

Inside this issue...



Above: team members of the Dorset Pain Management Service, whose innovative online pain management programme proved an effective alternative to face-to-face work during lockdown. *Read the review on page 4.*



A new resource aims to reduce potentially harmful use of medicines following surgery. *More on page 3.*

Best Practice sessions

The *Live Well with Pain* team have been invited to provide sessions at the Best Practice Show, to be held at Birmingham NEC this October.

One of the largest UK conferences for Primary Care, the Best Practice Show has a learning stream focussed on the challenges of supporting people to manage pain. *Live Well with Pain* will be attending both days of the conference and we'll have a stand with examples of our resources and details on the training we can provide.

If you're attending, please drop by and say hello!

Best Practice Show, Birmingham NEC, 13-14 October 2022
Find out more on page 9.

Safe prescribing and withdrawal of medicines associated with dependence

NICE has published new guidance aimed at improving prescribing and supporting the withdrawal of medicines associated with dependence and withdrawal symptoms. What are the likely implications for practise in England and Wales?

On April 20 this year, NICE published new guidance aimed at improving prescribing and supporting the withdrawal of medicines associated with dependence and withdrawal symptoms.

The guidelines have significant implications for practise in England and Wales and will again, draw attention to the need for regular review of analgesics and to support people who want or need them to be reduced and possibly stopped. The guideline is very clear in stating that patients should be involved, wherever possible, in discussions about the effectiveness of the medicines they are taking and how reductions might be undertaken. Whilst there has been some criticism for the lack of step-by-step instructions for withdrawing medicines such as opioids, gabapentinoids and anti-depressants, the need to remain patient-focussed and take time to make changes is heavily emphasised. There may be occasions where medicines need to be withdrawn for the patient's safety

and where a reduction is perhaps conducted to a timed schedule, but this is likely to be the exception. Proportional reductions of medicines such as opioids, benzodiazepines and anti-depressants i.e. where a percentage of the current dose is taken away with each change, rather than a fixed dose, is recommended with the committee acknowledging this does need to take into account the needs of the patient and the ease of providing those dose reductions based on availability of different dosage forms.

What is likely to attract less attention than the section on withdrawal, is the need to have open and honest conversations at the start of treatment before a medicine is even prescribed. In most cases, medicines from the groups the guideline covers (anti-depressants, benzodiazepines, gabapentinoids, opioids and z-drugs) should not be the first option but reserved as a support should interventions such as supported

self-management, talking therapies, physiotherapy etc. not lead to sufficient improvement. When starting medicines, discussion of functional outcomes should be had between the patient and the prescriber and an agreed review date agreed. These early discussions should include how the medicine will be reduced and stopped should the hoped-for improvements not be achieved. The aim here is to prevent people becoming stuck on unhelpful and possibly harmful medicines, despite them not helping the condition for which they were prescribed.

By better informing people at the start of treatment, the hope would be they are able to recognise what is or isn't helpful for them. Also placing medicines in context of the conditions they are managing may help to reduce the reliance on them as the sole method of management and move more people towards seeing them as one piece of a larger jigsaw of living well.

You can read the full NICE guidance here: www.nice.org.uk/guidance/ng215

New support for people receiving analgesics after hospital admission for surgery



The *Live Well with Pain* team were delighted to be involved in the development of a new information booklet for people undergoing surgery and receiving analgesic medicines.

In 2021 the Royal College of Anaesthetists, Faculty of Pain Medicine released guidance on managing peri-operative analgesics following mounting concerns about people being discharged on large doses of pain medicines, in particular opioids and gabapentinoids.

Often there is little or no advice issued to patients or Primary Care providers on how analgesics might be adjusted and reduced as recovery progresses once people get home. There is substantial evidence this practice can lead to people continuing on unnecessary and potentially harmful medicines for excessive periods of time.

Felicia Cox, Nurse Consultant and Head of Pain Services at the Royal Brompton and Harefield NHS Foundation Trust, led a multi-disciplinary team from the UK and Ireland, to develop the information booklet *Managing pain after your surgery*.

The booklet includes an explanation of why pain medicines are used after operations, focussing on functional

improvement rather than just pain reduction. There is also guidance on how people can better prepare for having surgery including remaining active and being mindful about eating and drinking, as well as having things to do afterwards whilst recovering. A really useful inclusion is a pain management plan, the intention being that the individual will be supported whilst in hospital to consider how they might reduce their pain medicines once discharged and this can then be easily shared with their team in Primary Care to support.

