NHS Gloucestershire CCG
Living Well with Pain Programme

NHS England and NHS Improvement Commissioning Framework
Prescribed Drug Dependence: Case studies

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Contents

The Living Well with Pain Programme in Gloucestershire

The Living Well with Pain programme (LWwPP) is a system-wide, ICS, initiative to support people with pain to live well with their symptoms and to minimise the harms associated with medical treatments for pain.

The programme has been running for four years and was established by a Senior Executive within the CCG (Ellen Rule), who continues to support and sponsor it. The programme also benefits from a commissioned Clinical Lead (Dr Cathy Stannard) who provides clinical oversight and leadership. Both Ellen and Cathy have been instrumental in recognising the issues associated with supporting people with persistent pain and providing a vision for the programme. Their leadership and experience has been an essential element of the programme's success and resilience.

The LWwPP follows the Clinical Programme approach which is integral to Gloucestershire's ICS. This approach brings together key people across the pathway to collectively ensure that the services provided are evidence based and in the best interests of patients. The core members of the LWwPP currently are:

Ellen Rule and Cathy Stannard – providing leadership and clinical oversight
Adele Jones and Joy Lavender – Programme management support
Graham Mennie and Pamela Adams – GP and Pharmacist from Primary Care
Anne Young / Helen Makins and Ellie Hanman – From Acute Specialist Pain services
Polly Ashworth – Representing Acute Psychology Services
Caitlin Lord, Heike Fanelsa and Hannah Norman – providing Self-management and Social Prescribing expertise
Liz Ponting – representing Medicines Management at the CCG
Barbara Stevens – Lay representative/Patient Liaison (recently retired)

Others are seconded onto the programme when their expertise is required.

The programme is currently divided into two work streams:

1. Services and support for patients
2. Safer Prescribing in pain

Prescribing for Pain: Considerations

Prescribing of pain medicines is the result of a complex interplay between; the person with pain, their social and cultural context, beliefs and expectations and the prescriber with their own understanding of pain, the roles of medicines, expectations, training, availability of time and the influence of scrutiny from fellow professionals. In particular, knowledge of guidelines and of the benefits and harms of opioids often has little influence on prescriber behaviour.

Healthcare professionals (HCPs) consistently describe challenges in clinical encounters about pain including discomfort in the face of distress, a feeling that expectations are mismatched, pressure of time to understand what's going on for the patient and feelings of frustration when people with pain don't get better.

Opioids and other pain medicines work well and are usually safe for the management of short-term pain associated with obvious tissue injury. By contrast, long-term pain, which is often characterised by lack of obvious tissue injury, and significant levels of distress and disability responds poorly to any medical intervention and in clinical practice probably fewer than one in 10 patients will derive useful benefit from pain medicines. Opioids and other medicines are associated with many long-tern harms and opioids and gabapentinoids are dependence forming and may be diverted or misused. The relationship between the experience of pain, traumatic life events and deprivation and likelihood of receiving a prescription for dependence forming medicines is well established.

At NHS Gloucestershire CCG we recognise that the challenge of addressing inappropriate pain medicine prescribing needs to be developed within a whole system culture change recognising the need for:

- a shared understanding of the complexity of persistent pain presentations
- knowledge of the clinical evidence for benefits and harms of pain medicines
- data on pain medicines use in Gloucestershire
- development of a suite of resources to support people to live well with chronic pain

This supports HCPs to understand why prescribing of Dependence Forming Medicines (DFMs) for chronic pain is unlikely to be helpful and likely to cause harm.

Pain prescribing in Gloucestershire

Data from Eclipse suggested that in early 2017, 1 700 people in Gloucestershire were receiving pain medicines regimens that were potentially harmful.
Interventions to support appropriate pain prescribing can be:

- **Upstream:** reducing numbers of patients initiated on pain medicines and ensuring doses aren't escalated to harmful levels and

- **Downstream:** providing support to patients already taking harmful doses of medicines or harmful combinations of medicines

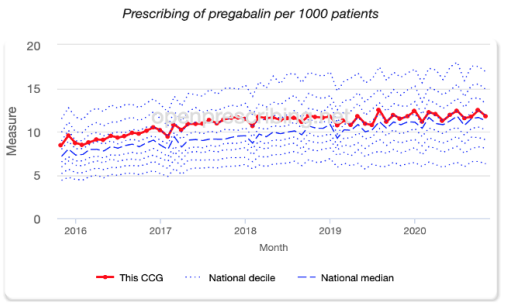
Upstream and downstream pain prescribing initiatives in Gloucestershire
(These initiatives sit within: the Living Well with Pain Programme)

