PAIN ASSOCIATION SCOTLAND

Outcomes from people suffering from chronic pain who have accessed our service during 2020-21

Professor Sonia Cottom, Director of Pain Association Scotland

ABSTRACT

This evaluation looks at the network of staff-led self-management group sessions delivered on-line during the COVID-19 pandemic by a Scottish based charity, Pain Association Scotland.

These groups have enabled chronic pain sufferers to make changes to their everyday lives in a positive and importantly practical way, leading to improved levels of coping, well-being and quality of life; not only for the sufferers, but their carers, family and colleagues

With thanks and acknowledgement to those service users within Pain Association Scotland who have provided insight to their challenges and experiences of dealing with chronic pain during a pandemic

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INTRODUCTION

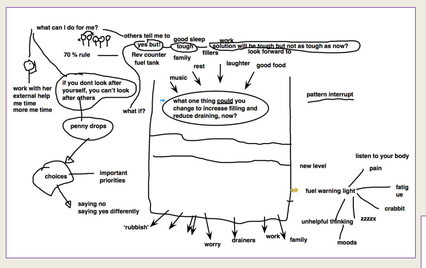
Chronic pain is a major clinical challenge in Scotland and across Europe as a whole. 18% of the UK population are currently affected by severe chronic pain (Harding and Gronow, 2014). This has resulted in a significant impact on people's quality of life and affects their family, relationships and carers.

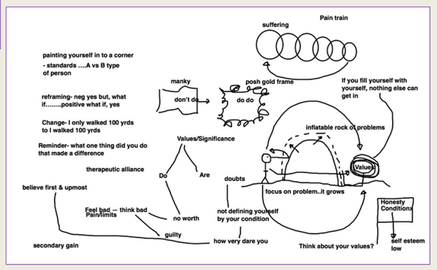
Pain Association Scotland supports people suffering with the effects of living with chronic pain as a long-term condition either in its own right or as a result of another underlying condition. Addressing the non-medical and psychological issues associated with chronic pain and the nature of our interface between healthcare, family and community means that innovating new ways of working is a significant feature of our service. With over 33 years' experience of working with this population of people, clinicians, social workers, carers, friends and employers, it has enabled the Association to pioneer and develop a highly interactive learning and support model which is adaptable to the needs in the different geographical areas we serve.

During the COVID-19 pandemic, the usual face-to-face group sessions had to switch to on-line. Furthermore, there had been an increased demand for our service when 11 out of 14 Chronic Pain services had ceased all new patient activity due to staff redeployment resulting in no first appointments at a chronic pain clinic. Furthermore, there are no virtual support groups being delivered by the NHS within the Pain Management Service and all procedures and interventions had ceased.

METHODS

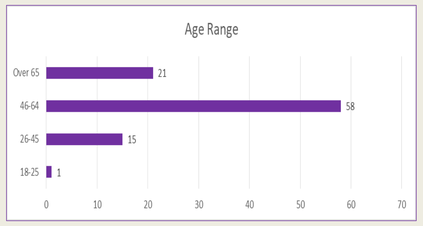
The group meetings were delivered on-line each month for two hours and those accessing on our on-line groups were sent a questionnaire via SurveyMonkey asking them about their experiences of the monthly group sessions through a series of questions and opportunity for anecdotal comments. This included questions around the topics delivered, the benefit of attending the group meetings, how they have coped with their during the COVID-19 pandemic and their preferences of how the groups are delivered in the future. There were 98 responses from 169 issued.

