



Red Kite Health Solutions CIC

Primary Care Pain Management Practitioner South Powys Cluster Preliminary Report March 2022

Background

Gabapentinoids Opioids, or opiates, are typically prescribed by doctors to treat severe or chronic pain associated with certain medical conditions or following a surgical procedure. When used temporarily for the treatment of pain, gabapentinoids/opioids can be effective medications; however, when taken for longer than prescribed, or when abused, they can cause severe harm.

In 2017, the most recent year for which data is available, the death rate per 100,000 in Wales was more than double that of London. Only the north-east of England had a worse rate. Prescription levels of powerful painkillers rose by 30% during the period 2007 to 2017 and in Swansea in 2017, 16 people per 100,000 died from opioids, according to the Office for National Statistics (ONS). There were 40 opioid-related deaths out of a population of 245,480.

With the increase in gabapentinoid and opioid reliance, current demands on GP time and difficulty in managing these patients in the past, it is imperative that the focus is placed upon early intervention and management of patients displaying opioid/gabapentinoid or potential opioid/gabapentinoid misuse.

The South Powys Pharmaceutical Service, who work closely with the four practices in South Powys through medicine reconciliation and prescribing have a Pharmacy Technician who has a special interest in this area, and has completed an MSc diploma in pain management. This technician is ideally suited to providing a robust and effective service to the cluster group, targeting this cohort of patients.

Aim

The aim of this service will be focused on providing an early intervention and medication reduction service through a Pain Management Practitioner. Patients that are identified and/or highlighted in the Primary care setting as being at risk of developing an addiction or reliance can be introduced to early intervention measures, including advice, face-to-face consultation and support. In addition to this, the Practitioner would also target patients with long-term misuse that will require a comprehensive treatment programme to enable them to regain control of their lives and reduce their reliance on pain medication. Working closely with Primary and Secondary Care colleagues through clinical evaluation and feedback

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regarding gabapentinoid and opioid misuse, pathways and patient options, this service would ultimately reduce routine GP appointments, increase knowledge of pain management, improve patient compliance and encourage patient self-care. This would see an overall reduction in the misuse of opioid and gabapentinoid medication in South Powys and an increase in the quality of life for patients with pain related issues.

Prescribing gabapentinoids and opioids is included in the national and local indicators and the NHS targets to reduce NHS expenditure. By utilising the current skills of a pharmacy technician, the additional training would enable the Practitioner to implement this support service to patients living within Powys by providing a service close to the patients' home, relieving the time restraints required for these patients from GPs and supporting major welsh government and health board policy in addressing opioid and gabapentinoid reduction.

Target audience

- People that suffer persistent (non-palliative) pain, that need help and advice with compliance
- People that become tolerant to Opioids/ gabapentinoids and need help to stop using them that have been started in hospital after acute surgery
- People that need help to understand their condition, to avoid them becoming reliant on analgesia, and constantly searching for "stronger painkillers"
- Patients discharged from hospital/ secondary care services who have had their opioids/gabapentinoids reduced/ stopped on admission but return to the community and their compliance often becomes poor. These patients frequently expect the GP to give them more analgesia to "fix their pain"
- Patients suffering with primary chronic pain that require additional education and support

There are currently no similar services available within Primary Care, but there are organisations that touch on parts of the problem already established where relationships and pathways could be built and improved with a view to creating a more streamlined service;

- Bronllys Pain & Fatigue Management service – secondary Care
- Kaleidoscope – gives support to people with various addiction problems
- Community Mental Health Clinics- give support with anxiety/ depression that quite often play big role in developing chronic/persistent pain.

Method Nov 20-Jan-21

During phase 1, the focus was on introduction of the service, IT infrastructure, identifying early intervention patients, building consultation skills and protocols/pathways. GP/clinician links within the base practice were established to streamline and review the service. This service will be fully evaluated from inception with production of monthly reports and feedback by Red Kite Health Solutions.

Funding supplies two days per week of a pain management practitioner to provide this service, plus GP clinical support and review equating to a maximum of 1 session per week over 2 days in the initial quarter. Ongoing review will be required for clinical governance.