Upstream	**Downstream**
	Pain medicines risk mitigation plan
	Identifying barriers and facilitators to medicines reduction
Countywide pain formulary	
Pain dashboard	Pain dashboard
	Use of high dose fentanyl review
	Initiation of gabapentinoids review
Communicating prescribing advice	Communicating prescribing advice
Education for HCPs • Practice PLTs • Chronic pain masterclasses • Challenging conversations workshops • Health coaching • Conversations inviting change	Education for HCPs • Practice PLTs • Chronic pain masterclasses • Challenging conversations workshops • Health coaching • Conversations inviting change
	Complex pain outreach clinic
It's your move	It's your move
	Addictions support in primary care
The Producers/Artlift	The Producers/Artlift
Sharing the patient experience	Sharing the patient experience
Use of the navigator tool	Use of the navigator tool

Open prescribing data for NHS Gloucestershire CCG

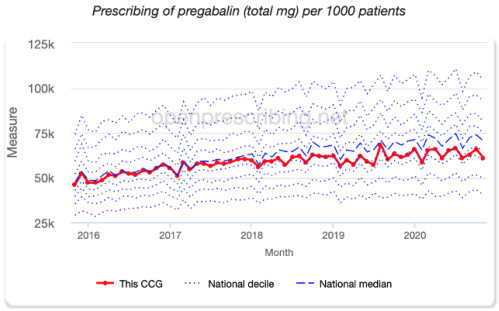
In promoting safer prescribing for pain by effecting a change of culture in the way we understand persistent pain and the many influences on it we have aimed to help prescribers understand why medicines for pain may generally be more harmful than beneficial. This underpins lasting change not only in use of medicines for pain but in developing evidence-based services to support people to live with their symptoms. We anticipated a gradual change in prescriber behaviour as successive initiatives reinforce our core messages. Open prescribing data demonstrate these attitudinal changes so far which we expect to persist. Our dynamic and evolving programme will build on change so far.

Prescribing of pregabalin



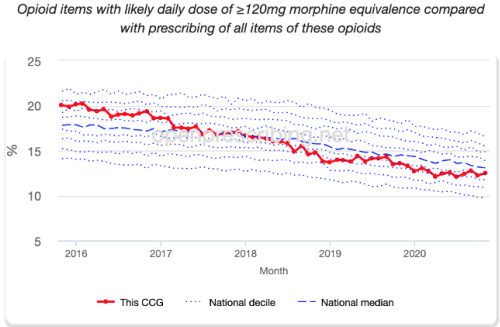
Download data

Prescribing of pregabalin (total mg)



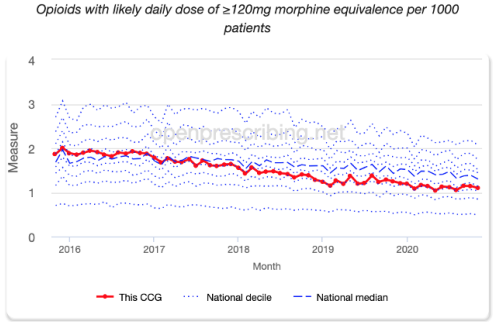
Download data

High dose opioid items as percentage regular opioids



Download data

High dose opioids per 1000 patients



Download data

Summary of pain and pain prescribing initiatives in Gloucestershire

(Additional detail in annex)

Title	Pain Medicines Risk Mitigation Plan
Description	Use of Eclipse data to identify all patients who may be at risk from their pain medicines. The prescribing was stratified as high, medium and low risk (annex 1) Patients were reviewed according to risk as shown and data were collected at each review (annex 2 & 3). The plan was launched at an education event for clinical pharmacists working in primary care and was shared at subsequent education events for HCPs. At the end of the period of data collection, practices were asked to hold MDTs for all HCPs in the practice to describe their experience of the RMP and to suggest what additional support is needed to facilitate medicines reduction.
Outcomes	Scheme ran from March 2018 to March 2019 with patient reviews at six and at 12 months. Patients were invited to attend if they were in the highest risk group (Annex 4). Patients who did not attend for their medicines review received a letter explaining the importance of attendance and the plan is they were unable to agree to a review (annex 5). 58 of 72 practices returned anonymised clinical data. This generated records for 762 patients' clinical encounters regarding pain medicines. 308 patients were supported to reduce or stop their pain medicines (almost always opioids) and in 409 no reduction was possible and doses remained static through the review period. 43 patients we prescribed greater doses of medicine. Barriers to dose reduction were identified and described below but common barriers described in the records were failure to attend appointments, history of substance misuse, complex emotional and psychosocial problems or secondary care teams endorsing current regimens. All practices found the initiative useful (other than one practice who rarely prescribe opioids). They found that the initiative was useful in • Emphasising the importance of deprescribing • Promoting better awareness of risks of co-prescribing • Giving confidence in having medicines reduction conversations • Promoting collection of information re wider behaviours and problems • Allowing a 'fresh look' at difficult problems • Feeling supported in implementing national/regional advice • Giving consistency in provision of advice • Better liaison with pain clinic/MSK • Supports evidence-based discussions with patients • Promotes better information sharing with patients • Identifying who needs support from pain clinic

