The PROMPPT Internal Pilot Trial

Proactive **R**eview of patients taking **O**pioid **M**edicines for persistent **P**ain led by **P**harmacists in primary care **T**eams

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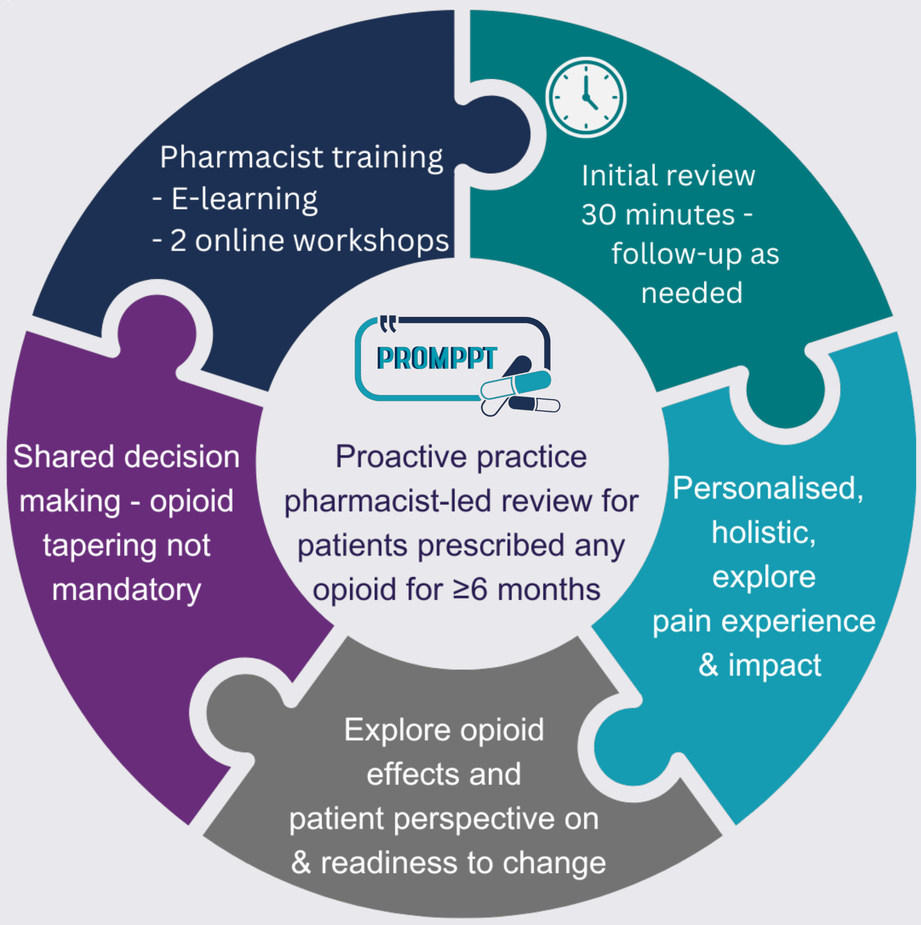
Introduction

Opioids are commonly prescribed for persistent non-cancer pain despite poor long-term effectiveness and important safety concerns. A range of evidence–based interventions is needed to support the diverse population of patients with persistent pain to reduce opioids.

The PROMPPT trial aims to evaluate whether a practice pharmacist-led primary care intervention (PROMPPT review and pharmacist training package) reduces opioid use in patients with persistent pain, where appropriate, without increasing pain/pain-related interference.



