



Chronic Pain Service

Redesign Survey – summer/autumn 2014

What is chronic pain?

Everyone suffers from pain now and again, it is a normal sensation that tells us that we might have an injury. Chronic pain is very different. Chronic pain is defined as pain that lasts for more than 12 weeks. It can have a devastating impact on people’s physical and mental health. Chronic pain often cannot be cured, but it can be managed effectively.

What are we planning to do?

This engagement outlines changes we are planning to make to chronic pain services in Leeds. Evidence tells us that the level and impact of people’s pain improves when they are supported to understand and manage their condition. These changes to chronic pain services in Leeds will move to a more evidence based model of supported self-management, where patients are more involved in their own care. Supported self-management is NOT about you being left to manage alone. Supported self-management is about providing you with the skills, knowledge and tools to actively manage your pain. Qualified clinicians will support you to manage your care, in most cases this clinician will be your GP. Your clinician will also be responsible for referring you onto more specialist services if the need arises.

Why we need your views?

We are seeking the views of services users, their carers and the wider public around the proposed changes. This will help us understand what people think of current pain services and help us make sure that the new services meet the needs of patients and their carers.

We value your views because they help us provide the services you need in the way you need them. Please take a couple of minutes to fill in this form and tell us what you think. You can also fill in this survey online here:

www.snapsurveys.com/wh/surveypreview.asp?k=140561139046

This survey is confidential and you don’t need to fill in your name.

Name:

Tel:

Email:

Address:

Postcode:
GP Practice:

If you are interested in finding out more about our work, please tick the box below and fill in your contact details.

I would like to find out more about engagement work at NHS Leeds West CCG

Are you completing this survey as:

A patient or the carer or parent of a patient

A member of public (Go to Q10)

PATIENTS AND CARERS – Tell us about your pain and experience of using pain services

1. How would you describe your chronic pain?

a. Mild	My pain is chronic but <u>I am generally physically active</u> and I’m usually able to manage it with support from my GP	<input type="checkbox"/>
b. Moderate	My pain is chronic and <u>sometimes stops me getting around.</u> I often need some specialist support	<input type="checkbox"/>
c. Severe	My pain is chronic and intense. <u>It causes severe distress and always makes it difficult to get around.</u> I need ongoing specialist support	<input type="checkbox"/>

2. Who is generally responsible for supporting the management of your pain (tick only one)

Primary Care (GP)	Community pain services (Spinefit or PMS)	Hospital pain services	More than one person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Thinking about the service in the last question, to what extent do you agree with the following statements about the management of your pain					
	Strongly disagree	Disagree	Agree	Strongly agree	Unsure
a. I was happy with the time it took to get an appointment to speak to someone about my pain	<input type="radio"/>				
b. I feel like the person I spoke to was the right person	<input type="radio"/>				
c. I was involved in the development of my care pain management care plan	<input type="radio"/>				
d. The interventions I get from the service are appropriate and help me manage my pain	<input type="radio"/>				
e. This feels like the right place to help me with my pain	<input type="radio"/>				

4. Which of the following services have you been referred onto?			
Community services (Spinefit or Pain Management Solutions)	<input type="radio"/>	Hospital pain services	<input type="radio"/>
Patient group	<input type="radio"/>	Voluntary sector	<input type="radio"/>
		Other (please specify)	<input type="radio"/>

5. Which interventions do you use and how do they help your chronic pain?				
	Helps reduce the intensity of the pain	Makes it easier for me to get around	Helps to improve my mood	Generally improves my overall health
a. Involvement in planning my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Self-help tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Psychological interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physical therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other: (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What would make you feel more confident about self-management? (tick all that apply)			
Having personalised tools and information	<input type="radio"/>	Meeting other patients with similar conditions	<input type="radio"/>
Understanding more about my condition	<input type="radio"/>	Being involved in developing achievable goals and targets	<input type="radio"/>
Planning for my emotional as well as my physical health	<input type="radio"/>	Being prepared for my care planning appointment	<input type="radio"/>
Access support outside traditional working hours	<input type="radio"/>	Involving my family in my care plan	<input type="radio"/>
Planning with someone who is understanding	<input type="radio"/>		
What else could we do to make you feel confident?			

7. How would you like to receive information about your condition (tick all that apply)			
From other patients	<input type="radio"/>	Leaflet (hard/electronic copy)	<input type="radio"/>
From a professional	<input type="radio"/>	Training	<input type="radio"/>
Smart phone apps	<input type="radio"/>	Website/online tools	<input type="radio"/>
Other: (please specify)	<input type="radio"/>	Social media	<input type="radio"/>
		Other (please specify):	<input type="radio"/>
		Other: (please specify)	<input type="radio"/>

8. What would make you feel confident about your GP managing your care? (tick all that apply)			
GPs receiving specific training on chronic pain	<input type="radio"/>	Seeing the same GP for my chronic pain reviews	<input type="radio"/>
The GP understanding my level of skills and knowledge	<input type="radio"/>	The GP treating me as a partner in the care plan	<input type="radio"/>
GP having rapid access to specialist services	<input type="radio"/>	Regular care plan reviews with the GP	<input type="radio"/>
GP has a good understanding on non-medical interventions	<input type="radio"/>	GPs happy to refer to self-care programmes	<input type="radio"/>
What else could we do to make you feel confident?			

9. What might stop you from being involved in self-management? (tick all that apply)			
Motivation	<input type="radio"/>	Low self esteem	<input type="radio"/>
Lack of clinician understanding	<input type="radio"/>	Times/days of appointments	<input type="radio"/>
Lack of clinician empathy	<input type="radio"/>	Lack of information	<input type="radio"/>
Lack of clinician time	<input type="radio"/>	Lack of support from carer	<input type="radio"/>
Other (please specify)	<input type="radio"/>		
How could we help to remove these barriers?			



