

Pain Management Services

Experiences of the Pain Management Service delivered
by Connect Health in Shropshire, Telford & Wrekin

Engagement period June 2021 – February 2022
Report published 31 March 2022

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About Healthwatch

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

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford & Wrekin Clinical Commissioning Group, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire

We are not experts in health and social care and surveys are just one of the methods we use to put a spotlight on services and ask people to share their views with us. Usually our surveys are publicised and promoted through our engagement activities (e.g. talks and stands at events) as well as through online publicity and local press releases. Due to the pandemic we were unable to use face to face engagement for this topic.

Please note

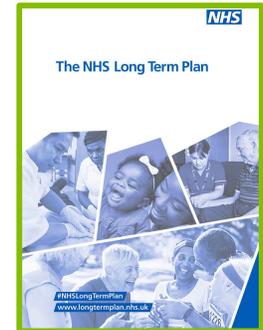
Our survey was time limited but we continue to want to hear from people who are willing to share their experiences with us and we will share them with the providers, commissioners and regulators.

The context

Musculo-skeletal (MSK) services cover a wide range of conditions which affect the bones, joints and muscles and include back pain and some auto immune conditions.

One aim of the NHS Long Term Plan¹ is for Elective Care to be transformed:

'Elective Care Transformation means transforming the GP referral and outpatient process to give a better experience for patients and clinicians and to make better use of resources. Patients should be seen by the right person, in the right place, first time.'



Locally Musculo-skeletal (MSK) services within Shropshire, Telford & Wrekin are undergoing a transformation²:



'The MSK programme of transformation is about making the referral process simpler, ensuring patients are seen by the most appropriate clinician, and reducing waiting times.

We will put in place a Referral Centre which will be the point of access for all referrals and general enquiries across the county, providing people with a choice of different ways to get in touch, including phone and email.

People will then be triaged by a team of specialists, meaning they will be assessed, diagnosed and signposted to the most appropriate treatment, within a set time.'



Currently MSK services offer a wide range of treatments including the Pain Management Service which is delivered in Shropshire by Connect Health (formerly Inhealth Pain Management Solutions). We wanted to understand what the recent and current patient experience of the Pain Management Service is.

¹ [NHS Long Term Plan](#)

² [Musculoskeletal services - Shropshire, Telford and Wrekin CCG \(shropshiretelfordandwrekinccg.nhs.uk\)](#)

Healthwatch Shropshire visited Pain Management Clinics in Shropshire in 2017 through Enter and View activity. At these clinics patients were asked to complete a survey. We have made some comparisons between the responses to this survey and the responses in 2017 as the same questions were used to allow this.

What we did

HWS initially worked with the local MSK Transformation Alliance to consider how we could gather the views of patients using the Pain Management Services delivered locally by Connect Health ([Shropshire - Connect Health](#)).

We met with Connect Health to discuss the project and ask for their support in reaching patients using the service.

We worked to make sure as many people as possible were made aware of the survey. The call for feedback was publicised through:

- our email newsletters
- social media channels
- a press release to the local media, e.g. The Shropshire Star and BBC Radio Shropshire
- Contacting local support groups for people who may experience ongoing pain due to their conditions
- Connect Health via direct messaging to patients and through paper copies at face-to-face clinics

We shared details of the survey with our contacts across the local health and care system including:

- GP practices
- Hospitals
- Pharmacies
- local councils



- community groups
- community centres and village halls.

We ran our survey from June 2021 until the end of February 2022. Due to Covid-19 restrictions we were unable to use face to face contact to encourage people to share their experiences.

The people we heard from

We heard from 34 people. 23 people completed our online survey, all of whom had used the pain management service. We did not receive any completed paper copies of the survey. We received a further 11 comments about the service, all but one were not aware of the service.



