



# Opioid SMART



Adapting and evaluating a complex adaptable intervention to reducing opioid prescribing in primary care

Dr Sarah Alderson

## Acknowledgements

The evaluation of feedback on opioid prescribing was supported by the Academy of Medical Sciences, The Wellcome Trust, Medical Research Council, British Heart Foundation, Arthritis Research UK, the Royal College of Physicians and Diabetes UK (Grant number: SGL017/1033).

A fellowship of collaborators – thanks!



**UNIVERSITY OF LEEDS**







# OPIOIDS

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- 1 in 20 adults
- Associated with deprivation
- 80% adverse effects
- 7% serious
- £100M/year



**CROP**

Campaign to Reduce  
Opioid Prescribing



# CROP

## Campaign to Reduce Opioid Prescribing

### Can your practice review and reduce opioid prescribing?

**CROP**  
Campaign to Reduce Opioid Prescribing

Dear Practice Manager and colleagues,

Many doctors and professional bodies are concerned about rising opioid prescribing in general practice. Much of this prescribing is for chronic non-cancer pain, which is often difficult to treat. However, there is little evidence for the effectiveness of opioids in chronic pain but accumulating research indicating that the harms of opioids to patients can outweigh benefits. As well as addiction, prescribed opioids are associated with higher risks of hospitalisation and premature death.

Therefore, we are undertaking a major Campaign for the Reduction of Opioid Prescribing (CROP) across West Yorkshire to reduce opioid prescribing for chronic pain. We recommend that all general practices review and, where clinically appropriate, reduce opioid prescribing. You will receive regular feedback to your practice on your current levels of opioid prescribing. This is the first report for your practice.

We invite you to review your practice's prescribing of opioids and ways of avoiding initiation of long term opioid prescribing.

Please distribute this report to all prescribers within your practice team and identify a time to discuss it at a practice meeting.

*Doctors' prescriptions are killing people, and this is an international problem, with rapid increases in opioid prescriptions in Canada, Australia, Germany, and the UK. We could blame the marketing of big pharma, but the truth is that these deaths are the responsibility of doctors. We must put it right. Dr George, GP. The painful truth: deaths and misuse of prescribed drugs. BMJ 2015; 350: g7409*

The CCG will provide ten copies of this report for your team, if you require more please contact (Name CCG contact email and telephone number)

Your sincerely,  
(Insert names and signatures of leaders of all partner organisations supporting the campaign)

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### How is your practice doing?

1

Achievement in participating practices across West Yorkshire

The graph below demonstrates:

Your practice (black bar) and percentage of the practice population prescribed opioids (35%) in the last 8 weeks; a lower value indicates better clinical practice. The audit data exclude patients with a cancer diagnosis, on the palliative care register or drug addiction diagnosis.

- Achievement throughout West Yorkshire overall (range 3.1 to 13.6%)
- The best achieving practices within West Yorkshire (yellow bar - achieving 6.4% or below)
- Other practices within A CCG CCG (red bars)

Your practice achievement on individual indicators:

Risk Factor	Number of patients
Prescribed strong opioids	14
Men aged under 55 years and prescribed strong opioids	2
Patients aged over 75 years and prescribed strong or weak opioid	37
Women aged over 65 years and prescribed strong or weak opioid	53
Polypharmacy (on 10 or more repeat prescriptions) and prescribed strong or weak opioid	93
All mental health diagnoses and prescribed strong or weak opioid	69
Severe mental health diagnosis and prescribed strong or weak opioid	6
Taking antidepressant and a strong or weak opioid	33
Taking benzodiazepines and a strong or weak opioid	37

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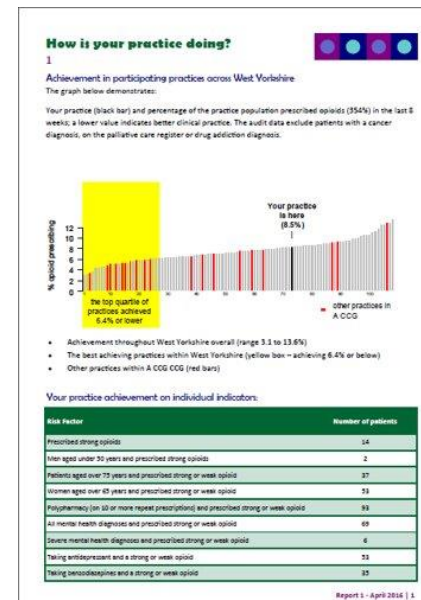
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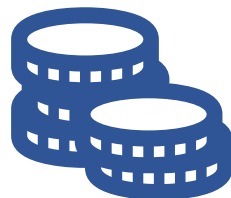
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15,000 patients



£900k NHS savings



1000 general practices



The BBC One Show

# Patient Impact

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“Look I’m a changed person!  
I can focus on things! I can  
... I want to do stuff.  
I’ve got that enthusiasm.  
Otherwise, I was just a  
blank person!”

