

Supporting Better Management of Chronic Pain in North East North Cumbria

Helen Seymour, NECS Senior Pharmacist and AHSN Medicines Optimisation Workstream Lead

October 2022

1. Introduction

NENC has the highest prescription rate of opioids in England. While opioids have a place in the management of acute pain and in end of life care there is limited evidence that their use in chronic pain is of any value, and indeed, plenty of evidence that they cause harm. Medicines Optimisation teams have been concerned by the over reliance on opioids in the management of chronic pain for some time and have been working, mainly at place, with their systems and prescribers to reduce use. More recently the national Patient Safety Collaborative has commissioned the Academic Health Science Networks (AHSNs, 15 across England) to support the reduction in opioid use. Alongside this initiative the current PCN DES incentivises Structured Medication Reviews (SMRs) of patients on dependence forming medicines.

This report describes the current activity to support patients and prescribers to reduce the use of opioids in the management of chronic pain.

2. Background

NENC has a high use of opioid medicines with all SICBL's having a higher overall prescription volume than the national average (Figure 1). However, all places are reducing opioid prescription at a faster rate than seen nationally. As the concerns of the overuse of opioids to manage chronic pain has become more accepted and the dangers of high dose prescription the rate of these prescriptions has fallen at an even faster rate. Figure 2 shows the percentage of high dose opioids as a percentage of all opioids, all NENC SICBLs are lower than the national rate with some places making significant impact on their rates (North Cumbria, North Tyneside, Northumberland and Newcastle Gateshead). Figure 3 shows the volume of high dose opioids being prescribed with all places having falling rates and four places now having lower than national levels (Newcastle Gateshead, North Tyneside, Northumberland and North Cumbria).

Figure 1.

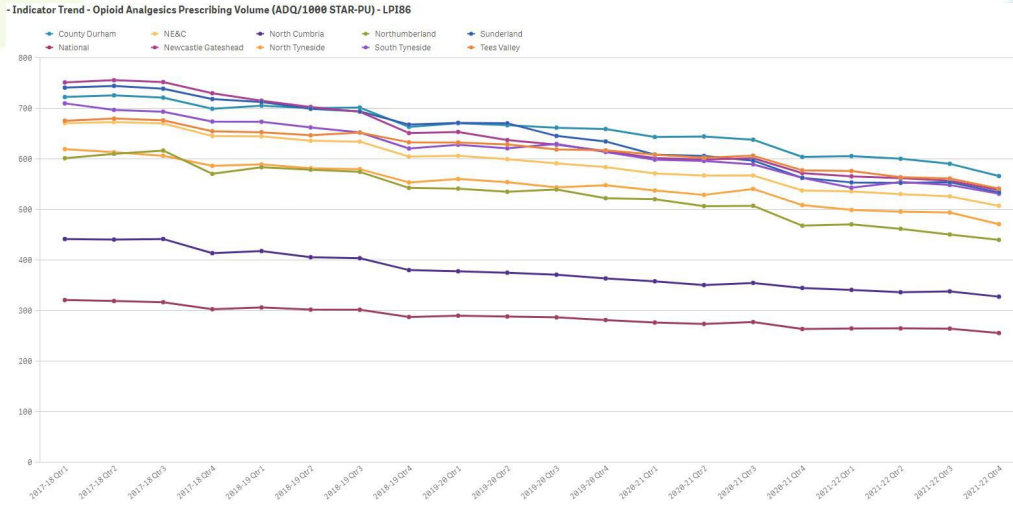


Figure 2.