Title	Identifying barriers and facilitators to medicines reduction
Description	As part of the risk mitigation plan, HCPs within practices held MDT meetings to discuss the merits of the risk mitigation plan and for the whole team to identify facilitators and barriers to change and strategies invoked to overcome barriers.
Outcomes	**Most frequently reported barriers** • Lack of time • Lack of patient engagement • Fear of increased pain • Disagreement about addiction • Reluctance to change long standing regimens • Fear of withdrawal • Concerns that reduction is a 'one way street' • Previous unsuccessful attempts to reduce • Patient feels they are being given up on • Perception that tapering is a cost cutting exercise • Complex psychosocial comorbidities difficult to manage • Insufficient access to mental health support including MUS **Other challenges in dose reduction** • Mismatched expectations between prescriber and patient • Lack of consistency within the practice • Mental health crises and other setbacks • Not attending medicines reduction appointments • Lack of access to social support • Treatment that was initiated in secondary care • Pain clinic or other secondary care discipline advised opioid strategy • Ongoing contact with secondary care • Low uptake of pharmacy reviews **Most frequently reported strategies to overcome barriers** • Patients own GP to initiate conversation and direct to clinical pharmacist • Patient sets agenda for reduction (rate, which drugs first) • Agreeing to trial opioid reduction • Slow taper • Allowing pauses in dose reduction • Tapering one drug at a time • Emphasising that medicines reduction is a great achievement for the patient • Continuity of care

Other strategies helpful in supporting patients to reduce medicines dose

- Joint consultations with GP and pharmacist
- Showing empathy
- Listening/validating the pain experience
- Allowing enough time
- Follow up letters and phone calls
- Scheduled reviews
- Perseverance and reassurance
- Involving family
- Practice MDTs for challenging problems
- Give evidence and facts to patients
- More detailed conversations about medicines
- Opportunistic review of people not attending medicines reviews
- Discuss lifestyle and non-medicines options
- Addressing mental health and abuse
- Signposting to other resources

Most frequently reported ideas regarding additional support

- More time for all practitioners
- Shorter waiting times/improved access to advice from pain clinic
- Support from addictions specialists
- Better access to psychology support
- Better access to mental health support

Other common themes regarding support

- Access to social prescribing
- Access to exercise groups
- Psychology facilitated peer support
- MDT working with secondary care/consistency of messaging

- Improved public awareness regarding pain and pain medicines
- More prescriber education
- More direct guidance from CCG
- Liaison with community pharmacy
- Improved access to self-management programmes including facilitating transport
- Better communications from secondary care
- Testaments from patients
- Professionally produced patient information
- More resource on G Care (no links to self-management or psychology)

Title	Countywide Joint Formulary
Description	Initiative ran January to June 2017 with Team from secondary care Pain Service, CCG and Hospital Pharmacists, GPs and LWwP team from CCG. Agreed countywide joint formulary for pain prescribing (acute and chronic pain). The formulary included sections on differences between acute and chronic pain, limitations of medicines for chronic pain, hazards of dependency and other harms, tapering advice and schedules, non-pharmacological resources to support patients with pain and bibliography of pain and medicine related resources.
Outcomes	Formularies distributed in hard copy to all practices and to all attendees at pain masterclasses. Available electronically on G-Care. Revision deferred until launch of NICE Guideline on Chronic Pain 2021. Joint Countywide Pain Formulary (Annex 6)

Title	Pain Dashboard
Description	Working with business analyst colleagues to develop a resource demonstrating practice level data for prescribing of all medicines to treat pain and identifying how these compare to national trends. Also shows use of other resources to support people with pain including referral data to secondary care and other services.
Outcomes	This is to be shared with PCN Pharmacists who are able to search it and identify if their practice or PCN has any prescribing practices which may indicate that patients need to be reviewed. It is not intended as a comparison exercise or to indicate that high prescribing is bad and low is good, rather a chance to review and question some prescribing practices. The risk mitigation initiative demonstrated that practices vary considerably in their success in supporting patients to come off medicines and the priorities within practices that allowed valuable pharmacy time to be freed up to address pain prescribing. The dashboard will support the LWwPP team to offer bespoke support to practices who are finding this work challenging.

