

Service User Local Self-Management Group Evaluation

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Abstract:

In this short paper, we will look at a composite evaluation of a self help group , run by a charity in Perth (Scotland). We will consider the data elements gathered, and discuss the usability of the the composite data as an output for evaluation in a health care context. The paper examines the effectiveness of aggregate data explores the criteria adopted by the Association. the aim was to ensure that output from the analysis would be understood by a wide audience. The paradigm for approach was that the analysis incorporated cost-effective benefits to the local pain services, health benefits to patients, potential reduction in service usage and an increase in patient engagement. Output from this short study indicated that focused, managed and monitored resource can assist in the understanding and management of chronic conditions by identifying unwanted changes in health outlooks from chronic condition sufferers.

INTRODUCTION

This paper considers the network of staff led Community Based Self-Management (Sav et al., 2015) groups throughout Scotland and Northumbria, delivered by a Scottish based charity “Pain Association Scotland”. These groups aim to enable chronic pain sufferers to make changes to their everyday lives in a positive and importantly practical way. Ultimately, this will lead to improved levels of coping, well-being, and quality of life, for not only the sufferers, but also their carers, family and colleagues. This evaluative study looked at ways of increasing confidence in the effectiveness of aggregated data, categorised by (Yeadon-Lee, 2013), in an effort to publish findings in a meaningful and systematic way. We realised that the problem of integrating outcomes from different studies may actually have the effect of impeding conclusions, since there would be a reflection on the types and methods of treatments and delivery. Therefore, a way of facilitating conclusions based on real time data would seem to be appropriate. Thus, this study looked to include idiosyncratic

characteristics in samples, in a similar fashion to those discussed by (Helveschou et al., 2015) , and extended this rhetoric to include methodological design, and outcome criteria. In this way, the approach tactic to the data collection and analysis understood the pressures created within local Chronic Pain Services and the increasing demand coupled with reduced resources. The paradigm for our approach therefore, is that the local monthly self-management groups discussed within in this analysis consequently looked to provide a cost-effective benefit to the local pain services, health benefits to patients, potential reduction in service usage and an increase in patient engagement.

LITERATURE

The scope used to define a literal construct to work within was difficult to establish. Literature on chronic pain is broad based in nature. For example (Landry et al., 2015) discuss adult chronic pain in the context of interpreting effect of medication, whereas (Matteliano & Chang, 2015) discuss a similar contextual asymmetry, but in the context of opioid dependency. Thus, precise definition becomes problematic when attempting to determine summarising chronic pain structures to adopts as boundaries and parameters which support an informed baseline. Nonetheless, the survey approach was underpinned by a number of elementary texts, overarched by definitive theoretical position. Basic underpinning for structure is drawn from (Ahmedzai, 1995) who succeeded in developing prescribed areas for analysis. Ahmedzia informs us that contemporary rationale of pain control is based on the Cartesian idea that pain originates from external or internal noxious stimuli, which are transmitted to and interpreted in the brain. Consequently, blocking of the stimuli and modification of cerebral awareness have been the prime targets of analgesic interventions. Currently, apart from simple tools such as visual analogue scales and Likert-type verbal scales (Evans, Whitham, Trotter, & Filtz, 2011). As such, more sophisticated measures such as multidimensional pain inventories (Parenteau et al., 2011), have also been used when it is necessary to characterise pain more specifically. Drawing from this perspective, it would be easy to dismiss any kind of formalised study analytics as simply an antecedent to

a clinical trial, however, it is important to realise the underpinning relevance of such structured analysis such as this one, since it is this, and others, which underpins any formal baseline or starting point for empirical analysis.

DATA COLLECTION and ANALYSIS

Drawing from a perceptive approach discussed previously, and utilising informed views by such authors as (Aikin, 2006), participating service users within the associations' cohort were asked to participate in an anonymous survey to help evaluate the effectiveness of monthly self-management group meetings. The structure of the survey included questions about their experience and interaction with training officers as well as the relevance of the various sub topics, differences or improvements in coping strategies were recorded as data elements.

