



Medicines

Group Education Sessions for Management of Ongoing Non-cancer Pain:

Facilitators Guide

 @UCLPartners

www.uclpartners.com

Delivered by:

UCLPartners
Patient Safety Collaborative

*The***AHSN***Network*

Led by:

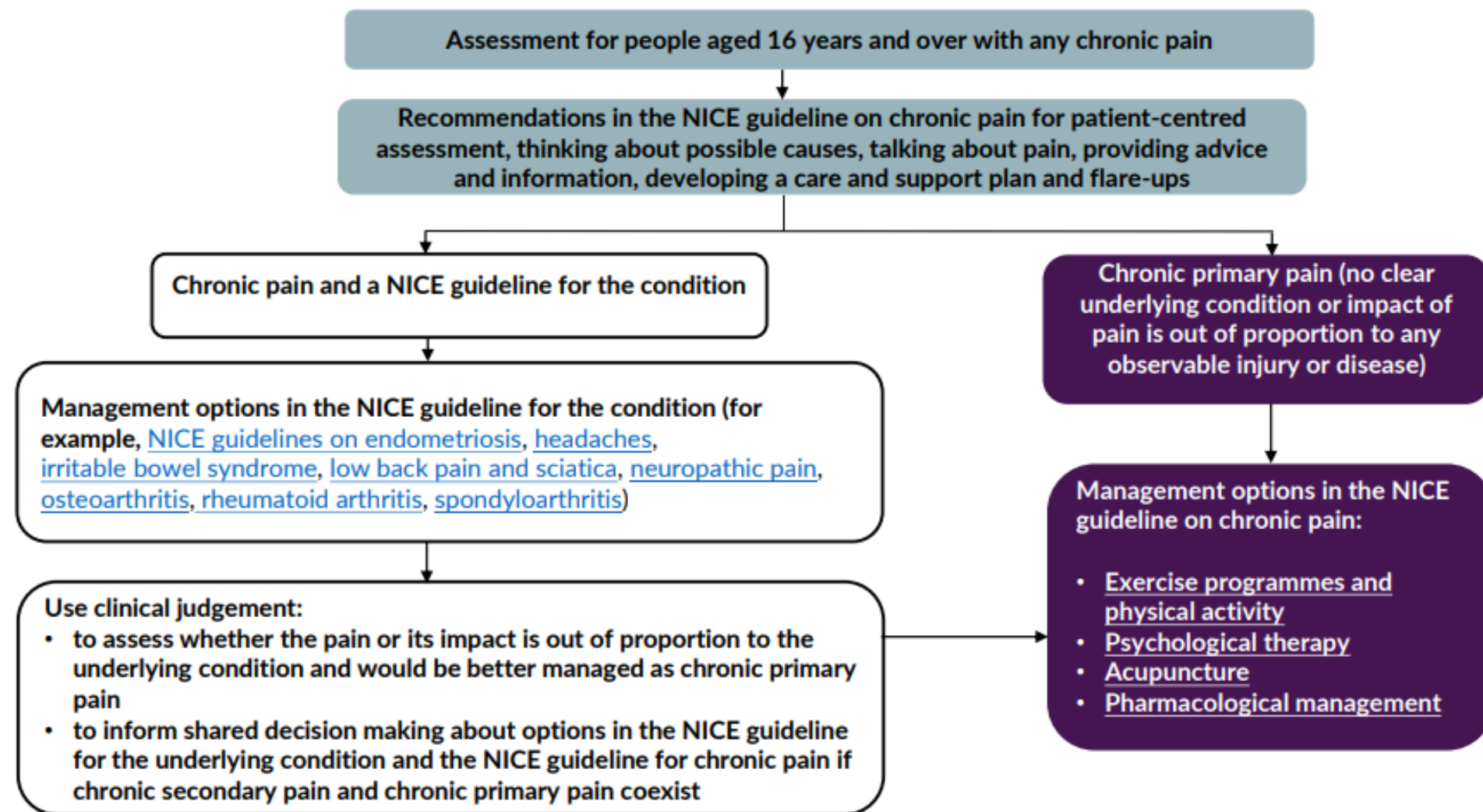
NHS England
NHS Improvement

Contents

1. Chronic Pain NICE Guidance
2. Ongoing vs persistent vs chronic
3. What is ongoing (or chronic) pain?
4. Why use Group Education Sessions?
5. Who can be a facilitator?
6. What does the facilitator need to know?
7. Resources for the facilitator – understanding ongoing pain
8. Considerations before starting Group Education Sessions
9. How to carry out Group Education Sessions
10. Notes for the facilitator
11. References

Chronic pain (primary and secondary) – using NICE guidelines for assessment and management

Reference: [Chronic pain guidelines \(2021\)](#)



Chronic primary pain

Examples include:

- Fibromyalgia
- Chronic primary headache and orofacial pain
- Chronic primary musculoskeletal pain
- Chronic primary visceral pain

Chronic primary pain has no clear underlying condition, or symptoms may seem to be out of proportion to any observable injury or disease

The clinical presentation is consistent with the ICD-11 definition

Chronic pain persists for more than 3 months. Chronic primary pain has no clear underlying condition or is out of proportion to any observable injury or disease. Chronic secondary pain is a symptom of an underlying condition. Chronic secondary pain and chronic primary pain can coexist.

