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Better Health, Better Care, for a Better Barnsley

CROP

Campaign to Reduce Opioid Prescribing

Rationale



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- Opioids are very good analgesics for acute pain and pain at the end of life but there is little evidence that they are helpful for long-term pain.
- Prescribing for acute pain and pain at the end of life principles have been applied to the field of chronic pain, despite a lack of evidence of effectiveness and the potential for harm.
- Despite this, they are widely prescribed for this reason – opioid prescribing more than doubled in the period 1998 to 2018.
- This has been referred to as an “opioid crisis” similar but not on the same scale as the opioid crisis seen in the US

Action



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- The harms of this prescribing are now better understood.
- Government is regulating further.
- Guidance and resources for clinicians developed (referenced within CROP reports)

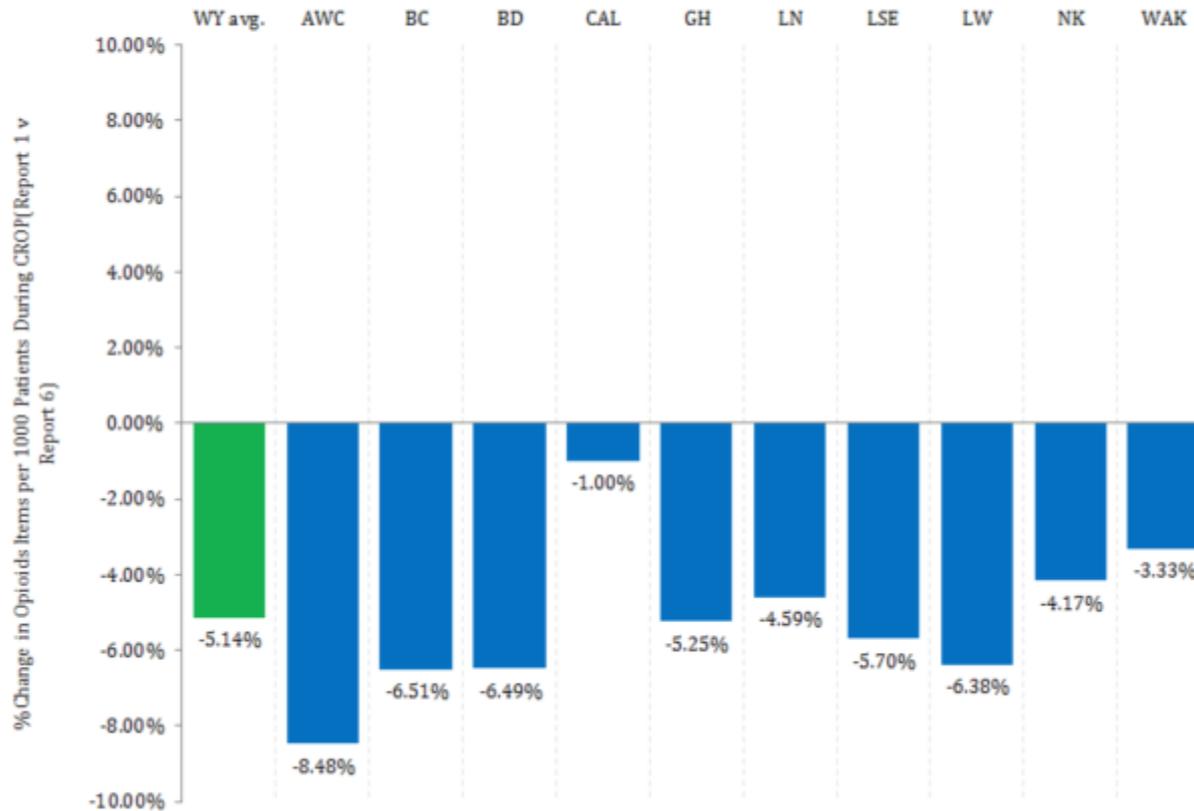
<http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>

