



Acceptability of a prototype practice pharmacist-led proactive review for persistent pain in primary care (PROMPPT Study)



Cornwall, Nicola¹, Woodcock Charlotte¹, Ashworth J^{1,2}, Harrisson, Sarah^{1,2}, Dikomitis, Lisa³, Helliwell, Toby^{1,2}, White, Simon⁴, Mallen Christian D^{1,2}, Knaggs, Roger^{5,6,7}, Pincus Tamar⁸, Santer Miriam⁹, Jinks, Clare¹ (on behalf of the PROMPPT team)

¹School of Medicine, Keele University; ²Midlands Partnership University NHS Foundation Trust; ³Kent and Medway Medical School, University of Kent and Canterbury Christ Church University ⁴School of Pharmacy and Bioengineering, Keele University; ⁵School of Pharmacy, University of Nottingham; ⁶Pain Centre Versus Arthritis, University of Nottingham; ⁷Primary Integrated Community Services, Nottingham; ⁸Department of Psychology, University of Southampton; ⁹Primary Care Research Centre, University of Southampton

Background

Uptake of interventions by patients and implementation by healthcare practitioners is often influenced by perceptions of acceptability. However until recently the construct of acceptability has been poorly defined and understood.

The PROMPPT (**P**roactive **R**eview of patients taking **O**pioid **M**edicines for persistent **P**ain led by **P**harmacists in primary care **T**eams) research programme used a theory-informed approach to develop a prototype practice pharmacist-led review of patients taking opioids for persistent pain, using the Theoretical Framework of Acceptability (TFA).

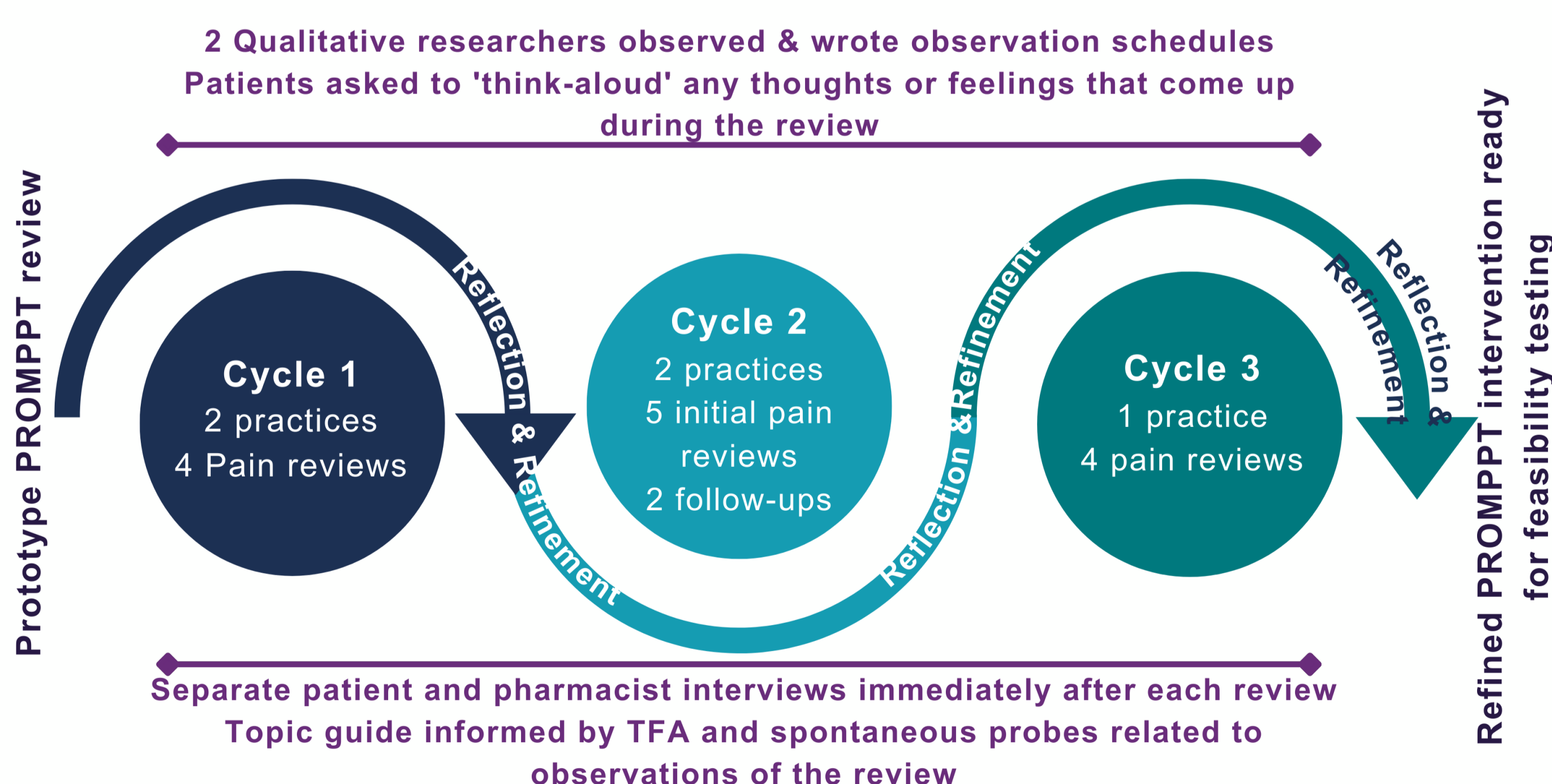
TFA CONSTRUCTS	Experienced acceptability of PROMPPT prototype
Global Acceptability	How acceptable was PROMPPT?
Affective Attitude	What did participants feel about the review?
Burden	How easy or difficult was it to participate in PROMPPT?
Ethicality	How fair was it for people to be offered PROMPPT?
Intervention Coherence	How did PROMPPT lead to changes in the management of opioids?
Opportunity Costs	What did people have to give up to participate in PROMPPT?
Perceived Effectiveness	Did PROMPPT lead to changes in management of opioids?
Self Efficacy	How confident were participants using PROMPPT?

