Minimum standards for repeat prescribing of opioids in general practice

Background

Joined Up Care Derbyshire currently has over 26,000 patients who are regularly prescribed opioids for more than six months (NHSBSA data May 2023). Most of these prescriptions have been issued through the repeat prescribing systems in use within general practices. The majority of this prescribing is for chronic non-cancer pain for which there is little clinical evidence for effectiveness. Whilst the national recommendation is to avoid putting opioids on repeat, this may be currently impractical for many practices due to the numbers of patients.

Opioids are high-risk medications and therefore a robust process is needed to safely manage repeat prescribing. These minimum standards have been created by bringing stakeholders together from across the system with the aim of improving opioid stewardship. However, practices can choose to strengthen these further if they are able.

How to use the minimum standards

General practices vary in their processes, staffing and prescribing rates therefore one procedure would not suit all practices. The minimum standards aim to support general practices to create a local procedure that works for their situation and population. A suggested procedure flow chart with adaptable elements that meet the standards is provided on page 3. It is strongly recommended that roles and responsibilities are agreed within the procedure and a suggested set is provided on page 4. However, some practices are currently working to higher standards than are suggested here, and after reviewing this document may assess that their current process requires no modification and is providing a high level of opioid stewardship.

Top tips

- The written practice procedure should be co-produced and agreed with all practice staff and be part of the induction for new starters.
- Aligning the procedure for opioids with other high-risk medication increases familiarity and adherence.
- Ensure the process is straight forward and easy to follow.
- Having clear roles and responsibilities in the process is empowering to teams.
- Agree the clinical system functionality being used to support the process, and ensure it is used consistently e.g. reauthorisation dates or maximum issues, post-dating prescriptions, script-notes.

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Minimum standards for general practices (see flow chart on page 3 for a suggested process)

1. There must be a written procedure for the management of opioid prescription requests that includes clear roles and responsibilities and is agreed and understood by all members of practice staff. (See roles and responsibilities on page 4).
2. All schedules of opioids (schedule 2, 3 or 5) are to be treated the same. (Note that only schedules 2 and 3 opioids are highlighted by the clinical system with a CD symbol, so non-clinical staff should be supported to identify schedule 5 opioids.)
3. Patients should order online whenever possible or by written request. Where phone ordering is preferred the patient may use the Medicines Order Line (MOL). A very small number of patients will need support to manage their repeats, and this can be done via the community pharmacy managed repeat system or a locally agreed practice process.
4. Opioids should not be routinely added to repeat for the management of chronic non-cancer pain but can be considered for repeat after an opioid trial has provided substantial pain relief and the dose is stable.
5. Opioids on repeat can be issued a **maximum** of three working days early (before the due date on the clinical system). If orders are routinely requested early they should be reviewed by a clinician (especially for cancer or end of life pain where dose changes may be needed). For chronic non-cancer pain, where routine early ordering is noted, strong consideration should be given to restricting further early supply e.g. date due only. Where supply is restricted, the community pharmacy should be informed so that they can provide support.
6. If an opioid has been prescribed to be taken **regularly** and the request is more than one month later than is due, the patient must be contacted to understand the reason and indication. It is not safe to stop opioids suddenly or to restart opioids after a break without starting at a low dose.
7. Opioids should be prescribed in a quantity that reflects a month's supply. (DOH good practice recommendation for schedules 2-4)
8. Opioids should be reviewed by a clinician with the patient at least every six months (in line with Faculty of Pain guidance). The review can be undertaken by any clinician that is competent in pain management.
9. Opioids must NEVER be issued by a non-clinician once the reauthorisation date has passed or there are no active repeats. Staff should encourage patients to access their medication review prior to the reauthorisation date or last active repeat is reached.
10. Opioids should be prescribed using full and complete directions and in line with the legal requirements outlined in the BNF. Medication prescribed as "when required" should have an indication, time frame, and maximum dose. "As directed" should be avoided.
11. It is a strong recommendation that opioid prescription requests are processed in an area that is quiet, without interruptions and multi-tasking, to allow the process to be followed with maximum focus.

