



# Pain Toolkit Spring Newsletter 2014



## Welcome to the Pain Toolkit e-newsletter.

It seems 2014 is well underway and Spring is really starting and much to look forward to this year already! There is lots of really interesting, useful news and resources in this newsletter.

### Pete becomes <sup>1</sup>UK Pain Champion 2014

Wow, what a start to 2014 to be awarded <sup>2</sup>**Pain Champion 2014** by <sup>3</sup>Pain UK, the <sup>4</sup>British Pain Society and the <sup>5</sup>Chronic Pain Policy Coalition. It was very much unexpected. I would like to thank the people who nominated me and voted for me.

See my interview with Pain UK at <http://www.painuk.org/the-cure-was-in-the-mirror-an-interview-with-peter-moore-pain-champion-2014/>

### In this edition...

- New Pain Toolkit website
- How to order Pain Toolkit booklets
- The Empowered Patient
- The House of Care
- Over Fifty Fitness
- Chronic Pain Support Group
- The Importance of Self-Management for People with Long Term Conditions
- Get a life, not a label
- The 10-minute consultation series

## E-petition Pain Self-Management in the Community & Internet

During my time as Pain Champion and beyond, I want to support more simple and effective educational pain self-management initiatives in the community and on the internet.

To do this I have organised an e-petition to gather evidence there is an appetite for people who like with pain to want more access to educational pain self-management in the community and on the internet Please click link

<http://epetitions.direct.gov.uk/petitions/59943> to see more information and which I hope you will sign and also forward onto others.

<sup>1</sup> <http://www.painuk.org/revealed-winner-of-the-pain-uk-pain-champion-award-2014/>

<sup>2</sup> <http://www.painuk.org/revealed-winner-of-the-pain-uk-pain-champion-award-2014/>

<sup>3</sup> <http://www.painuk.org/>

<sup>4</sup> <http://www.britishpainsociety.org/>

<sup>5</sup> <http://www.policyconnect.org.uk/cppc/>



## NEW...Pain Toolkit workshops

We have been busy developing NEW 2-hourly workshops for GP's and primary care health care professionals, so to fit in with their busy schedule.

We have been running them in Northern Ireland in collaboration with Health and Social Care Board. Main content of the workshops are:

- ✓ Understand why self-management of pain and long term conditions is necessary to reduce time and costs.
- ✓ How to start off the self-management message with the patient
- ✓ Enable the patient to use self-management strategies more effectively
- ✓ Learn how to manage common problems that hinder self-management with their patients
- ✓ Implement effective medicine management
- ✓ Assess the change in patient's confidence in self- management following use of the resource.
- ✓ To reflect on own practice to effect change

We are happy to run them in your area, so email me [pete.moore@paintoolkit.org](mailto:pete.moore@paintoolkit.org) if you want more information.



## Pain Toolkit booklets... you can now order these from:

<http://mobile.paintoolkit.org/order>

## IMPORTANT NEWS

Since the last newsletter, 45,000 booklets have been ordered, so again proving to be a great resource.

The new updated Pain Toolkit now includes information about sleep problems and dealing with pain while, or returning to work and newer links and I have also developed a **FREE** one-page guide how to best use the Pain Toolkit with patients.

You can order via [pete.moore@paintoolkit.org](mailto:pete.moore@paintoolkit.org) or via the website

<http://mobile.paintoolkit.org/order>



## The Pain Toolkit website has gone Mobile...

<sup>6</sup>Scott Harrington who maintains for the Pain Toolkit has been busy developing a new Pain Toolkit mobile site [www.paintoolkit.org/mobile](http://www.paintoolkit.org/mobile) and yes, you can see it now.



For those technology-minded, it's called a Responsive Web Design (RWD). It will provide visitors using phone or tablets with a better viewing experience. It makes it easier for reading and navigation with a minimum of resizing, panning, and scrolling.