Key findings

Satisfaction with the service

- 4 people who completed our survey rated the service as Excellent (1) or Good (3). This represents 17% of respondents compared to 73% of respondents in 2017 rating the service as Excellent (16) or Good (22)
- 13% of respondents said that they would recommend the Pain Management Service to others in this survey. In 2017 this figure was 86%.

Face-to-face appointments

- 17 people had attended a face-to-face appointment and 6 had not. Experiences of face-to-face appointments were good with 15 people telling us that clinics were either easy (8) or very easy (7) to get to.

Waiting times

- Waiting times did not seem to be adversely affected by the pandemic and on average people were waiting less time due to telephone appointments.

Referrals and awareness of the service

- 3 people mentioned a lack of follow up and needing to be re-referred to the Pain Management Service more than once.
- 11 people told us that they had experienced chronic pain but had not been told about the Pain Management Service or referred to it.

Expectations and information provided prior to attending the Pain Management Service

- People who had been told what to expect from the service and who had rated the information received in advance as good or excellent were more likely to rate the service overall as good or excellent and to have a better understanding of their treatment options, aims, lifestyles changes they could make and improvements they could expect.

What people told us

Waiting times

We asked people how long they had been experiencing pain before they were referred to the pain management service (PMS).

Approximately how long had you been experiencing pain when you were referred to a PMS?	
Less than 12 months	4
1-2 years	2
3-5 years	5
6-10 years	4
11-20 years	4
21-30 years	2
30+ years	2
Total	23

We asked people how long they waited from referral to their first appointment with the pain management service.

How long did you wait from your referral to your first appointment with a PMS?	
1-2 weeks	1
3-4 weeks	2
5-8 weeks	6
9-12 weeks	9
13-18 weeks	2
Over 18 weeks	3
Total	23

Waiting times from referral to appointment did not seem to be affected by whether people had a face-to-face appointment or a remote appointment (telephone or video call).

Waiting times for the pain management service did not seem to be adversely affected by the pandemic either. No respondents to our survey waited over 12 weeks to access the service between March 20 and December 20, while prior to March 20, 27% had waited longer than 12 weeks. This fits with what Connect Health told us about changes to the service during the pandemic reducing waiting lists as they were able to use a larger pool of staff to cover the Shropshire area when appointments were moved to telephone calls or online.

17 (74%) people were referred to the pain management service by their GP. 3 people were referred by a hospital consultant and 1 by a physiotherapist.

Information given prior to first appointments

Expectations

Seven people (30%) told us that the person who referred them for the pain management service had told them what to expect. 16 people (70%) said that they had not been told what to expect.

Communication Preferences

We asked people if they had been asked about their communication preferences or needs in line with the requirements of the Accessible Information Standard³. Seven people (30%) told us that they had been asked about communication preferences or needs. In 2017 15% said that they had been asked this question.

We asked people how they rated the information they were given in advance of their first appointment.



30% (7 people) told us they rated the information they received before their appointment as Excellent (1) or Good (6). When we asked this question in 2017 59% of

³ NHS England » Accessible Information Standard

respondents (19 people) told us that they would rate the information as Excellent (6) or Good (13).

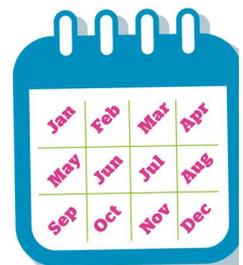
Appointments

17 people (74%) had been to a face-to-face appointment with the pain management service. Experiences of face-to-face appointments were mainly positive with 15 people telling us that clinics were easy (8) or very easy (7) to get to. However, 8 people said that they hadn't been given a choice of venue.

- 'Finally, give us the right to decide where and how we get our pain management!!'
- 'The walk to the clinic triggered my pain so it was counterintuitive.'

Both rooms and facilities and comfort and privacy at face-to-face appointments were rated highly with all but one person rating them as good (13) or excellent (4) for both.

Remote appointments seemed to be shorter than face-to-face appointments on average with 8 people telling us their face-to-face appointments were usually at least 30 minutes long, 2 people said their appointments were more than 1 hour long.



