NHS
Greater Manchester

Communication Standards for Opioid Medicines Prescribed at Discharge

2024-2025

Part of Greater Manchester
Integrated Care Partnership

Lead author(s)	Johanna Watts on behalf of Opioids at discharge working group, reporting into IPMO Medicine Safety Group		
Content checked by	Aleksandra Houghton		
Subgroup	IPMO Medicine Safety Group		
Version number	1.1	Review date	December 2027
Approved by subgroup	01/10/2024	Approved by CEGC	27/11/2024
Approved by GMMMG	10/10/2024		

Communication Standards for Opioid Medicines Prescribed at Discharge

Introduction

Opioids are effective analgesics for acute and end-of-life pain but are generally not recommended for long-term pain management.[1] Before prescribing opioids for use post-discharge, prescribers should thoroughly review pain severity and current opioid requirements, focusing on the impact on patient function rather than pain scores alone.[2]

Healthcare professionals must minimise the contribution of secondary care to the opioid load within the GM system. Opioids should be used judiciously — administered when necessary and discontinued when no longer required. These discharge communication standards aim to enhance communication between secondary and primary care, prevent inappropriate opioid use, and ensure opioids are not unnecessarily continued.

Standards for Discharge Communication for Patients Prescribed Opioids

All discharge letters (i.e., TTOs), where an opioid is prescribed, must contain the following information about the opioid(s) prescribed.

Indication (Source of Pain)

- Discharge letters must specify the clear indication for opioid use, e.g., acute pain from surgery or chronic pain due to X.

Intended Duration and Quantity Provided

- Clearly state the recommended opioid dose, quantity supplied, and intended duration of use.
- Opioids prescribed for short-term indications (e.g., acute pain, post-operative pain) should not be added to repeat medication lists. Instructions must include an intended stop date and not direct the GP to continue supply.
- Typically, for acute pain post-injury or surgery, prescribe no more than 5-7 days of medication.
- The indication and duration of opioid treatment must be explained to the patient

Action at the End of Intended Duration (Stop, Reduce, Continue)

- The discharge letter must specify actions for the GP at the end of the treatment course. If ongoing opioid use is considered, provide guidance for the GP on reviewing continuation, including de-escalation plans and duration of hospital-prescribed opioid use.
- Ensure the discharge letter clearly states who will be responsible for ongoing review of opioids if this is not the GP (i.e. palliative care team, pain team).
- Indications for tapering or stopping the opioid regimen include:
    - Lack of useful pain relief.
    - Resolution of the underlying painful condition.
    - Definitive pain-relieving intervention (e.g., joint replacement).
    - Intolerable side effects.
    - Evidence of medication diversion.

Action if Pain Doesn't Resolve/Improve as Expected

- Patients not achieving useful pain relief within 2-4 weeks are unlikely to benefit from continued opioid use. Alternative analgesia options should be explored.
- Provide information on referral options if pain worsens or does not improve, tailored to the discharging service and hospital trust. This might include referral back to the service, a pain management service, or the surgical team if increased pain is an unintended outcome.
- Signpost to the GM Pain Management Resources Hub for GPs to access ongoing pain management resources. **GM Pain Management Resources Hub**

As-Needed (PRN) Medication – Specify Maximum Dose in 24 Hours

- Review the frequency of PRN medication use during admission and at discharge. Assess pain severity and consider opportunities to de-escalate opioid therapy.
- If the patient has not used PRN doses in the 24 hours before discharge, consider discontinuing the prescription.

Roles and Responsibilities

Prescribers

- Review and adjust patient pain medication during admission based on pain severity.
- Ensure opioids are not unnecessarily continued.
- Clearly communicate opioid information in discharge letters for safe transfer of care.
- Explain opioid treatment plans to patients and carers, providing a patient information leaflet.

Hospital Pharmacists

- Review and recommend adjustments to patient pain medication during admission.

- Ensure opioid prescriptions at discharge are appropriate and include treatment plans as per standards.
- Support communication of opioid treatment plans to patients and carers, providing a patient information leaflet.

Hospital Nurses

- Support communication of opioid treatment plans to patients and carers, providing a patient information leaflet.

GPs and GP Practice Staff

- Accurately transfer opioid information from discharge letters to patient records.
- Ensure opioids prescribed at discharge are not placed on repeat prescription unless directed by the discharging doctor.

References

1. Opioids Aware. Faculty of Pain Management. Opioids Aware | Faculty of Pain Medicine (fpm.ac.uk) <accessed 28/12/23>
2. Clinical Guideline for Prescribing Opioids on Discharge. Version2.0. 20/10/2020. Government of South Australia.
3. Surgery and Opioids Best Practice Guidelines 2021
4. NHS greater Manchester Integrated Care – Opioid Prescribing for Chronic Pain: Resource Pack.