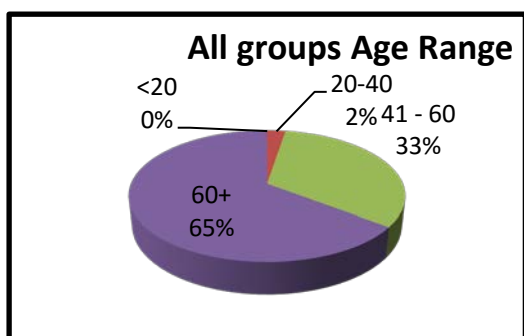
Focus for the overarching survey:

- I. *the relationship between stress and health (bio-psycho-social)*
- II. *understanding chronic conditions*
- III. *relaxation*
- IV. *breathing and distraction techniques*
- V. *combined breathing and gentle stress reducing movement*
- VI. *communication and understanding pacing and goal setting*
- VII. *dealing with unhelpful thoughts and feelings*

SAMPLE GROUP

The sample group consisted of 116 participants. The age range is shown in table 1:

TABLE 1: Age Range



- *Age Range*

Results indicate the importance of self-management to support patients back into employment; keep those who are in work at work and also to be able to have the benefit of an improved quality of life in the long-term

- *Criteria*

Participation criteria was that they were attending a support group run by the association.

PATIENT CHARACTERISTICS

For a data collection and analysis to be effective, several constituents of the survey are required. The focus needs to be aware of the phenomena, which is most likely to have a positive effect on the participants, and the participants themselves must adhere to the delivery regime. Relevant associated treatments which patients are receiving or intending to receive via localised healthcare centres

must also be considered. This is because they may be a factor which indicates the effectiveness of the delivery of and self-management courses. Wherein, the presence of and distressing side effects from current healthcare treatment.

SURVEY STRUCTURE

A 14-point survey structure which loosely adhered to the format of (Vikkelsø, 2010), was adopted to ensure clarity and transparency. Items on the survey were worded as positive statements or direct questions, and included the following topics:

- I. *Overall communication response time*
- II. *The customer service representative's level of knowledge*
- III. *Professional characteristics of the customer service representative*
- IV. *Whether the problem had been resolved*
- V. *How long they have lived with the pain*
- VI. *Who they were referred by*
- VII. *If they were willing to attend the local self-management group and if they actually attended*
- VIII. *If they found the information pack useful*
- IX. *If the meetings were what they expected and if the dates/times were convenient*
- X. *The relevance of the various topics to them*
- XI. *If their overall coping had improved*
- XII. *If they had experienced few flare-ups*

- XIII. *If they had fewer visits to their GP regarding their pain levels*
- XIV. *If the topics discussed had changed their view on how they use their pain medication*

The survey administrator checked returned surveys for missing information and responses that would cause data input errors. After scanning, the responses were imported into Microsoft® Excel and errors were checked against the individual forms. Data analysis was completed using Excel.

ANALYSIS

TABLE 2: Survey Questions Response Scale

| Survey Question | Response Scale and Count | | | | | | | | | |
|---|--------------------------|---|---|---|---|---|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Relevance of the group to my situation | 1 | 0 | 1 | 3 | 3 | 4 | 7 | 17 | 27 | 53 |
| Experience of being in a group | 1 | 1 | 0 | 2 | 4 | 1 | 10 | 25 | 27 | 45 |
| How well the Training officer explained the topic | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 9 | 19 | 83 |
| Relevance of pacing | 1 | 1 | 0 | 2 | 4 | 4 | 8 | 16 | 28 | 50 |
| Relevance of Stress Management | 0 | 0 | 0 | 3 | 6 | 6 | 9 | 18 | 23 | 47 |
| Relevance of dealing with difficult thoughts/feelings | 0 | 3 | 1 | 5 | 2 | 4 | 16 | 22 | 18 | 44 |
| Relevance of relaxation | 1 | 2 | 2 | 2 | 3 | 4 | 9 | 21 | 22 | 50 |
| Benefit of meeting others | 1 | 1 | 0 | 2 | 2 | 0 | 6 | 14 | 21 | 67 |

TABLE 3a,3b: Improvement Perspective

Tables 3a & 3b indicate that the overall benefit to patient’s health and well-being in terms of improved coping, fewer GP visits and fewer flare-ups cannot be underestimated.

