Centre for Sustainable Delivery

NHS SCOTLAND

Highland Chronic Pain Learning Series

Moving from 'Painkillers' to Pain Management

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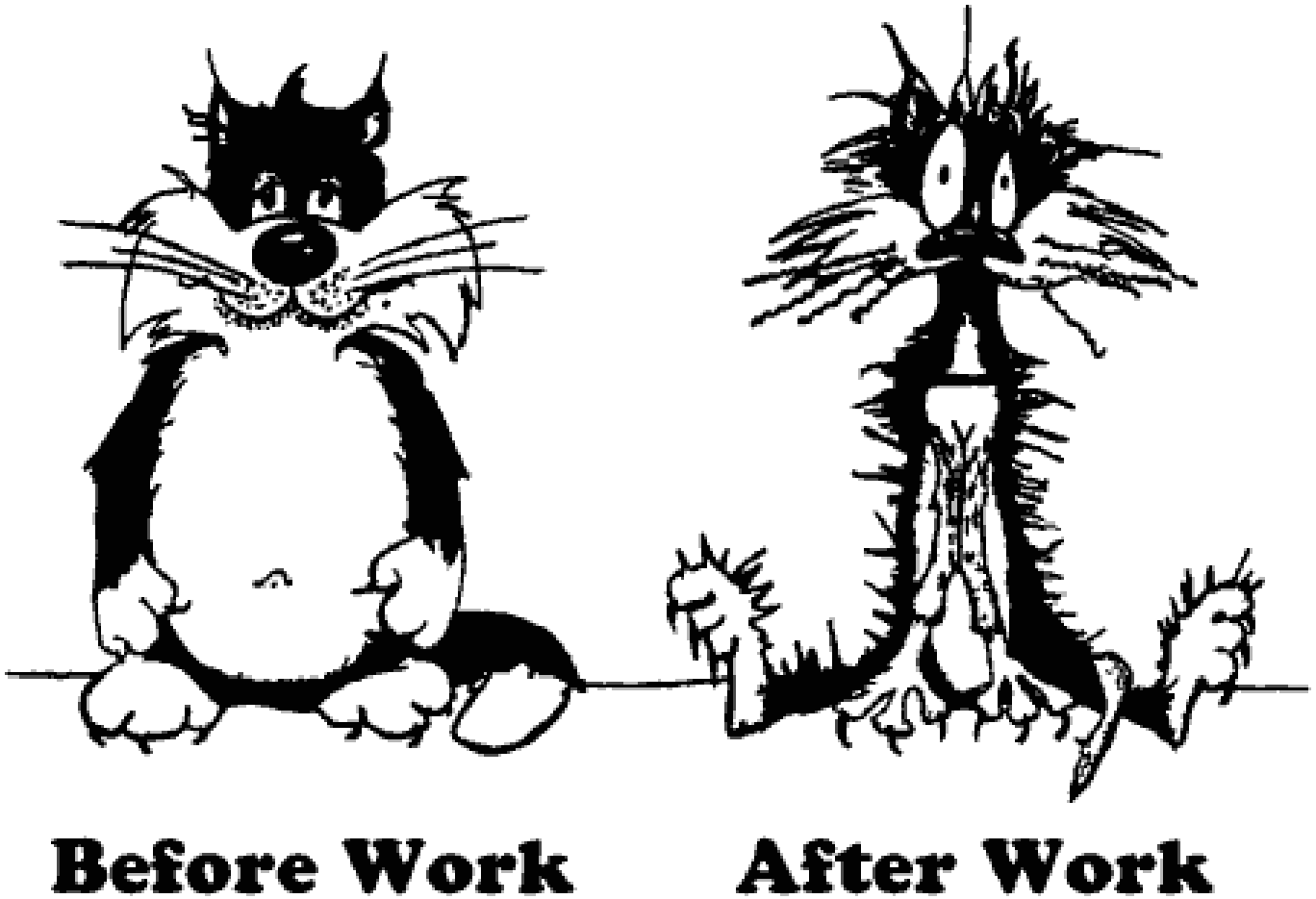
Modernising Patient Pathways Programme

Collaborate. Redesign. Innovate. Transform.

