

Opioid Deprescribing Toolkit Project

Amy Chapman
Advisor, Eastern AHSN



Our partners

NIHR | Applied Research Collaboration
East of England



NHS
Norfolk and Waveney
Integrated Care Board



From insight to implementation:



Insight

Research led to a developed toolkit (the 'intervention') with six components as an evidenced approach to opioid tapering / deprescribing

Idea

If we operationalise and implement the toolkit for prescribers, can we reduce opioid prescribing and in so doing, the risk of harm for people living with pain

Implementation

Can we produce implementation strategies to address the six toolkit components, how can we best do this...develop our implementation pathway

Impact

Measurement of the impact - the implementation outcomes

Introduction

- Public Health England reported that in the year 2017 to 2018, 5.6 million people were prescribed opioids and over half a million of these people had been continuously prescribed for three years or more
- According to 2021 data, Great Yarmouth and Waveney CCG were the 8th highest prescribers of opioid analgesics of all CCGs in England*
- Great Yarmouth and Waveney CCG were the PresQIPP Winner - High dose opiate reduction in Great Yarmouth and Waveney 2019 for work making significant reductions using engagement, training, incentives and improved benchmarking
 - Building on the evidence and activities:
 - [NICE guidance for chronic pain](#) recommended against starting opioid treatment for people with chronic primary pain
 - [The Royal College of Anaesthetists](#) states how 'tapering or stopping high dose opioids needs careful planning and collaboration'
 - Previous interventions focused on patient behaviour change and practitioner behaviour change – progress suggested that potentially more was needed



*August 2021 ePACT2 data

A toolkit for organisations to support opioid deprescribing

The Medicines Optimisation Group East Anglia was supported by (NIHR) East of England ARC to develop an approach to opioid tapering

Research evidence from opioid
deprescribing trials



Practice evidence from national
survey of opioid deprescribing
service managers/commissioners

**Toolkit including six components that are essential to effective
organisational level strategy for opioid tapering services**



Six Components

Clear expectation that opioid deprescribing is the responsibility of prescribers

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

What is expected of practitioners and what support is available when the complexity of a patient's situation warrants referral

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**

Consistent approach by all members of the healthcare team

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.

Skills to give providers confidence

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

Access to psychological and physical support for patients

Programmes should incorporate a pathway that includes **access to psychological and physical support for patients**

Align patient: practitioner expectations of tapering

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.

