**AHP Public Health Case Study Template for RSPH AHP Hub**

Please use this template to submit a case study for the AHP public health hub.

Case studies should be service improvements, innovative ways of working or practice examples related to public health. They do not necessarily need to be ‘projects’ (with a beginning middle and end). Please see published case studies on the RSPH AHP hub for examples.

Case studies will also be considered for the World Health Organisation public health nursing, midwifery and AHPs collaborating centre website.

**Your details:**

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| I give permission to be contacted in relation to this case study by PHE, members of the review team or RSPH | | X |
| I agree to the case study being published by RSPH and WHO collaborating centre if approved and to it being shared with 3rd parties | | X |
| I give permission for my contact details (name, organisation and email address) to be published with the case study if approved for publication on the RSPH hub and WHO collaborating centre to enable interested parties to make contact for further information about the case study | | X |

**Theme:** Which area of public health does your case study relate to (please tick appropriate box)?

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| Wider determinants – also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health and wellbeing. Addressing the wider determinants of health and wellbeing has a key role to play in reducing health inequalities. |  |
| Health Improvement – describes the work to improve the health and mental wellbeing of individuals, communities or populations through enabling and encouraging healthy lifestyle choices and developing resilience. | X |
| Population healthcare – aims to maximise value, equity and good outcomes by focusing on the needs of the population and delivering person centred services across the entire health and care system. |  |
| Health Protection – aims to protect the population’s health from communicable diseases and other threats, while reducing health inequalities. |  |

**Guidelines for using the case study template:**

Please use the case study template below to write your case study. See the case studies webpage for a helpful video with further advice.

If you are writing directly into the table please remove the questions and provide any subtitles as needed. The main headings after your title should be:

1. Description
2. Introduction
3. Methods
4. Outcomes
5. Key learning points
6. References

You should write in full complete sentences, in academic style (not as though you are answering the questions). Please try to avoid writing in the first person.

You should remove the template questions from your final version and include only the headers for each section so that your case study is in the correct format for publishing.

If including figures or images please ensure these are clear, labelled and that any text is large enough to be read on the page.

Please pay attention to grammar and spelling. It is a good idea to ask someone to proof-read your final submission.

Any information relating to service users or any sensitive information must be anonymised, and you should make it clear in the submission that you are not using real names. If you are using photos or pictures it is your responsibility to obtain permission from subjects beforehand for this information to be published.

**Case study template:**

|  |  |
| --- | --- |
| **Title** | A short descriptive title which reflects the key focus and benefit. |
| **Description**  **(200 words)** | * A short, focused description of your case study and the main benefit. Include service user/population group and professional group(s) involved. |
| **Introduction and context – what was the aim?**  **(300 words)** | * What was the rationale for this work? Include references. * Describe the starting point, baseline and include useful data about population or demographics * List your aims and objectives |
| **Method – what did you do?**  **(300 words)** | Provide clear details of:   * What activity you undertook * Who was involved and why * Which outcomes did you measure, why you chose these and how they were collected? * You can also include flowcharts, tables or images |
| **Outcomes – what difference did you make? (300 words)** | * Can you show evidence of impact? * Outcome measures - What has changed? * Was there any service-user or staff feedback? * Was this value for money / cost effective? * Make sure you obtain permission to use direct quotes or photos/pictures if using these. * You will need to anonymise any sensitive information. |
| **Key learning points**  **(300 words)** | * What are the key learning points? * What worked well and what didn’t? * What things you might do differently in future * What future plans do you have to embed this work? * What lessons have you learnt? * Any advice you'd give others looking to do a similar work |
| **References (max 6)** | * Include relevant links and references * Use an academic style for all references (eg Harvard, Vancouver, APA etc.) |

Please return your completed template to [AHPs@phe.gov.uk](mailto:AHPs@phe.gov.uk) for review.

We aim to respond to case study submissions within 8 weeks, but please note that it may take longer to hear back. Please provide two email addresses in the contact section above to ensure that we are able to contact you if you change workplace or email during this time.

