A HOLISTIC APPROACH FOR PATIENTS WITH LONG TERM CHRONIC PAIN

Personalised Care roles collaborating as part of the Multi-Disciplinary Team

AT A GLANCE

The Approach

- **Project aim:** Project (Jan 2021 - March 2022) aiming to improve **health & wellbeing** of patients with long term chronic pain taking a holistic approach.
- **Cohort:** 46 patients with chronic/long term pain, who were regularly attending GPs and would benefit from multidisciplinary input (high intensity users of primary, secondary and OOH services).
- **Personalised Care Team:** Multidisciplinary Team (MDT) including GP, secondary care pain specialist, physiotherapist/ESP, psychologist, social prescriber, health coach, primary care pharmacist in GP practice.
- **Referral:** Person with chronic complex pain identified by GP/Healthcare Professional.
- **Who:** NWL GP practice and Multi-Disciplinary Team (MDT) members from across primary and secondary care.

FUNDING

- Personalisation programme budget & GP time originally paid for from NWL Hammersmith and Fulham SPIN fellowship programme.
- Now the project is part of normal working practice as seeing cost and time savings.

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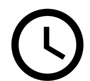
THE CHALLENGE

- **5.5 million people** in the UK have high-impact chronic pain (associated with high levels of disability), and many are **substantial users of primary, secondary & out-of-hours health services**.



- GPs have limited time, knowledge & confidence to appropriately support patients.

- There's been an **increase in inappropriate referrals** to secondary care and inappropriate unnecessary analgesia prescriptions & investigations.

- This results in an estimated **£10 billion in annual healthcare costs** to the NHS.

- Chronic pain disproportionately affects patients already predisposed to **health inequalities.**

THE ACTION PLAN

- The project was developed with input from the MDT, two expert patients with chronic pain, and using a pre-pilot survey of patients & GPs.
- After the initial 30 min assessment with the GP, all patients are signposted to resources, services & community groups.
- Some patients are referred to relevant services, MDT members, specialties or third sector organisations.
- Complex patients are discussed in the MDT meeting.
- All patients received a 15 min follow-up appointment to review goals, progress & the MDT outcome.

IMPACT

- The cases of 22 patients were reviewed in the MDT meetings.
- This **avoided 12 referrals** to secondary care.
- A substantial improvement in average **Patient Activation Measure (PAM)**, and average **Musculoskeletal Health Questionnaire (MSK-HQ) score from 48 to 53**
- If extrapolated to all patients, this may lead to a reduction in **three GP appointments per patient per year**, and demand savings of **£345 per patient per year** for primary & secondary care.

TIMELINE / NEXT STEPS

- The learnings and key aspects from the pilot are to be embedded into service specification.
- Expanding this work to **at least 5 further PCNs** to enable them to deliver personalised care to patients with chronic pain in primary care, using the skills and expertise of the MDT.
- Forming a **wider community of practice** for healthcare professionals working with patients with chronic pain to focus on a **culture change within healthcare**, offering each other peer support, and sharing learning and resources.