Patient with MS who managed to stop MST,  
tramadol MR, tramadol acute & pregabalin







# Feedback Facilitation

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- identifying their barriers to change
- create action plans

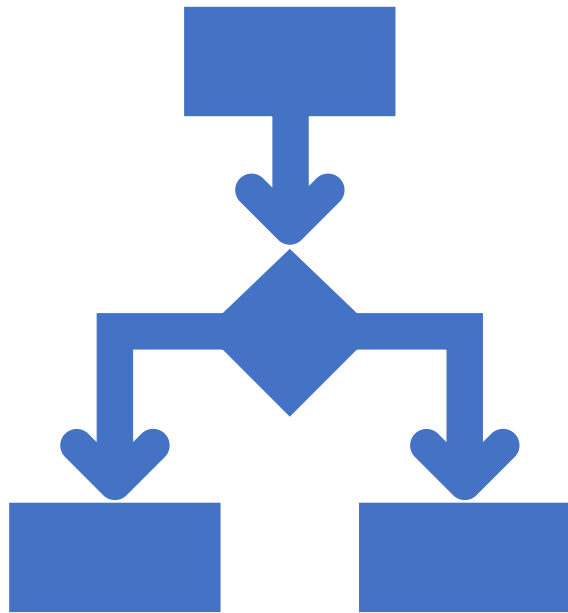
However,

- more costly to deliver
- opportunity costs



# Adaptive interventions

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A sequence of individually tailored decision rules that specify whether, how, and/or when to alter the intensity, type, dosage, or delivery of the intervention at critical decision points

- NHS all or nothing
- Facilitation in research, not in practice
- Equity of healthcare

