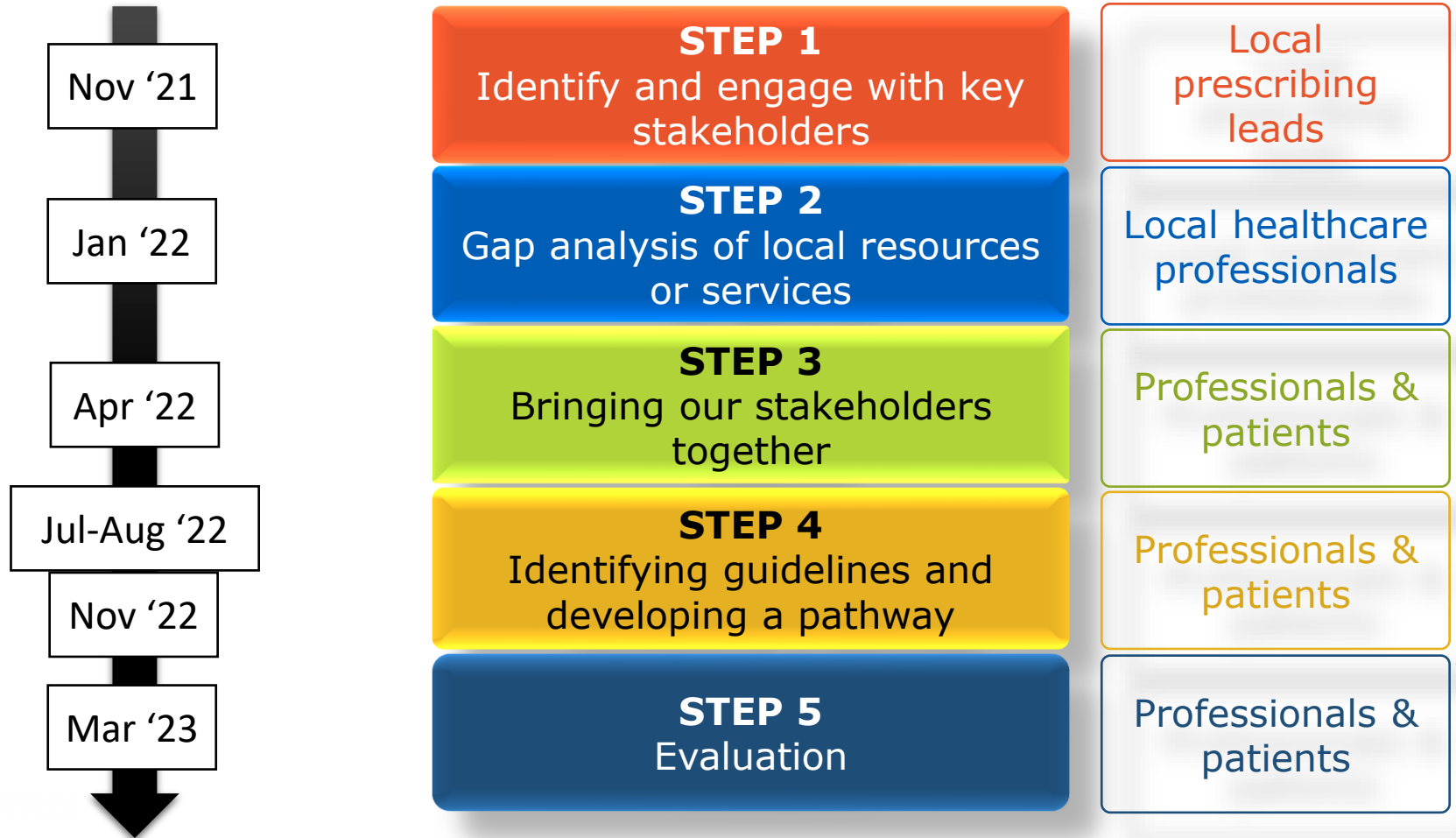
6 Patients need **comprehensive education** to align patient: practitioner expectations of tapering which supports them to engage and persist with a tapering schedule making the tapering process easier for the prescriber.

Our journey to implement the Opioid Deprescribing Toolkit



<https://www.easternahsn.org/about-us/our-projects/opioid-deprescribing-toolkit/>

Our implementation process



Clinical Information

Prescribing, Pharmacy and Medicines Optimisation

Clinical Thresholds Policy

Providers / Services

Forms

--Include all types--



Enter your search terms here

Search

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Page last updated: 11/11/2022

Opioid Deprescribing Toolkit and Resources

0 [review soon](#) 0 [review overdue](#)

Resources for Clinicians

- [Dose equivalents and changing opioids | Faculty of Pain Medicine \(fpm.ac.uk\)](#) U: 07/11/22 R: 07/11/26
- [Guidelines for tapering opioids in chronic pain](#) U: 07/11/22 R: 07/11/24
- [Opioid Risk Tool \(ORT\)](#) U: 07/11/22 R: 07/11/26
- [Opioids Aware](#) U: 07/11/22 R: 07/11/26
- [Oral morphine equivalence calculator](#) U: 07/11/22 R: 07/11/26
- [PrescQIPP bulletin - Reducing opioid prescribing in chronic pain](#) U: 07/11/22 R: 07/11/26
- [PrescQIPP e-learning - Reducing opioids in chronic pain](#) U: 07/11/22 R: 07/11/26
- [Tapering and stopping | Faculty of Pain Medicine \(fpm.ac.uk\)](#) U: 07/11/22 R: 07/11/26
- [Toolkit for Tackling Chronic Opioid Use in Non-Cancer Pain](#) U: 11/11/22 R: 11/11/24

Resources for Patients

- [Live Well with Pain Health Check tool to explore how pain affects people's lives](#) U: 07/11/22 R: 07/11/26
- [Lowering your opioid dose](#) U: 07/11/22 R: 07/11/24
- [Opioids, chronic pain and the bigger picture – a patient diary to record how they are feeling during the tapering process](#) U: 07/11/22 R: 07/11/26
- [Patient medicines decision guide](#) U: 07/11/22 R: 07/11/24
- [Ready to Change - Your Way to Better Health \(Norfolk County Council\)](#) U: 07/11/22 R: 07/11/26

Medicines



The [NHS Norfolk and Waveney Integrated Care Board \(ICB\)](#) regularly review local prescribing practice based on the latest evidence available and in line with guidance from The National Institute for Health and Care Excellence ([NICE ↗](#)).

You can [find your local pharmacy online](#).

Opioids

Opioids are very strong pain killers and are used to treat pain after surgery, serious injury and cancer pain, for example. They usually contain morphine or codeine. Research tells us taking opioids long-term for chronic pain is not a good idea. Opioids aren't very effective when taken for more than a few months.

You can find a selection of resources for clinicians and patients on the [Knowledge Anglia website](#). Further resources can be found on [Norfolk and Waveney STP Formulary](#) which includes [Guidelines for tapering opioids for chronic primary pain](#).

Added value of patient feedback

1

- Improved understanding of local challenges

2

- Informed guideline content – patient discussion points

3

- Identified patient resources

4

- Prompted hosting of launch event

Next steps



Raise awareness of our resources



Ensure system-wide implementation



Evaluation



Patient feedback

Thank you

