



Reducing Opiate Prescribing in Primary Care: A pharmacist-led Risk Reduction Initiative across a Brighton PCN



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1. Deans and Central PCN
2. The Avenue Surgery
3. Sussex Integrated Care Board

Methods

- Pharmacist-led case-finding using clinical systems to identify long-term opioid users.
- Renal patients > Frail patients > Multiple medications > 2 or more DFM
- Structured medication reviews by clinical pharmacists, 1000 patients
- Collaboration with GPs to create tapering plans
- Education and shared decision-making with patients, supported by materials
- Feedback via surveys and multidisciplinary meetings
- Multi-profession team included in project

Introduction

Opiate prescribing remains a concern in primary care, particularly in areas of social deprivation and high multi-morbidity. NICE guidance highlights the risks of long-term opioid therapy for non-cancer pain, including dependence, tolerance, and reduced efficacy. In Brighton, where drug-related deaths exceed the national average, proactive strategies to reduce inappropriate opioid use are crucial

Aim

- Implement and scale a pharmacist-led intervention
- Reduce inappropriate opioid prescribing
- Improve patient outcomes
- Support safer prescribing culture across the PCN

“Collaborating with pharmacists has significantly reduced opioid prescriptions and improved patient outcomes.” (GP)

82nd to 30th centile reduction in Oral Morphine Equivalent

52.4% reduction in prescribing opiate

Result and outcomes

Results across categories

Metric	Baseline (Jun 2023)	After Intervention (Jun 2024)	Change
% of patients prescribed opioids	11%	~5%	↓ 6 pp
Total patients reviewed	-	1,000+	-
Patients on ≥2 DFMs	-	612	-
Patients on ≥3 DFMs	-	42	-
Opioid prescribing (OME/1,000 pts)	42,000	20,000	↓ 52.4%
Practice national prescribing percentile	82nd	30th	Improved

Every practice in Deans and Central PCN now below national median for total opioid prescribing per 1000 patients

The pilot site success means that the methods were shared and learning with other practices in PCN

Future recommendations for patients viewpoints to be canvassed and outcomes noted