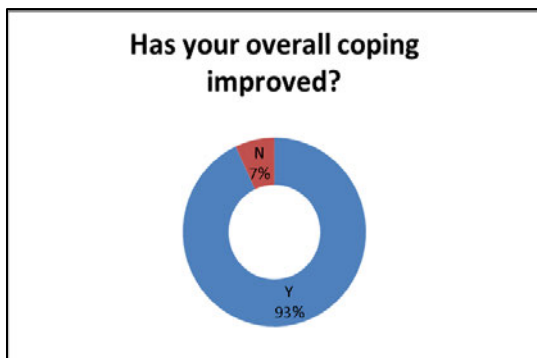


Table 3a indicates that 93% of service users experienced an increase in their overall coping of chronic, painful condition.

Table 3b indicates that 61% of participants reported seeing a reduction in flare-ups. This appraisal demonstrates the effectiveness of the topics and how they are delivered in their group.

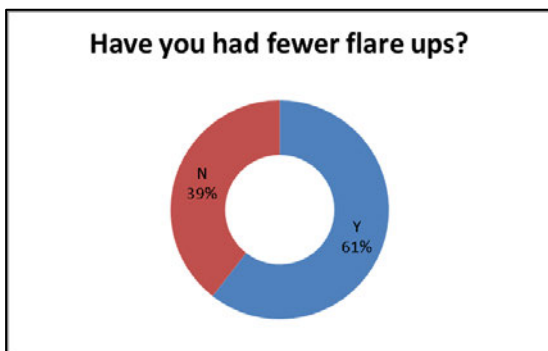


TABLE 4: Referral Process

44% of respondents had been referred by a Chronic Pain clinician from Secondary Care. There is much focus around the importance of enabling patients to have access to self-management at a much

earlier stage in their journey, from within Primary Care. It is envisaged that with all the work around the Integration of Health and Social Care, that going forward, the 21% of patients referred by GP’s will be improved upon as patients are empowered and directed to supported self-management at a much earlier stage in their pathway of care.

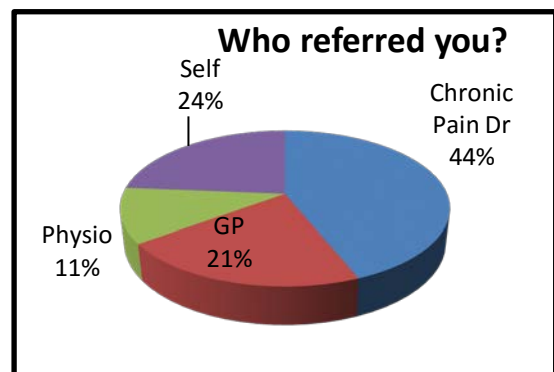


TABLE 5: Pain Levels

The majority (58%) of service users have been living with their pain for over 10 years; recognizing that chronic pain is a long-term condition which has a significant impact on a persons’ quality of life and also recognizing the fact that people also need to consider the economic impact of managing this long-term condition particularly if they are in employment or even unable to work because of their chronic pain.



CONCLUSION

From this small survey, we can conclude that sufferers of Chronic Pain have reported being poorly supported in the past, and many sufferers report that their pain is either not believed by relevant professions or indeed that there is a certain apathy to the condition in general. This discussion has shown that through a network of staff led community based self-management groups and training programmes, service provision can be developed to help with this situation. Structured resource utilised in this way can begin to empower chronic pain sufferers, their carers, family and colleagues. Furthermore, developing self-management programmes as a logical resource, indicates that it is possible to make positive practical changes leading to improved levels of coping, well-being and quality of life, without impacting on the already under resourced NHS services. Clearly, focused, managed and monitored resource can help sufferers understand and manage their chronic pain condition and unwanted change in health outlook by seeking positive adaptive and coping mechanisms, which can ultimately lead to a better quality of life.

Summary

- *An answer to recommendations made by Health Improvement Scotland*
- *Enables Health Board to implement part of the Scottish Service Model*

- *Improved access to Self-Management for people with Chronic Pain*
- *Bio-Psycho-Social model*
- *Person centred approach*
- *Referrals from Primary & Secondary Care*
- *Recognised tools used for evaluation*
- *Improvements in coping reduced flare-ups and reduced visits to GP's regarding Chronic Pain Levels.*

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