# RESEARCH PLAN

**Workstream 1**  
User Centred  
Design



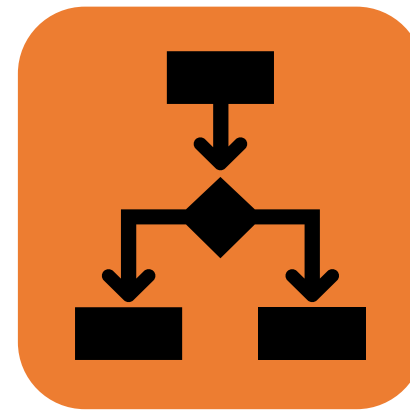
Adapt and develop  
interventions

**Workstream 2**  
Feasibility Study



Test interventions

**Workstream 3**  
SMART



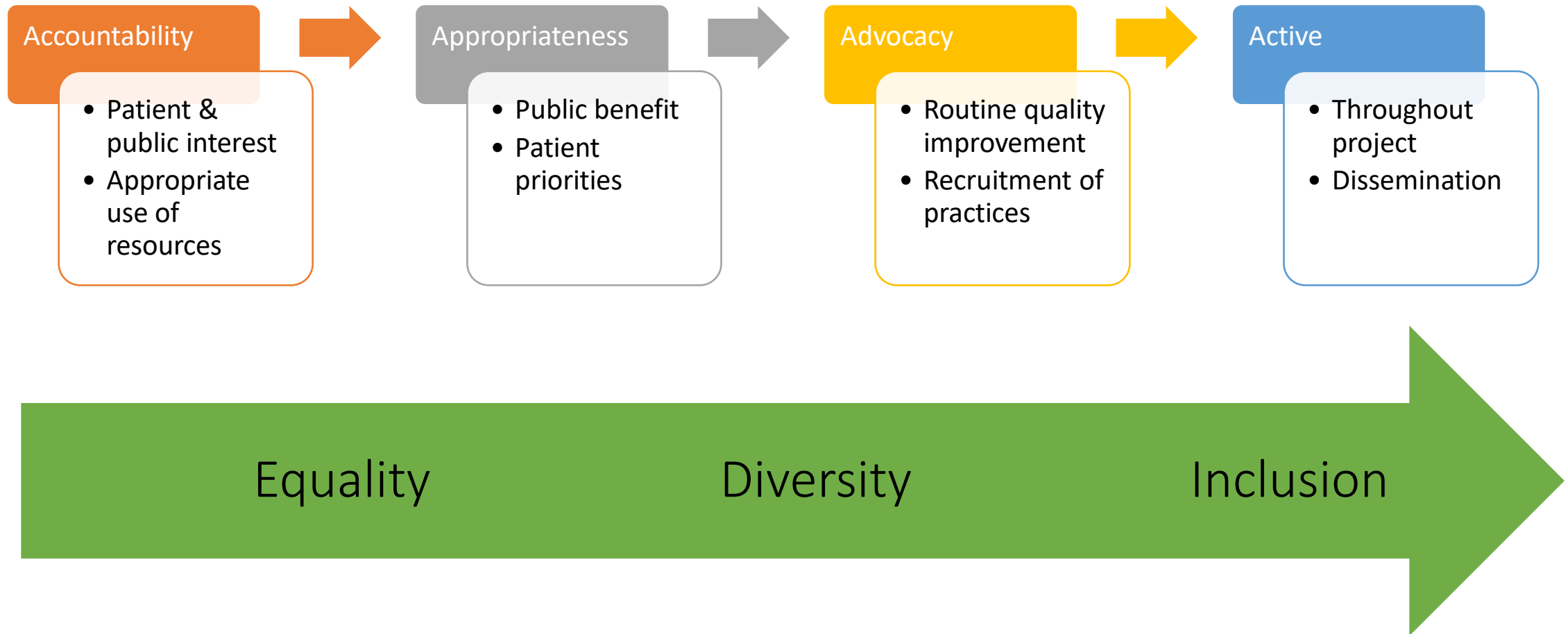
Evaluate effectiveness

**Workstream 4**  
Process  
Evaluation




Understanding

# Patients & Public Involvement



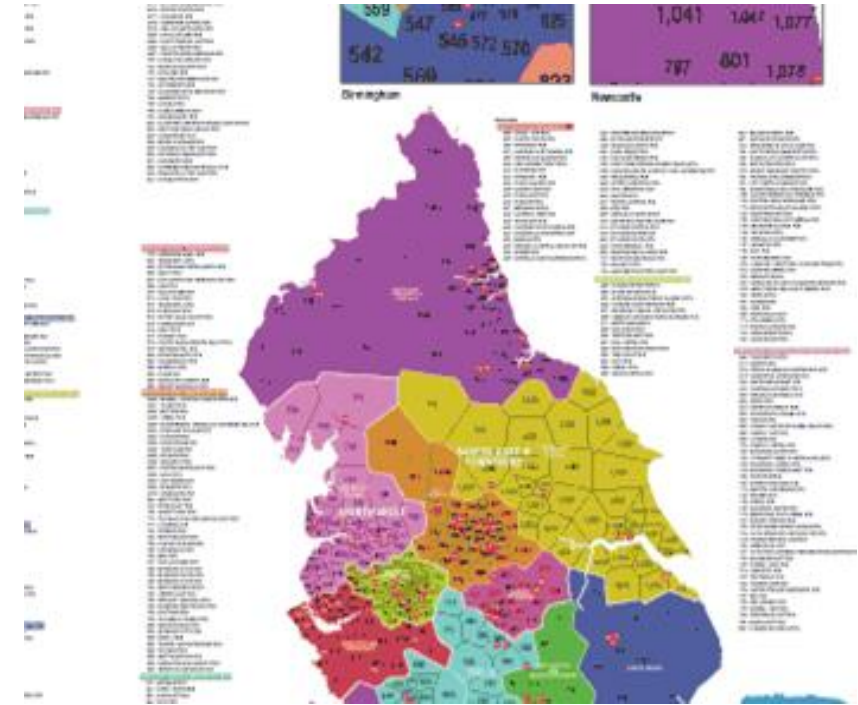
# Challenges

A cinematic scene from 'The Lord of the Rings' showing a man in a light shirt and dark trousers standing on a rocky, volcanic landscape. In the background, a tall, dark spire with a glowing light at the top rises against a cloudy sky. Another figure is crouching on the ground to the left.



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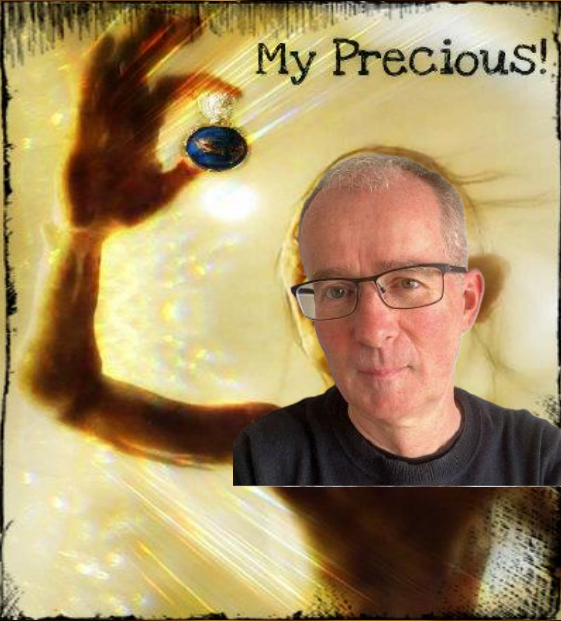
# NHS (dis)reorganisation



- NHS West Yorkshire Integrated Care Board
- Areas
- Primary Care Networks
- Practices



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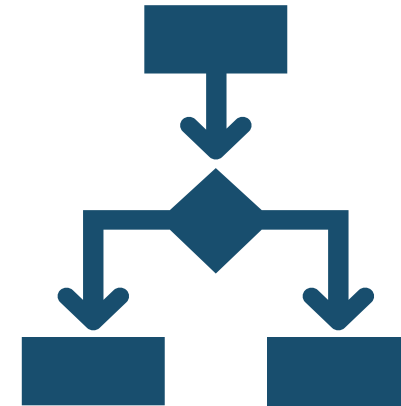
# Opioid SMART



**30,000 fewer  
patients**



**Value for money**



**Innovation in  
implementation  
trial design**