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Developing a Proactive clinical Review of patients taking Opioid Medicines long-term for persistent Pain led by Pharmacists in primary care Teams

ENABLING A PRACTICE-BASED APPROACH TO REDUCE OPIOID OVERPRESCRIBING

Dr Sarah Harrisson, Dr Charlotte Woodcock, Dr Nicola Cornwall ,Dr Julie Ashworth on behalf of the PROMPPT Team

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The approach

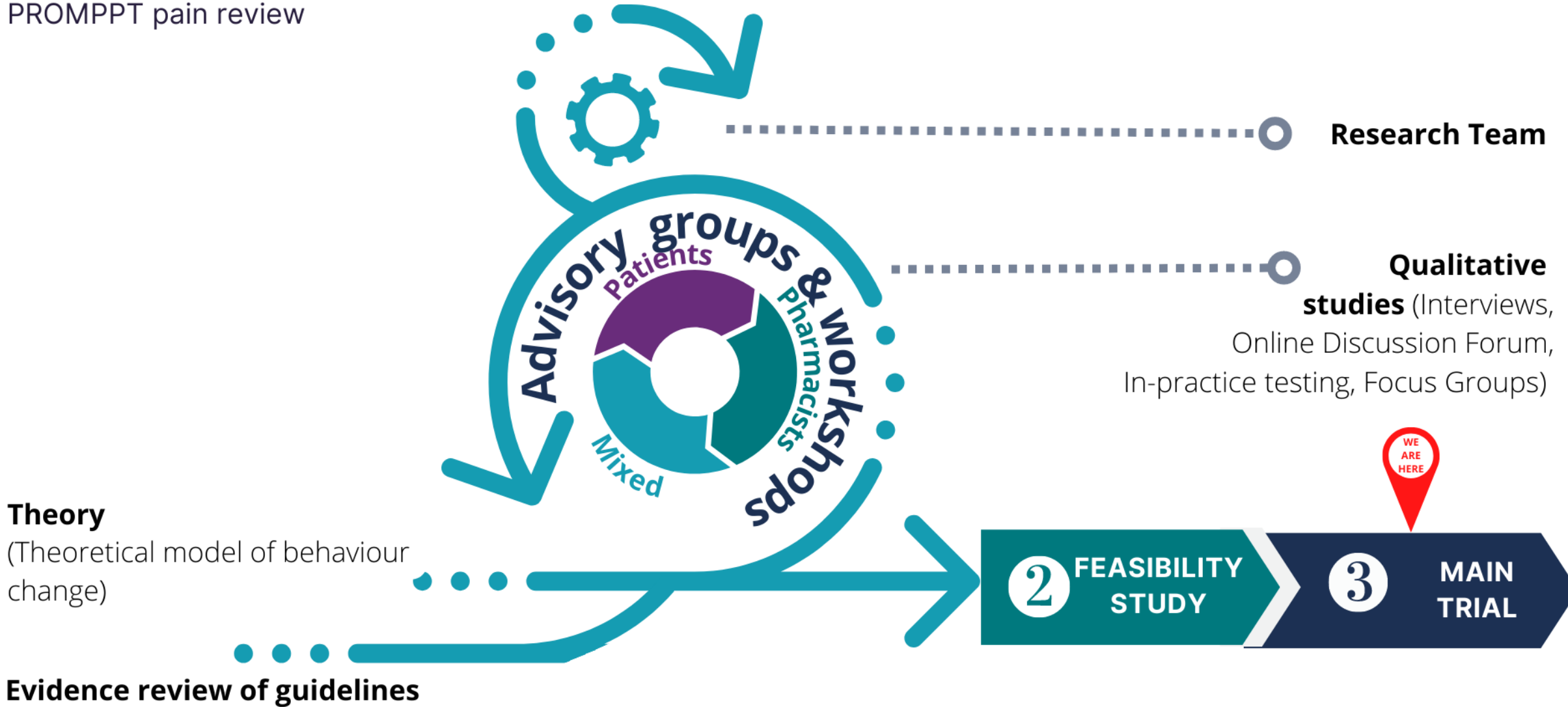
In the UK:

- Most opioid prescribing occurs in primary care
- Clinical guidance advocates that patients taking opioids long-term should have a regular structured review
- Pharmacists working in general practice have an increasing role in managing patients on long-term medicines including opioids

