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The role of the physiotherapist in the Inpatient pain team

Jackie Walumbe

Advanced Physiotherapy Practitioner in Pain Management
NIHR/HEE Clinical Doctoral Research Follow | University of Oxford

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@nabualaw
Jackie.walumbe@nhs.net

PHYSIOTHERAPY???

Kay Nias - Wellcome Collection

此中國剃頭棚放睡之圖也每日將頭剃完筋骨疼痛者剃頭者坐于高橙之上其人躺在剃頭膝上令其捶拿其快活無比

From the therapeutic traditions of ancient China, India and Rome to the shamanic healing rituals of the Australian Aboriginals, African tribes and the Polynesians, medical manipulation techniques have been used in a diverse range of medical contexts for thousands of years. For centuries, and all over the world, bonesetters manipulated joints to aid healing.

"Physiotherapists work with people to optimise function and mobility and to reverse the impact of illness and disability. They build resilience and enable individuals to be independent and healthy. Using a bio-psycho-social, evidence-based approach, physiotherapists target and tailor care in line with individual's needs and goals"

Chartered Society of Physiotherapy

The application of psychologically informed practice: observations of experienced physiotherapists working with people with chronic pain

Diarmuid Denneny [a,e,*], Annina Frijdal (nee Klapper) [b], Nadia Bianchi-Berthouze [c], Jim Greenwood [d], Rebecca McLoughlin [a], Katrine Petersen [a], Aneesha Singh [c], Amanda C. de C. Williams [a,b]

[a] *Pain Management Centre, UCLH NHS Foundation Trust, London, UK*
[b] *Research Department of Clinical, Educational & Health Psychology, University College London, UK*
[c] *UCLIC, University College London, UK*
[d] *Physiotherapy Department, UCLH NHS Foundation Trust, London, UK*
[e] *Centre for Primary Care and Public Health, Blizard Institute, Queen Mary, University of London, UK*

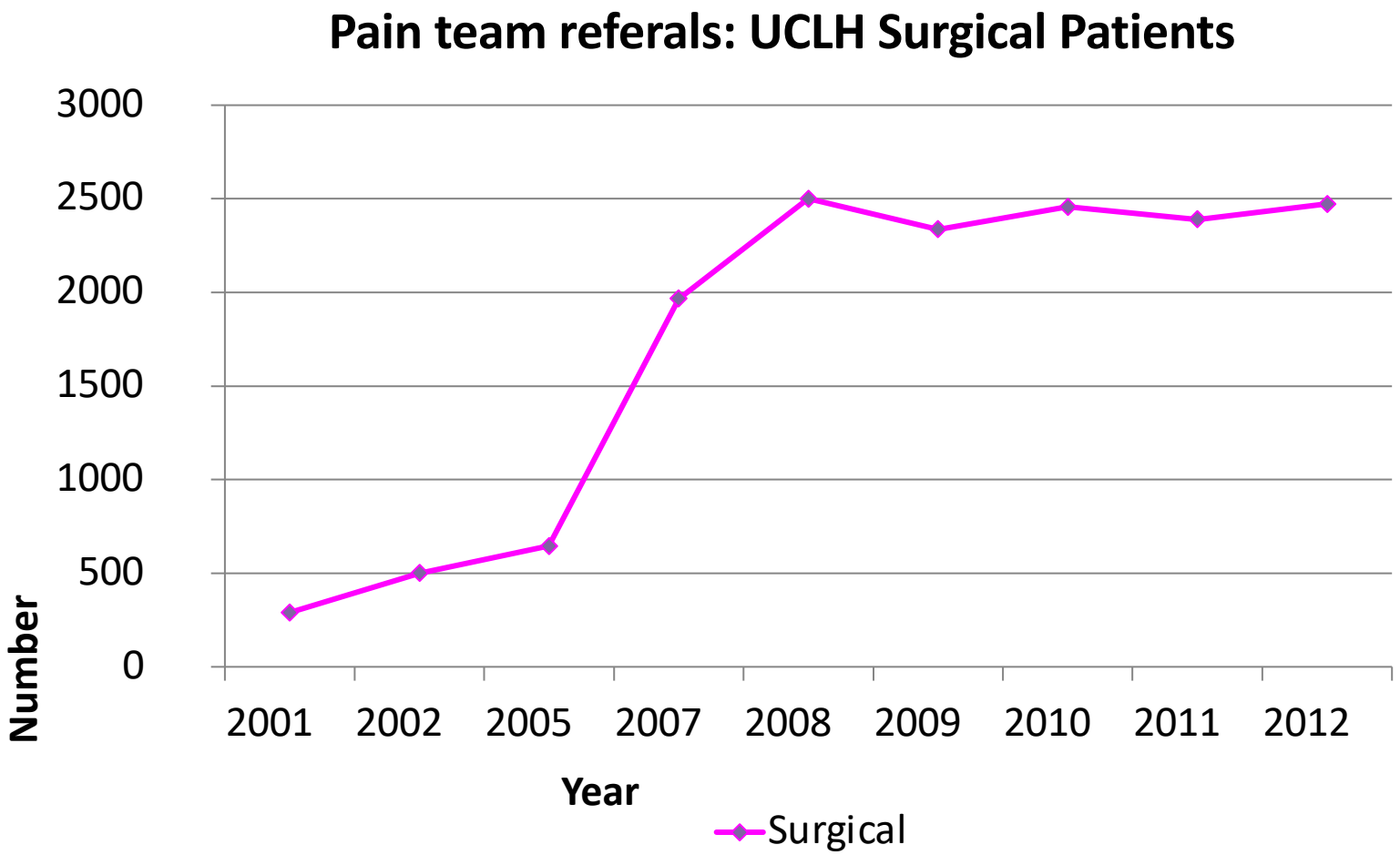
- Building a therapeutic alliance
- Reducing perceived threat
- Reconceptualising beliefs and somatic experience
- Fostering self-efficacy

