

Engaging Primary Care – a UK perspective

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Faculty/Presenters Disclosure

- Engaging primary care – a UK perspective
- Dr Tom Willis and Dr Sarah Alderson
- No commercial interests

Disclosure of commercial support

- This program has received no commercial support

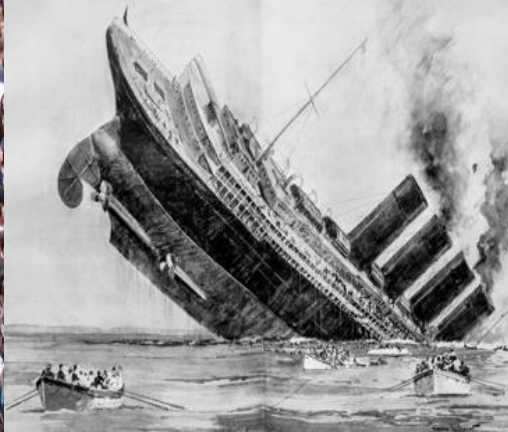
Mitigating potential bias

- Not applicable

Acknowledgement

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The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health





We targeted four 'high impact' recommendations



Diabetes control



Blood pressure control



Anticoagulation in atrial fibrillation



Risky prescribing

Implementation package



Indicators of risky prescribing for your practice

Indicator	Proportion of patients (%)	Number of patients	Number of patients to be reviewed	Proportion of patients to be reviewed (%)
Prescribing of a traditional oral NSAID or low-dose aspirin in patients with a history of peptic ulceration WITHOUT co-prescription of a gastro-protective drug	00	0000	00	00
Prescribing of a traditional oral NSAID in patients aged 75 or over WITHOUT co-prescription of a gastro-protective drug	00	0000	00	00
Prescribing of a traditional oral NSAID and aspirin in patients aged 65 or over WITHOUT co-prescription of a gastro-protective drug	00	0000	00	00
Prescribing of aspirin and clopidogrel in patients aged 65 or over WITHOUT co-prescription of a gastro-protective drug	00	0000	00	00
Prescribing of warfarin and a traditional oral NSAID WITHOUT co-prescription of a gastro-protective drug	00	0000	00	00
Prescribing of warfarin and low-dose aspirin or clopidogrel, WITHOUT co-prescription of a gastro-protective drug	00	0000	00	00
Prescribing an oral NSAID in patients with heart failure	00	0000	00	00
Prescribing an oral NSAID in patients prescribed both a diuretic and an ACE inhibitor / ARB	00	0000	00	00
Prescribing an oral NSAID in patients with CHD	00	0000	00	00
Combined indicators	00	0000	00	00

Higher levels on these indicators generally suggest risky prescribing practice; lower levels generally suggest safer clinical practice.



ACTION PLANNING



WHO	WHAT
WHERE	WHEN

Patients to be reviewed

Name ▾

- 13N3. AF and CHADS VASc = 1 without Warfarin Rx (read code or Rx)
- 13N4. AF and CHADS VASc = 1 without Warfarin Rx (read code or Rx OR Contraindication)
- 13N5. AF and CHADS VASc >=2 without Warfarin Rx (read code or Rx)
- 13N6. AF and CHADS VASc >=2 without Warfarin Rx (read code or Rx OR Contraindication)

Adapted implementation package	40 practices	40 practices
Diabetes control 	Intervention	Control
Risky prescribing 	Control	Intervention

Adapted implementation package	32 practices	32 practices
Blood pressure control 	Intervention	Control
Anticoagulation in atrial fibrillation 	Control	Intervention

Diabetes control

Risky prescribing reduced:

6.0% v 4.9%; OR 0.81 (97.5% CI 0.67 to 0.99)

Blood pressure control

Anticoagulation in atrial fibrillation

Reflections

- Engagement highly variable: educational outreach taken up by ~50% of practices
- Greater engagement with Practice Manager networks

- Reports considered credible and seemed to spur motivation and raise awareness...but did not consistently encourage behaviour change
- Consider target(s) carefully

O P I O I D S

Tolerance

Dependence

Addiction

80%

Both sides of the Atlantic...