The booklet was subject to a wide consultation for public and patient groups as well as clinicians' feedback. It is currently undergoing endorsement by various Royal Colleges and Professional and Patient organisations.

It is available, in draft currently, to download from [the British Pain Society website](#) and we hope it will prove a really useful addition to clinical practise and especially for people having surgery.

There is substantial evidence that, without appropriate advice to patients or primary care staff, patients may continue to take unnecessary and potentially harmful medicines for excessive periods of time following surgery

Online pain management: the client experience

Pain Management Programmes are a vital part of the support for people with persistent pain. However the Covid-19 pandemic meant that traditional face-to-face methods of delivering Pain Management Programmes were brought to an abrupt halt. In response, many pain management services looked to going online as an alternative way of keeping their support going. One such response was that of the Dorset Pain Management Service (DPMS), who developed an internet-based individual learning course. Here we reprint the team's qualitative review of their innovative "Self-Directed Pain Management Programme."



The Self-Directed Pain Management Programme

In response to the Covid-19 pandemic and ongoing restrictions preventing traditional face-to-face methods of delivering Pain Management Programmes, the DPMS developed an internet based individual learning course, the "Self-Directed Pain Management Programme" (SDPMP).

The course is split into six modules utilising a range of learning methods and affords people the flexibility to learn at a time that suits them. The programme is comprised of a range of presentations from DPMS pain specialists, videos, animations, and interactive exercises. Clients are also assigned a member of the team, a pain

coach, who is available to support them throughout the programme.

Each of the modules has been thoughtfully developed by the multi-disciplinary team and introduces up to date evidence-based Pain Management strategies. The course also includes input from our wonderful team of Experts by Experience, who have each been through the DPMS themselves and have a real understanding of what it is like to live with chronic pain.

Qualitative analysis of the SDPMP

At the end of each module clients are invited to reflect on their experience of the module by being prompted to

answer the two following questions:

Please provide some feedback on what you have learnt from this module?

Please provide some feedback on the e-learning experience?

One year after the launch of the SDPMP, the team conducted a qualitative analysis of the responses. The review of the programme aimed to develop a rich and meaningful understanding of clients' experience of the content and structure of the SDPMP, as well as their experience of accessing an online platform.

To achieve this a thematic analysis was carried out to code client's responses into themes and subthemes, and to reflect upon these in a detailed report.

Clients' experiences of the SDPMP

Across the six modules of the SDPMP over 400 responses were analysed. Analysis of responses identified that overall clients had a positive experience of completing the SDPMP:

"This whole course has been put together really well and I feel pleased I've had the opportunity to do it."

"I find the presenters calm and feel accepted and understood when they explain the reasons behind pain management."

A frequent theme was that the flexibility of using e-learning was appreciated by many users.

"For me it has been an advantage that it was e-learning as I felt more in control of pacing it and doing it in my own time. I have preferred that to the idea of learning this in a group situation."

As hoped, clients reflected on learning skills associated with traditional Pain Management Programmes, such as pacing, relaxation and goal setting, as well as an understanding of the complexity of the pain experience and the biopsychosocial factors which influence it. Encouragingly, clients also

reflected on coming to terms with their pain experience and the value of offering themselves self-compassion.

"I need to be grateful for what I do achieve and not be angry with myself if I fail."

Clients also reflected on enjoying specific content in the programme, such as the relaxation and tai chi exercises, and the input from our team of Experts by Experience.

"I also really enjoyed hearing the volunteer statement video. It was a simple explanation of how the lady has had a positive change with the pain management program and really gave me a positive outlook."

Negative responses were also explored and largely highlighted differences in learning style, for example preferring face-to-face appointments where possible, as well as difficulties with using technology. This will help the DPMS to further develop the SDPMP to be increasingly accessible for our clients.

Conclusions

The review of the SDPMP celebrates the resourcefulness and flexibility of interdisciplinary staff working together to ensure people living with persistent

pain could continue to benefit from learning ways to manage their pain and enhance their quality of life. This course is not intended as a substitute for a group Pain Management Programme, however, may serve as a useful and welcome addition for a subset of individuals experiencing chronic pain who may struggle to attend group programmes due to a variety of reasons, such as health conditions, difficulties with mobility and personal or family circumstances.

