## Together we do it better: Chronic pain and prescription opioid dependence - specialist services working with GPs and their patients.

<u>SANDRA SUNJIC<sup>1,2</sup>, KOK ENG-KHOR<sup>3</sup>, APO DEMIRKOL<sup>1,4,5</sup>, ELEANOR BLACK<sup>1,4,5,</sup>, BERNADETTE BUGEJA<sup>3</sup>, LISALE HAKERIAN<sup>1</sup>, NICHOLAS LINTZERIS<sup>1,2,5</sup></u>

<sup>1</sup>Drug and Alcohol Service, South Eastern Sydney Local Health District, Sydney, Australia, <sup>2</sup>Discipline of Addiction Medicine, Central Clinical School, University of Sydney, Sydney, Australia, <sup>3</sup>Department of Pain Management, Prince of Wales Hospital, South Eastern Sydney Local Health District, Sydney, Australia, <sup>4</sup>School of Population Health, University of NSW, Sydney, Australia, <sup>5</sup>NSW Drug and Alcohol Clinical Research Improvement Network, Sydney, Australia

## sandra.sunjic@health.nsw.gov.au

**Background:** General Practitioners (GPs) have often required assistance in the management of patients with chronic pain and prescription opioid dependence. With the introduction of *SafeScriptNSW* it was anticipated that there would be an increase in demand for specialist support to assist GPs in managing these patients.

**Description of Model of Care/Intervention:** Rather than continuing with a siloed approach it was decided to pilot a co-located clinic in a hospital outpatient department where patients could be concurrently assessed by Pain Management and Addiction Medicine services.

The Prescription Opioid Pain Clinic (POPC), is staffed by specialists and senior nurses from both services, and other specialist services can also be consulted for their advice e.g. mental health. The clinic works with patients and their GP to develop a plan for on-going care.

.Effectiveness/Acceptability/Implementation: The POPC was piloted for eight months, with referrals received from GPs and re-directed from the Pain Management Clinic, where the referral indicated that advice was required in relation to escalating use of prescribed opioids or other medications.

Thirty patients were referred to the clinic during the pilot. The evaluation demonstrated the feasibility of the clinic, and highlighted the diverse range of patients and clinical needs that GPs required assistance with.

Patients and GPs indicated that they were very satisfied with the option of one appointment for assessment together by both specialties, rather than separate appointments with potentially long delays.

**Conclusion and Next Steps:** The co-located clinic is a successful model and will continue, with GPs able to make direct referrals.

**Disclosure of Interest Statement:** No grants were received in the development of this study.