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NEW YORK POST 25 CENTS
LIVE CITY FINAL

Heath Ledger ODs on pills

DEATH IN SOHO

The University of Arizona Health Sciences

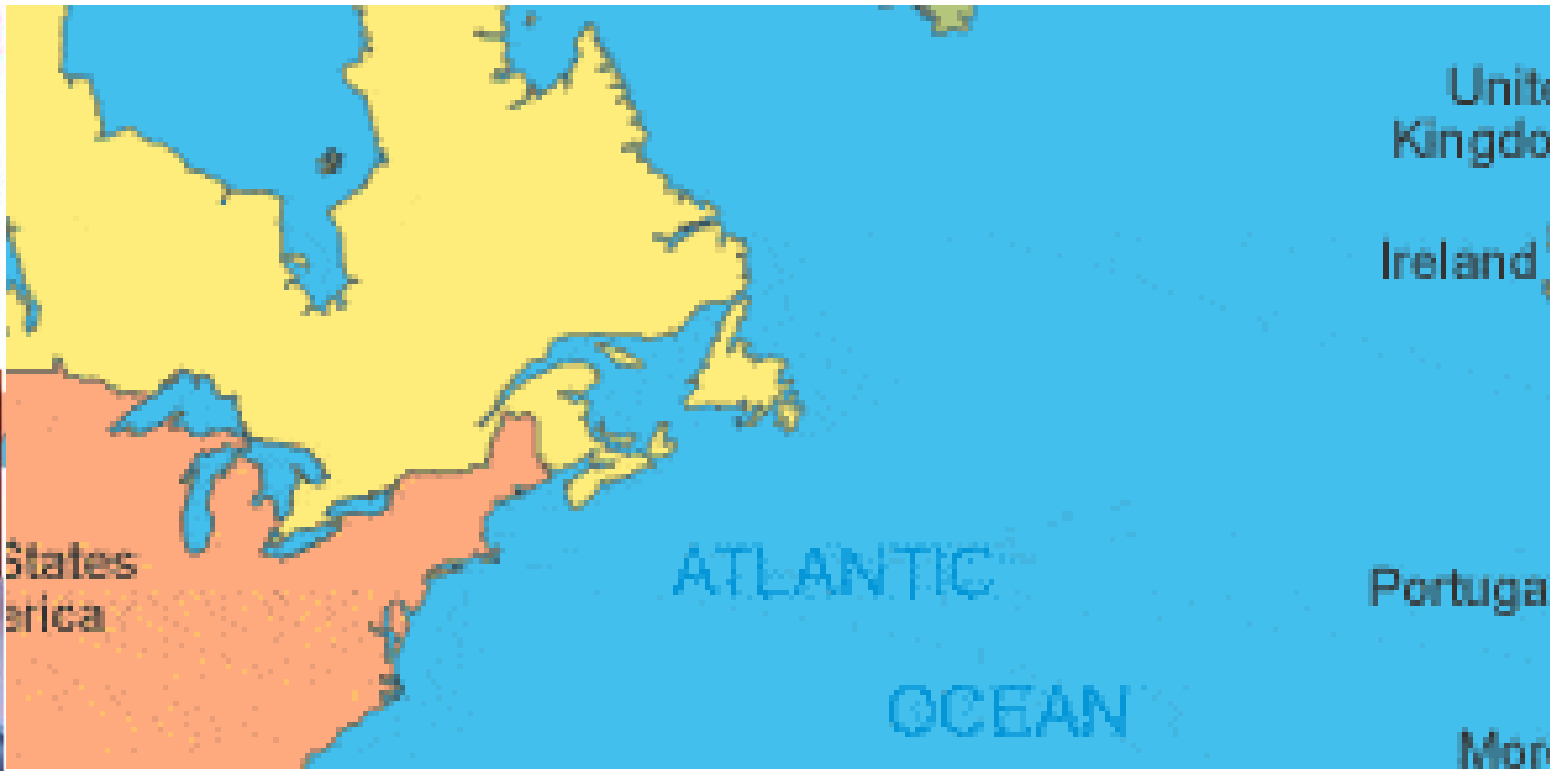
"From 1999 to 2014, over 165,000 people died from overdose related to opioid pain medication in the U.S" - cdc.gov

