North Cumbria **Persistent Physical Symptoms Services** (PPSS) and **Familiar Faces** (FF): How we help to manage patients with chronic pain

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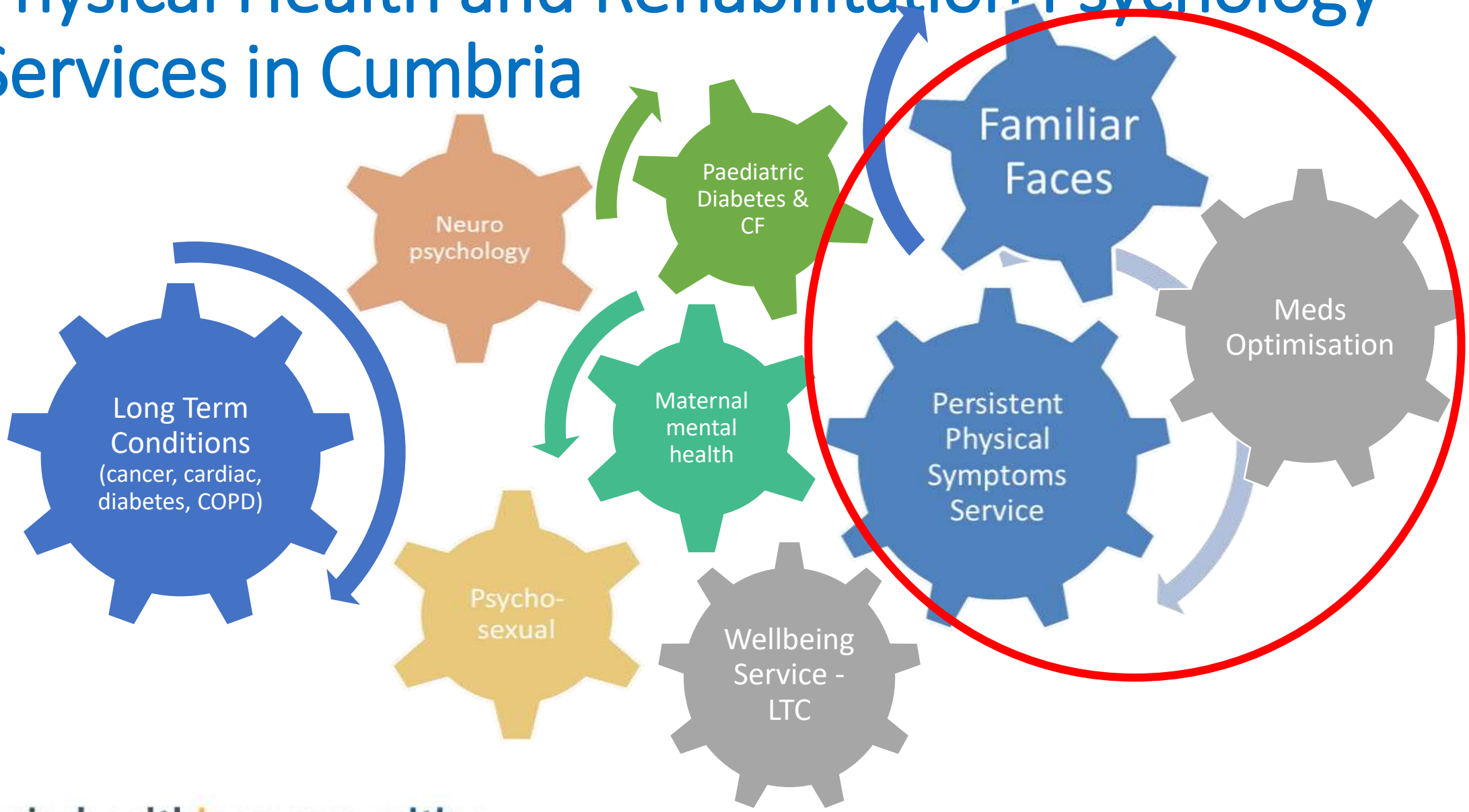
happierhealthiercommunities.

