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**Private & Confidential**

Mrs Caroline Beasley-Murray  
HM Senior Coroner  
HM Coroner's Office  
County Hall  
Seax House  
Victoria Road South  
Chelmsford CM1 1QH

Date: 6 January 2020

Dear Mrs Beasley-Murray

**Re: Regulation 28 Report to Prevent Future Deaths**

Further to my letter of 25 November 2019 in respect of the Prevention of Future Death Report touching upon the death of Ms Joanna Clare Alice Flynn, I am writing as requested to provide additional information about the progress of the mid Essex substance misuse Local Enhanced Service and other initiatives to address the issue of people with dependence upon prescribed opiates. Firstly, however, I would like to convey on behalf of Mid Essex CCG our sincere condolences to the family of Ms Flynn for their loss.

Background Information

I thought it might be helpful to begin by providing some wider background context in view of the fact that over use of opioids is a nationally recognised issue.

Opioids are frequently prescribed to manage chronic pain; however, the clinical evidence shows limited effectiveness and patient safety concerns due to the risks associated with their long-term use such as fractures and falls, endocrine abnormalities, immunomodulation, opioid induced hyperalgesia and dependence.

GPs face difficulties in reducing the use of prescribed opioids for chronic pain, both in differentiating between adequate analgesia from patients who may be dependent on these medicines and then in engaging patients to reduce and discontinue appropriately and safely,

due to limited training and experience in substance misuse and the time required to assess and address the emotional influences that may be contributing to a patient's chronic pain.

In September 2019 Public Health England (PHE) published a prescribed medicines review reporting for the first time on the extent of dependence and withdrawal problems associated with commonly prescribed medicines in England.

The report's findings confirmed that one in 4 adults in England were prescribed benzodiazepines, z-drugs, gabapentinoids, opioids for chronic non-cancer pain, or antidepressants in 2017/18 and that, whilst prescriptions for opioid pain medicines are decreasing after rising for many years, longer-term prescribing is still widespread. The report concluded that patients who want to stop using a medicine must be able to access appropriate medical advice and treatment and that as inappropriate limiting of medicines may be harmful, there should be increased public and clinical awareness of other interventions, such as cognitive behavioural therapy.

The PHE report provides data for each CCG. In 2017/18 Mid Essex CCG showed a lower than expected number of patients on long term opioids and was ranked 140 out of 195 CCGs. Due to differences in the way that local data is captured, it is not possible to replicate the PHE report figures exactly. However in September 2019 for the number of items of opioids per 1000 patients the CCG was ranked 125 out of 191 CCGs (where 1 is lowest).

Actions now being undertaken to implement the recommendations from the PHE report include:

- Using prescribing data to identify local need in relation to dependence on, or withdrawal from, prescribed medicines. We have undertaken further analysis at practice level of certain metrics in relation to controlled drug prescribing and are using these to monitor progress in de-prescribing.
- Working closely with our local substance misuse service provider, mental health trust and local pain consultants to develop a Management of Prescribed Opioid Dependence Local Enhanced Service, more details of which are provided below.
- Building on previously developed resources to support safe management and withdrawal of opioids and making these publicly available on the CCG website, including patient information leaflets on the safe use of opioids.
- Providing a range of learning resources to help clinicians develop their knowledge of, and competence to identify, assess and respond to, dependence or withdrawal associated with some medicines and the support needs of people experiencing problems with withdrawal or dependence.

More recently (12th December 2019) [REDACTED] the Controlled Drugs Accountable Officer for the East of England region of NHS England, sent out a letter to prescribers and dispensers in response to regulation 28 notices being issued to two other CCGs - one relating to stopping the prescribing of oxycodone and amitriptyline concurrently and the other relating to overuse of prescribed and purchased (over the counter) codeine products. The letter asks GPs to identify patients for an early medication review.

In response to this letter, we have used Eclipse Live to identify 174 patients in mid Essex on oxycodone and amitriptyline and have sent an alert message to each patient's registered GP encouraging an early medication review. We have also added onto Scriptswitch® (a prescribing support system which runs on GP practices' clinical systems) a reminder to GPs to ask about over the counter codeine or codeine-containing products when they are considering prescribing any codeine.

### Mid Essex Substance Misuse Local Enhanced Service

The 'pilot' scheme referred to by [REDACTED] at the inquest is a local service that the CCG has been seeking to introduce to support patients with a dependency upon prescribed medicines. Whilst the commissioning of substance misuse services is one of the public health responsibilities of Local Authorities, the Essex Specialist Treatment and Recovery Service (STaRS) commissioned by Essex County Council only provides advice and support to help GPs manage patients dependent on prescribed opioids. STaRS will only see people for adjunctive problematic use of prescribed and/or over-the-counter medications, if their primary problematic substances are alcohol or illicit drugs. This is in contrast to similar substance misuse services commissioned by local authorities elsewhere - for example in Cambridgeshire & Peterborough or Suffolk - who will accept referrals for patients dependent upon prescribed medication without associated alcohol or illicit drug misuse.

To address this gap in services, Mid Essex CCG agreed in November 2018 to fund a service to support GPs and patients dealing with this issue. Initially the CCG was hoping to work with Essex County Council to extend the existing STaRS service to include patients dependent upon prescribed opioids. Unfortunately after an extended dialogue with the Council and also directly with Essex Partnership University Trust (the provider of STaRS) it became apparent that this would not be possible and so the CCG has been working with local GPs and pharmacists to develop an alternative service model.