4:44 PM CT

PRINCE DIED OF SELF-ADMINISTERED OPIOID OD
Toxicologist: Musician used Fentanyl, most powerful opioid

OPIOID OVERDOSE DEATHS
29,000 IN 2014
TRIPLE THE NUMBER FROM 2000

MSNBC



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NHS accused of fuelling rise in opioid addiction
By David Rhodes
BBC News
© 11 March 2018

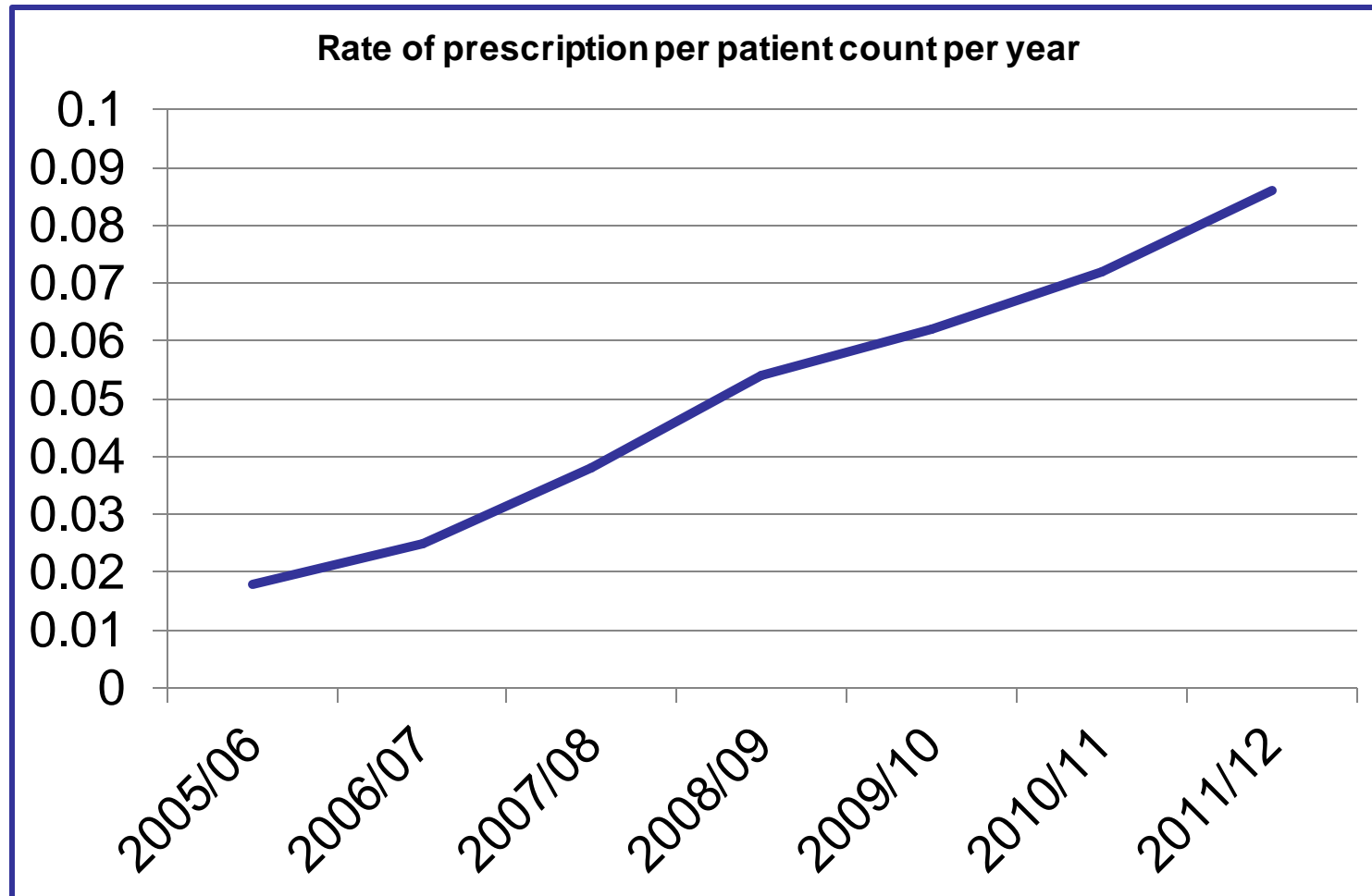
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Are you addicted to painkillers
Stephanie Zinner
Last year, British adults spent a staggering €277 million on over-the-counter oral painkillers, an increase of nearly 15 per cent on the previous year. It's believed that as many as 30,000 British adults may be at risk from the misuse or abuse of these painkillers, often because they do not realise how dangerous these 'every day' medicines can be.

