



# **Inhealth Pain Management Solutions**

## **Enter and View Report**

Published 30<sup>th</sup> January 2018

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# About Healthwatch Shropshire



**Healthwatch Shropshire is the independent health and social care champion for local people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



## Details of visits

<b>Clinic location / Date of visit</b>	Bridgnorth Medical Practice	12 <sup>th</sup> October
	Cambrian Medical Centre	5 <sup>th</sup> September
	Caxton Surgery	4 <sup>th</sup> October and 1 <sup>st</sup> November
	Ludlow Community Hospital	12 <sup>th</sup> October
	Marysville Medical Centre	10 <sup>th</sup> October
	Pontesbury Medical Practice	4 <sup>th</sup> October and 8 <sup>th</sup> November
	Severnfields Medical Practice	5 <sup>th</sup> September 2017
	Whitchurch Community Hospital / Beechtree Community Centre	29 <sup>th</sup> August 2017

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<b>Provider</b>	Inhealth Pain Management Solutions Longfields Court Wharncliffe Business Park Middlewoods Way Barnsley S71 3GN
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<b>Website</b>	<a href="http://www.pmsltd.co.uk/">http://www.pmsltd.co.uk/</a>
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<b>Visit Team</b>	Two Healthwatch Shropshire Enter and View Authorised Representatives visited each clinic
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## Purpose of visits

The purpose of these visits was to:

To explore issues around access to the community based service,  
administration issues around the appointment system and experience of care.

### Disclaimer

Please note that this report relates to findings at each clinic on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time of the visit.

## The context of these visits

‘Inhealth Pain Management Solutions (IPMS) are an independent provider of consultant-led, multidisciplinary team-delivered community pain clinics. Working exclusively with the NHS since 2006, IPMS have offered a full range of combined physical and psychological clinics together with interventions and medical support where these approaches support the long-term goals of the patient. PMS also offer innovative solutions for patients such as a bespoke Wellness Pack and an online clinically supported Pain Management Programme.’ (*Shropshire Clinical Commissioning Group*)

IPMS clinics have been running in Shropshire since 1<sup>st</sup> April 2014, initially as part of a pilot to trial this approach to pain management. Healthwatch Shropshire began receiving comments from patients on this service in early 2015. The number of comments dropped as the service settled down. Musculoskeletal services are under review by Shropshire Clinical Commissioning Group so we decided it would be a good time to visit the clinics to speak to patients:

- To find out if they are getting local access to services
- About the administration process around getting an appointment
- To hear their experiences and views of the service, including access to information

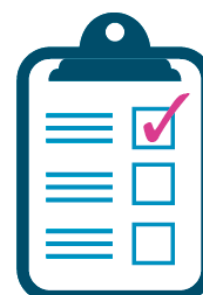
These visits were announced and the date and time of the visit agreed with the Regional Contracts Manager so that patients and staff could be told about our visit and be invited to speak to us.

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## What we did

During the visit

- The Authorised Representatives (ARs) on the visit team spoke to patients / carers in the waiting room and asked them if they were happy to complete a questionnaire. They were told that their answers would be recorded anonymously and they would not be identifiable in the report.
- The ARs spoke to any staff in the practice who were free and happy to comment.



The number of patients/carers we spoke to at each clinic:



Clinic	Patients /carers
Bridgnorth Medical Practice	3
Cambrian Medical Centre	5
Caxton Surgery	4
Ludlow Community Hospital	3
Marysville Medical Centre	6
Pontesbury Medical Practice	5
Severnfields Medical Practice	4
Whitchurch Community Hospital / Beechtree Community Centre	4
<b>Total</b>	<b>38</b>

We spoke to a total of 7 members of staff across all clinics. Two members of staff were spoken to at more than one clinic.

Staff members we spoke to had different areas of specialism and including physiotherapy, acupuncture, cognitive behavioural therapy (CBT) and well-being.

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## What we found out

### The service



Taken from the IPMS website:

‘Pain Management Solutions was created in 2006 to develop and deliver innovative pain services for the benefit of NHS patients. The experienced healthcare professionals behind it shared a common interest in revolutionising pain management in the NHS, adopting a community-based response that would focus on early intervention before chronic pain has time to set in. That strategy, proven and refined over the years, continues today.

We help and teach patients to manage pain through our evidence-based cognitive behavioural therapy approach, delivered by a multidisciplinary team. This can mitigate costs by reducing GP visits, cutting reliance on analgesics and injections, improving outcomes, bringing the prospect of discharge within six months and

lifting return-to-work rates, whilst allowing GPs to maintain control.’ (IPMS website, July 2017)

There are currently eight IPMS clinic locations across Shropshire. It is the intention that patients will be able to attend a clinic near to where they live.

## Summary of patient responses to the questionnaire

Across all the clinics we collected 38 responses to the questionnaire; one patient was spoken to at two clinics locations. The patients we spoke to filled in the questionnaire either on their own or with the support of a member of the Enter and View visit team. They did not all answer every question.

For more details please see Appendix 1 which shows the responses to each question.

### Previous experiences

The patients we spoke to had been experiencing pain for various amounts of time. One patient had been experiencing pain for 11 months while another person had been in pain for over 40 years.

Eight (22%) had been in pain for up to two years. Twenty six (70%) of the patients had been in pain for more than two years. Thirteen of these 26 (50%) had been in pain for over 10 years (that is 35% of all respondents).

Three people didn't know how long they had been experiencing pain but told us it had been 'years', 'a very long time'.

Twenty two (61%) had not used pain management services before and 14 (39%) said they had. These services were provided by Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH), Royal Shrewsbury Hospital and one person had previously received cognitive behavioural therapy (CBT) and attended a Pain Management course. Two had attended Pain Management Solutions clinics previously.

On a scale of 1 (Excellent) to 4 (Poor), 50% rated the services they had received previously as 'excellent'.

## Pain Management Solutions

- **Referral**

78% of the patients we spoke to had been referred to IPMS by their GP. One person had been given an internal referral from one IPMS clinic to another.

14% had been offered an alternative service to IPMS by their referrer. These included:

- Going back to the doctor they had previously seen at RJAH
- Physiotherapy and hydrotherapy; getting more active
- Medication

One person had asked their GP if they could see a pain consultant but had been told that the GP couldn't refer them to a consultant and they could only go to IPMS. They said that the GP made them think that IPMS were the gate keepers to seeing the consultant.

68% of people told us they had not been told what to expect from IPMS by the person who referred them.

- **Waiting times**

89% of people reported that they had been seen within 6 months of the referral:

- 25% had been seen within 4 weeks
- 44% within 2 months
- 19% within 3 months

Two people had waited 6 months and one said they had waited 8 months. One person said it had taken "a long time" for their appointment to come through.

One person who had been referred by the IPMS clinic at Whitchurch to the IPMS clinic at Severnfields had waited 5 weeks to be seen. One person told us that they had waited 3-4 months for their "first introductory appointment" and then they had waited 6 months for their individual appointment; "They forgot about me."



- **Choice of clinic**

51% had been given a choice of clinic to go to by IPMS:

- 79% had chosen the clinic because of its location

Other reasons given included:

- the “services available there”
- the earliest appointment available / shorter waiting list
- the day the clinic was on

55% of all the people we spoke to said it was ‘very easy’ for them to get to the clinic they were attending. No-one told us it was very difficult and two people said they didn’t mind.

57% of people said they did not know if they could ask to go to a different IPMS clinic. Two people said they could “but it would be further away” and another two people said they could but they would have to “wait longer for treatment”. One person told us they “wouldn’t want to change from [the practitioner they were seeing]”.

- **Telephone consultation with IPMS**

16% of people said they did not have a telephone consultation. Of those that did, on a scale of 1 (Excellent) to 4 (Poor), 92% rated the member of staff they spoke to as either 1 ‘excellent’ or 2.

One person who had received a phone call told us that “Questions asked were too rapid so I had to think too quickly. I felt that if I’d had time to consider I may have given a different answer.”

70% of the people who could remember, rated the information they were given before their first appointment as either 1 (Excellent) or 2.

83% of the people who answered the question said they understood why they were going to a IPMS clinic.

- **Appointments with IPMS**

21% of the people we spoke to were attending their first appointment and so were not asked to complete the rest of the questionnaire.

