

Scottish Pain Pharmacy Network (SPPN) Newsletter

Issue 4 August 2025

Welcome to the fourth edition of the SPPN newsletter.

A holistic approach to Pain Management based on the mnemonic SUGAR

A SPPN full of:

S ocial Prescribing and Self Management

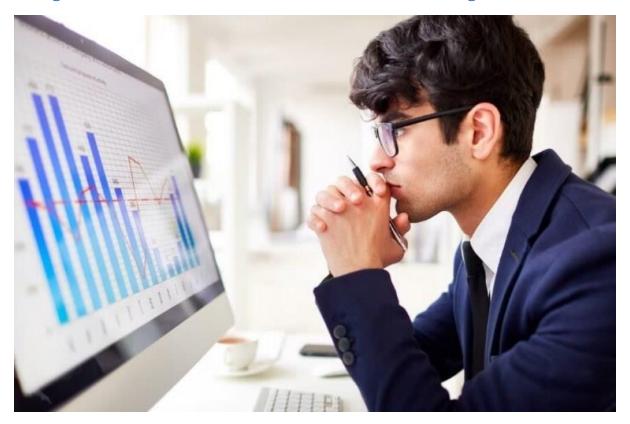
U nderstanding Pain and the Patient

G oal Setting

A cceptance

R Relationship, Reducing Medication Harms and Review

Using Data to Drive Safer and Smarter Pain Prescribing



In an era where data is increasingly central to healthcare improvement, understanding and utilising the right data sources is key to driving meaningful change in pain prescribing. This article shares information presented at our recent meeting aimed at raising awareness of the various data tools available and to share experience in using data to drive changes to prescribing behaviour.

Top tips for using data to influence prescribing:

- Don't look at any one dataset in isolation but corroborate with other sources.
- Avoid looking at data from one point in time and instead focus on the trend.

Below is an overview of commonly used data streams in primary care highlighting the source of data extraction and suggestions for application in the context of pain prescribing.

EMIS / VISION/ EMISWEB

- *Key info*: Uses prescribing data direct from GP practice system. Search can be built in practice or locally by IM+T facilitator. Gives real time, patient identifiable data.
- Suggested uses: Application of chronic pain template. Search for specific drug or combination eg searching for patients prescribed amitriptyline as part of deprescribing initiatives or search for combinations with QT prolongation risk eg methadone/amitriptyline. Search by clinical condition. Create patient registers and recalls.

• Other info: Can import templates to other practices. Requires level of expertise for complex search

	Version 2.0				
	Pain Severity Score = Mean of items	3-6 (pain at its worst, pain at its least,			
Chronic pain review 🗆	Average Pain Interference Score = Mean of items 9A-9G		Scoring Tools		
Previous Review	AVG Pain Severity Score AVG F	Pain Interference Score	Opioid Risk Took Brief Pain Inventory		
Pain score //10 Pain score not found	PSEQ S-LANSS Pain Score				
Patients should only be ad	ded to the 'Chronic pain register	' if the duration of pain exceeds 3 month	Keele STarT Back ST POMI		
Chronic pain (Register) Additional Comments	Patient Medicines Decision Guide				
Prompt - Discuss Patients	Expectations of Chronic pain ma	nagement	Medication Related		
Employment Status		•	Opioid Dose Converter		
			Medication Information Leaflet Opioids Side Effects		
If employed, does your health cause you problems at work?			Co-codamol More Harm Than Good PIL		
			Dihydrocodeine More Harm Than Good PIL		
Patient treated with OTC (over the counter) medication	Enter Drug Name		Co-Dydramol More Harm Than Good PIL		
Medication started		Alcohol screening - FAST	Tramadol More Harm Than Good PIL		
The state of the s					
Medication Stopped					
Medication changed 🗆	Mental Health				
			Wellbeing Glasgow Breathing Exercises Computerised Cognitive Behavioural Therapy		
Click on button for Anxiety and Depression S	creening (PHQ4) Screening Qu	uestions	Computerised Cognitive Denavioural Therapy		
Patient Pain Management Pla			Self-Management		
Care Plan Given Agreed Please Enter Agreed C			NHS GGC Pain Service Resources for Patients		
Cale Flan Given Agreed (iodis		Guide To Self-Management		
			10 Footsteps To Living Well With Pain		
			Self-Management Navigator Tool		
Chronic Pain Clinic Referral Criteria			NHS inform MSK		
			Social Prescribing Network		
Additional Read Codes ▼			The ALLIANCE		
,			A Local Information System for Scotland		