NEWS
Pain specialists call for annual review of long term opioid use

Opioid prescribing in West Yorkshire





CROP

**Campaign to Reduce
Opioid Prescribing**

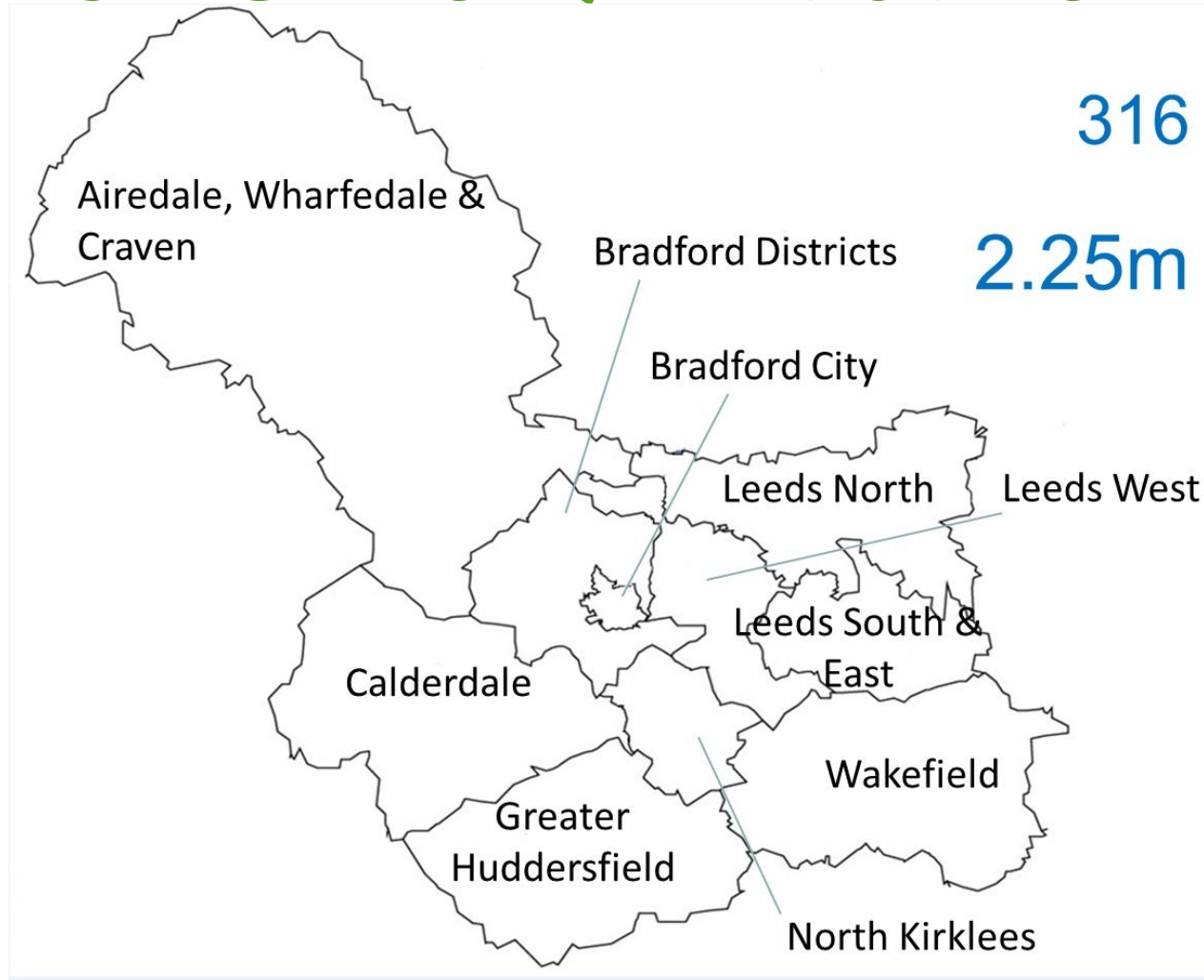


West Yorkshire QI Initiative

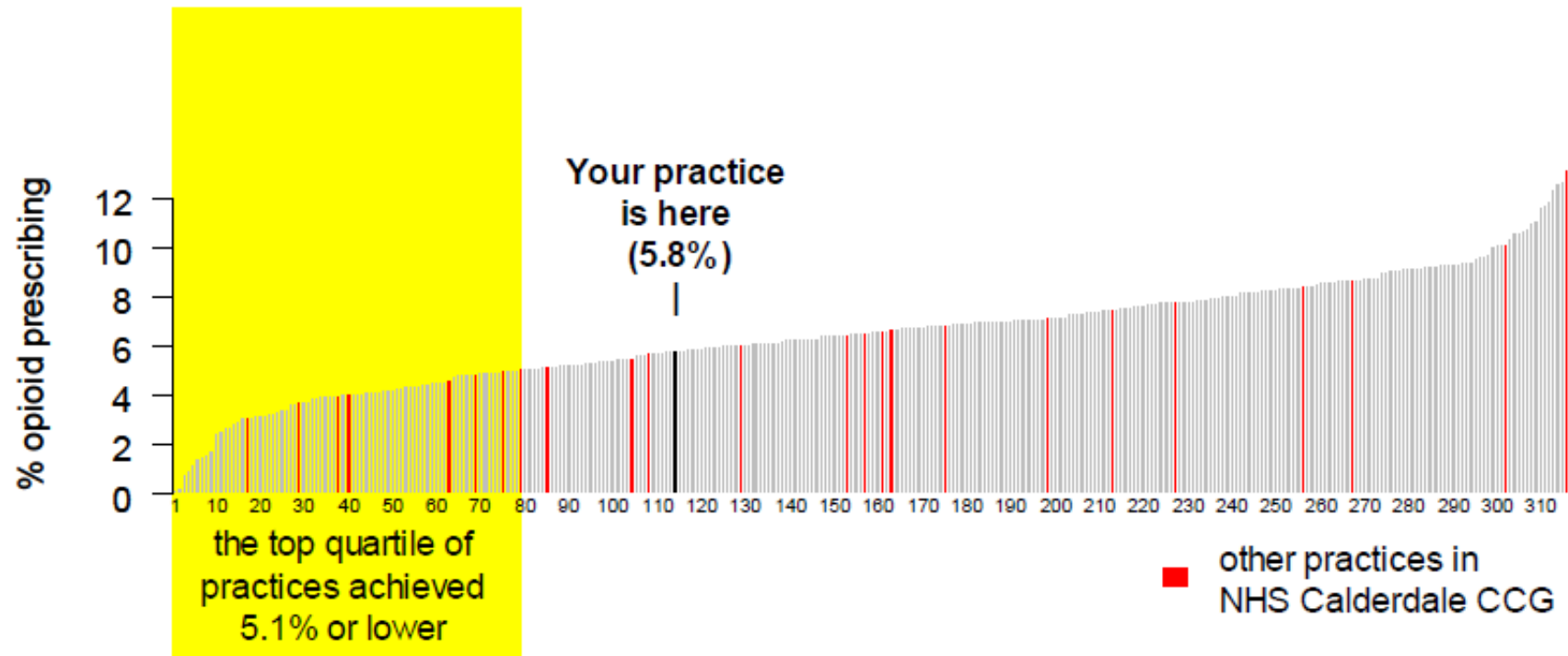
10 CCGs