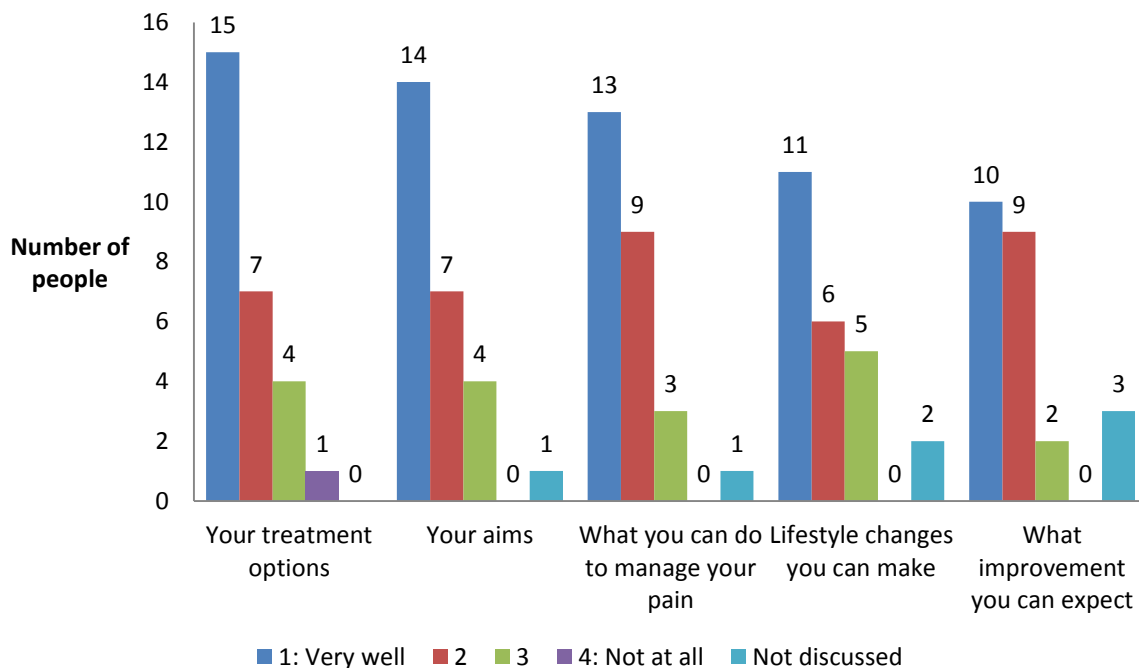
The 29 patients who had been at least once before were, on the whole, unclear about how many appointments they should expect to have, for example:

- Three had attended 10 appointments so far
- Three had attended more than 10, one of these told us they had had “30 plus” appointments

- **IPMS staff and communication**

86% of people rated the staff they saw as 1 ‘excellent’.

We asked the patients who had attended a clinic before their understanding of five things:



60% told us they had been given written information by IPMS. 78% of these said that a member of staff had gone through this information with them. Only 15% had been asked if they had any communication need or preference. One person we spoke to told us they had been asked and explained “I need someone to help me remember as my memory is poor”.

One person told us they had been given “a general booklet at the beginning of the six week group programme” which had included “exercises, types of pain, sleep, relaxations techniques. Not specific to my own condition but very helpful.”

One person at the Ludlow Community Hospital clinic had been given written information but told us they were “unsure about it”. They hoped to be given a “booklet at the end of treatment to aid memory”.

21% told us they did not know what was included in their Pain Management Programme.

- **The Pain Management Programme**

We heard that a range of treatments and tools are used by IPMS, including acupuncture, physiotherapy, exercises, relaxation techniques, cognitive behavioural therapy (CBT) and positive thinking. Some people are offered group sessions. All the people we spoke to were attending for a 1:1 with a practitioner. The programme is shaped for each patient.

Three people told us that injections were part of their treatment and another told us they had requested a medication review because it had been seven months since their last one.

One person commented that there was “a lot of talking but no physical treatment”.

One person told us that as well as going to the IPMS clinic for CBT they were also attending RJAH for hydrotherapy, physiotherapy and to use the gym.

61% of people told us that the IPMS programme was what they expected and three of the 11 people told us that it was better than they expected.

When asked what benefits they had experienced so far, twenty people responded. Two said it was “too early to say” and three had experienced no benefits. Of these, one was attending their 3<sup>rd</sup> appointment on the day we spoke to them, one had already had 10 or 12 appointments and the third said they thought they would be “going straight for physio”. The others reported a range of benefits including having “less flare-ups”, “more confidence, a better understanding of pain/self-treatment, more freedom!” and feeling “more in control of how to deal with pain”. Three people specifically mentioned the benefits of CBT and counselling,

“I’m better in my head thanks to CBT”, CBT means there “is someone to talk to” and it’s “helping me in day-to-day life to manage pain”.

64% of people told us that staff talk to them about their progress.

We asked the patients which part of the programme they thought was helping them to manage their pain (for a full list see Appendix 1). Responses included comments about CBT, exercises and relaxation techniques, acupuncture. Three people mentioned trigger point injections and medication. Two people commented “all the programme is very good” and “all of it”.

- **The IPMS service and clinic environment**

On a scale of 1 (Excellent) to 4 (Poor), 74% rated the IPMS service either 1 or 2 with 52% rating it as ‘excellent’ and one person rating it ‘poor’.

65% of people told us their appointments lasted 30 minutes.

46% of people told us that IPMS had cancelled an appointment in the past and 92% of these said that IPMS had contacted them before they went to the clinic, usually by a letter which included a date for a new appointment. One person had been contacted by phone on the day of the appointment. One person did not answer the question.

Twenty nine people rated the clinic environment. On a scale of 1 (excellent) to 4 (poor):

- 93% rated the clinic as 1 ‘excellent’ or 2 for the rooms and facilities
- 90% rated the clinic as 1 ‘excellent’ or 2 for comfort and privacy

On a scale of 1 (very likely) to 4 (would not recommend), 89% said they would be very likely (1) or likely (2) to recommend IPMS to family members/friends. Of these, 67% said they were ‘very likely’ and one of these added “very much so”. Two people (7%) told us they “would not recommend” IPMS.

For detailed comments please see Appendix 1.

## Views of staff

We asked the staff at each clinic their views on the service provided by IPMS and for their thoughts on how it could be improved. Some comments also related to the specific clinics they were working at.



### What they told us about the service

- “When the service started three years ago there were a lot of referrals and it has taken quite a while to get on top of them. Things are settling down and it is becoming much more manageable.”
- “There are pain management programmes at the Barnabas Centre in Shrewsbury and in Telford<sup>1</sup> but IPMS runs clinics in the community across Shropshire.”
- “The team sees a wide variety of patients with chronic pain across a range of ages.”
- “Patients have to have had pain for a minimum of three months before they can be referred, although they rarely see people at this stage because of the process of diagnosis. Some patients have had pain for 25 years or more.” One clinician told us that many of the patients they see have been “in the system for years”.
- “The GP sends a history with the letter of referral.” One practitioner told us that it is particularly helpful if there is an MRI scan so they can assess the most appropriate form of treatment rather than just relying on the history.
- The multi-disciplinary team includes consultants, acupuncturists, specialist nurses, physiotherapists, occupational therapists (until recently), a clinical psychologist and a health and wellbeing practitioner who are all trained in cognitive behavioural therapy (CBT) treatment approaches.
- “Appointments are booked centrally [by IPMS]. If the patient has three ‘no shows’ they are automatically discharged and the referring doctor is told.”
- “New patients have an initial assessment by phone and are then referred to an assessment clinic where decisions are made about the best treatment options for them. There is then a wait for treatment, for example once patients are triaged at Bridgnorth there is usually a 4-6 week wait for treatment in Bridgnorth (two weeks in Telford, Newport or Shrewsbury).”

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<sup>1</sup> Healthwatch Shropshire does not know which provider delivers these service at the Barnabas Centre in Shrewsbury and in Telford

- “Patients are given leaflets and/or a handbook which can be referred to when discussing aspects of self-management (e.g. relaxation, meditation) or treatments. Sections of the handbook are highlighted by the clinician to help patients as they work through their programme.”
- One clinician told us that “people either have 1:1 sessions of one hour each week or attend a group of eight to ten patients who go to a meeting in Shrewsbury twice a week for a six week programme”. An acupuncturist told us that “patients have a course of 10 appointments; six 30 minute weekly appointments followed by four monthly appointments”. Another clinician told us that there is “no artificial cut-off of treatment”. The average number of sessions is 7-8 but it does depend on the treatment. “Some people will have a lot more sessions, depending on need, although there is always a consideration not to create a dependency.”
- “It is a person-centred approach which invests in the individual’s long-term quality of life rather than just attempting to treat the symptoms”, e.g. one patient’s goal was to dance the Tango again while another’s was to lift their leg high enough to get into the bath. “Pain is so complex that response to treatment will differ from person to person and therefore treatment will vary from person to person.”
- “The service addresses all three aspects of chronic pain: biological, social and psychological.”
- “It uses a values-based, goal setting approach in the context of the patient’s life. Standard pain treatments are used after a full assessment of the patient’s physical and mental state. The emphasis is on building rapport with patients, giving them the information that will help them manage their condition, and helping them develop self-help techniques and a more positive mind set.”
- “Patients will not always see the same member of staff, e.g. if they are referred to a specialist colleague. If a patient is assessed by a member of staff and they think they can manage them within their own skillset they will see them all the way through their treatment. Otherwise the staff member who first assessed the patient will see them for follow-ups and discharge so there is some consistency.”
- “The attempt is made to ensure that patients see the same practitioner, as it is important in creating good rapport.”