Preparatory Outcomes to Jan 2021

- Creation of job description and outline service design
- 2 days per week of a Pain Management Practitioner contracted Jan 2021
- Allocated GP mentor 1 session per week
- Full sign-up from the participating practices for access, and to provide GP mentorship and support to the practitioner in implementing change
- Protocol established for highlighting patients prescribed opioids/gabapentanoids
- Protocol established for provision of pain management service
- EMIS template design for treatment plan and consultations agreed and implemented
- EMIS searches created to collect patient outcomes
- EMIS searches created to identify patients
- Meetings with GP/ Secondary care Pain Management Service and Red Kite for facilitation and pathway discussion
- Attendance at secondary care MDT by Primary Care Pain Practitioner
- Review and mentorship by GP
- CPD and management review
- Setup of EMIS WEB clinics

- Allocation of patients
- Agreement of referral process within Primary Care
- Creation of clinically agreed pain management practitioner in primary care protocol

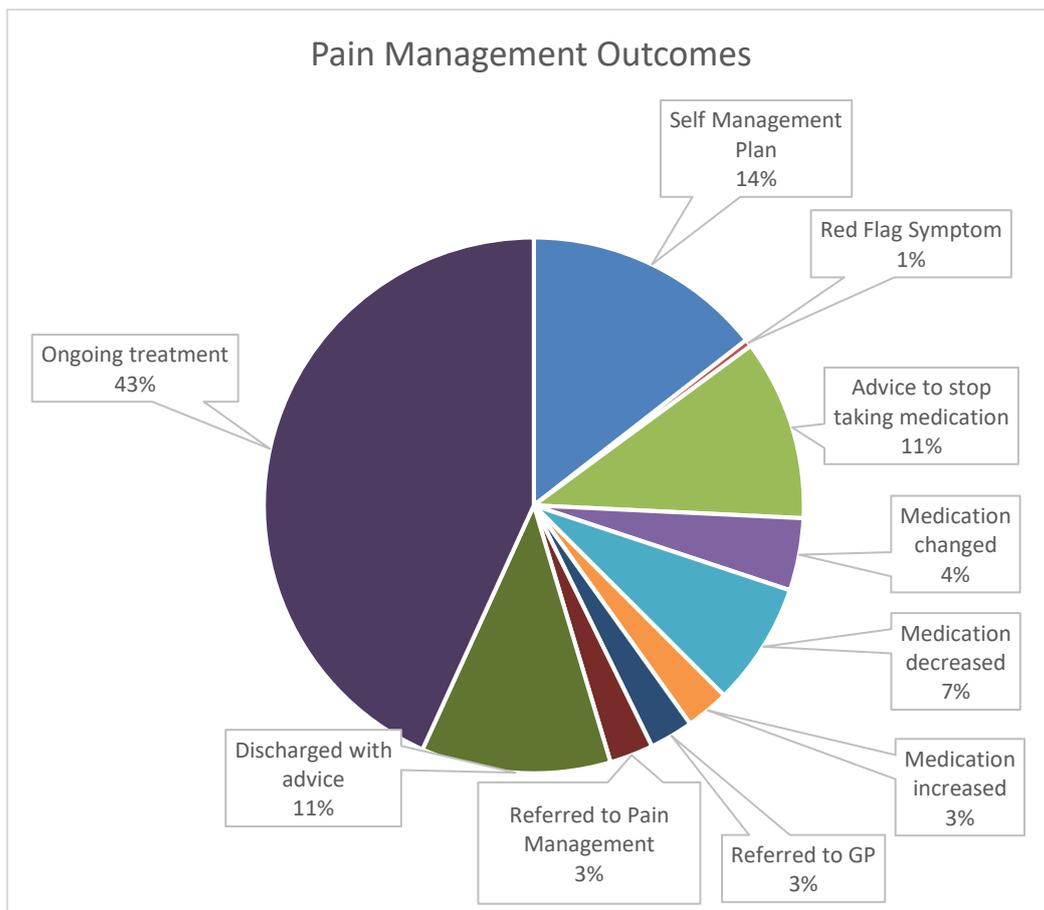


Persistent Pain
Management In Prim:

