Facilitators and barriers to a safe opioid prescribing process in general practice

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SUMMARY

Opioids e.g., morphine are high-risk medications that are frequently prescribed using a complex process in general practice. The current opioid prescribing process within six general practices was mapped using template analysis which highlighted high levels of variation. The Systems Engineering Initiative for Patient Safety v2.0 framework was used to identify overall aims for a safe opioid prescribing process and associated facilitators and barriers.

KEYWORDS

Opioid, Prescribing, General practice

Introduction

General practices are complex socio-technical systems that function as a subsystem of the wider healthcare system. Opioids are high-risk medicines that can create dependence and patient harm including death (Chen et al. 2019). A review (NHS England 2019) showed that in 2018, 5.6 million adults in England (13% of adults) received opioids from their General Practitioner (GP). There are high levels of variation in prescribing levels between GP's (Curtis et al. 2019) that cannot be fully explained. Weaknesses in the electronic prescribing system for controlled drugs have been highlighted as patient safety risks (Care Quality Commission 2022).

There has been no research into opioid prescribing processes in general practices in the UK but the creation of a national toolkit has been recommended to "improve the consistency of repeat prescribing processes". (Department of Health and Social Care 2021)

The use of Human Factors and Ergonomics in healthcare is highly supported (Chartered Institute of Ergonomics and Human Factors 2018) to assist with the development of solutions.

Objective

To use a Human Factors and Ergonomics approach to identify facilitators and barriers for a safe opioid prescribing process in general practice.

Methods

Six general practices were recruited. Semi-structured interviews were undertaken with up to three practice staff (clinical pharmacist, general practitioner, and administration role) per practice to understand the opioid prescribing process. Process maps for each practice were created using template analysis. Further analysis using the Systems Engineering Initiative for Patient Safety (SEIPS) v2.0 framework (Holden et al. 2013) identified overall aims for a safe opioid prescribing process and associated facilitators and barriers.

Results

17 interviews were undertaken (6 clinical pharmacists, 5 general practitioners and 6 administrative staff). The study successfully identified the key aims (figure 1) for a safe opioid prescribing process alongside the specific facilitators and barriers to achieving them (see example in table 1). Variation in processes was high between and within practices and relied heavily on the clinical system whose functionality could be enhanced. One process would not fit all practices. Improvement opportunities identified include written work procedures, clarity on roles and responsibilities, the work environment, and workload evaluation.

Conclusion

The opioid prescribing process is high-risk and complex. A safe process ensures the right patients are identified for further review and relies heavily on technology and effective communication. This work has successfully identified aims, facilitators, and barriers that can be incorporated into each individual practice to optimise system efficiency and staff well-being plus improve patient safety.



Figure 1: Work system aims for a safe opioid prescribing process using SEIPS v2.0

SEIPS area	Aim	Facilitator	Barrier
Tools and Technology	Robust and implemented work procedure	 A written, accessible, specific, and fully implemented procedure Aligning the opioid prescription process to other high-risk medication processes 	 Lack of clarity for schedule 5 opioids Not agreeing the maximum time period between reviews for patients prescribed opioids Written from a singular work role perspective

Table 1: An example of the facilitators and barriers identified

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