- “A small proportion of patients are referred on for injections or for exercise on prescription by their GP, e.g. those with chronic back pain.” One clinician told us that “patients can only be given a maximum of two epidural injections”, explaining that the effects of radio frequency (RF) treatment last longer. Another clinician told us that “the effect of some injections only lasts for 6-8 weeks whereas RF can last up to a year/18 months. Steroids might be given if the pain is relatively ‘new’. They do not work so well with long standing pain.”
- Everything is explained to patients at their first appointment regarding the approach provided by IPMS (e.g. life skills, CBT) as opposed to injections. This clinician told us that “patients often choose not to have injections in favour of the other interventions offered by IPMS when they know the details”. One clinician told us that IPMS “advise patients at their assessment that they can help them but that it will be to help them manage their symptoms, rather than to get rid of pain; We educate the patient to be an expert in their own pain”.
- “Patients with more chronic conditions such as complex regional pain syndrome (CRPS) or fibromyalgia tend to engage in other interventions, specifically educational and psychological approaches.”
- “Patients can give verbal feedback at each appointment but are only asked for formal feedback when they are discharged from the service.”
- Outcomes for patients are measured using ‘patient reported outcome measures’ (PROMs). These are often self-validated questionnaires about specific conditions such as chronic pain. They measure clinical improvements, both physical and psychological.
- The IPMS team have “regular staff meetings to discuss where improvements can be made”.
- IPMS staff can access a translation service (a ‘tele-service’ through a three way phone line) for those patients who need it but usually ask a family member / friend to translate. One practitioner preferred not to use family members as their interpretation of what was said was “sometimes unhelpful”.

## How staff feel the service could be improved

- One clinician told us that they had experienced some reluctance and at times resistance from GPs to referring patients to IPMS. This clinician felt it was because it meant GPs would have to admit to their patients that they couldn't cure their pain. Another clinician told us that "some patients get a poor explanation or none at all from the GP or consultant who refers them."
- Clinicians told us that a centralised computer system which allows the clinicians to manage their own appointments "would be helpful". At the moment everything goes through Head Office, so if someone cancels their appointment the clinician might not know before the clinic and in some cases cannot contact the patient directly to find out why and make another appointment. Clinicians cannot give patients a firm date for their next appointment or tell them how long a referral is likely to take; patients have to wait to receive an appointment letter. A letter is sent from Head Office at least four weeks before an appointment and then a reminder text message is sent just before the appointment. The current system also means that clinicians can only see clinics one or two weeks ahead so they cannot give patients a guarantee that they will be at a particular clinic. Appointments are made six weeks in advance with no vacancies for emergencies. If a practitioner considers it important to call someone in quickly, they either inform Head Office or fit them into a cancellation. The staff we spoke to told us there is a "new system being developed" but they had not been consulted about their views so do not know if it will solve the issues they are experiencing.
- IPMS is currently "short staffed due to long-term sickness". As a result practitioners are having to 'upskill' in order to provide the range of services, e.g. CBT. One clinician told us that "the problem with new staff is that it can take them a while to develop the right approach so IPMS prefer to find staff who have previous similar experience." One clinician told us that the team is "pretty good" but the patients they are seeing "need more complex reviews and resources". Another member of staff told us that "currently the number of practitioners is down and the skill mix reduced".
- "More access to psychological services in the area where the patient lives."
- "Increased exposure, advertising, so that potential patients know it exists and what it offers." IPMS staff told us they are aware that the service has a poor rating on the NHS choices website so they are "encouraging more patients to leave feedback".



- One clinician told us that there had been discussions around changing the name of the service to improve its public image, e.g. to make it more “patient-friendly”.
- Three clinicians told us they would like appointments to be longer than 30 minutes as it limits what they can do/the effect of the treatment. One told us that despite this the end result for the patient is the same as it just meant they were given more sessions. They said they have the “flexibility” to continue sessions for as long as they consider it necessary for the patient. A fourth clinician said that assessment appointments needed to be longer than 30 minutes although they added that they had “become efficient at doing the assessment within the time allowed”.
- One clinician told us that they are only paid for the patients who attend.
- “More interaction with other therapies/services.” IPMS staff can recommend that patients make use of other services and facilities, such as physio and gyms but unless the other provider understands the rationale of pain management, “the results are not as good as they could be”. One clinician told us they would like to “speak to other services in order to develop rapport and improve outcomes for patients”.
- There have been some “problems with clinic venues”, for example the consulting room at Cambrian Medical Centre now has to be shared with phlebotomy and this has impacted on space.

### What the staff said about their patients

#### Attendance at appointments:

- “There is always a minority who fail to attend for whatever reason. Some may think it is not what they had hoped for.”
- “Sometimes people miss appointments because they are too unwell or too anxious to leave the house. Others have difficulty getting to the clinic.” This clinician told us they “help to arrange transport or solve other practical problems”.
- One clinician told us they were “not sure” why patients were missing appointments but said that when they phone them to check they usually find they “forgot their appointment”. “Some patients don’t agree to receiving text reminders.”

### Expectations:

- One clinician told us that “a small number of patients expect a cure or ‘fix-it’; 85% of patients with chronic pain accept that the pain will not go away and they understand that the service is aimed at helping them manage it.”
- “Some patients come expecting more passive treatments. Their frame of mind is important in how much they benefit from the sessions.”

### Feedback and outcomes for patients:

- When asked about patient feedback once clinician said, “Mostly they are positive.”
- “Feedback is positive from those who are willing to engage in the process. It is hard to engage people with what is a long-term, ongoing process in which they have to do all the work themselves; it’s hard for people to commit to that.”
- The visit team at Caxton Surgery heard a patient thank the clinician with genuine gratitude and another appeared to have trust and confidence in them.
- “Generally the feedback is positive - most patients return for their sessions after all. Some people just don’t get it and can’t see the point.”

### Communication:

- IPMS staff told us they use a “language interpretation service by telephone” but they prefer to use family/friends of the patient. They said they will “go with the patient’s preference”.
- “There is a lot of information for patients to absorb in the early sessions.”

## The clinics and facilities used by IPMS

During each visit the Authorised Representative made observations of the clinic environment focusing on the areas used by IPMS patients. They also noted the number of patients who attended the clinic during the Enter and View visit and spoke to staff to find out about their experience of patient attendance.

### Bridgnorth Medical Practice

#### Facilities

The Clinic was held in a consulting room on the first floor of the Bridgnorth Medical Practice. There are stairs and a lift. The room was large, bright and airy with chairs, an examination couch and a wash basin. The room was clean.

At the top of the stairs there was a large board showing all the rooms on that floor and there was a space to write the name of the doctor or the service being provided next to each room. On the day of our visit there was nothing to say the Pain Management Service was being held in Room 14. The reception staff were welcoming and directed us and patients to the room and nobody seemed to have a problem with finding their way.

One patient rated the rooms and facilities and level of comfort and privacy in the clinic 2 out of 4 (1 being excellent and 4 being poor).

#### The patients

Two of the three patients we spoke to had come for their first appointment. All three had experienced pain for more than 12 months. One patient who was attending for the first time understood that the appointment with IPMS was necessary as their GP had referred them to a service outside Shropshire and this appointment was to determine if funding out of county was appropriate.

All the patients had waited at least three months for their appointment.

The staff member told us that there were not many patients expected at the clinic, as there were two telephone follow-ups and two patients had cancelled. One new patient and two others for a second appointment were expected to attend during the morning and two more in the afternoon.

## **Cambrian Medical Centre**

### **Facilities**

The room where the IPMS clinic is held is on the first floor of the medical centre. There is a lift available, and an accessible toilet next door to it. Patients are instructed to 'follow the red footprints' to the correct waiting area, which is partially separated from the main space by a glass wall. There are several plastic stackable chairs and a small, low upholstered office-style two-seater, none of which has arms. There is no natural light and there was no drinking water available in the waiting area. We observed that patients do not have to wait very long for their appointments unless they come early.

The room itself was cluttered and clinical. The room has a low examination couch in one corner, a low corner window and no comfortable seating. The IPMS member of staff told us that the phlebotomy equipment in the room makes it difficult to do physical assessments and teach exercises or relaxation techniques.

Three people answered our question about the facilities in the clinic. Two scored the rooms and facilities and the level of privacy and dignity as 1 'Excellent'. The third person scored both aspects as 2 out of 4 (1 being excellent and 4 being poor).

### **The patients**

We were able to speak to five patients at this clinic. One was attending for a first appointment.

Three patients did not attend their appointment in the morning.

## **Caxton Surgery**

### **Facilities**

Caxton Medical Practice is close to the main bus station in Oswestry, and to two supermarkets if the limited parking area is full. The clinic is held in a modern extension to the surgery. It is wheelchair accessible and has an accessible toilet. The waiting room and consulting room are clean, bright and spacious. The chairs in the waiting room are sturdy and well-padded and all have arms. There was a radio which was on the whole time; it effectively prevented people waiting from hearing what was being said in the consulting room.

We did not see any drinking water available for patients.

One patient rated the rooms and facilities and level of comfort and privacy in the clinic 2 out of 4 (1 being excellent and 4 being poor).

### **The patients**

On our first visit we were only able to speak to one patient. The second patient did not show up so the practitioner rang Head Office and was told the patient had cancelled their appointment but someone had forgotten to pass on the message. Three out of five patients did not show up on the day.

We returned to the clinic four weeks later and spoke to an additional three patients.

Three of the four patients we spoke to at Caxton were there for their first appointment so could not comment on the service in detail.

The IPMS clinician told us that sometimes people miss appointments because they are too unwell or too anxious to leave the house. Others have difficulty getting to the clinic and in these cases they will help to arrange transport, or solve other practical problems. They said they always follow up missed appointments to find out the reason and to reschedule.

