

# North Wilts Pain Group

Project lead: Rachel Dolman  
Senior PCN Clinical Pharmacist

## Background:

Community pain group founded in 2018 to support general practice with patients diagnosed with Fibromyalgia, due to its success the group increased its capacity to include all types of chronic pain including Long Covid.

- ❑ Wide demographic of patients; typically female, 40yrs +

## Need:

- ❑ GP's understand chronic pain patients are challenging due to the personalised nature of their conditions
- ❑ Requirement of multiple appointments
- ❑ Complex solutions / management
- ❑ Effective medication is limited
- ❑ GPs requested this service to be initiated across the PCN

**Next Steps:** To increase resilience, PCN Health and Well Being Coach has completed the LWWP Course and has begun supporting sessions throughout the year. The maximum number of attendees able to attend the village hall setting is 60

## Solution:

- ❑ Direct invite via the GP or other clinician either verbally or using the local messaging system
- ❑ Patients requiring an (SMR) with a pain management pharmacist are tasked directly to Rachel Dolman
- ❑ Opioid reduction plan discussed and implemented where appropriate

## Costs/Resources:

Running costs include:  
village hall hire, preparing and organising sessions, funds for "speakers" and TIME

## Challenges:

- ❑ Patients buy in - Not everyone feels "talking therapies" is the solution
- ❑ Patient expectations - Medication to manage their conditions
- ❑ FBM prevalence in men is 20%, therefore difficult to establish men within the setting

## Lessons:

Conditions for success:

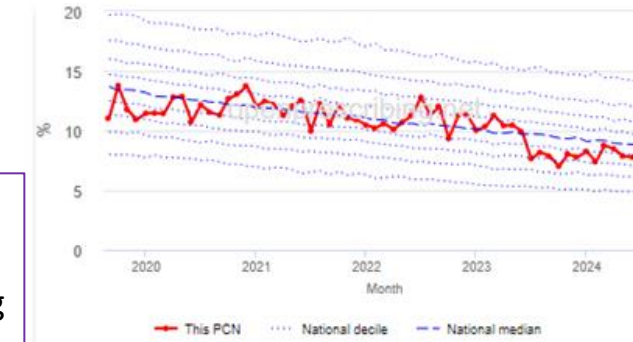
- ❑ Project lead with enthusiasm & drive
- ❑ Supportive practice management team providing the opportunity to experiment

Recommendations & advice:

- ❑ Positive energy to drive the project and influence others
- ❑ Patient involvement – what are their expectations and needs from the group

High dose opioid items as percentage regular opioids

Opioid items with likely daily dose of  $\geq 120$ mg morphine equivalence compared with prescribing of all items of these opioids



## Impact:

- ❑ Open Prescribing Data – reduced number of opioids prescribed across PCN
- ❑ Positive PSQ feedback:  
**Top benefits highlighted:** "Information sharing, "Presenter sessions well organised" & "Sharing ideas and experiences"  
70% leave feeling happy and likely to recommend to a friend  
60% connecting outside of the organised group
- ❑ High opioid prescribing reduced, regular monitoring and focus area across the PCN
- ❑ Focusing de-prescribing opioids in areas most needed, addressing health inequalities
- ❑ GP's happy with referral pathway and the ability to signpost patients for additional clinical and holistic support
- ❑ Informed using resources [Chronic Pain Support - Malmesbury Primary Care Centre](#)