The programme offers a huge range of information and skills which is unlikely to be tailored to all participants' needs as we know pain is a highly personal experience. The SDPMP can be seen as a useful tool-kit to access the relevant skills and advice that will be helpful to each individual.

The rapid and successful set up of the SDPMP is a huge accomplishment for the DPMS. It has meant that despite the Covid-19 pandemic, many individuals have continued to be able to benefit from learning ways of managing the disabling effects and distress caused by experiencing chronic pain.

*Claire Wicks, Assistant Psychologist
Dorset Community Pain Service*

FACT FILE: the Dorset Pain Management Service



- The Dorset Pain Management Service (DPMS) provides a range of services tailored to match the needs of individuals living with chronic pain. We support clients to develop the skills needed to understand, come to terms with and manage their pain experience so that they can live life meaningfully.
- Our multi-disciplinary team is made up of fantastic pain specialists including Consultants in Pain Medicine, Psychologists, Psychological Therapists and Assistant Psychologists, Occupational Therapists, Physical Therapists Nurses (Specialists in Pain, Mental Health and Opioids), Therapy Assistants and Experts by Experience.
- In addition to individual appointments, the team deliver a variety of group programmes which allow clients to learn about pain, to gain confidence using new skills and activities to manage their pain and enhancing support networks by getting to know other individuals who share similar experiences.
- Groups are based on a biopsychosocial approach and use the "Four Pillars of Pain Management" to provide clients with tools such as learning more about their bodies and pain, building a healthy lifestyle, developing greater emotional well-being and moving towards what they value in life.

More bright ideas:

a review of the project that won us the Bright Ideas in Health Award in 2021

In our last issue we reported on *Live Well with Pain's* success in winning the Bright Ideas in Health Award last November. Our award was for our work on the Gabapentinoid and Opioid Tapering Toolbox (GOTT) programme in primary care. Here we explore the GOTT programme in a bit more detail, and hear how the programme was experienced in the Primary Care setting where it ran.

What was the GOTT Programme?

The GOTT Programme was a robust collaboration led by Paul Chazot (Wolfson Unit for Health University of Durham), Dr Becky Kinchin (Clifton Court Medical Practice, Darlington) and Dr Frances Cole (Live Well with Pain). The project created a person-centred, multifaceted programme for pain self-management which ran in Clifton Medical Practice in Darlington.

The programme aimed to enable clinicians and practice teams to become more confident in working with people with chronic pain and supporting self-management and safer prescribing.

One of the main challenges for the practice was that, at the start of the programme, it was the highest prescriber of strong opioids and gabapentinoids in the North East region of the UK.

The project evaluated change in clinician skills and confidence, both individually and as a team, and assessed changes in medicines use following delivery of a 'crafted', focused training programme.

The online training component of the project supported clinicians from a range of professions, in health coaching skills and increasing their knowledge, skills and use of resources to support patients to become more confident to self-manage.

The outcomes showed some interesting results in three areas:

- **Significant increase confidence in supporting self-management**
- **Improved confidence in working as a team**
- **Significant and sustained reduction in both opioids and gabapentinoids**

A clinician's perspective

Dr Becky Kinchin was the lead GP in the programme at Clifton Medical Practice. We asked Becky how the experience felt from within the practice itself...

We had a collaborative approach within the surgery and all staff were on board with the programme and the subsequent changes. We arranged an identifying flag sign on the records of patients with chronic pain and the staff were asked not to book appointments with training registrars or GP locums. This stopped doctor shopping, despite many patients trying it!

We have developed an evidence-based approach consistent with NICE CKS guidance on Chronic Pain. This ensures we treat people according to best practice recommendations. It stands up medicolegally and continuing this practice has become standard.

Preparing to start the project

The resources such as the patient invitation letter, Live Well with Pain's Health Check, the SystemOne template, and Opioid and Gabapentinoid Policy meant the whole process was set up using the excellent computer skills set of our Practice Manager. Then, we were ready to go and just needed to learn how to work with it in clinical practise.

We felt confident that we had high quality resources. In every area we sought support and opinions from patients who have chronic pain including checking the wording of our letters.

