

Background

1. Chronic pain has been estimated to affect around 1 in 5 of the Scottish population.¹

2. SIGN guideline² recommends 'supported self-management' as an intervention for chronic pain.

3. People affected by chronic pain may need the help of community and/or primary care healthcare professionals.³

Primary care has a key role to play in supporting self-management of chronic pain.

Why Self-Manage?

Enable an individual to reduce the impact their chronic pain has on their everyday life.

Can reduce the impact of long term conditions on NHS services.⁴

Knowledge of the current barriers in primary care could be used to inform future decisions and interventions to help more people better self-manage their pain.

Methodology

Focus groups were held throughout Scotland with Health Care Practitioners (HCPs) and people with chronic pain and their carers ('patients'). Participants were recruited through our network of NHS colleagues, third sector organisations, Pain Concern membership database and advertising on social media. Interested participants were encouraged to contact the researcher for more information. All groups were recorded, transcribed and fully analysed using N-vivo.

Table 1: Participant Breakdown

| | No. of participants |
|--------------------------|---------------------|
| People with chronic pain | 54 |
| Carers | 9 |
| GPs | 16 |
| Physiotherapists | 15 |
| Occupational Therapist | 4 |
| Practice Nurses | 2 |
| Community Pharmacist | 1 |
| Total | 101 |

Table 2: Location and number of focus groups by NHS Healthboard.

| NHS Healthboard | No of groups |
|-------------------------|--------------|
| Lothian | 5 |
| Greater Glasgow & Clyde | 5 |
| Fife | 3 |
| Highland | 2 |
| Dumfries & Galloway | 1 |
| Forth Valley | 1 |
| Tayside | 1 |
| Total | 18 |

Results

Four categories of possible barriers emerged from the data

Patient/ HCP Consultation

Timing

- Patients felt the discussion about self management with their HCP come too late, not at all or it was only offered when all other options had been exhausted.
- HCPs & patients felt acceptance of pain had to come before successful self-management.

Communication

- Patients often felt HCPs did not believe them with regard to their pain.
- HCPs sometimes found the psychological side of pain difficult to approach.
- Patients found it difficult to convey the extent of their pain.

Relations

- Patients cited listening, caring, patience, support and accessibility as key factors of a positive relationship with their HCP. Not listening, judging, rushing, generic advice and insinuating 'pain is in the head' were cited as negative experiences.
- Some HCPs acknowledged difficulties understanding a patients pain.
- Patients may be characterised as a 'difficult group', HCPs provided reasons for this.

Patient Experience of Pain

Wellbeing

- Feelings associated with chronic pain included depression, suicidal thoughts, mourning for their 'former self', frustration, loneliness, guilt and inadequacy.

Journey

- Seeking diagnosis or cure could monopolise patients focus and therefore HCP time.
- A lack of cure left patients and HCPs feeling disappointed.

Ability/ Readiness

- HCPs recognised that many patients successfully self-manage and therefore do not seek help from their HCP.
- Some HCPs felt that not all patients have the ability to self manage. They hoped patients who were not immediately 'ready to change' would do so with time.
- Patients often said they would be willing to try anything.

Lack of Support

- Patients often felt unsupported with self management. Patients and HCPs recognised that working together was necessary but not always practised.
- Some HCPs chose not to use the term 'self-management' with patients.
- Flare ups and other life events can threaten previously successful self-management.
- Patients and HCPs felt there was a lack of longer term community based support.

Limited Treatment Options

'Medicalisation'

- Some HCPs and patients felt that there was a tendency for 'over-medicalisation' with a prescription for medication being the only means of pain management on offer.
- HCPs and patients felt acceptance of the idea of self management requires a significant cultural shift.

3rd Sector Support

- Patients spoke highly of support groups (although the sample may be biased).
- Although HCPs valued the 3rd sector support there was some concern regarding the longevity, content, inconsistent messages and previous bad reports.

Training

- Patients often felt that HCPs did not have a good knowledge of their condition.
- Many HCPs expressed a desire for more training in pain and self management.
- Some felt it was unrealistic to expect all GPs to have specialist pain training.

Organisational Constraints

Appointment Duration

- HCPs felt educating patients on self management was time consuming and energy sapping and not always possible in short appointments.

Waiting Lists

- Long waiting lists for referrals to other services often lead to worsening of pain and a deterioration in the patients situation.

Consistency/ Continuity

- Patients and HCPs felt there was inconsistency around self-management messages.
- Both groups felt the NHS had a compartmentalised structure.
- It was widely felt that chronic pain was not a 'priority' condition.

Conclusion

The project found qualitative evidence of potential barriers to self-management of chronic pain in primary care.

Barriers included those formed during one-to-one interactions and those imposed by the constraints of the wider organisation. The lengthy and inconclusive patient journey, the emotional impact, the need for support and a purely medical approach all provide opportunities for barriers to form. Knowledge of potential barriers could be used to inform changes that would allow more people to better self manage their chronic pain.

References

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