There was more variety in the length of remote appointments with 5 people telling us their appointments were 15 minutes or less in length, 7 people said their appointment were 30 minutes and 1 person said that their appointments were 30-40 minutes long.

Of the 16 people who had been offered a remote appointment 14 of these were telephone calls and 2 were video calls. One person who had a video call told us this was 'not easy at all' to set up. Some people were unhappy with remote appointments generally:

- 'Patients need to be seen face to face otherwise there cannot possibly be a true assessment of a patient's condition and needs.'
- 'If I was elderly or had poor understanding or hard of hearing then phone appointments would be a waste of time. need to be completely of aware of body to understand how to get good outcome.'

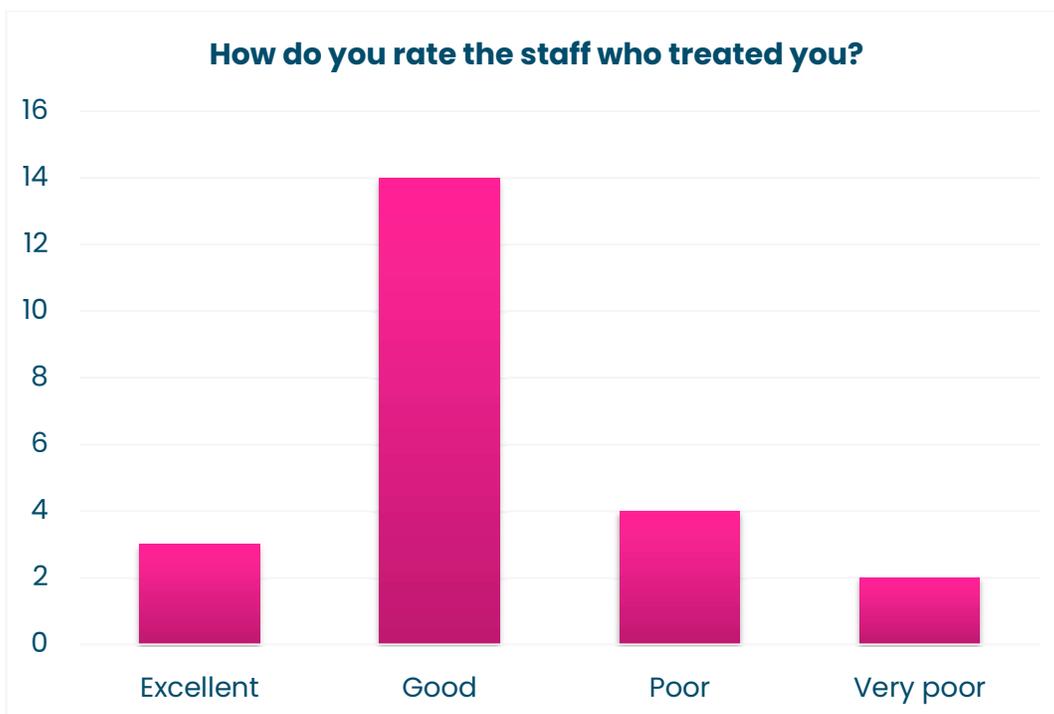
- 'Everything else was in the phone, how do you possibly assess a patient's movement and pain doing that?'

Cancellations

Overall, 9 people (39%) told us that they had had an appointment cancelled. Of these, 4 people had not been told about the cancellation in advance. Face-to-face appointments were cancelled less often with only 2 people attending a face-to-face appointment having had it cancelled. One of these people had not been told about the cancellation in advance.

Staff

We asked how people would rate the staff who treated them.



17 people (74%) told us that they would rate the staff who treated them as being Excellent (3) or Good (14).

- 'Excellent staff, all listen and take on board what is being said.'
- 'The staff were lovely to me but there is a disconnect between Pain Management, GPs and Consultants.'