Experiences of Physical Therapists Working in the Acute Hospital Setting: Systematic Review

Bonnie Lau, Elizabeth H. Skinner, Kristin Lo, Margaret Bearman (2016)

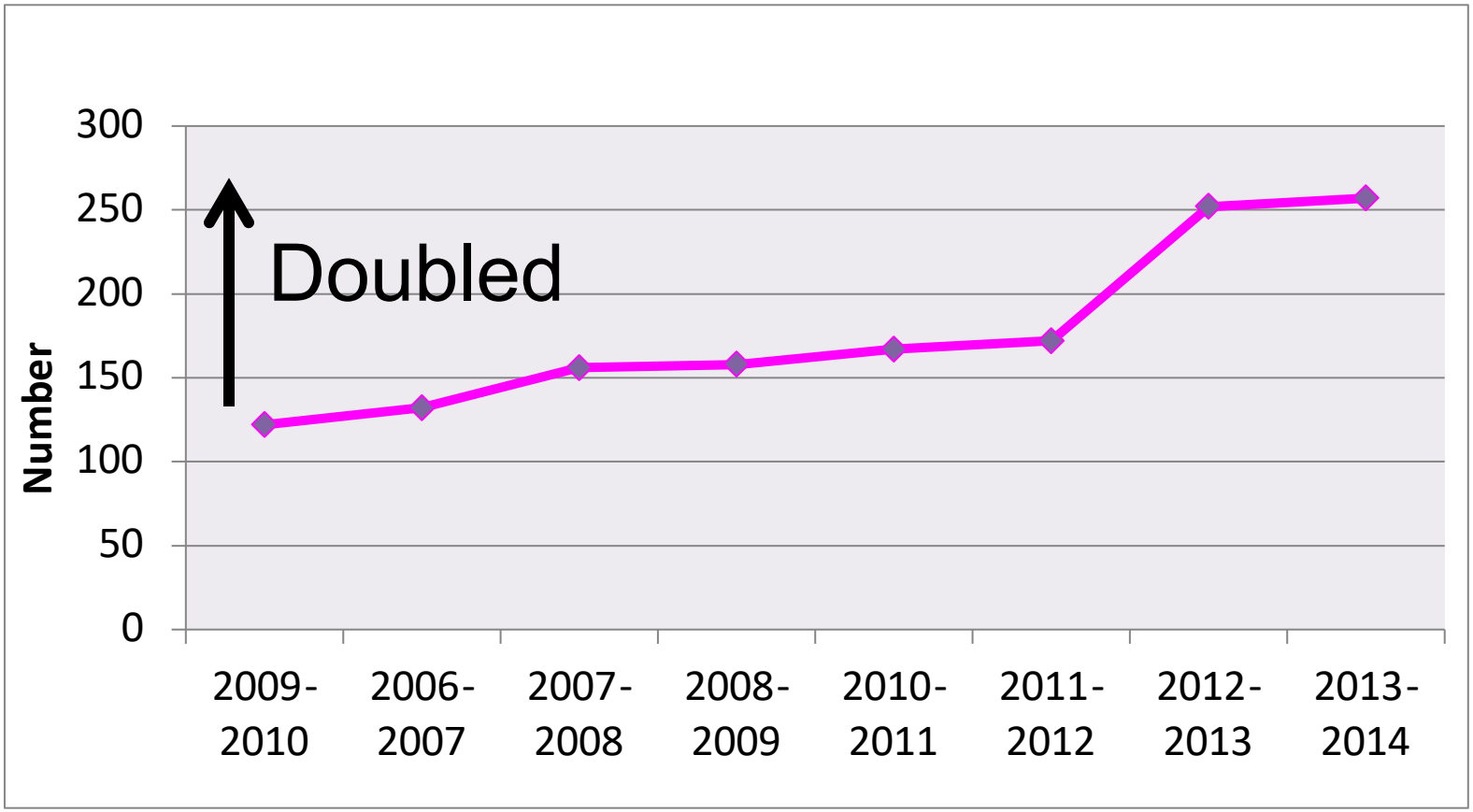
- …sometimes underestimate the scope of practice of physical therapists and misunderstand how physical therapists can benefit certain patients
- Remain in this setting because of the opportunity for multidisciplinary teamwork
- Difficulties working…due to the presence of overarching rules, defined cultures, lack of funding, and staff shortages
- Issues of role credibility and acceptance and the concomitant autonomy (or lack thereof) that physical therapists experience in acute care

