



Issue 107

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## A breath of fresh air - an alternative to prescribing medicines



Many of us relish the chance to get outside and walk, cycle, garden or spot wildlife, but evidence tells us that those

who could most benefit often don't get that chance. The Lothian green health prescribing development project was established to support Lothian's health and care workforce to enable people to access green health activities, particularly people most affected by COVID. Whilst COVID has identified the value of nature during lockdown, it has also highlighted health inequalities.

Green health prescribing builds on the concept of prescribing exercise and wider social prescribing approaches to include nature-based green health activities. The activities can include anything from conservation volunteering, to community growing to cardiac rehabilitation outdoor programme.

The evidence base for green health activities is strong in terms of improving physical and mental health, reducing social isolation and improving community cohesion, and there is reduced risk of transmission of COVID outside.

Pre-COVID, a huge range of initiatives were established across Lothian, but the extent to which people were referred varied considerably.

### What we have done

Between September 2020 and February 2021 we met with over 80 people, held three workshops attended by up to 70 people and interviewed 10 people with lived experience. We wanted to learn more about perceived enablers and barriers, hear about local success stories, and agree what needed to happen to make green health prescribing mainstream in Lothian.

### What we have learned

Two delivery pathways need to happen in parallel: making the case for green health prescribing (extending the group of people who understand and communicate the potential value), and making it mainstream (networking and overcoming barriers to delivery).

Both these pathways need to be underpinned by three foundations:

a **person-centred** approach and good conversations, but also community centred which means that essential trust and relationships strengthen

**focus on health inequalities** identify who could benefit most (especially after COVID), what's available for them? What additional support might be needed?

**system-wide sustainability** if something works, we should be thinking about its potential across the system, not just in pockets. Also need to think about how to ensure it will still be happening in a few years' time and not just a flash in the pan.



In June 2019, NHS Lothian and Edinburgh and Lothian's Health Foundation published their Greenspace and Health strategic framework. The strategy explores how to improve health, wellbeing and the environment through greenspace provision and use [www.greenspace.scotland.org.uk/nhs-lothian-green-health](http://www.greenspace.scotland.org.uk/nhs-lothian-green-health)

### What next for greenspace and health strategy in Lothian?

Networks are already starting to form, both local and pan-Lothian. As a result of meeting each other in the project workshops, many people have been making connections and sharing learning and resources. For example, a resource developed in West Lothian, the winter wellness leaflet, has been shared widely on Lothian MS Teams for green health prescribing which has over 90 members.

Individual services are exploring what they can do: both the Cardiac and Pulmonary Rehabilitation Services are looking at what they can do in-house and by way of signposting their patients on to green health activities.

Each Health and Social Care Partnership will need to decide how they want to take this forward. Midlothian has convened a group of interested stakeholders and are hoping to develop a system-wide approach to green health prescribing. It is hoped other areas will do the same.

For further information, please contact: [ian.mackenzie@nhslothian.scot.nhs.uk](mailto:ian.mackenzie@nhslothian.scot.nhs.uk).

*Thanks to Dr Rachel Hardie, Consultant in Public Health Medicine and Ian Mackenzie, Green Health Programme Manager.*



## Here is your nature prescription



GPs at five practices in Edinburgh are participating in a five-month trial of Nature Prescriptions, an initiative inspired by growing evidence that connecting with nature makes us healthier and happier.

GPs issue a prescription, as well as a calendar of monthly activities, both of which are provided by the Royal Society for Protection of Birds (RSPB) Scotland and NHS Lothian. The pilot is a new collaboration between Edinburgh and Lothians Health Foundation and RSPB Scotland which will be running until June 2021.

Nature Prescriptions started in Shetland in 2017 as a partnership between RSPB Scotland and NHS Shetland, and was successfully rolled out to all 10 practices across Shetland in 2018. The new Edinburgh pilot aims to investigate whether Nature Prescriptions can be delivered in a similar way in an urban environment, and to explore the potential for extending it throughout Scotland.

Contact [elaine.bradley@rspb.org.uk](mailto:elaine.bradley@rspb.org.uk) to find out more, or see the blog for the project [here](#).

*Thanks to Elaine Bradley, RSPB Project Development Executive.*

### When possible, pain management should be optimised without using opioid analgesics

Opioids have been used increasingly to manage chronic pain. However they are often ineffective, despite being used to good effect in acute pain and in palliative care. There is a lack of evidence for efficacy of opioids in the long term treatment of chronic pain. Clinical evidence highlights patient safety concerns due to the risk of serious adverse effects, dependence, diversion, abuse and overdose.

The Lothian Chronic Pain Service has developed a good practice guide '[Strong Opioids for Chronic Pain](#)' to provide advice for clinicians on the appropriate initiation, monitoring, review and discontinuation of opioids, with the aim of supporting safe and effective practice.

The good practice described is in line with key resources, including [Faculty of Pain Medicine Opioids Aware](#) and the Scottish Government document [Quality Prescribing for Chronic Pain: a guide for improvement 2018-21](#). The guide provides a summary of good practice in initiation of opioid analgesia, planned review of therapy, reducing and stopping opioids and potentially harmful opioid use.

[SIGN 136 guideline](#) 'Management of chronic pain' provides recommendations on the pharmacological and non-pharmacological management of adults, with chronic non-malignant pain in non-specialist settings.



Thanks to Dr John Wilson, Consultant and  
Anne Young, Primary Care Pharmacist.

- ◇ Clinicians should work with patients to develop an understanding of the complex nature of chronic pain and the multiple factors which may exacerbate the patient's experience of their pain.
- ◇ Self-management and non-pharmaceutical approaches should be encouraged either alone, or in conjunction with medicines. More effective coping strategies may result in improved outcomes. Patients should be directed to supportive resources available at [Lothian Chronic Pain Services](#). This includes many resources such as webinars, video links, links to apps for patients, and more.
- ◇ Whenever possible, clinicians should optimise pain management without using opioid analgesics. Opioids should be considered for use with caution, and only in carefully selected patients following full pain assessment, with the aim of achieving a specific improvement in function or quality of life.
- ◇ Opioids are highly unlikely to result in full resolution of chronic pain symptoms.
- ◇ Patients should be made aware that the opioid prescription will be reviewed regularly, and will be stopped if ineffective.
- ◇ Particular caution is advised when considering use of strong opioids in the following patient groups:
  - ◆ patients younger than 50 years of age
  - ◆ women of childbearing age
  - ◆ co-prescribed analgesics, e.g. other opioids, gabapentinoids, or sedating drugs, e.g. benzodiazepines
  - ◆ patients with a history of substance misuse including alcohol misuse.
- ◇ For patients at risk of problematic use, consider toxicology sampling and regular review of dispensing arrangements. Examples include patients who frequently request early prescriptions, those not taking medications as prescribed, and those with a history of substance misuse or dependency.