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# Tonight...

- Background to our team
- Outcomes from anti-inflammatory clinics so far
- Hopes for the future
- Scope for greater collaboration?



## Background to PSP team

- Team of 30 pharmacists: sessional support to 216 GP practices across Glasgow
- Established as a service since 1999: seen in excess of 40,000 patients
- Core service: Medication Review
- Structured patient interview identify
   problems relating to medication agree care
   plan with patient/GP implement & follow-up



### Specific focus on anti-inflammatories

- Grew out of a relationship with 1 surgery
- Lack of clarity:
  - Best strategy to minimise risk?
  - Place of COX2s?
- Baseline audit & GP interviews:
  - What don't we know?
- Literature review & secondary care liaison: GI & Rheumatology
- Practice protocol agreed
  - Review of 'priority' patients

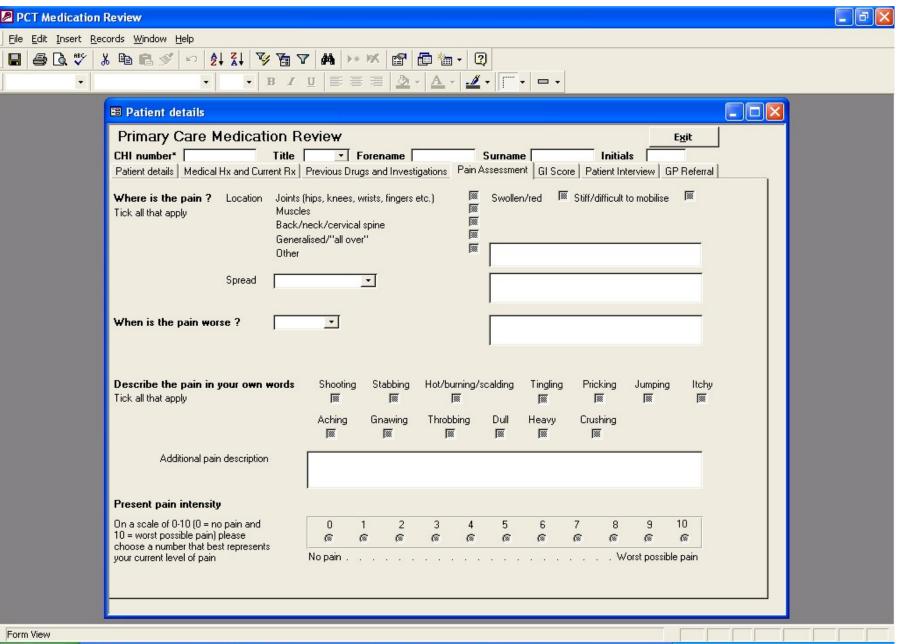
# Expanding to PSP team

- Why?
  - Share knowledge: other PSPs/practices
  - Address PCT priority (exponential in COX2 use/cost)
  - Unmet need: Pain not in GMS contract/lots of patients with chronic pain/specialist services in-demand
  - Ongoing concern: morbidity secondary to NSAIDs
- How?
  - Database development
  - Training:
    - GGHB pain guidelines
    - Anti-inflammatories
  - PLMR clinics: anti-inflammatories



#### Current service involvement

- Approx 8 PSPs running clinics in 12 GP practices (finite pt lists)
- Identify priority patients for review
- Invite patients to attend a PLMR
- Structured consultation: Pain Assessment, GI risk assessment, Review of Medication
- Identify issues & agree care plan with pt/GP
- Implementation
- Follow-up at 3 months