The structured learning programme of 'health coaching and Ten Footsteps' meant that prior to roll out of GOTT all

clinicians had the opportunity to build their confidence around managing chronic pain.

Due to COVID 19 we offered video and phone calls to patients. This turned out well for many of this group who found it tricky getting into the surgery.

The challenge of adjusting

Pain is now managed very differently, so it was a huge adjustment for both clinicians and patients after so many years of prescribing painkillers and referring to the pain clinic. The changes alter the focus of the consultation from purely medical to a biopsychosocial model. General Practitioners, nurses or pharmacists act as facilitators, working with the patient to educate and help them learn new skills to self-care. Quite a change from 'fix this' to 'how can you live with it better'.

The clinicians have gradually come onboard with this new management style, at different paces. It helped with me taking the lead and sharing real examples of success, patient stories and the clinicians managing their own patients and seeing they were no worse following reductions in medicines.

Keeping track

It was tricky keeping track of patients. Each patient was booked in with the clinician of their choice for reviews and follow-ups. Some clinicians were better at scheduling follow ups than others. I kept a spreadsheet of all of the patients invited in and periodically would check their progress. This was time consuming, so encouraged the use of scheduled tasks for booking of reviews, booking the next appointment in advance and asking reception to highlight if anyone cancels a 'live well with pain' review with the clinician. Our practice pharmacist Konrad was brilliant at picking up patients lost to follow up and highlighting them. Often capping prescriptions repeats helped too. This was all a work in progress, learning how to manage the patient flow.

At a time when services were already stretched, the Surgery was short on admin support with several members of staff shielding. It was tricky trying to get members of staff to support the admin required for implementation and roll out of, 'live well with pain' reviews. It meant a lot of chasing and making sure tasks were done. To tackle this a dedicated member of the team was allocated to the role of admin support. Regular meeting of key staff and I to discuss the processes and tweaks or changes required, worked brilliantly and continues to work well now.

Resolving resistance

Many patients were extremely resistant to change. In my experience this was worse amongst the high dose opiate users. Imagine cruising along on your medicines, with pain for many years then out of the blue getting a 'live well with pain' management review appointment. It takes time to build a good working relationship with these patients and help them to understand that things can change and become better.

It is particularly tricky not having a collaborative approach across Primary and Secondary care for managing pain. Many clinicians are not fully aware of the various pain related NICE guidelines for example. Our local pain management service have historically and continue to, discharge patients with analgesic polypharmacy. Secondary care also continue to advise patients to speak to the GP about starting opioids or gabapentinoids. Patients get upset when we decline as they feel they had been promised medicines from the 'specialist'.

COVID complications

Due to COVID 19 it has been tricky seeing a large number of patients for these reviews. So, we started with those on highest dose opioids and have worked our way through. The bonus has been inviting people in at a pace that has suited the practice. Unfortunately, COVID 19 saw a suspension of a lot of social prescribing resources at a time when they were needed. On the flip side these patients had regular GP contact and support thought the pandemic.

How it feels now

The programme has embedded nicely and now it feels easy. The GPs and patients are learning the new way of practicing. A consistent message seems to have really stopped a lot of the crisis "I'm in pain" calls from patients. We have now reviewed nearly all of our patients on high dose opioids and will be moving onto gabapentinoids.

We are seeing positive outcomes for patients. This is in relation to less medication side effects and more importantly, through supporting them in achieving their individualised goals.

Our opiate and gabapentinoid policy means we act early in recognising chronic pain. Preventing patients ending up on long term analgesic medications and supporting an early biopsychosocial approach in managing pain.

Sadly, we feel a bit like an island: we have developed an evidence based biopsychosocial package of care but seem to be amongst the minority practicing according to the evidence. Really sad that a patient could register at a GP surgery a few hundred meters away and will be managed completely differently!

The next steps will be looking at further in-house training with our admin and nursing staff. Raising public awareness and hopefully looking at sharing this approach with other clinicians locally and nationally. Getting the CCG, PCN and social prescribing team on board. We are passionate about managing patients safely and helping to improve their quality of life.