## **Ludlow Community Hospital**

### **Facilities**

The patients waited in the main Outpatient / MIU waiting area in the hospital and were collected by the IPMS clinician and taken to the treatment room, which we did not see.

The waiting room had a children's play area and was light and bright. There was a radio playing quietly and a water dispenser was available. An accessible toilet was close by. It was not very busy on the afternoon we visited.

### **The patients**

We spoke to all three patients who attended the clinic during the two hours we were there. There was one telephone consultation and three patients did not attend or cancelled their appointment.

## Marysville Medical Centre

### Facilities

On the afternoon of our visit there were two clinics - physiotherapy upstairs and acupuncture downstairs, with a waiting area on each floor. Medical Practice staff were not sure which rooms the pain clinics were in and went to find out for us. The AR visiting the upstairs clinic had to wait to find out who came out of each room.

The waiting areas served several clinics. The downstairs waiting area became busier during the afternoon and the upstairs waiting area was relatively quiet all afternoon.

Both waiting areas were light and bright with windows, and each had a chair raised on blocks for those patients needing a higher chair. There was also an extra-wide chair in the downstairs waiting room. Magazines were available and there was a children's play area with toys. Notice boards were neat and tidy. Toilets (including an accessible toilet) were next to both waiting areas.

The upstairs waiting area was reached by stairs or a lift. One patient was not aware of the lift and was struggling up the stairs. The AR showed them where the lift was.

Consulting room doors led directly off the upstairs waiting area so a radio was playing quite loudly, with a message not to turn it off as it was there to ensure confidentiality in the consulting rooms. The radio was necessary as it was still possible to hear which rooms were being used though words were not distinguishable.

The patients all rated the rooms and facilities highly.

### The patients

The visit team spoke to six patients, three attending physio and three attending the acupuncture clinic. They had all attended the IPMS clinic before but one was there for their first physio appointment.

There was a mix up with one of their patients who arrived with an appointment letter but was not on the list. The practitioner phoned Head Office who explained that the patient had been sent another letter saying their referral had been turned down. The patient said they had not received this. The patient did not speak

English as their first language but the practitioner was able to communicate easily with them.

## **Pontesbury Medical Practice**

### **Facilities**

We were met by the practice manager who was expecting us. She took us to the waiting area of the IPMS clinic which was upstairs in an internal corridor and was shared with other clinics e.g. physiotherapy, mother and baby. The manager also offered us the use of a free room on the corridor, so that we would have some privacy when talking to patients.

There was a lift and stairs leading to the first floor and an accessible toilet next to the clinic which was cleaned during our visit.

On a table in the waiting area there were a couple of magazines, Healthwatch leaflets and feedback forms for patients attending the physiotherapy clinic to fill in. A radio was playing music softly in the background. There was no phone or internet connection in the corridor (though emergency calls would still have been possible). The security system on the doors to rooms gave out a high-pitched alarm when a door was opened. We did not know the reason for the alarm and wondered if it could be turned off for the comfort of the patients waiting in this area.

The clinic room was light and spacious with a good view out of the window.

### **The patients**

On our first visit we were only able to speak to one patient who was there for their second appointment; one patient had cancelled their appointment and only one turned up. The IPMS clinician told us that the clinic was generally very busy and it was unusual for patients not to turn up but said that this had also happened the week before.

We returned to the clinic five weeks later and spoke to four more patients. One was there for the first time.

## Severnfields Medical Practice

### Facilities

We sat in the large open plan waiting room serving several different clinics. There was plenty of space and a calm atmosphere. The clinician walked back to the waiting room with each patient after their appointment and then personally called in the next patient and took them through to the treatment room.

We did not see the room where the clinician worked but the patients we talked to rated the rooms and facilities and the comfort and privacy excellent.

### The patients

We spoke to four patients, one was attending for their first appointment.

We found that, although patients have a choice of clinics, their decision is not just about ease of travel. One patient, from the Wolverhampton area, would prefer to go to Bridgnorth but the treatment they require is not available there. They drive to Severn Fields clinic but the distance makes it a long visit. Another patient used to attend a clinic in Oakengates, which was easy for them as they live in the Telford area, but the clinic closed so they now drive to Severn Fields clinic for sessions with the same therapist.

## Whitchurch Community Hospital & Beechtree Community Centre

### Facilities: Whitchurch Community Hospital

This clinic is held in a large, bright consulting room at the far end of the hospital from Reception. It is quite a long way to walk from the car park but none of the patients commented on this. There is a large waiting room, shared with other clinics (an audiology clinic was taking place at the same time) furnished with a variety of solid, comfortable chairs. There is a toilet just off the waiting room. A television in the corner was on during our visit.

### The patients

We spoke to four patients, who had all attended before.

On the day of our visit the clinician was there to cover for a colleague who was absent.



## Facilities: Beechtree Community Centre

The IPMS clinic at Beechtree Community Centre benefits from a pleasant cafe, very friendly, helpful receptionists, and readily accessible toilet facilities. Patients wait on three chairs in the entrance corridor, with the clinic held in a very small room through a door accessed by a touchpad. Two patients remarked that they found the clinic room claustrophobic. The chairs did not seem well-designed for people with pain and mobility problems, but none of the patients we spoke to complained about them. Patients were seen close to their appointment times, and as the appointments are half an hour long the three chairs available were adequate and were not needed for more than about 10 minutes. The cafe is also close enough to wait in.

One patient told us that they found the room at Beechtree Community Centre “claustrophobic”, it has a “tiny window high up” and they “had a panic attack on first visit”. They also said the Reception staff are very friendly and overall the environment is “good”.

### The patients

We spoke to four patients at this clinic who had all been to the clinic before.

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## Additional Findings

Healthwatch Shropshire initially told IPMS that they would visit all the clinics on dates between 16<sup>th</sup> August and 5<sup>th</sup> September and were given a schedule of clinics. When visit dates were provided by HWS we were informed that four of these clinics would not run because of staff annual leave or the clinic was ‘suspended’<sup>2</sup>. We provided second dates for these visits. Two of these dates were also cancelled due to annual leave. Due to this and the availability of the Authorised Representatives five visits could not take place until October. We had to go back to two clinics because of the number of people we were able to speak to and the last re-visit took place on 7<sup>th</sup> November.



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<sup>2</sup> Since our visit the Regional Contract Manager has informed us that when a clinic is ‘suspended’ the details of the clinic are not published and so does not affect patient care.

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## Summary of Findings

- The visit teams reported that the majority of patients they spoke to were very complimentary about the service they were receiving and most had developed very strong connections with the practitioner they were seeing. 89% of people who answered the question said they were likely or very likely to recommend IPMS to their family and friends.
- 70% of the patients we spoke to told us they had been in pain for more than two years.
- Patients have to travel to different places in Shropshire in order to attend a clinic that provides a particular therapy. IPMS offers a service which is geographically scattered throughout the county rather than a comprehensive service to all parts of the county. It seems to be assumed that patients will not have a problem getting to clinics, e.g. transport.
- Waiting times can be long, particularly between assessment and first appointment for treatment.
- Once a patient starts to receive treatment, there do not appear to be guidelines as to how many sessions they should get.
- There are staff shortages.
- Not all of the clinic venues are ideal for the kinds of treatment offered.
- Staff told us that a centralised computer system which allows the clinicians to manage their own appointments would be helpful.
- We visited eight community locations. We were told of 12 cancellations or 'no shows' across five of these clinics.

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## Recommendations

- Review the IPMS website and consider adding information about the therapies available and the locations, dates and times of clinics.
- Consider ways of asking for patient feedback throughout their treatment in order to be able to address any problems before patients withdraw from the service, e.g. feedback forms in the waiting areas.
- Review the number of patients who do not attend appointments and explore the reasons for this in order to minimise the impact of this on the service

- Review the geographical spread of therapies throughout the county, to minimise travelling for patients.
- Review some of the clinic venues to see whether a more suitable treatment room is available.
- Consult the clinicians on the best way to upgrade the appointment booking system.
- Consider the best ways of informing GPs and the general public about IPMS and its approach to pain management and encouraging timely referrals to enable IPMS to provide early intervention.

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## Service Provider Response

Healthwatch Shropshire has received the following response to these Enter & View visits and report from the Regional Contracts Manager:

InHealth Pain Management Solutions (IPMS) would like to thank Healthwatch Shropshire and the Authorised Representatives for the time they have given to visit our service, provide feedback and present this report. The contents of the report will be key in our approach to improving services over the next 12 months and beyond. All identified areas for improvement will be taken forward by a lead individual within our Senior Management Team as identified in the action plan.

IPMS recognises there are a number of areas we can work on to further improve our service and we have welcomed and responded to all of the recommendations within the action plan. We are pleased to see that our staff have provided some valuable feedback which we can use to support improvements for both staff and patients. We are also happy to report that we have already recruited new team members in Shropshire bringing further skills and experience to our team. We have studied all of the comments and responses to the questions asked and recognise that we could have done better in some areas. We are also very pleased to learn that the majority of patients spoken to were very complimentary about the service they were receiving and that 89% of patients were either likely or very likely to recommend the IPMS service to their friends and family.

Our thanks again to Healthwatch, we look forward to continuing our work and improving the service we offer to Shropshire patients.