Physical Health and Rehabilitation Psychology Services in Cumbria



Background

- Persistent physical symptoms (including pain) are common:
  - 20-50% of people attending GP
  - 50% of people attending outpatient appointments (Nimnuam et al., 2001)

- People with persistent physical symptoms come to harm:
  - Through invasive procedures and pharmacological interventions (Rosendal et al., 2017)
  - Poor outcomes (kouyanou, 1997)
  - Poor healthcare experience – lack of integration

- Persistent physical symptoms are costly:
  - Cost of harm to the individual
  - 10% of NHS expenditure (Bermingham et al., 2010)
  - Societal costs (Konnopka et al., 2012)

Persistent Physical Symptoms Service (PPSS)

- Persistent Physical Symptoms Service (PPSS)
  - Launched in April 2016
  - Previously:
    - No specific service for PPS in North Cumbria
    - Pathways not providing evidence based interventions
    - Cumbria an outlier for injections and MSK related admissions

- PPSS
  - Physical and psychological interventions
  - Biopsychosocial approach
  - Should precede any onward referral

Persistent Physical Symptoms Service (PPSS)

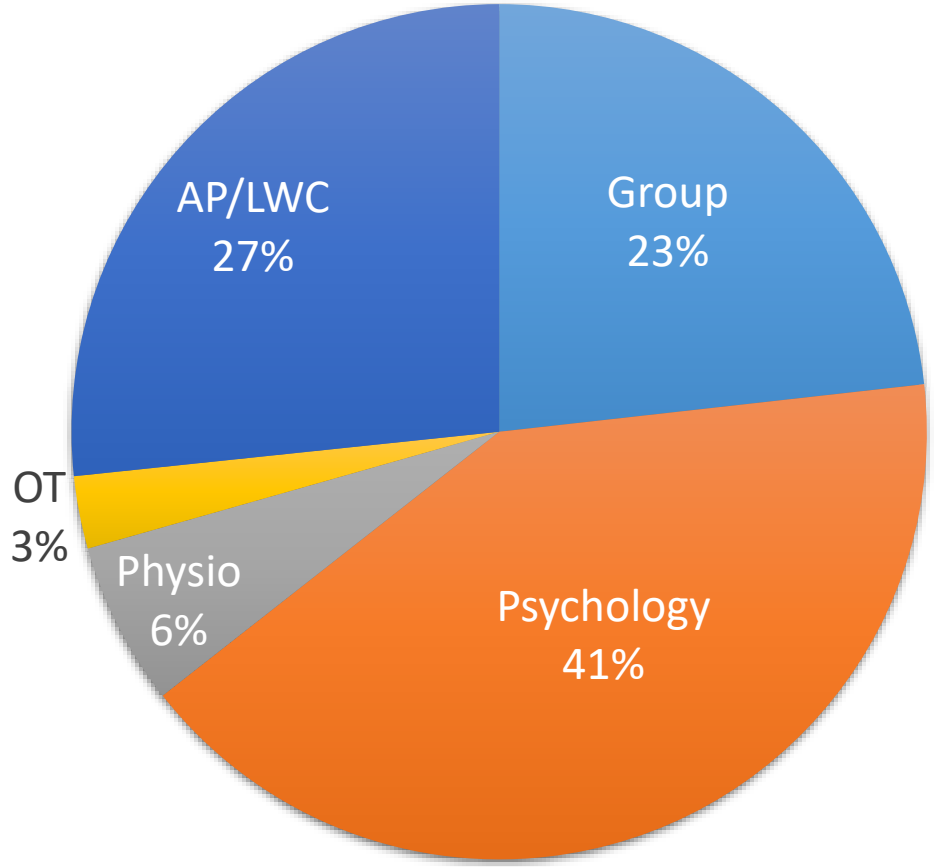
- Early evaluation and audit of PPSS identified:
  - A small portion were ‘frequent attenders’ and have a complexity of need
  - Their needs were not well met by a ‘traditional’ referral service
  - Increased use of A&E is associated with higher number of GP appointments

- Cohort identified benefit from:
  - Management and consistency in primary care (Gurthrie, 2008)
  - Psychological therapy from skilled professionals
  - Appropriate community and social support

