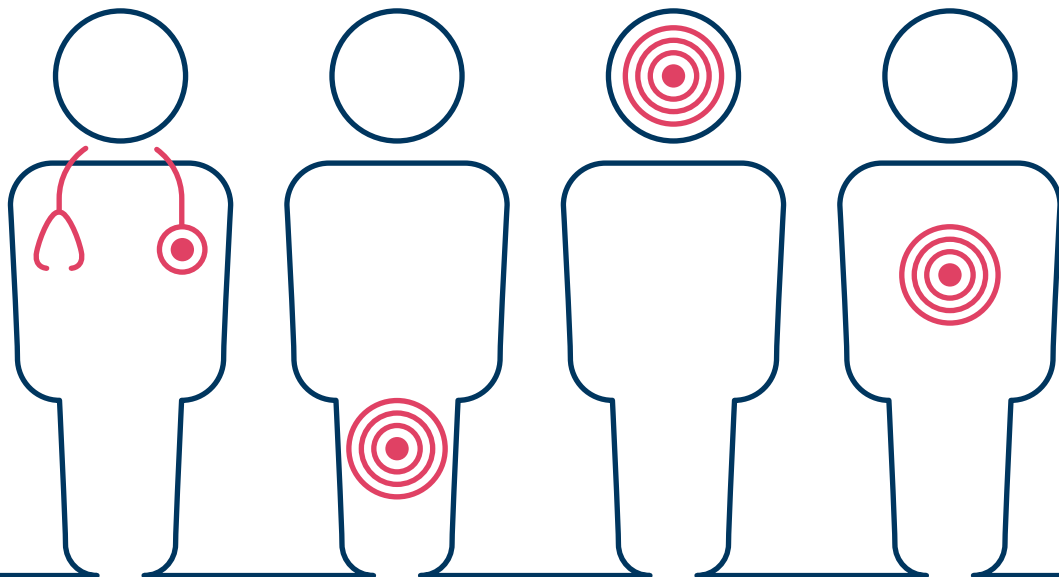


Group Education Sessions for Ongoing Non-cancer Pain

Feeling **ALIVE**: I cAn **LIVE** well with pain



Authors:

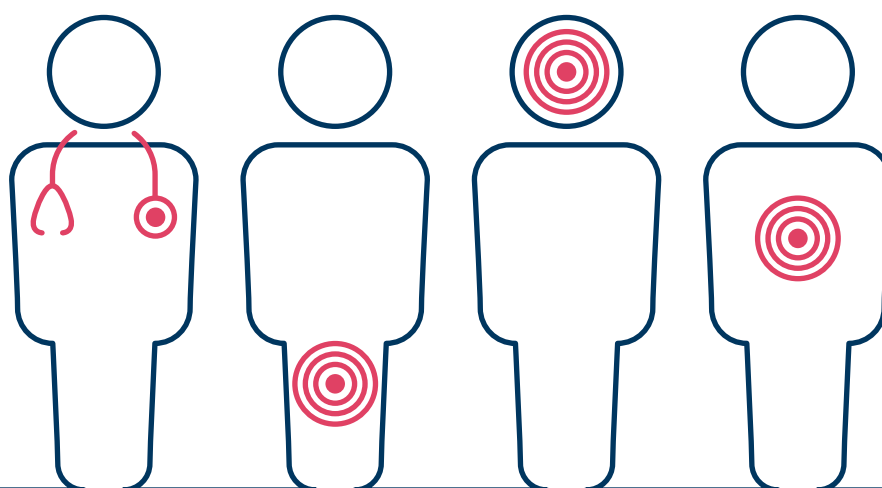
Aiysha Saleemi, Pharmacist Advisor & Project Lead

Mandeep Butt, Clinical Lead

Valentina Karas, Director of Implementation, Patient Safety

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Introduction

Purpose of the guide

This guide has been developed to support GP practices to implement Group Education Sessions (GES) for patients with ongoing non-cancer pain, lasting more than 3 months. The guide can be used by anyone working in a GP practice who wishes to lead this work, however, they need to ensure there is adequate clinical oversight throughout the process.

