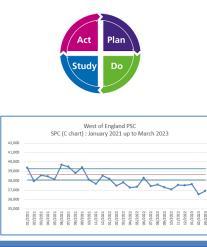


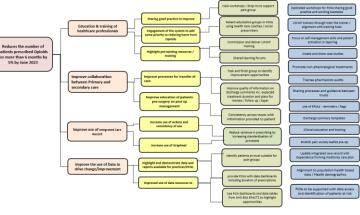
Reducing Harm from Opioids



Quality Service Improvement and Redesign (QSIR) Tools:

The key tools we used were a Stakeholder Maps, Driver Diagram and Process Maps. PDSA cycles allowed iterative changes as the programme progressed.





Project Outcomes, Progress and Impact

- Survey feedback from clinicians highlighted the need for alternatives to pain and opioid medications for patients. This led to commissioning of pain management training.
- Survey feedback after training provided information on impact of training on clinicians practice and approach.
- Local PCN plan to initiate pain group piloted following training.
- Reduced opioid prescribing at ICS level with data showing those prescribed opioids for more than 3 months reduced and a continued downward trend.
- Achieved aim to reduce prescribing across England to prevent avoidable deaths.
- Programme to be extended by another year to continue to progress and further reduced harm from opioids for noncancer pain.

Learning for the Improvement Community

Successful work from other parts of the system and region provided learning and support to others. The work compliments existing QI work taking place. Data and improvement trend maintains momentum for ongoing work. Different approaches and support are needed depending on the locality and resources available.

#one_glos

Project Team

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About the Project

- The World Health Organisation's third Global Patient Safety Challenge is to reduce the harm associated with medication.
- Whilst effective for short-term acute pain and despite health risks of long-term opioid use, over 1 million people in England were prescribed opioids for more than 3 months (Jan 2021).
- Increasing opioid load above ≥120mg/day is unlikely to increase benefit but increases harm.

Aims & Objectives

To identify measures to support the reduction of opioid use for chronic non-cancer pain.

- 30,000 fewer people prescribed oral or transdermal opioids (of any dose) for more than 3 months (NNH 62) across England by March 2024: Prevent ~484 deaths.
- Reduce the number of those prescribed high dose opioids (<u>>120mg/day</u>).

Measures Used

- Prescribing numbers for opioids and trends at National, Patient Safety Collaborative, ICS and PCN level.
- Uptake and number of clinicians undertaking training.
- Responses to survey and qualitative feedback on training.