

Opioid Analgesic Dependence (OAD) - Getting ahead of the game in North Lincolnshire

Introduction

Research and an emerging evidence base from the USA informed a review of medication use across GP Practices. This identified OAD as a significant health risk to the population of North Lincolnshire, and of significant potential cost to the Clinical Commissioning Group. In a unique and innovative project, North Lincolnshire Council and Indivior have joint funded a pilot project, delivered by Agencia, to identify the scale of the problem and develop workable and scalable solutions.


OAD often arises from prescription and over-the-counter (OTC) opioids. Our pilot project sought to address the issue through analysis of prescribing data, patient identification via the Opioid Risk Assessment Tool (ORAT), and provision of a service which combines a non-medical prescribing pharmacist and an experienced psychosocial worker to support individuals who wish to address their OAD. Education has also been provided to engage local GPs, Nurses and Pharmacists to support and refer into the service.

Initial patient response has been very positive, with full engagement in treatment. The pilot has also been instrumental in obtaining PHE capital funding for a dedicated OAD Treatment Centre at the GP practice providing clinical leadership for the project.


Results


After an initial run of ORAT, 130 patients were identified as being at risk of OAD, and of these 71 were called forward for further assessment. 23 were assessed as requiring no further action. Of the 48 so far assessed, 7 were identified as misusing medication and potentially being dependent on Opiates, and of these, 6 are now in treatment. 4 patients found they no longer needed their repeat painkiller prescriptions.

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Method

We selected a number of GP practices who are currently delivering the Agencia's Active Recovery service in North Lincolnshire, and used ORAT to identify patients most at risk of OAD. This list was then reviewed by our lead pharmacist, and the appropriate clinicians and the patients considered most at risk were invited to attend a review of their medication. At this review, they completed the POMI review to identify whether they were exhibiting any signs of dependency. Patients who were assessed as dependent, were then offered structured psychosocial support. Some patients engaged with Opiate substitution therapy (OST), whilst others undertook a controlled taper of their Opiate Prescription.

Positive Outcomes

This pilot project has revealed a strong motivation within GP Practices to tackle the issues surrounding OAD. Possibly the most important discovery is that a significant majority of patients are happy to discuss their prescription medication, and value being advised about the risks of long term Opiate use. Our training sessions for Pharmacists and other health professionals have been well received. The fact that there is now a dedicated service to deal with this cohort has encouraged them to discuss OAD with clients, as there is now a solution available locally. We are developing a number of protocols for engaging with a complex client base and continually evolving the service to meet client needs. Improving communication and knowledge sharing between professionals and patients is proving to be a major benefit of initiating this project.

Acknowledgements

North Lincolnshire Council

Safer Neighbourhoods

Indivior