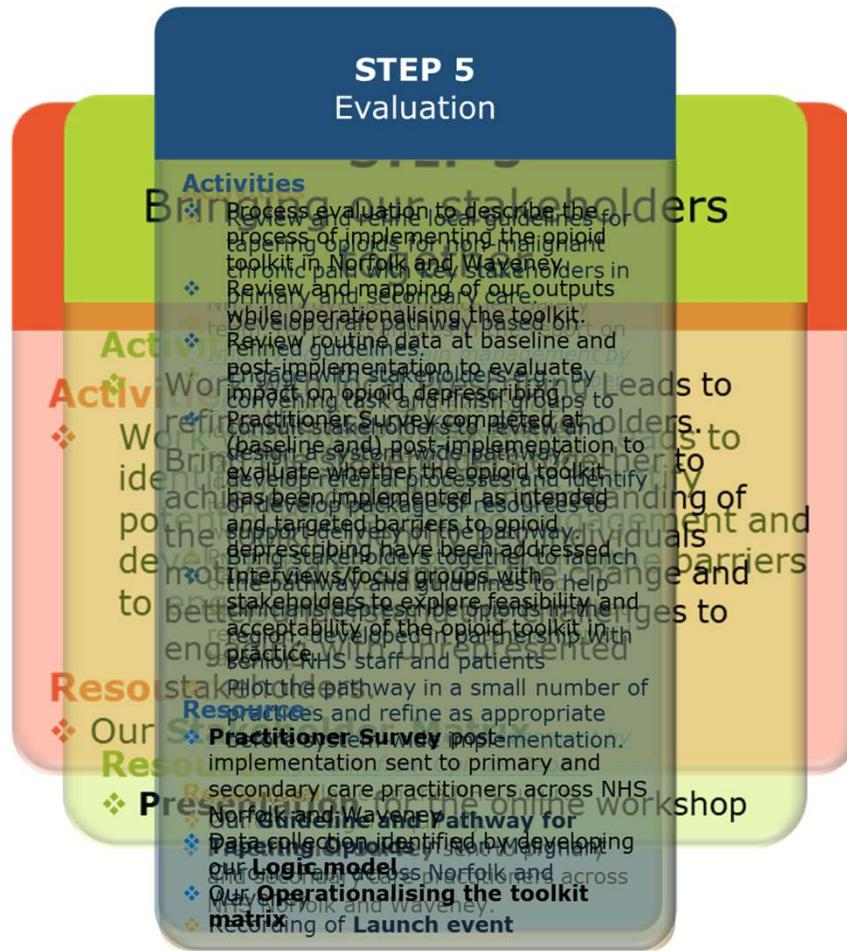


Our Vision

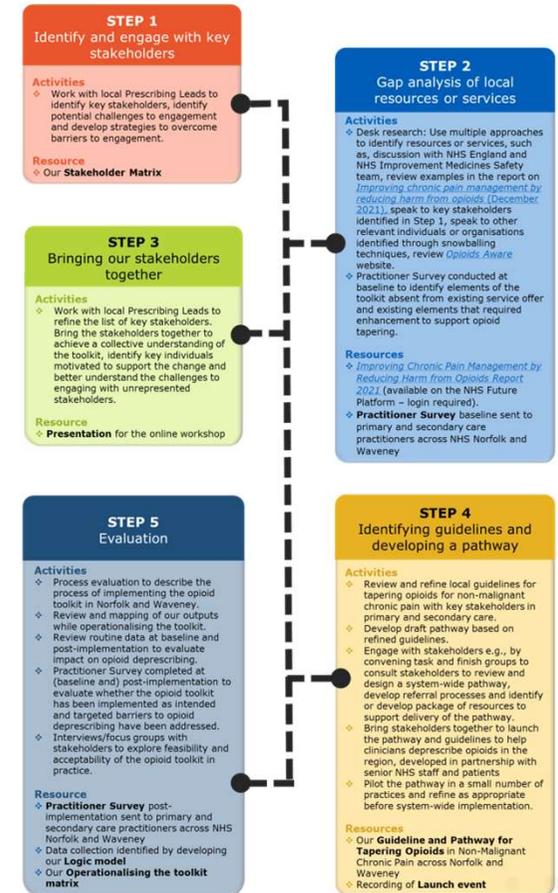
To develop a pathway to help prescribers taper patients off analgesia through implementing evidence based approaches