PIS (Prescribing information system)

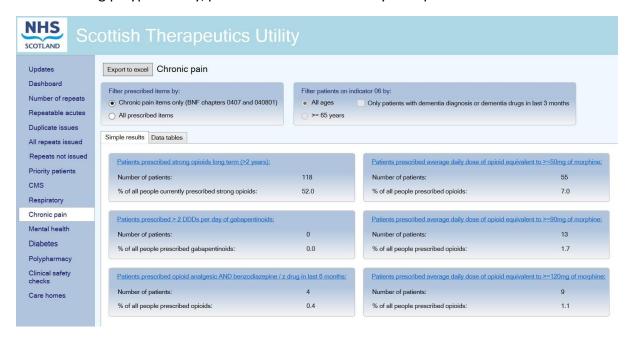
- Key info: Data is supplied by Practitioner Services Division (PSD) who are responsible
 for the processing and pricing of all prescriptions dispensed in Scotland. Includes
 data on prescription dispensing (drugs, costs, prescriber). Also includes items
 prescribed by hospital but dispensed in community. Patient identifiable data. Data
 lag of 3 months.
- Suggested uses: Cost saving opportunity eg lidocaine prescribing.
- Other info: Register for access

PRISMS (Prescribing information system for Scotland)

- *Key info*: Subset of PIS system. Uses centrally held Scottish data derived from prescriptions dispensed. Allows comparison between prescribers / practice / HSCP / health board. Data lag of 3 months. Not patient identifiable.
- Suggested uses: Identify areas above or below average prescribing. Cost saving opportunity eg lidocaine prescribing
- Other info: Register for access

STU (Scottish therapeutics utility)

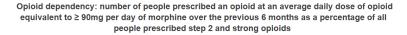
- *Key info*: Interrogates data from GP IT systems with a focus on repeat prescribing and high risk medicines. Gives patient numbers in priority groups. Real time, patient identifiable data.
- Suggested uses: Includes chronic pain tab for high dose opioid / gabapentinoid data.
 Mental health tab for triple whammy meds. Polypharmacy tab for pain related
 searches eg bleed risk for NSAIDS, falls for meds of dependence. Repeats not issued
 tab can be used to identify pain meds with no recent issue to prompt removal and
 inappropriate issue. Repeated acutes tab can be used to identify patients with
 repeated acute analgesia to prompt early intervention where acute pain is moving to
 chronic.
- Other info: Current pilot with additional function looking at compliance and identifying over / under ordering useful to identify overordering of pain medication during polypharmacy/pain reviews. STU data easy and quick to access.

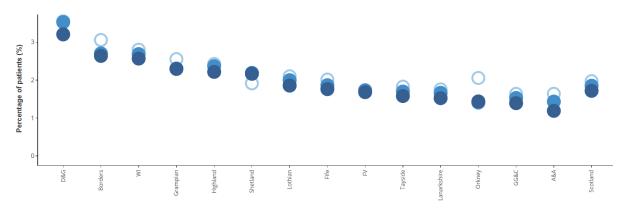


NTI (National therapeutic indicators)

- *Key info*: Uses data from PRISMS and PIS to populate reports on prescribing activity for a number of national indicators. Allows comparison across health boards, HSCPs, GP cluster and GP practices. Lag time several months. No patient identifiable data
- Suggested uses: Info can be used in practice report feedback. Easy to interpret graphs useful for monitoring prescribing trends for each pain indicator. Easy to identify if practice/ HSCP/healthboard is an outlier in pain prescribing.
- Other info: Has several therapeutic areas on dashboard. Currently respiratory, mental health and diabetes. Chronic pain to be added once prescribing strategy is updated. Dashboard will show prevalence of condition data, admissions and list relevant

indicators. Indicators can be influenced based on feedback and recently long term opioid data was reduced from 2 years to 1 year.