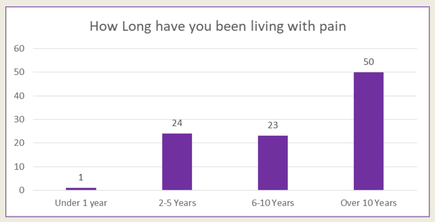


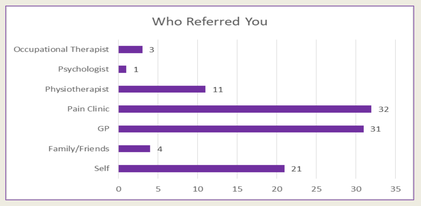


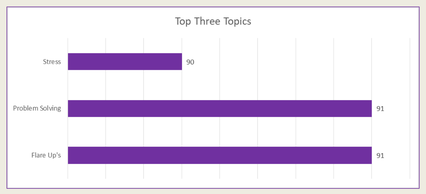
Whiteboard illustrations used during the on-line sessions

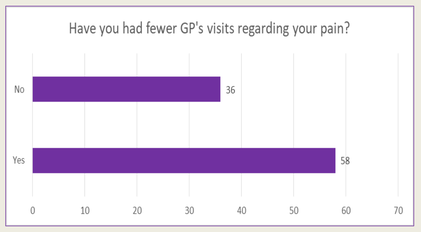
RESULTS

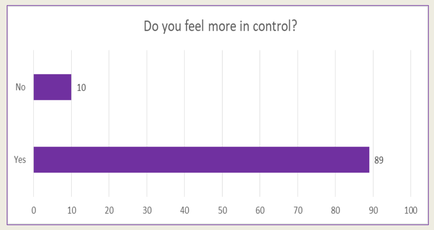








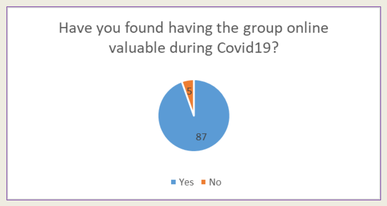


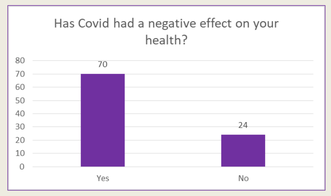


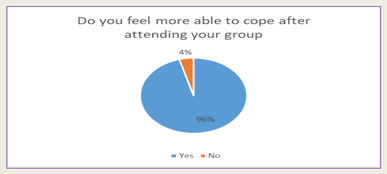
RESULTS

Some key outcomes worthy of further discussion are:-

- The majority of respondents are of working age and therefore chronic pain can no longer be treated as an older person's disease.
- More than half of respondents have been living with their pain more than 10 years which would therefore support the importance of services to help people manage pain as a long-term condition.
- The main two referrers were the Pain Clinic and GP's – this could be a combination of the fact that many Pain Clinics had suspended their service during COVID-19 coupled with the fact that GP's were unable to onward refer patients to Secondary Care without the lengthy wait times. However, with all the work undertaken nationally to encourage self-management at a much earlier stage of a patient's journey, it is hoped that some of these survey results reflect this.
- The rating of topics is important to inform future program delivery.
- The fact that the majority of people end up more in control of their pain rather than the pain controlling them.
- Fewer visits to the GP regarding their pain can have a positive effect on patients not being locked in a medical model unnecessarily, and also has significant positive implications to reduce wait times.







DISCUSSION

It is interesting to note how COVID-19 has not only had an impact on our lives, but has changed how we operate and react as individuals. It was therefore only right that we asked people how they wished for the service to be delivered going forward – the fact that the majority wished for a more blended model of delivery will inform future discussions with both NHS and Integrated Joint Boards.

CONCLUSIONS

The survey has demonstrated that regular supported self-management in a group setting is beneficial to those suffering with chronic pain. In particular when you look at the fact that 96% of people have felt more able to cope in their daily living, whilst 89% also felt more in control.

A well managed supported self-management resource can therefore help sufferers understand and manage their chronic pain by seeking positive adaptive and coping mechanisms which ultimately lead to a better quality of life.

REFERENCES

Harding, Dr Mary and Gronow, Dr Hannah (2014) Chronic Pain http://www.patient.co.uk/doctor/chronic-pain (accessed September 2018)

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