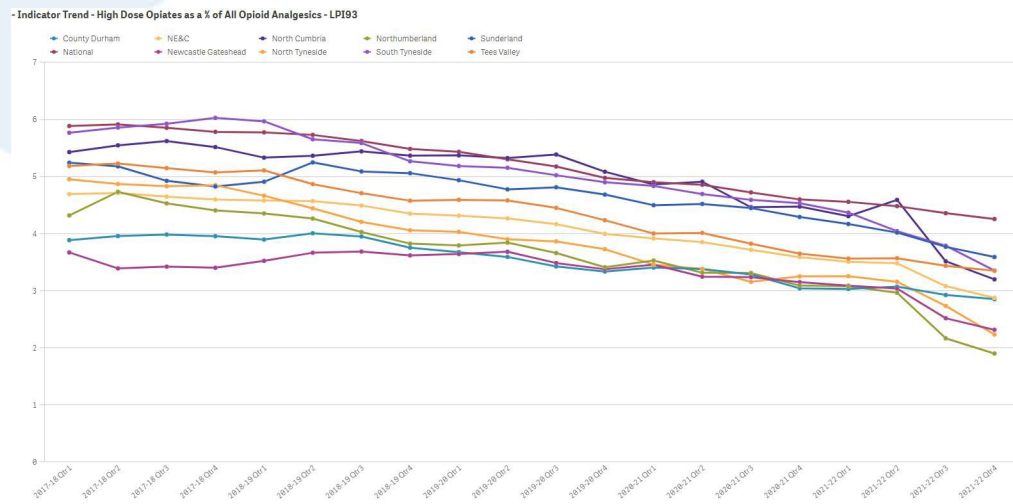
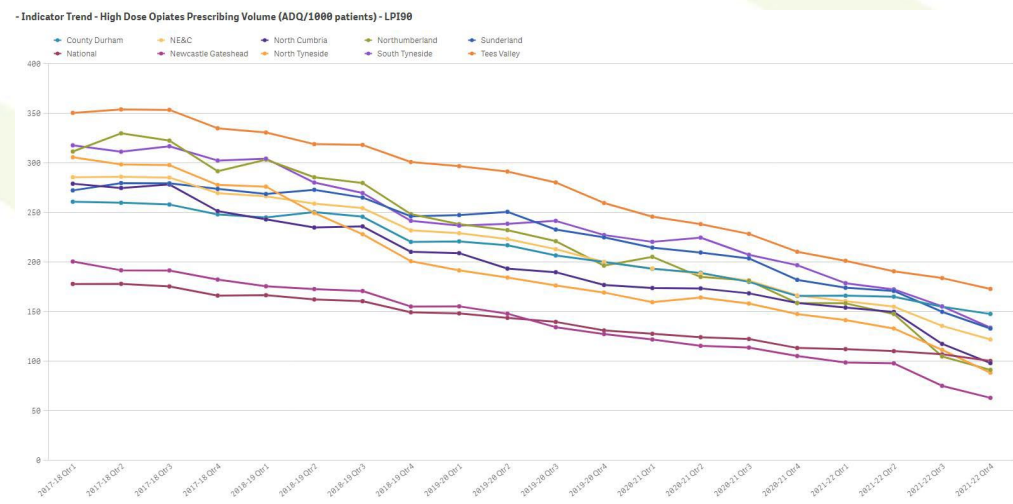


Figure 3.



3. Main activities to address overprescribing

3.1 Patient Safety Collaborative (PSC) programme

The Academic Health Science Network (AHSN) has a commission for 2022/23 from the national PSC to support reduction of inappropriate opioid use in non-cancer pain. The project advocates a 'Whole Systems Approach'. As part of this project the AHSN is scoping pain services available across the ICB and the collaborations that exist within the ICB to tackle pain management and inappropriate use of medicines. The intention of the programme is to support systems to engage with stakeholders, identify the issues, test and implement solutions. The AHSN has been undertaking a scoping exercise of the pain services across the region and opioid reduction strategies in use. Part of the national team's work has been to work with the NHSBSA to develop a dashboard (available via ePACT) of practice opioid prescribing to help identify patients who might benefit from a Structured Medication Review as part of the PCN DES.

3.2 System Collaboration

Table 1 details the cross-organisation collaboration that exists currently. Most areas have a forum which meets regularly to discuss pain management and strategies to reduce inappropriate prescribing. In addition, an ICB-wide opioids group meets regularly, chaired by Dr Graham Syers, this group has previously written a paper about overuse of opioids and gabapentinoids which was sent to Sir Liam Donaldson last year to raise overuse of these agents as a priority issue for the ICB. More recently discussions have been taking place with Dr Robin Mitchell, Clinical Director, NHSE/I Clinical networks about the formation of a Chronic Pain Clinical Network across the ICB and work is in hand to develop this. Professor Edward Kunonga, Consultant in Population Health Management has also been involved in conversations about better management of chronic pain.