Background

UCLPartners is an Academic Health Science Network (AHSN) helping five million people from North London to the Essex coast live longer, healthier lives. We bring together expertise from across our health innovation partnership and drive research and innovation to co-create, test, implement and evaluate solutions to the biggest health challenges our communities are experiencing.

UCLPartners Patient Safety Collaborative has been implementing the National Patient Safety Improvement programme with Medicines Safety Improvement programme being one of the key areas of focus. The work has been commissioned by NHS England across all 15 AHSNs.

Since January 2022, we have worked with our partners across North Central London (NCL) and North-East London (NEL) Integrated Care Systems (ICS) to improve chronic non-cancer pain management by reducing high-risk opioid prescribing. The national deliverables of the project are for:

- 30,000 fewer people to be prescribed opioids for more than 3 months
- 4,500 high dose opioids to be stopped.

We are supporting system wide uptake through running the Opioids Network and piloting a small number of interventions with a view of scaling them up, if proven to be of benefit to the patients and clinicians. This guide has been developed to support the implementation of the Group Education Sessions.

Introduction

Ongoing (or chronic) non-cancer pain is any pain that lasts over 3 months. Although it is unlikely that there is tissue damage causing the pain, patients still experience severe pain that can affect their daily activities and overall quality of life. The British Pain Society describes chronic pain as a computer system (i.e. the pain mechanism) that has gone wrong. The National Institute for Health and Care Excellence (NICE) [guidance](#) states that opioids should not be offered as an option to patients with chronic pain, as the harms outweigh the benefits. Despite this, according to national prescribing data from NHS Business Service Authority, in January 2021, over one million people in England were prescribed opioids for more than three months.

A survey conducted by UCLPartners found that many primary care clinicians feel a barrier to reducing and stopping long term opioid use for ongoing non-cancer pain, is that patients are not willing to stop these medications. This prompted a discussion around potential interventions to overcome this issue and the idea of Group Education Sessions was suggested. The full report of this survey can be found [here](#).

Group Education Sessions are a way to provide information and create an environment of shared learning for several patients at the same time. They differ from Group Consultations in that there is no clinical review within the session.

This implementation guide is for Group Education Sessions which have been co-designed with patients and learning has been taken from a PCN in Derby City, who delivered 6 sessions around the **10 footsteps programme**. A video explaining the sessions conducted in Derby City is available [here](#). These sessions had a patient-centred approach and ensured that the sessions were conducted with the patients' desired outcome in mind (i.e. how to live well with pain), not the clinicians' desired outcome (i.e. reducing use of opioids). Patients that attended the sessions spoke about medication use when they felt ready to do so and many decided they wanted to reduce their pain medications. This emerged without any pressure from the facilitators, but through conversation and learning within the sessions. More information is available on the [East Midlands AHSN website](#).

Taking this learning into account, but also understanding the pressure on general practice/PCNs, the GESs have been developed as 2 or 3 sessions; with an aim of providing information on how to live well with pain. Practices/PCNs are free to amend the provided slide decks and structure of the sessions to suit their local needs.

It is worth noting that these sessions are not intended to be peer support groups, as these require ongoing sessions over several weeks/months, although this may develop naturally among the participants. Differences between the 3 types of sessions are detailed in Table 1 below.