We have received the following action plan in response to our recommendations:

1. Review the IPMS website and consider adding information about the therapies available and the locations, dates and times of clinics.

Inhealth Pain Management plan to review the website during 2018. We will aim to make improvements and provide more local information. As our service is delivered across many areas of the country this will need to be well planned and managed to avoid confusion for patients. We will need to be very clear with regards to which elements are commissioned in which areas. There is no detailed plan around this as yet but decisions around this will be led by the Senior Management Team.

This will be overseen by the IT Manager and completed by December 2018.

2. Consider ways of asking for patient feedback throughout their treatment in order to be able to address any problems before patients withdraw from the service, e.g. feedback forms in the waiting areas.

We will review the comments made within this report with our local team and jointly develop a process to gather more regular feedback. We will prioritise this for development at our March 2018 Team Meeting and aim to implement by then end of May 2018. This will include:

- Additional feedback to be gathered during consultations
- An approach to be developed to check the patients understanding around the service and expectations
- Feedback forms provided to patients during the consultation which can be completed at home
- Anonymous feedback forms in the waiting areas which will focus on the venue, access, etc

This will be overseen by the Regional Contract Manager and completed by May 2018.

3. Review the number of patients who do not attend appointments and explore the reasons for this in order to minimise the impact of this on the service

We have recently completed a review of patients who cancel or do not attend appointments (DNA). This has been shared with Shropshire Clinical Commissioning Group at our recent Contract Review Meeting.

It is difficult to establish the exact reason for DNAs and most are unknown or not specific and details can only be gathered if we are able to make contact with the service users. Our system captures information against the following reasons:

- Patient forgot about the appointment
- Patient arrived too late to be seen
- Patient unwell
- Patient did not arrive / reason unknown or not specified

We identified a direct correlation between holiday periods and much increased levels of DNA. We have asked our clinicians to remind patients to let us know when they have holidays booked.

We have compared Shropshire DNA rates against other areas where we work and Shropshire has some of the lowest DNA rates.

Discharges resulting from DNAs are very low and wherever possible we work to help patients continue to access our service.

The findings of the review found no specific information around venues or patient demographic. IPMS continues to monitor this and provides data on a monthly basis which is reviewed in our contract meetings with Shropshire CCG.

4. Review the geographical spread of therapies throughout the county, to minimise travelling for patients.

We recognise the geographical challenges of delivering a community service with Shropshire and try to provide a service which is accessible. We will review the service and locations based on the feedback in this report and re-evaluate our current clinic distribution as required.

With regards to the reference to therapies, we recognise the importance of the skills that all disciplines bring to our team. However, our service aims to deliver an holistic, evidence based approach promoting self-management and rehabilitation skills and shifting the focus of a chronic pain service away from a medical or specific therapy based model.

This will be overseen by the Regional Contract Manager and completed by June 2018.

5. Review some of the clinic venues to see whether a more suitable treatment room is available.

Clinic space is always at a premium however we will review any clinic venues highlighted in the report and work to either make improvements or identify alternative clinic rooms.

This will be overseen by the Regional Contract Manager and completed by April 2018.

6. Consult the clinicians on the best way to upgrade the appointment booking system.

A new patient appointment system will be rolled out during 2018. Clinicians will receive comprehensive training and will also have the opportunity to provide feedback on this system and suggest how it can be tailored to meet the needs of both patients and clinicians.

In other areas where we are currently piloting this system we are consulting with staff to ensure we develop the best system possible to support our teams and our patients.

This is being overseen by the IT Manager and completed by December 2018.

7. Consider the best ways of informing GPs and the general public about IPMS and its approach to pain management and encouraging timely referrals to enable IPMS to provide early intervention.

We visit GP events where possible and we are developing a more detailed plan to support wider education around our service. It is important that patients and GPs fully understand the service we offer and the benefits it can provide. It is also important that as expert providers we offer education to GPs and patients to help support self-management strategies and manage expectations.

We are currently re-designing our information leaflet which will be shared with all GP practices across Shropshire. We will visit Practices and we will organise a Chronic Pain Management education session for Healthcare professionals within Shropshire during 2018.

It was clear from the report that a number of patients had “been in the system for years”. As suggested by this action, patients referred early are much more likely to experience the greatest benefit and better outcomes. To provide good information across the county can only help to support early referral and provide the best outcomes for patients.

This will be overseen by the Clinical Lead and Regional Contract Manager and completed by December 2018.

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## Acknowledgments

Healthwatch Shropshire would like to thank the patients, their carers and IPMS staff for their contribution to these Enter & View visits.

## Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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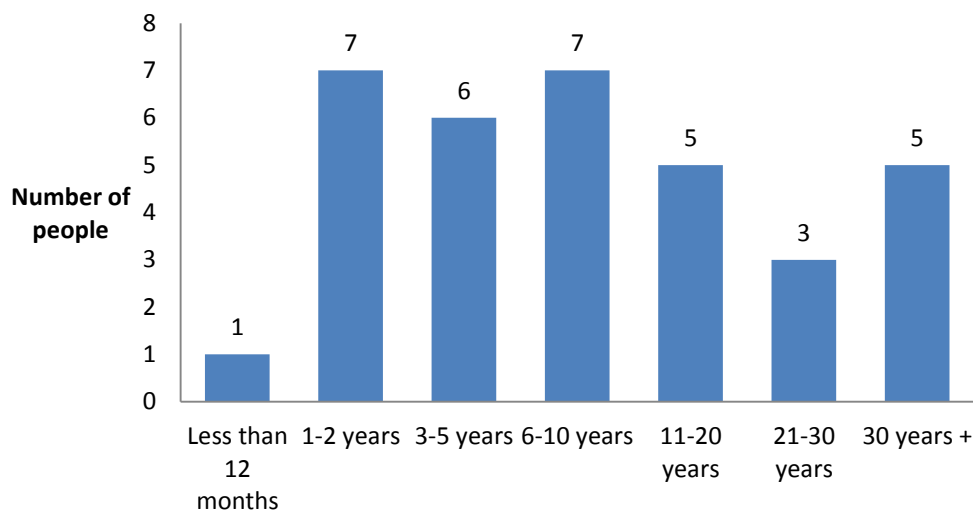
Healthwatch Shropshire  
4 The Creative Quarter, Shrewsbury Business Park,  
Shrewsbury, Shropshire, SY2 6LG



## Appendix 1: Patient responses to the questionnaire

### 1. How long have you been experiencing pain? *Approximately*

37 people responded to this question



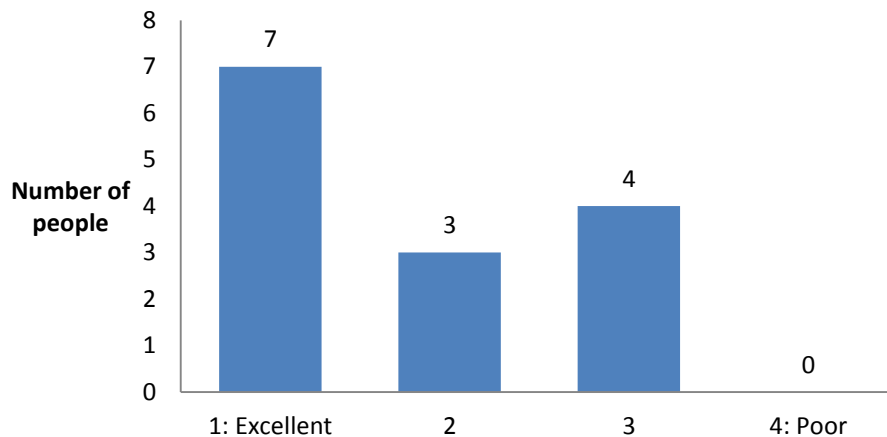
### 2. Have you used pain management services in the past?

Of the 36 people who answered this question, 22 (61%) had not used pain management services before and 14 (39%) said they had.

- Five had attended Robert Jones and Agnes Hunt (RJAH) Orthopaedic Hospital. One had been to RJAH for 7 years where they had occupational therapy and physiotherapy before being discharged and referred to IPMS. Two people had attended a 3 week programme at RJAH, one said it was 'very good'.
- One had received trigger point injections at Royal Shrewsbury Hospital.
- One had had cognitive behavioural therapy (CBT) and attended a Pain Management course previously.
- Two told us they had attended IPMS before. One had been going to IPMS for 2½ years including group sessions, physiotherapy, CBT (weekly for 1 year), acupuncture. They told us they have blocks of 4-5 appointments and then wait a few months for the next block. The second person had been seen by IPMS 2 years ago.
- One person had received physiotherapy through their GP and 'gym on prescription' but they had also paid to see a private Chiropractor and to have sports massage.

### 3. How would you rate the services you received in the past?

The 14 people who had used services in the past gave the following ratings



### 4. Who referred you to IPMS?

Twenty eight of the 36 patients who answered this question were referred by their GP (78%). Three were referred by the doctor they had seen at the RJAH pain clinic, two by their Rheumatologist and two by their Consultant. One told us they had mentioned acupuncture to the clinician who saw them at another IPMS clinic and they had done an internal referral.