Table 1. Collaboration Across the System

Area	Collaboration
North Cumbria	NCIC (pharmacy, meds safety, persistent physical symptom service), Primary Care Networks via GPs, personalised care team, NECS Medicines Optimisation team.
Northumberland, North Tyneside, Newcastle Gateshead	Sub-committee of the APC. Organisations currently involved include: Newcastle upon Tyne Hospitals NHS FT (NUTH) Cumbria Northumberland, Tyne and Wear NHS FT (CNTW) Northumbria Healthcare NHS Foundation Trust (NHCT) Gateshead Health NHS FT CDAO representative Academic Health Science Network Northumberland LA NoT LPC Chair OOH provider
County Durham	Tees Esk and Wear Valley FT (TEWV) County Durham and Darlington FT Drug and Alcohol Services Public Health Clinical Commissioning Group Medicines Optimisation and Clinical Commissioning Group commissioning GP Practices Connect Health Prisons
Sunderland	Foundation Trusts Local Authority Primary Care Networks Social marketing company
Tees Valley	Pain Prescribing Task and Finish Group involving primary and secondary care

3.3 Sharing best practice

A number of ICB-wide Communities of Practice (CoP), supported by the AHSN, meet regularly and support the sharing of interventions to manage chronic pain management more effectively. The PCN Pharmacy CoP held a session in June where a number of pharmacists, physiotherapists and pharmacy technicians presented their work in GP practices on managing chronic pain and reducing inappropriate use of opioids and gabapentinoids. The Pain and Spinal Pain CoP has been in operation for some time and was originally aimed at MSK professionals, the stakeholder group has been recently widened to include any healthcare professional with an interest in pain management. Recent sessions have included a presentation from an expert on the biopsychosocial model of pain and conversations between a First Contact Practitioner (FCP) and a pharmacist about their MDT approach to helping patients to reduce opioid use and manage pain better.

The AHSN is hosting a pain [event](#), 'Feeling the Pain', in November to hear from a variety of experts and patients about the evolving strategies and understanding of chronic pain. A poster session will also be hosted and these will be made available after the event to facilitate collaboration and learning.

3.4 Research and Quality Improvement

The NIHR Applied Research Collaborative (ARC) NENC and AHSN NENC have been awarded funding by the NHS Insights Prioritisation Programme (NIPP) for a project to evaluate the impact of an evidence informed, digitally deployed, GP remote consultation video intervention that aims to reduce opioid prescribing in primary care. The project is running until June 2023. More information can be found [here](#).

The AHSN are supporting NHCT FT on evaluation of an arthroplasty pain protocol pilot, which has the aim of reducing the amount of opioids supplied to hip and knee replacement surgery patients as in-patients and on discharge.

AHSN First Contact Practitioner Evaluation Survey - the intended aims of this project are twofold; firstly, to obtain a clearer understanding of the challenges faced by FCPs across the NENC area in establishing the new workforce. With this clearer understanding, to then understand how well positioned FCP's are to aid the reduction of opioids and facilitate the equitable provision of an integrated spinal and chronic pain pathways across NENC to support the reduction of polypharmacy.

A NENC AHSN project call has recently closed seeking projects that align with the PSC programme. A project relating to better pain management in a GP practice has been successful in securing funding.

3.5 Examples of NENC opioid reduction and pain management resources and collaborations

- Opioid Use Change ([OUCh](#)) – Video educational tool used in training to support safe opioid prescribing for hospital prescribers. The resource is currently being rolled out in some Acute Trust Hospitals in the region. It has also been circulated to all community pharmacy contractors in North East & Yorkshire.
- Mark's [story](#) – a video of a Newcastle patient sharing how opioids have affected his life and his experience of working with his pharmacist to reduce his pain medication.
- Painkillers Don't Exist – a public facing [campaign](#) developed in Sunderland aimed at patients taking painkillers for more than three months.
- MSK Make Every Contact Count scoping – Ongoing work engaging with MSK colleagues and First Contact Practitioners to scope consultation practises in relation to management of pain and opioid reduction conversations with patients.
- Scoping and collation of personalised care resources – the AHSN continue to collate information that they are made aware of that support personalised care.
- Collaboration with North East Ambulance Services (NEAS) – Engaging with colleagues in NEAS to understand their processes in managing pain and opioid prescribing for patients using the 111 and 999 medical services.

4. Next steps

Support the continued collaborative work across the ICS and the development of a Chronic Pain Clinical Network.