Table 1: Difference between GES, Group Consultations and Peer Support Groups

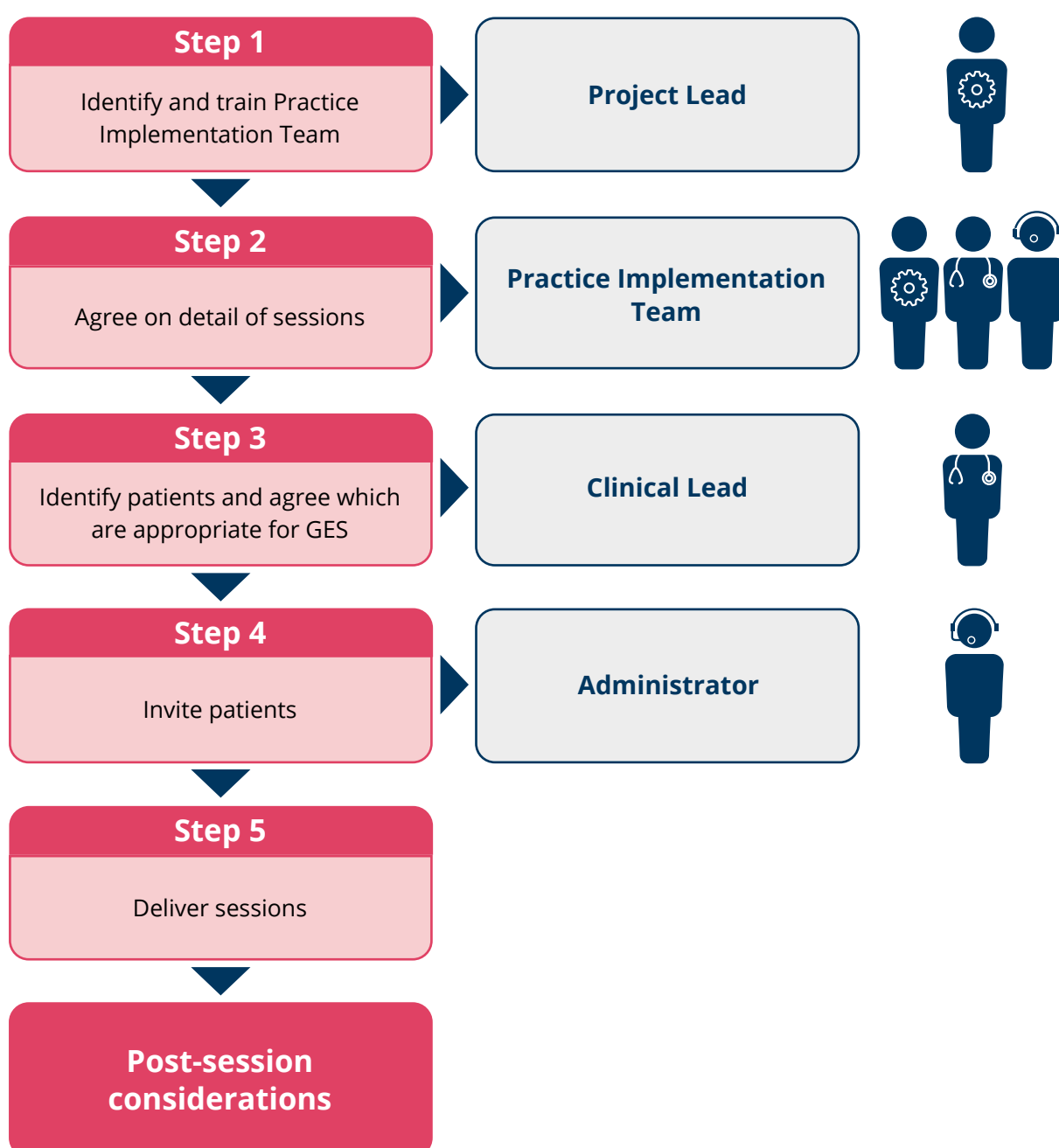
	Group Education Sessions	Group Consultations	Peer Support Groups
Clinical Consultation	1:1 consultation after the session (on a different day)	1:1 consultation occurs within group setting	No consultation
Number of sessions	One or more sessions	One session	Several sessions
Training	In-house training using learning from examples elsewhere (e.g. this guide) Live Well With Pain Training (requires funding)	Access training from: <ul style="list-style-type: none"> Local training hub Personalised Care Institute ELC Works 	In-house training
Evidence of effectiveness	https://journals.rcni.com/primary-health-care/evidence-and-practice/alternatives-to-opioids-for-managing-chronic-pain-a-patient-education-programme-in-the-us-phc.2022.e1784/abs https://www.pcori.org/sites/default/files/PCORI-Thorn059-English-Abstract.pdf	https://www.groupconsultations.com/evidence-research/	https://academic.oup.com/painmedicine/article/22/12/2884/6310773

Understanding what helps people live well with pain is important to be able to support them. Healthwatch Derby has conducted research in over 300 people living with ongoing pain to find out more about the issues they face and what they find most helpful. The report mentions that many people with ongoing pain feel unheard and dismissed by healthcare professionals. Group Education Sessions are a way to provide space and time for patients to talk about the effect of pain on their quality of life and to acknowledge the reality of ongoing pain. The full report by Healthwatch Derby can be accessed [here](#).

