# GPNI WEBINAR

## "How to empty the bath."

A QI Project to reduce tramadol prescribing in general practice.

Scotch Quarter Practice Carrickfergus

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# BACKGROUND

- Urban practice size 7200
- Invited to join the HSCNIQI Collaborative on opiates:

  Why did we say **yes**?

  - QI lead - all the gear no idea
  - GPst2 trainer - all the gear no idea again
  - Free training/appraisal
  - Sounded really good for our prescribing meeting

# CHOICE OF QI

- Previous work done in with Pregabalin, Tapentadol and Co-codamol
- Compass Report - highest prescribers of Tramadol in East Antrim Federation
- Identified target cohort 29 patients prescribed highest strength - 400mg of Tramadol MR daily.
- Audited 29 to find common themes and facilitate Driver diagram

# AIM AND OUTCOME MEASURE

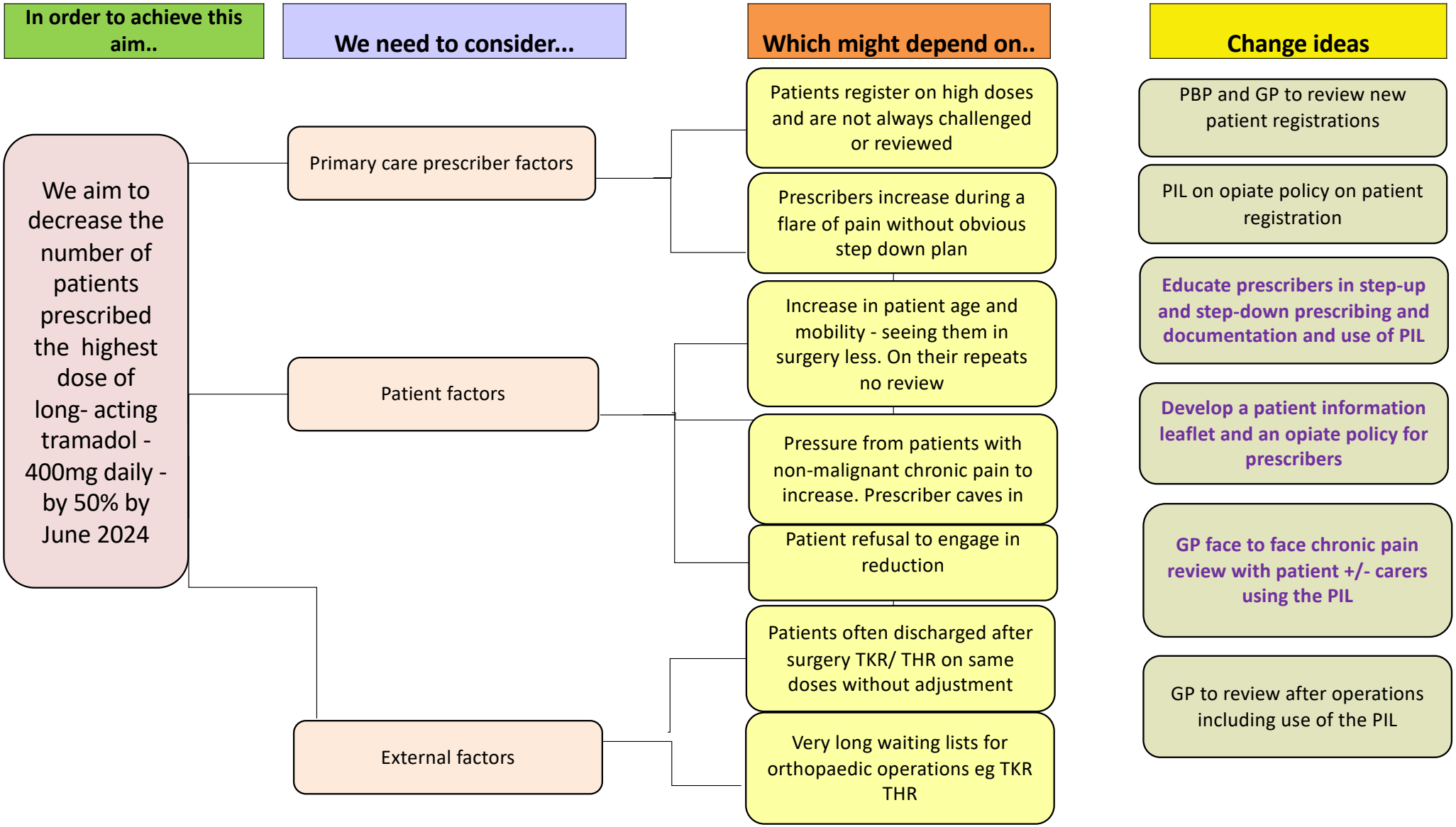
- Aim: We aim to decrease the number of patients prescribed the highest dose of long acting tramadol - 400mg daily - by 50% by June 2024
- Outcome measure - % reduction of number patients prescribed the highest dose of long acting tramadol - 400mg daily



