First Contact Practitioners:
An untapped resource in the management of opioid deprescribing for non-cancer pain.

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Introduction

The North East and North Cumbria are outliers for prescribing opioids for non-cancer pain. This evaluation was undertaken to understand how well positioned First Contact Practitioners (FCPs) are to support the effort to reduce opioid deprescribing rates.

Primary Care Networks were developed to address unmet health needs and social determinants of health, particularly in areas of high health inequalities.

Additional Role Re-imbursement Schemes (ARRS) provided funding to support 26,000 additional roles to create be-spoke multi-disciplinary teams[1].

One such role was the FCP, which can be recruited from various registered health care disciplines. For this evaluation physiotherapists, paramedics and podiatrists were targeted.

This workforce began being deployed into primary care in 2018.

Objective

To evaluate the confidence that the FCP workforce has to address the high use of prescription opioids to manage chronic pain in North East and North Cumbria.

Design

Qualified FCPs, national Best MSK Health Programme representatives and academics were invited to take part in two focus groups, held online using the software Mural.

The first focus group was to identify issues experienced by the evolving FCP workforce. The second focus group refined the questions to the categories of characteristics of the workforce, their employment, training, and their confidence to manage people who receive an opioid prescription. The survey was then created, reviewed by the expert panel, and disseminated via email and social media channels. The survey remained open for 2 months.

For the purpose of this poster, only the opioid confidence question will be analysed.

Results

55 responses in total, of which, 49 completed the opioid part of the evaluation.

70% of those who responded felt confident to have a conversation about a patient's drug history (see figure 1). However, less than 50% felt capable of identifying an issue with opioids (see Figure 2).

This confidence level fell further to 32.6% of FCPs feeling competent or confident to have a conversation about opioids with a patient (see figure 3). The themes of the reasons stated are recorded in table 1.

However, over 50% of FCP's who responded felt they had the resources to signpost a patient who was interested in a lifestyle change (see figure 4).

Conclusion

The issue of overprescribing of opioids for non-cancer pain in the North East and North Cumbria requires a multi-disciplinary approach.

Clarity is required for a FCPs, particularly physiotherapist's, to understand the scope of their practice with regards to conversations with patients about opioids as opposed to actually being responsible for deprescribing.

Stakeholders must be aware the FCP workforce is in a prime position to contribute to the task of reducing harm caused by opioids for non-cancer pain, but this will require investment in training. Accredited qualifications to become Non-Medical Prescribers (NMP) allowing prescribing and deprescribing are available, which would empower the workforce further and offer increased support to GPs[2].

References: 1. NHS England » Expanding our workforce) 2. Noblet T, Musculoskeletal Science and Practice 61 (2022) 102616

Figure 1

I feel that I am confident to have a conversation about a patients pain drug history.

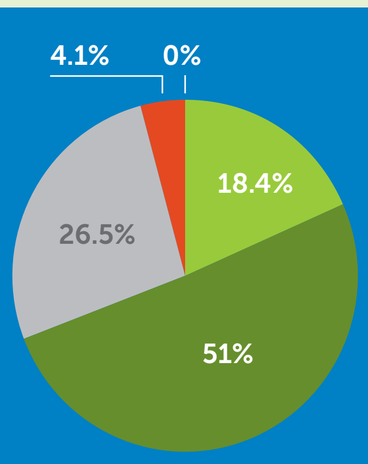


Figure 2

I feel that I am capable to identify when there is an issue with opioids

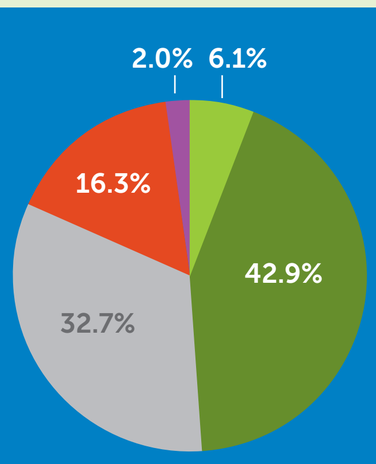


Figure 3

I am competent/ confident to have a conversation about opioids with a patient?

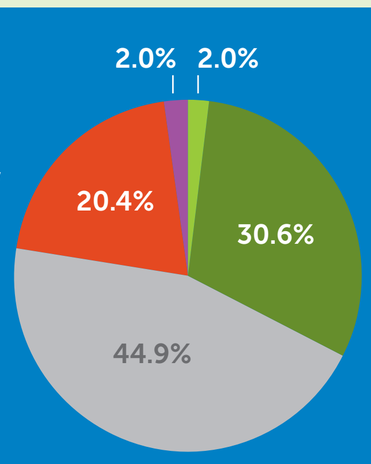
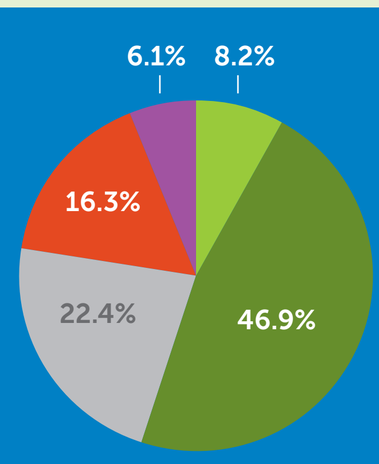


Figure 4

Do you feel you have the resources to signpost patients to encourage lifestyle changes relating to MSK when they want to explore their opioid prescription?



Strongly agree | Agree | Neither agree not disagree | Disagree | Strongly disagree

Answer Choice	I feel that I am confident to have a conversation about a patient's pain drug history. Response Percent	I feel that I am capable to identify when there is an issue with opioids Response Percent	I am competent/ confident to have a conversation about opioids with a patient? Response Percent	What is/are barrier(s) to having conversations about opioid prescriptions?
				Lack of training
5 - Strongly agree	18.4%	6.1%	2.0%	Lack of confidence
				Medicolegal concerns, Professional boundaries, is it within scope of practice
4 - Agree	51.0%	42.9%	30.6%	Pharmaceutical knowledge.
3 - Neither agree nor disagree	26.5%	32.7%	44.9%	Anxiety
2 - Disagree	4.1%	16.3%	20.4%	Time
1 - Strongly disagree	0.0%	2.0%	2.0%	Breakdown of therapeutic relationship

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