

# Turning Down the Volume: supporting patients with chronic pain

## A Pilot Programme



Emma Clarke & Safia Latif  
Hope House Surgery

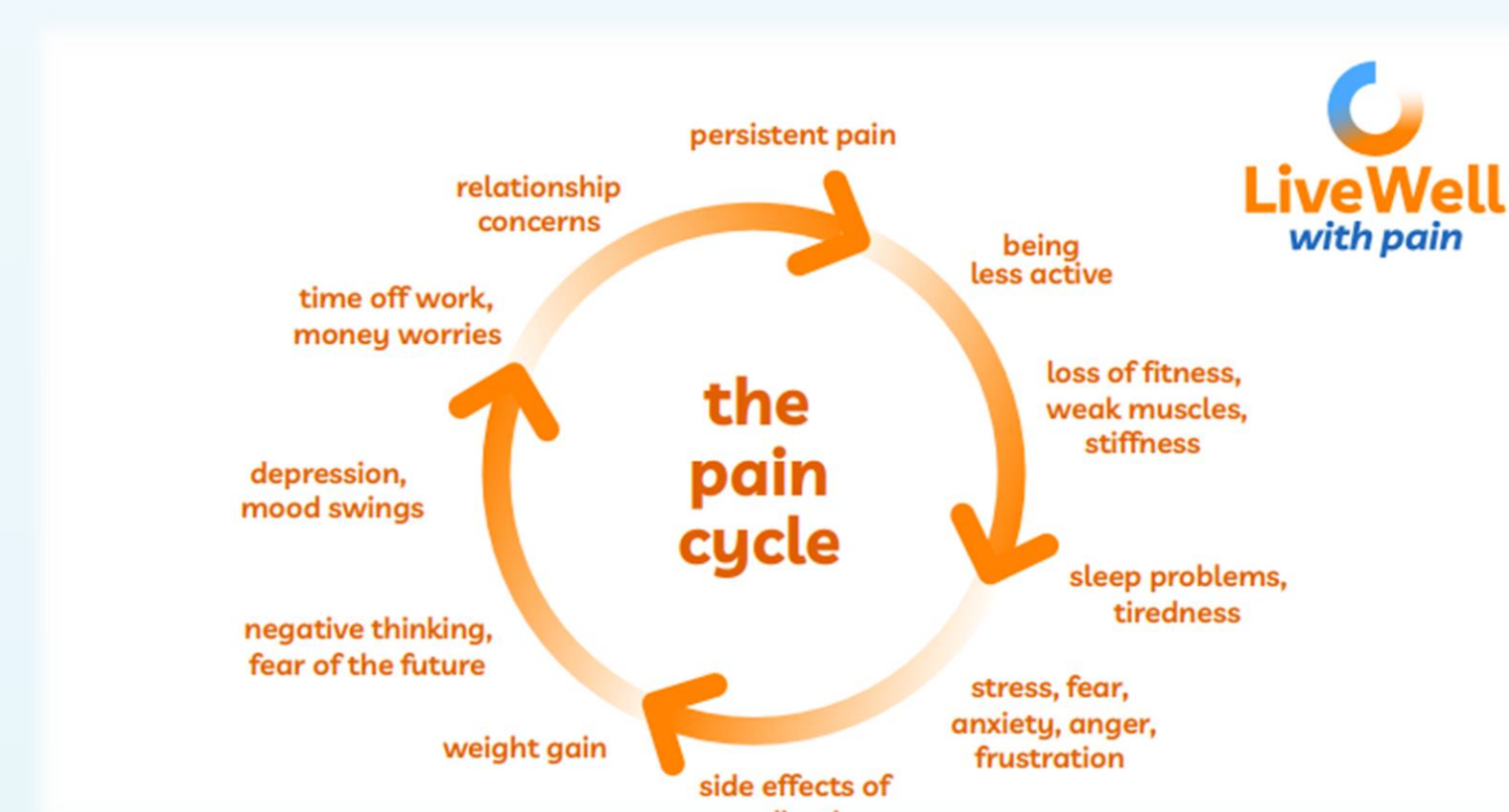
### Introduction

**The Chronic Pain Consultation:** limited time to address patient needs/frustrations, limited options, long wait time with referrals, increasing medications and side effects.

