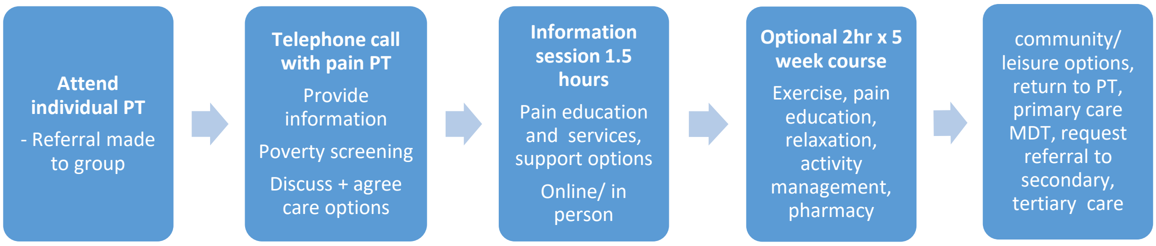
Improving connections in the pain care journey: a QI project

Cassandra Macgregor [1,2], Dee McAndrew[2]
[1]Glasgow Caledonian University, [2]NHS Lanarkshire
Cassandra.Macgregor@gcu.ac.uk
@cassmacg.bsky.social

Background

Prior to the Covid-19 pandemic, NHSL delivered six-week pain groups for patients attending either Musculoskeletal or chronic pain physiotherapy. The group facilitated exercise participation and condition management skills for those who attended, however, initial uptake was only 70% of those referred. Lanarkshire is relatively deprived with approx. 50% of the population in SIMD Q1 and 2. Chronic pain is experienced with higher prevalence in areas of deprivation. Developing services that connect across interfaces is important for equitable care and uptake (Lunn et al., 2024). The journey of coming to terms with chronic pain is complex and requires a caring, supportive and coherent system to promote better experiences (Macgregor et al., 2024). Patients present with a variety of needs, capacities and preferences. When we revised the service post-pandemic, we aimed to develop ways of facilitating choice, and improving the connection between services.



Attend individual PT
- Referral made to group

Telephone call with pain PT
Provide information
Poverty screening
Discuss + agree care options

Information session 1.5 hours
Pain education and services, support options
Online/ in person

Optional 2hr x 5 week course
Exercise, pain education, relaxation, activity management, pharmacy

community/ leisure options, return to PT, primary care MDT, request referral to secondary, tertiary care

Patient pathway – interface pain physiotherapy service (PT = physiotherapy/ist)

Objectives:

- To improve initial uptake of a group information session.
- To collect data on preferences and uptake outcomes across demographics.

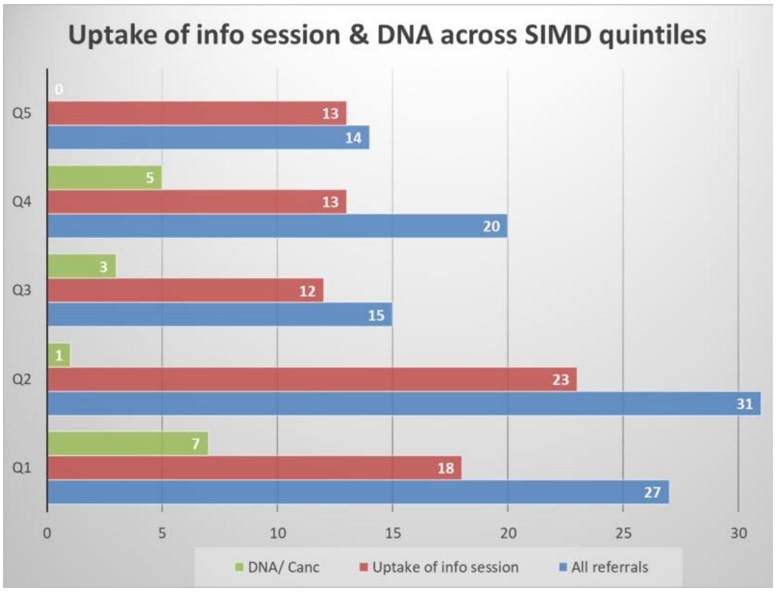
Methods

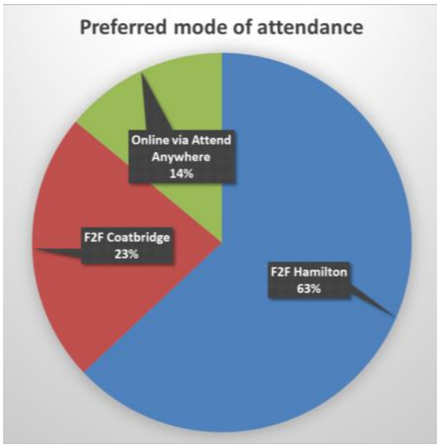
The QI project was embedded within the PDSA cycle. For the first six months of the project, we delivered pain training to our referrer pool of 70 PTs. We made initial contact with referred patients via telephone call to provide information, establish preferences, attendance arrangements, and conduct poverty screening. We recorded demographic details and attendance outcomes from July 2022 to June 2023.

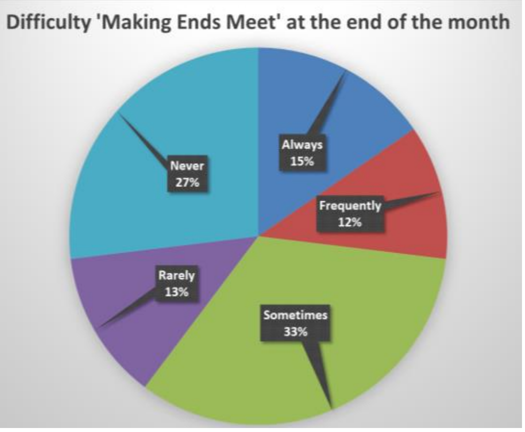
Findings

Total referred across year: 107
Uptake of initial session increased following the revision:
Pre pandemic: 70%
Revision & training period (July – Dec 2022): 65%
Revised process (Jan – June 2023): 87%

Referrals from July 2022 – June 2023: over half of adults referred were from SIMD Q1 and 2, reflecting the population distribution in Lanarkshire, but not the higher prevalence in areas of deprivation. (Graph does not show all outcome options)







Conclusions:

An initial telephone call, staff training and offering choice may improve navigation through pain care. Improving health literacy and connections between services are important to improving equitable pain care, and services should foster ways of doing so. Further improvement is needed to improve uptake in Q1

References: Lunn et al.(2024) What works: Addressing inequalities in the primary and secondary outpatient interface. Health Equity Centre.
Macgregor et al. (2024) An ecosystem of accepting life with chronic pain: A meta-ethnography. Br J Pain.
NHS England. Health literacy 'how to' guide. 2020.