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Medicines Optimisation Service

Supporting Patients with Persistent Pain in North Cumbria, the story so far….

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Background

- Within Cumbria people are at particular risk of significant harm due to high doses of pain medication, with Cumbria continuing to sit at the 94th centile of prescriptions of 120mg+ of opioids in 2020* .
- Success of Medicines Optimisation (MO) in other services, new national guidance (NG193), emerging evidence relating to the treatment of chronic pain and high rates of prescribing within Cumbria.
- A MO pathway was developed and implemented (an enabler project) in North Cumbria as part of the wider Persistent Physical Symptoms Service (PPSS).

*https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-020-01575-0

Aims of MO:

- Provide support and skills to patients with complex health problems to enable them to fully understand their condition and manage their pain and medication more effectively and subsequently:
- Improve pain control
- Improve quality of life
- Reduce potential harms of medication.

The MO Service – The Who:

- GP with special interest in pain medication (GPSI)
- Psychological practitioner (Highly Specialist CBT Therapist)
- Assistant Psychologist

The MO Service – The How:

Initial Biopsychosocial (BPS) multi-disciplinary assessment, providing an opportunity to:

- Discuss patient's difficulties and the strategies they have historically tried to manage their symptoms, (hear the story of their health).
- Discuss options relating to:
- How patient's medication could be optimised to suit their individual needs.
- How other strategies could be used to improve pain management, highlighting the impact of physical and psychological treatment options.
- Work together to create a treatment plan.

The MO Service – The How:

- Prior to appointment patients full history and timeline review by GPSi to help address misconceptions and misunderstanding related to previous care.
- After initial assessment, a comprehensive summary of what was discussed and agreed in terms of a treatment plan was sent out to the patient, with the GP copied in.
- Review appointments offered when indicated in order to monitor progress of those adhering to new treatment plans or medication regimes.

What we learnt:

- Level of complexity required time = resources in terms of appointments.
- Multidisciplinary approach, 75% of those who attended required onward referrals, of that 75%, 57 % required a referral to a single agency, whilst the remaining 43% required multiple referrals.

Name of Discipline / Service
Occupational Therapy
Physiotherapy
Psychology
Living Well Programme
Adult Social Care
Community Rehabilitation Service
NCMS Pathway
MSK
Compassion Focussed Therapy Group
Neuropsychology

Case Example: Julie

Symptoms Listed	
Multi-site muscle and / or joint pain	Sleep disturbance / including unrefreshing sleep
Back pain	Cognitive dysfunction / difficulty concentrating
Headaches	Dizziness and / or nausea
Fatigue	Numbness or weakness
Loose bowels/constipation	

- Unable to carry out any activity unaided, or can undertake only minimal daily tasks. May have severe cognitive difficulties or be wheelchair dependent. Housebound / bedbound the majority of the time.

Diagnoses:

- Fibromyalgia
- Irritable Bowel Syndrome

Case Example: Julie

BRIEF HISTORY OF SYMPTOMS:

"Long history of persistent widespread pain since late teens. Has a diagnosis of fibromyalgia and completed physiotherapy pathways previously.

Underwent spinal surgery 2 years ago for severe pain due to disc prolapse causing unremitting sciatica with dropped reflexes. Surgery improved right leg pain, however, has been experiencing Lower Back Pain since. Pain medication has not alleviated symptoms and patient has now become addicted. Symptoms seem disproportionate to scan and x-ray results, unable to work at present".

PAST MEDICAL HISTORY

Spinal surgery

Irritable Bowel Surgery

Fibromyalgia

PAST PSYCHIATRIC HISTORY

History of domestic violence in first marriage, sought counselling at the time. More recently advised to self-refer to local IAPT service, First Step.

MEDICATION

- Gabapentin 900mg tds
- Tramadol 200mg bd
- Sertraline 50mg od

Case Example: Initial PPSS Assessment:

- Julie is living with persistent wide spread pain with high levels of disability that isn't managed by medication.
- Julie recognises that medication may be influencing some of her additional symptoms including fatigue, weight gain, and IBS.
- She is unable to work, and due to physical limitations her mood is impacted.
- Beliefs that she is a burden with lots of guilt around loss of independence making her a bad mother & partner.

Case Example: Initial MO Assessment:

- Lives with partner & 2 children, loss of roles within the home & employment.
- Onset of fibromyalgia linked with previous marriage & Domestic Violence.
- Clear symptoms of PTSD – Flashbacks, nightmares, hyperarousal reported.
- Low mood & anxiety related to current disability, loss of roles, & fear of pain/movement.
- Julie perceives surgery as failed, & has beliefs that physiotherapy can't help her; that it's not safe to be touched, movement is dangerous.
- Overview of her medication use: opioids, gabapentinoids, NSAIDs, anti-depressants.

Case Example: Presenting needs at MO Assessment

- Fibromyalgia related to PTSD symptoms & experience of Domestic Violence.
- Low mood & Fear of Movement.
- Only had short courses of physio which was interrupted by need for scans/surgery.
- Difficulty engaging in activities & unable to return to employment.
- Unable to pace, lacks structure in daily routine, sleep disturbance.
- Struggles to get prescription in timely manner due to acute prescription & previous overuse, feels like she is treated like a drug addict. Feels disbelieved about her pain, matching trigger for Domestic Violence.
- Julie's feels her pain isn't managed & over uses medication.