<https://www.nice.org.uk/guidance/ng193>

2017 CROP Change WY Localities



Figure 1. % Change in opioids items per 1000 patients during CROP



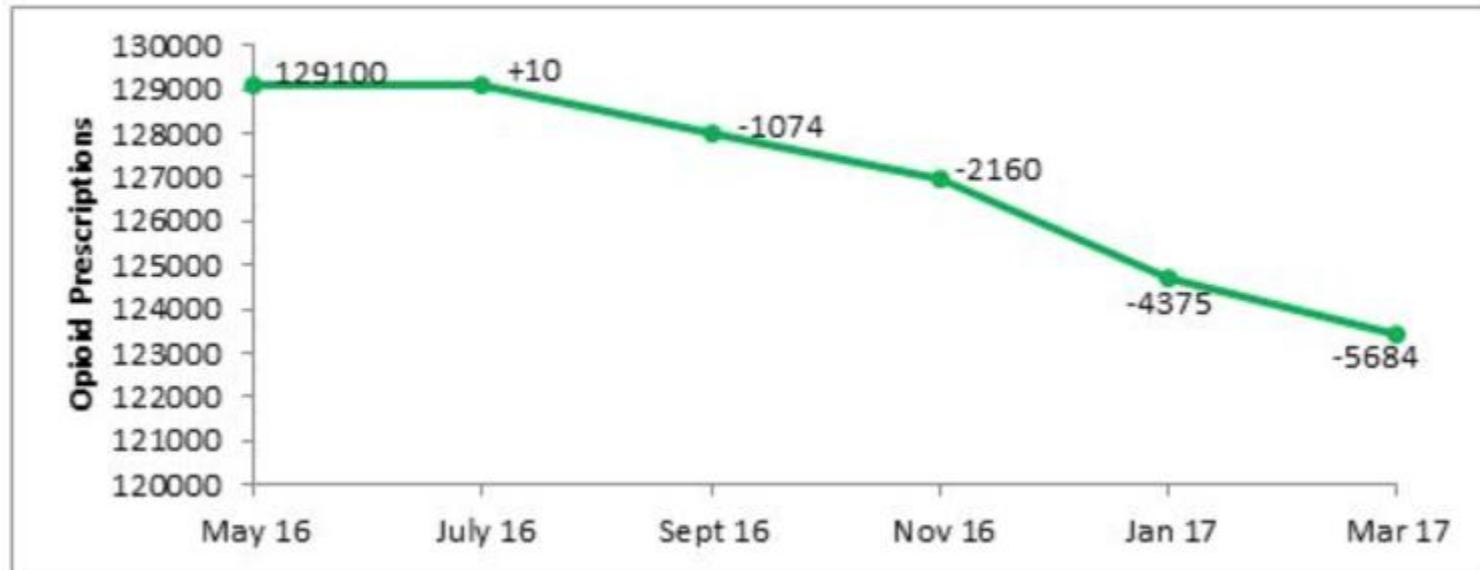
WY CROP Impact Overall



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Figure 2. Opioids prescriptions dispensed in West Yorkshire during the CROP period



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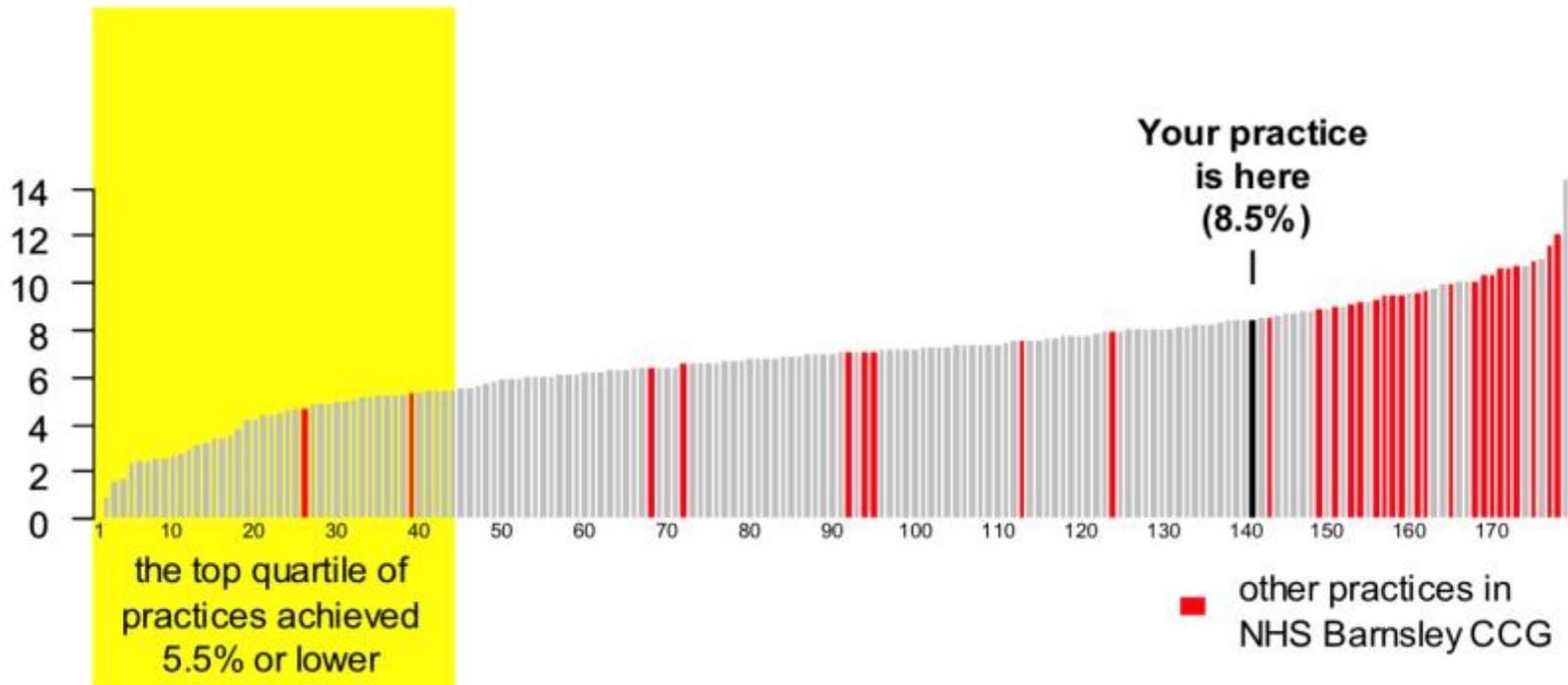
- Baseline 4.8% -12.2% vs SY&B 0.13% - 14.43%
- Change report 1 to report 2
 - Early days
 - Minus 6.1% to plus 7.6%
 - 9 practices reduced
 - 8 practices increased > 3%