***Thank you for taking the time to submit this case study.***

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| **Title** | A Public Health approach to Persistent Pain |
| **Description**  **(200 words)**  **195** | The Faculty of Public Health defines public health as ‘the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society’. Whilst physiotherapy is founded on the basis of evidence based practice and supported with thorough scientific method, the execution or the delivery of it is an art, so public health and physiotherapy can be a perfect marriage of science and art.  There is a need to address the escalating public health challenge of managing persistent pain. Patients who are in pain may experience long waiting times to access specialist care. The risk is that this may prolong suffering, increase the risk of drug dependence or addiction, and reduce the individual’s functional capacity and quality of life. Persistent pain is commonly misunderstood and the desire for specific interventions can be associated with these inaccurate beliefs. Improving understanding of pain will improve the engagement with pain management services and the holistic approach they take and will lead to improvements in attendance at other services, being better informed for decision making in their own care and to improvements in the ability to self-manage their long-term condition independently. |
| **Introduction and context – what was the aim?**  **(300 words)**  **295** | The disconnect between evidence-based care with the public perspective and the understanding and treatment of pain, is evidenced by poor outcomes.[[1]](#footnote-1) A collaborative event was run with NHS Ayrshire and Arran, and Flippin’ PainTM, a nationally renowned public health campaign ([www.flippinpain.co.uk](http://www.flippinpain.co.uk)), in 2021, to tackle the messaging around pain for communities living in Ayrshire and Arran. Due to the success of this event, funding was secured to support a national approach with three online seminars (January to March 2022), to be delivered by Flippin’ PainTM in partnership with NHS Scotland and the Government.  The seminars share information about a contemporary understanding of pain that addresses some of the inaccurate information and beliefs which are unhelpful for those affected by chronic pain including empowering individuals to make more informed decisions about their own health care.  The events aim to deliver the following outcomes:   * Help the significant number of people (18.1% Scottish adult population live with persistent pain[[2]](#footnote-2)) who suffer from the debilitating effects of persistent pain, by introducing them to an evidence-based understanding of pain. This learning can positively shift beliefs about pain and increase pain health literacy * Support people to better manage their pain and make informed choices about the health care they access, and help individuals with persistent pain to maintain and support an independent lifestyle. * Address the significant levels of psychological and social difficulty associated with persistent pain and the current global pandemic * Support patients to improve their understanding and expectations of pain treatments to reduce the negative impact on both primary and secondary care resources, through unnecessary and inappropriate investigations and treatments. * Support education and self-management strategies for those on lengthy waiting lists, and support best management in line with evidence-based medicine, informed decision making and shared decision making |
| **Method – what did you do?**  **(300 words)**  **290** | Virtual options allow access to those who would be physically and emotionally challenged to attend in person, increases the capacity to allow more individuals to be involved and supports the current national policies[[3]](#footnote-3) [[4]](#footnote-4) [[5]](#footnote-5) surrounding a realistic medicine approach, digital opportunities as well as supporting those on long waiting lists.  All Health Boards were invited to nominate a representative to form part of a remote project workstream group to collectively identify ways to maximise awareness and uptake of the proposed events.  A communication strategy was established within each health board to ensure a whole system approach linking across service and third sector and voluntary agencies to promote the event with service users and service providers.  Evaluation of the webinar series looked across a number of outcomes:  **Outcome #1**: Demographics of People registering for the event  Registration for the webinars was via Eventbrite providing details of the total number of registrants as well as some demographic information including Health Board and whether they are on a waiting list.  **Outcome #2**: People are benefiting from engaging with the event  Participants were asked to complete a short survey at the end of the event.  Collecting relevant important data would be balanced with capturing current confidence in understanding pain, beliefs around pain and impact.    Inclusion of questions around the key messages of Flippin’ Pain to evaluate an intention of a positive shift in beliefs and behaviours.  **Outcome #3:** People have a positive experience of engaging with the resources  A free text response would also be used to capture user experience and suggested improvements. |