6 people (26%) of people told us that they would rate the staff who treated them as Poor (4) or Very Poor (2).

‘They never listen.’

In 2017 86% of people we spoke to said they would rate the staff as Excellent.

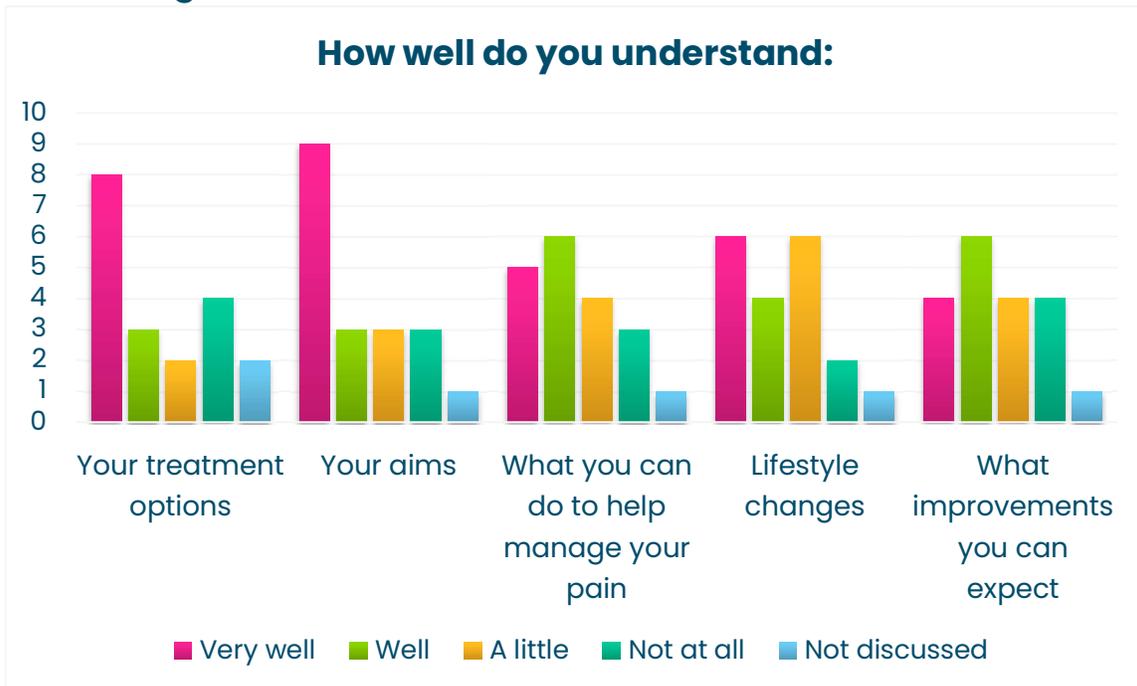
Treatment

Expectations vs reality

7 people had previously told us that the person who referred them to the Pain Management Service had told them what to expect. Of these 7 people, 4 people agreed that the service they experienced was what they expected, 2 people felt that it wasn't what they had expected and 1 didn't know.

Of the 16 people who had not been told what to expect by the person who referred them, 15 felt that the service wasn't what they had been expecting. Except for 1 person who would rate the service as good, this whole group would rate the service they received as poor (9) or very poor (5).