Our implementation pathway



Our journey to implement the Opioid Deprescribing Toolkit

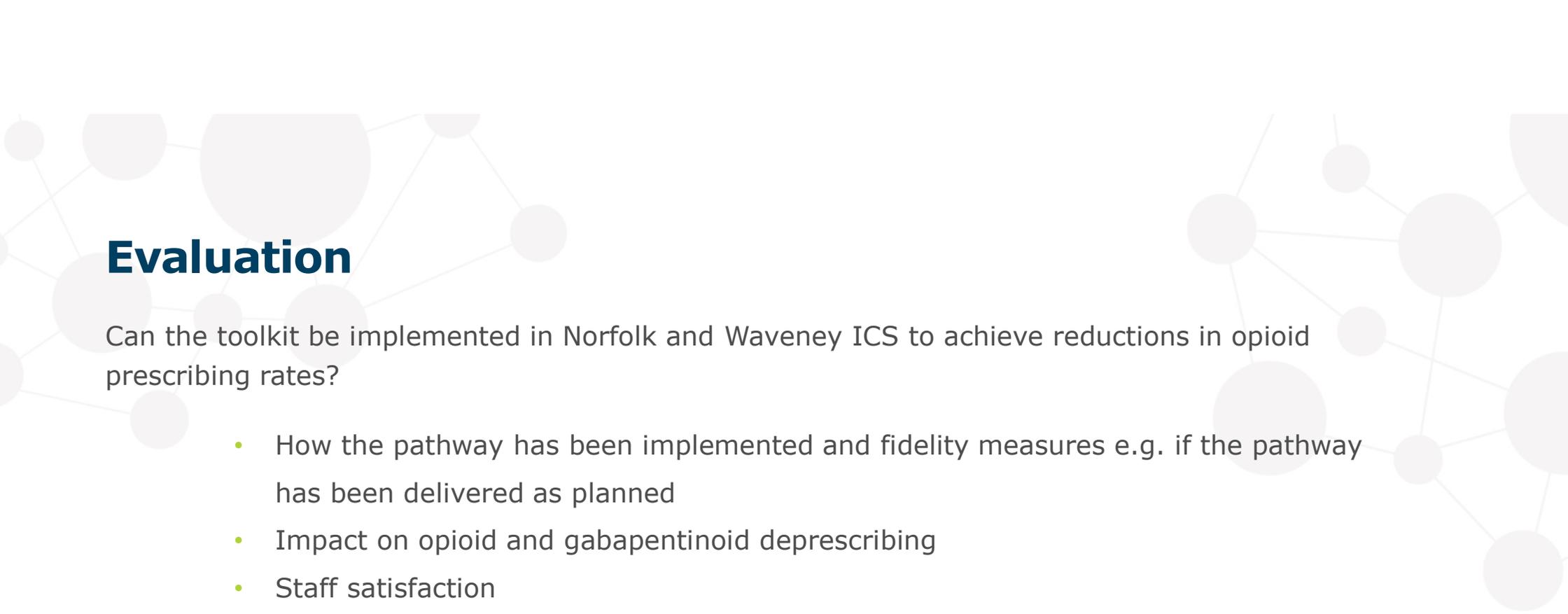


Operationalising the Toolkit

How did our implementation pathway and strategies link back to the insight from the Toolkit?

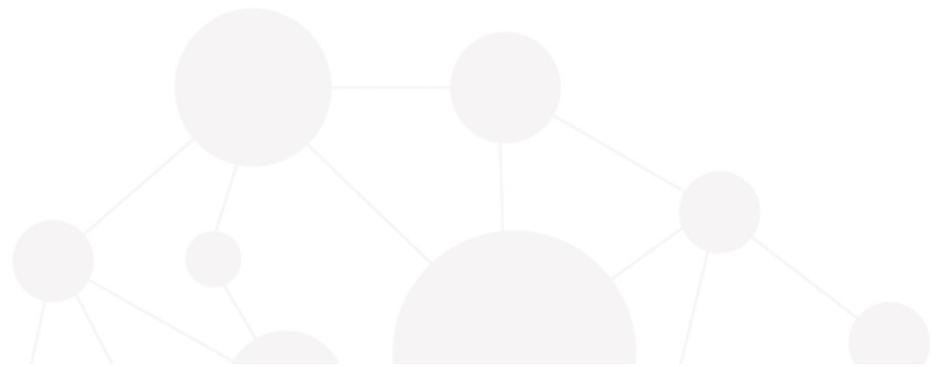
		Opioid Deprescribing Toolkit Opioid Deprescribing Toolkit Components					
		Clear expectation that opioid deprescribing is the responsibility of prescribers	Programmes need a defined pathway incorporating tapering guidelines	Consistent approach by all members of the health care team	Prescribers should be equipped with skills to give them the confidence	Access to appropriate levels of psychological and physical support for patients	Patients need comprehensive education to align patient - practitioner expectations of tapering
Intervention / output from the programme Link: Intervention Pathway	Activities	Stakeholder identification and engagement	✓		✓		
	Gap analysis of local resources or services	✓					
	Initial Event	✓					
	Launch event	✓	✓	✓			
	Task and Finish Groups engaging Patients					✓	
	Task and Finish Groups engaging various secondary and primary care staff	✓	✓	✓		✓	
	Practitioner Survey	✓	✓	✓			
	Opioid Deprescribing Pathway and Guidelines co-developed		✓		✓		✓
	Dose equivalence information				✓		
	Package of approved patient resources				✓	✓	✓
Resources	Social prescribing contact list created				✓	✓	✓
CBT training being reviewed and communicated at ICB and PCN level				✓		✓	
Licenses for PresQIPP training				✓	✓		
Deprescribing will be included in the Incentive Scheme next year A	✓		✓	✓	✓		
ARRS Funding Guidance	✓				✓		