| **Outcomes – what difference did you make? (300 words)**  **300** | **2268** people registered, **48%** were people living with pain.    From that lived experience cohort, **610** people were currently on a waiting list.  At time of writing the first two webinars had completed and the evaluation remained live.  Of the 116 Health Care Professionals (HCPs) who have responded to the survey to date:   * 71% reported that after watching the webinar they would be more likely to recommend people with chronic pain to maintain normal levels of physical activity * 86% that they were more confident in their ability to provide appropriate support and information to people with chronic pain. * 100% of the healthcare professionals would recommend the webinar to others.   “Clear explanations that were very easy to understand and delivered in a relaxed and friendly manner - I felt the main speakers were speaking to me! The people who are living with pain have been great and give such a positive outlook on how they manage their chronic pain. Their descriptions will give me confidence to talk differently about pain to patients in future.”  166 people living with chronic pain responded to the survey.   * 50% of that cohort were also waiting for an appointment or treatment with an NHS service. * 61% reported after watching the webinar they felt more hopeful about the future. * 78% would recommend the webinar to someone else living with chronic pain.   “The very clear, compassionate way in which persistent pain was explained and the real hope it gave me for managing it.”  “Although this takes time to digest, there is so much that was said that I could take away from these seminars to give my life an upward climb. There is so much help out there that I was not aware of, and I intend to speak to others so that they can help me navigate my situation.” |
| **Key learning points**  **(300 words)**  **268** | Although this was a funded development to support public health messaging and pain understanding; 86% of health care professionals indicated that they felt more confident in discussing pain and resources to support pain management following the webinar. This highlights the power of educating health care professionals in improving confidence in delivering pain education.  As part of the webinar promotion a national working group was established and a number of meaningful conversations occurred, highlighting how services could work closer together, share other resources, promoting services across the whole system.  The outcomes of this webinar series strengthens the requirement for access to early pain education for individuals and health care professionals. Recordings of the webinars are available for future use and discussions have begun on piloting early education groups to strengthen the collaborative work with organisations including pain charities and third sector organisations to promote accurate messaging as well as supporting health care professionals and carers to improve consistent messaging.  Future plans for in-patient events are already being discussed to support those who are digitally excluded and how community engagement events could be held to support improved understanding of pain, and promote self management for long term conditions.  The intention towards shifting beliefs is noted in this webinar services and further evaluation as people attend services is planned to evaluate if the public health messaging around pain shifts expectations when engaging with services.  The ultimate aim would be to continue to drive activities to improve population understanding of pain as a long term condition and promote self management and enhance those people living with pain to thrive in our communities. |
| **References (max 6)** | 1. <https://www.researchgate.net/publication/282669292_Expectations_Predict_Chronic_Pain_Treatment_Outcomes>   <https://www.gov.scot/policies/illnesses-and-long-term-conditions/chronic-pain/>  [Health and social care: winter overview 2021 to 2022 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/scottish-government-health-social-care-winter-overview-2021-22/documents/)   1. [Coronavirus (COVID-19): NHS pain management services - gov.scot (www.gov.scot)](https://www.gov.scot/publications/coronavirus-covid-19-nhs-pain-management-services/) 2. [Coronavirus (COVID-19): supporting elective care - clinical prioritisation framework - gov.scot (www.gov.scot)](https://www.gov.scot/publications/supporting-elective-care-clinical-prioritisation-framework/pages/principles/)   Flippin’ Pain website: <https://www.flippinpain.co.uk/> |

1. https://www.researchgate.net/publication/282669292\_Expectations\_Predict\_Chronic\_Pain\_Treatment\_Outcomes [↑](#footnote-ref-1)
2. <https://www.gov.scot/policies/illnesses-and-long-term-conditions/chronic-pain/> [↑](#footnote-ref-2)
3. [Health and social care: winter overview 2021 to 2022 - gov.scot (www.gov.scot)](https://www.gov.scot/publications/scottish-government-health-social-care-winter-overview-2021-22/documents/) [↑](#footnote-ref-3)
4. [Coronavirus (COVID-19): NHS pain management services - gov.scot (www.gov.scot)](https://www.gov.scot/publications/coronavirus-covid-19-nhs-pain-management-services/) [↑](#footnote-ref-4)
5. [Coronavirus (COVID-19): supporting elective care - clinical prioritisation framework - gov.scot (www.gov.scot)](https://www.gov.scot/publications/supporting-elective-care-clinical-prioritisation-framework/pages/principles/) [↑](#footnote-ref-5)