General Practice



Overview

20 minutes presentation - 20 min discussion

1. What is chronic pain?
2. Impact on GPs and Patients
3. Our story
4. What works for GP and Patients?
5. Resources for GPs and Patients
6. Potential next steps – What works for you?

What is (chronic) pain?

Pain

"An unpleasant **sensory** and **emotional** experience associated with, or resembling that associated with, actual or potential tissue damage"

Chronic pain:

"Pain that persists or recurs for more than 3 months [beyond normal tissue healing time]"

International Association for the Study of Pain, 2019-2020

Core Standards 2021 (FPM)

- Chronic Pain: high disability, age, deprivation
- 60% of working age with severe pain unable to work
- x5 increase in GP attendance rate
- 20% of GP consultations involve chronic pain
- Limits and harms of medication
- 2-3% will ever attend Secondary Care Pain Team

Previous Model

Pain as a symptom with focus on drugs

Multiple, long, high complexity consultations – high transference

“I need a painkiller”

“You need to give me something”

“I can’t take this anymore”

“What you’re just going to let me suffer?”

→2 minutes to prescribe, 20 minutes to explain

→ Stress/high burnout risk

→Heartsink consultations

→Multiple GP appts – weekly visits

→Friday afternoon on call – drug seeking behaviour

→ Harm to patients – sedation, admissions, drug dealing

Intervention

Can we do this better?

- Pain Team Support
- Learning about chronic pain – SIGN/NICE and CPD
- Coaching consultations
- Whole team approach
- Coding #66n – create a chronic disease register
- Enough time – continuity with same GP, consider double appt
- Patient information – practice website, 3rd sector
- Wider MDT – pharmacist, OT, mental health

New Model

Pain as a Long-Term Condition with MDT

LTC not a symptom – move patients from sufferers to managers

Educational resources and wider team

"I'm going to be honest, there is no magic pill"

"Medicines are often limited and come with side effects"

"I'm happy to work with you as there's lots of things that can help"

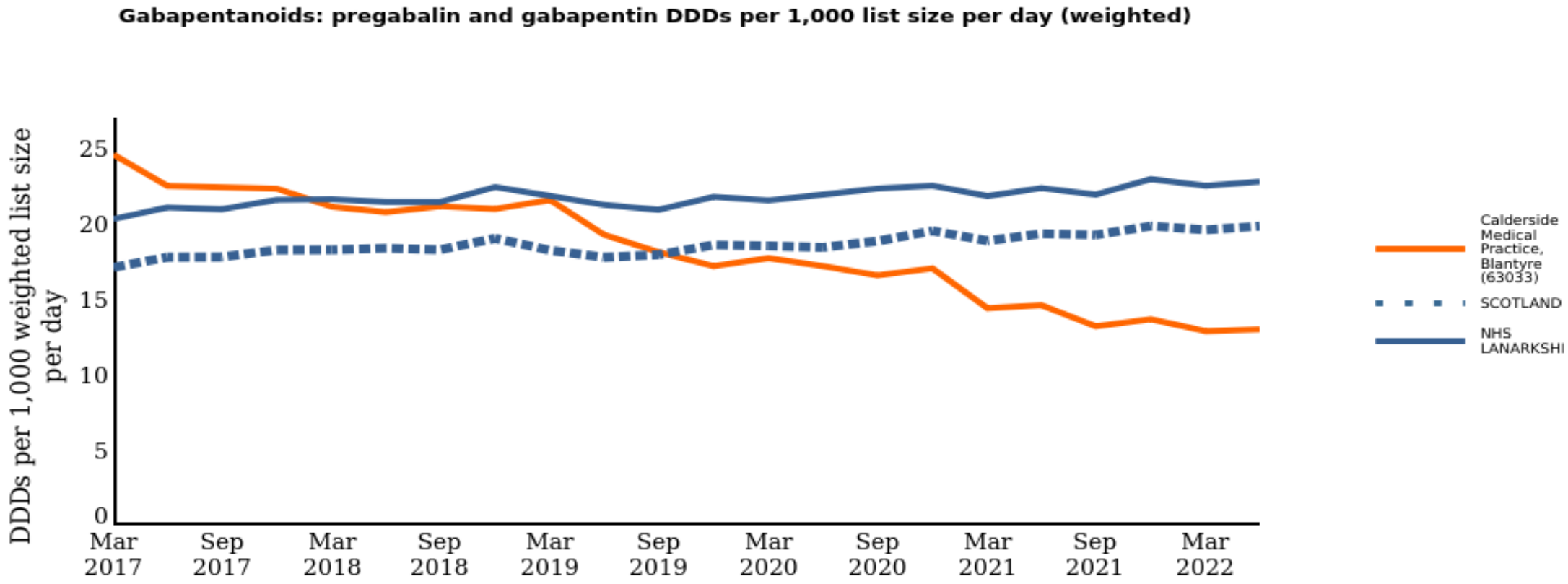
→Reduced GP appointments (up to 48% reduction)