### New Pain Toolkit workshops planned for 2014

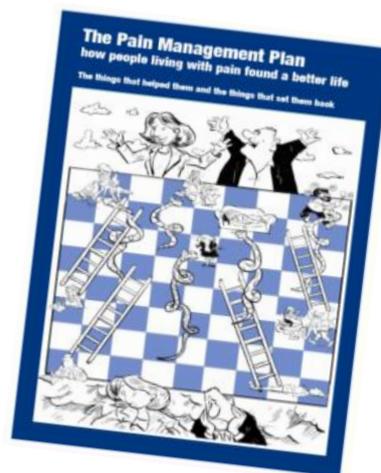
We are planning more Pain Toolkit workshops in association with the Andrew Sims Centre in:

- Leeds, Birmingham and London

Email me for more information: **HOT OFF PRESS Leeds 11<sup>th</sup> November 2014 Now confirmed**

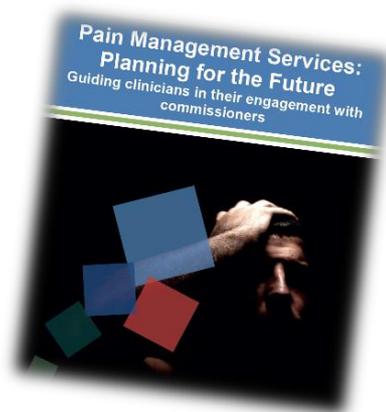
## More Pain Plan workshops

This CBT based workbook programme is now being delivered in 30 Trusts and 7 IAPT are using this resource in Tier 2 and 3 Pain and IAPT services across the UK. Next workshop is in Birmingham on 11<sup>th</sup> April 2014 with early bird rate at £165.00. [www.pain-management-plan.co.uk](http://www.pain-management-plan.co.uk) to see this valued resource and contact [frcole@btinternet.com](mailto:frcole@btinternet.com) for workshop and training.



<sup>6</sup> [www.scottharrington.co.uk](http://www.scottharrington.co.uk)

## Pain Management Services: Planning for the Future - Guiding clinicians in their engagement with commissioners



If you're working in Pain Management, this is a **must read** document.

A recent (June 2013) Freedom of Information request was made by the CPPC of all 211 Clinical Commissioning Groups (CCGs) in England to establish how they were currently commissioning pain services and to ensure that all CCGs were aware of pain management services. Responses were received from 168 CCGs. Three key findings are outlined below:

- 28% of CCGs could not supply a named clinical lead for pain management services
- 27% of CCGs could not supply a named managerial lead for pain
- 29% of CCGs did not commission a multidisciplinary pain services (defined as a minimum of a doctor, physiotherapist and a psychologist)

This inconsistent approach to commissioning of pain services demonstrates the urgent need for the Pain Management Services: Planning for the Future document. Do explore.

### **“The Empowered Pain Patient” By Dr Kim Kristiansen (Denmark)**

“The Empowered Pain Patient” is a book describing how people living with pain can be empowered to take active part in their own pain management together with their healthcare professionals, based on shared understanding and information.



I call this Validated Pain Management since it is based on assessing the pain and its impact on quality of life. The assessment results visually show this impact, so easy to understand and for *all* involved to see the extent of the problems at first hand. So this means the person and others can acknowledge – or validate – it. It then is easier to set goals for the management of life with pain.

Basic knowledge about pain processes and perceptions are presented in the book. These empower the patient to take part in setting goals for the pain management, select treatment and self-management, and evaluate effect of it all for themselves. I wrote the book because I find there is a need for improving the traditional pain management. Being a GP for many years and a pain researcher I know first-hand there is a huge need for improving the quality of life for those living with pain. The need is huge to improve the way pain is handled, understood, and managed in healthcare. The book is providing a step forward.

