

Dr. Chris Jewitt

GP in Gateshead,
& Prescribing Lead for
Newcastle Gateshead Clinical
Commissioning Group (CCG)
chris.jewitt@nhs.net

Stories of change

REDUCING OPIOID PRESCRIPTIONS IN GATESHEAD

Incentivising change and working together to tackle excessive pain medicine prescriptions in the north east of England.



What we did

There's plenty of evidence now that shows chronic pain does not respond well to opioids. To tackle high levels of prescriptions in the north east of England, our Clinical Commissioning Group (CCG) supports local GP surgeries to reduce the number of prescriptions by providing data, support, and visiting local GP practices. Together, we share information, best practice, success stories and innovative ideas. We've also been financially incentivising change. It keeps these important issues on the agenda, by giving a reward for doing this work.

Our motivation

The National Institute for Health and Care Excellence (NICE) guidelines on the treatment of chronic pain in England recommends that pain medicines such as gabapentin, other opioids and paracetamol should not be prescribed because they may not work, could be harmful and/or cause addiction. Many people living with pain take these drugs long term.

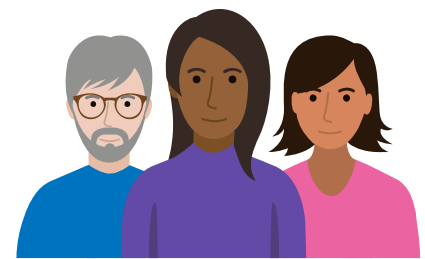


The difference we are making

Data shows that opioid prescriptions in the north east are down almost 25% and at our GP practice it's about 27% over the last two or three years. That's the big headline figure. There have been reductions in the prescribing of gabapentinoids by 17% as well, but we're tackling both issues head on.

What's next?

We've always intended to do more work on involving patients and I think we've done that on a bit of an ad hoc basis. It's very difficult to coordinate it on limited resource.





Making change happen

Historically these drugs get prescribed short-term, but then inadvertently that continues longer term. People often end up getting their doses increased because they get used to a particular dose, so it becomes less effective and then the easiest thing and the knee-jerk reaction is to increase the dose, but then ultimately that becomes ineffective and just makes the matter worse. There are also ongoing social challenges associated with the diversion of opioids to other people in our area. Drugs prescribed by a doctor sometimes get sold on by patients to people who are addicted to them.

The driver for reducing these drugs is not about cost. They are not expensive. It's purely about health benefits for people. One of the main issues is that they create dependency and so these drugs can lead to patients feeling that the drug is giving them some benefit, but it isn't helping their pain. It might just be helping them in some other ways which we would recognise as harmful, but the patient may not. People are also more likely to be prescribed other drugs and end up in hospital. 10% of hospital admissions are due to medication-related problems, so this work has wider benefits on the healthcare economy and system.

Reducing the number of pain medicines offered to people living with pain is often time consuming and difficult. It's getting harder as time goes by because it's easy to get quick wins with patients who are willing, but then you end up with more challenging consultations. It has been very hard in lockdown having conversations about reducing doses over the phone. In addition, people continue to get these drugs from other parts of the healthcare system, which makes it very hard for GPs.




**VERSUS
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“People living with pain who have been given these medicines for a long time, are suddenly being told to just cope with the pain better. It's a really hard message.”

Top tips

- Providing data, support and encouragement is helpful.
- Clinicians and prescribers should do a thorough medicine review regularly.
- Look for ways to reduce doses, plan reviews to avoid repeat prescriptions, and have these discussions whenever possible.
- A practice-wide policy is helpful and avoids patients receiving conflicting advice from different clinicians.
- People living with chronic pain often find Tai Chi, Pilates, gardening, gentle walking, wildlife groups or just someone to talk to helpful.



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