













### Tolerance

### Dependence

Addiction

# 80%





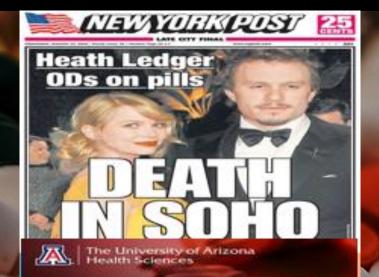












"From 1999 to 2014, over 165,000 people died from overdose related to opioid pain medication in the U.S" - cdc.gov





### NEWS

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NHS accused of fuelling rise in opioid addiction

By David Hitsday, 80% Second

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### Are you addicted to painkillers

Instance Inse Last year, British adults spent a staggering £277 million on

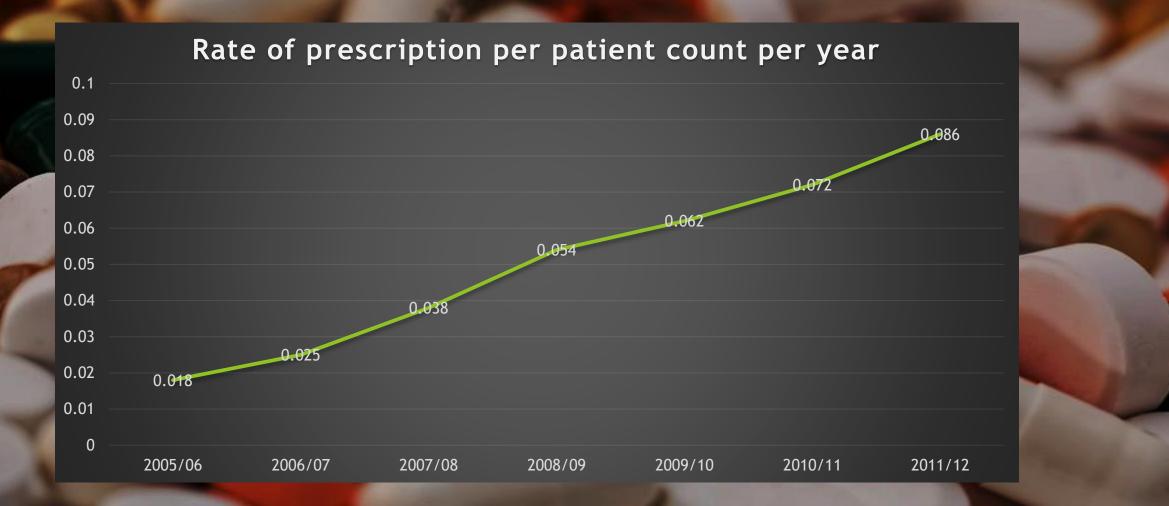
over-the-counter oral painkillers, an increase of nearly 15 pc on the

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.







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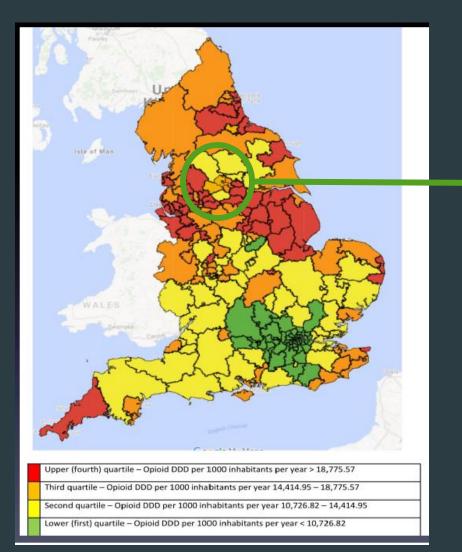
How is an enhanced feedback intervention to reduce opioid prescribing perceived and acted upon in primary care? Dr Sarah Alderson University of Leeds, UK

