# Opioid CARE Bundle

Practices will randomly sample of 10 patients per Quarter who have been prescribed opioid\* derived pain relief in the past 3 months, to see if they are reliably receiving the following care:

1. Is there a clear indication documented and coded?
2. Is there a clear management plan linked to patient goals, including non-pharmacological strategies?
3. Is there evidence that the analgesic has been used in accordance with local pain guidance prior to the patient being prescribed a moderate to strong opioid derived analgesic?
4. Is initial prescription an acute and for no more than 30 days supply and are lost or over-ordered prescriptions dealt with in accordance with prescribing policy (if applicable)?
5. Has clinical review occurred effectively prior to the second prescription being issued?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Area** | **Measure** | | **To meet criteria** | **Rationale** | |
| Indication | | Is there a clear indication documented and coded? | Clear indication for the opioid use should be documented in the patient notes ( handwritten or computerised)  If the patient has had pain for more than 12 weeks the read code 1M52. should be added to their notes if not coded already. | Coding for chronic pain will allow audit and review, and begin the process of implementing and measuring other improvements. |
| Management Plan | | Is there a clear management plan including non-pharmacological strategies? | Evidence of clear pharmacological plan and signposting for non-pharmacological strategies/self management approach | SIGN 136 recommends exercise and exercise therapies, regardless of their form and self management for patients with chronic pain. |
| Assessment | | Is there evidence that the analgesic has been used in accordance with local pain guidance prior to the patient being prescribed a moderate to strong opioid derived analgesic? | Evidence of trials of weak opioids and Non-opioids analgesics 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 . |
| 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)? | Must meet both aspects if applicable to meet criteria | The Department of Health and Scottish Government have issued strong recommendations that the maximum quantity of opioids should not exceed 30 days |
| Review | | Has clinical review occurred effectively prior to the second prescription being issued? | 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 Opioid | SIGN 136 recommends “Strong opioids should be considered as an option for pain relief for patients with chronic low back pain or osteoarthritis, and only continued if there is ongoing pain relief. Regular review is required.” |

\*Includes any medication containing: Tramadol, Tapentadol, Morphine, Oxycodone, Fentanyl, Buprenorphine