→Reduced prescribing of opioids and gabapentinoids (50% reduction)

→Improved relationships with patients

→Improved job satisfaction

GP Practice Prescribing Data

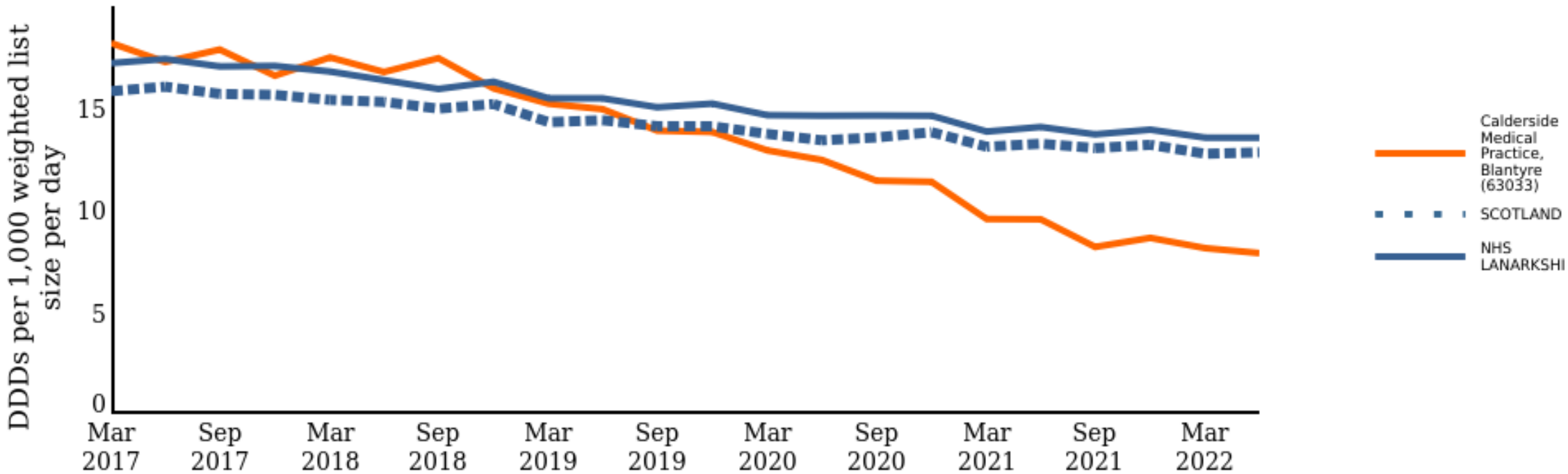


DDDs refer to Defined Daily Doses.

Find out more information on DDDs in Metadata.

Source: Prescribing Information System Scotland, PHS, NSS.