The new Management of Prescribed Opioid Dependence Local Enhanced Service commissioned by the CCG will provide patients who are identified as having problematic prescribed opioid use and their GPs with access to multi-professional expert support at a multi-disciplinary team meeting (MDT). The MDT will engage the patient in the need for change and then develop an opioid weaning care plan for the GP and patient to implement. In Mid-Essex we have approximately 180 patients who are prescribed the equivalent of 120 mg or more per day (high risk) and approximately 570 patients who are prescribed a Schedule 2 Controlled Drug like morphine along with pregabalin (medium to lower risk). These patients will be the initial focus of the service.

The service will also provide GPs and other primary care practice staff who prescribe opioids for people with chronic pain with education and support, enabling them to implement the MDT agreed care plan and support patients during their opioid wean.

The opportunity to provide this service as a Local Enhanced Service has been offered to GP practices within Mid Essex CCG and, as you will see from the table overleaf, the aim is for the service to be fully operational by 1 April 2020.

Implementation Stage	Deadline
Receipt of completed applications	31 December 2019
Evaluation of applications	10 January 2020
Successful applicant(s) notified	17 January 2020
Initial mobilisation of service	February 2020 onwards
Service fully operational	1 April 2020

### Other initiatives to address the issue of people with dependence upon prescribed opiates

Other initiatives introduced by the CGG to support patients and healthcare professionals address the issues of dependence upon prescribed opiates include:

#### **1) Inclusion of opioid reduction within the Medicines Optimisation Local Enhanced Scheme**

Mid Essex CCG has in place a Medicines Optimisation Local Enhanced Scheme (MOLES) which provides funding to practices to resource a programme of medicines optimisation and then rewards high quality, cost-effective prescribing. Medicines optimisation is about ensuring the right patients get the right choice of medicine, at the right time. It is a person-centred approach that improves safety, adherence to treatment and reduces waste. Medicines optimisation promotes the use of high-quality, evidence-based medicines and better systems for managing patients with a focus on outcomes. MOLES links to the CCG's Medicines Optimisation Five Year Strategy, which itself supported the aims of the NHS Long Term Plan and provide a formal arrangement for working with member practices.

One of the requirements of MOLES 2018/19 and 2019/20 is for practices to reduce the overall quantity of opioids prescribed in line with national guidance. For 2019/20, the expectation is that practices do not increase the number of opioid items/1000 patients or the number of patients on 120mg or more morphine equivalent from their baseline April 2019 data and that practices are working towards a reduction in both of these metrics.

#### **2) Inclusion of pop-up information message on Scriptswitch®**

Scriptswitch® is a prescribing support system which runs on GP practices' clinical systems in Mid Essex CCG. This system is set up to:

- Highlight to prescribers the risk of harm to the patient each time they prescribe a high dose opioid medication;
- Provide the contact details for a substance misuse consultant who can provide advice to support patient management;
- Provide a link to the opioid resource pack developed by Mid Essex CCG to support patients and prescribers <https://midessexccg.nhs.uk/medicines-optimisation/opioid-resource-pack-for-practices>.

### 3) Open letter to patients encouraging self-reduction of low dose opioids

An open letter, which is displayed on the CCG's website and on some GP practice websites, has been developed to encourage self-reduction of low dose opioids, which some practices have used to send to individual patients.

An example of such a letter from one GP website states:

*Advice for patients - Weaning opioids*

*We are contacting patients who have been taking painkillers for a long period of time, particularly a type of painkiller called an opioid; like co-codamol, co-dydramol, codeine, dihydrocodeine, and tramadol.*

*Recent medical evidence questions the benefit of opioids (which are in the morphine family) for long-term pain. Strange as it might sound – we don't think that they are very good at killing pain at all when taken for more than a few months.*

*Please see the links below for more information and advice.*

[Weaning opioids - Information for patients](#)

### 4) Signposting to webinars and e-learning

The CCG has access through its subscription with PrescQIPP (<https://www.prescqipp.info/> - a not-for-profit organisation that supports quality, optimised prescribing for patients) to webinars and e-learning resources, details of which have been distributed and promoted to all prescribers. The CCG aims to include mandatory completion of the 'Reducing opioid prescribing in chronic pain' e-learning module within its 2020/21 MOLES scheme, however it is accessible now and GP practice staff are already being encouraged to complete it as soon as possible.

### 5) Revised Pain Guidance

The CCG has engaged with the pain consultants at Mid Essex Hospitals NHS Trust to revise our Pain Guidance, now published on our website. <https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-4-central-nervous-system-2>. The joint guidance now has a clear strategy for de-prescribing and social prescribing when appropriate and highlights access to alternative non-pharmacological therapies such as:

- Psychological support, for example cognitive behavioural therapy - <https://me.silvercloudhealth.com/signup> or <https://www.norhsexiapt.nhs.uk/mid-essex>.
- Mid Essex Live Well Link Well: a free and confidential social prescribing service that provides practical or emotional support of a non-medical nature, including opportunities to take part in community events and groups that have been shown to improve quality of life for people with long-term pain as well as support with money worries or other

social issues - <https://midessexccg.nhs.uk/livewell/live-well-link-well>. Patients can also self- refer for support - <https://connectwellessex.org.uk/#modal>.

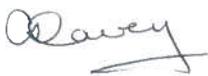
## 6) Engagement with GPs

The safety of patients who are being prescribed long term opioids has been regularly discussed at the CCG's Medicines Optimisation Committee, which is attended by GP prescribing leads from across the CCG. This committee considers new guidance to seek GP support prior to final agreement at the Mid Essex Area Prescribing Committee.

A session on Opioids and Safe Prescribing is also planned at the CCG's Time to Learn event in March. These are quarterly events organised by the CCG for all surgeries in mid Essex, with paid clinical cover to allow GPs to attend in normal working hours, where practices can take part in collective learning and share best practice.

I hope that the above information is helpful and provides the reassurance that you are seeking, however please do not hesitate to contact me if you have any further queries or remaining concerns.

Yours sincerely,



  
Chair  
