



Telephone Pain Management Programme

A pilot feasibility study

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41

Patients enrolled

92%

Completion rate

68%

Thought the Programme was outstanding*

57%

Saw an improvement in all 4 domains: QOL, Mood, activity levels, medication use*



i Background

Persistent pain is poorly managed in remote areas of the Scottish Highlands due to a lack of specialist pain services. There are long waiting times and excessive travelling to attend specialist secondary care pain management in Highland. Consequently, chronic pain is predominately managed by local GP's with an over reliance on medication, lack of self-management advice and a bias towards a biomedical approach to pain management. We recruited 41 patients from 7 GP practices across Skye and Lochalsh. They were enrolled on a 6-session pain management programme delivered by phone by pain specialist physiotherapist.

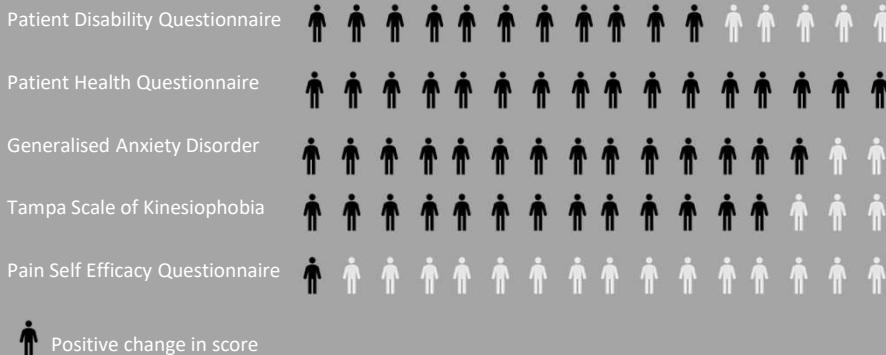
* Of the 19 who responded to the anonymous online patient satisfaction survey

🎓 Resources

- **Workbooks**
A series of patient workbooks were written
- **Pain Service Website**
Website was redesigned & workbooks added
- **Introductory YouTube Video**
A video explaining to patients what they could expect from the service
- **Business cards**
GPs could pass business cards with the pain service details to patients

“It has made a remarkable difference to my life”

📊 Outcomes



Waiting times reduced from 6-18 months – to 2 WEEKS



No travel required



Impact on GP consultation time
Still be assessed (Dec 2021)



Impact on analgesics prescribed
Still be assessed (Dec 2021)



“I was happy to do the programme by telephone, sometimes it is easier to speak more openly on the phone rather than face to face, and I would have struggled to speak up at all in a group session”



“By telephone was excellent and although I didn't anticipate it being such I think it was the best means of integrating the discussions into every day life, being able to talk freely, making time for the appointments was easier. All in all I think it was excellent and that this worked better than it would have done in a clinic”