PPSS Pathway Usage April 2021- Feb 2022

PPSS Pathway	No. of Referrals	No. Appts Complete	Average No. Sessions
Living Well Group	203	990	5
Psychological Therapy 1:1	360	1705	5
Physiotherapy 1:1	54	102	2
Occupational Therapy 1:1	24	59	2.5
Assistant Psych/LWC 1:1	233	1132	5

Proportion of PPSS Referrals by Pathway



PPSS clinical outcome data April 2021 – Feb 2022

Outcome Questionnaire		Pre-intervention	Post-intervention	Pre-Post Shift	
GAD-7 Generalised Anxiety (n = 932)	Minimal	154	264	71%	Mean Score 11 – **9**
	Mild	218	249	14%	
	Moderate	240	199	**-17%**	Mode Score 21 – **4**
	Severe	320	220	**-31%**	
PHQ-9 Depression (n = 757)	Minimal	79	164	108%	Mean Score 14 – **11**
	Mild	145	213	47%	
	Moderate	176	147	**-16%**	Mode Score 18 – **5**
	Mod – Sev	190	125	**-34%**	
	Severe	167	108	**-35%**	

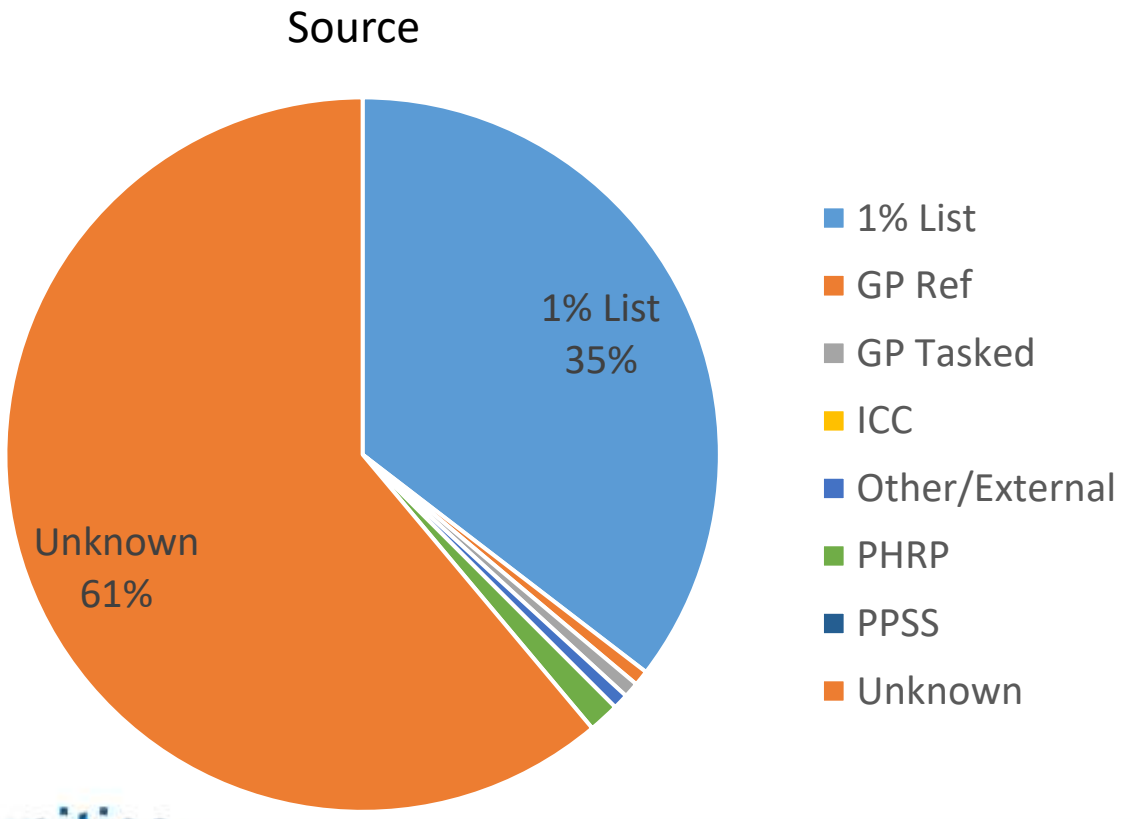
Familiar Faces (FF)