Report Info (1)



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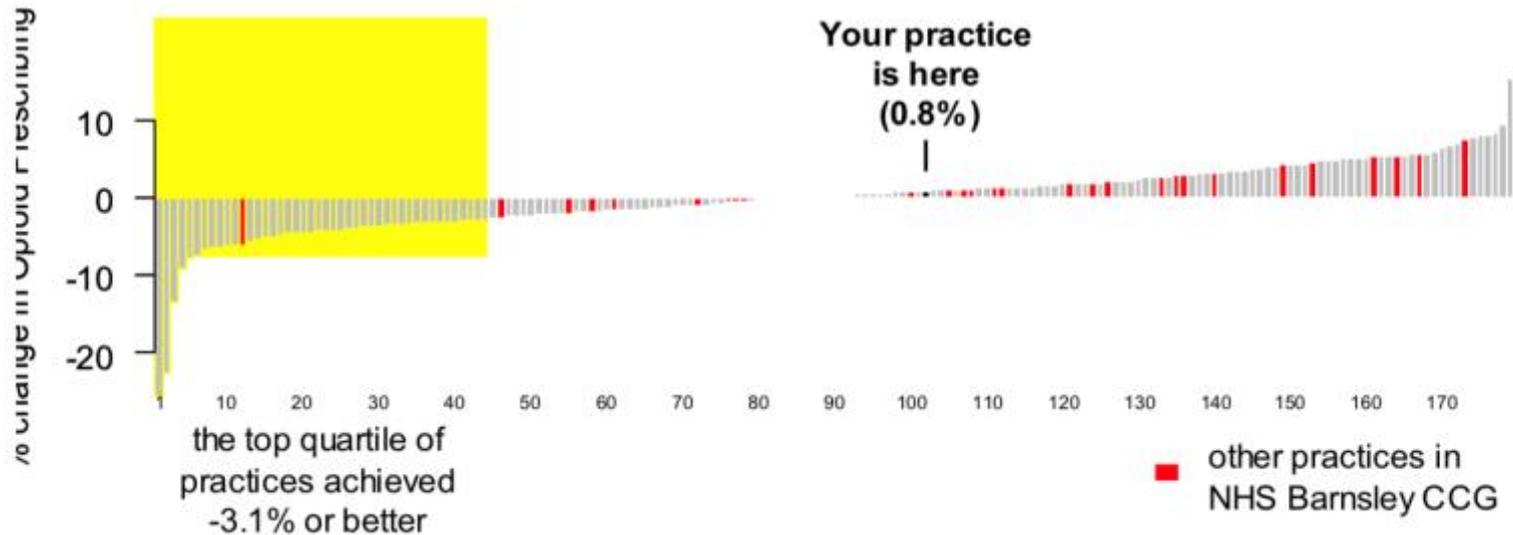


Reports Info (2)



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Reports Info (3)



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Supporting the NHS to deliver *Better Barnsley*

Risk Factor	Current number of patients	Change since June 2021
Prescribed strong opioids	68	+3
Men aged under 50 years and prescribed strong opioids	4	-1
Patients aged over 75 years and prescribed strong or weak opioid	85	-7
Women aged over 65 years and prescribed strong or weak opioid	116	-5
Polypharmacy (on 10 or more repeat prescriptions) and prescribed strong or weak opioids	89	-2
All mental health diagnoses and prescribed strong or weak opioid	117	+0
Taking a gabapentinoid and a strong or weak opioid	60	-1
Taking antidepressant and a strong or weak opioid	72	+0
Taking benzodiazepines and a strong or weak opioid	18	+2

Key Points



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- Reports are an “invitation”
- % pts reported **excludes** cancer, palliative and drug addiction diagnosis
- Searches are published for practices to run
- Main Actions suggested
 - Opioid champion within practice
 - “Think twice” when initiating
 - Reviews and follow up