Lancashire & South Cumbria Medicines Management Group

NHS

POSITION STATEMENT

Best-interest opioid reductions

Recommendation:

The Lancashire and South Cumbria ICB strongly supports clinicians in implementing opioid dose reductions in the best interest of patients. This support is contingent upon clinicians having communicated, or made efforts to communicate, the rationale behind the dosage changes to the patient, and where suitable, having provided a referral to additional support services.

Background

In 2019, NHSE launched a Medicines Safety Improvement Programme aimed at improving the care of people with chronic non-cancer pain by reducing opioid analgesic use. Opioids are effective analgesics for acute pain and for pain at the end of life; however, there is no evidence that they help with chronic pain. The Faculty of Pain Medicine (FPM) advises that, for these patients, the risk of harm outweighs the benefits of treatment at daily doses above an oral morphine equivalent of 120mg. Locally, the dose threshold should not exceed 80mg Morphine Equivalent Daily Dose for chronic non-cancer pain.

Aligned to the NHSE Medicines Safety Improvement Programme and the advice from the FPM, Lancashire and South Cumbria Integrated Care Board are fully supportive of clinicians regularly reviewing the use of opioids in patients with chronic non-cancer pain.

There may be cases where clinicians have concerns that, at the dose prescribed, the risk of harm outweighs the benefits of treatment for the patient. These doses may be lower than those mentioned by the FPM. In these instances, the clinician should discuss with the patient:

1. The FPM advice on the lack of evidence for the use of opioids in chronic non-cancer pain
2. The FPM advice on side-effects and long-term harms of opioids
3. The MHRA advice on the risk of tolerance, dependence and addiction
4. The rationale for tapering opioids to safe doses and the potential benefits (avoidance of long-term harms and improvement in ability to engage in self-management strategies)

The reviewing clinician should also discuss with the patient the Biopsychosocial (BPS) approach to pain management. Where appropriate, or if not done previously, consider referring patients to relevant services, resources or individuals that can further support the BPS approach.

Services may include, but are not limited to:

- Social prescribers

- Physiotherapy
- Mental Health Practitioners / Talking therapies
- Locally commissioned pain clinics (or other appropriate specialist service)
- Drug and alcohol teams

There may be instances where, despite clinicians having had discussions or attempted discussions as above, and/or offered referrals to supporting services, the patient does not engage or agree with the clinician's decision to review or reduce their opioid dose. In these circumstances, if the clinician feels that continuing to prescribe the current opioid dose is not clinically appropriate, the clinician may wish to initiate a 'best interest' dose reduction. To support with this, the ICB would guide clinicians to the BMA and GMC who offer guidance on how to manage situations like this.

'If a patient asks for treatment that you do not think would be clinically appropriate for them, you should discuss their reasons for requesting it with them. ***Following this, if you still consider that the treatment is not clinically appropriate, you do not have to provide it****. However, the reasons for this should be explained clearly to the patient, as well as other options available to them, including seeking a second opinion.'* (a second opinion may be obtained from another clinician within the practice)