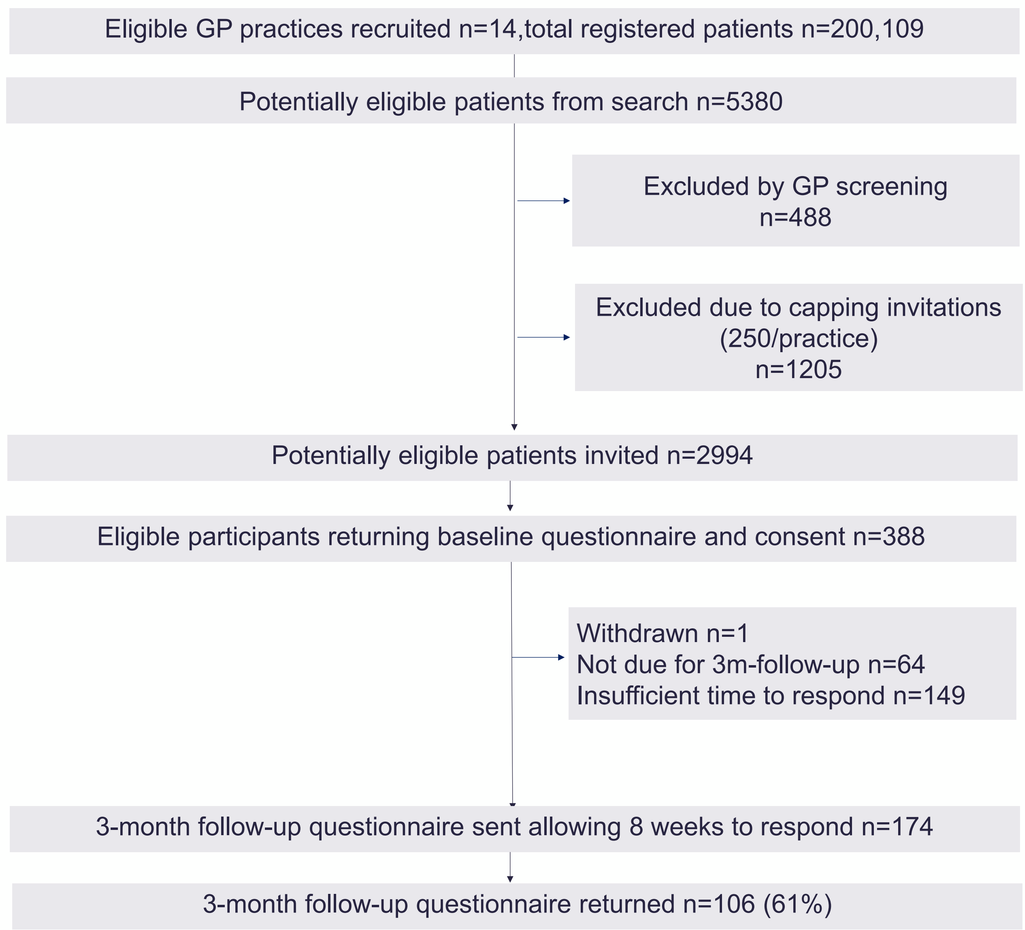
The PROMPPT review and training were co-designed with stakeholders (patients and healthcare professionals), using a person-based approach and refined following a feasibility study.

This **internal pilot study** aimed to assess recruitment, intervention uptake and fidelity of intervention delivery against pre-specified progression criteria, and to explore retention at 3-month follow-up.

Methods

- Patients recruited to the pragmatic multicentre PROMPPT cluster randomised controlled trial (ISRCTN 45616481) during the first wave of GP practice recruitment (May – Oct 2022) were included.
- GP practices ≥5000 list size with a practice pharmacist were recruited across the West Midlands, East Midlands and Wessex.
- Prior to practice randomisation, potentially eligible patients were identified from electronic practice records and invited to participate in a questionnaire study,
  - Inclusion: adults prescribed any opioid for ≥ 6months
  - Exclusions: acute pain, cancer pain, terminal illness, vulnerable patients, current substance misuse treatment.
- GP practices were randomised 1:1 to intervention or control
  - Intervention practices invited questionnaire study participants to schedule a PROMPPT review with the practice pharmacist
  - Control practices continued usual care.
- Fidelity of review delivery was assessed from pharmacist-completed intervention delivery templates.

Results



Baseline characteristics	**All participants n=388**
Age (years): mean (SD)	63 (13)
Female sex	63%
White ethnicity	97%
Daily Morphine Equivalent Dose (mg)	
Mean (SD)	34.5 (83.0)
Median (IQR)	20 (12,26)
Brief Pain Inventory: pain severity (0-10): mean (SD)	5.9 (1.9)
Brief Pain Inventory: pain interference (0-10): mean (SD)	6.4 (2.2)

Pre-specified Progression criteria		**Target**	**Performance**
GP practice recruitment	Number of practices recruited and randomised	12	14
Patient recruitment	Number of patients recruited per month on average	50	55
Intervention uptake	Proportion of patients invited who attend initial PROMPPT review consultation	≥ 70%	62%
Fidelity of intervention delivery	Proportion of initial PROMPPT reviews delivered in line with the training based on completed intervention delivery templates	≥ 80%	89%

PROMPPT Review Uptake

Of 214 participants invited:
- n=133 attended the review
- n=4 were awaiting a scheduled review soon

- Of those who did not take up the review:
  - n=41 did not schedule a review (invite > 8 weeks ago)
  - n=6 had not yet responded (invite < 8 weeks ago)
  - n=10 declined review
  - n=19 did not attend scheduled review appointment
  - n=1 died prior to review appointment

Conclusions

- This internal pilot successfully recruited eligible practices and patients. Pharmacists delivered PROMPPT reviews consistent with the training.
- Considering the findings, amendments to the trial protocol were implemented to improve retention at follow-up and the research team worked with practices to maximise review uptake, including batching invitations according to pharmacist availability.
- The PROMPPT Trial progressed to complete recruitment in December 2023, with 12-month follow-up expected to be complete by February 2025.

FUNDED BY

NIHR | National Institute for Health and Care Research

This poster presents independent research funded by the National Institute for Health and Care Research (NIHR) under its Programme Grants for Applied Research Programme (Reference Number RP-PG-0617-20005). CDM, CJ and CW are part funded by the NIHR Applied Research Collaboration (ARC) West Midlands. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

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