1

INTERVENTION DEVELOPMENT

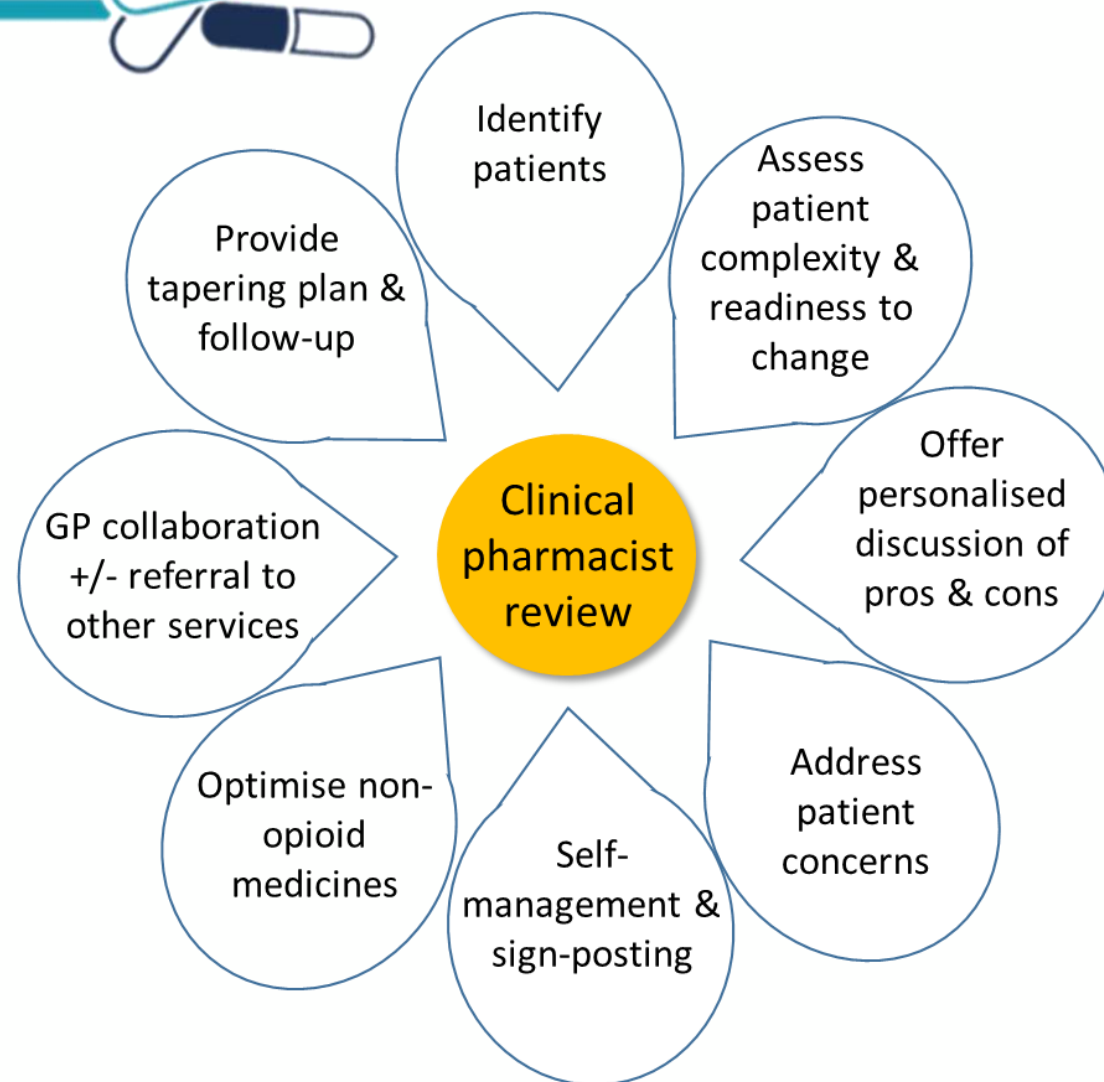
Iterative research & involvement activity to inform the design of the PROMPPT pain review



The



pain review



Is PROMPPT relevant to all?

- Pharmacist feedback:
 - *What about patient having surgery in 6 weeks?*
 - *What about the patients with an existing plan from pain clinic?*
 - *What about the patient just taking a few co-codamol?*
- Patient feedback:
 - *It's not for me, I'm only on a low dose...*
 - *Is this for me? There's nothing else I can do...*

To support pharmacists ... the changes we have included ...