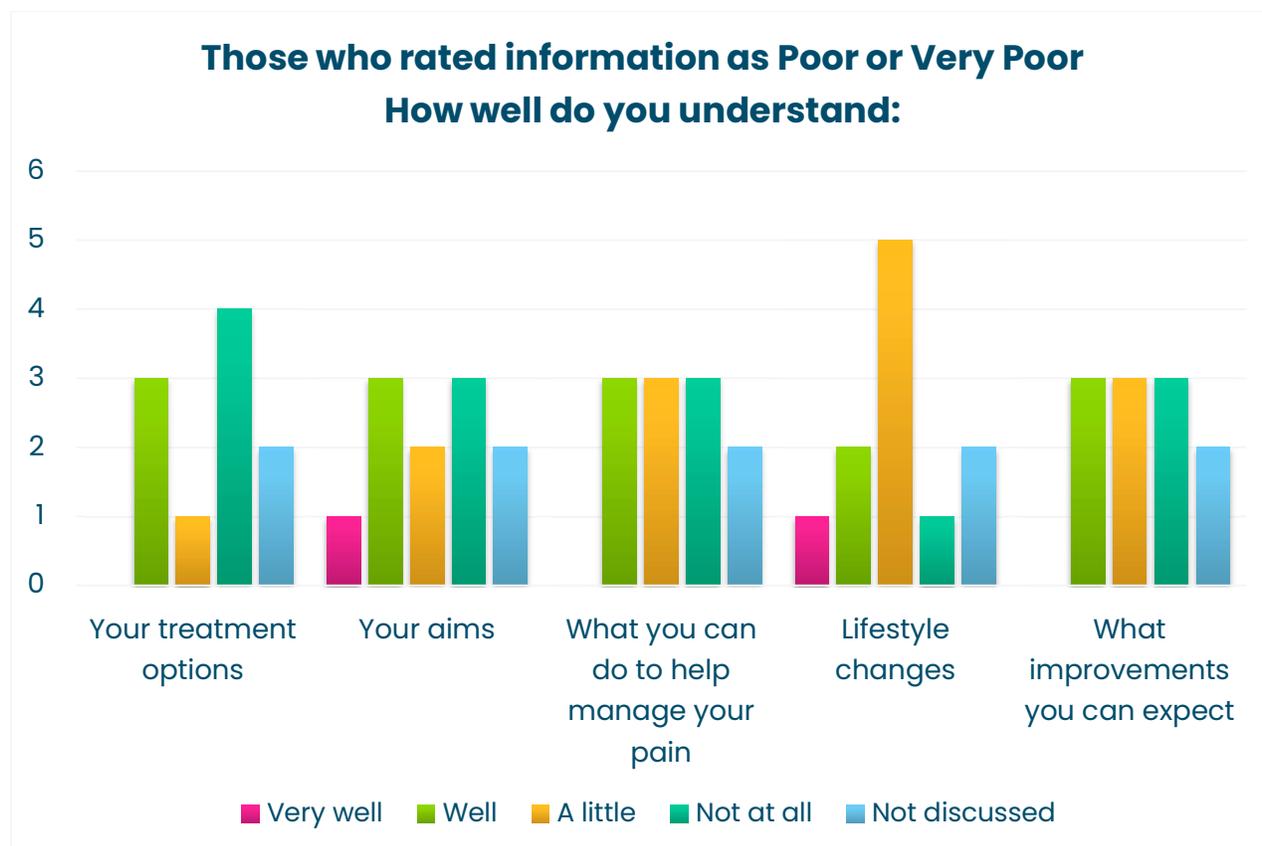
Understanding the treatment



Levels of understanding of the topics above did not vary depending on how many sessions the people had attended. Two people told us they had attended 10 sessions, 1 answered 'not at all' to their levels of understanding for each topic, the other answered 'well' for each. Three people had attended just 1 session each and 2 of these people answered 'very well' to their understanding of each topic. The third did not answer this question.

Those who rated the information they were given before their first appointment as good (6) or excellent (1) also said they had good understanding of these elements of treatment with all but one person saying they understood all topics 'very well' (21) or 'well' (7) or 'a little' (5).

People who had rated the information before their first appointment as poor (6) or very poor (8) were more likely to say they had little or no understanding of the topics.



Treatment options and what improvements could be expected were the areas that people said they had the least understanding of.

Benefits

We asked people what benefits they had experienced so far with their treatment. 13 people (56%) told us that they had experienced no benefit.

