

GRÜNENTHAL PAIN AWARDS 2016

To address the personal, social and educational rehabilitation needs of patients suffering complex chronic pain in a community pain management clinic

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Summary

A community pain management clinic has broadened its capacity for patients suffering chronic pain and multimorbidity. It now works with a small medical charity providing therapies and social activities which begin to address the many issues that commonly hinder successful rehabilitation.

When social, educational, financial, work-related and benefits issues are individually addressed, new confidence, self esteem and daring may arise. A variety of therapeutic and socially-oriented interventions encourage, engage and gently challenge the person to take hold of their situation. Meeting and working with others, learning new skills and then teaching them to others, kindles a sense of belonging, self-realisation and renewed purpose.

Positive clinical, social and cost effective results have been achieved by this working together.



Ellen Wright



David McGavin



Ingrid Harmasen

Methodology

One-to-one therapies such as rhythmical massage & eurythmy, a gentle form of movement therapy which does not cause pain, help restore sleep patterns and encourage general confidence to move again and get around. Social activities have included a weekly choir; music group and craft work doing felting, jewellery and card making; story telling and puppetry. Personal support may involve completing forms, attending PIP and ESA medicals and representing patients at appeal tribunals. As patients get better, they become important examples to and helpers of each other. Links with the local community are also facilitated by patients and ex-patients.



Vanbrugh Community Pain Management Clinic, Greenwich

Aims & objectives

- A. To improve the person's clinical condition and overall circumstances by addressing all presenting needs. To promote increasing mastery of the condition(s) and take steps toward greater self realisation and independence
- B. To reduce unnecessary medical interventions and thereby the costs of secondary and tertiary NHS care
- C. To reduce dependence on and the costs of analgesic and psychotropic medication.

Results

A detailed outcome study was carried out on KRT's first 30 cases referred by Vanbrugh Community Pain Management Clinic from August 2011. It was completed July 2015 and is now being prepared for publication. Complete data was retrieved for 28 out of 30 cases.

(NB. 'Year before' refers to interventions during the year before starting KRT rehabilitation. 'Year after' involved data collection for the year up to July 2015. KRT interventions had by then ceased for each patient for an average of 19 months.)

- A. Overall positive improvements in PHQ-9, Euroqol, BPI & MYMOP2. Three detailed consented case studies are available on request.
- B. 57% reduction in specialist consultations (rheumatology, orthopaedics, neurology, pain clinics)
- C. 84% reduction in physio, acupuncture & CBT appointments.
- D. 39% reduction of analgaesic and psychotropic medication.

Further work

1. To be formally commissioned as part of NHS musculoskeletal services in Greenwich.
2. To formally submit outcomes for publication.
3. To replicate the method at the Royal National Orthopaedic Hospital Pain Management Department (Dr Rebecca Berman) at the Stanmore site.



Garden team



Conclusion

Engaging the individual in a comprehensive rehabilitation process has improved results both for the individual and the public purse.