- Managing patient expectations both pre and post-consultation

- Added material to the training



Watch Dr Roger Knaggs talk about the problem of long-term opioids, the current situation in primary care and why pharmacists are well placed to have conversations with patients about the opioids they regularly take:



Getting ready for your pain review

Why have I been invited?



We are inviting all patients who have been prescribed opioid medicines for 6-months or longer to have a pain review. Opioids can be tablets, capsules, liquids or patches. Examples of opioid medicines are co-codamol, tramadol, morphine and fentanyl.

AT MY PAIN REVIEW...

You will have had a chance to talk about your views on reducing the opioids you take for your pain.

Whatever you have decided about your opioids right now, you will have made a plan that, at some point may lead to a change in the way you manage your pain.

MAKING CHANGES...

A graphic with a green background on the left and a photograph of a tree in a field on the right. The text is white on the green background and black on the photograph.

What does a successful pain review look like?

- Pharmacists felt a pressure to initiate opioid reductions

... but opioid tapering is not mandatory

To support pharmacists ... the changes we have made ...

- Refined material in training so it supports patient autonomy (their voice, their choice)
- The spirit of PROMPPT
- What does success look like ...
- Creating a “safe space” ...



Supporting *all* patients to move towards change

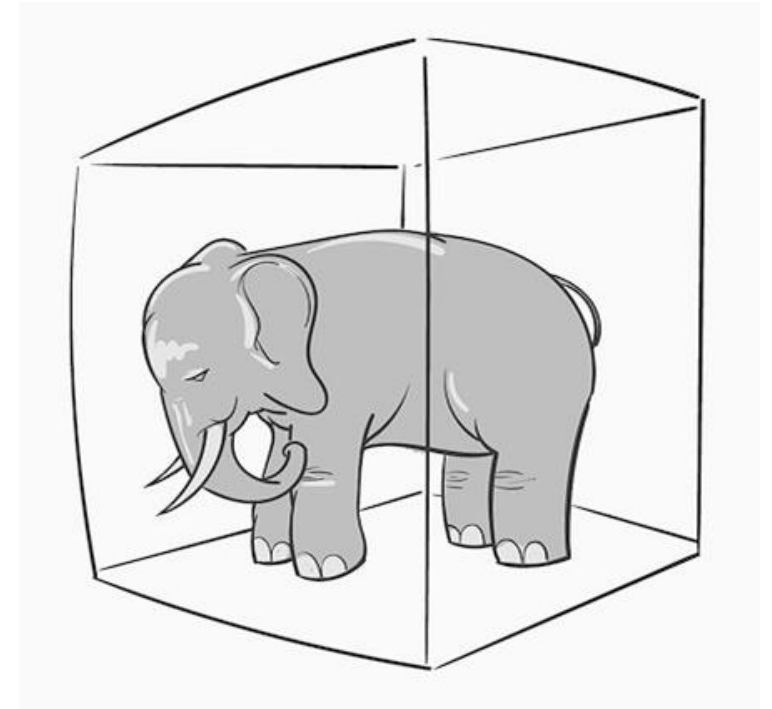
eLearning HOME > 2. The pain review > Supporting all patients to move towards change

COMPLETE

The pain review aims to support **all** patients in making a move towards reducing their opioids. However, making a move towards reducing can take many forms and does not always involve an immediate reduction in opioid dose.

How should we talk about opioids?

- Pharmacists told us
 - ... it feels like we might open a can of worms
 - ... we can't give them anything else
- The impact was ...



To support pharmacists ... the changes we have made ...

- Developed a framework to support conversations about opioids

... With relevance to the patient's personal values

- Case-based learning



Case study 1 = Lyn: a patient who is ready to reduce her opioids but unsure how to go about it

Case study 2 = Stuart: a patient who is unsure about the benefit of reducing his opioids

In the next module, Case Studies: Part II:

Case study 3 = Lucy: a patient who sees the relevance reducing her opioids has for her but lacks confidence in making a change

Case study 4 = Mike: a patient who is not ready to reduce his opioids (yet)

