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## Introduction

Self-management has been highlighted as one of five recommended treatment strategies for living with long-term pain. Pain Concern previously evidenced multiple barriers to supported self-management for those experiencing chronic pain and their primary care professionals<sup>2</sup>. The Navigator Tool Intervention (NTI) was developed to improve communication regarding self-management by bringing to focus the concerns that are most important to the patient.

## Aims

1. Pilot the NTI and assess its efficacy in improving communication regarding self-management.
2. Develop a suitable method for evaluating the NTI for a future study with larger sample size.

## Methodology

Randomised controlled trial. HCPs attended one half-day training on supported self-management. Intervention patients received the Navigator Tool and were instructed to see their HCP 2-3 times over 3 months. Control patients were not sent the tool and were told to engage with their HCP as normal.

Qualitative analysis through interviews with all HCPs and random sample of intervention patients. Quantitative analysis through questionnaires (PSEQ, CQI-2, and SDM-Q-9).

“From a medical perspective we’ve got to work reasonably hard to help patients to understand that there’s a psychological element to pain, just simple concepts like that are hard to get across some times. But I think the tool quite effectively did that on its own.”  
– GP participant

“I felt that the patients were taking ownership of the tool. So even though I’d been to these motivational interviewing courses that were all about how it’s you as the HCP leading the patient, I felt they were leading me.” – Pharmacist participant

## Initial impressions

The My Pain Concerns section was that most frequently used to inform consultations. HCPs generally found that self-management conversations came easier when using the tool, and sometimes topics were discussed that would normally have taken more consultations to get to. Most HCPs felt that more peer support, during the training and after, would have improved their ability to use the tool.

Patient feedback indicate most patients found the tool easy to use and they felt it improved their communication with their HCP to some extent. However, a common comment was that the tool should be simplified, and a number of patients directly attributed the good communication to the HCP’s personality.

Table 1. Characteristics of study population

Participating sites	Health board	Type of HCP	Number of patients	Average age of patients (years)	Average length of pain condition (years)	Gender distribution	
						Male	Female
HCP01	NHS Lothian	GP	10	55	15 (range 5-38)	3	7
HCP02	NHS Lothian	GP	7	46	6 (range 1-12)	2	5
HCP03	NHS GG&C	Physiotherapist	12	52	4 (range 1-10)	1	11
HCP04	NHS Tayside	Pharmacist	2	76	15	2	0
HCP05	NHS Tayside	Pharmacist	4	59	18 (range 4-30)	2	2
<b>Total</b>			<b>35</b>			<b>10</b>	<b>25</b>

## Relevance for patient care

As most chronic pain is managed in primary care facilitating communication between the HCP and the patient may improve patient self-efficacy and reduce unnecessary consultations.



## Future developments

This poster presents our preliminary findings, and the main bulk of the data analysis is yet to be undertaken. Transcripts of interviews remain to be coded and analysed. Further tests on the quantitative data will also be taken to indicate changes in different sites and impact on individual questions.

We will also carry out a review of our research methods to create a tailored research plan for a potential continuation of this study.

<sup>1</sup>SIGN 136

<sup>2</sup>Gordon et.al 2016 “Barriers to self-management of chronic pain in primary care” BJGP 2016