

Jackie Walumbe

Advanced practitioner physiotherapist in pain at University College London Hospitals & doctoral researcher
jackie.walumbe@nhs.net

Stories of change

SUPPORTING PEOPLE EXPERIENCING CHRONIC PAIN IN A&E AND HOSPITALS TO GET THE HELP THEY NEED FROM COMMUNITY SERVICES IN CAMDEN

A roaming, innovative multi-disciplinary team (MDT) working with patients across hospitals, community services and primary care.

What we did

A two-year pilot took a relational approach to change, meaning we focussed on establishing working relationships with people in different organisations and with patients, carers and family members. A new MDT was created with pain consultants, nurse specialists, specialist pain physios, pain psychologists and admin support. First, we collected a range of data, as well as patient and staff experience. We targeted people attending hospital (and being admitted) with complex pain and took time to better understand the issues contributing to their symptoms. We worked across the health sector to provide the 'right care at the right time'. We offered bespoke education and case-based support. We worked with patients who had repeated and chaotic inpatient stays or emergency attendances and tried to set up more local and long-term support in the community.

Our motivation

Healthcare professionals feeling unable to help people with pain who were hospital inpatients. Organisational benchmarking showed outcomes and efficiencies needed to be improved. Survey results showed a groundswell of patients telling staff things needed to be done differently.

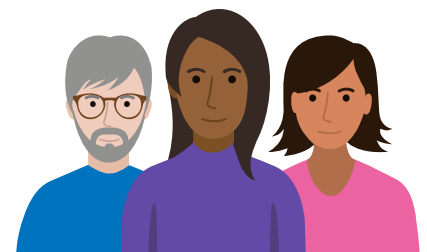


The difference we are making

People became active managers of their long-term health conditions. They reduced medication, became more active and avoided unproductive use of resources. Total cost of the pain service to commissioners is £541,585 with estimated savings generated in the region of £550-700,000. Staff reported feeling less distressed.

What's next?

I hope in two or three years, we might be able to move to wherever there is need. I would like to do it all again in the next borough, the next area, the next town.





Making change happen

We started by talking to people in hospital with pain, who would say things like ***"I go to my GP. I'm on medication already. I've been to the pain clinic. I've seen a rheumatologist. I don't need an operation and I've seen the physiotherapists and an osteopath. I'm just going round and round."***

As this was a new service, it was about winning hearts and minds. The team had a specific remit to support a range of healthcare organisations in improving pain management. We attended a series of study days for hospital staff. We went to GP events. We did home visits with other practitioners. Network meetings were a huge part of it. I'd go down and sit in A&E for the day, just to talk to anyone I could. We left a lot of cards. We also trained nurses as our champions, so they helped spread the word.

The model I thought was going to work has not worked at all. I thought we'd be teaching patients to take personal responsibility. However, what I found worked for me was quite different. It's not an education package and off you go, but you keep dipping back in and checking in with people. Case management is something we don't do very much of. Maybe we should do it more because that's made a huge difference.

There's a pull for certainty when things are messy and complicated, but we made a commitment not to become too rigid as a service. This can only work if we have the flexibility to work with patients and other services in an iterative way. Big plans haven't been good for us. Instead, we tried things for a couple of weeks, then asked "How's it going? That's not working." Changed it. We collected data, measured, and told everyone about it.

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"There's an ongoing struggle here, because we should have a nice little outcomes box we can tick, but we want to maintain our ethos of roaming across services. If we can't cross the silos and the boundaries, then I'm not sure that we would be very effective."

Top tips

- Collect and use data, collect patient stories, and bring people with lived experience on board so they help you define the problem.
- Understand your decision makers, local drivers, policy and metrics that underpin the priorities.
- Use continuous improvement tools and implement in a cyclical and iterative way.
- Talk to everyone and anyone, taking a relational approach to change.
- Stay versatile and flexible.

Want to know more?

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