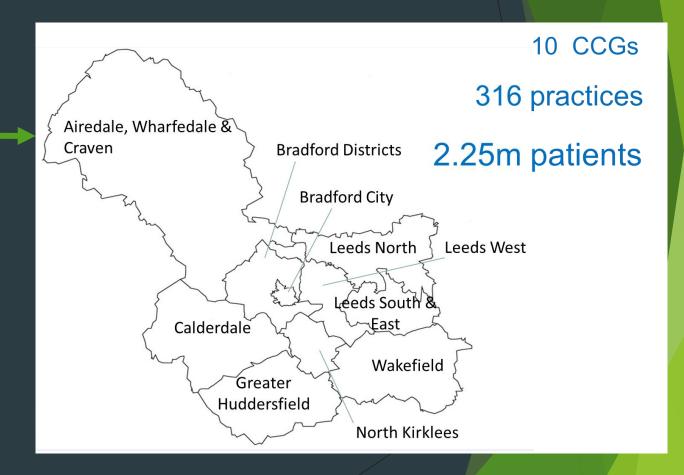
### Campaign to Reduce Opioid Prescribing Process Evaluation













### **CROP** Composin to Reduce Opioid Prescribing Composing to Reduce

### 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 evi-

dence 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 preschings 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 level so 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.

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]

Yours sincerely, [insert names and signatures of leaders of all partner organisations supporting the campaign] Comparators that reinforce desired behaviour

Recommend action consistent with priorities

> Provided individual rather than general data

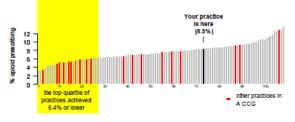
### How is your practice doing?

1



Achievement in participating practices across West Yorkshire The graph below demonstrates:

Your practice (black bar) and percentage of the practice population prescribed opioids (354%) in the last 8 weeks; a lower value indicates better clinical practice. The audit data exclude patients with a cancer diagnosis, on the pallistive 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 box - 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 50 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 diagnoses and prescribed strong or weak opioid	6
Taking antidepressant and a strong or weak opioid	53
Taking benzodiazepines and a strong or weak opioid	35

Report 1 - April 2016 | 1

Doctors' prescriptions are killing

problem, with rapid increases in opioid prescriptions in Canada,

Australia, Germany, and the UK.

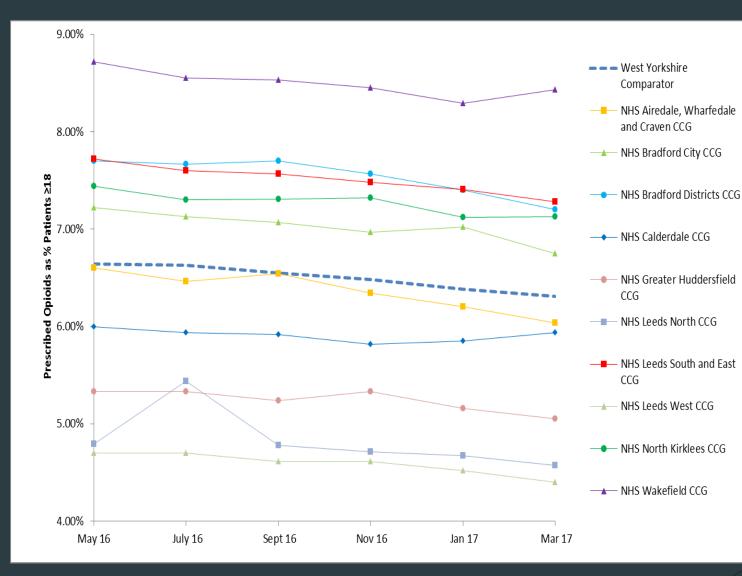
We could blame the marketing of big

pharma, but the truth is that these deaths are the responsibility of doctors. We must put it right.