- A service developed to address the needs of ‘Frequent Attenders’ with persistent physical symptoms and long term conditions
  - Based in **primary care**
  - Embedded in GP surgeries and integrated care communities
  - Aim to work across the system (e.g., with out of hours, A&E, ambulance service)
  - Without a major mental health diagnosis

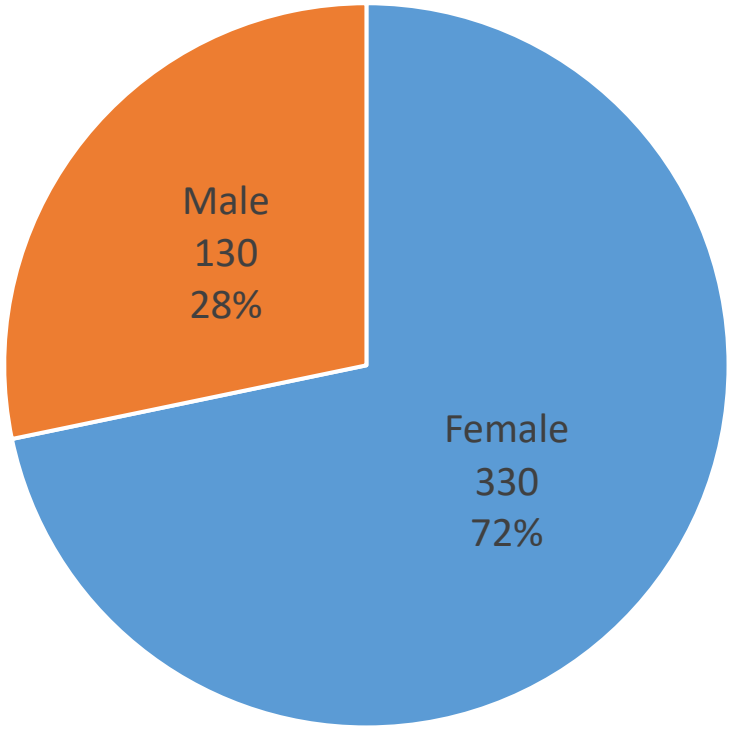
- People identified via 1% list data and in conversation with GPs
- No referrals, no discharges
- Not time limited – episodes of care

