#nhschangechallenge

Change Challenge Innovation: **Camden MSK Group Lockdown**

Click here to head over to the discussion board for this innovation

Narrative Template

What happened?

Describe the change

When did you change?

Who was involved?

How did you change?

- What challenges did you face?
- What successes occurred?

Why did you change?

What compelled it

What was the impact?

To patient outcomes; patient experience; staff; stakeholders; productivity and efficiency; health inequalities, greener NHS

Embedding beneficial change

How will you carry forward the change?

- What are your recommended actions?

Will the change benefit others?

- What are your recommendations to them?

Camden MSK Group Lockdown

(now renamed)

What happened?

Describe the change

- **When did you change?**

April 2020 due to halting of pain services and face to face peer group meetings

- **Who was involved?**

MSK Patients, Carers and clinicians.

Camden MSK's Clinical Director set up the Zoom calls twice weekly and facilitated the meetings until the end of July. The Camden MSK's Patient Director and Camden MSK Patient Partners assisted facilitation and gave peer support to help others join.

- **How did you change?**

Pre COVID the Patient Director was supporting and attending the patient led pain support group (PPSG) once a month face to face. The community centre was closed due to COVID restrictions, the group therefore had no where to meet physically. The whole country was on 'lockdown' during the COVID pandemic, so most patients were also home and feeling quite isolated as many services were limited as well in third sector.

There were discussions online that highlighted the issue of loneliness and knock on effect of people's mental health in particular those with comorbidities and long-term conditions.

It was decided to create a virtual peer support group for chronic pain patients during the 'shielding/lockdown' period.

Initially the group focused on the 'shielded' group but it soon became apparent others wanted to attend too. This twice a week Zoom call, which lasted for an hour at the same set time, was open for MSK patients and their carers, but also open to be attended by MSK clinicians.

Goal: To ensure we maintained contact with a group of patients who were no longer able to attend face to face support group sessions, many of whom were already lonely and isolated due to chronic pain and struggling to self- manage.

What happened?

Describe the change

What challenges did you face?

- **SOFTWARE:** Initial difficulties were around correct software and access to a smart phone /laptop/pc with audio. A lot of time was needed with some attendees to Zoom app online to enable them to join us. Some people were not willing to use Zoom due to the negative media coverage around 'hacking'.
- **TIME:** Has to suit people, we had to acknowledge that the morning wasn't best time for a lot of the chronic pain people as they often took a while to feel comfortable, due to medication, need to sleep longer or when people have carers attend in the morning.
- **ADVERTISING:** This was a very loose arrangement as a fast response was required due to the concerns about keeping people connected. So getting message out to wider group of patients/service user/carer groups came after contact with the PPSG and Camden MSK Patient Advisory Group (PAG) members.
- **TRUST POLICY** did not support use of Zoom, this led to virtual sessions being handed over to PPSG to own which actually became a positive as we were still supporting their peer support group yet helping them upskill too.
- **AVAILABILITY OF CLINICIANS** a challenge as work demands vary and twice a week is not feasible for most senior staff especially when things are 'business as normal' unless built into scheduling.
- **CHANGE CAN BE A CHALLENGE** Clinicians are not used to talking to patients as equals and this virtual environment was challenging for some of the invited in speakers, but the informal and friendly environment soon made conversations flow.

What happened?

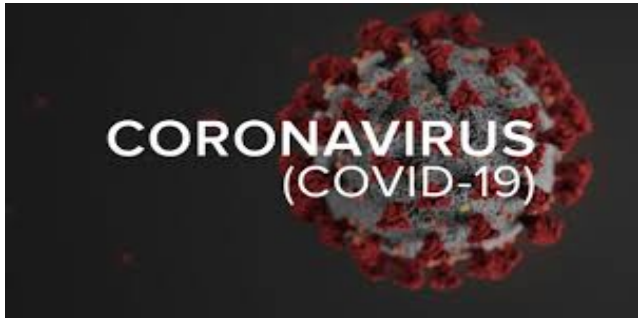
Describe the change

What successes occurred?

- We ensured **no 'Zoom bombing'** by not advertising the link openly. We kept the same meeting details for Tuesdays at 1pm and a separate link to Friday at 2pm.
- The whole country was on 'lockdown' during the COVID pandemic, **most patients reported they felt less isolated and lonely**
- There was **very good engagement by a diverse group of patients** from across Camden borough, with up to 12 people attending at a time. The online meeting meant people **reduced barriers to engagement** that they struggled with, like family commitments, cultural issues with not wanting to meet if men were present but was acceptable in an online setting. Also people having support dogs that were not official service dogs were often excluded from face to face meetings as in medical buildings or community centres.
- **More accessible for some disabled people** did not need to worry about transport or having to book a carer to attend.
- We had **no restriction on numbers but a drop in arrangement** being favoured by the group meant people could come and go as suited their needs and giving **choice**.
- **Many clinicians gave time** to present to the group or just participate as peers, including: doctors, physios, psychologists specialising in areas such as sleep and a consultant specialising in diabetes. These were **often talks the patients requested**.
- The **peer support was incredible** and both clinicians and patients learnt a lot about each others perspectives of chronic pain, use of medication, self management tools and how to support each other when things go wrong such as falls at home.
- COVID and lockdown meant **everyone was equal at that given moment**, and there was a deeper understanding/respect of each others position.