### 5. When you were referred to IPMS were you offered any alternative service?

Five of the 35 people who answered this question had been offered another service (14%). These included:

- Going back to the doctor they had previously seen at RJAH
- Physiotherapy and hydrotherapy; getting more active
- Medication

## 6. Did the person who referred you to IPMS tell you what to expect from the service?

Twenty three of the 34 people who answered this question had not been told what to expect from IPMS by the person who referred them (68%). Nine people went into more detail and we learnt that they had been told a varying amount of information:

- “Given a vague idea but didn’t know it included acupuncture, etc. I knew the aim was to reduce medication. I’ve had acupuncture, education and cognitive behavioural therapy (CBT).”
- “It was a quick, rough overview”
- “Not really - it was explained by the introductory session. I was keen to attend IPMS because I’d try anything”
- “Yes and no, only told it was to reduce painkillers”
- “Yes, said ‘They may help you manage pain.’”
- One explained it had been an internal referral from one IPMS clinic to another for acupuncture, agreed by their GP
- “What I have received is different from what my GP expected”
- “Yes, I knew beforehand what it was about from being an ESA”
- “No - just told it was the next step”

## 7. How long did you wait for your first appointment with IPMS?

Thirty-six people answered this question and 32 had been seen within 6 months of the referral (89%). Eight of these had been seen within 4 weeks (25%), 14 within 2 months (44%) and 6 within 3 months (19%). Two people had waited 6 months and one said they had waited 8 months. One person said it had taken “a long time” for their appointment to come through.

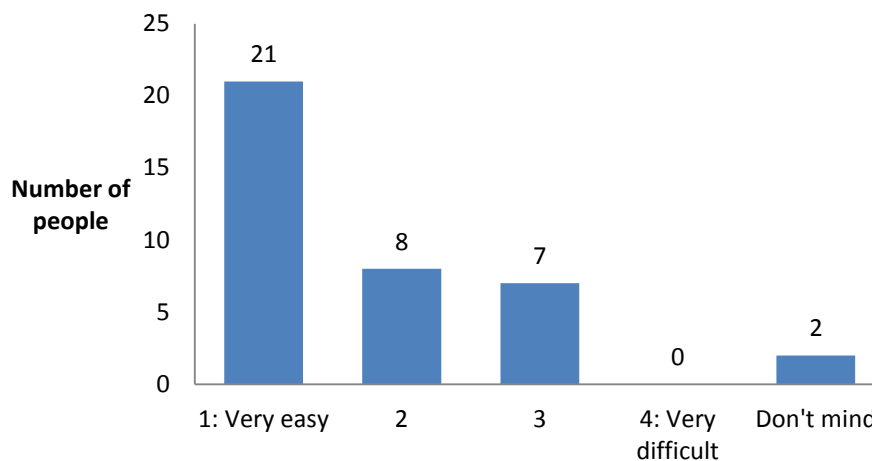
## 8. Were you given a choice of IPMS clinics to go to?

Nineteen out of 37 people told us they had been given a choice of clinic (51%). Three people listed three clinics they could have gone to. One had been “offered a variety”.

We asked what made them choose the clinic they were attending:

- 15 said they had picked the clinic because of its location (79%). 13 people had picked the clinic local to where they lived (87%), one told us it is “the clinic closest to where I live that provides CBT”. Two people chose the clinic they found “easiest to get to” (13%).
- One person told us they had chosen the clinic because of the “services available there”.
- Two people told us they chose the clinic with the earliest appointment available / shorter waiting list.
- One person had picked the clinic because of the day it was on.

## 9. How easy is it for you to get to this clinic?



Reasons given included parking, getting a lift or taxi. Three people told us they were able to drive themselves. One person told us the clinic they had attended in Oakengates had closed and they could get to the Severnfields clinic in Shrewsbury because they had a hand controlled car. One patient told us they lived locally and had driven themselves but they “shouldn’t be driving”.

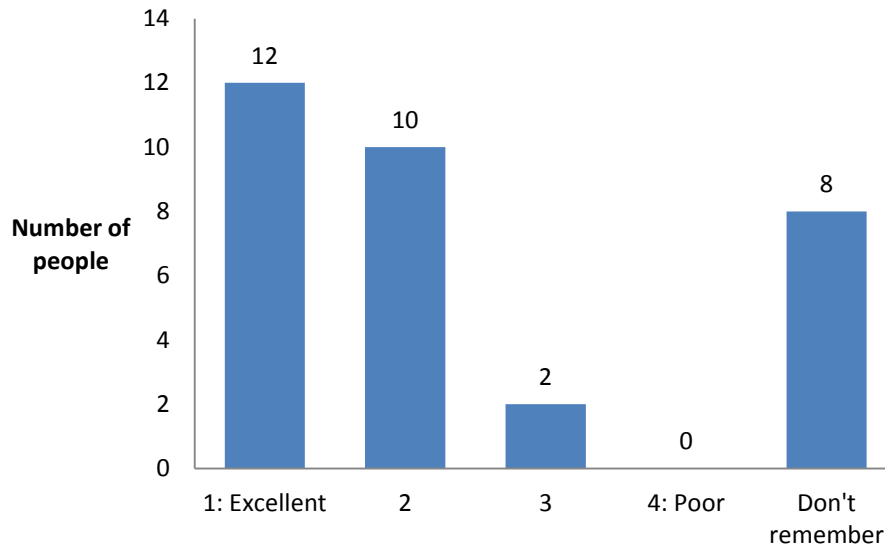
## 10. Can you ask to go to a different IPMS clinic if you want to?

Thirty seven people answered this question:

- Yes - 13 (35%)
- No - 3 (8%)
- Don’t know - 21 (57%)

One person said they had to be triaged at the clinic they were attending before funding could be agreed for pain treatment out of county; “All patients have to be triaged here.”

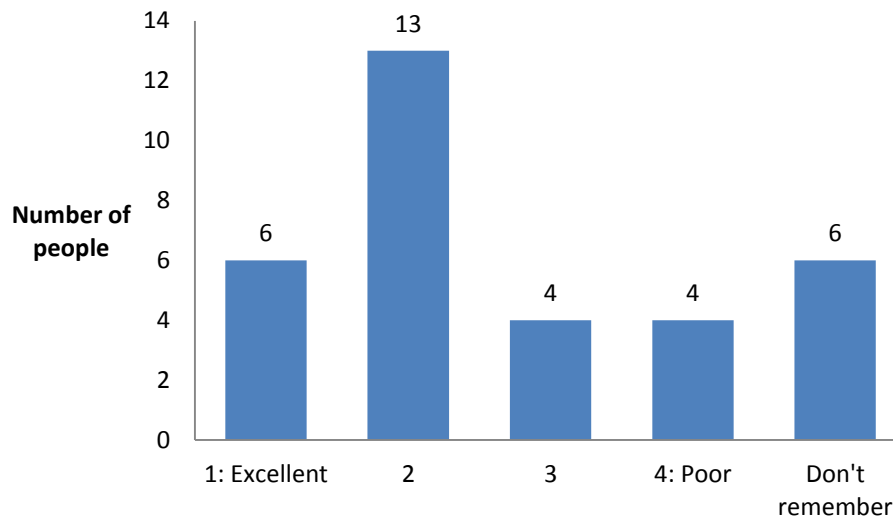
**11. How do you rate the member of staff you had a telephone consultation with before your first appointment?**



Six people did not answer the question explaining:

- “Didn’t have one, should have rung before my first appointment.”
- “Not called, had a letter through the post giving me an appointment.”
- “I saw a doctor he then set out what would happen.”
- They were just called to give them an appointment as they were already going to another IPMS clinic.
- “Didn’t have one”, they had a letter with six appointments in a block. They had had acupuncture with IPMS before.
- “Just got a letter, no phone call.”

**12. How do you rate the information you were given before your first appointment?**



Five people did not answer the question

Six people explained their answer:

- “Wasn’t much information on the phone.”
- “I was very panicky but she went through it step by step.”
- “Adequate information.”
- “Didn’t know about the pain clinic till I met with the clinician.”
- “Nothing from IPMS.”
- “Don’t remember, think I got a leaflet.”

**13. Did you understand why you were going to attend a IPMS clinic?**

Twenty nine people answered this question:

- Yes - 24 (83%)
- No - 5 (17%)

Three people commented:

- “I was led to believe it would be pain relief not CBT.”
- “GP referred me to IPMS to see if it would help with pain.”
- “No, I was worried it was going to be physio, it felt like a block to seeing a consultant.”

One person we spoke to was attending for their third appointment and told us they still didn't understand why they were there.

#### **14. Is this your first appointment at an IPMS clinic?**

Eight of the 38 people we spoke to were attending for their first appointment so were not asked to complete the rest of the questionnaire (21%).

#### **15. How many sessions have you been told you will get?**

We got a wide range of answers to this question from "Don't know", "Not told" to "As many as I need", "On-going", "Continuous". Patients were, on the whole, unclear as to how long their programme would last, saying, for example "it might be more or less".

#### **16. How many have you attended so far?**

Twenty nine people answered this question

- 3 people had only had one appointment so far
- 19 people had attended between 2 - 6 appointments
- 3 people had attended 10 appointments
- 3 people had attended more than 10 appointments.