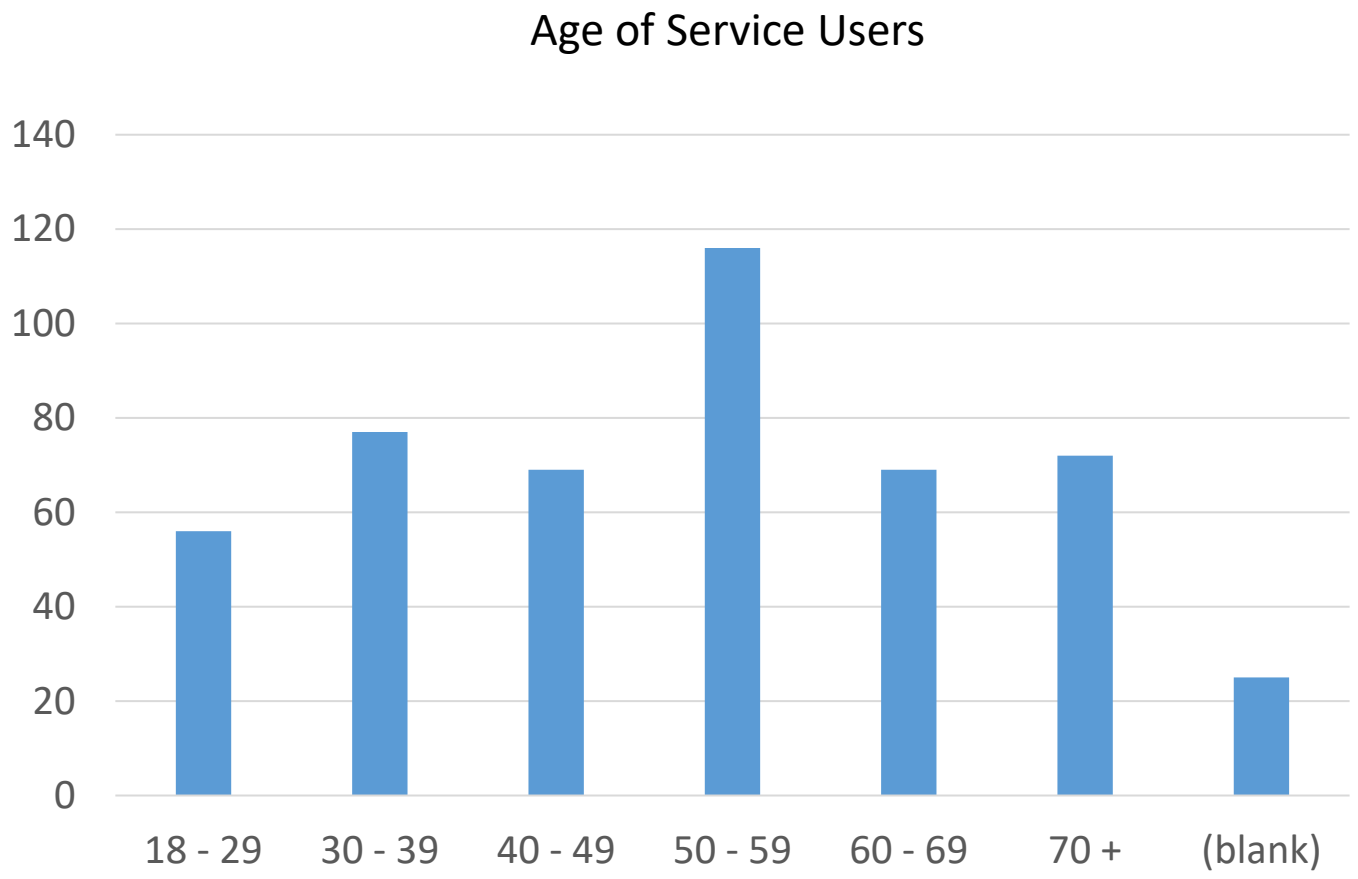
Summary Data

- 314 patients discharged between 1st September 2019 to 31st October 2022

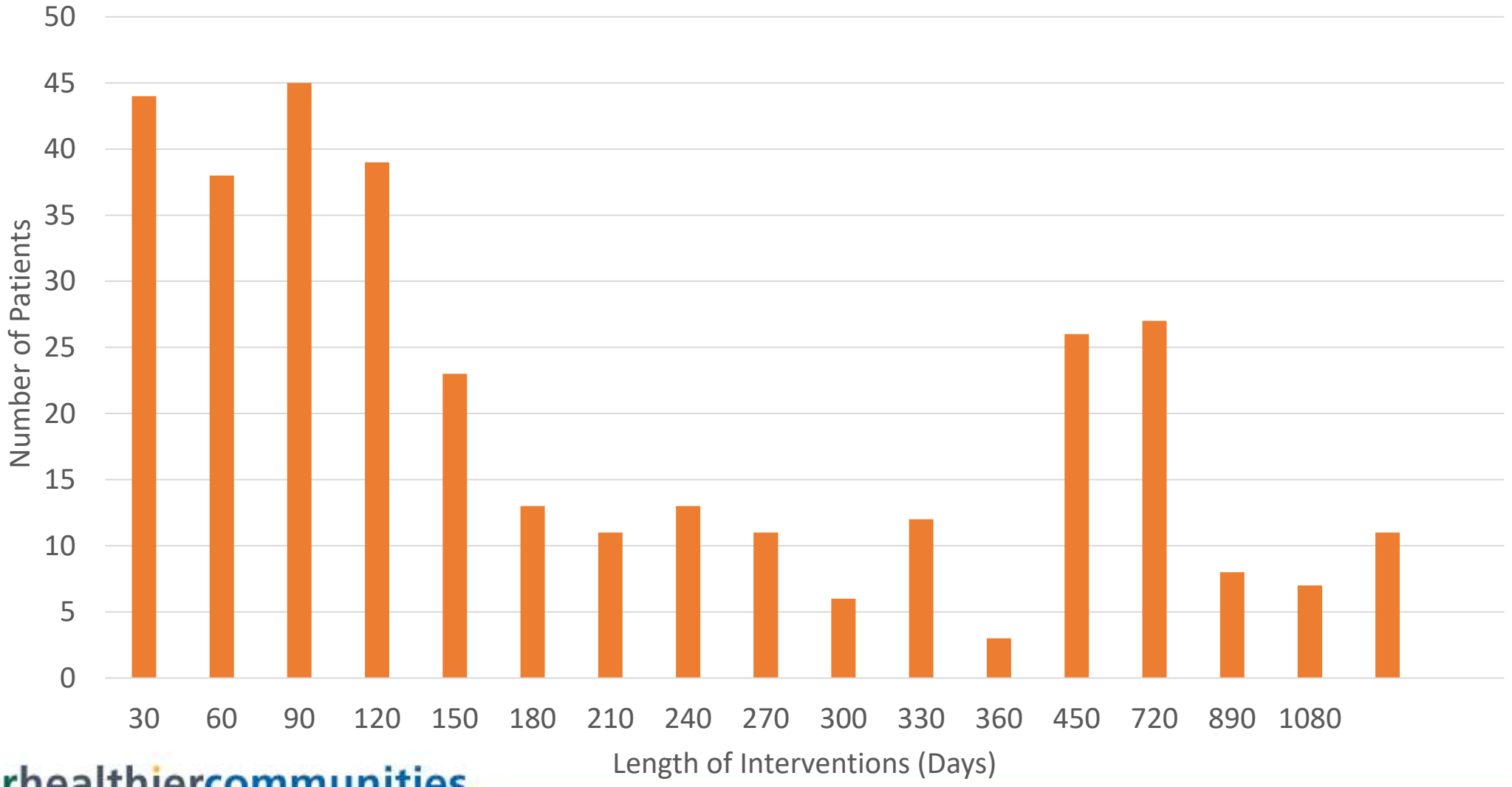