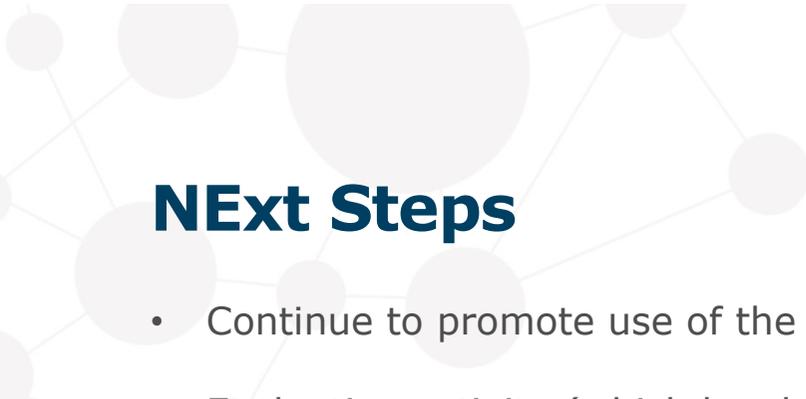




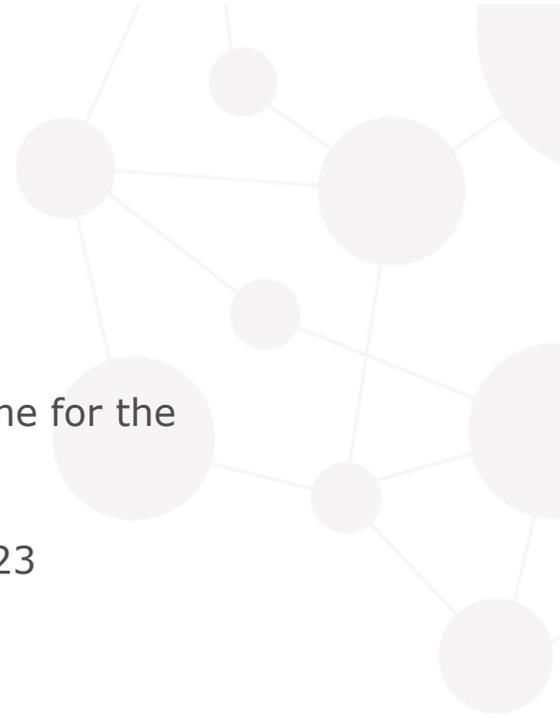
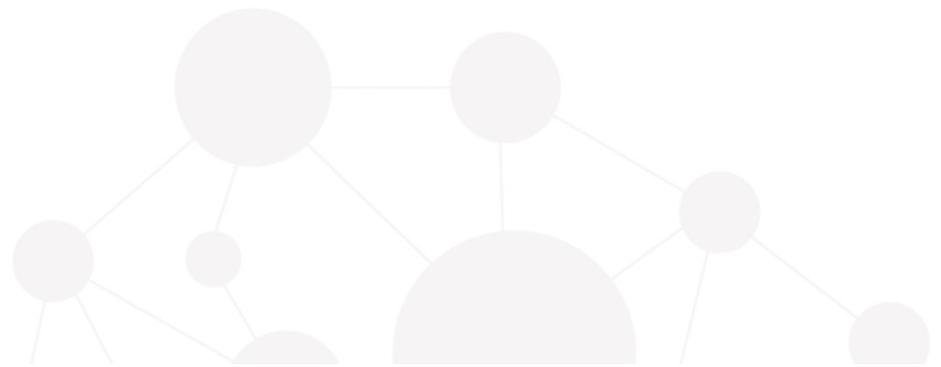
Evaluation

Can the toolkit be implemented in Norfolk and Waveney ICS to achieve reductions in opioid prescribing rates?

- How the pathway has been implemented and fidelity measures e.g. if the pathway has been delivered as planned
 - Impact on opioid and gabapentinoid deprescribing
 - Staff satisfaction
 - Impact on other service delivery (e.g. other pain medication prescriptions, social prescribing)
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NExt Steps

- Continue to promote use of the pathway
 - Evaluation activity (which has been pushed back to ensure there is enough time for the pathway and toolkit use to be embedded)
 - Submission of manuscript to British Medical Journal planned for December 2023
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Thank you