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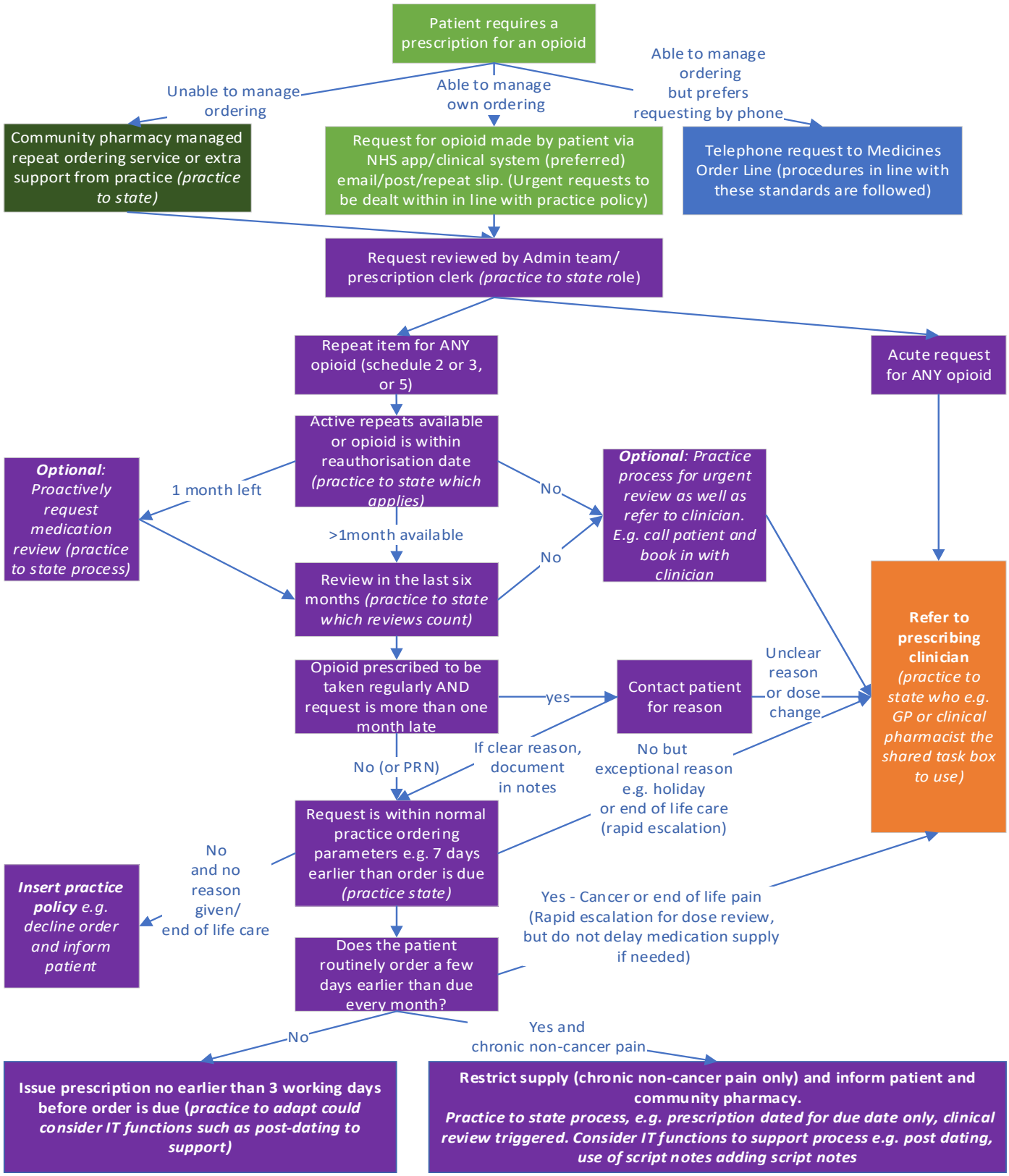
Adaptable flowchart to support the management of opioid prescription requests.



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Items in italics are adaptable elements. Colour coding denotes who is doing the specified work (Green = patient, Blue= medicines order line, orange= prescribing clinician, purple=administration team)

Roles and responsibilities

Patient

- To only order opioid medication when needed and to order in the timeframe requested by the practice.
- Avoid keeping large stocks in the home.
- Store opioid medication safely in the home.
- Never to increase the dose without speaking to your clinician.
- Agree to partake in regular medication review appointments.
- To maintain a dialogue with the practice to share current pain levels, side effects, use of medication (both prescribed and purchased).

Community pharmacy

- To ensure the supply of opioids is safe and legal in line with their professional standards and code of practice.
- To dispense opioids in a timely manner appropriate to clincial need.
- To work in collaboration with the general practice including:
    - Alerting the general practice to any concerns regarding dose, frequency of collection, or potential misuse.
    - Supporting requests from the prescriber for time restricted issues of opioids for certain patients.

Administration team (& Medicines Order Line operatives)

- To be aware of all commonly prescribed controlled drugs(including schedule 5 opioids which are not marked with a CD symbol in the clinical system).
- To follow the procedure for managing opioid prescribing.
- Never to issue a controlled drug (any schedule) when the review date or reauthorisation date has passed.
- To process prescriptions for opioids without multi-tasking or interruptions.
- To raise concerns and questions to a clinician.

Prescribing clinician

- To be competent in pain management.
- To inform patients about the risks and expected length of use at initiation.
- To signpost to appropriate non-pharmacological options for chronic non-cancer pain as good practice .
- To avoid adding any opioid to repeat especially for chronic non-cancer pain (where there is little evidence of effectiveness). Ensure that:
    - Opioids are ONLY added to repeat for chronic non-cancer pain if clinically appropriate, following an opioid trial, and the dosage is stable.
    - Clinical review MUST occur before opioids are continued for longer than three months.
- To review opioids at least every 6 months with the patient (all schedules of opioids).
- To prescribe a maximum supply of one month (good practice for schedules 2-4).
    - "When required" quantities should be based on current usage.
- To review opioid medication and respond to queries in a timely manner.
- To issue repeat medication in line with the written procedure.
- To write directions in full avoiding "when required" without clear maximums and "as directed".

Organisation

- To have a written procedure that is fit for purpose and easy to use.
- To nominate a practice clinical lead for chronic non-cancer pain (good practice).
- For all staff to be aware of the process and their roles and responsibilities within it.
- To ensure there is a list of schedule 5 controlled drugs easily accessible to the administration team. (This schedule is not flagged by the clincial system.)
- Provide training to new starters that prescribe or manage prescription requests and consider how competence can be assessed.
- Prescription requests should be processed in a quiet area with minimal interruptions and without multi-tasking.
- To consider allocating time to prescription processing in both administration team and clinician diaries.
- Decide what clinical system functionality is used to create system controls e.g. post-dating scripts, maximum issues.

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