How do we turn off the tap?

Scotch Quarter Opiate
Problem Bath

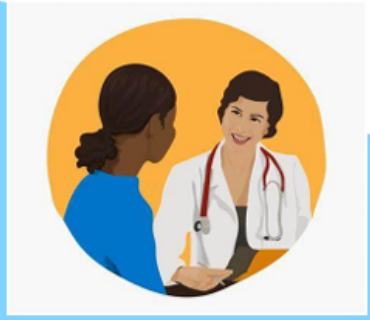
How do we pull the plug out?


In order to achieve this aim..
We need to consider...
Which might depend on..
Change ideas
We aim to decrease the number of patients prescribed the highest dose of long- acting tramadol - 400mg daily - by 50% by June 2024
Primary care prescriber factors
Patient factors
External factors
Patients register on high doses and are not always challenged or reviewed
Prescribers increase during a flare of pain without obvious step down plan
Increase in patient age and mobility - seeing them in surgery less. On their repeats no review
Pressure from patients with non-malignant chronic pain to increase. Prescriber caves in
Patient refusal to engage in reduction
Patients often discharged after surgery TKR/ THR on same doses without adjustment
Very long waiting lists for orthopaedic operations eg TKR THR
PBP and GP to review new patient registrations
PIL on opiate policy on patient registration
Educate prescribers in step-up and step-down prescribing and documentation and use of PIL
Develop a patient information leaflet and an opiate policy for prescribers
GP face to face chronic pain review with patient +/- carers using the PIL
GP to review after operations including use of the PIL

## WHAT YOU MIGHT EXPECT FROM YOUR GP?

You may be offered:

- a phonecall or a face to face appointment to discuss your pain and your medication
- a referral to a pain clinic or support group
- a change to to your pain medication



## PRACTICE DETAILS AND LINKS

If you'd like an opiate pain medication review with a GP please contact Nicole Scott - Administrator on:

**028 93315955**

or e-mail her:

**Reception.Z00387@gp.hscni.net**

### Other resources:

The pain Toolkit gives practical advice and techniques to help manage pain
https://www.paintoolkit.org/

Versus arthritis supports people with arthritis and their families
https://www.versusarthritis.org/

"Brainman stops his opiods"
www.youtube.com/watch?v=MI1myFQPdCE

# Scotch Quarter Practice



## Why reduce your Opiate pain medication?

## DID YOU KNOW THAT PAIN GUIDELINES HAVE CHANGED A LOT?

Opiate Pain medication like Tramadol, Maxitram, Cocodamol, MST, Butec, Mezolar, Oxycodone:

- are **really** helpful for Acute pain, Cancer, Accidents and Injuries
- are **not that** helpful for Chronic pain, Nerve pain, Back pain or Fibromyalgia

