



Coventry and Warwickshire Primary Care Network Pharmacy Technician Away day

Coventry and Warwickshire Training Hub invited the Medicines Safety lead for the West Midlands Academic Health Science Network to present at the Primary Care Network Pharmacy Technician away day.

To share information on Medicines Safety Improvement programme and why we need to focus on improving care of people living with chronic non-cancer pain by reducing harm from opioids. And provide details of the useful resources available to support this initiative.

16 Pharmacy Technicians across Coventry and Warwickshire attended this day on the 20th of January 2023.

During the session to foster engagement we asked the Pharmacy Technicians to consider the key challenges and barriers faced when supporting patients to reduce the use of opioids for chronic non-cancer pain.

These are some of the common challenges and barriers they expressed as being an issue:

Managing the expectations of patients

- Lack of patient education and understanding
- Patient's may present or display challenging behaviours, such as aggression and resistance to change. Have a fear of pain and a lack of understanding.
- Patients lacking capacity such as dementia, mental health and learning disability may struggle to stop
- Patients may be reluctance or refuse to consider a reduction as they might be worried that their pain might not be controlled by stopping their treatment.
- Patients may have a fear, not be psychological, or in the right mindset to stop, or have a fear of withdrawal symptoms.
- Patients may be addicted to opioids and not wanting to give up
- Patients might be reluctance to try non-medical treatments.
- Patients may experience difficulties due to physical or personal circumstances
- Patients may be abusing the use of opioids by selling them on.
- Patients' adherence when titrating dose
- Opioids might be a cheaper alternative to street drug, and substance misuse might lead to patient developing a higher tolerance.

Capacity and capabilities within the system

- Lack of staff – no Physiotherapists, Occupational Therapists, Care coordinators, or Lifestyle coaches to support patients
- Limited availability of appointments to invite patients in for a SMR
- Lack of appointments and lack of follow-up due to time pressures.
- Lack of support to provide continuity of care, some GPs will freely issue a Rx.
- Poor communication is a barrier as the lack of notes or regime can lead to inappropriate prescribing

Confidence to support patients

- Limitation of role and confidence
- Opioids may be initiated by the pain clinic and may be responsible for increasing the dose
- Lack of clinical knowledge to deal with these patients
- Non-clinical staff adding on drugs, discharge letter not being reviewed.
- Non-clinical staff requesting prescriptions for patients.

As part of the session, we engaged the Pharmacy Technicians to identify the potential solutions to address the barriers identified and to support them in taking forward this work within the primary care network.

These are some of the potential ideas for improvement identified by the group:

Support Patients

- Education for patients using patient information leaflets and resources
- Empowering and motivating patients
- Involve patients' family and careers once consent is gained.
- Find out about support groups to signposting patients
- Encourage and signpost patients to undertake mindfulness and physical activity
- Start with a small cohort of patients

Consider a Multidisciplinary team (MDT) approach

- Education and Training for staff including admin staff or prescriptions clerks.
- Work with Health Wellbeing coaches
- Consider the referral pathway for an MDT approach to Social Prescribers/Link Workers, Occupational therapist, Physiotherapist, GP, Clinical Pharmacists and Lifestyle coach
- Work with clinicians to make sure consultations are patient-centred and involve an element of shared decision-making.
- Having specific clinical pharmacist appointments/more time (colour-coded slots)
- Clear care plan – document specific detail for patient's treatment plan
- Consider referral to a pain clinic when required

Pharmacy Technicians can take the following action

- Complete an audit
- Attend MDT meetings
- Develop SOPs/protocols for admin staff/prescription clerks to follow and highlight patients on opioids, and other drug-forming dependency meds
- Develop a technician-led assessment
- Work to gather information on the local community and support groups
- Access online resources, for example, Pain Tool kit, Live well with Pain
- Implement a robust alert system to prevent fraud
- Facilitate regular follow-ups for patients

Overall feedback from all the Pharmacy Technicians was positive and demonstrated how the session had influenced the participants to identify actions to take away to reduce harm from opioids.

As a result of the session, these are some of the takeaway actions shared by the Pharmacy Technicians:

- Access ePACT2 for each surgery figures, and take to practice meetings
- Talk to the Clinical Pharmacist and see how I can help, for example run the searches.
- Not put opioids on repeat after hospital discharge
- Engage in further training and study to increase my confidence when dealing with patients on opioids
- Know more about the types of support groups that are available
- Support MDT communication
- Increase my own knowledge around opioids, so I feel comfortable talking to patients.
- Develop a technician assessment template
- Look at available resources and training

As an outcome of this session WMAHSN has shared a document with helpful resources and links based on the feedback to support the Pharmacy Technicians in developing their knowledge and skills.