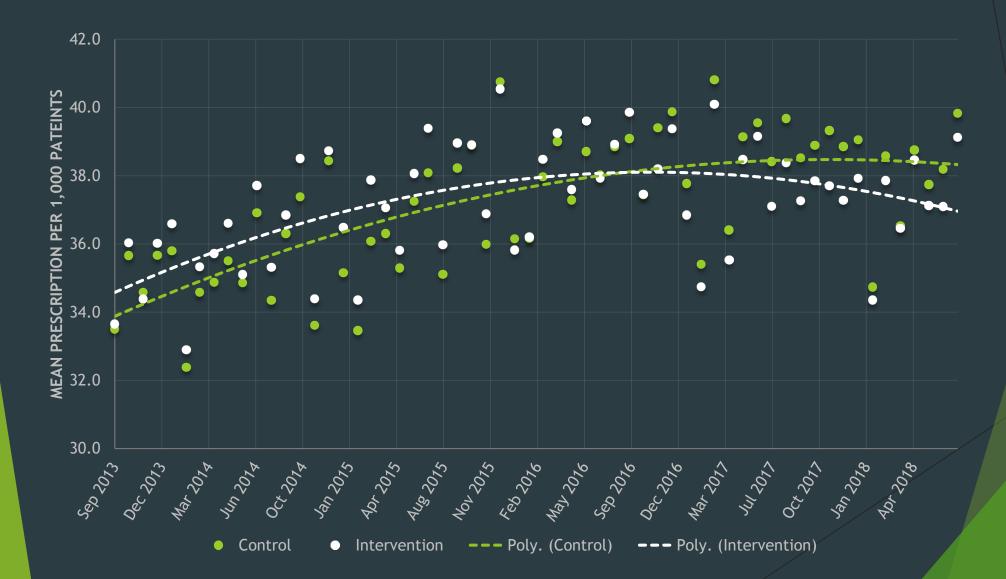
Des Spence, GP. The painful truth:

deaths and misuse of prescribed drugs BMJ 2011; 343 :d7403

people, and this is an international







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### **Process Evaluation**

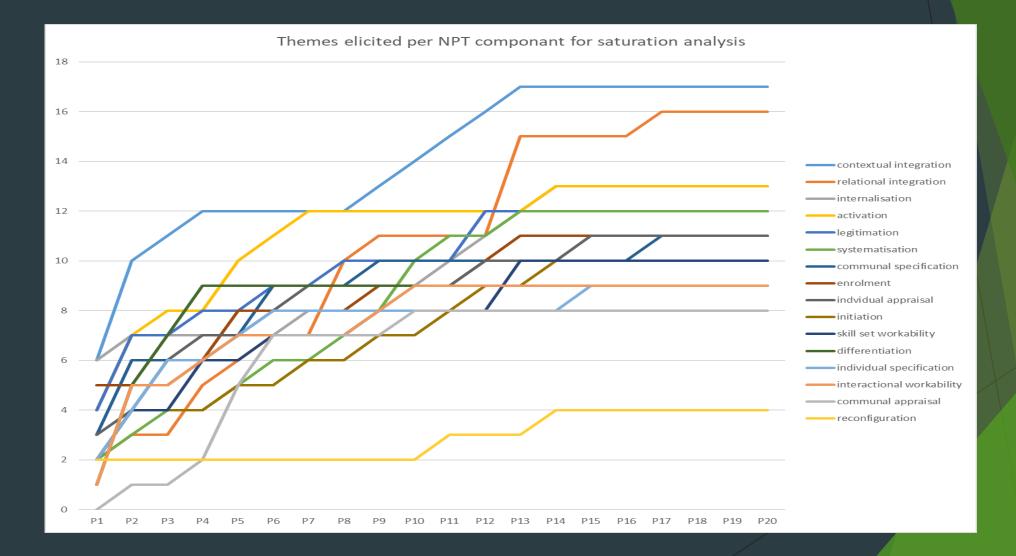
	High Initial Prescribers	Low Initial Prescribers
Decrease in prescribing	4	6
No change or increase in prescribing	4	6