Title	Fentanyl prescribing in the elderly
Description	Fentanyl patches contain a significant opioid load which is often unrecognised/understood. In particular we noted frequent use of these patches in elderly patients and those in care homes, a population particularly at risk. We reviewed all patients in county over the age of 75 who were in receipt of a prescription for transdermal fentanyl 37.5mcg/hour or greater.
Outcomes	174 patients over the age of 75 received doses of 37.5mcg or more fentanyl patches from April 17- March 18. 27 patients were prescribed the 100mcg strength patches (age range 80 – 95; mean age = 80.55 years). Similar searches of ePACT data over Q1 18-19 (April –Jun 18) identified 77 patients from 42 GP surgeries (i.e. over the age of 75 who received doses of 37.5mcg or more fentanyl patches (mean age 86 years). We communicated a newsflash to all practices to ask that they review all patients over 75 taking greater than 37.5mcg/hr fentanyl. We outlined dose equivalents in morphine mg daily and signposted to resources on the use of opioids for chronic pain.

Title	Trends in gabapentinoid prescribing
Description	Trends in prescribing of gabapentinoids, particular pregabalin continue to increase nationally. We had concerns that the strong focus of opioids in the national conversation might result in patients being switched to pregabalin (about which there are equivalent concerns regarding harms vs benefits). Additionally, co-prescription of opioids and gabapentinoids is frequently inappropriate. We reviewed all prescribing records from the risk mitigation plan.
Outcomes	Co-prescription of opioids and gabapentinoids occurred in 288 patients reviewed at baseline as part of the risk mitigation plan, but gabapentinoids were not introduced to any patient as a support for opioid reduction.

Title	Education for HCPs: Masterclasses
Description	Masterclasses for GPs, Prescribing Support Pharmacists, Clinical Pharmacists, Community Pharmacists, non-medical prescribers. All practices were incentivised to attend via the Primary Care Offer. Sessions included: • Complexity of the chronic pain experience • Evidence for medical interventions including Medicines • Harms of pain medicines • Concept of First do no harm • Limits of Clinical Trials in real life practice • Patterns of pain medicine prescribing nationally and regionally • Alternative approaches to supporting patients with pain including cultural commissioning and social prescribing • Managing one's own feelings in pain encounters Sessions concluded with general Q&A and sharing of best practice for specific clinical situations
Outcomes	Initiative reached around 600 HCPs (GPs, locum GPs Pharmacists, Physio, podiatrists). GP focused events were held over two evenings, Pharmacy events held in lunchtime sessions and at a whole day pain education event for pharmacists. Session for Locums delivered at all day Locum training event. Events were universally very well received with positive feedback and indication of intent to change practice. Evening sessions lasted from 1700 to 2130 with most participants expressing wish that the session had run for longer! Typical feedback included "I feel better about what I don't know" " I have increased confidence in pain consultations" "Excellent speakers" "Really inspiring, thank you" "Transformational in managing my patients" These sessions were showcased on BBC News at 10 Master class booklets (Annex 7 & 8)

Title	Improving conversations about pain
Description	Challenging conversations in pain management masterclasses Evening sessions for groups of 20-40 HCPs. Facilitated by CFS and Liaison Psychiatrist/ Deputy Director for Med ED Avon and Wilts Mental Health Partnership and third sector colleagues. Using themes of transactional analysis. Interactive sessions with group working: • exploring what persistent pain is • explore the role of medicines and other interventions in the management of persistent pain • think about how we might have a shared understanding about emotional

