

The Royal Pharmaceutical Society in Wales is pleased to respond to the consultation on Living with persistent pain in Wales guidance:

Living With Persistent Pain.

1. *How can services be further developed to be more effective?*

The Royal Pharmaceutical Society (RPS) fully supports the principles laid out in Part 1 of the guidance. In addition, we believe pharmacists do currently, but could play an even greater role in the development and delivery of these services. Pharmacists are experts in medicines and are held to the core standards of person-centred care, partnership working and effective communication, among others. They are perfectly placed and equipped to offer medicines education and support to patients in all sectors of healthcare.

The guidance focuses very much on specialist pain services which are predominantly available within secondary care settings. However, only a small percentage of those living with pain will ever attend secondary care, with some estimates as low as 2% of people being seen by a specialist¹. Therefore adequate provisions for patients dealing with pain in community settings is essential. Community pharmacists are ideally positioned to support patients close to their home; they can be accessed without appointment and in many cases, they are available seven days a week. These pharmacists are responsible for the supply of analgesia, and offer self-care advice and signposting to other services. The skills of community pharmacists could certainly be further utilized to play a greater role in helping patients to understand and manage their medicines and condition more effectively.

Pharmacists in the community are able to complete Medicines Use Reviews (MURs) with patients who require regular medicines as part of an enhanced service. Within this service certain patient groups are identified as targeted groups where the potential benefits from the service are likely to be greatest. These may be patients taking high-risk medicines or those patient groups who commonly experience medicines issues, such as those taking inhalers for asthma. Patients with persistent pain could potentially be added to the targeted groups list for this service increasing their likelihood of receiving an annual consultation with their pharmacist to maximise the benefit they get from their medicines.

The extensive skills of pharmacists based in GP practices also need to be considered for patients dealing with pain. We are aware of some areas where good practice already operations across Wales, where a community pharmacist work closely with neighboring practice based pharmacists to highlight individual patients that would benefit from further consultation directly to the practice pharmacist.

Alternatively the practice pharmacist may discuss with primary care multidisciplinary team a patient's care, or refer directly to a colleague (GP, OT, Physio).

These practice pharmacists may be highly experienced with extensive competencies with a skill set involving pain control and in many cases will be a qualified Independent prescriber, enabling them to take full responsibility for the patients themselves. Alternatively the practice pharmacist may discuss with primary care multidisciplinary team a patient's care, or refer directly to a colleague if appropriate (GP, OT, Physio). Some Pharmacists in GP

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surgeries are already working closely with colleagues in improving the life of patients with persistent pain. Making direct referral to Occupational therapists led 'Back Health', and to physiotherapist's clinic. (Examples are available from members and can be provided upon request)

Pharmacists can help patients and colleagues within the MDT understand and improve pain control, being cognisant of the multifaceted complexity of pain.

Many pharmacists in secondary care are also qualified as independent prescribers (IP). Pharmacists undertaking this qualification work within a specific clinical field. This can be, and often is within pain management. IP pharmacists working within a pain team work with other healthcare professionals and the patient to understand the clinical condition and the patient's needs. In this environment, the pharmacist's knowledge and skill set as the expert in medicines is utilised to produce the best possible outcomes for the patient.

New service models should be explored and the sharing of pockets of good practice across Wales must be facilitated. Resources may need to be moved and the skills of expert practitioners in pain being used closer to the patient's home.

2. *What are the key areas that health and social care professionals need to be aware of to treat and manage persistent pain effectively?*

Health and social care professionals need to be aware of the multi-faceted nature of pain and its far-reaching implications for those living with it. The guidance does explain this in some detail but it is unclear how this will be disseminated or how that information is to be best shared with the public.

There is reference to coproduction and shared decision making; this needs to be developed with upskilling of all in health & social care to help patients in shared decision making and health literacy.

Further, pain affects all of the population and is present in every specialty in every sector. The document does not touch on this or provide Health Boards or others, with detail of how they can ensure that all professionals use opportunities to promote better pain management.

Additionally, there needs to be improved communication and relationships between healthcare professionals and increased education in terms of the vital role each plays in improving a patient's quality of life. In order to deliver the best possible care, and give appropriate advice and support, healthcare practitioners in all environments need appropriate access to the electronic patient health record.

Community pharmacist and practice based pharmacists can be useful conduits to other services such as the expert patient programmes and therefore need access to up to date information of services available in their localities that may benefit their patients. They should be able to directly refer people to services such as exercise referral schemes in the same way as GPs. Directories of approved alternative and supportive schemes for pain management should be available in localities.

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Evidence Based Care.

3. *Is there any new research or evidence not included in the document that you are aware of which should be taken into account to better enable people to live with persistent pain?*

We would agree that the resources listed in Part 2 of the guidance are all relevant for the management of persistent pain.