316 practices

2.25m patients

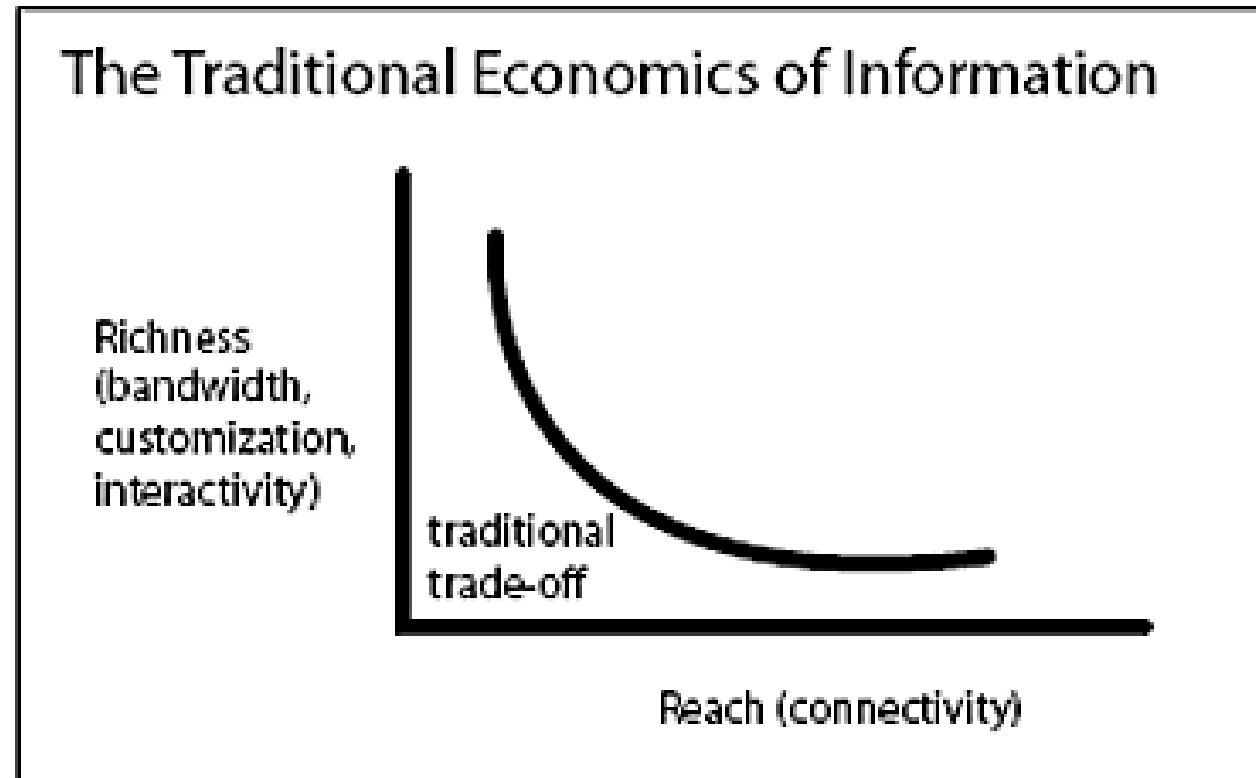


CROP feedback

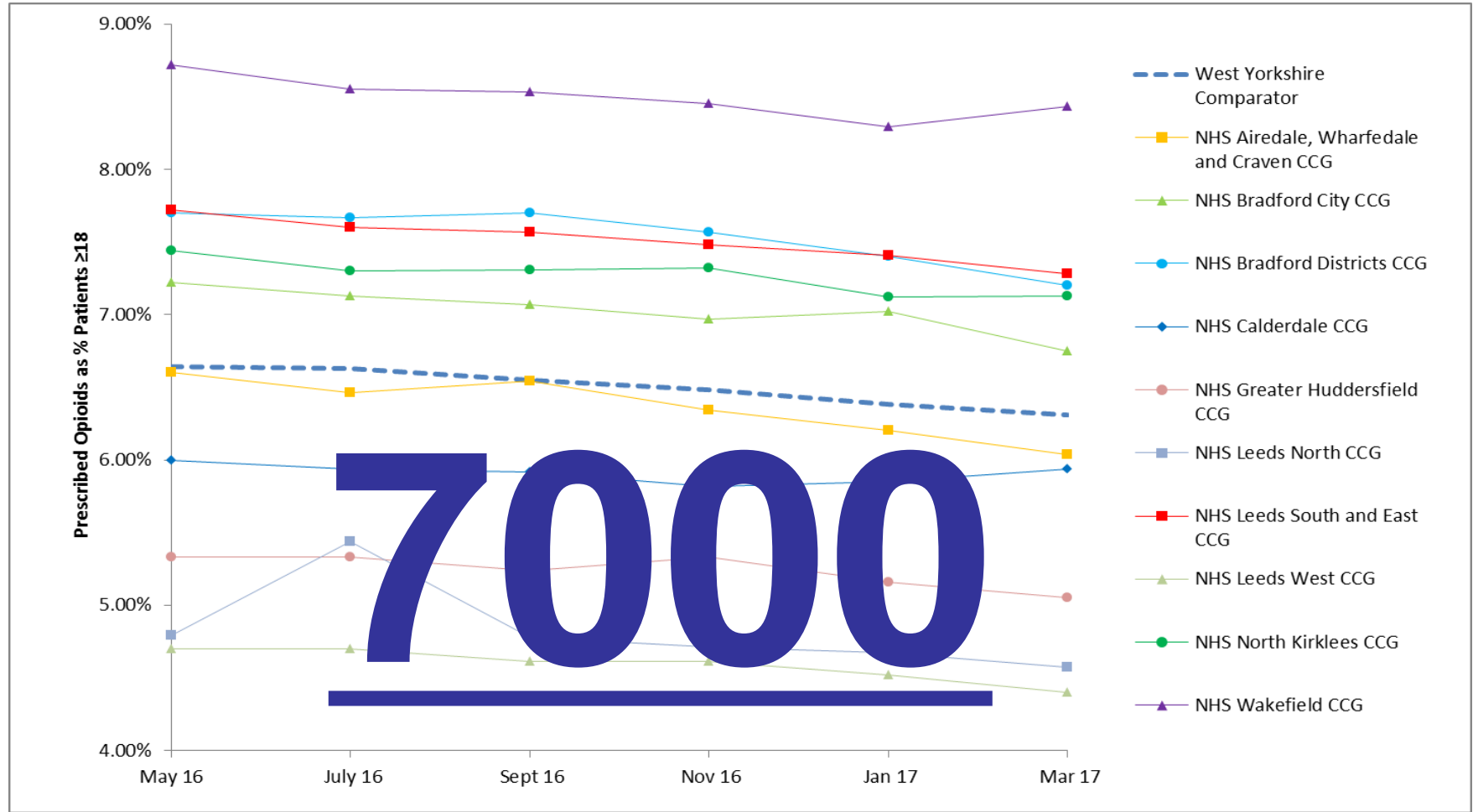


- ◆ Achievement throughout West Yorkshire overall (range 0.2% to 13.2%)
- ◆ The best achieving practices within West Yorkshire (yellow box – achieving 5.1% or below)