Group Education Sessions are one way in which people experiencing ongoing non-cancer pain can gain appropriate information from a member of the primary care team on how to manage their pain better. This also allows them to meet and discuss therapies with other people in similar situations.

The flow diagram below illustrates the implementation steps for conducting GES.

Figure 1: Steps to implementation of Group Education Sessions (GES)



Steps to implementation of Group Education Sessions (GES)



STEP 1

Identify and train practice implementation team

The implementation team should consist of a facilitator, a clinical lead and an administrator and their roles are outlined in Table 2. Either the facilitator or the clinical lead should also be assigned as the project lead to monitor progress and drive the work forward.

Table 2: Roles and responsibilities of the team

Role	Responsibilities	Training
Facilitator	<ul style="list-style-type: none"> Lead on the organisation of the GES This should ideally be a health and wellbeing coach or similar but can also be a clinician 	<ul style="list-style-type: none"> Facilitators Guide GES Slide Decks
Clinical Lead	<ul style="list-style-type: none"> Read through facilitator's guide Ensure confidence in the ability of the facilitator Advisable for a clinician to join the first few sessions run by a non-clinician Provide ongoing support, as needed Review and agree the list of patients that will be invited to participate 	<ul style="list-style-type: none"> NICE guidance Facilitators Guide GES Slide Decks
Administrator	<ul style="list-style-type: none"> Responsible for sending out the correct information (see step 4) when inviting participants Confirm attendance and ensure signed confidentiality forms have been returned Work with the facilitator to organise the Group Education Sessions 	<ul style="list-style-type: none"> Review 'Steps to Implementation' Understand the documents in Step 4 and when to send to patients



STEP 2

Agree on detail of sessions

Group Education Sessions can be run over more than one meeting. The resources within this guide include **slide decks** that can be used for 2 or 3 sessions and an overview of potential content is given in Table 3. It is envisaged that the same cohort of patients will attend each session, however those that attend 3 sessions will have more time for discussion, time to digest the information and an opportunity to come back with questions. Another benefit of having more sessions is that the participants can build a rapport with each other, allowing them to feel more comfortable to share their thoughts on living with pain. Additional sessions can be provided for peer support.

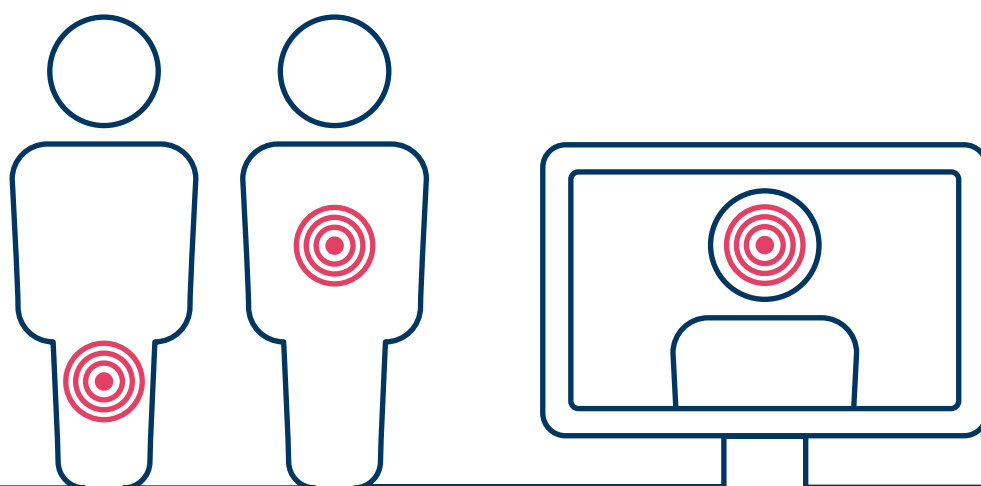
Table 3: Content of the Group Education Sessions