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[www.paintoolkit.org](http://www.paintoolkit.org)

 [@paintoolkit2](https://twitter.com/paintoolkit2)

You can see more at [www.validatedpainmanagement.com](http://www.validatedpainmanagement.com)

**Option:**

In the book:

- Part 1: Pain and Chronic Pain. Defining and understanding pain and how pain is experienced. How processes can go wrong and the pain messages become amplified.
- Part 2: How to measure pain and its impact on quality of life
- Part 3: Presenting and describing Validated Pain Management including “The 7 Elements of Validated Pain Management”, describing easy to follow steps to take, and patient stories. Including how to reduce risk of medicine misuse or addiction.
- Part 4: The Roles: Describing the role of the person living with the pain, the role of the relative or loved one, the role of the healthcare professional, and the role of the healthcare system
- Part 5: How to individualize evidence-based medicine to become an empowered patient

**Coming soon.... Pain Toolkit Apps**

More and more people are now asking and looking for more healthcare information via the Internet, and using smart phones and tablets to look for it.

We have recognised this been and we are developing App versions along with other digital resources; so watch this space.



**What to learn more about Pelvic Pain?**



Check out Pelvic Guru [www.pelvicguru.com/](http://www.pelvicguru.com/) Tracy Sher from Florida is part of a useful pelvic pain network called Pelvic Mafia and Tweet useful information. Follow Tracy on Twitter @PelvicGuru1 or other

using #pelvicmafia



Dr Mike Evans

## Dr. Mike's Med School for the Public...

Dr. Mike Evans is founder of the Health Design Lab at the Li Ka Shing Knowledge Institute, an Associate Professor of Family Medicine and Public Health at the University of Toronto, and a staff physician at St. Michael's Hospital.

I bumped into Dr Mike's YouTube videos last year. They are all short, but very easy to understand messages for people to understand about health conditions.

Follow Dr. Mike for new videos on [www.twitter.com/docmikeevans](https://www.twitter.com/docmikeevans)

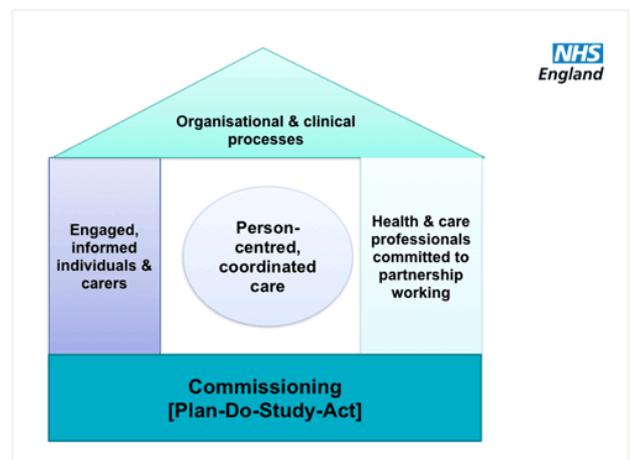
See his website for curated resources and information for a range of common conditions, [www.youtube.com/docmikeevans](https://www.youtube.com/docmikeevans) and his website [www.evanshealthlab.com/](http://www.evanshealthlab.com/)

## Introducing the 'House of Care'

### A person-centred approach (explanation via Health Foundation)

The management of long-term conditions is the biggest challenge facing healthcare systems worldwide.

They account for 70% of health and social care costs in England. In the narrative for my domain, I use a metaphor, the House of Care, to describe the integrated, person-centred approach we need to take to tackle this problem.



The foundations of the House of Care are built on commissioning which needs to be thought of as a quality improvement cycle, not just contracting.

The roof is built with the best organisational and clinical processes. This is about implementing what we know works, including NICE guidelines and quality standards. However, the most important changes we are seeking are the pillars of the House of Care.

<http://www.health.org.uk/news-and-events/newsletter/introducing-the-house-of-care/>



## Over Fifty Fitness by Rosemary Mallace

[www.overfiftyfitness.co.uk](http://www.overfiftyfitness.co.uk)

**As Bette Davies said... 'Old age ain't for cissies.'**

What do you do when you retire? Put your feet up? In my case, literally. I took voluntary redundancy, got my old age pension and enrolled on a course to become a Personal Fitness Trainer. Why on earth would you want to do that, people have asked. Well, I had over-heard a man in his 60s complaining to a young gym instructor that younger trainers don't understand the aches and pains that older people can have when exercising.