Why did you change?

What compelled it?



The reason for this change was clear

The coronavirus crisis and lockdown has disrupted treatment and support offers for MSK patients across England, including those with chronic pain. Camden MSK has strong patient engagement and involvement in place and wanted to maintain this link with their local community.

Very important to reach out to the local MSK community, especially those who were shielding, vulnerable, self-isolating or just struggling with self-managing their MSK condition at home. Also many patients had had surgeries delayed due to risk of COVID many theatres were closed, so operations delayed such as hip/knee replacements.

Setting up a regular, biweekly, informal forum for patients and clinicians to discuss issues thrown up by the new circumstances of living with MSK conditions during a pandemic was an evolving process. That lead to training opportunities and for coproduction to thrive with this group who have become very close and some are involved in the national MSK restoration and MSK Lived Experience Group.

For many this was actually their only human contact they had during lockdown. So this was a real chance to target loneliness and anxiety within this group of patients.

There was a real concern that people who were used to self managing their conditions would soon decline possibly becoming deconditioned and therefore higher risk of falls etc. Open conversations and peer support strengthened each week.

What was the impact?

What was the impact on:

patient outcomes; patient experience; staff; stakeholders; productivity and efficiency; health inequalities, greener NHS

Co-produced with patient partners, active demonstration of coproduction in practice.

More than 20 patients reached and information shared to much wider networks. In fact we had people join from America who had heard about the group through Twitter. This was a positive patient experience at a worrying time which discussed health inequalities head on. Psychological support for vulnerable, isolated patients who reported they found the sessions helpful and comforting, patients believed this was positive for staff as they were very open and showed their own vulnerabilities too. Mutual respect earnt between groups. Reduced pressure on GPs and potentially A&E due to support and information given regarding self management, having a 3 week refresher of a pain management course meant people recalled their pain management plans they had learnt therefore self managing was first call rather than GP. Dissemination of important medical information about e.g. sleep, diabetes, flareups as well as sharing of information about social prescribing e.g. exercise classes online. Demystification of medical terminology, patients able to ask staff 'obvious' questions without judgement. Patient partners were activated and able to upskill chairing/facilitation/organisation skills.

Were there any unintended consequences? If yes, what were they?

Increased cooperation between NHS Trust and patient and voluntary groups and charities. Patient partners in service PAG take over running of group in alliance with clinicians. Fosters two-way communication between patients and clinicians in a non-hierarchical, informal environment.

Embedding beneficial change?

How will you carry forward the change?

- Increase coproduction with PAG by encouraging more patient partners to manage the meetings
- Clinicians report learning from patients and getting new insights into way that treatments work and don't work. Revisiting these discussions with clinicians involved.

What are your recommended actions?

- Identify key patient partners in the community to work with
- Identify and reach out to key patient and voluntary groups
- Brief clinicians about benefits of two-way, informal, non hierarchical communication with patients

What tools or guidance will you develop to help embed the change?

- Set of guidelines to be co-produced explaining what worked best in the meetings
- Easy to read guides on how to join

Will the change benefit others?

Such a low cost and easy way to replicate in not only MSK services but could also be applied to other medical areas/specialities. A long as there is senior 'buy in' its actually a very simple model, just requires time, willingness to listen and strong communication between patients/carers and clinicians.

What are your recommendations to them?

- Establish a Patient Advisory Group (PAG) if you haven't already, they will be the backbone to help with communication with wider patient groups

Can you share your tools and guidance with others who might have an interest in this change?

- Yes, and 'Tops Tips for Coproduction in MSK' is available from MSK Lived Experience Group

Further details:

To help build the narrative and a knowledge asset of the beneficial change, we'd like to follow-up with the team of the beneficial change.

Which team or organisation implemented the beneficial change?

Initially Camden MSK based at UCLH NHS FT but now being run by Patient Led Pain Support Group (PPSG) and supported by Camden MSK clinical director

Who is the lead or key contact? This was coproduced so there were three key people involved

- Mark Agathangelou, PPSG. Email: markagath@gmail.com
- Jonathan Hearsey, UCLH. Email: jonathan.hearsey@nhs.net
- Cristina Serrao, NHSEI. Email: cristina.serrao@nhs.net

Can we follow up with them to delve further into the detail?

Yes