Number of sessions	Duration of each session	Number of breaks per session	Content
2	1.5 hours	1 (10 minutes)	<ul style="list-style-type: none"> Ice-breaker: What are your expectations of the sessions? Mindfulness exercises at beginning and end of session Discussion: What impact does pain have on your life? What is pain? Accepting long term pain (Pain & Me)
	1.5 hours	1 (10 minutes)	<ul style="list-style-type: none"> Mindfulness exercises at beginning and end of session Self-management: Pain cycle vs Self-care cycle Mark's Story (opioid reduction) and discussion on using pain medicines Non-pharmacological treatment options and services available locally
3	1 hour	0	<ul style="list-style-type: none"> Ice-breaker: What are your expectations of the sessions? Mindfulness exercises at beginning and end of session Discussion: What impact does pain have on your life? What is pain?
	1 hour	0	<ul style="list-style-type: none"> Mindfulness exercises at beginning and end of session Accepting long term pain (Pain & Me) Self-management: Pain cycle vs Self-care cycle
	1 hour	0	<ul style="list-style-type: none"> Mindfulness exercises at beginning and end of session Mark's Story (opioid reduction) and discussion on using pain medicines Non-pharmacological treatment options and services available locally

It is also worth deciding if the sessions will be carried out virtually or face to face. Some considerations for each option are explained in Table 4 below. Please note this is not an exhaustive list.

Table 4: Considerations for conducting Group Education Sessions

Considerations for face-to-face sessions	Considerations for virtual sessions
<ul style="list-style-type: none"> • Ensure the venue is accessible to the patients i.e. transport links, lifts in the building etc. • Provide snacks/refreshments for the break. • Ensure the patients selected to attend will not feel distressed within a group setting. 	<ul style="list-style-type: none"> • Ensure participants have access to necessary technology and are able to log onto a virtual call. • Advise participants to keep their camera on but allow them the choice to switch the camera off, if needed. • Request all participants to keep their microphone on mute, if not talking. • Explain how to raise hands virtually if someone has a question. • Ensure the people selected to attend will not feel distressed within a group setting. • Check that participants are happy for their email address to be shared with other participants before sending a Teams invite or include the link to join the meeting in an email and send using Bcc to ensure GDPR regulations are upheld.



STEP 3

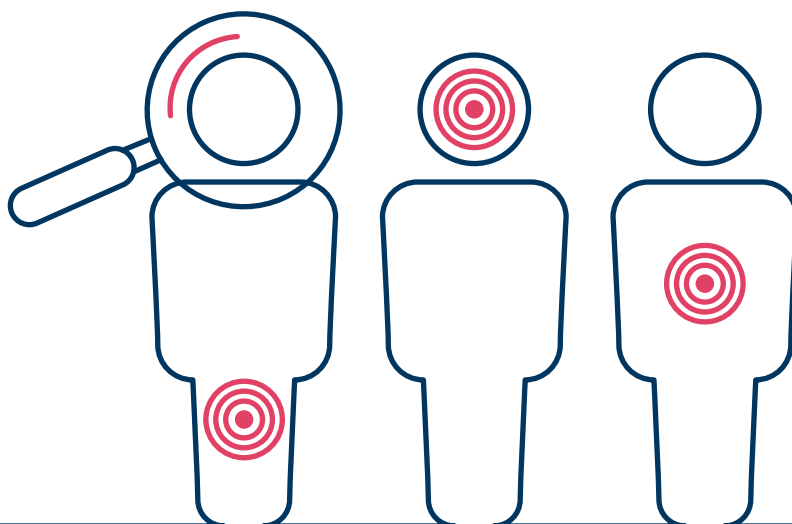
Identify patients and agree which are appropriate for Group Education Sessions

A search can be run within the practice to identify patients on opioids for over 3 months and high-dose opioid prescribing for non-cancer pain. It is important to collect baseline data to confirm if the intervention is having an impact. EMIS and SystmOne searches are available on the PrescQIPP website for high dose prescribing: <https://www.prescqipp.info/our-resources/bulletins/bulletin-218-reducing-opioid-prescribing-in-chronic-pain/>. If this project is being undertaken as a Quality Improvement project, ensure the same search is run periodically to gauge impact of the work.