	issues in clinical interactions and how we communicate these with patients and other members of the team • think about how we might manage expectations • explore ways to build personal resilience and support each other <u>Health Coaching training pilot</u> Commissioned and funded (including from HEE) training to support 18 primary care professionals around taking health coaching approaches that draw on behavioural science. The aim of this training is for staff to feel well equipped to have useful conversations with people with chronic pain or unexplained physical symptoms, and feel comfortable in offering other approaches to replace or enhance use of medicines. Delivered by Peak Coaching <u>Conversations inviting change pilot</u> Commissioned and funded (including from HEE) for eight GPs from a local PCN Course developed by Dr John Launer, lead for educational innovation in primary care at Health Education England. The course draws on skills used by therapists and teaches through the medium of peer supervision. CIC arises from the idea that everyone – whether as a patient, client, learner or colleague – can benefit from telling stories about their experiences, and being skilfully questioned about these.
Outcomes	Challenging Conversations Workshops delivered three times. Sold out within minutes of advertising. Evening sessions attended by 30-40 HCPs. Energetic and collaborative discussions and sharing of best practice. Highly scored by all disciplines with feedback as very supportive in changing practice. Featured on BBC News at 10 in piece on opioid prescribing. Challenging conversation masterclass booklet (Annex 9). Health-coaching training to be delivered 4x2 online sessions starting end January 2021 Conversations inviting Change to deliver April 2021

Title	Education: practice PLTs
Description	Sessions for groups of GPs in Stroud and Berkeley Vale, Cheltenham, Gloucester City and Forest of Dean. Sessions included • Complexity of the chronic pain experience • Evidence for medical interventions including Medicines • Harms of pain medicines • Concept of First do no harm • Limits of Clinical Trials in real life practice • Patterns of pain medicine prescribing nationally and regionally • Alternative approaches to supporting patients with pain including cultural commissioning and social prescribing • Managing one's own feelings in pain encounters Sessions concluded with general Q&A and sharing of best practice for specific clinical situations
Outcomes	Sessions were well attended by GPs (including trainees), pharmacists, practice nurses. All sessions were interactive with case discussions. Sessions universally very well received.

Title	Complex pain outreach clinic
Description	Clinic established with CFS and hospital pain team to review complex opioid patients in the hospital then CFS to follow through management plan in primary care with GP
Outcomes	10 patients were seen in the service. Appointment times were up to 90 minutes for initial assessment. GPs found the joint reviews to implement the plan helpful in supporting patients to reduce medicines and to signpost patients to other services usually mental health.

Title	It's your move
Description	Evidence suggests that increasing activity levels is the most effective way to help patients with persistent pain. Evidence for the benefits of exercise for pain is positive and consistent and this is seen in the latest NICE guideline for chronic pain which was released in draft form for consultation on 3 August 2020. Improvements include pain reduction, improvement in physical function and reduction of psychological distress in addition to mitigating the effects of inactivity. The CCG have partnered with Active Gloucestershire to pilot a free online exercise offer to support people with persistent pain to increase their activity levels. The objectives of It's your move are: • Create a viable physical activity offer and referral route into community activity for people living with persistent pain. • Development of communication materials for GP's, to help understand the benefits of exercise, and how to approach conversations about exercise. • Pilot a 10-session exercise programme across three cohorts of two groups of patients and evaluate the impact. We have an active communications strategy across primary care to recruit for the pilot. Information for referrers and participants can be seen here. It's Your Move full report (Annex 10) Communication with patients and HCPs for Its Your Move (Annex 11 & 12).
Outcomes	8 patients took part in the first exercise cohort. 7 patients completed the course. Initial data relating to pre-post pilot pain and quality of life (QoL) measures is very encouraging, with supporting qualitative feedback demonstrating significant health related benefits associated with attendance on the programme. • 7/8 of participants reported a reduction in pain severity post-pilot. • 6/8 of participants reported reduced interference from pain in their activities of daily life. • 8/8 of participants reported improvement in both amount of, and attitude toward physical activity. • 5/8 of participants reported improved mood and reduced anxiety while the remaining participants reported no change. A number of participants (as detailed below) reported wider physical and health related outcomes linked to strength, flexibility and balance, as well as social benefits of connecting with other people. Comments from participants included: "I haven't had to use my inhaler and I have more energy." "I used to go up and down the stairs sideways and holding on with two hands. Now

	I can step straight up." "My joints aren't creaking anymore." "The exercises we have done were challenging without being too extreme, and when I've had a flare up I've just taken it down a notch by staying seated" "I am definitely fitter than when I started. I have a lot more strength in my legs and ankles, so climbing the stairs is no longer the marathon it used to be".