#### What We Know:

**Chronic Pain is an area of need:** It has been estimated that chronic pain accounts for 4.6 million general practice appointments in the United Kingdom each year.<sup>1</sup>

**Affects overall well-being:** See the Pain Cycle<sup>2</sup> (below) Pain treatment should be multidisciplinary and include nonpharmacologic treatment.<sup>3</sup> Several trials looking at therapies such as physical therapy, CBT, massage, acupuncture, and mind-body practices (yoga, tai chi) for treatment of chronic pain show sustained improvements in pain and function that persist after the therapies were delivered.<sup>3</sup>



**The Pain Story:** patients need to feel acknowledged and heard. This is difficult to do in a short consultation, however it is an integral part of creating change. It is the platform from which their journey can start.

### Aims

**Empower patients to turn down the volume on their pain:** increase patient's knowledge, confidence and support. To understand how to 'live well with pain' and improve their quality of life.

#### We hope that this will lead to:

- optimisation of pain treatment/medications
- decrease in GP surgery interactions
- deprescribing of any inappropriate meds/opioids
- increase engagement in community well-being services
- less reliance on GP – patient control

### How it Started...

**Live Well With Pain (LWWP):** organisation created by healthcare professionals working in pain management to promote self-management approach. Made up of many patients with lived experience as well.<sup>2</sup>

**Ten Footsteps:** training for practitioners and access to resources to provide a patient education course.

#### Getting Started:

**Need:** as a social prescriber and pharmacist it was clear this programme would be beneficial in our area (health inequalities, access, increased opioid use/misuse). The surgery is located in an area with a high rate of deprivation.

**Support:** GP Partnership/surgery was already looking to find ways to address chronic pain, including the hiring of ARRS staff like first-contact physiotherapist. Received good support/encouragement from partnership/management. ICB/HIN offered to support us to plan a way to offer this. As we researched other models of implementation across the country – Sue Crisfield offered a lot of valuable knowledge and experience.

**Obstacles:** funding, use of staff time, patient participation and commitment

#### 'Final Product':

**Pain Cafes:** Realised that the programme we created had to revolve around finding a way for patients to tell their story. After considering 1:1 appointments, we realised group consultations (monthly pain cafes) would be the most efficient way to do this. Sue Crisfield already doing this model and really helped us for this idea. Focus on support, minimal education, offer resources as needed.

**LWWP Patient Education Course:** after attending monthly pain cafes, patients who express interest offered to attend six-week course learning about the 'Ten Footsteps'.

**Funding:** We applied for funding for 1 year of monthly pain cafes and 1 six-week course including backfill for social prescriber hours and 1 additional admin. Received funding for 6 months from the RUH/HIN as a pilot programme. Additional applications sent to the Sperring Trust, the co-op, Dragon's Den and Radstock council

**Patient Cohort:** fibromyalgia patients (185 pts) who were able to attend the surgery. Excluded patients with cancer pain; Due to limited space and availability, this was a good size cohort to start with.