Below are some examples of benefits stated:

- 'How to manage pain, and how to drop medication in a safe and control manor.'
- 'Immediate relief post each Radio Frequency Ablation'
- 'Better pain control on waking and being able to manage my pain more.'
- 'A little more understanding of how to deal with chronic pain'

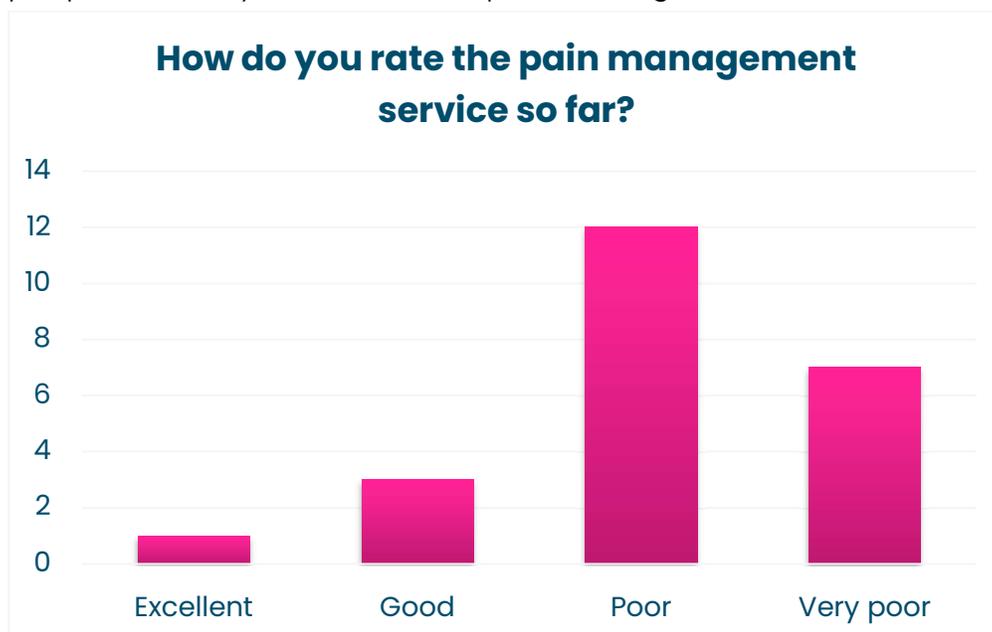
We asked people which parts of the programme were helping them to manage their pain. 10 people told us that none of it had helped and 1 person told us they had found all of it helpful.

Examples we were given of parts of the programme which had helped people were:

- 'Radio frequency ablation'
- 'Understanding chronic pain and how to control it to a degree.'
- 'Talking therapy'
- 'Back injections'

Rating the service

We asked people how they would rate the pain management service.



19 people (82%) told us that they would rate the service as poor (12) or very poor (7). 4 people who responded to our survey said that they would rate the service as Good (3) or Excellent (1). In 2017 18 people (52%) told us that they would rate the service as excellent.

We asked people to explain their ratings. Examples of comments received:

- Poor – ‘with chronic pain you need someone who is willing to work with you and help you not just abandon you when you have had treatment because you are still in constant pain, there is no follow up, I understand your nurses are highly trained but there is no discussion with a consultant, no talk about pain progression, it feels like I was just someone to give a treatment to and then forget them, to begin with, waiting for the original treatment I had appointments that the same excuses for delay in treatment was given, it felt like I was just kept waiting for something to be done when it was apparent I needed urgent help for excruciating pain’
- Poor – ‘At times the administration has been poor. Wrong appointments, promised information not arriving. Changes in what has been agreed. There seems to be a desire to string the whole process out, as if they are paid for more appointments.’
- Poor – ‘It was difficult during the lockdowns for all NHS services. I was in severe acute pain and a consultant Rheumatologist said it was essential that I had access to physiotherapy. I had the first appointment with a PMS Physio the next day, so felt assured about that. He did nothing but talk on that appointment and the next two. I asked for care but he replied that he was a Consultant Physio and would never do hands on. What help to any patient is that. Everything else was in the phone, who do you possibly assess a patients movement and pain doing that? I was left without any coherent help and as a retired RGN I was horrified at the poor level of service offered. It needs to be local not miles away. I was told that I would have to video link as it was not possible for them to travel due to the distance!!’
- Good – ‘On the whole, the service is good although there was one occasion in 2020 that I paid for private Radio Ablation as the NHS were not performing the service due to Covid’