Trade off between intensity & reach

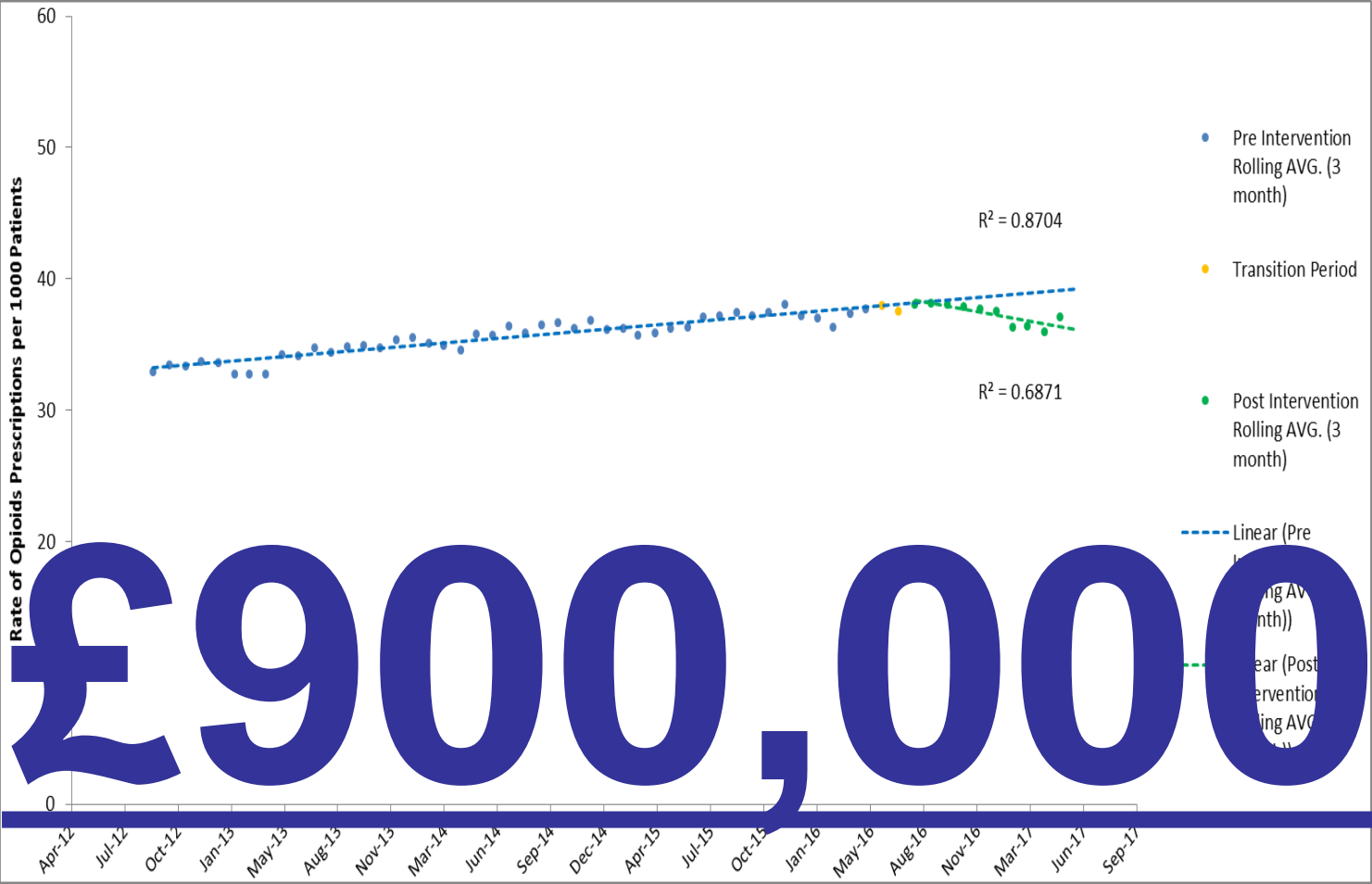


Prescribed opioids during CROP



6.64%
to
6.31%

Linear trend for opioid prescribing



Engaging Primary Care in the UK

- Hot topic
- Support of primary care commissioners
- Comparators are important
- Validity and timeliness of data
- Potential unintended consequences
- Complex patients with competing priorities
- May increase pressures elsewhere
- Routine data but multiple systems

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THANK YOU.

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