### ...How it's Going

**First Pain Clinic:** 15<sup>th</sup> Feb 2023.

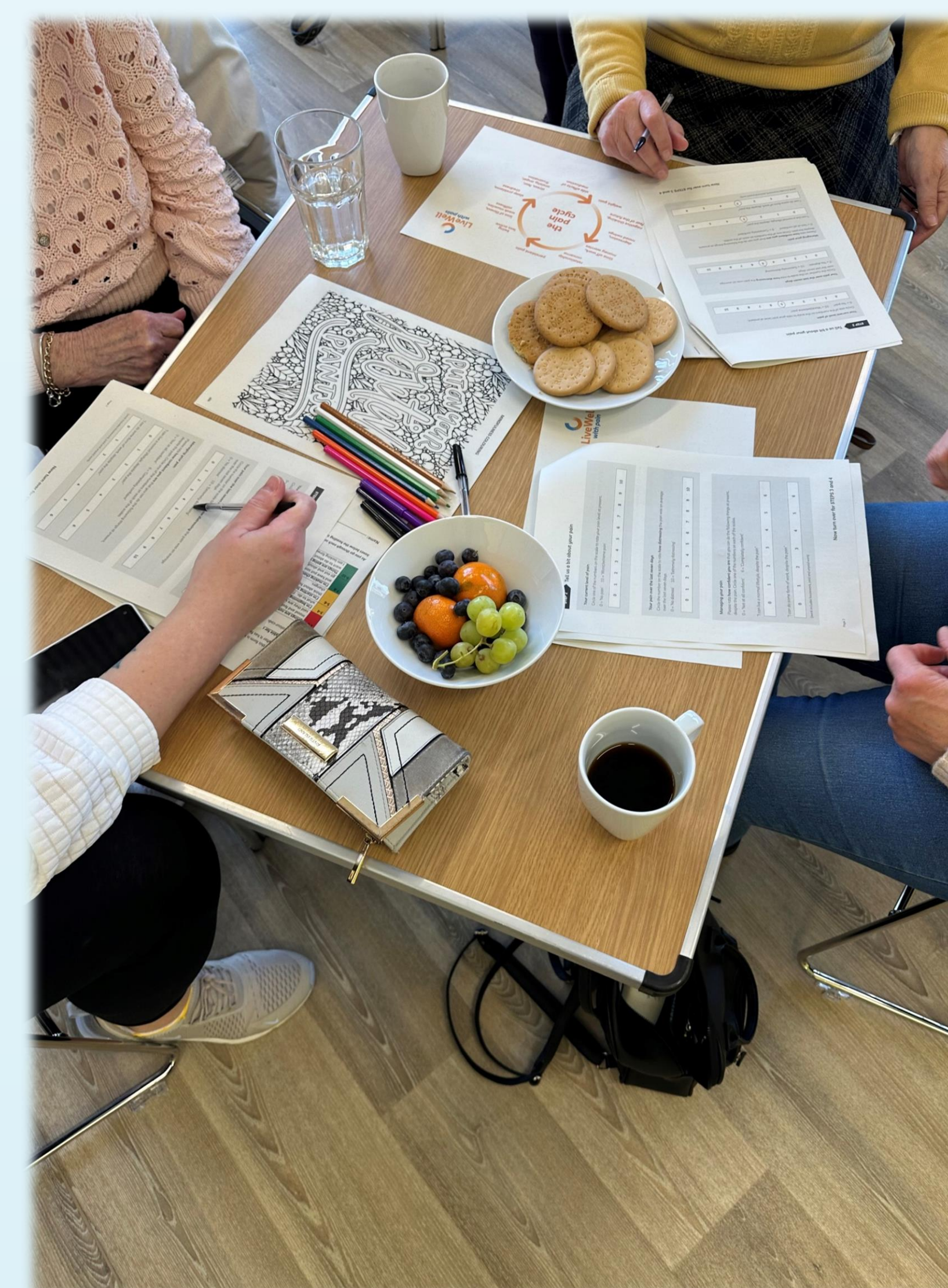
#### What went well:

**Attendance:** 23 patients attended. Using the Accurx florey system we were able to text patients a link to RSVP. We had responses from ~25 patients who couldn't attend with reasons why they couldn't come. These reasons mostly centred around not being available at that time.

**Engagement:** patients were immediately engaged and shared that they were very grateful for this space and opportunity to chat to others– isolation is a key issue. Some things that helped this: inviting patients from one cohort (fibromyalgia) helped patients engage as well and setting appropriate patient expectations by sending them information before.

