Stakeholder involvement in the development of a new proactive clinical review of patients prescribed opioid medicines long-term for persistent pain

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BACKGROUND

There is a need for new interventions to reduce long-term opioid use in patients with persistent pain, especially in primary care where most patients with persistent pain are managed

Robust methodology helps to give new health care interventions the best chance of being effective, implemented, acceptable to patients & professionals

Stakeholder involvement is a recommended key action for intervention developers but it is often under-reported

AIMS

We provide a **worked example** of how we involved stakeholders to develop a new proactive clinical review of patients taking opioid medicines long-term for persistent pain, led by practice pharmacists working in primary care teams (called the PROMPPT intervention)

The aim of **PROMPPT** is to reduce opioid use, where appropriate, and to support patients to live well with persistent pain

METHODS

We established 3 stakeholder groups, 1 for patients,1 for pharmacists & a mixed group of stakeholders including patients, pharmacists, professionals from primary care, pain, mental health & addiction services, commissioners & experts in behaviour change

The research team provided some context in terms of the research programme (e.g. theory, data from qualitative studies, evidence review of guidelines) & presented the aims of the workshops

The patient advisory group discussed...

- The research question & design, with an aim of defining both
- Elements of the qualitative studies & patient facing resources, with a focus on co-design

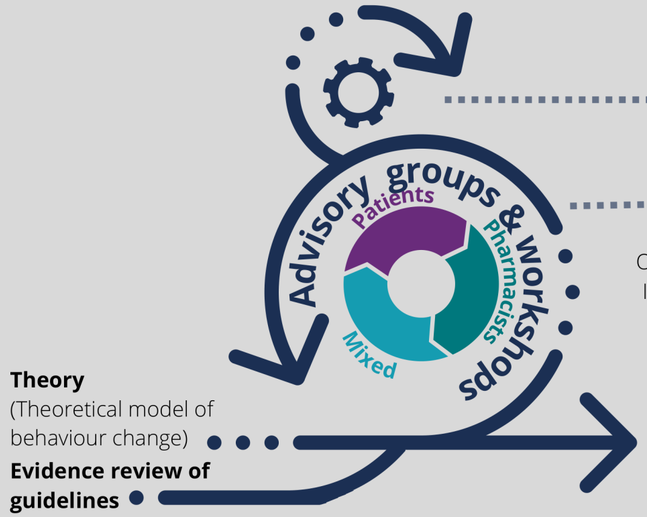
The pharmacy advisory group discussed ...

- What resources would support tapering plans & the training needs of the pharmacists
- Current approaches to reducing opioids

The mixed stakeholder group discussed...

- Current primary care for patients taking opioids for persistent pain for patients taking opioids for persistent pain
- Evidence around pain management (guidelines & qualitative studies)

The patient group met 3 times ahead of the grant application. After funding was awarded, the 3 groups met for **8 workshops** over a 10-month period before the covid-19 pandemic.



RESULTS

Discussion topics within each group resulted in take home messages & actions that the research team used iteratively to **develop** & **refine the intervention** based on 6 areas of activity. Examples of each area are given below

1.**Research data collection**
Patient groups: to improve recruitment increase diversity of avatars used for the PROMPPT online discussion forum

2. **Understanding current practice/ context**
Pharmacist groups: potential facilitators & barriers to delivery of proactive reviews identified

3. **Intervention components**
Patient groups: agreement that patient information needed to be from trustworthy sites

4. **Content of training**
Pharmacist group: mentoring support from a clinical champion was identified as important

5. **Trial processes**
Mixed stakeholder groups: consider using text messaging to invite patients to attend a review

6. **Implementation**
Mixed stakeholder groups: Use online training format to make PROMPPT implementable beyond research

KEY POINTS

Iterative involvement of stakeholders with a shared interest in optimisation of care for patients prescribed opioid medicines long-term for persistent pain **generated ideas** and **facilitated problem solving** during the development and refinement of a new practice pharmacist-led clinical review in primary care

Stakeholder involvement alongside evidence, theory and primary data collection from qualitative studies provided a **rigorous framework** within which to conceptualise and operationalise intervention development ahead of feasibility testing

After further refinement, the PROMPPT intervention will be tested in a full-scale cluster randomised controlled trial

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