Demographics



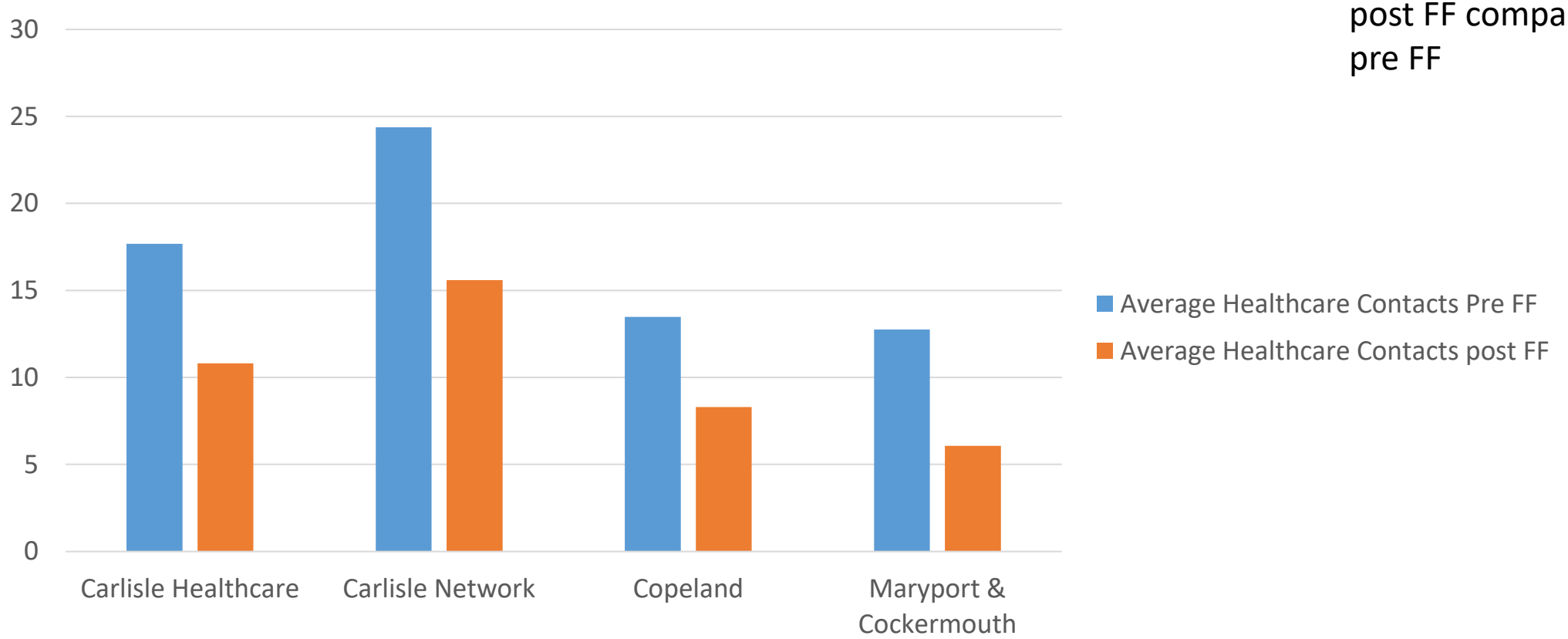


Length of Intervention



What impact does FF have on healthcare usage?