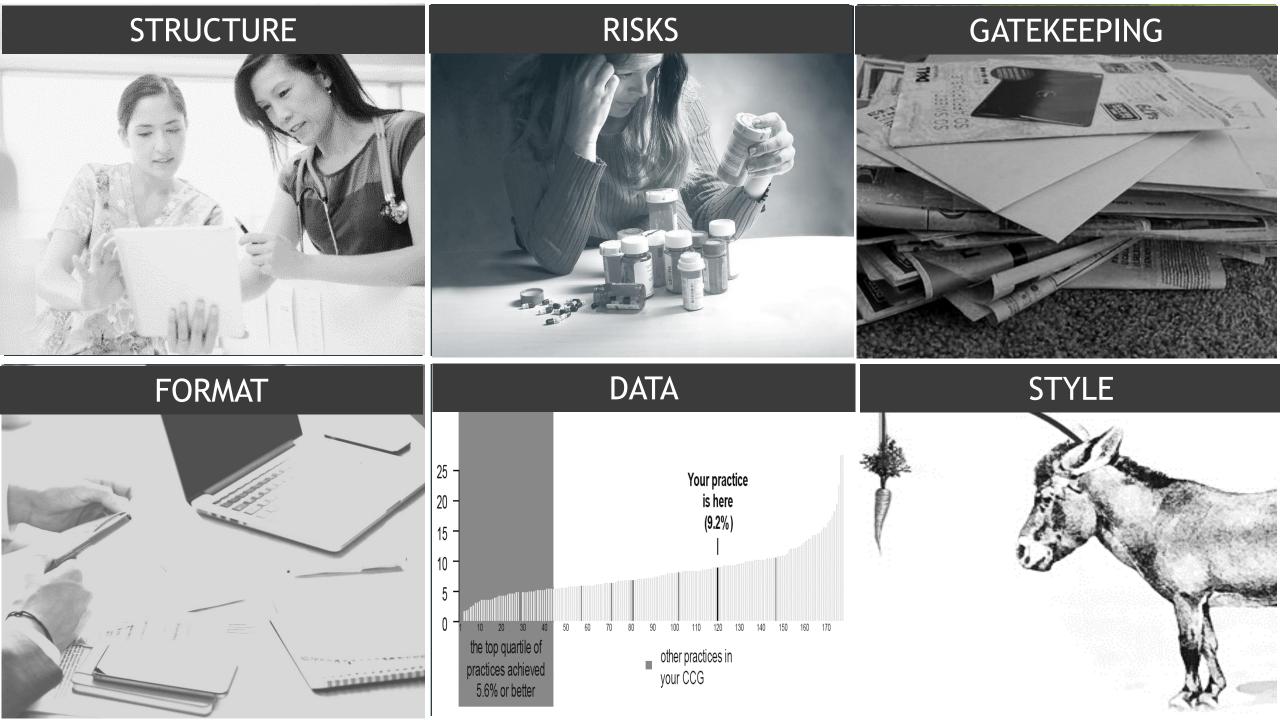
### **Process Evaluation**

### Normalisation Process Theory

Coherence	Cognitive	Collective	Reflexive
	Participation	Action	Monitoring
• What is the work?	Who does the work?	<ul> <li>How does the work get done?</li> </ul>	• How is the work understood?