Recommendations from MO:

- Initially address overuse and use of non-prescribed medications by adding in NSAIDs with a PPI. This is to enable Julie to engage in rehabilitation strategies offered by GP.
- Can be done solely with support of GP or can be done in PPSS Meds Ops. Additional support can be offered using Meds Ops clinicians & Meds Ops support materials to monitor response to tapering, obstacles and offer review in Meds Ops clinic.
- Shared decision making with tapering and reductions balancing benefits of different medications vs unwanted effects.
- Provide opportunity to attend Living Well Programme within PPSS. Opportunity to develop non-pharmacological strategies to manage symptoms.
- Refer to specialist service for trauma focused work around experience of Domestic Violence.

Case Example: What happened?

- Julie struggled initially with engagement, however returned to the service with increased motivation to change.
- Agreed paced input, prioritising needs and being careful not to overwhelm as this was identified as potential trigger for disengagement.
- Acknowledged that relapses / setbacks are normal stages of behavioural change, a not a sign of failure.

What did we learn?

- Audit of Compliance with NICE Guidance NG193 Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain

- NICE guideline NG193 (NICE, 2021) covers assessment of all pain and managing primary chronic pain in people aged 16 and over. It outlines physical, psychological and pharmacological treatments to help people understand and manage pain in their daily life. The guideline aims to improve people's quality of life by promoting access to specialist pain assessments, education on managing pain, and interventions for reducing pain and its comorbidities.

What did we learn?

- **Sample:**

The audit team were provided with sample data on 27 individuals who had completed input with the MO service between September 2020 and August 2021.

- **Audit Tool:**

NG193 provides a baseline assessment tool and this was used to complete the audit of compliance.

- **Methodology**

Clinic reports on the sample group as the primary evidence source.

Access to clinical notes which could be reviewed as required.

This information was used to populate an excel data sheet summarising information relevant to standards of clinical practice laid out in the baseline assessment tool.

What did we learn?

- Of a total of 38 recommendations made in NG193, all were deemed by the audit team to be relevant to the remit of the MO service.
- A criteria was set that a recommendation was deemed “met” if evidence of compliance was found in at least 80% of the sample group.

Number of relevant or partially relevant recommendations	**38**
Number of recommendations met	**34***
Number of recommendations partially met	**0**
Percentage of recommendations met	**89%**
Percentage of recommendations partially met	**0%**

What did we learn?

*Information could not be gathered to demonstrate that the following recommendations had been met against the agreed standards:

Guideline Ref: 1.1.12 - When assessing chronic pain in people aged 16 to 25 years, take into account: • any age-related differences in presentation of symptoms • the impact of the pain on family interactions and dynamics • the impact of the pain on education and social and emotional development. (No one of this age group in the study sample)
Guideline Ref: 1.1.23 - If a person has a flare-up of chronic pain: • review the care and support plan • consider investigating and managing any new symptoms • discuss what might have contributed to the flare-up (see recommendation 1.1.8 for influences on the experience of pain). (No acute flare ups seen in the study sample)
Guideline Ref: 1.2.9 - if an antidepressant is offered to manage chronic primary pain, explain that this is because these medicines may help with quality of life, pain, sleep and psychological distress, even in the absence of a diagnosis of depression. (None prescribed to the study group by the MO clinic)
Guideline Ref: 1.2.15 - For recommendations on cannabis-based medicinal products, including recommendations for research, see the NICE guideline on cannabis-based medicinal products. (None prescribed to the study group by the MO clinic)

What did we learn?

Standard	Evidence of Quality of Care or Service (Criterion)	Compliance level required	Compliance level achieved	Notes
NG193	Data from 27 clinical records	80%	89%	If excluding recommendations that could not be tested in the study sample due to age / condition, compliance rises to 100%

Good compliance with guidance seen in spite of the fact that NICE guidance was published after the MO service model was designed.

Emerging Themes from MO, what have we learnt so far?

- Complex presentations.
- High level of patient dissatisfaction with care, often report disjointed, incomplete episodes of care.
- Poor levels of engagement.
- Not being listened to / believed.

What skills and resources support MO?

- Time to hear the patient's story.
- Ability to identify where the patient is at in terms of willingness and ability to engage in change.
- Acknowledge barriers to change and support patient where possible to identify ways to overcome these.
- Understanding that change is a process of which relapse is an important part, patients will hop on and off, be ready to start again as a service and be ready to accept this.
- Knowledge of and ability to work with other services.

What skills and resources support MO?

- Recognition that ‘difficult conversations’ are often required.
- Approaches such as Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) can assist in helping the patient to formulate and understand how unhelpful patterns of behaviour have emerged (with regard to medication), what helps to maintain this and what barriers exist to changing these.
- PPSS and wider PHRP service provide training on these skills through:
    - Bespoke training on MI
    - 6 day CBT skills training for Physical Healthcare Settings and provision of subsequent group CBT supervision.

Next steps for MO in North Cumbria

- Now part of North Cumbria Complex Pain Pathway (NCCPP).
- MO clinics facilitated by Clinical Psychologist, Highly Specialist CBT Therapist, Consultant Anaesthetists, Clinical Nurse Specialist and Physiotherapist.
- Clinics to be offered in West (Cockermouth) and North (Carlisle) Cumbria.

Any Questions?