Opioid analgesics: strong opioids (including tramadol preparations) DDDs per 1,000 list size per day (weighted)



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From ‘Painkillers’ to Pain Management

From cure seeking to acceptance, with support

Consultation Top 10 tips

1. Goal = Self-Managing with confidence
2. Long Term Condition, take your time
3. Appt 1: ‘pain story’ + signpost
4. Ask about life – pain cycle
5. Metaphors help explain pain
6. Neuropathic pain assessment
7. Appt 2: Pain Management Plan
8. Drugs simple and effective – 30% rule
9. Drug trials with review
10. Encourage continuity – code #66n

You can download a mnemonic to help you **remember *Tim’s Ten Top Tips* here.**

NHS Education for Scotland

CPD Connect Presents:

Practical and psychological approaches for managing challenging consultations in Primary Care: Promoting Patient and Practitioner Safety

- Transactional analysis
- Pain Consultation Model
- Log into TURAS then use this link https://learn.nes.nhs.scot/63636

Education and Support

1. Education: NHS Inform, 3rd sector
2. Psychological: Silvercloud CBT, mental health
3. Physical: pacing, physical activity prescription
4. Social support : Family, workplace, 3rd sector
5. NHS support: medicines, MDT approach

Specialist Support

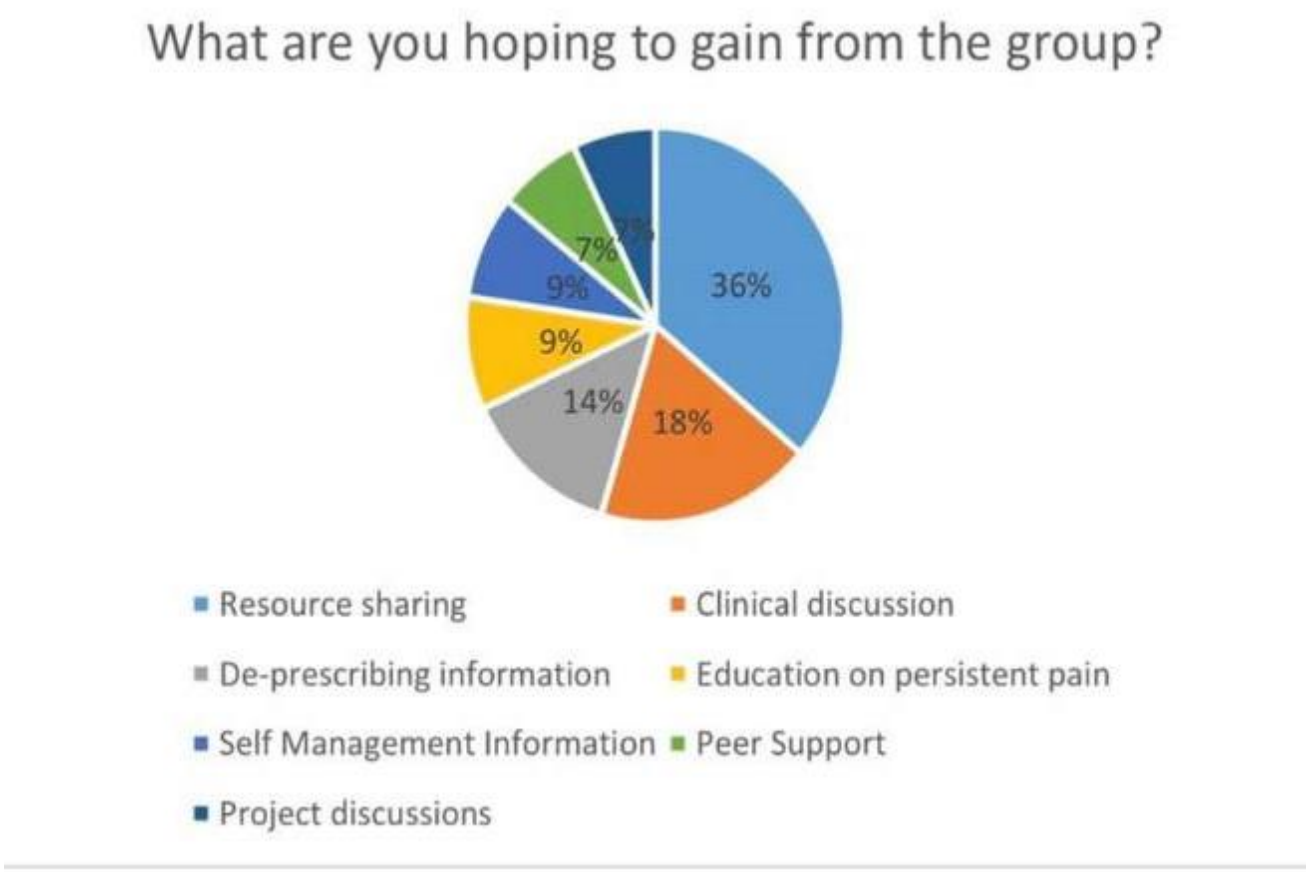
Pharmacist support

- Opioids Paindata every 1-2 weeks
- Gabapentin 300mg/wk
- Pregabalin 50-100mg every 1-2 weeks

Pain Team Referral

- No red flags or awaiting other services
- Accept rehab service – not wanting a ‘fix’
- Can take in information/bring someone
- Multiple GP reviews

Pain Team Scotland FB Page – 453 members



Resources

1. Primary Care MDT Toolkit flowchart, CPD, patient links, template letters
2. GP 10 tips for Pain Consultations
3. Pain Management Consultation Model
4. GP Video Consultation: Patient with Fibromyalgia and Drug Seeking – need to be signed into TURAS first
5. DN4 questionnaire
6. GP Practice Prescribing Data
7. GP Practice Case Studies
8. Opioid Tapering Resource Pack
9. SIGN and NICE Guidelines

What Works?

GP Experiences

→Whole Practice Approach

→ Consultation model

→Online info and helplines