Title	**Addictions support in primary care**
Description	This pilot is an innovative model to support patients who are struggling with pain despite taking potentially harmful medicines. It is led by a recovery worker trained in mental health currently also working with our third sector Drug and Alcohol provider (CGL). She will meet with and assess patients who have pain and who may be at risk from their medicines. She has the capacity to have detailed consultations with patients focusing on what is important in their lives and exploring the other and social and emotional burdens they may be trying to manage as well as their pain. In this way she will provide support for patients who are not getting substantial relief from their medicines by exploring other ways of improving their quality of life. In setting up this project we were supported by The Bridge Project in Bradford who run a service to support people to reduce benzodiazepines. We are delivering the pilot on two sites, The Aspen Medical Centre and Cheltenham Peripheral PCN over a period of six months starting November 1 2020. GPs and clinical pharmacists in practices have identified patients who may be at risk from their pain medicines. GPs and pharmacists can review these lists of patients and identify those who have ongoing significant pain, distress and disability and suggest that they are referred to this service which will be delivered virtually on behalf of the practice. GPs may also have patients who are not on high doses of medicines but who feel they may need support in stopping them. These patients may also benefit from the service. The aims and objectives of the service are: **Aims:** • To ensure that patients in Gloucestershire are not harmed by their prescribed or over the counter medicines for pain • To provide individual support for patients who are finding it hard to live with pain • To provide individual support for patients who are finding it hard to reduce their pain medicines • To support teams in primary care to better manage the challenges associated with supporting patients live with persistent pain and pain prescribing • To allow people with pain who are at risk from their medicines to have enough time to discuss what is important to them

	• To promote a better understanding of the challenges people face when living with long-term pain • To evaluate the success of the intervention **Objectives:** • To provide a dedicated service for patients who are on pain medicines into which GPs in pilot sites can refer • To provide a holistic assessment of the patients' physical emotional and social needs to support optimisation of pain medicines • To support assessment with validated tools to characterise the population and assess progress • To support patients in understanding the many influences on their experience of pain and use of pain medicines • To support increase in independence and quality of life for patients with pain • To encourage patients and their carers to become actively involved with their pain management • To signpost patients to other health and non-health services relevant to their presentation • To provide effective interventions to reduce medicine-related morbidity and disability • To support practitioners in primary care teams to use pain medicines appropriately and support patients to reduce where appropriate • To review and shape the service in response to feedback from patients and clinical partners • To deliver a sustainable value for money service with demonstrable improvement in health outcome • To ensure equitable access to the service in sites where it is piloted Communication with patients and HCPs for addictions support pilot (Annex 13 & 14).
Outcomes	The project started at one site in 2020 as training in clinical systems was delayed. Both sites have now joined the pilot. Engagement with the service is critically dependent on the discussion between referrer and patient. Engagement with the service once the patients have had a first discussion with the recovery worker is very positive. (We are currently gathering information on barriers expressed by patients in relation to referral). We will record the following outcomes: • Improvement in wellbeing scores • Improvement in quality of life scores • Change in pain scores • Changes to medication usage before and after intervention (individuals and overall)

	• Changes to relationship to medicines What is clear from the early consultations is that this patient cohort is not only complex in relation to their medical history but all patients have significant histories of trauma, often which have never been discussed with HCPs before. Personality vulnerabilities are common. Our recovery worker notes the need to spend time building secure and trusting relationships with this cohort before patient confidence is sufficient to reduce medicines.

Title	Virtual MDTs
Description	Monthly online sessions hosted by the hospital pain team. Available to GPs and pharmacists to bring difficult cases for discussion and advice to support ongoing management by the primary care team
Outcomes	The initial MDTs have been well received by participants and more have been requested. However, these were implemented during the second wave of the Covid pandemic and consequently only a small number of participants attended. We are planning further MDTs in March and April 2021.

Title	The Producers
Description	In 2015/16 Artlift undertook the first bespoke arts on prescription pilot project for men living with persistent pain for Gloucestershire CCG, building on previous experience of supporting participants referred with persistent pain through the generic Artlift offer. The focus of this project was to develop an arts-based psycho-social offer to engage men of working age (30-50) who were not accessing the traditional Pain Clinic service and were therefore not receiving the benefits of self-management techniques that improve quality of life. The intervention chosen was entitled 'The Producers', a group which was commissioned for two terms of 8 weeks with 1 session per week. The creative facilitator of the group was skilled in many art forms allowing the group a selection of artistic experiences, with the participants choosing a primary focus of woodcraft. The creative facilitator co-developed and co-led the group alongside a patient participant with lived experience of persistent pain, who had been involved in the development of the project with commissioners and clinicians from the outset. This co-production based dual facilitator relationship between the creative facilitator and the patient participant facilitator enabled and modelled a sense of shared expertise of both arts and lived experience of pain. The co-facilitation by a patient participant also enabled The Producers to establish themselves after the pilot programme as a sustainable self-supporting non-constituted community group, with their own bank account.
Outcomes	• The main benefit for the group was to learn self-management techniques from each other and share pain experiences. • Offered a useful distraction from persistent pain which supported with mental health and wellbeing and decreased feelings of isolation. • The participants felt that the group being men-only was vital to its success