Discovery

- Key info: Provides access to a range of comparative healthcare info to support
 performance and quality improvement across health and social care. There is a
 prescribing dashboard including measures on polypharmacy, primary and secondary
 care expenditure and secondary care use of medicines. Large dataset however
 limited pain related data. Allows comparison between healthboard, HSCP, GP cluster
 and GP practice
- Suggested uses: Access clinic wait times, mental health and unscheduled care info.
 Useful for board level oversight
- Other info: Gives two level overview. Level 1 Board and Scotland comparison. Level 2 GP cluster and practice info. Gives patient numbers which can help plan workload.

This list is not exhaustive and we would invite readers to highlight any further data streams they are using and what value they add. Future meetings will look to discuss data sources in secondary care and share best practice on how they can be used to gather data on prescribing and influence quality of prescribing.

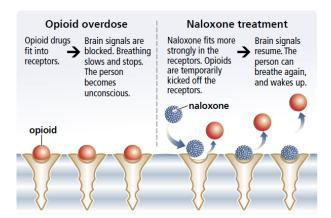
Thanks to Tricia Mieduniecki for her comprehensive overview of data at our recent SPPN meeting 28/5/25 (recording available). Tricia sits on the data workstream and is happy to be contacted with information on further sources in primary and secondary care or any best practice examples you would like to share- tricia.mieduniecki@nhs.scot

Summary of Naloxone Services in Community Pharmacy



How naloxone works and why it is important

Naloxone is a competitive opioid receptor antagonist than can temporarily reverse the effects of an opioid overdose. The onset time for action can be within 3 minutes, although this is dependent on the opioid(s) implicated. With a short half-life, the duration of action can start to reduce from 30 minutes.



The latest <u>drug-related deaths report</u> for 2023 highlighted that there were 1172 deaths registered in Scotland. Opioids were implicated in 80% of these deaths and more than one substance was implicated in 81% of the total deaths. Although naloxone can only reverse the affects of opioids, substances such as benzodiazepines and gabapentinoids can contribute to the respiratory depression caused by opioids. The Scottish Government recognised the importance of naloxone in reducing drug-related deaths and made appropriate changes to increase the availability of naloxone.

Naloxone services in community pharmacy

In October 2023, the naloxone emergency supply service was added as a public health service in all community pharmacies in Scotland. Each pharmacy was funded to stock a minimum of two naloxone kits so that they could be provided in an emergency situation, where an opioid overdose was suspected, without the need for a prescription or use of a patient group direction.

The take home naloxone (THN) service is an additional service that allows community pharmacies to provide naloxone kits to people at risk of an overdose, their friends and family members and also to any service workers or members of the public who may encounter an overdose. These kits may never be needed, but it gives people at risk a greater chance of a positive outcome if they were to experience an opioid overdose. Again, there is no prescription or PGD requirement for the provision of naloxone through this service but recipients must be given overdose awareness training to empower them to correctly respond to an overdose.

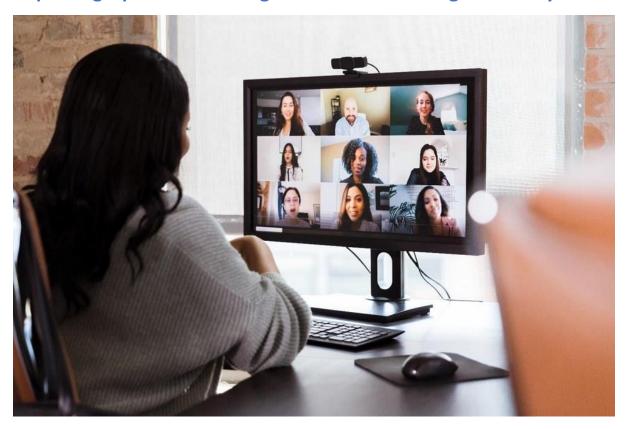
The naloxone kits available through each service include Prenoxad (intramuscular injection) and Nyxoid and the 'Pebble' (nasal sprays). While there are no accurate figures to showcase how many lives have been saved from these naloxone services it can be agreed that increasing the availability of naloxone will continue to have a positive impact on the number of drug-related deaths in Scotland.

How can I make a difference?

