

«Title» «Forename» «Surname»
«Address Line 1»
«Address Line 2»
«Address Line 3»
«Postcode»

Our ref: «Study ID»
Date: «Day» «Month» «Year»

Dear «Title» «Surname»,

Our practice is working with Keele University, on a research study called PROMPPT. PROMPPT is looking at a new way of reviewing how patients, like you, are managing their pain.

We would like to invite you to arrange a pain review to look at how you are managing your long-term pain. Your appointment will be with [first name, last name], the practice clinical pharmacist.

[First name] works in our practice as part of the healthcare team as a clinical pharmacist. [He/she/they] [has/have] done specialist training to provide expert advice and support on medicines to patients, doctors and other healthcare professionals. [He/she/they] will have access to your medical records, just like your GP or the practice nurse.

There will be **plenty of time for you to talk** to [first name] about how you manage your pain, your first appointment will be for **30 minutes**. [He/she/they] may be able to help you to make changes to your life to help you manage your pain, if needed.

You have been invited for this review because we have noticed that we have prescribed you opioid painkillers regularly for 6-months, or more. Opioid medicines are commonly prescribed to patients with pain but they are not always of clear benefit and can cause some bothersome side-effects. [First name] will talk to you about how all your pain medicines, are working for you and any problems, or concerns you might have.

Your appointment will be an opportunity to talk about how pain affects your life. If you and [First name] think your medicines are not clearly helping, and/or are causing unwanted effects they may suggest that you try making changes to your opioid medicines.

We hope that you will take up this opportunity to discuss your pain management with our practice clinical pharmacist. If you are interested, **please contact the practice on [practice telephone number] at your earliest convenience to book your appointment with our practice clinical pharmacist.**

Enclosed is a form (called the Pain Concerns Form) to help you and [first name] talk about concerns that you may have about your pain and the medicines that you use for your pain. It will help you focus on the things that are most important to you during your appointment.

Please complete the enclosed Pain Concerns Form and bring it to your appointment with the practice clinical pharmacist.

If you have any questions or would like to know more about this appointment, please contact the practice using on [practice telephone number].

Yours sincerely,

[NAMED GP]

Enc: PROMPPT Pain Concerns form