Our proposal is to re-design chronic pain services so that the majority of chronic pain patients will be managed within primary care (by their GP). This change is based on strong evidence which tells us that when patients are involved in decisions about their own care and treatment and have more knowledge and confidence, they have better outcomes, follow appropriate drug treatments¹, avoid over-treatment², and are less likely to be hospitalised³.

¹ 'Self-care reduces costs and improves health: the evidence', Expert Patients Programme 2010.

² Stacey Cochrane Review and NHS Atlas of Variation in Healthcare, 2011.

³ Hibbard J.H. and Green J., 'What the evidence shows about patient activation; better health outcomes

For this to work we need to do a number of things. We need to make sure that:

- GPs understand the needs of chronic pain patients and related services and pathways
- that patients are more involved in planning their care
- that patients are supported to manage their condition
- that referrals to specialist services are quick and appropriate

10. Do you agree with our proposal to redesign chronic pain services	Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/>
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Please tell us why you gave this answer and share any other thoughts you have about the proposal

11. Tell us about

a. What THREE factors are most important when choosing the location of a pain clinic?

All services in one place <input type="radio"/>	Venues in different part of the city <input type="radio"/>
Good public transport links <input type="radio"/>	Disabled access <input type="radio"/>
Local amenities nearby (shops, cafes etc) <input type="radio"/>	Parking available nearby <input type="radio"/>
Other (please specify) <input type="radio"/>	

b. What do you think is an acceptable distance to travel to a clinic?

Up to one mile <input type="radio"/>	1-5 miles <input type="radio"/>	6-10 miles <input type="radio"/>	Over 10 miles <input type="radio"/>	No preference <input type="radio"/>
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c. How would you prefer to travel to your appointment?

Bus <input type="radio"/>	Cycle <input type="radio"/>	Walk <input type="radio"/>	Car (driver) <input type="radio"/>	Car (passenger) <input type="radio"/>
Train <input type="radio"/>	Taxi <input type="radio"/>	Other <input type="radio"/>	(please state)	

d. What days would be most convenient for you to attend an appointment?

Mon <input type="radio"/>	Tues <input type="radio"/>	Wed <input type="radio"/>	Thurs <input type="radio"/>	Fri <input type="radio"/>	Sat <input type="radio"/>	Sun <input type="radio"/>
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e. What times would be most convenient for you to attend an appointment?

Mornings before 9 <input type="radio"/>	Morning after 9 <input type="radio"/>	Afternoons <input type="radio"/>	Evenings (after 6) <input type="radio"/>
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Please return this survey by **10 October 2014** to **Chris Bridle, FREEPOST RTEG-JRZR-CLZG, NHS Leeds West Clinical Commissioning Group, Suites 2-4, WIRA House, Ring Road, West Park, LEEDS LS16 6EB**. For more information call **(0113) 8435473**.

Thank you for taking the time to fill in this survey. We will share the results of this engagement in the next few months. If you would like to know the outcome and how you have influenced the decision we make please ensure you have filled in your details on the front of this form. Alternatively visit our website for regular updates. www.leedswestccg.nhs.uk/getting-involved



Equality Monitoring Form

My postcode is:	My GP surgery is:
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What gender are you?

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
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Transgender - is your gender identity different to the sex you were assumed to be at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Pregnancy and Maternity

<input type="checkbox"/> I am pregnant	<input type="checkbox"/> I have given birth within the last 26 weeks
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Prefer not to say

What is your age?

<input type="checkbox"/> Under 16	<input type="checkbox"/> 16 - 25	<input type="checkbox"/> 26 - 35
<input type="checkbox"/> 36 - 45	<input type="checkbox"/> 46 - 55	<input type="checkbox"/> 56 - 65
<input type="checkbox"/> 66 - 75	<input type="checkbox"/> 76 - 85	<input type="checkbox"/> 86 +
<input type="checkbox"/> Prefer not to say		

What is your sexual orientation?

<input type="checkbox"/> Bisexual (both sexes)	<input type="checkbox"/> Heterosexual/straight (opposite sex)	<input type="checkbox"/> Lesbian/gay woman (same sex)
<input type="checkbox"/> Gay man (same sex)	<input type="checkbox"/> Prefer not to say	

Do you consider yourself to belong to any religion?

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Judaism	<input type="checkbox"/> Sikhism
<input type="checkbox"/> No religion	<input type="checkbox"/> Prefer not to say	
Other (please state)		

What is your ethnic background?

Asian, or Asian British	Black, or Black British	Mixed/ multiple Ethnic groups	White	Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> African	<input type="checkbox"/> Asian & White	<input type="checkbox"/> British	<input type="checkbox"/> Arab
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Black African & White	<input type="checkbox"/> Gypsy/Traveller	<input type="checkbox"/> Other
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other	<input type="checkbox"/> Black Caribbean & White	<input type="checkbox"/> Irish	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	
If any other ethnic background, please state here:			<input type="checkbox"/> Prefer not to say	

Do you consider yourself to have a disability? Please tick all that apply

Under the Equality Act 2010 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.

<input type="checkbox"/> Long-standing illness or health condition e.g. cancer, diabetes, HIV, etc		
<input type="checkbox"/> Learning disability/difficulty	<input type="checkbox"/> Mental Health condition	<input type="checkbox"/> Physical or mobility Visual
<input type="checkbox"/> Hearing	<input type="checkbox"/> Visual	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Prefer not to say		

Do you look after, or give any help or support to a family member, friend or neighbour because of long term physical disability, mental ill-health or problems related to old age?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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