The Way Forward.

4. *What further support would provide help to patients and their needs?*

The principles of multidisciplinary working and co-production explored in Part 3 of the guidance are key to offering person-centred care. In order for this to be effective there needs to be clear communication between healthcare professionals in all care settings as well as with patients. There are currently some clear barriers to this, for example, community pharmacists do not have routine access to a patient's electronic health records. Read and write access to these records would improve communication, and therefore the safety and efficiency of support community pharmacists offer patients. Having access to appropriate clinical information would better enable pharmacists to support patients in understanding their condition and ensure consistency of the information provided by all healthcare professionals, whatever the setting.

It is not clear what input professions such as physiotherapy, occupational therapy and psychology have had into the document, but it would seem that these professions, along with pharmacists, are extremely well placed to provide the majority of the support that patients require in order to live better with pain, working in conjunction with their GP.

5. *What are the most effective and accessible means of helping people with persistent pain to find information, assistance and advice?*

Community pharmacists are an accessible and knowledgeable resource for promoting public health messages and providing advice and medicines counselling without appointment. Community pharmacy could be further utilised to provide information and education services specific to pain for example via pain management hubs within communities.

Often, the first point of contact for patients living with persistent pain is their community pharmacist. They are at the heart of their local community and often know the patient and their family. They provide advice on self-care in the first instance however they have limited options when they feel that a patient needs additional support. They are not routinely able to directly refer patients to services such as physiotherapy and occupational therapy so they

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have to direct patients to their GP who is then able to make that referral (it is seen in some areas and streamlines the patient journey). Allowing pharmacists to directly refer patients into these services would improve the patient journey and reduce the burden on already-stretched GP teams. Another option would be to create pain management hubs in communities bringing the multidisciplinary team together at the point of care to deliver seamless and consistent care for these patients.

Supported Self-Management.

6. What are the most effective and accessible self-management techniques?

As previously mentioned, community pharmacists are key to supporting the self-management of persistent pain. They often encounter patients before they have approached any other healthcare professionals or even received a diagnosis. They know the people living within their community and their families and are therefore often able to identify trends in purchasing over-the-counter analgesics for example which could help to identify undiagnosed patients living with persistent pain. This knowledge of the people using their services allows them to provide a holistic approach to self-care, taking into account their lifestyle and background and working with the patient to find the best solution for them.

Once patients living with persistent pain are under the care of a GP or secondary care practitioner, their community pharmacist still has a vital role to play. They see these patients, or a relative or carer, whenever they collect their medication, usually monthly. As such they can monitor the patient's progress and are often the first healthcare professionals to identify any issues with their pain management plan.

Health & Social Care Provision.

7. Does the guidance capture all the elements of a good therapeutic relationship and what effective help looks like? What else can be recommended?

The guidance addresses the need for improved communication between patients and healthcare professionals in all sectors and we welcome this. However, the guidance is centred on secondary care services with the implication that this is the only source of information and advice for people. Professionals based in primary care, including GPs, pharmacists and physiotherapists, could all work together to support people living with pain, thus reducing the need for and burden on secondary care services.

It is important to note that many of the evidence based suggestions within the document are already available in some places but provision across Wales is not consistent. Emphasis

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should be placed on the need for consistency in service delivery across Wales to ensure that patients can access the same level of care wherever they live.

8. *How can local health boards, local authorities and third sector organisations support people with persistent pain to live as well as possible?*

There is a particular need for the smooth transition of care from one sector to another and timely support and education around pain management. Investment in appropriate access to the electronic patient health record for all healthcare practitioners will support improved sharing of information and consistency in care.

We fully support the drive to enhance non-pharmacological services for pain management and would welcome increased knowledge and visibility of the services within each Health Board. Access to these services coupled with regular medication reviews with a pharmacist to support xx appropriate deprescribing of medicines with little evidence of benefit can dramatically improve a patient's quality of life and wellbeing, as demonstrated in the case study in Part 5 of the document. We would therefore advocate for better utilisation of pharmacist skills in all settings to support xx appropriate deprescribing and self-care.

9. Are there any terms in the document you feel would benefit from further explanation in a glossary?

None.

10. We would like to know your views on the effects that persistent pain management guidance would have on the Welsh language, specifically on:

1. i) opportunities for people to use Welsh and
2. ii) on treating the Welsh language no less favourably than English.

For many people who are first language Welsh speakers being able to communicate pain symptoms through the medium of Welsh is certainly beneficial and often essential. We strongly believe that in line with the Welsh Governments 'active offer' patients should be offered services through the medium of Welsh where possible rather than having the burden of asking for the service. This is particularly important in areas where there are high density of Welsh speakers.

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