Naloxone is not just for people at risk. Naloxone is available to anyone who may encounter an overdose and feels confident to potentially save a life. Online training can be accessed directly from Scottish Drugs Forum or through TURAS. Completing the training will help to increase your knowledge of naloxone and how to respond to an overdose effectively. You will also be able to raise awareness of naloxone with patients who are deemed at risk and you can highlight its importance. Remember, naloxone is a medication that can be prescribed but it can also be provided through other means, without the need for a prescription. If your local community pharmacy does not provide the THN service then naloxone kits can be sent directly to your home through Scottish Families Affected by Alcohol and Drugs. These are resources available to you and your patients.

Many thanks to Jamie Anderson Senior Pharmacy Technician (In substance use) NHS Fife for assistance in producing the above article.

Improving Opioid Prescribing in NHS Greater Glasgow and Clyde



Evaluation of NHS GGC Targeted Opioid Prescribing Initiatives



Introduction Results/Outcomes							
Primary Care Pharmacy Services operate within a tiered clinical model, with pain	Results were:						
and opioid management destignated as key priorities due to rising opioid prescriptions, increasing opioid-related mortality, and limited evidence supporting long-term efficacy. "INHS GGC is a large territorial Board with around more than 125,000 people being prescribed opioids. NHS-GGC Chronic Non-Malignant Pain Opioid Goldeline advises annual review of patients prescribed 2 SDIM (MORPhine Equivalent 1998).	Measure	Baseline (July to Dec. 2022)	Aim	Target	Achieved (October 2023 to March 2024)	Achieved (April 2024- Sept 2024)	
Occounts across armus review of patients prescribed 2 5cmg accomprise Equivalent Dose (MED)/day and that maximum dose should be 90mg MED/day.	Number of people prescribed 50~90mg MED/ day/1000 weighted list	3.23	10% reduction by 31/3/24	2.91	2.95 (8.7% reduction)	2.91 (10% reduction)	
	Number of practices receiving Tier 2 facilitated education sessions		Deliver tier 2 facilitated education	224	94 (42%)		
Methodology	Number of people						
A three-tier model was adopted with the primary care pharmacy teams supporting tier 2 and tier 3 as described below. Tier 2: 50-9 90mg MED/day A Prescribing initiative Implementation Guide (PIIG) was developed over 2022/23 to	prescribed an opioid at an average daily dose of opioid equivalent to ≥ 90mg MED per day per 1000 weighted list size	1.69	reduction by 31/3/24	1.35	1.56 (8% reduction)	1.46 (14% reduction)	
focus on facilitating review of patients and GP practice prescribing processes and behaviours. The intention was to deliver the MFS GGC PIOS on all 224 GP practices. The PIOS incorporated elements that. Facilitated education to reduce initiation of strong opioids at 50mg MED and enourage supported self-management and alternatives to medication Embed annual reviews and management plan through use of a care bundle	Original target of 20% re would we included. Due to pactices were targeted. A delivered in September 20 Feb/March 2024.	limited prim delayed star 23, with team	sary care pha t occurred do ns preparing	macist com to com for review	spacity, only the peting priorities as before most	he top 25% of es. Training w t began work	
Encouraged the practice to this of their processes around authorising and reviewing going between the second processes around authorising and such mouth a cumulative list was provided on the primary care phurmacy service with the processes of the second processes of	Comparison of who received to	acilitated		ose wi			
where the Very Dept. The trends of the Very Dept. T	Comparing opioid prescrit those that did not those t education started from a I This summary highlights th and the need for ongoing.	hat regardles righer baselin he value of ta	ss of the tier, ne and had bi properted non p	the pract gger redu ain speci	ices that recei- ections in patie alist pharmaci	ved facilitated ent numbers	
	Challenges and be	nefits					
Almost Objectives The propert aims for enduce harm and unwarranted variation and reduce numbers of patiency personal. The propert aims for enduce harm and unwarranted variation and reduce numbers of patiency personal. The properties of the patients the risks and harms of large term opicids. The properties of the properties of the properties of the properties of the patients of the properties of the pro	The next shallegs were the lag time between launch and implementation, appears of the primary per parties grow and the rail and an every required for influence of the primary per parties and every prepared on influence stage. The commanded for the primary per parties and from speak planning that primary per parties and from speak planning that primary per parties and per parties						
Ter 2 Approx. 4300 patients in GCC	to improve opioid prescri				he need for o	ngoing suppo	

A recent initiative by NHS Greater Glasgow and Clyde (GGC) is making strides in safer opioid prescribing across primary care. With over 125,000 people prescribed opioids in the region, the project set ambitious goals: reduce patients on 50–90mg Morphine Equivalent Dose (MED) by 10%, and those on >90mg MED by 20% by April 2024.