Overall 44% reduction in healthcare usage post FF compared to pre FF



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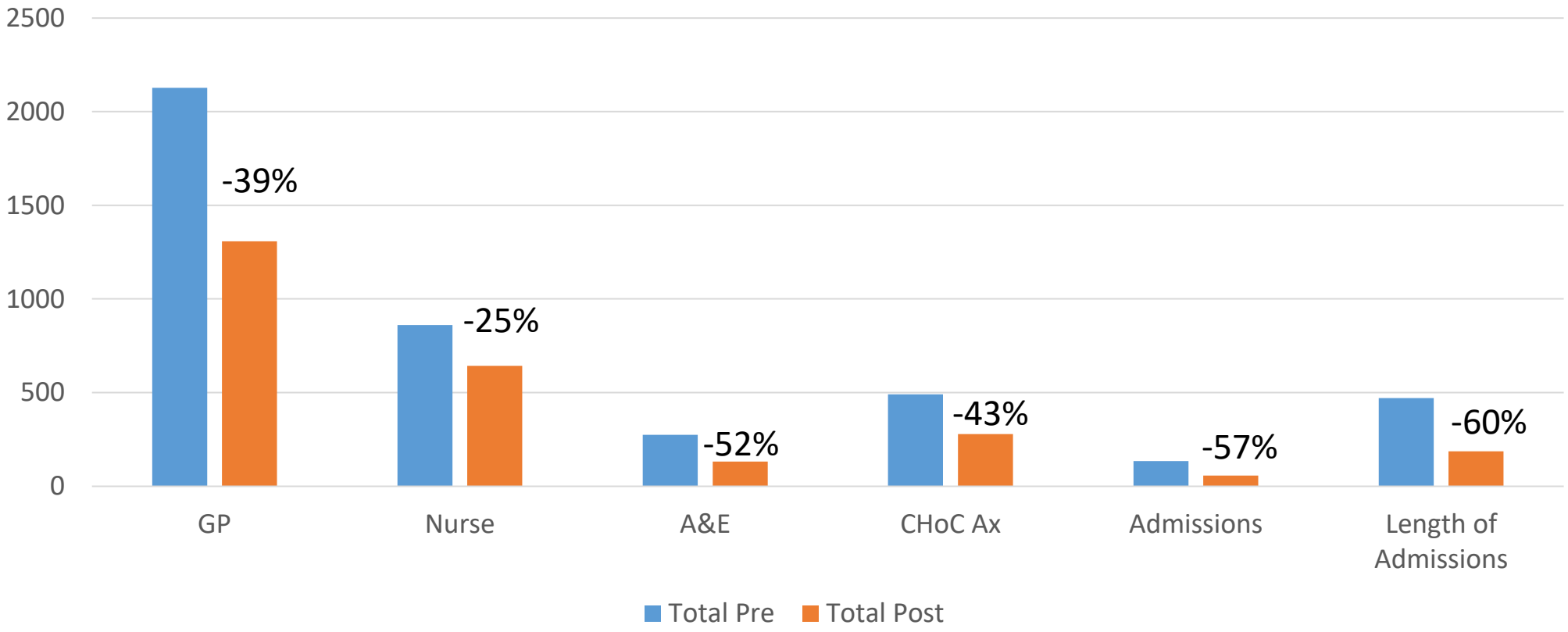

