Key Takeaways – Pain Management with NQPPMS

North Queensland Persistent Pain Management Service (NQPPMS) covers the NWHHS and CWHHS region and treats acute pain from injury or disease, and persistent or chronic pain beyond the expected period of healing.

NQPPMS provides support, education and therapy with the goal of helping patients make sense of their pain and make the most of their lives.

Supporting WQ HealthPathways:

- Chronic Non-cancer Pain
- Medications in Chronic Non-cancer Pain
- Pain Management Requests

SME

Dr Hannah Bennett, Pain Specialist

What are the main conditions referred to your clinic?

- Chronic lower back pain.
- Chronic widespread pain.
- Service also sees paediatric/adolescent pain, cancer pain, and acute surgical pain.

What are the top things GPs should know about chronic lower back pain and are there any early warning signs?

Red flags:

- Always rule out serious pathology.

Predictors of complexity:

- Fear of movement / strong belief they must be pain-free before resuming activity.
- High distress levels around pain.

Key advice:

- Early referral to pain clinic is valuable (rather than last resort).
- Reassurance and encouragement that safe movement is possible can prevent long-term disability.
- Pain neuroscience has changed significantly in last 10–15 years; focus now on education and functional recovery.

What referral additions help to better categorise and treat patients?

- **Presence of referred pain** or distribution consistent with imaging.
- **Work status,** particularly if at risk of ceasing work (critical intervention point).
- **Severe impacts** on sleep, social roles, leisure, mood/mental health.
- **Reasons** patient may not cope in group education (e.g., social anxiety).
- **Clear information** allows better triage and tailored treatment plans.

Any cases of great GP input that made a difference?

- **Case conferences** with the GP, patient and pain team make a difference.
- **GPs reinforcing the same messages** as the pain team (especially around medication reduction) helps patients felt supported and confident.
- **Ongoing GP involvement** between specialist reviews ensures continuity and shared language.
- **Best outcomes occur when GP and specialist collaborate** openly rather than working in silos.

Any emerging treatments or tools in the pain management space?

- **Reframing scan findings** as degenerative changes often don't correlate with pain severity.
- **Biopsychosocial influences** and understanding of psychological and social drivers of pain.
- **Interventions** (e.g., nerve blocks, radiofrequency) may help but are not curative. They are used to create a window for active self-management.
- **Persistent pain best managed** through multifaceted strategies, not single medications or procedures.

GP Q & A Summary

- **Remote/Indigenous communities:**
  - Pain often under-treated due to lack of pharmacies/medication storage issues.
  - Patients may not ask for help as options are limited.
  - Support usually via telehealth or GP advice; some outreach and training provided for on the ground allied health teams (6 telehealth sessions available).
- **Opioid reduction:**
  - Difficult; success depends on patient motivation.
  - Pharmacist support (check-ins, withdrawal management) helpful.
  - Aim: reduce to lowest safe dose, not always zero.
  - QScript helps, but patients sometimes seek multiple prescribers.
- **High GP turnover:**
  - Patients become disillusioned with inconsistent care.
  - Pain service offers written advice via Smart Referrals (5-day turnaround) and phone advice to support continuity.

- Case conferences (including GP + patient) can be MBS-billed.

- **Medicinal cannabis:**
  - Very common now (approx. 75% of patients).
  - Rarely prescribed by regular GP.
  - Pain specialists do not endorse its use—concerns about potency, sedation, long-term risks.
  - Viewed as poorly regulated, politically driven.
- **Systemic challenges:**
  - GPs feel burdened with complex pain patients while “easy” care shifts elsewhere.
  - Many clinics reluctant to take new chronic pain patients.
  - Risk of urgent care clinics being overwhelmed by chronic pain patients if bulk-billing/GP access declines.

More Information

North Queensland Persistent Pain Management Service | Townsville Hospital and Health Service