To share the success and outline strategy, challenges and outcomes the poster "Evaluation of NHS GGC Targeted Opioid Prescribing Initiatives" was developed and most recently shared at the North British Pain Association's Spring Scientific meeting.

This work underscores the impact of structured, pharmacist-led interventions in tackling opioid overuse and enhancing patient care.

Key Strategies:

- Tier 2 (50–90mg MED): Delivered educational sessions to GP practices, promoting annual reviews and mindful prescribing.
- Tier 3 (>90mg MED): Focused pharmacist-led reviews in the top 25% of highprescribing practices, supported by a dedicated network and training.

Outcomes:

- Achieved a 10% reduction in Tier 2 prescribing.
- Tier 3 saw a 14% reduction, despite limited capacity and a delayed rollout.
- Practices receiving education showed greater reductions, highlighting the value of targeted support.

Challenges included limited pharmacist capacity, behavioural change, and patient complexity. Yet, the initiative fostered safer prescribing, better patient conversations, and improved job satisfaction among healthcare professionals.

Share with Colleagues



Get pain informed - start learning today!



DID YOU KNOW? -

38% of the adult population in Scotland are managing a chronic pain condition?

Medicines are not as effective in long term pain? A new hub and learning toolkit has been developed to support understanding for all staff members and help us become a more compassionate and knowledgeable, pain informed workforce.



These resources have been developed for differing roles - so there is something for everyone!



Go on - get pain informed!

Education for Scotland Please ensure you have a <u>Turas Learn</u> account set up to get access to the hub



To support a more compassionate and informed response, a new Chronic Pain Knowledge Hub and Learning Toolkit has been launched on Turas Learn.

This resource is designed for all staff roles and aims to:

- Improve understanding of chronic pain.
- Highlight that medicines are often not effective for long-term pain.
- Support the development of a pain-informed workforce across Scotland.

Whether you're clinical or non-clinical, there's something in the toolkit for everyone. Just scan the QR code on the poster or log in to Turas Learn to explore the hub.

MHRA Drug Safety Update - March 2025



Prolonged-release opioids: Removal of indication for relief of post-operative pain - GOV.UK

The indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids. These opioids should not be used post-operatively due to the increased risk of persistent post-operative opioid use (PPOU) and opioid-induced ventilatory impairment (OIVI). It is not recommended to use transdermal patches for the treatment of post-operative pain.

Are you interested in helping design a digital health application for chronic pain management?



The University of Strathclyde are conducting a research study to CO-DESIGN a digital health application for health and care professionals to manage CHRONIC PAIN CARE.



This is an ongoing research study which aims to develop a digital health solution to support clinicians in chronic pain care (including pharmacists), which will be connected to a patient app.

The solution will aim to support remote monitoring (tracking of patient-reported data from the app) as well as education development for clinicians. Participation involves taking part in an online co-design meeting, to discuss your perspectives on how digital health can support pharmacists in chronic pain care and review the prototype.

Recruitment of clinicians will continue until ~Nov 2025, so please reach out to haruno.mccartney@strath.ac.uk or complete the demographic questionnaire (https://forms.office.com/e/t4mPHK2DbX) to express your interest in contributing to the design of the solution!

Pain Awareness Month - September 2025



Pain awareness month is a global campaign which aims to increase public awareness and understanding of pain. For inspiration on how you can get involved you may wish to look at the following:

- Pain: Do You Get It? with Flippin' Pain Tickets, Thu, Sep 4, 2025 at 12:00 PM |
 Eventbrite
- Migraine Awareness Week 2025 The Migraine Trust
- September is Pain Awareness Month! Pain ConcernPain Concern

Catch Up!



If you missed previous editions of the SPPN newsletters or wish to revisit these then just click below:

Issue 1

Issue 2

Issue 3

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