Ongoing vs Persistent vs Chronic

- The language we use to describe pain is extremely important when talking to people with lived experience of pain and should be determined by them.
- National guidelines and healthcare professionals generally use the term 'chronic pain'.
- Patients living with pain have described the following terms:
 - Chronic pain – sounding like a never-ending, life-threatening condition.
 - Persistent pain – constant and at the same intensity
 - Ongoing – lasts for a long time but can vary in intensity
- Different people may prefer different terms, however most people with pain do not like being referred to as having 'chronic pain'.

What is Ongoing Pain?

- Ongoing pain is pain that carries on for longer than 12 weeks despite medication or treatment.
- Treatment of ongoing pain is complex – for many people, regular pain relief does not work.
- The NICE guidelines advise against using opioid pain medication for pain lasting over 3 months as the risks outweigh the benefits.

Why use Group Education Sessions?

- Providing information to several patients at the same time reduces repetition.
- Patients can learn from each other and support one another.
- Positive feedback from conducting other types of group sessions e.g. group consultations.

Group Sessions

	Group Education Sessions	Group Consultations	Peer Support Groups
Clinical Consultation	1:1 consultation after the session (on a different day)	1:1 consultation occurs within group setting	No consultation
Number of sessions	One or more sessions	One session	Several sessions
Training for facilitator	<ul style="list-style-type: none"> In-house training using learning from examples elsewhere (e.g. this guide) Live Well With Pain Training (requires funding) 	Access training from: <ul style="list-style-type: none"> Local training hub Personalised Care Institute ELC Works 	<ul style="list-style-type: none"> In-house training
Examples for evidence of effectiveness	https://academic.oup.com/painmedicine/article/12/1/59/1819726?login=false https://www.pcori.org/sites/default/files/PCORI-Thorn059-English-Abstract.pdf	https://www.groupconsultations.com/evidence-research/	https://academic.oup.com/painmedicine/article/22/12/2884/6310773

Who can be a facilitator?

- Clinicians and non-clinicians can facilitate sessions after appropriate training.
- Non-clinicians and junior clinicians should be observed by an experienced clinician for the first few sessions.

What does the facilitator need to know?

1. Understand as much as you can about 'ongoing' pain and the patients experience:
 - Consider asking someone living with pain on their experience of pain
 - Read, watch videos and ask questions (see resources)
2. Understand what **effective group facilitation** looks like, including:
 - The task, objective or the reason for people to meet is well understood by everyone.
 - The atmosphere of the group tends to be informal, comfortable and relaxed.
 - There is much discussion in which everyone participates.
 - Everyone listens to each other.
 - People are free to express their feelings as well as their ideas.

What does the facilitator need to know?

When facilitating, avoid the following scenarios:

- Having no clear objectives.
- Session dominated by a few individuals and their perspectives.
- Never hear the ideas and comments from the quiet members.

Resources for the facilitator – understanding ongoing pain

Videos:

- Watch this 45 minute video from Dr Dave Thomson (GP and Clinical Director in North Shields PCN): https://www.youtube.com/watch?v=x1X-DQ_R39M&t=2708s
- [What is pain](#) (6 mins)
- [Understanding pain in less than 5 minutes](#)
- [Opioid Use Change \(OUCh\)](#) (5 mins)
- [Clinician explaining the pain cycle and encouraging patient to use the self-care cycle](#) (11 minutes)
- [Clinician completing a pain medication review](#) (6 minutes)
- [Ten Top Tips from Dr Tim Williams](#) (10 videos, 1 minute each)

Resources for the facilitator – understanding ongoing pain

Guides:

- [Living well with pain 10 footsteps](#)
- [Harm reduction guide by West of England AHSN](#)
- [Pacing for pain](#)

Posters/leaflets:

- <https://www.flippinpain.co.uk/app/uploads/2021/06/Pain-killers-They-dont-kill-my-pain-Medicine-and-surgeries-are-often-not-the-answer.pdf>

Resources for the facilitator – understanding facilitation

Guides:

- [A Handy Guide to Facilitation](#)
- [Facilitation Tools for Meetings and Workshops](#)

Considerations before starting Group Education Sessions

- Decide if the sessions should be run virtually or face to face.
 - Remember with face-to-face sessions you will need to book a venue, ensure it is accessible for the attendees and provide some light refreshments.
- Who is best to facilitate the sessions?
 - Facilitation can be done by clinicians and non-clinicians however appropriate training on facilitating group sessions and education of ongoing pain should be completed.
 - Non-clinicians should be observed by a clinician until they confident and competent to continue alone.
 - Non-clinicians should not attempt to answer any clinical questions but should keep these aside to be responded to by a clinician after the session.
- How many sessions will be run?
 - Ongoing pain management is complex and can take time. You may want to meet the same group of patients several times before moving onto a new cohort of patients.