- Excellent – ‘Excellent staff, all listen and take on board what’s being said, unlike my GP.’
- Good – ‘Understanding how nerve damage makes pain different all the time. but also upset as it’s taking too long’

Would you recommend the service?



11 people told us they were not likely to recommend the pain management service to others and 9 people told us that they would not recommend it.

- ‘The gains have been marginal and the whole process so far extremely long. While there are mitigating circumstances, I do not believe the whole process is cost effective.’
- ‘I felt people believed that thinking positively would help but I couldn’t think positively when in 10/10 pain most days with several conditions I have.’
- ‘Its OK for mild pain and explains to you that you can exercise through some pain but your body is letting you know there is a problem. Yes you can become addicted to some pain relief but far better that and be able to carry on, than lay about all day doing nothing. Interesting to learn about referred pain though.’

Referrals

Several people who told us about their experiences with the pain management service told us about issues with referrals.

- 'My biggest problem is that there is no constant monitoring by the pain management service. Each time the pain starts to become less bearable, I have to re-visit the GP and start the whole referral process again. This takes time and I am forced to rely on medication such as co-codamol in the interim. The condition was first diagnosed in 2012 and it does seem that having to go back to the GP for a fresh referral on each occasion is a waste of his time.'
- 'I was sent to PMS in order to attend the Pain Clinic at RJAH as the spinal consultant couldn't send me direct. The whole system was slow and I had to be very firm with the staff.'
- 'I've approached my GP a number of times since my sessions with the Pain Management Company for a referral to a specialist and each time I'm told they can only make a referrals to the Pain Management Company, which is of no use to me as they are unable to help me.'
- 'Once medical history was given by the patient they said we cannot help you with pain management but no specific reason why. Yet the consultant had referred them.'

We also received comments from people who had not used the pain management service. The main theme from these comments was a lack of awareness of the pain management service amongst patients but also seemingly amongst GPs.



We heard from 11 people, 10 of whom had not had a discussion with their GP about managing their pain and had not received a referral to the Pain Management Service. Several people mentioned they had been referred to physiotherapy:

- 'Shoulder and upper back pain. Physio did not resolve the problem yet still experiencing discomfort and pain. No mention of pain management and no pain relief.'

- 'Suffering with chronic lower back pain. Referred for physio but after a set number of sessions was discharged still suffering chronic pain. There was no mention of the Pain Management Service.'

Medication

Several people mentioned pain medications:

- 'I felt I needed medications to help my pain but there is no prescribing with Pain Management.'
- 'My 3-4 monthly injections controlled the pain but when the CCG decided that such injections were a waste of time, without consulting the patient, the other services offered were of no benefit.'
- 'There are certain types of pain that you have to manage with analgesia if you want to continue with your life to as near normal as possible but when I have a flare up I need medication urgently I can hardly walk then and I don't want to be laid up for ever.'
- 'I do exercise put hot or cold compresses on the joints and I do walk with crutches sometimes etc BUT I want to still get on with my life and so I take analgesics and carry on. Yes I maybe addicted to them but by God I can carry on living and doing what I want. You have to balance up the pros and cons of medication.'



Recommendations

Our recommendations based on the findings of the survey and comments received are:

- Ensure written information provided to patients in advance of their treatment with the Pain Management Service, and to referrers, is clear about what the service can and cannot offer and what outcomes can be expected
- Consider how the service, and those referring, can ensure individual patients do not need to be referred to the service multiple times particularly where the patient did not find it effective the first time
- Increase awareness amongst GPs and the general public of the existence of the Pain Management Service

Service Provider Response

Connect Health would like to thank Healthwatch Shropshire for the time they have given to seek feedback about our service, provide feedback to ourselves 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. We acknowledge there are several areas for improvement and have responded to all of the recommendations within the action plan.