	• The participants noted that trust and empathy between participants was a key reason for success of The Producers. • The group felt accomplishment and rising self-esteem through the act of creation which improved their ability to attend work and participate in family and social situations. • Participants identified that the relationship with the creative facilitator is crucial, and that for it to be successful the creative facilitator should be recruited against a co-produced person specification. • The social aspect of sharing a meal at the end of a session was highly valued.

Title	Artlift - A Social Prescription for Adults Living Well with Persistent Pain
Description	This case study details the experience of offering a non-medical arts-based self-management option to adults living with persistent pain, in order to improve quality of life and increase opportunities for self-management of persistent pain and associated physical, psychological and social impact. This project is part of a series of test and learn projects that contribute learning to the wider Gloucestershire arts on prescription programme. **Background & context** Art on Prescription is a form of social prescription and is a non-clinical intervention delivered by art practitioners for therapeutic benefit. It can be offered to people with a wide range of needs at a mild-moderate level of acuity, and is different to art psychotherapy which may only be delivered by HCPC registered art therapists. **The intervention** Artlift, who deliver the programme of 12 small group sessions to people who are identified by pain clinicians in the Pain Service at Gloucestershire Hospitals Foundation Trust (GHFT), have a personalised 'What Matters To You" conversation prior to the start of the programme and agree a personalised support plan and goals with each participant. Sessions include arts activities and the bringing/sharing of food (adapted to online/telephone support through COVID lockdown). Art forms that may be used are mixed media and may include elements of textiles, felting, printmaking, painting, drawing, water colours, filmmaking and sound recording. Impact measures are completed pre and post intervention against physical function and mental wellbeing. Artlift also provide a resource hub on their website that contain creative worksheets designed by the artists and bespoke support for those with progression plans and/or set up of 'Move On' groups is given. **Time Period** The project initially ran for 12 months but due to its success has continued to run as a test and learn project, with the aim to mainstream it into the persistent pain clinical pathway.
Outcomes	**Participant feedback** "It helped my pain as it makes me relax" "It's a distraction from the pain and a valuable service for people like me that

	suffer ongoing pain and mental health issues" "I enjoyed meeting people in the same position as me and learning from each other, both artistically and from a pain management perspective" "I've bought paints, sketchbooks and needle felting equipment which has made a massive difference to how I manage my pain at home" **Creative evaluation** One group chose to express and reflect how they were feeling after each session by choosing a material and weaving it into a tactile piece of tapestry. This was something the group enjoyed doing; members reported that they thought hard about the texture and colour of what they used to express their emotions. **The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)** 83% of participants showed a statistically significant improvement on the WEMWBS **Critical success factors** • The opportunity for Artlift to strengthen relationships with Pain Management Clinic team aided the co-production of the programme and increased referral numbers. • The ability to draw on the lived experience of those with persistent pain to shape the programme • Delivery of the programme by Artist Facilitators with lived experience of persistent pain felt very important as participants felt it was "vital" that artists had "empathy" around the condition and that trust was established. https://www.youtube.com/watch?v=FKFxOUiReh8&feature=emb_logo

