A physiotherapy prescribing model in an integrated pain management service: a pilot study.

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Introduction:
The RIVERS primary care programme was developed to deliver an evidence based pain management programme in a community setting to improve accessibility for patients. Sessions include exercise, education and medication reviews.
Evidence suggests that reviews of medication, along with a holistic approach to pain management show improvements in patient safety, and provides effective and person-centred care.

Aim:
This study evaluated the use of a Physiotherapist Prescriber in the RIVERS Pain Service.

Method:
Seven programmes running between January and July 2013 were identified for the pilot.
A Pain Specialist Physiotherapist with a supplementary prescriber (SP) qualification undertook the pilot, with peer-support from an experienced Pain Specialist Pharmacist SP.
The Pharmacist SP reviewed the medication histories of patients attending the RIVERS Pain Programme, and patients were split by medication complexity between the Physiotherapist SP and Pharmacist SP.
Medication changes were analysed and formed the basis of the evaluation.

Results:
Eighty-three patients were seen in groups during the period of the pilot. Of these 36 (43%) of patients were identified as suitable to be seen by the Physiotherapist SP.
A further 20 patients seeing the Physiotherapist for a 1-1 intervention, and not originally within the scope of the project were found to be suitable for medication reviews, thus included in order to ensure equality of service.
When asked about advice given, all patients reported the medication advice to be ‘Very Useful’ or ‘Useful’. No patient selected ‘Not Useful’ or ‘Not Sure’ (see pie charts).
Approximately 13% of patients were stopped from taking more than the recommended doses, 29% of patients had NSAIDS stopped or reduced, 43% of patients had their opioids reduced and 32% of patients were taken off medications that were not having the desired effect, or had unwanted side effects.
Furthermore, 3 (5%) of patients had previously undiagnosed conditions recognised e.g. Type 2 diabetes.

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<th></th>
<th>Cowdenbeath</th>
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<tr>
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<td>40 (89%)</td>
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<td>Patients attended</td>
<td>32 (71%)</td>
<td>51 (85%)</td>
<td>83 (79%)</td>
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<td>Patients seen by physio</td>
<td>14 (44%)</td>
<td>22 (43%)</td>
<td>36 (43%)</td>
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Conclusions:
A Physiotherapist SP within a Pain Service can increase patient throughput due to the ability to increase group sizes, and reduce appointments, thus reducing associated costs with no impact on patient safety.
Additionally, patients are satisfied with the treatment given and the Physiotherapist is able to provide a holistic intervention.