→GP practice case studies

→Interface with Pain Teams

MPPP projects (21 in total)

→Physio/OT support for rehabilitation

→Pharmacy advice service

→Pharmacy deprescribing support

→Consultant outreach services

→Patient led educational videos

First GP consultation

- Exclude differentials (red flags and active mental health)
- Validate pain and offer support
- Give information – explaining condition, limits of medications (30%), self- management
- Consider Physio/OT support if difficulty or disruption with daily activities, roles, responsibilities, and routines that are important or necessary to them
- Prior to referral accepts is a long-term condition, is open to support and collaborative approach

Physio/OT (if available)

- Identify functional deficits and goals
- Rehab approach; education, coping strategies, aids and adaptions, self-management support
- Refer to GP if patient is not progressing, increasing distress, new health issues identified

GP

- Investigating pathology
- Pre contemplative about pain being a long-term condition – 'wanting a fix'
- Multiple ongoing issues
- High distress
- Consider referral to OT/pharmacist when stable as per inclusion/ exclusion criteria

Pharmacist

- Analgesic polypharmacy high dose opioids, two step 2 opioids
- Medicines management
- Education
- Self-management support
- Refer to GP if patient is not progressing, increasing distress, new health issues identified

Pain team referral

- Ongoing debilitating pain
- Open to rehabilitation working
- No improvement despite multiple reviews
- Not awaiting other hospital interventions

Practice MDT/pain team advice

- No improvement despite multiple reviews
- Not open to rehabilitation working
- Ongoing distress with pain
- Harmful polypharmacy
- Suspected drug seeking behaviour

Next Steps – Possible Options

1. Your ideas – KD happy to support
2. Whole Practice Approach
3. Practice MDT
4. MDT Toolkit
5. Patient leaflets and resources
6. Practice website
7. IT Systems: #66n, drug defaults, acutes
8. QIA: **1 drug at a time** → letters → MDT approach → PDSA
9. Wider support: GP Practices, HSCP, Pain Team, QI Team, CfSD

Discussion