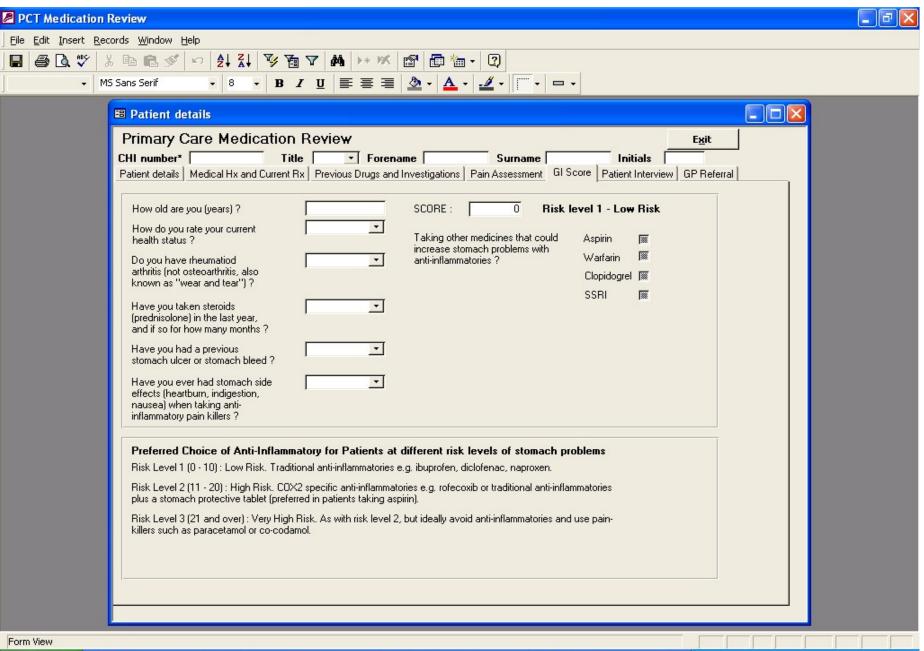


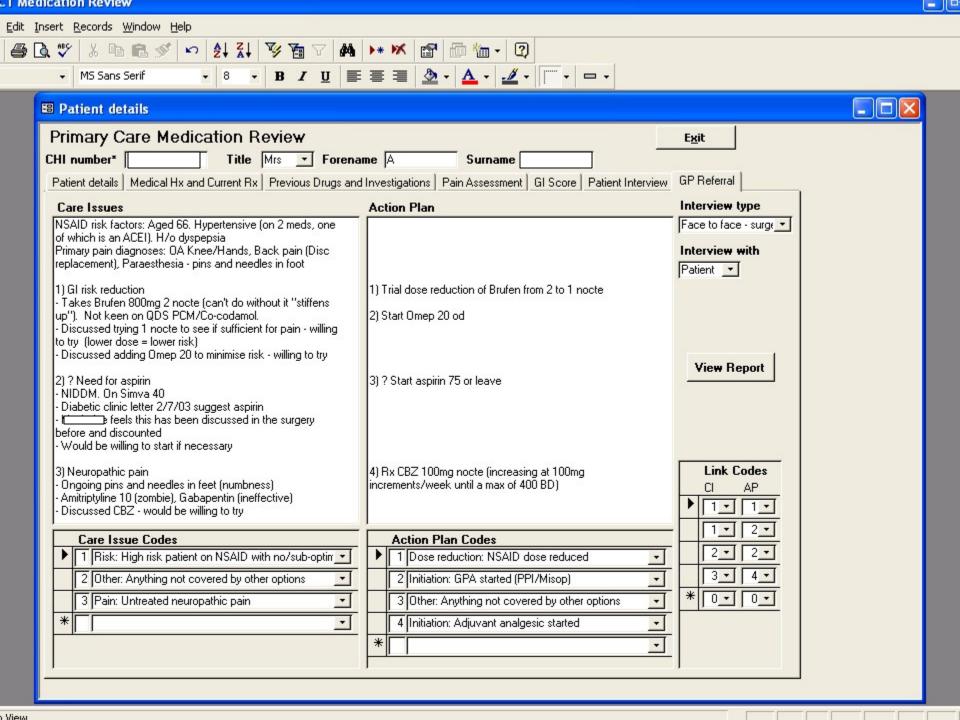














#### Outcomes so far

- 5 clinic lists completed & follow-up undertaken (n=619 patients)
- Patient group description:
  - Mean age: 65 yrs
  - Average of 1.9 analgesics at baseline
  - 66% female
  - Only 13% with a recorded inflammatory pain diagnosis
  - 50% with a documented co-morbidity e.g. hypertension
  - 56% receiving 'less suitable' co-prescriptions e.g. diuretics

#### Outcomes so far

- 85% of patients seen had 1 or more problem identified relating to their medication (mean 1.8/patient)
- Most prevalent problems:
  - No clear indication for anti-inflammatory
  - High risk patients on NSAID with no/sub-optimal GPA
  - Pain control sub-optimal
- Common interventions:
  - Anti-inflammatory stopped
  - GPA initiated/optimised
  - Simple/compound analgesic dose increased
  - PCM started

#### Outcomes so far

- 95% GP agreement with issues raised
- 95% of changes maintained at 3/12
- At follow-up
  - Pain scores reduced (mean 13% reduction)
  - Overall: 87% of problems resolved/improved
  - 'High risk' problems: 92% resolution/improvement
  - £100/pt/saved (despite initiation of new meds)
  - Mean no. of analgesics/pt at follow-up: 1.5 (-0.4 cf baseline)
  - Patients generally positive

# Future developments?

- Expand from narrow anti-inflammatory focus to broader pain management focus
- Different ways of service delivery?
  - Community pharmacy involvement
  - Non-surgery based model? (CHP focus)
- Stronger links with Pain Service/Other groups:
  - Education & training/Difficult cases/Pain assessment methods
  - Referrals to & from different services? (2ndry care? Physios? Patient Groups?)
- Partnership working to develop service/research proposals to further NHS GG Pain services



# Thank you for your time!

All comments & suggestions gratefully received on:

- our current service/approach?
- possible partnership working?
- best ongoing forum to discuss opportunities/developments?