What We're About

- Taking a whole-person view
- Compassionate and collaborative approach
- Understanding the person on their own terms
- Moving away from diagnosis to living a meaningful life
- Promoting self-management
- Recognising the role of adversity in shaping people's difficulties
- Composite workforce; scaffolding and signposting
- Delivering an alternative to medical management of pain and persistent physical symptoms

Biopsychosocial approach to '**living well**' with physical health problems/persistent physical symptoms

Who We See

- Adults with persistent physical symptoms, including but not limited to pain, fatigue and functional neurological disorder
- People who:
  - Have often spent many years navigating the health system
  - May not yet have a clear explanation for their symptoms
  - Have experienced harm as a result of unnecessary investigations, inconsistent messages and language and communication
  - May have a LTC but struggle to manage the symptoms, eg fatigue post cancer treatment
  - Have difficult histories including trauma and ACEs

What We Offer

PPSS

Biopsychosocial assessments

Living Well with Persistent Physical Symptoms Group

Active Living Group

1:1 psychological therapy, physiotherapy or occupational therapy

Low level psychological interventions

FF

Assertive outreach approach

Biopsychosocial assessments

1:1 psychological therapy

Low level psychological interventions

Compassionate Mind Training Group

Across system working

Consultations and support for other professionals

Contributions to care plan

System Wide Working

One to one patient contact will not address the problems

Consistent approaches

- Reducing (eliminating iatrogenic harm)
- Staff with training to identify “vulnerable” patients, for example those with ACEs
- System co-ordination e.g. A & E
- Shared decision making and trauma informed care

Iatrogenic Harm

- Communication
  - Language
  - Lack of communication with patients
  - Lack of communication in the system
  - Expectation of patients to chase results
  - Multiple messages from different healthcare professionals

- Unnecessary investigations
  - Psychological harm – anticipatory anxiety, reason for investigation not fully explained, expectations of outcomes
  - Incidental findings

(Mis)Communication…

Said by surgeon to 30 y.o. with knee pain:

"…come back when you are in a wheel chair…"

What the surgeon means:

"Your symptoms are too mild to require surgery"

What the patient hears:

"you *will* end up in a wheelchair"

Interaction that implies 'DANGER'

YOUR ROTATOR CUFF IS RUPTURED

MIND YOUR SHOULDER

DANGEROUS TO LIFT HEAVY THINGS

SOMETHING IS IMPINGED

WEAR AND TEAR

Your posture is terrible

BONE ON BONE

Sit up straight

YOU HAVE WINGING SCAPULAE

TENDON NO LONGER ATTACHED TO THE BONE

NERVE IS SQUASHED

Wear and Repair

Your shoulder is robust and safe to move

Motion is lotion

The brain acts as an amplifier, the more you think and worry about your pain, the worse it gets

Back pain does not mean that your back is damaged

It's a normal part of aging – like grey hair and wrinkles

Adapted from NoE Back Pai[illegible]gramme

Benefits

For service users:

- Person-centred and collaborative care
- Hearing patient voices
- Reduced risk of iatrogenic harm

For staff

- Feel more supported and skilled
- Reduced burnout

For the system

- Reduction in attendances
- Release capacity

Challenges, Reflections, Learnings

- Importance of having a complete model
- Upskilling the workforce
- New roles of composite workforce – LWC and WBA
- Data and outcomes
- Across organisational boundaries, need full integration
- Shared record keeping with GPs
- Staff
- Incidence of trauma in PPSS population
- COVID

Case consultation using compassion-focussed 3 systems model

Credit to Prof. Paul Gilbert, consultant psychologist


Drive, Excite, Vitality
Content, Safe, Soothed
Incentive & resource focused
Wanting, pursuing, achieving, consuming
Activating
Non-wanting & Affiliative focused
Safeness-kindness
Soothing, Calming & Resting
Threat-focused
Protection & Safety-seeking
Activating & Inhibiting
Anger, Anxiety, Disgust

Any Questions?