

# Pain Pilot Project

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## Background

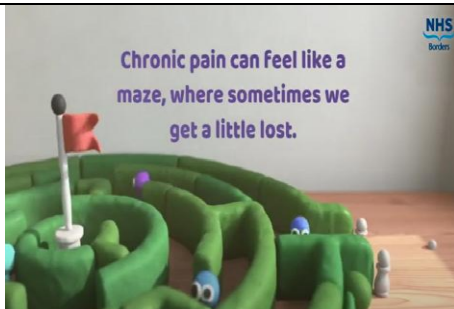
Primary care providers provide most of the support to those living with persistent pain. Introducing self management to a patient journey often requires a shift from a traditional biomedical approach to the biopsychosocial model. Gordon et al 2015 identified barriers to self management including short appointment times, timing of self management discussion, lack of support for patients, and limited training for HCP's. 31% of NHS Borders population live in the most access-deprived areas of Scotland. Delivering pain education remotely helps reduce health inequalities. The pilot project is positioned in the interface between level 2 and 3 of the Scottish Service Model for Pain Services and was supported by the Modernising Patient Pathways Programme

## Objectives

Test out easily accessible pain education, both in terms of easier to access to the patient and easy to access to for the referrer; earlier in the patient journey, in the interface between primary and secondary care.

## Outputs

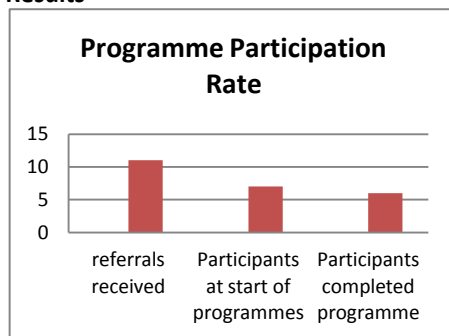
- 1. 4 x 1hour sessions of pain education delivered by MDT online
- 2. Test out active referral triage
- 3. Narrated powerpoint presentations by the secondary care MDT on NHS Borders YouTube channel



## Evaluation

1. Number of referrals versus number completed
2. Patient feedback
3. Referrer feedback
4. Pain Self Efficacy Questionnaire

## Results



- 2 x 4 week programmes delivered.
- 15 referrals received
- 64% (7) participants started
- 86% (6) completed (14% drop-out rate)
- 24/26 potential attendances

## Feedback from Referrers:

*'.....help them to manage their chronic pain and help reduce secondary issues of for example deconditioning and mental health issues associated with their chronic pain getting worse.'*

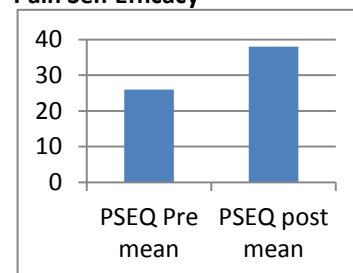
*'I usually think of pain clinic as a last resort. I have many patients I would refer.'*  
*'readiness reckoner'*

## Feedback from Patients:

*'More time than an individual appointment and with more than one health professional'*  
*'The fear and anticipation of pain makes it worse'*

Patient Satisfaction Questionnaire measured across 10 facets of self management:  
Mean score 8.2/10 (9.7-8.3)

## Pain Self Efficacy



Patient Satisfaction Questionnaire measured across 10 facets of self management:  
Mean score 8.2/10 (9.7-8.3)

## Discussion and Conclusion

Pain Pilot Online Education Programme increased pain self efficacy and received high levels of patient satisfaction. Referrers found it easy to access and considered it to have good potential utility in the primary care population.

## Relevance for patient care:

Pain education is a key component of enabling pain self management as cited in SIGN 136 and NICE 193. Online delivery enables ease of access to those with internet access during COVID restrictions and would have trouble travelling to in person sessions.

## NRS Pain / SPaRC Virtual Conference

Developing the Scottish Pain Research Network to improve patient care