- Speak to your Integrated Care Board (ICB) Medicines Management Team for support on accessing the PrescQIPP search, if needed.
- Consider contacting your local ICB or GP Federation to request if an EMIS/SystmOne search can be developed to identify patients on regular opioids for 3-6 months.
- Other than collecting the number of patients currently on opioid medication, other baseline data that could be collected is included in the **pre-session survey**.

Participants that may benefit from GES can be identified via the search mentioned previously or by clinicians who regularly review patients on opioids for ongoing non-cancer pain. Although using a search is useful to identify patients on opioids, some searches may highlight a large number of patients and so focusing on a particular group of patients may be beneficial. According to data from NHS BSA, most patients on opioids have been taking them over 6 months and many of these have been on them for years. This cohort of patients will require much more support to reduce and stop opioids and so focusing on people who have been prescribed opioids for 3-6 months may be a good place to start.

NB: If a search is utilised, it is still important to ask the clinical team to review the list and ensure that the people invited are suitable for a session within a group setting.



STEP 4

Invite patients

As the sessions will take place with other patients, it is important to obtain a signed confidentiality form from all participants before the first session takes place.

Documents to send when inviting patients to the group session. All documents can be accessed [here](#).

Invitation letter



Patient information on group sessions for ongoing pain



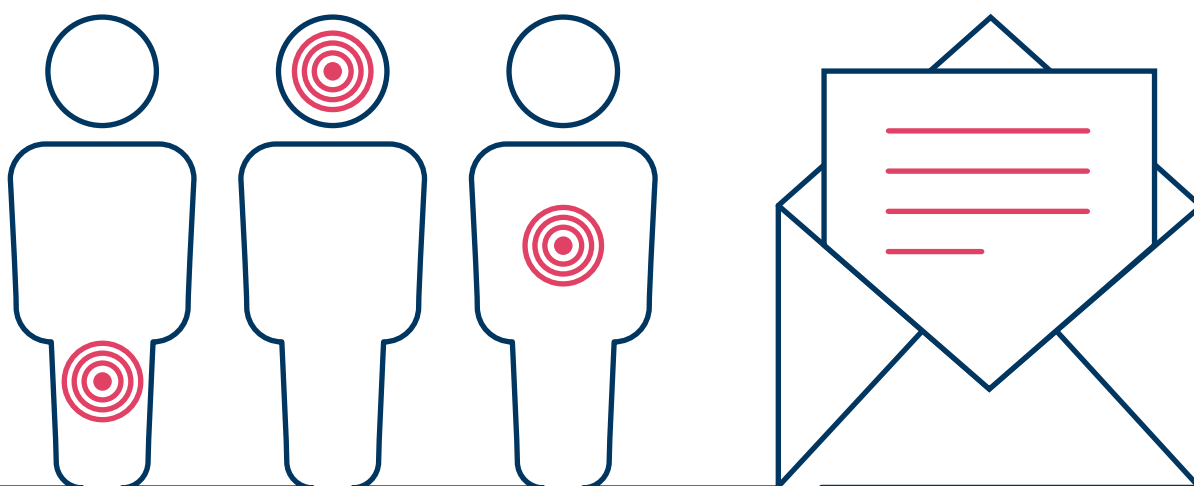
Confidentiality form



Pre and post session survey



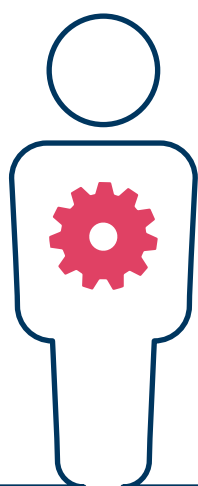
Demographics survey



STEP 5

Deliver sessions

See **slide decks** for use within the sessions.



