

Using quality improvement to reduce high risk medication prescribing

The challenge

While opioids can help with acute pain, there is little evidence that they provide long-term benefits for people with chronic pain. These high-risk medicines are often linked to adverse outcomes. Helping people manage chronic pain in other ways can reduce avoidable harm and improve safety.

A general practice on the east coast of Scotland (Lochgelly Health Centre, NHS Fife) focused on high-risk medicines as part of a quality improvement project.

Understanding the system

The general practice team noticed they had many patients on long-term repeat prescriptions for high-risk medicines. A review of the practice database and records showed an especially high number of tramadol (opioid) prescriptions. For example, in May 2025, 66 patients had been on repeated acute prescriptions of tramadol for more than one year (practice list size of 3,411).

The GPs and pharmacy team were concerned about long-term tramadol use. They saw that many patients had not had a medication review. This meant patients had not been told about opioid risks or how to reduce or stop safely.

Aim

The team aimed to reduce avoidable harm and enhance patient safety by reducing the number of patients on repeated long term (more than one year) tramadol prescriptions.

Activity

Their change idea was to attach the 'More Harm Than Good?' leaflet to patient prescriptions for tramadol. This included information on risks and benefits, tapering advice, and an offer of a medication review. The team hoped this would lead to patients requesting medication reviews or seeking advice about their prescriptions.

The team were supported by a quality improvement coach to develop a measurement plan and data workbook. This allowed them to monitor progress and impact.

The leaflet was circulated to all patients (n = 66) receiving repeated prescriptions of tramadol. A random sample of nine patients were contacted via telephone after receiving the leaflet, seven of whom provided feedback.

Impact

The changes reported by the seven patients after circulation of the letter included:

- *Two patients reported reduced tramadol use*
- *Two patients planned to reduce in the future*
- *Three reported no changes and no plans to reduce in the future*
- *No patients reported engaging with the other resources highlighted on the leaflet*

Although uptake for medication reviews or advice was lower than expected, the team received positive feedback from patients and clinicians. Patient feedback included:

- *'I knew the issues, but it helped to bring them to the front of my mind.'*
- *'Absolutely helpful. If you are taking tramadol, then you need to know.'*
- *'I know it's not really helping much but I'd be wary coming off it.'*

Patients were given general information on how to contact the practice if they wished to discuss further or receive support.

Next steps

- The team will continue to collect data to evaluate their prescribing levels.
- They recognise the need to establish a process for monitoring data without relying on manual counts, if the change idea is to be sustained.
- Positive feedback from patients indicated that circulation of letters was a useful way of engaging with patients who are prescribed high risk medicines. The practice is now committed to introducing similar protocols for all high-risk medicines, with the next project focusing on co-codamol.

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