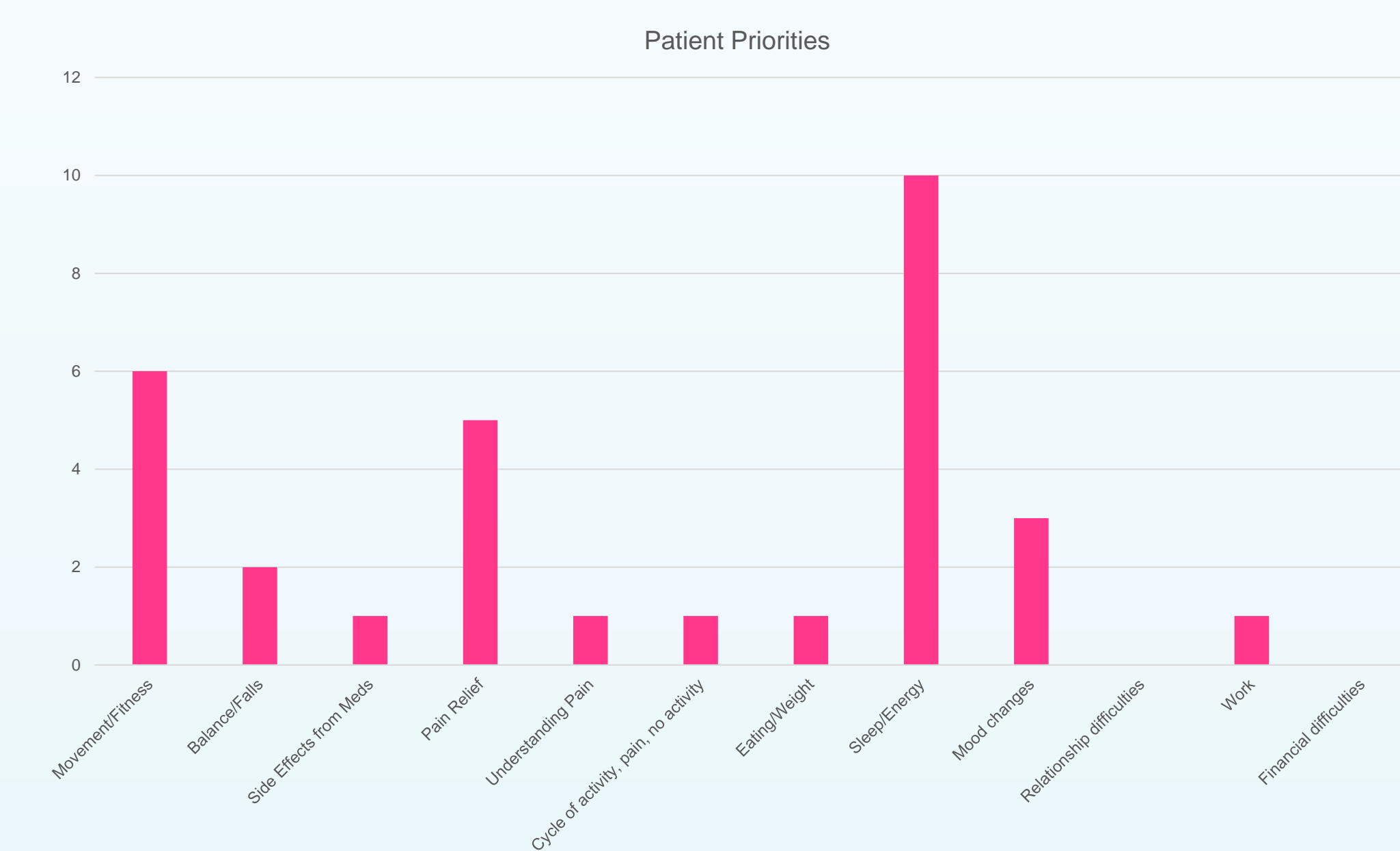
**Set up/timing:** small tables set up in a café format, tea/coffee/refreshments provided. Two hours (30 mins set up/pack up, 1 hr for café) was sufficient time. Hosting event at the surgery made it easy for patients to access and they felt comfortable approaching us to ask questions.

**Future Considerations:** moving forward we can consider alternate timings, online meetings, reaching out to patients in other ways (phone/letter), consider volunteer from our Patient Participation Group to help with refreshments, addressing topics raised in feedback forms



### Proposed Evaluation

**Feedback Forms:** patients asked to fill out feedback forms at their first pain café attendance. These forms ask patients to describe their pain, knowledge/confidence on managing pain, and prioritising the issues they feel are most important to them. After our first café the following priorities were identified based on feedback forms – sleep, pain relief and movement being the top three



**Metrics:** additional evaluation will include (but not limited to) GP surgery interactions before, during and after the pain café; engagements with community wellbeing services; medication usage.

### Moving Forward

We look forward to continuing our pain cafes and making improvements and adjustments along the way. We hope that we will have 6-12 committed patients to host our 6-week LWWP education course this year. Additionally, we would like to be able to continue and expand this initiative. We hope that this pilot will make clear the need for programmes such as these and inspire others to consider it in their areas.

### Acknowledgements

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