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North of England Commissioning Support

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Medicines Optimisation

Opioid Care Bundle

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1. Introduction

1.1. What is a care bundle?

A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. The measures chosen reflect best practice and are based on NICE quality standards or other national guidance. Care bundles have been used extensively and successfully in Secondary Care, their use in Primary Care is more recent. This care bundle is based on the work of Healthcare Improvement Scotland and the Scottish Patient Safety Programme in Primary Care.

Reliability in health care is a failure-free operation over time. This equates to ensuring patients receive all the evidence-based care they are entitled to receive.

A care bundle is a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes. In relation to care bundles, this means ensuring that patients receive optimum care at every contact. The process for achieving reliability is to implement this set of measures (a care bundle). The key measure in a care bundle is the score which measures the level of compliance with all measures for all patients.

The care bundle data collection tool is a way of sampling whether optimum care is being delivered by applying the bundle to a sample of patients. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

1.2. What makes up a care bundle?

- 4-5 measures
- All or nothing compliance
- Measurement done by a non-clinician if possible
- Spread over patient's journey
- Evidence based
- Creates teamwork and communication
- Multiple functions of care essential for desired outcome

1.2.1. How should a care bundle be used in practice?

A care bundle is a quality improvement tool which can be used in general practice to identify both where care is in line with best practice and where improvements are needed. Some are disease specific and some are medication specific. The latter are also known as patient safety bundles as they relate to high risk medication.

Bringing about changes in practice is not easy. To be an effective tool the results of the care bundle measurements must be discussed by ALL members of the team involved in the care of the patient. The practice team then need to take ownership of the issues identified and commit to changing the way care is provided, using tools such as the PDSA cycle.

Principles of successful measurement:

- The support of all members of the practice team should be obtained
- Data should be collected anonymously
- The results should be discussed by every member of the team
- The results should be used to plan and implement improvement initiatives
- Clinician support may be needed initially by the data collector until they are familiar with the measures.

1.3. Records

The care bundle is not a performance tool and so there is no requirement to report the measures achieved. The practice should keep a reflective log of improvements.

1.4. Resources

This care bundle has the following supporting resources:

- A word document data collection form
- An excel spreadsheet data collection form with a graphing function
- A PowerPoint presentation for use in educational sessions
- A reflective log template

Further advice can be obtained from the Medicines Optimisation team, and specific queries about this care bundle can be directed to the author (details are on the front page).

Adult patients prescribed opioids for non-cancer pain

Search Criteria

Please identify a random sample of up to 20 adult patients who have been prescribed opioid* derived pain relief as a new prescription in the past 3 months, to see if they are reliably receiving the following care. Use the data collection form to record the answer to each measure and transfer this to the spreadsheet. This should be repeated over a period of time, for example every quarter, and the results discussed by the clinical team at regular intervals. Use of the spreadsheet will enable changes in practice to be monitored and compliance with the care bundle to be measured.

*please see EMIS searches provided by the medicines optimisation team. Includes medication containing: Codeine, Tramadol, Tapentadol, Morphine, Oxycodone, Fentanyl, Buprenorphine.

Measures

01

Measure	**Is there a clear documented indication?**
Rationale	A clear indication for the opioid use should be documented in the patient notes. Coding for chronic pain will allow audit and review and begin the process of implementing and measuring other improvements. Investing time at the initial presentation may improve outcomes for patients and minimise unhelpful use of resources in future. There may not always be a specific diagnosis and if this is the case this should be documented. Pain is not a well-defined disease entity with a predictable prognosis and response to treatment. The September 2008 edition of Drug Safety Update highlighted evidence of unintentional overdose of fentanyl following inappropriate prescribing of fentanyl patches, including prescribing in unlicensed indications and in opioid-naive patients.
Source	NICE Medicines optimisation in long-term pain: https://www.nice.org.uk/advice/ktt21/chapter/Evidence-context#managing-long-term-chronic-pain British Medical Association (BMA) briefing paper. Analgesic use: https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/analgesics-use MHRA 2008/2014 drug alert: https://www.gov.uk/drug-safety-update/serious-and-fatal-overdose-of-fentanyl-patches

