Introduction
Scottish Government introduced Primary Care Fund to support the primary care workforce, including GPs, and improve patient access to these services.
Balmore Surgery, Possilpark is a Primary Care Fund practice and utilised pharmacy resource to support review of patients with chronic pain. Practice experience identified this group of patients as frequent attendees with high appointment utilisation. The practice team wished to release GP time to manage the growing challenges working with patients in this deprived area of North West Glasgow.

Aim
Evaluate the impact of a pharmacist led chronic pain clinic on:
- GP time
- Analgesic prescribing
- Patient outcomes
in a Primary Care Fund practice in a deprived area in North West Glasgow.

Method
- Patients with chronic pain were identified for review
- Patient identification was made by the pharmacist as a result of practice based EMIS searches for patients on long term analgesics or GP referral
- GP referral was identified during patient consultation or as a result of repeat requests for an acute prescription for step 2 analgesics
- Pharmacist led clinic time was scheduled for 2 clinical sessions per week with 20 - 30 minute appointment times
- Impact on GP appointment usage was evaluated by identifying appointment usage 6 months prior and from the pharmacist’s initial review appointment
- Changes in practice Step 2 Opiate prescribing were measured using local prescribing indicator data from PRISMS
- Pain scores were recorded as a measure of patient outcome using the Brief Pain Inventory
- Evaluation was applied to a sample size of 21 of 55 patients reviewed.

Results
A 45% reduction in GP appointment time attributed to these patients was realised.
- 126 GP appointments were used in 6 months prior to pharmacist review and 69 appointments in the 6 months after.
- Approximately 19 hours annually of GP time for these 21 patients alone was released.

PRISMS data has shown an overall reduction in volume of step 2 Opiate analgesics.

Figure 1 Step 2 Opioids DDDs per 1000 weighted patients per day
Practice relative to NTI target 23.67 DDDs per 1000 weighted patients per day

Two patients reduced their overall pain score whilst 16 remained the same, no worsening of pain score recorded.

Conclusion
This service has reduced GP workload primarily by shifting chronic pain patients to pharmacist led care.
GPs quote ‘time released has allowed delivery of care to those acutely unwell’ and ‘improved morale’.
Additional benefits have seen reductions in Step 2 opiate prescribing with no detrimental clinical outcomes for patients. This work continues in practice and further evaluations will be undertaken into GP and patient experience.

Acknowledgements
Thanks to GPs and staff at Balmore Surgery, Possilpark for their support.