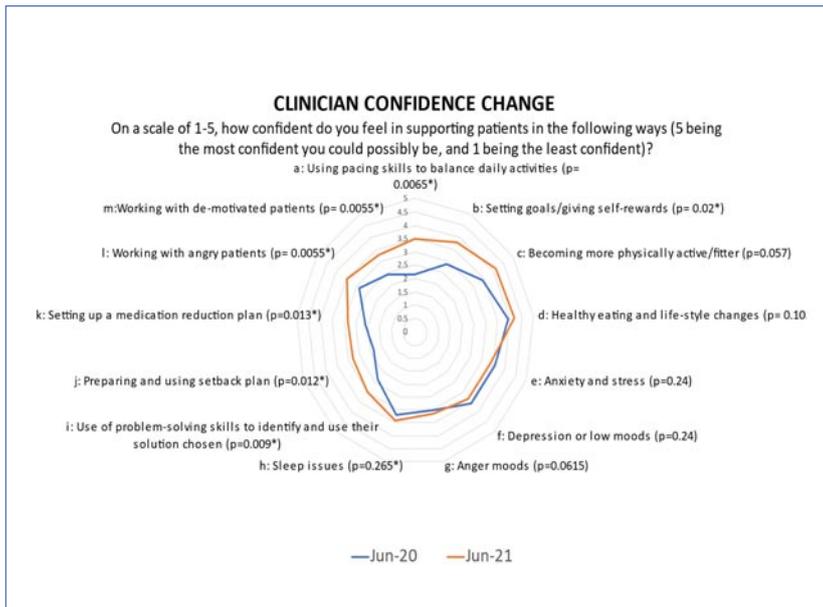
Dr Becky Kinchin

GOTT project lead, Clifton Court Medical Practice

Overleaf we look at some of the emergng results from the GOTT programme evaluation...

GOTT the results

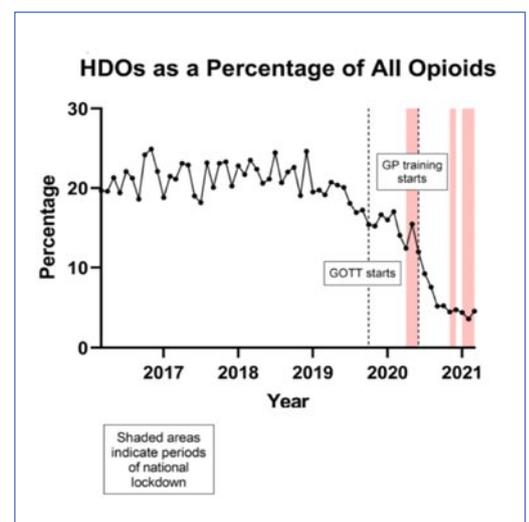
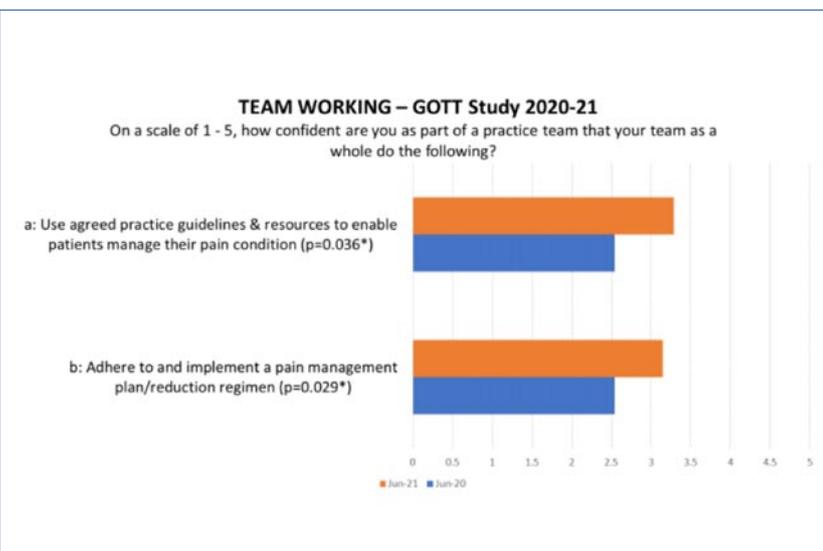
The GOTT programme started with a group of clinicians who struggled due to confidence to collaborate with patients to address their self-management, their medicines and their health and well-being. As the emerging results from the project evaluation show, during the life of the GOTT programme there was a significant improvement in all these areas...