## RISKS AND SIDE EFFECTS OF OPIATE PAIN MEDICATION

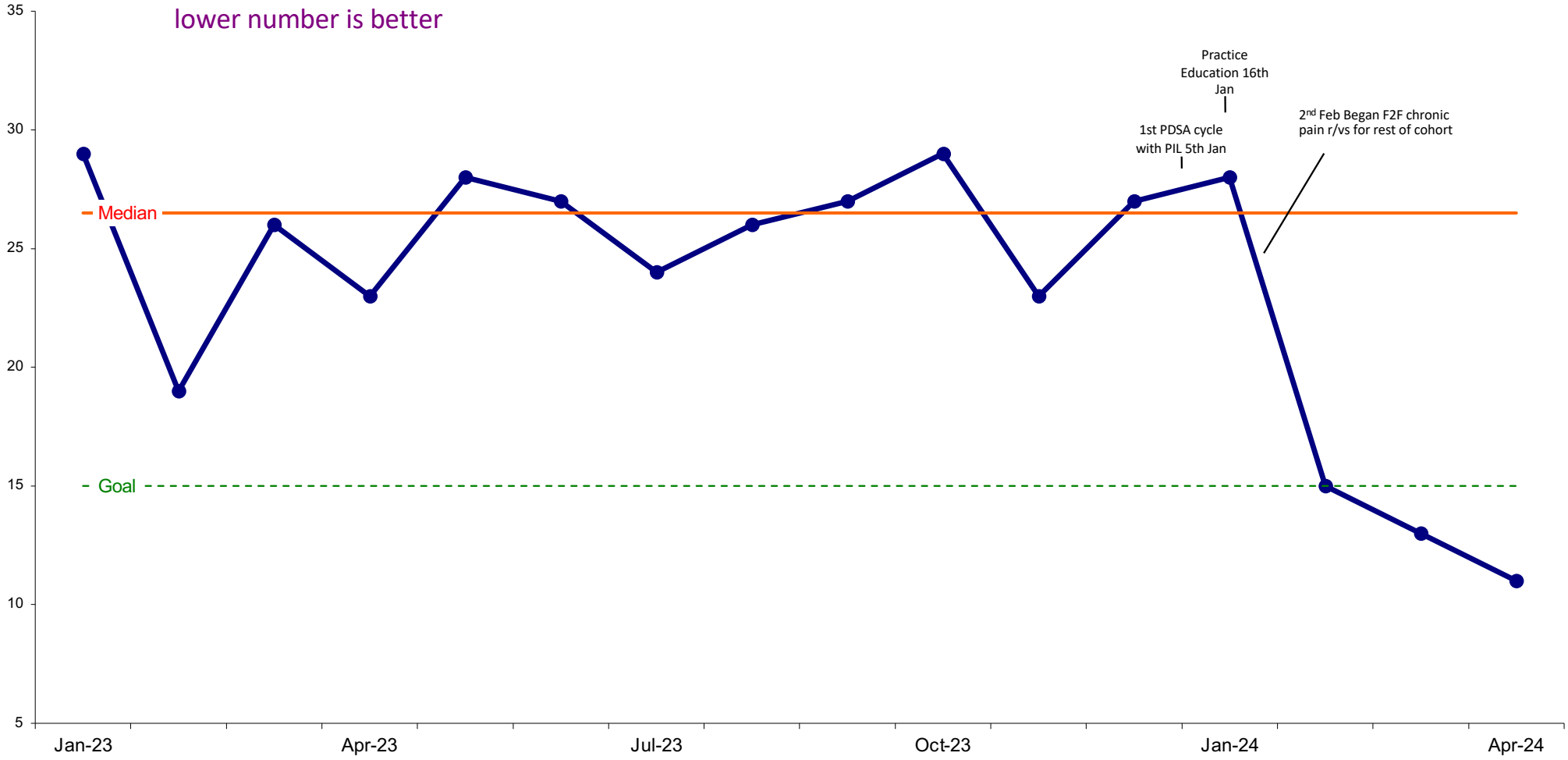
- Increased falls in elderly
- Constipation
- Nausea
- Sleepiness
- Can become addicted
- Can affect driving
- Your body can get used to the tablet (tolerance)

## REDUCING OPIATE MEDICATION TO FEEL BETTER

- over 200 patients have already reduced their opiate painkillers in the last 2 years
- Well Done!



# No. of patients on 400mg Maxitram daily



# CONCLUSION

- Embrace the fear of QI
- Project doesn't have to be perfect
- Get everyone on board
- Questions?
- Contact me for PIL or opiate policy example: nihaldane@doctors.org.uk