02

Measure	**Is there a clear management plan including non-pharmacological strategies.**
Rationale	There should be evidence of clear pharmacological plan and signposting for non-pharmacological strategies/self-management approach (including referral to local services where appropriate). Evidence suggests that non-pharmacological treatment may be effective in reducing symptoms and disability in some people with long-term (chronic) pain and can also augment and complement analgesic use. Patients ideally should: • be given a simplified explanation of the mechanisms of chronic pain, • what they can do to manage it. • that it is unusual for any analgesic, including strong analgesics like opioids, to completely eliminate pain. The law now requires health professionals to take reasonable care to ensure that the person is aware of any material risks involved in the recommended treatment and of any reasonable alternative or variant treatments (Sokol 2015). Practices may wish to consider the use of a management plan agreement with patients (link NECS).
Source	Sokol 2015: https://search.proquest.com/openview/238ad1db9ebb75431b8231ed51ea8cd5/1?pq-origsite=gscholar&cbl=2043523 Explaining pain: Use our link Live well with pain: https://livewellwithpain.co.uk/resources/supporting-self-management/

03

Measure	**Is there evidence that the analgesic has been used in accordance with national and local pain guidance prior to the patient being prescribed a moderate to strong opioid derived analgesic?**
Rationale	There should be: • evidence of trials of non-opioids analgesics weak opioids and if appropriate • evidence of assessment to rule out neuropathic pain • evidence of conforming to local formulary choices Although effective in short-term pain relief, there is little or no evidence for the effectiveness of long-term use of strong opioids in chronic pain, and these should only be initiated with caution after a discussion about realistic treatment goals, the potential side effects and longer term risks. There is little evidence

	that opioids are helpful for long-term (chronic) pain. A small proportion of people may obtain good pain relief with opioids in the long term if the dose can be kept low and use is intermittent, but it is difficult to identify these people at the start of treatment. The risk of harm increases substantially at doses above an oral morphine equivalent of 120 mg/day, but there is no increased benefit.
Source	Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain: https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware Our own resource: add link Resources for GPs regarding opioids and chronic pain, Oxford Pain Management Centre: http://www.ouh.nhs.uk/services/referrals/pain/opioids-chronic-pain.aspx

04

Measure	**Prescription Management: is initial prescription an acute and for no more than 30 day supply and are lost or over-ordered prescriptions dealt with in accordance with prescribing policy (if applicable)?**
Rationale	Must meet both aspects if applicable to meet criteria. The Department of Health have issued strong recommendations that the maximum quantity of opioids should not exceed 30 days.
Source	Faculty of pain medicine. Writing Opioid Prescriptions: https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware/best-professional-practice/writing-opioids-prescriptions The Misuse of Drugs Act 1971: https://www.legislation.gov.uk/ukpga/1971/38/contents

05

Measure	**Has clinical review occurred effectively prior to the second prescription being issued?**
Rationale	The patient must have been formally reviewed by GP or Specialist within the planned timeframe and consultation recorded with clear record of response/benefit to the opioid. Any drug initiated for chronic pain should be subject to early, frequent and recorded review with the patient. It should be titrated up to a dose which balances maximum clinical efficacy with minimal risk, and gradually stopped if found to be ineffective or if adverse effects

	outweigh benefits. This particularly applies to medicines with common serious adverse effects or abuse potential, and/or that are expensive to prescribe. NICE: Opioids should be discontinued if the person is still in pain despite using opioids, even if no other treatment is available. Faculty of Pain Medicine: The opioid trial establishes whether the patient achieves any reduction in pain with use of opioids.
Source	NICE Medicines optimisation in long-term pain: https://www.nice.org.uk/advice/ktt21/chapter/Evidence-context#managing-long-term-chronic-pain Faculty of pain medicine. The Opioid Trial: https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware/structured-approach-to-prescribing/opioid-trial

Thanks to NHS Scotland for the use of the resources from their Chronic Pain Prescribing Strategy https://www.therapeutics.scot.nhs.uk/pain/