How to carry out Group Education Sessions – Before the session

1. Identify patients to invite
 - Consider who you think will benefit most from these sessions. Consider starting with patients who have been on opioids regularly for 3-6 months.
 - Patients can be identified individually by clinicians or an EMIS/SystmOne search can be used.
2. Send invites to identified patients
 - Send a letter/text to patients informing them of the group sessions and what they will entail.
 - Remember to send a confidentiality form and initial survey to gather necessary data on current pain management (see UCLP implementation guide).
 - Follow up invites with a telephone call to respond to any questions and confirm attendance.
3. Remember to re-send the same survey after the sessions to measure any impact.

How to carry out Group Education Sessions – During the session

1. Welcome the attendees and thank them for attending the session and re-iterate why they have been invited to attend.
2. Introduce yourself, your role and why you have an interest in ongoing pain management.
3. Mention the length of session and anticipated number of sessions.
4. Let patients know that they are free to walk around or do some stretches mid way if they need to.
5. Remind everyone to keep phones on silent/vibrate and mute microphone when not speaking.
6. Request attendees to keep cameras switched on so others can feel their presence.
7. Interactive session, encourage patients to contribute to the discussion.
8. Invite attendees to introduce themselves, how long they have had pain and one thing they would like to get out of this session.

How to carry out Group Education Sessions – During the session

Session	Topic	Resources
1	<ul style="list-style-type: none">• Welcome and Introduction• Ice-breaker: What are your expectations of the sessions?• Mindfulness exercise at beginning and end of session• Discussion: What impact does pain have on your life?• What is pain?	Mindfulness What is pain?
2	<ul style="list-style-type: none">• Mindfulness exercise at beginning and end of session• Pain & me• Self-management: Pain cycle vs self-care cycle	Mindfulness Pain & me Pain and self-care cycles
3	<ul style="list-style-type: none">• Mindfulness exercise at beginning and end of session• Mark's Story: Opioid Reduction• Discussion: What non-pharm options have worked for you? What will you take away from these sessions?• Non-pharmacological treatment options and services available locally	Mindfulness Marks Story

See [UCLPartners Group Education Sessions Implementation Guide](#) for more information

How to carry out Group Education Sessions – After the session(s)

1. You can decide to do just 2-3 sessions or more, depending on the requirements of the patients and capacity of the practice/PCN.
2. Following the completion of the session(s), ensure that the follow-up survey and feedback form has been sent to the patients (see [UCLP Implementation Guide](#)).
3. Ensure each patient is reviewed by a clinician after the sessions have been completed and document the following in the GP records:
 - Patient attended xx (insert number) Group Education Sessions for ongoing pain management.
 - Pain score before sessions and pain score after sessions
 - Goals/plan to implement going forward to manage ongoing pain
 - Current medication and next review date.

Notes for the facilitator

- Remember that ongoing (chronic) pain is 100% real.
- Patients who have persistent pain may never be totally pain free but they can manage their pain with support and be able to live well with pain.
- Encourage patients to watch 1-2 videos from the Pain Toolkit and to set a personal goal after each session e.g. do stretches every morning.
- As there is likely to be at least 2-3 sessions, ask patients about any goals they have set in the previous sessions - how are they progressing?

Notes for the facilitator

- Be understanding to the patients condition and give them time if they are feeling anxious or nervous about the session.
- When asking questions to patients, try to ask questions that keep the conversation focused e.g. name one thing you would like to gain from this session.
- May need to 'park' questions/discussions from patients that are off topic e.g 'thank you for sharing that, it's an important point, lets pick this up after the session'.
- If session is virtual, do not record the session as this may make some patients feel uneasy.

References

- [NHS inform – Chronic pain](#) (Last updated Dec 2022)
- [Living well with pain](#)
- [NICE guidance – Chronic pain \(2021\)](#)
- [The Pain Toolkit](#)
- [A Handy Guide to Facilitation](#)
- [Facilitation Tools for Meetings and Workshops](#)
- [East Midlands AHSN: Medicines Safety Improvement Programme. Lister House Surgery Pain Management Support Group video.](#)
- [Healthwatch Derby: Chronic Pain Experiences 2022](#)

Thank you

For more information please contact:

UCLPartners
contact@uclpartners.com

www.uclpartners.com
@uclpartners