This started an idea worm that wouldn't go away and so I found myself in the summer of 2011 capering around on a course with, generally, much younger people, having the time of my life.

I spent that summer completing the Certificate in Personal Training. It was hard going because our instructor insisted that we should experience what it was like to do all the exercises we were expecting to teach. 'Should a woman my age be spending the summer like this?' I asked myself, lying on a gym mat, legs in the air. After gaining the Certificate in Personal Training I completed the Exercise and the Older Adult Certificate.

Most people are aware of the benefits of exercise but are people unaware of just how important it is to stay active into old age? Most reports talk about how inactivity can lead to an early death. I have to admit I'm not keen on the death bit I am much more concerned about the quality of my life as I get older and I am certain that exercise is the key.

My mission now is to show people, especially those who have been inactive most of their lives that it's never too late to start. I concentrate on 'functional' exercises in my classes. That is, exercises that help people with daily living activities like strong legs to climb stairs. Supple shoulders to be able to reach high shelves. Walking to be able to get out and about. You get the idea. No need to go to the gym or use complicated equipment.

When I started on this journey I knew that exercise was important, and fun – let's not forget fun. Now, 2 years later, I am convinced that it is vital. We are all living longer, and in many cases that just means living with illness longer and dependency. Not an option I relish. That's why I'll keep on keeping on as long as I can and trying to persuade others to do the same. Follow Rosemary on Twitter [@Overfiftyfitnes](https://twitter.com/Overfiftyfitnes)



## Chronic Pain Support Group Suffolk

3<sup>rd</sup> July 2014



Building on the success of their evening event , “What is Chronic Pain?” – held last June. The Chronic Pain Support Group, in partnership with the Pain Clinic at the West Suffolk Hospital, Bury St Edmunds this year, will be hosting an evening event focusing on self-management. Featuring renowned speakers in that field, talking about Chronic Pain and how you can self-manage day to day and have a better wellbeing even when living with chronic pain. Their main speaker will be Pete Moore who has an expertise in Self Management and author of the Pain Toolkit. Pete will share some straightforward and internationally proven self management strategies to aid day-to-day-living.

There will be taster sessions of various therapies such as yoga, tai chi, reflexology along with stalls from chosen disciplines such as occupational therapy, physiotherapy, nutritionists and mindfulness. People will have the chance to discuss and try new self management techniques, talk through their needs with the professionals on hand and work out what they may benefit from the most to achieve greater wellbeing.

The event will be held at the Education Centre, West Suffolk Hospital, on Thursday 3<sup>rd</sup> July 2014. Timings are to be advised. Part way through the evening light refreshments will be available. This thought provoking event is open to their members and their partners/family/carers and anyone interested in this field.

So come along and get involved and find out more about what options are available to you to help you self-manage, improve positivity, enhance mental wellbeing and self-esteem and to learn how to live well on a daily basis – Self-Care for life and take control.

To find out more please contact us via [www.chronicpainsupportgroup.co.uk](http://www.chronicpainsupportgroup.co.uk), find us on Facebook or call us on 07719 497989.  [@Pain\\_Support13](https://twitter.com/Pain_Support13)

## Healthcare Professional and want to increase your pain management skills

**Cardiff University School of Medicine**

<http://medicine.cf.ac.uk/graduate-studies/a-z-programmes/anaesthetics-and-intensive-care-medicine/pain-management/>



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[www.paintoolkit.org](http://www.paintoolkit.org)



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## The Importance of Self-Management for People with Long Term Conditions

### By Jane Street



Almost one in three people in the UK are living with one or more long-term physical or mental health conditions, with huge costs to the individual, their family and friends and to the health services. Better management of long-term conditions leads to benefits in all these areas. Collaboration and shared decision-making are key elements in health policy. Self-management support is an ideal way to embody these principles.

#### **What is self-management?**

Put simply, self-management is doing what you need to do to keep yourself as well as possible. It requires the active involvement both of the person with a long-term condition and their health care professional (HCP) in an exploration of what works. Both are experts, coming from their own perspective.