We have studied all of the comments and responses to the questions asked and recognise the opportunity that exists to improve our service for patients in Shropshire. The following action plan has been developed in response to the recommendations made by Healthwatch.

1. Ensure written information provided to patients in advance of their treatment with the Pain Management Service, and to referrers, is clear about what the service can and cannot offer and what outcomes can be expected.

Connect Health are currently in the process of updating the information that is provided to referrers and service users prior to and at the point of accessing our service. We recognise that not understanding the aims and expectations of being referred to our service impacts the experience that the service user has. We are also planning to promote the use of this information by meeting with GP networks and other health care professionals within Shropshire to provide information and education around access to our service and what treatment options and benefits our service can provide for people with persistent pain. It is also important that as expert providers we offer education to GPs and patients to help support self-management strategies and manage expectations. This work is already in development and will be completed throughout 2022.

2. Consider how the service, and those referring, can ensure individual patients do not need to be referred to the service multiple times particularly where the patient did not find it effective the first time.

Where possible, as a service we try to reduce pain, however pain reduction is not always achievable, and we are often more successful in working with people to reduce the impact that pain has on day-to-day life. The primary aim of our services is therefore to improve functioning and quality of life, with pain. It is important that these aims and expectations of the service are understood prior to referral, as previously suggested in the other recommendations.

One of the main aims of pain management as evidenced in guidelines from the British Pain Society and NICE is self-management of the condition. During the service user's time with us we will provide them with advice and recommendations on how to do this, often using resources from evidence based bodies such as those already mentioned. The service user will be discharged once their treatment has been completed, our contract with the CCG is to achieve this within 8 months. It is recognised from the feedback received that improvements need to be made regarding the expectations of this to service users and referrers. This would then avoid inappropriate referrals back to the service when it has previously been utilised.

Connect Health has already developed resources to support the management of persistent pain in primary care and is continuing to drive forwards awareness of this. The Flippin pain public health campaign led by Connect Health has a clear goal to change the way we think about, talk about and treat persistent pain. Further information and resources for patients and healthcare professionals can be found at www.flippinpain.co.uk.

We propose that through education sessions with GPs and other healthcare providers, providing information leaflets for GPs and service users and the sharing of resources to support the management of persistent pain in primary care, service users won't be unnecessarily referred to pain management multiple times to repeat the same treatment which understandably causes frustration and dissatisfaction. This work is already under way and will be completed throughout 2022.

3. Increase awareness amongst GPs and the general public of the existence of the Pain Management Service

It is recognised that awareness and engagement with our service has been negatively impacted by the Covid pandemic. It has been challenging for patients to see their GPs to discuss options for the management of

persistent pain and it has been challenging for us as a service to meet with GPs and other healthcare professionals across Shropshire to continue with engagement and visibility of our service. As we move out of the pandemic it is a key area of focus for Connect Health to become more visible to GPs, other referrers and the general public to support them in providing timely and accessible care for people with persistent pain. This has already been a key topic of conversation within our contract meetings with the CCG.

We will plan GP events throughout 2022 and ensure that all referrers to our service and the general public have an awareness of the existence of our service through the use of multimedia material including patient and referrer information leaflets, posters and videos that can be shared in a variety of methods to support the new model of healthcare delivery.

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

Healthwatch Shropshire were waiting for a response from Shropshire, Telford and Wrekin CCG at the time of publication of this report.

Acknowledgements

Healthwatch Shropshire would like to thank the organisations who helped to promote this survey. We would like to thank Connect Health for taking the time to meet with us. We particularly thank all those people who have shared their experiences and comments with us.



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