A review for *all* patients who take long-term opioids for persistent pain

NEW
Intervention

A comprehensive training package for practice pharmacists

The pain review
Patient information

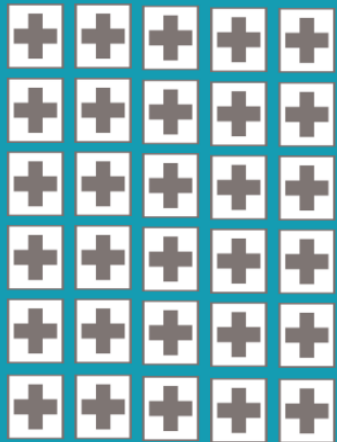


With focus on making shared decisions & supporting patient autonomy, the PROMPPT pain review will help pharmacists to confidently support patients towards reducing the opioids they take

The Main Trial

30

GP practices



Recruited to date

14

Pharmacists



Trained so far

~ 650

Patients



Taking part

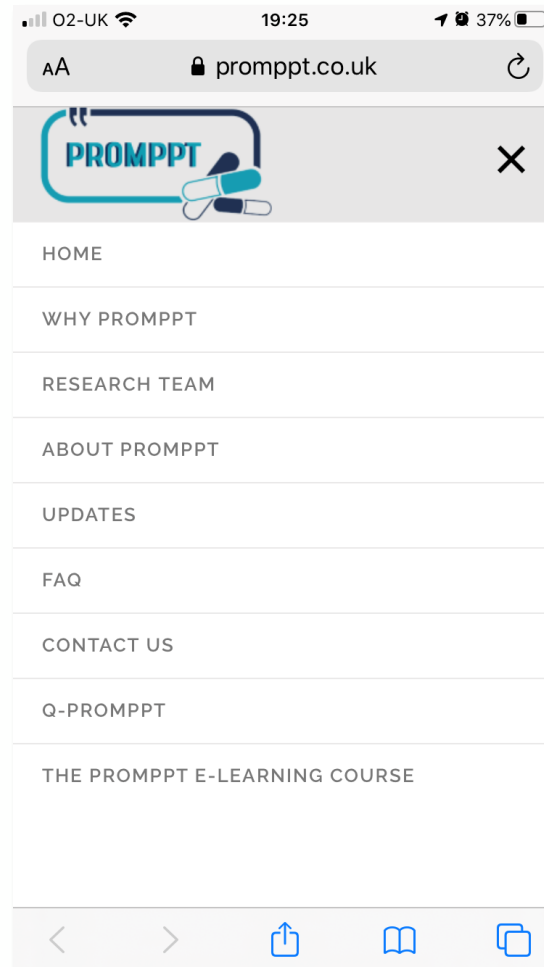
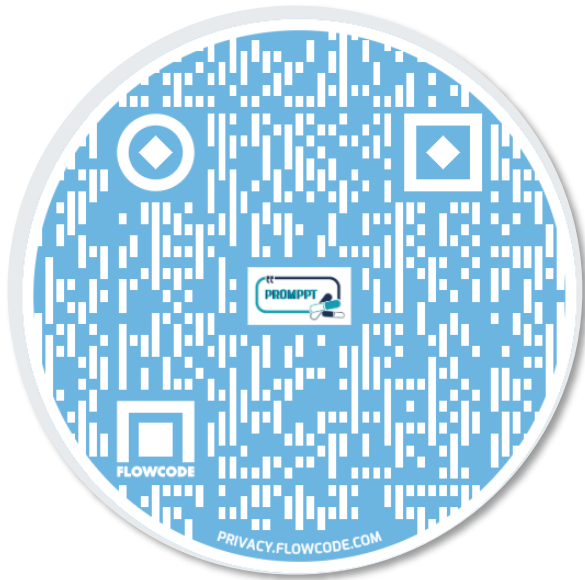
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Interviews
with patients, pharmacists,
GPs & champions



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With thanks to the team

Julie Ashworth,^{1,2} Nicola Cornwall,¹ Sarah A Harrisson,^{1,2} Charlotte Woodcock,¹ Elaine Nicholls,^{1,3} Libby Laing,⁴ Toby Helliwell,^{1,2} Gillian Lancaster,¹ Anthony Avery,⁵ Roger Knaggs,^{6,7,8} Tamar Pincus,⁹ Miriam Santer,¹⁰ Lisa Dikomitis,¹¹ Simon White,¹² Paul Little,¹¹ Clare Jinks,¹ Christian D Mallen,^{1,2} on behalf of the PROMPPT team

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Thank you

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