The person with the condition is an expert by experience; they will know at first-hand what it is like to live with their health conditions on a day-by-day basis. They may have tried many different interventions. They will be learning all the time about what works and what doesn't work for them.

The health care professional has expertise borne of seeing many people with the condition as well as knowledge based on their training. Today, they also need to develop expertise in building productive, collaborative relationships with the patients they see. Patients who have access to information and self-help resources on the Internet are often well informed, and a traditional response 'just do as I say' approach is of limited benefit.

Self-management is NOT just leaving people to manage as best they can with little or no input from the HCP; it is about developing strong partnership working in which both parties can share their expertise for the benefit of the patient.

#### **Why is self-management important?**

For the person diagnosed with a long-term health condition, living well with the condition often requires long-term adaptations, a change in lifestyle. These changes can be difficult to make and to sustain. There is an emotional journey to be undertaken, which can be difficult and challenging. Accepting that there is no cure for a condition is not easy. It can lead to feelings of anger, frustration, sadness and depression. There is also a lot to learn about the condition itself and how it affects you. Self-management restores a greater sense of control and self-efficacy.

For the clinician, self-management can be a challenging concept, as it requires them to adopt a more active coaching and collaborative role rather than a traditional didactic one. Once understood, the approach of supporting self-management can be very liberating, enabling genuine discussions about the challenges faced by the patient.

For example, it is known that 30-50% of patients with a long-term condition do not take their medication as recommended. (NICE Guidelines <http://guidance.nice.org.uk/CG76/QuickRefGuide/pdf/English>)

Developing a relationship of trust and being open to the experience of the patient can open up honest discussions had about why this is. It may be that there are side effects, or that the person has found that their regime works best for them.



### What is needed for effective Self-Management Support?

The principles for self management are deceptively simple - three elements added together provide a setting in which self-management can grow and flourish: - *a prepared and activated patient, who understands that they need to take an active role in managing their condition* - *a pro-active responsive HCP who understands the principles of self-*

*management and is able to really listen to the experiences of the patient* - *a responsive and supportive system, that can adjust to the needs of the patients.*

Of course, the implementation of self-management is more complex and requires HCPs to develop strong interpersonal skills, including a good understanding of the psychological processes underpinning living with a long-term condition.

As part of the training delivered under the Health Foundations Co-Creating Health programme, clinicians are encouraged to use three 'enablers' to support more collaborative consultations – shared agenda setting, collaborative goal setting and action planning and active follow up. These enablers provide a simple framework within which productive discussions can occur.

For people with long-term conditions, self-management requires understanding as much as possible about the condition and being active in managing it. This may involve a wide range of different interventions and activities – it is very much a holistic approach, involving body, mind and spirit. Self-management

Fully embracing a self-management approach involves a radical reworking of the relationship between HCPs and patients. It positions HCPs and patients in an equal partnership, drawing on the expertise of both to devise a flexible and realistic self-management plan.

Web-link for more information

<http://personcentredcare.health.org.uk/resources/introduction-self-management-support>

The diagram below illustrates the relationship between the recovery approach (which provide the foundation of much mental health care), self-management and self help.



**About me:**

I am a clinical psychologist with a long-standing interest in self-management approaches, particularly in mental health and in relation to risk. I work for South West London and St Georges NHS Mental Health Trust in Wandsworth, providing clinical leadership for Psychology and Psychotherapies in Wandsworth. I am also a Self Management Support Fellow, with the Health Foundation.

Follow me on Twitter

@JaneStreetPPAD

## 'Get a Life, Not a Label'

By [catherinecross@talkinghealth.org](mailto:catherinecross@talkinghealth.org)

[www.talkinghealth.org](http://www.talkinghealth.org)

I think we all know that the opportunities for developing and delivering self-management (SM) over the last two years have been limited, partly due to the changes in the NHS and partly due to lack of understanding of the value that SM can bring to commissioners and providers.