Aim

To explore the acceptability of the PROMPPT prototype practice pharmacist-led review of patients taking opioids for persistent pain

Methods

- In-practice testing (IPT)
- 3 practice pharmacists from 3 General Practices in the West Midlands
- 13 adult patients prescribed an opioid analgesic continuously for ≥6 months for persistent pain
- Half day training session for pharmacists

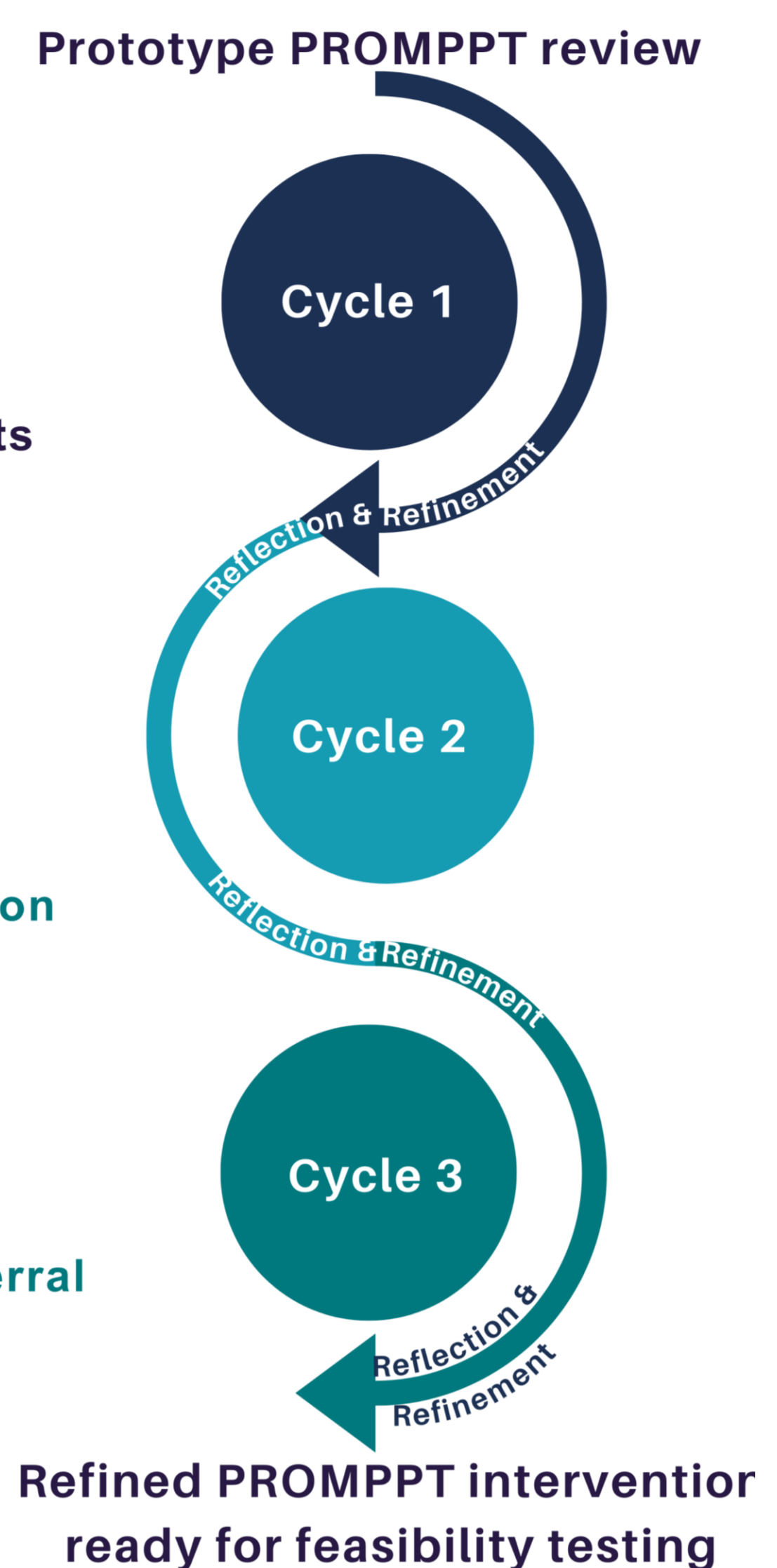


- TFA constructs used as a framework for theoretical thematic analysis:
 - Deductive coding to TFA by a multidisciplinary team
 - Within-construct inductive analysis identified categories of meaning about acceptability of the pain review and making an opioids reduction