Title	Play It!- A Musical Social Prescription for Children & Young People Living with Persistent Pain
Description	This project is part of a series of test and learn projects that contribute learning to the wider Gloucestershire arts on prescription programme. **Background & context** There is currently no pain management service or suite of psychosocial interventions available for any children and young people in Gloucestershire, who present with symptoms of persistent pain. The programme was available to people with a wide variety of conditions including depression, persistent physical symptoms, chronic fatigue symptoms / ME and persistent pain. The resulting impact on a young person's emotional, social and educational development can be significant, with young people experiencing these difficulties commonly unable to attend school consistently. **The intervention** The Music Works who deliver the programme offer 1:1 or small group sessions depending on the child/young person's preference and advice of referring clinicians. The participants are identified by pain clinicians in Gloucestershire Hospitals Foundation Trust (GHFT) and are aged between 10 and 17 years old. The Music Works offer a personalised 'What Matters To You" conversation prior to the start of the programme and agree a personalised support plan and goals with each child/young person (with parental involvement as appropriate). The interventions may include elements of music playing, song writing, music technology, production, singing and rapping. Supported self-management education elements are included so that the child/young person pulls through strategies to take home and use. Impact measures are completed pre and post intervention against physical function, mental wellbeing, and happiness/enjoyment. **Time Period** The project initially ran for 12 months but this has since been extended for another year.
Outcomes	**Case Study of 'C' aged 20, as told by a music leader from the Music Works:** C struggles with persistent and chronic pain and was isolated and finding life challenging. C came to the group with enthusiasm and an open mind but with low confidence. However, as the group developed, so did her creative contributions. Her voice became stronger and her confidence grew. When lockdown happened and the group could no longer meet in-person, we started doing online one-to-one sessions with C – and there we saw her song writing really take off. She also became more and more involved with The Music Works and started to contribute to the development of the organisation. The music group gave C a group of peers to interact with, combating her isolation and instantly improving her quality of life. And, since her time working with our music leaders, C has gone from strength to strength. She has written and recorded a number of her own songs. She has joined The Music Works' youth advisory group. She has become a young trustee for The Music Works,

	and she has started a college course. She's found a passion for spoken word performance. We now regularly get to see her contributing ideas, cracking jokes, celebrating successes – full of life and making her voice heard! For participant views please see YouTube video in Additional Information below. **Critical success factors** As The Music Works worked with a small number of children & young people, this enabled them to provide a very bespoke and personalised care response to the person's needs. The 1:1 interactions allowed the relationships between the music leaders and the participants to build and facilitated the music leaders being able to respond innovatively to support the children and young people express their pain related issues through their enthusiasm for music. Another critical success factor was the programmes ability to quickly adapt to working online during COVID-19. https://www.youtube.com/watch?v=K2XIfc1Zwhg&feature=youtu.be

Title	Sharing the patient experience
Description	In summer 2017 we created a series of vodcasts where patients shared their experience of coming off opioids and professionals discussed the phenomenon of persistent pain and issues in relation to opioid prescribing
Outcomes	We recorded the experience of three people with long term pain who had benefited from opioid reduction about their experiences of pain management and of reducing medicines. We recorded a further nine vodcasts of HCPs discussing the limitations of pain medicines particularly opioids and the use of alternative approaches to managing pain. These vodcasts are available on G-Care.

Title	Introduction of the Pain Navigator Tool
Description	The Navigator Tool has been developed by Pain Concern (Britain's largest Pain Charity) in collaboration with the University of Sterling. It is a tool to facilitate patient centred, personalised conversations between people with pain and HCPs.
Outcomes	We distributed hard copies of the Navigator Tool as CCG pain educational events. GPs have reported the tool as useful for selected patients in supporting conversations to think about pain differently and to identify what is important in their lives. In early 2020 we distributed a questionnaire to be completed by all HCPs using the Navigator tool to describe to what degree it helped support patients to think more broadly about their pain and whether it was helpful in developing shared management plans. These data are not yet collated. The Navigator Tool is a key resource in the Addictions support in primary care pilot. Navigator tool (Annex 15).

Annexes

Annex 1 Risk Mitigation Stratification Criteria	Risk mitigation plan stratification criteria.p
Annex 2 Mitigation Flowchart	RMP flowchart.pdf
Annex 3 Risk Mitigation Plan Data Collection	Risk mitigation plan data collection.pdf
Annex 4 First Opioid Reduction Letter	Opioid Reduction Letter 1.pdf
Annex 5 Second Opioid Reduction Letter	Opioid Reduction Letter 2.pdf
Annex 6 Joint Countywide Pain Formulary	PainFormulary.pdf
Annex 7 Masterclass Booklet I	LWwPP masterclass I.pdf
Annex 8 Masterclass Booklet II	LWwPP masterclass II.pdf
Annex 9 Challenging conversation masterclass booklet	LWwPP Challenging Conversations worksh
Annex 10 It's Your Move report	It's Your Move - Cohort 1 - Nov-Dec 2
Annex 11 It's Your Move: GP Supporting Information	itsyourmove GP info.pdf
Annex 12 It's Your Move: Patient Information	itsyourmove patient info.pdf
Annex 13 Addictions Support Pilot: Patient Information	Safe use of pain medicines patient infc
Annex 14 Addictions Support Pilot: GP supporting Information	Safe use of pain medicines GPs FINAL

Annex 15 Navigator tool	Navigator Tool 2020 Interactive.pdf