- Patient service agreed and initiated Jan 2021

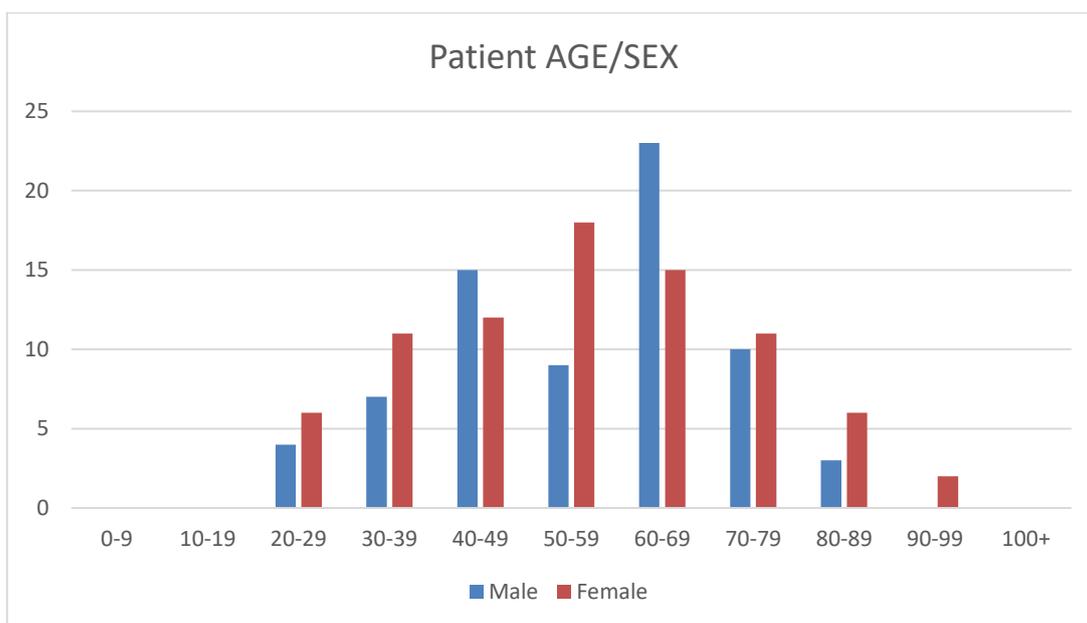
Patient Outcomes

In addition to the preliminary setup work, during the period Jan-Mar 2022 a total of **152 patients** have been referred in to the Primary Care Pain Management Service for management with pain and opioid related issues.



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Total Patients	152
Self Management Plan	33
Red Flag Symptom	1
Advice to stop taking medication	25
Medication changed	10
Medication decreased	17
Medication increased	6
Referred to GP	6
Referred to Pain Management	6
Discharged with advice	26
Ongoing treatment	99
Total Actions	229



Of the 152 patients identified, 33 are currently enrolled in a self-management plan and will engage with the pain management practitioner on a weekly/monthly basis. 6 patients have been referred onwards to a GP and 26 patients have been discharged from the service with advice. 17 patients are currently on a reduction of medication pathway with 25 patients who are now medication free.

Case Study

Patient with long-term non-specific back pain referred to pain service for support and up-titration of medication. The patient was under several pain services, both NHS and private and had received multiple nerve block spinal injections via different clinics with no improvement in symptoms. The patient was considering surgery as his quality of life was affected but was worried about the risks of surgical intervention, mainly that he would have to stop playing his beloved golf. The patient had significant side effects from gabapentin yet found no real benefit to his pain

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levels. The patient agreed to stop the ineffective medication and enter into a Pain Management Programme with the practitioner. Patient education consisted of an overview of pain and general health and wellbeing discussions focusing on managing symptoms and improving quality of life. The primary goal was to explore, understand and ensure the patient reached acceptance that the level of pain may still be there, but that doesn't have to stop him from enjoying his life. At review 3/12 patient has maintained medication-free management of his symptoms and pain was reported as significantly improved and the patient is still enjoying his regular golf sessions.

Patient quality of life has markedly improved, while the number of contacts with GPs and secondary care professionals has significantly decreased as the patient grew in confidence with managing his condition.

Tramadol Review

In December 2021, medicines management at Powys Teaching Health Board wrote to all GP practices in Powys requesting a review of tramadol prescribing. As primary care is facing unprecedented demand and patient consultation for pain management can be lengthy, it was agreed that the service was ideally placed to provide this review and ongoing support to patients with the aim of managing and appropriation of tramadol prescribing. Tramadol protocol was created;



Tramadol Prescribing
Review - Protocol.doc

A preliminary search ran on the 24th December 2021 in on practice resulted in 148 patients currently under review.

Of the 148;

- 8 patients have had medication tapered and discontinued
- 4 high-dose and complex patients have entered into an agreed management Programme
- 30 patients were reviewed and in consultation with GP were deemed to be on safe and effective treatment.
- Ongoing review of remaining patients

Case Study

A patient in his 30's with non-specific back pain had been referred to several clinics as well as a referral for a spinal injection. The patient had been on numerous opioid medications long-term and was reporting conflicting advice from services.