When conducting GES for ongoing pain, it is important to acknowledge the following:

- Ongoing pain is a condition that the patient may need to live with. Explaining this sensitively and allowing the patient time to accept it, is important to do early on.
- Language is important – use ongoing or persistent pain instead of chronic pain.
- The participants are the experts of living with ongoing pain.
- GES should provide a patient centered approach – listening and understanding their experiences.

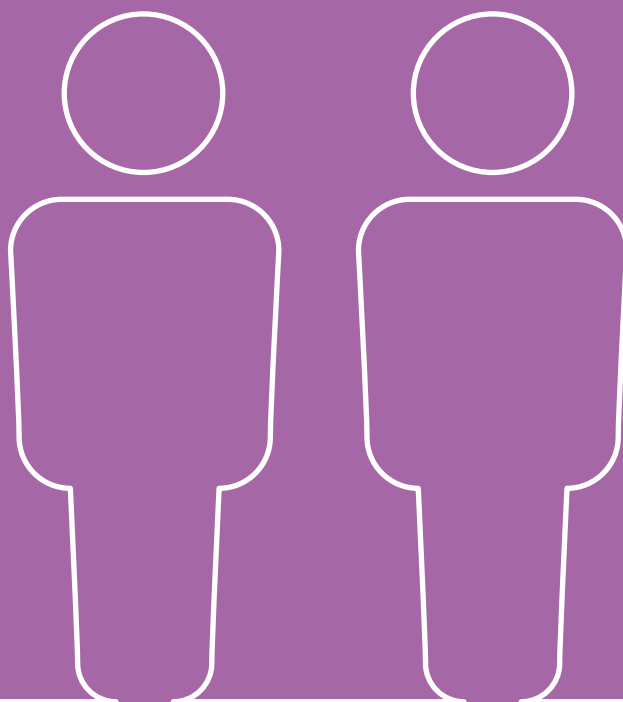
Post-session considerations

Once the sessions have been completed, the **post-session survey** should be shared with participants, along with the **feedback form**. If the participants' clinical reviews are planned for a later date, it would be worth re-running the original EMIS/SystemOne search after all the reviews have been completed, to confirm if the number of patients on opioids has reduced.

Consider how you may want to share this information or any learning more widely. Some examples of how your findings can be presented:

- Develop a poster
- Write an article for the Integrated Care Board website
- Present the findings to other practices/PCNs
- Enter your findings as an abstract to be presented at a conference

Resources, acknowledgements and references



Resources

Webinars

East Midlands Academic Health Science Network. Implementing a realistic approach to pain management part 1, Dr Cathy Stannard.

Available [here](#).

East Midlands Academic Health Science Network. Implementing a realistic approach to pain management part 2, Dr Francis Cole.

Available [here](#).

North Shields PCN, North Tyneside. Persistent Pain Management. Dr Dave Thomson (GP and Clinical Director).

Available at: https://www.youtube.com/watch?v=x1X-DQ_R39M&t=2708s

North West London Integrated Care System. Chronic Pain Management webinars (2022-2023).

Available at: <https://www.nwlondonics.nhs.uk/professionals/referral-guidelines-and-clinical-documents/chronic-pain>

PrescQIPP Clinical Masterclass – May 2022 Dr Cathy Stannard who spoke about the NICE guideline on Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults.

Available at: <https://www.prescqipp.info/our-resources/clinical-webinars/clinical-masterclass-may-2022/>

PrescQIPP Opioid Prescribing in Chronic Pain resources.

Available at: <https://www.prescqipp.info/our-resources/clinical-webinars/opioid-prescribing-in-chronic-pain/>

West of England Patient Safety Collaborative. Improving chronic pain management: reducing harm from opioids (Aug 2022).

Available at: https://vimeo.com/736197924?embedded=true&source=vimeo_logo&owner=27502217

Yorkshire and Humber Academic Health Science Network. Reducing harm from opioids in chronic non-cancer pain management (Jan 2023).

