



Healthy Living Centre Alliance

# HEALTHY LIVING WITH CHRONIC PAIN



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# BACKGROUND

- 450000 in NI with chronic or persistent pain
- Opportunity to introduce a new dimension to tackling chronic pain at neighbourhood level
- Non recurrent funding 2017– 19 PHA/ HSCB
- Training 2 x Events – Pain Toolkit / Establishing a neighbourhood-based pain support programme 2017
- Connection to NI Pain Forum- Evaluation questions x 8

“You are *already* your own doctor.”

Tom Ferguson, M.D., 1985

Our interactions with  
the healthcare system are  
only the tip of the iceberg.



**Self-care**

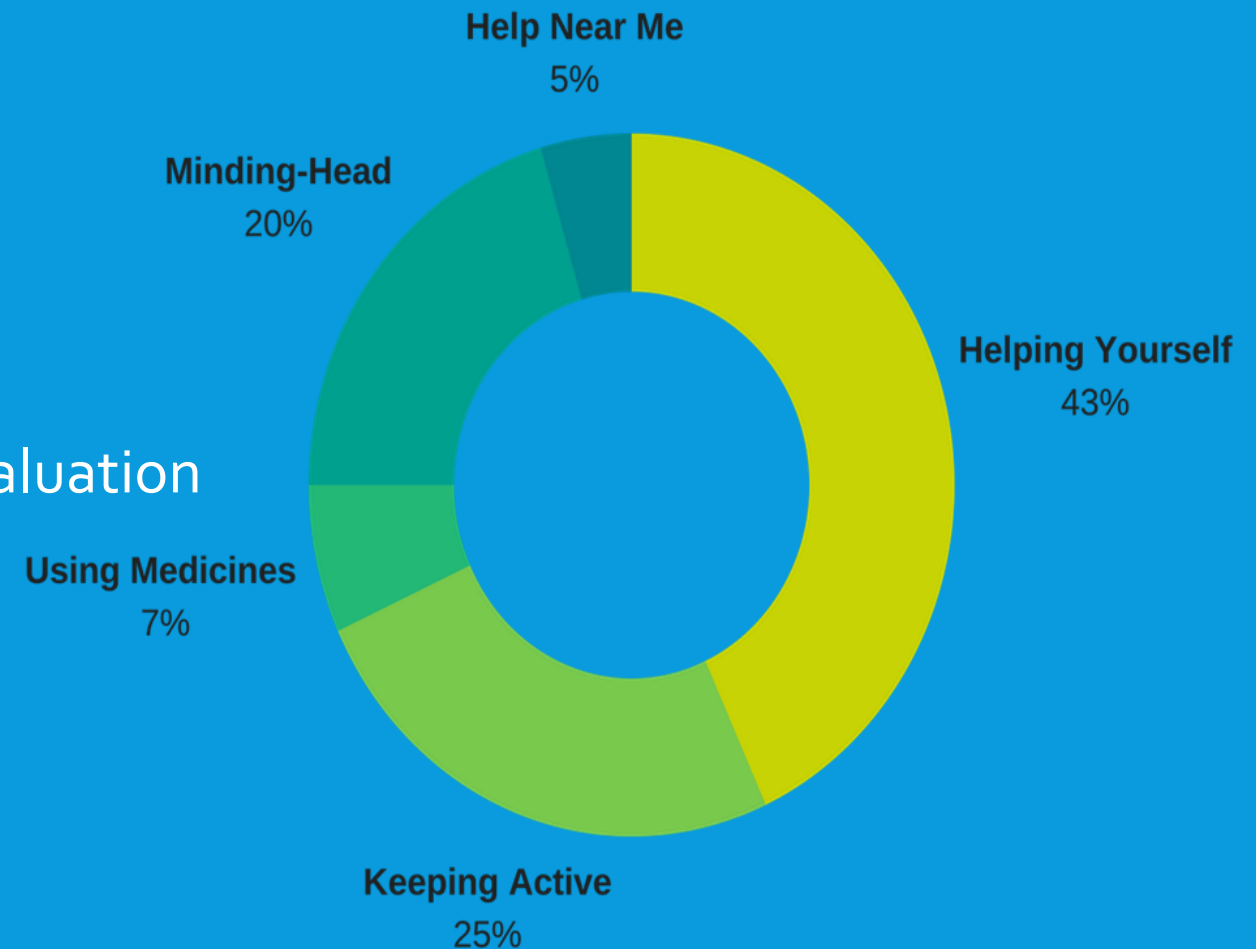
is and has always been  
our predominant  
form of health care.





# MONITORING OUTCOMES

- What information did we want to gather?
  - Range of pain-related conditions
  - Male /female
  - Age
- PSEQ+2 and PHQ<sub>4</sub> – Baseline and final evaluation
- Qualitative feedback from participants



# OUTCOMES

## Conditions

- 62.4% of participants had a form of arthritis
- 31% had fibromyalgia

## Outputs

- 92% retention of participants for 12 week programme
- 90% of participants attended a minimum of 10 out of 12 sessions

# OUTCOMES

**Week 1 – 92% of participants had a PSEQ+2 score (Pain Self Efficacy) of under 8 – with lowest scores between 2-5**

**Week 12 – Over 90% of participants increased their score by over 4 points**

**100% of participants increased their score by a minimum of 2 points**

# CASE STUDY

- 75 year old male
- Fibromyalgia / Persistent chronic pain
- Lived with chronic pain for three years before being diagnosed with Fibromyalgia
- A variety of pain medication and Opioids prescribed
- Medical professionals informed him he was on maximum medication possible and that no more could be done
- *What he said: Benefits have been meeting other people in my position and learning how to manage pain apart from opioids. Pain self-management is a new concept for me; breathing exercises and meditation have been great.*
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# WHAT THEY SAID

- *Each week I was learning how to take steps to move forward, rather than being stuck in my condition and in pain. Female 47*
- *My first thought was that it (the support programme) was going to take my pain away. Then I realised it's not going to go away but I that can manage it much better. Female 65*
- *Even though my pain levels haven't decreased in any way I have learnt new techniques to cope giving me a better quality of life. Male 75*
- *I was in utter shock at the group when we talked about tablets and how we can become dependent on them (I myself was going that way!) I've learned that they don't control me. I control them! Female 41*
- *A big barrier that I broke down was that I wasn't alone, and that medication couldn't fix it all. Male 60*
- *I have developed a very positive attitude to my health. My consultant was astonished at how well I was doing since she had last seen me two years ago. Female 61*

# LEARNING

- Delivery template – 80% prescriptive – 20% flexibility locally
- Training & quality assurance of delivery
- Need better connections with primary and secondary care especially pain clinics
- Tie to social prescribing and MDTs in primary care especially first contact physiotherapists
- Promising results but need for further testing of model



# CURRENT UPDATE

- Opportunities 2019-20
  - Pain Programmes in 20 HLCs commenced in September 19 and more planned for January 20
  - Pain Support Steering Group of HLC Alliance, PHA, HSCB and GPs with advice from QUB
  - Further training for staff in opioid education in December 2019
  - Greater emphasis on harmful use of prescribed medication