GP referred the patient to the pain service to engage regularly on a treatment plan with the intention of reducing tramadol as the patient had a dependency. The reduction was previously attempted numerous times, unfortunately without success.

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The practitioner liaised with Kaleidoscope, who accepted the patient for psycho-social support online and through collaboration with the primary care management plan.

Part of the treatment plan focused on the patient's refusal to engage with any physical activity due to concerns over further worsening his condition. The patient engaged with services and has restarted hobbies including running and motocross racing and is now successfully reduced and stopped his tramadol medication. At the 1/12 review, the patient reported that "he hasn't felt so well for years"

Improved pathways and collaborative working

As part of the pain management service, the practitioner has also invested a lot of time in improving communication between services such as the secondary care pain management service and Kaleidoscope. Improvements include;

- GP presentation and education, including an overview of recent NICE guidelines within practices
- Opportunistic capture of patients within primary care clinical systems
- Arrangement with secondary care pain management services for an agreed referral process and improved communications with primary care
- Referral process agreed with Kaleidoscope and improved communications
- Increased collaboration with Versus Arthritis to raise awareness of conditions

Feedback

Based on a feedback questionnaire that patients were asked to complete:

93% of patients were very satisfied with the service

70% of patients found positive changes in their mood and emotions

95% of patients found that their knowledge and understanding of the condition have improved

80% of patients found that their quality of life have improved and 20% didn't notice any changes

78% would contact the service again in the future if the need arise

Clinicians and patients additional feedback on their experience with the service to date.

'The pain service is excellent. Patients are happier because they feel supported and are more confident about reducing their opiate use. The workload for the GP in this area has significantly decreased and the practice is prescribing less opiates long term. I think if we are serious about getting on top of long term opiate misuse then every practice needs access to a practitioner like Monika, GP, Jan 21

'In the past, I've never felt as if anyone had the time for me. Monika has the time to listen to your problems and gives advice that makes sense', Patient, Oct 21

'I feel reassured and confident that I can enjoy life again, having weekly contact is really helpful', Patient, Nov 21

'My pain is no better it's got worse on a daily basis, I really miss having someone to talk to who understands pain', Patient from the practice that the service is currently unavailable, Mar 22

'The encouragement to pace and accept was good. Also, communicate with friends so that pacing is better understood by those around us.' Patient Mar 22

'This is a deep-rooted problem. The advisor advised me to keep exercising and forwarded helpful links. The pain is no better and no worse than it was when I was seen. I've had this problem a long time now, probably, 10 years really, so it's something I just have to live with and take care of keeping my muscles strong by carrying on with the resistance exercises etc.' Patient Mar 22

'My improvements have mostly occurred in my face, I can use the right side of my face almost naturally and my left eye does now try to close. My lips have had a little improvement and can now touch each other again but not with any strength. I am however still unable to shape them. Desensitisation exercises have helped a little with my hands but I have had hardly any change in my lower legs and feet.' Patient Mar 22

'I was very grateful for having Monica to talk to at the time she was working for my area but since she has left I have had only GP' Patient from the practice that the service is currently unavailable, Mar 22

'Thank you for all your hard work running the courses, especially through covid.' Patient Mar 22

Benefits and considerations

The primary care pain management service has been a welcome addition to the South Powys cluster in terms of management and future education of pain medications. Starting the service during the COVID-19 pandemic has been difficult, however, it will be a vital component for the management of pain in the post-COVID era. The service will provide support in dealing with the increased demand caused by the backlog of patients awaiting secondary care services and will be vital to ensuring patients can appropriately manage their pain symptoms. Results have already shown;

- Increased awareness of the management of pain within primary care
- 17 patients on appropriate medication titration or stopped
- Reduced number of GP contacts
- Increased consultation time for patients
- Improved patient care
- Enhancement of referral process and communications with other providers
- Reductions and interventions in line with the national prescribing indicators
- Development of a primary care service for pain
- Development of MDT roles within primary care for the future

Considerations

Currently the service runs for 2 days per week, increased capacity would be of benefit to enable roll out across the cluster. COVID-19 is a consideration for the future planning of services. With increased capacity, more time could be given to early intervention e.g. follow up of patients on discharge from hospital as well as the increasing number of patients who will present with pain management issues due to the COVID-19 pandemic.