Available at: https://www.youtube.com/watch?v=X54_9DwE2RU

Useful websites

Faculty of Pain Medicine

Available at: <https://fpm.ac.uk/>

Flippin' Pain

Available at: <https://www.flippinpain.co.uk/>

Living Well with Pain

Available at: <https://livewellwithpain.co.uk/>

National Academy of Medicine: Chronic Pain Journey Map.

Available at: <https://nam.edu/programs/action-collaborative-on-countering-the-u-s-opioid-epidemic/chronic-pain-journey-map/>

NHS England Opioid Prescribing for Chronic Pain

Available at: <https://www.england.nhs.uk/south/info-professional/safe-use-of-controlled-drugs/opioids/>

PrescQIPP

Available at: <https://www.prescqipp.info/>

The British Pain Society

Available at: <https://www.britishpainsociety.org/>

The Pain Toolkit

Available at: <https://www.paintoolkit.org/resources/patients>

West of Scotland Chronic Pain Education Group Opioid Switching Calculator.

Available at: <https://www.paindata.org/calculator.php>

Guides

GMMMG Opioid Prescribing for Chronic Pain: Resource Pack

Available at: <https://gmmmg.nhs.uk/wp-content/uploads/2021/08/Final-Opioid-Resource-Pack-Approved-CSB-August-2018.pdf>

Oxford University Hospitals NHS Foundation Trust: Resources for GPs Regarding Opioids and Chronic Pain

Available at: <https://www.ouh.nhs.uk/services/referrals/pain/opioids-chronic-pain.aspx>

Wessex Academic Health Science Network PCN Checklist for Opioid Naive and Opioid Exposed patients.

Available at: <https://wessexahsn.org.uk/projects/339/medicine-safety-improvement-programme-medsip>

West of England Patient Safety Collaborative. Opioid harm reduction 'guide'.

Available at: <https://www.weahsn.net/wp-content/uploads/2022/12/Opioids-harm-reduction-guide-Improvement-ideas-for-practices-PCNs-v1.2-PasswordProtect-5.pptx>

See facilitators guide for additional resources [here](#).

Information for Patients

Explaining Pain

Available at: <https://livewellwithpain.co.uk/wp-content/uploads/2022/09/explaining-pain.pdf>

Pain Concern: Self-Management Navigator Tool

Available at: <https://painconcern.org.uk/the-navigator-tool/>

Risks of Opioid Medications

Available at: <https://livewellwithpain.co.uk/wp-content/uploads/2022/09/Risks-of-Opioid-Medications.pdf>

The Pain and Self-Care Cycles

Available at: <https://livewellwithpain.co.uk/wp-content/uploads/2022/09/the-pain-cycle-2.pdf>

The Pain Toolkit videos

Available at: <https://www.paintoolkit.org/pain-tools/>

Tame the Beast

Available at: <https://www.youtube.com/watch?v=ikUzvSph7Z4>

The 10 Footsteps

Available at: <https://livewellwithpain.co.uk/ten-footsteps-programme/>

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Available [here](#).

East Midlands AHSN: Medicines Safety Improvement Programme. Lister House Surgery Pain Management Support Group video.
Available [here](#).

Healthwatch Derby: Chronic Pain Experiences 2022.
Available at: <https://www.healthwatchderby.co.uk/wp-content/uploads/2022/11/Chronic-Pain-experiences-2022-Healthwatch-Derby-with-responses.pdf>

Live Well with Pain.
Available at: <https://livewellwithpain.co.uk/>

National Institute for Health and Care Excellence (NICE) guidance: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. NICE guideline [NG193]. Published: 07 April 2021. Accessed 18 February 2023.
Available at: <https://www.nice.org.uk/guidance/ng193>

NHS Business Services Authority (NHS BSA) ePACT2 Opioids Dashboard.
Available at: <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

The AHSN Network: Supporting people to manage long term pain without opioids. Published 9th February 2023. Accessed 18 February 2023.
Available at: <https://www.ahsnnetwork.com/blogs/supporting-people-to-manage-long-term-pain-without-opioids/>