We have seen in the last six months significant movement in the language associated with patient engagement. We have seen a number of opportunities where CCGs and providers are seeing SM as part of an integrated approach to delivering better value for money. Budget pressures in the NHS are real and with the movement of many Trusts to Foundation Trust status there is a greater focus on financial savings and the management of value for money. The challenge as ever is to develop a language for SM that resonates with the commissioning landscape so that we are able to persuade commissioners of the value of integrated SM.

Recently Dr Martin McShane said the increase in the numbers of people with multiple long term conditions *"is the biggest problem facing the health system and the care system and the costs are growing year on year. They are huge already and they will continue to grow."* In order to deal with this we all know that what is required across the health and social care systems is transformational change. In fairness this is an extraordinarily difficult thing to do. I do feel that, now the commissioning structures are starting to settle, they have a good chance of making this work. Our challenge is to ensure that self management gets designed into everything they are doing and we have a limited amount of time to persuade commissioners that this is the right thing to do. The alternative is that SM will be an add-on yet again and the funding to support this crucial approach will be at risk.

For those who work in self management and know its value, we have to change our language and support commissioners and providers through what will be very difficult programmes of activity. It's no longer sufficient for us to bleat about the lack of funding for our programmes we must make our arguments compelling and relevant to the issues they are facing.

Our approach in Talking Health has had to change, as we want to be a valued partner to health and social care to ensure that we can support, and evidence the value of SM interventions and find a way that allows them to be deployed without breaking the bank and introducing risk. This is a challenge and will need us to really listened to those who work in health and social care in order for us to develop tailored solutions to address these real issues.

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[www.paintoolkit.org](http://www.paintoolkit.org)



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## The 10-minute consultation series

Cedilla Publishing's - **The 10-minute consultation** titles are structured in a format that reflects a patient's progression through diagnosis, management and follow up. The titles include targeted practice points for every aspect of the primary care clinician's role at each stage.



### ***The 10-minute consultation: Persistent Pain***

Editors: Martin Johnson and Ann Taylor (Department of Anaesthetics, Intensive Care and Pain Medicine, Cardiff University, UK)

Individual book chapters have been prepared by international experts in the field of pain management, and the patient pain pathways outlined will form the basis of pain education by the Royal College of GPs in the UK.

### **Chapters**

Introduction by Clare Gerada

1. Initial assessment and management pathway (Ann Taylor)
2. Low back pain pathway (Sanjeeva Gupta)
3. Chronic widespread pain, fibromyalgia pathway (Benjamin Ellis)
4. Pelvic pain pathway (John Hughes)
5. Neuropathic pain pathway (Mick Serpell and Blair Smith)
6. Self-management (Dr Frances Cole and Pete Moore)
7. Case studies

### **Objectives**

- To promote good clinical practice: history-taking, examination and management.
- To outline the organization of care: primary care team roles and when to refer.
- To maximize the potential of the '10-minute consultation'.
- To follow the quality of outcomes framework.
- Includes a thumb register and drug formulary guide for rapid reference.

### **Request a copy**

Email [sarah@cedillapublishing.com](mailto:sarah@cedillapublishing.com) or ask your Pharmaceutical rep for a sponsored copy.

## Great little website called Exercise Works



**About Exercise Works!** Exercise - every patient, every opportunity.

All health professionals should consider exercise as a 'medicine' in its own right, recommending and prescribing physical activity at all appropriate opportunities.

[www.exercise-works.org](http://www.exercise-works.org)



## Great little resource for supporting children using hospital services

Monkey goes to Hospital storybook series  
[www.ahhapublications.com](http://www.ahhapublications.com)



## Mums on a Mission...A Mother's Story

My mission was to make my 18 month-old daughter's operations stress-free. My handmade book, featuring a monkey's visit to hospital has transformed into an essential resource for all families faced with the hospital experience.....

**We look forward to working and connecting with you again in 2014...Next Pain Toolkit e-newsletter early summer 2014**



[www.paintoolkit.org](http://www.paintoolkit.org)

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