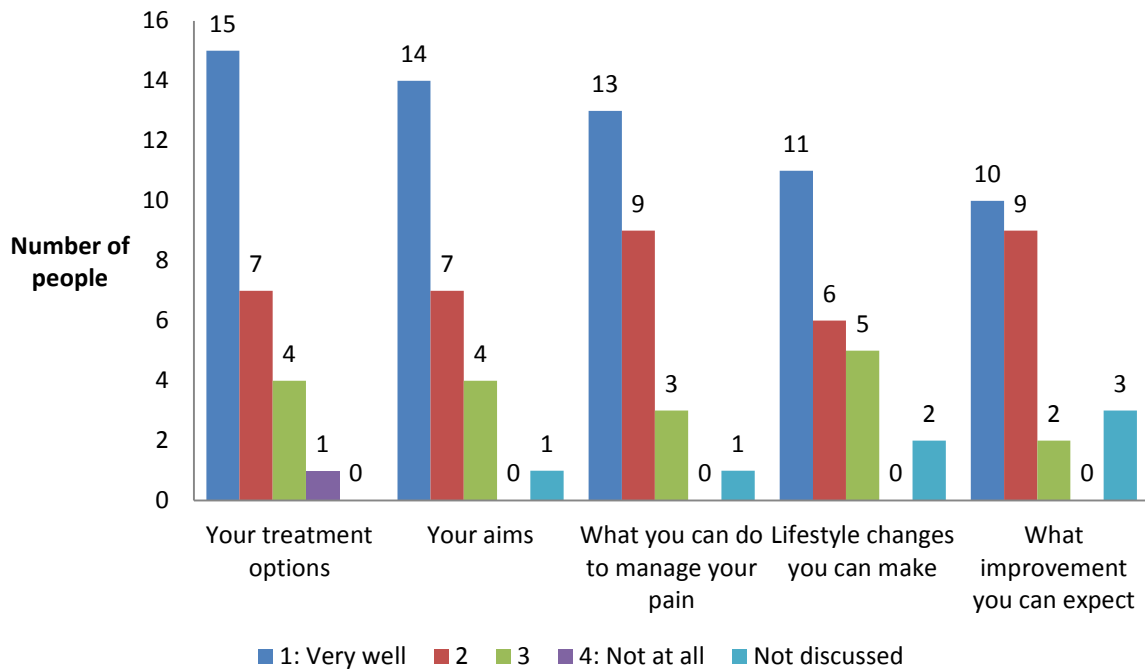
One of the people who had had more than 10 appointments told us they had had "numerous appointments over the last two years - CBT, acupuncture" and another told us they had had "30 plus" appointments.

#### **17. How do you rate the staff who treat you at this clinic?**

On a scale of 1 to 4:

- 25 out of 29 people rated the staff they saw as 1 'Excellent' (86%)
- 4 out of 29 people rated the staff 2 out of 4 (14%)

**18. How well do you understand:**



People made the following comments:

- Staff communication has been “excellent”.
- “I’ve been given injections.”
- “It’s too soon to answer these.” (Only their 2<sup>nd</sup> appointment.)
- Lifestyle changes have “already happened”.
- Improvements - “Too early to say, just hope for improvement.”

**19. Have IPMS given you written information about your condition / treatment?**

Eighteen out of 30 people said they had been given written information (60%)

Two people said they had been shown information on the computer and one of these said they “now understand”. One person had been referred to websites that might be of use.

One person was given information sheets in the “group therapy” sessions and another had been given “exercises”.



**20. If yes, has a member of staff gone through the information with you?**

Of the 18 people who had been given written information, 14 told us that staff had gone through the information with them (78%).

**21. Have you been asked if you have any communication preferences / needs? E.g. large print / digital format**

Four out of 26 people who answered this question told us that they had been asked about their communication needs (15%).

One person we spoke to in Whitchurch told us they had been asked if they had a communication need and told us “I need someone to help me remember as my memory is poor”.

**22. What is included in your Pain Management Programme?**

Twenty nine people answered this question.

Six people said they didn't know what was included in their programme (21%).

Other people listed:

- Acupuncture
- Stretches and exercises
- Education - learning about pain and psychological effects
- Gentle movement
- Physiotherapy
- Relaxation techniques
- Meditation
- Mindfulness
- Breathing exercises
- Positive thinking
- Sleep (e.g. keeping a sleep diary to record sleep patterns)
- Cognitive Behavioural Therapy (CBT) - a talking therapy
- Group meetings and 1:1 sessions

### 23. Is your Pain Management Programme what you expected?

Eighteen people answered this question:

- Yes - 11 (61%)
- No - 7 (39%)

Four people told us they didn't know what to expect. Three people said it was better than they expected.

### What benefits have you experienced so far? Is it what you expected?

Twenty people responded to this question:

- Two people said it was "too early to say".
- Three people said they had not experienced any benefits so far; one was attending for their 3<sup>rd</sup> appointment and the other person had already had between 10 and 12 sessions. The third person said they thought they would be "going straight for physio".

Other comments included:

- "I've had less flare-ups."
- "More confidence, a better understanding of pain, self-treatment, more freedom!"
- "I'm learning to pace myself."
- One person said "I'm better in my head thanks to CBT", they also listed "changes to medication" and "education" as "very helpful". They had been "sceptical about acupuncture but it has been very helpful". However they had been told that IPMS will only give 6 appointments for acupuncture and so they will now have to arrange for acupuncture privately and pay. There was "no limit on the number of CBT appointments".
- "I was scared but now I'm relieved."
- One person said they felt "more in control of how to deal with pain".
- "Pain clinic helped. Acupuncture has helped an enormous amount. Relaxation programme helps."
- "CBT" has helped because it means there is "someone to talk to". It's "helping me in day-to-day life to manage pain".
- "Pain relief. I'm able to do more. Counselling."
- "I'm learning not to feel guilty, to pace myself. I'm sleeping better."

- “I’ve definitely got a better understanding of chronic pain. [Clinician] referred me to the six week course which was really good.”
- “Helped with sleep problems and pain. I’ve been introduced to meditation today. I’ll have to practice if I can remember it.” (Patient was given no written information)

#### **24. Do staff talk to you about your progress?**

Twenty two people answered this question:

- Yes - 14 (64%)
- No - 8 (36%)

One person who answered “no” to this question had had 12-13 sessions.

Other people said:

- “They ask you.”
- “Staff ask me how it is going.”
- “They ask for feedback.”
- He/she “only make a note, doesn’t discuss it with me”.

One person told us they were offered the opportunity to be videoed at the beginning of the group programme and they said they would do it. The video showed their progress. There were “feedback sessions in the group” and “feedback was given throughout the programme”. They said they had also had “catch-up sessions where things could be discussed; queries, problems, etc.”

#### **25. Which parts of the programme do you think are helping to manage your pain?**

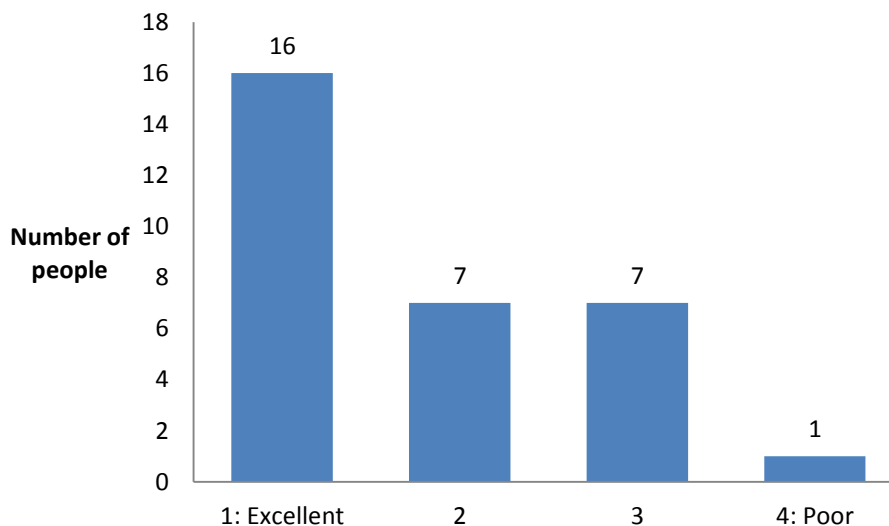
Twenty three people responded to this question.

Three people said it was “too early to say” and one person attending their 3<sup>rd</sup> session said they were “not sure at the moment”. Two people said “nothing”; one of these had attended 10-12 sessions to-date.

Positive comments included:

- “Doing the exercises.”
- “All the programme is very good.”
- “All of it.”
- “Relaxation techniques.”
- “Retraining my brain / thoughts.”
- “No-one really understands what is wrong with me. I do get some benefit, it’s helped my confidence, I’m coming out of the house more.”
- “CBT”
- “Injections”
- “CBT, acupuncture, education have all helped.”
- “Trigger point injections.”
- “Telephone calls from the medication team helped adjust medication; physio exercises; group therapy helped me understand pain.”
- “The pain clinic and acupuncture both complement managing pain.”
- “CBT has helped me most so far.”
- “Education and understanding.”
- “Injections (steroid and anaesthetic), sleep advice, meditation may help but have only had today’s session so far.”
- “Pacing, thinking before doing, adapting to own pace and ability. I can say ‘no’ and don’t have to feel guilty.”
- “The six week pain course, relaxation techniques and sleep information.”

