

Harlow road surgery Opioid prescribing policy.

Version:	Review date:	Edited by:	Approved by:	Comments:
1	25.8.2027		Dr Tariq	

This policy refers to the prescribing of opioid medication with controlled drug status - morphine, oxycodone, buprenorphine, tramadol and fentanyl.

Prescribing Policy for New Patients

New patients registering with the practice are advised that if they are prescribed strong opioids, a review of their medication will be needed to determine if it is suitable and that our policy is that drugs of dependence will not be prescribed if it is felt that previous prescriptions were inappropriate.

The surgery will need to get accurate medical information about the patient's condition to reach a decision and we may not be able to prescribe medication until this is available.

If strong opioids are prescribed, these will be of the strength deemed necessary and may be different to the strength prescribed at the patient's previous GP practice.

If a decision to prescribe strong opioids is taken, this will follow a shared discussion of goals, plans, risks and benefits with a clear follow-up plan.

Policy for Existing Patients on Repeat Prescriptions for Strong Opioids

Patients on >120mg morphine per day have already been identified and given support in reducing their opioid use. Significant progress has been made in this area as shown by data from open prescribing. However, the practice is still above the national median for prescribing at this level and work continues with de-prescribing in this area.

All patients on long term strong opioids will be reviewed annually with any patients still prescribed >120mg/morphine per day being identified for further intensive work with de-prescribing.

Policy for New Initiation of Strong Opioids

Where patients are initiated on opioids (for non-palliative reasons) a risk assessment will be completed. Where patients lack capacity to partake in the discussion, a best interests will be made involving any LPOA/family members/carers or advocate.

All new opioids will be issued as acute prescriptions.

Whilst the patient's condition or dose are being stabilised, medication will be issued as an acute prescription.

All patients will be reviewed within four weeks of initiation of an opioid prescription and have their pain assessed and a decision made as to the effectiveness of the drug.

Where opioids are ineffective, they will be stopped even if no alternative is available.

Where patients have been stabilised on an opioid which has been shown to be effective this may be added to the patient's repeat medication at the prescriber's discretion.

Patients on long-term opioids will be reviewed at least annually.

Treatment will only be continued where there is on-going evidence of benefit.

All opioids will be issued on prescriptions with a maximum duration of one month unless under exceptional circumstances which should be documented by the prescriber.

All opioid prescriptions will include fully written directions and use of 'when required' or 'as directed' will be avoided.

Medication Reviews

All patients receiving regular prescriptions for strong opioids (codeine 30mg equivalent or more) are invited for annual medication review.

Patients receiving regular prescriptions for weak opioids less than codeine 30mg (or equivalent) are sent information from the Faculty of Pain Management highlighting risks and offering review or support in reducing opioid medication if wanted.