Clinician learning questionnaire : changes confidence in knowledge + skills

- Assessing knowledge and confidence based off categories in the questionnaires
- Significant changes in confidence in most areas! A p-value under 0.05 indicates these results were unlikely to have occurred by chance
- No significant change in knowledge

	Practice Score			
	June 2020 mean	June 2021 mean	Average Change	P Value (1 sided)
Confidence Score (in own practice)	37.32	44.77	7.45	0.014*
Confidence score (to work together as practice)	5.07	6.42	1.35	0.032*
Total confidence score	42.65	51.10	8.45	0.022*
Total knowledge Score	81.0	80.10	-0.9	0.13



We'll have more in the next newsletter from the qualitative interviews with the team and what was found to help or block implementation.

The Best Practice Show is back!

12-13 October 2022
Birmingham NEC



Visit the event website:
www.bestpracticeshow.co.uk

The UK's number one event for the primary care and general practice community, established over a decade ago, returns to Birmingham on 12-13 October 2022.

Free for healthcare professionals, the conference programme will provide up to 12 hours of CPD certified training, expertly tailored to meet the training requirements of healthcare professionals, with clinical content closely following the GP curriculum spearheaded by the Royal College of General Practitioners.

The programme will address major policy topics impacting general practice, such as around access, health inequalities, digital innovation, and the GP contract.

It will also cover range of clinical issues around areas such as cancer, dermatology, diabetes, gastroenterology, neurology, mental health, and cardiovascular disease. This year we'll also have a renewed focus on women's health and pain management as well as more content on immunisations.

With 200+ conference sessions, 10 dedicated theatres, 200 exhibitors and the Best Practice Show winning 'Best Trade Show Under 2000m' at the 2022 Exhibition News Awards. Join us this October to find out why we're the best in the business and the home for general practice.

Reasons to attend:

- For over a decade, more than 4,000 senior decision makers from the primary care community attend the Best Practice Show annually
- Providing powerful CPD certified content
- 82% previous attendees felt the event provided extremely clear, practical, and useful information
- 91% previous attendees felt Best Practice Show met or exceeded their expectations
- Proudly incorporating Best Practice in Nursing and Respiratory Professional Care, all held on site at the Best Practice Show



Interested in Ten Footsteps training for your practice, primary care network or social prescribing team?

The Live Well with Pain Ten Footsteps Training Programme

Training for social prescribers and clinicians, including pharmacists, to support pain self-management

Aim

To increase participants confidence to engage and support people with pain to self-manage chronic pain with greater confidence using the Ten Footsteps Self-Management programme.

More about the training itself

Three half day on-line training periods of 4 hours (including breaks) are advised for this training. This offers the chance to implement and review skills and use of resources in real situations and every day work practice.

The training is a co-production with people of lived experience of pain and a range of clinicians with extensive backgrounds in pain, long term conditions and their management

Training programme leaders Laura Hissey, Frances Cole, Kirsty Jackson, Louise Trewern with support from the *Live Well with Pain* team and other clinicians that include clinical psychologists and pain management physiotherapists.

All training is online and you will need to access to the internet resources at www.livewellwithpain.co.uk and www.my.livewellwithpain.co.uk

Get in touch

Please get in touch to discuss further:

frcole60@gmail.com

Training includes approaches to:

1. Increase the range of knowledge and skills valued by people with pain and learn about the tools and resources that enable pain self-management.
2. Increase knowledge of recent neuroscience of pain and ways to enable patients to understand why pain persists.
3. Increase knowledge and use of key tools to enable patients understand the impact of their pain and discover ways to shift conversation to a self-care approach.
4. Enable understanding of the role of acceptance and guiding people to move their life journey forward with key tools for people who are “stuck”.
5. Use the *Live Well with Pain* Health Check tool to guide patient engagement.
6. Explore and use key self-care skills of goal setting, pacing, setbacks and guiding people to be more active.
7. Understand the role of relaxation and mindfulness and support patients to find trusted resources in this area.
8. Learn about key messages about sleep and pain and the range of useful resources and services.
9. Understand the impact of pain on moods and what trusted resources maybe useful.
10. Know your limits of experience and best ways of working with other clinicians and services.
11. Guiding and measuring progress and ways to manage setbacks with focused plans.