**26. How do you rate the IPMS service so far?**



From the 34 people who responded comments included:

- “The staff at IPMS are very helpful, knowledgeable and understanding.”
- “Treated as an individual and listened to, understanding of pain I’m going through. Given enough sessions to be able to explain myself, i.e. consultant appointments are too short to get an understanding of your condition. Treating mental as well as physical side of pain.”
- “There was a mix up with my paperwork.”
- “Helpful and kind, patient.”
- “CBT helps me to work out how to deal with difficult situations.”
- “Injection and associated service very good but a lengthy wait to get there possibly down to a misunderstanding at my first appointment.”
- “Everything has benefitted my pain management. Acupuncture ‘top-ups’ are still OK but course of acupuncture cannot be repeated.”
- “Good so far.”
- “All round better than I expected, both explanations and treatment.”
- “Really helpful.”
- “Feel very fortunate to be able to participate in this, life has become easier, as far as I know it’s not time limited.”
- “Brilliant - seems to be working.”
- “Too early to say - anything is worth trying.”
- “Can see a way forward. Previously couldn’t.”
- “Grateful for it. Has made me think about things, I may not have thought about. Made me aware of “me managing pain” and understand that injections only work for a certain time. Hopeful that nerve burning treatment will also work but aware they may not.”
- “Has been quick, thorough. Everyone is knowledgeable and take time to explain to you. Was sceptical at first but staff have been helpful and accommodating.”
- “They’re trying to help and exploring different options.”
- “On the six week course we were told about other therapies e.g. acupuncture and physio but I’ve never been offered them (12-13 sessions) I don’t know what else is available.”
- “Appointments are not close enough.”

**27. How long do your appointments usually last?**

Twenty three people responded:

- 3 people said their appointments were approximately 20 minutes (13%)
- 15 people had 30 minute appointments (65%)
- 5 people had appointments lasting from up to 40 or 60 minutes (22%)

**28. Have IPMS ever cancelled your appointment?**

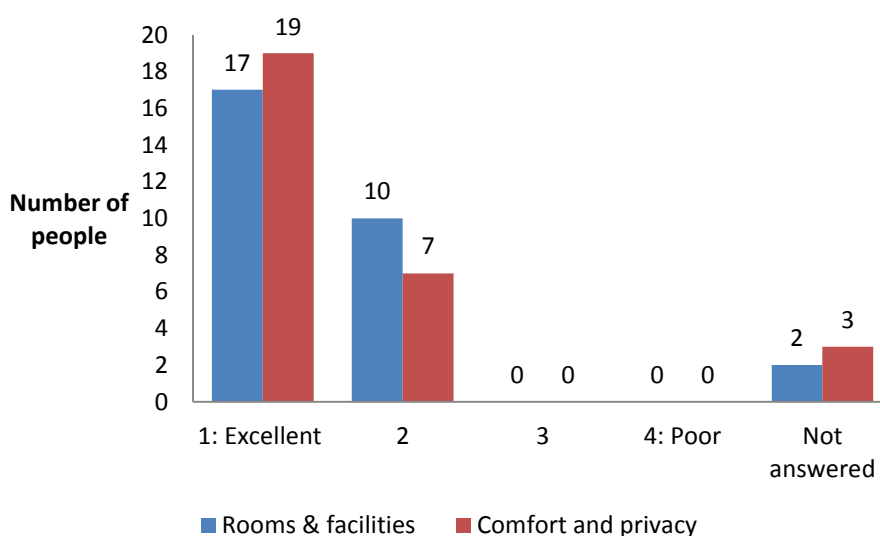
Of the 28 people who answered this question, 13 told us that their appointment had been cancelled by IPMS (46%).

**29. If yes, were you told it was cancelled before you arrived at the clinic?**

Twelve of the 13 people who had had their appointment cancelled were told before they went to the clinic (92%). One person did not answer the question.

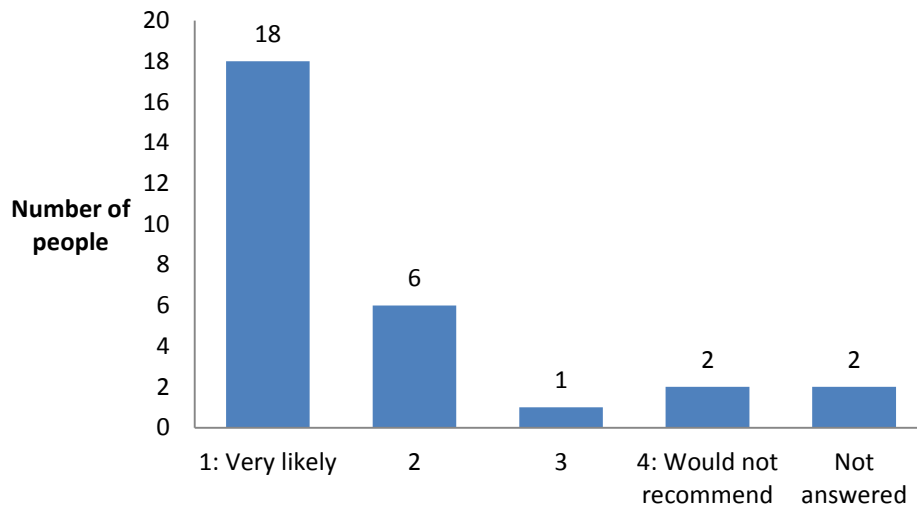
People told us they were usually notified by letter which included a date for a new appointment. Letters were sent with 4 - 6 days' notice. Only one person reported that they had had a phone call on the day of the appointment that was cancelled.

**30. How do you rate the clinic environment?**



One person at Severnfields rated comfort and privacy 1 'Excellent' but told us that "At one appointment there were no bottles for urination and no privacy."

### 31. How likely are you to recommend IPMS to family members / friends?



One person who gave a rating of ‘1: Very likely’ added “very much so”.

One person said “Yes, anything to relieve pain”.

One person who said they would not recommend IPMS told us they had attended 10-12 sessions.

### 32. Any other comments

#### Access

- “First referral I attended classes which seemed to work reasonably well. This is my second referral, I have waited for 8 months. I have only been offered CBT. I’ve attended two sessions so far and I’m not sure it will work. I travel a long way to Shrewsbury because the clinic in Bridgnorth doesn’t offer CBT.”
- One patient who lives near Hodnet was referred for physio in Shrewsbury. They told us they would prefer a venue nearer to where they lived but had been told “none was on offer”. Their partner had driven them to their first appointment. After their appointment they told us they were “very relieved”, it was not the “hard experience” they were expecting (e.g. being pulled around).

## Appointments

- “Two lovely ladies (Healthwatch ARs) were very helpful today with the forms. I just wish IPMS were as helpful and the appointments were closer together and more frequent. But thank you to [staff member].”
- “Need 1 hour sessions or 12 sessions in total (rather than 6) only 1 cycle probably need a longer course.”
- “I wouldn’t want to see anyone else, I like the continuity. Pretty happy with the support so far. Getting appointments can be an issue; see him and then I might have to wait 3 months for the next block of appointments and it can feel like you lose the momentum. My last one in this block is next week (Nov) and then I don’t know when I will see him again. He has told me it might be February 2018. I appreciate the pressure everyone is under and I’m not cross. He’s told me they’re employing more staff but even if I was told I could see someone else I wouldn’t want to feel that I have to start all over again and would wait to see him.”

## Treatment

- “CBT is very helpful emotionally.”
- “CBT and acupuncture both excellent. Acupuncture appointments are too far apart. Also can’t get CBT and acupuncture appointments in the same week.”
- “Hydrotherapy<sup>3</sup> - wonderful, can do anything in safety, gym - strengthening leg, physio - weight bearing bad (6 months).”

## General

- A patient attending for their first triage appointment told us “I saw on the web a review of IPMS which gave it only 2 stars. I asked the commissioner why they were referring to a 2 star service. I wasn’t satisfied with the answer - ‘This is the pathway’. I got the impression that the commissioner was not aware of the star rating on the web.” This patient told us they had an idea what they wanted from the IPMS service.
- “This is a ‘final straw’ referral. I have already had a lot of other treatment / operations but no success.”

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<sup>3</sup> Since our visits the Regional Contract Manager has informed Healthwatch Shropshire that IPMS are not aware of how hydrotherapy is commissioned in Shropshire but it is not within their contract and so it is not something they can offer to patients.



- Patient understood that there is another IPMS referral for some other therapies. However they are still on the waiting list for this - they weren't clear what the other therapy was.
- "Internal referral from Whitchurch Community Hospital to physio at Marysville got lost so had to be re-referred."
- "Receptive to anything / very appreciative."
- "Would like to have a better record of what you do in a session that you can take away with you (relative had just videoed the session to aid memory afterwards). Need a better, quicker booking system."
- "Really trying to take advantage of it because it is a 'one-off' and costs money."
- First appointment, afterwards understood pain medication better but did not know when next appointment would be.
- Third session, GP has not received any feedback at the moment.  
*(Appointment mix up today, different patient was expected so clinician had to get notes before could do the appointment - short wait).*
- Test was arranged after 1<sup>st</sup> appointment, 2<sup>nd</sup> appointment made before test results so couldn't start treatment programme - today the plan is "not medical", "I think it's something my GP could have done."