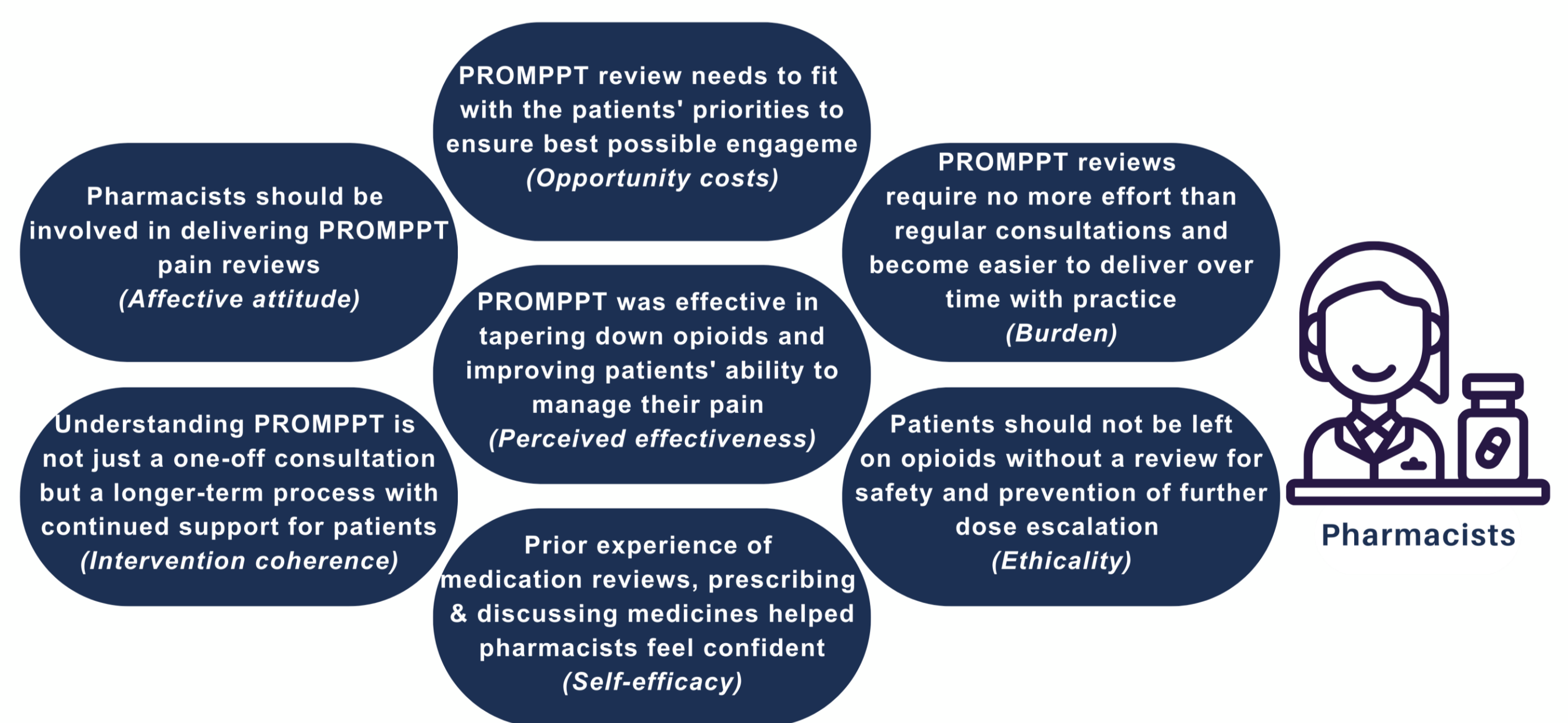
Results

Continuous reflection across 3 cycles allowed mini-optimisations to be made to the intervention including training:

- Refinement of personalised patient information resources
- Pain review plan updated with space for details of planned follow-ups & contact details for pharmacists
- Individual 1-hour update training session
- Examples of completed pain review plans created
- Training update for 3rd pharmacist
- Refinement of invitation letter and patient information leaflet
- Update of pharmacist training:
 - Examples of challenging consultations
 - Guidance on when to ask for GP support
 - Importance of follow-ups
 - Encourage pharmacists to identify available referral services
 - Create summary for other practice staff
- Incorporate research case report form into clinical records to reduce duplication



Aspects of experienced acceptability were identified for both patients and practice pharmacists :



Conclusion

- Overall findings indicated the PROMPPT review components were acceptable
- Findings also pointed to areas that could be improved to enhance acceptability to both patients and practice pharmacists and therefore improve uptake and deliverability
- The PROMPPT review and training were refined in readiness for formal feasibility testing

FUNDED BY

NIHR | National Institute for Health and Care Research

The poster presents independent research funded by the National Institute for Health and Care Research (Ref: RP-PG-0617-20005). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

THIS IS KEELE