WESSEX REHAB CHRONIC PAIN SERVICE

NHS
Salisbury
NHS Foundation Trust

An outstanding experience for every patient

PAIN

'An unpleasant sensory and emotional experience associated with actual or potential tissue damage'

Chronic pain or persistent pain is pain that carries on longer than 12 weeks despite medication or treatment

The Department of Health for England and Scotland recognise chronic pain as a long-term condition in its own right as well as a component of other long-term conditions.

Low back pain is ranked highest out of 291 conditions studied by the Global Burden of Disease study, ranking number one for years lost to disability worldwide

4 of the top 12 disabling conditions are persistent pain conditions (low back and neck pain, migraine, arthritis, other MSK conditions)

SOLUTION?

There is no medical intervention, pharmacological or non-pharmacological, that is helpful for more than a minority of people with chronic pain, and benefits of treatments are modest in terms of effect size and duration

People often expect a clear diagnosis and effective treatment, but these are rarely available. GPs and specialists in other fields find chronic pain very challenging to manage and often have negative perceptions of people with pain

SOLUTION?

Attending specialist pain management services improves quality of life (in total, 56% of providers reported post-treatment improvement in EQ5D-3L, and 76% reported improvement specifically in pain related quality of life.

NICE guidelines for low back pain recommend a group exercise programme within the NHS for people with a specific episode or flare-up of low back pain with or without sciatica. They also specify taking people's specific needs, preferences and capabilities into account when choosing the type of exercise. The guidelines go on to suggest providing patients with advice and information to help them self-manage their back pain (NICE, 2016).

For chronic low back pain the guidelines recommend a combined physical and psychological programme, incorporating a cognitive behavioural approach (preferably in a group context that takes into account a person's specific needs and capabilities) when they have significant psychosocial obstacles to recovery (NICE, 2016)

MULTIDISCIPLINARY REHAB CENTRE

- Occupational Therapists
- Physiotherapists
- Therapy Technicians and Assistants
- Technical Instructors – carpentry and engineering
- Pain Consultants
- Secretarial and administrative support
- Support from Clinical Psychology team

CHRONIC PAIN TEAM

- Pain management programmes designed for patients living with chronic MSK related spinal pain
- Referrals from spinal consultants, physiotherapists, extended scope practitioners and GPs
- Generally patients who have no further surgical options, physiotherapy has not helped and medications are not helping sufficiently
- Main aim initially is to work out which patients are in the right 'place' to change their behaviours
- Many patients struggling with depression and anxiety as a result of their pain

CASE STUDY

- 18 year old female. Slipped at work on a patch of oil on the floor
- Onset of low back pain which failed to resolve over course of 6 months, became socially isolated and relying on friends to cook for her
- Pain worsening , struggling to walk and led to admission to A+E via ambulance in June and July, where she was admitted to the ward for 28 days
- Seen by Consultant Neurologist as well as Orthopaedic Consultant and Psychologist
- MRI showed no disc bulge or nerve compression in spine
- Was eventually discharged home using two crutches to help her walk short distances and using wheelchair at times

CASE STUDY

- Referral received at Wessex Rehab 3/7/18 and questionnaire sent out, returned on the 16/8/19
- Referral triaged
- Booked an appointment for medications review, followed by assessment by physiotherapist and psychologist
- Following assessment felt not quite ready for a pain programme and would benefit from a 1:1 approach initially to try and build up to programme
- Very little insight into her pain and diagnosis
- Lots of fear around activity and avoiding painful movements
- Very limited mobility and pain also having negative affects on her mood
- Aims were to increase her mobility and to try and aim back to education/work
- Seen 1:1 three times before commencing COPE programme in February 2019
- Completed COPE in March 2019
- 1:1 Review in May 2019 and again September 2019
- On last attendance, now independently mobile, working full time. Is back to walking the dog and completing her hobbies

OUTCOMES

Recent outcome data collected from those completing a pain management programme shows:

- Average change in patient functional capacity is 33% improvement
  (PSFS 3.3 per goal)

  The Patient-Specific Functional Scale (PSFS) is a self-reported, patient-specific outcome measure, designed to assess functional change, primarily in patients presenting with musculoskeletal disorders. (Patients set their own goals and rate their ability for each goal out of 10. Minimum clinically important difference is 2 per goal)

- Average change in musculoskeletal health is a 20% improvement
  (11 point change)

  (MSK Health questionnaire looks at pain levels, function and mobility, sleep and emotional well-being, confidence to self-manage. 14 questions, scored out of 56. Minimum clinically important difference is 3)

PROGRAMME OPTIONS

Intro Day	Rehab Programme	COPE Programme
• One day 9:30-15:30 • Able to assess a patient's ability to tolerate a whole day physically • Anxiety of being in a group environment • Motivation levels • Physically able to get around unit and get on/off floor • Further assessment for COPE/Rehab	• Mon-Thurs Wk 1 • Four week break • Return for Mon-Wed Wk 2 • Core education sessions • Higher level of activity • Patients usually more physically able • Normally working in some capacity and trying to keep active but becoming more difficult • 1:1 follow up after programme as required	• Three week programme • Four week break in between each week • Shorter days on first week • Activity level increases each week • Meds Review on second week • Family day at end of second week • More education and psychology involvement • Patients usually more physically limited • Socially isolated • Psychological issues affecting rehab • 1:1 follow up after programme as required

EXAMPLE TIMETABLE

	Monday	Tuesday	Wednesday	Thursday
9:30-10:30	Introduction to the programme. NN Health and Safety **Seminar Room**	1:1's	Pacing **Seminar Room**	Walk
10:30-11:00	**Refreshment break**			
11:00-11:45	The pain journey **Seminar Room**	OT **Industrial Workshop**	Explain Pain 2 **Seminar Room**	OT **Industrial Workshop**
11:45-12:30	Baseline Physical Assessment **Gym**	Explain Pain 1 **Seminar Room**	Hydrotherapy **Spinal Unit**	Balance Circuit / 1:1's **Gym**
12:30-13:30	**Lunch break**			
13:30-14:30	Anatomy and posture **Seminar Room**	Intro to Spinal Mobility / Tai Chi **Gym**	Intro to Pilates **Gym**	Mood disorder and pain **Seminar Room- NN**
14:30-15:30	Introduction to Relaxation **Seminar Room**	Goal setting **Seminar Room**	OT Group project - **IWS**	Managing your break **Seminar Room**
15:30-15:45	**Refreshment break**			
15:45-16:30	Hydrotherapy **Spinal Unit**	No Therapy	Relaxation **Seminar Room**	No Therapy