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# #nhschangechallenge

Change Challenge Innovation:  
**Virtual Pain Management Programme (vPMP)**

[Click here to head over to the discussion board for this innovation](#)



## 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?

# Virtual Pain Management Programme (vPMP)

Pain Clinic

Chelsea & Westminster NHS

Foundation Trust

# What happened?

Describe the change



## Living Well with Pain

Virtual Pain Management Programme  
for People Living with Persistent Pain  
Workbook



- **When did you change?** Online offer planned throughout April and commenced in May
- **Who was involved?** Clinical psychologists and specialist pain physiotherapists in the department; Counterparts at other London Pain Clinics via the Pain Psychologists in London (PPIL) and London Pain Physio Network (LPPN); Trust management and CW+ Charity; Willing patients
- **How did you change?** 90min in-person Pain Education Session converted to 90min Zoom session. Patients then opted into a 50min Zoom assessment with Psych/Phys. Those suitable offered a 12 session virtual Pain Management Programme (vPMP) over 4 weeks
  - **What challenges did you face?** Digital literacy (of patients and staff); Accessibility (e.g. availability of fast enough broadband); Paucity of PMP evidence/literature for online delivery; Development of materials
  - **What successes occurred?** Improved outcomes for patients; stakeholder involvement to reshape vPMP for subsequent cohorts

Why did you  
change?  
What compelled it?

*“Are you doing anything  
online?”*


*“The pain is really bad”*

*“What do you recommend  
I do?”*


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## **Adapting to the Landscape – Meeting the Need**

- In-person outpatient pain management appointments were put on hold during the COVID-19 pandemic
  - Those living with persistent pain were at risk of deterioration in their physical and mental wellbeing without appropriate intervention
  - Deteriorating physical and mental health worsens individual coping; drives up GP appointments; opioid prescriptions and hospital admissions
  - There is a body evidence demonstrating efficacy for online delivery of psychological therapy
  - There is a small body of literature for delivery of virtual pain management programmes
  - People living with persistent pain were directly seeking our support to help them manage their pain
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What was the impact?



“I really enjoyed it actually I found that it was quite nice and I got a lot of information from the other people”


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## Improving People's Coping

- Participants were exposed to a range of pain management strategies including: Pain Science Education (PSE); Mindfulness; Graded activity; Improving sleep opportunities; Communication skills; Yoga; Strength-based exercises; Relaxations skills; Relapse planning

### Snapshot of Outcomes:

- Three cohorts have completed their vPMP with a fourth underway
  - Twenty-two people have started programmes with a 73% completion rate
  - Early analysis indicates improvements in:
    - Confidence to live with pain
    - Mood
    - Patient selected functions
    - Quality of life
  - Patient feedback largely positive and shaped vPMP for subsequent cohorts e.g. the addition of more Breakout Room time and few sessions per week over a longer time period



Embedding  
beneficial  
change?

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## Next Steps

- vPMP will continue to be offered alongside a return to in-person group-based pain management programmes
  - vPMP may better suit people who are less able to get to hospital appointments owing to factors such as work or disability
  - Further vPMP materials will be developed to use alongside our vPMP Manual and YouTube channel
  - Outcomes will be analysed and compared to in-person and pre-COVID provision to ensure efficacy
  - Dissemination of findings and experience to colleagues on-going
  - Joint working with stakeholders for patient involvement in continued service development
  - Address the gap of accessibility to vPMP for patients unable to access internet
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## 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?**

Pain Management Therapies Team, Pain Clinic, Chelsea and Westminster Hospital, London

### **Who is the lead or key contact?**

Dr John O'Sullivan, Clinical Psychologist:  
John.O'Sullivan@chelwest.nhs.uk

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

Yes