### **Process Evaluation**

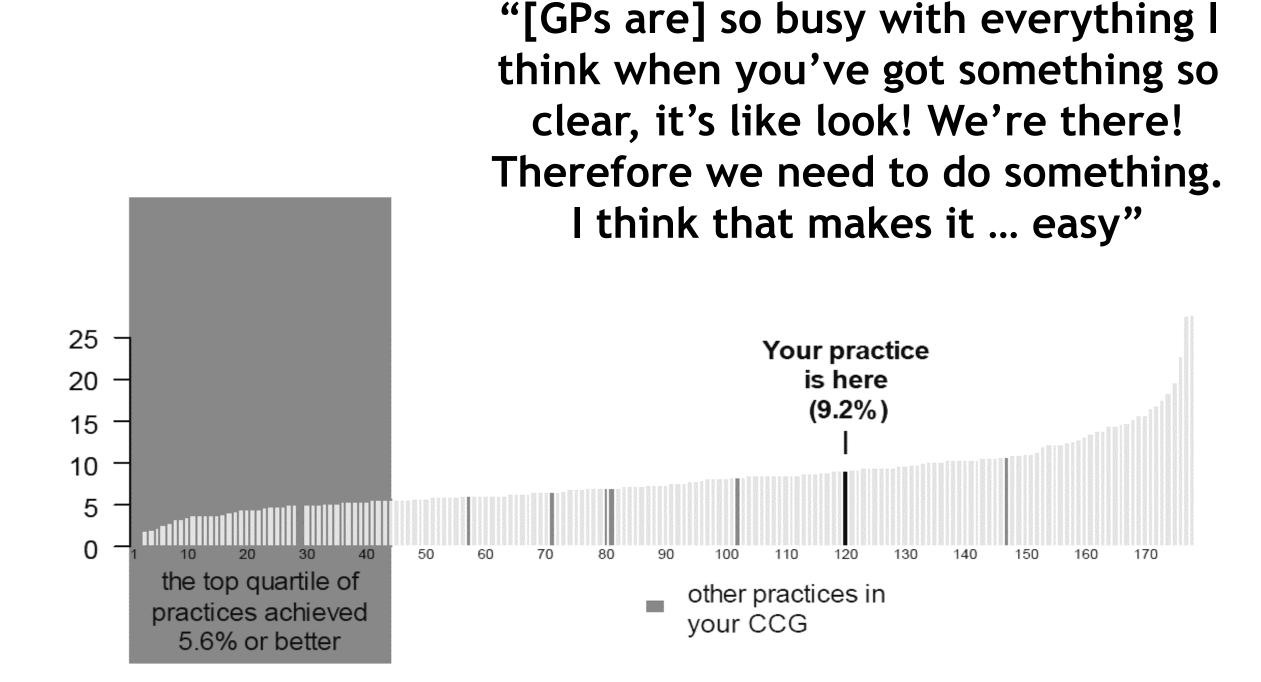




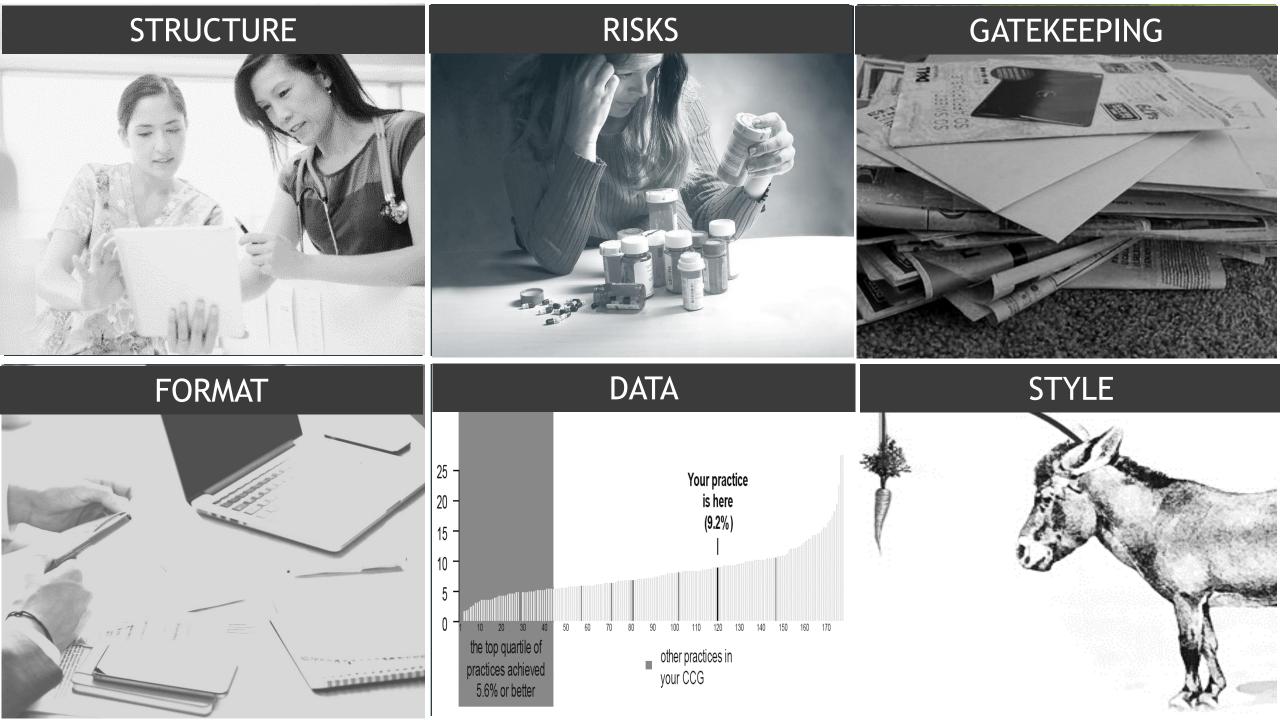
"So we took all views and then we tried to write a policy and procedure around it which we did! And then we bought that to a clinical meeting" "I think there's barriers about ... patient satisfaction levels and what patients want. Particularly since we are moving politically from clinical excellence being recognised as a key driver to GP practice, to patient satisfaction."

"So it was probably opened by one of the receptionists or our admin clerks...And they thought, they thought bin or common room? Bin or common room?"

"I always, like I get quite a lot of copies and so when I put the agenda together, I staple them and I pass it on to the GPs that these are the reports"



"I don't think there's anything in the way it was written or presented that made me think that I, I don't want to do this."





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## Thank you!