Referrals to UCLH acute pain team



Chronic/complex pain referrals to UCLH acute pain team

Number in 2013-14	257
Time in hours	420
Average Total Time per patient	1hr 40mins
Average number of visits per patient	5



Pre-pilot: Patients with complex pain

The Team
Clinical Lead Consultant Psychologist
Pain Psychologists
Pain Management Consultants
Clinical Nurse Specialists
Advance Practice Physiotherapists
Care Co-ordinator
Service Manager

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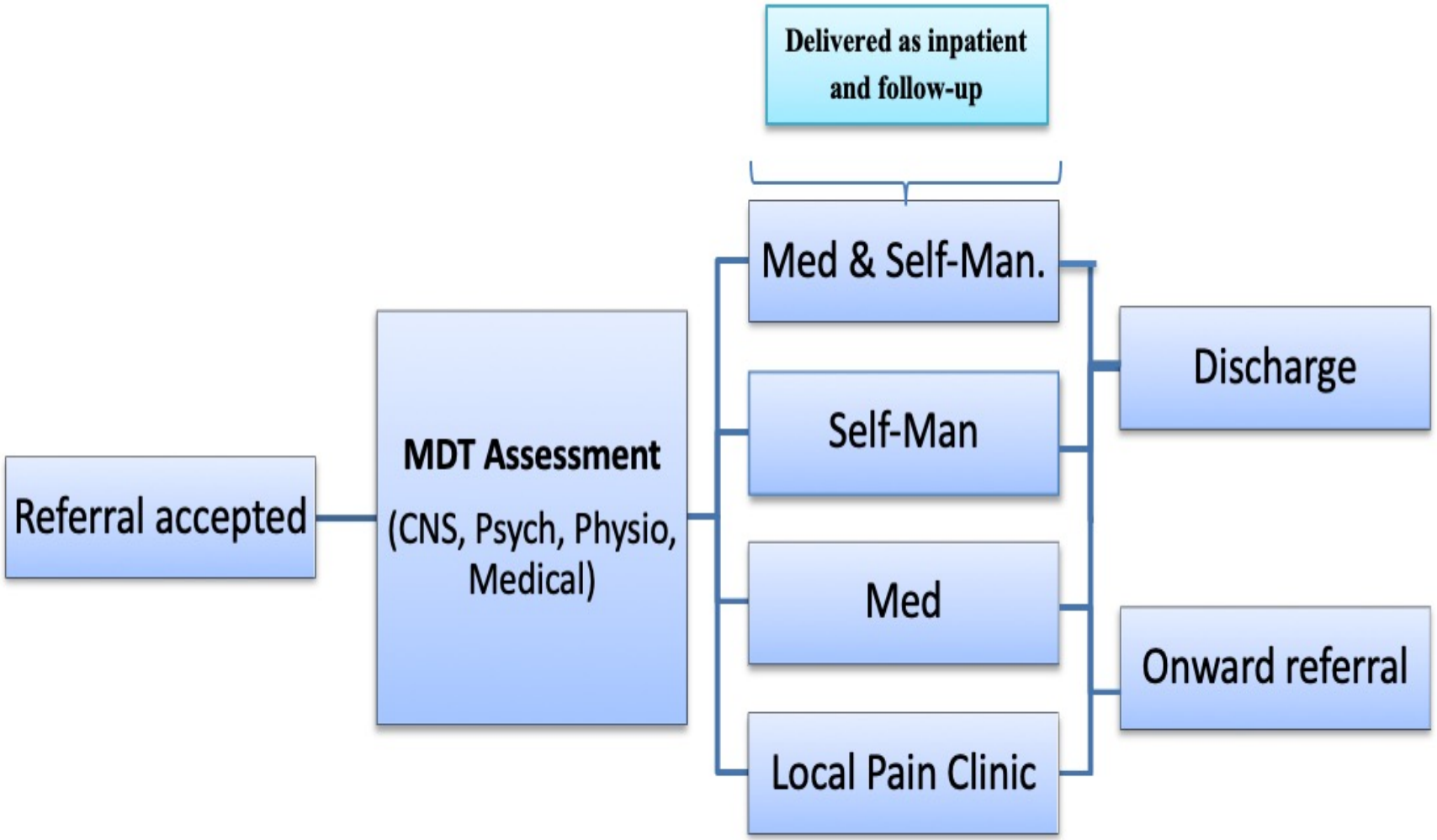
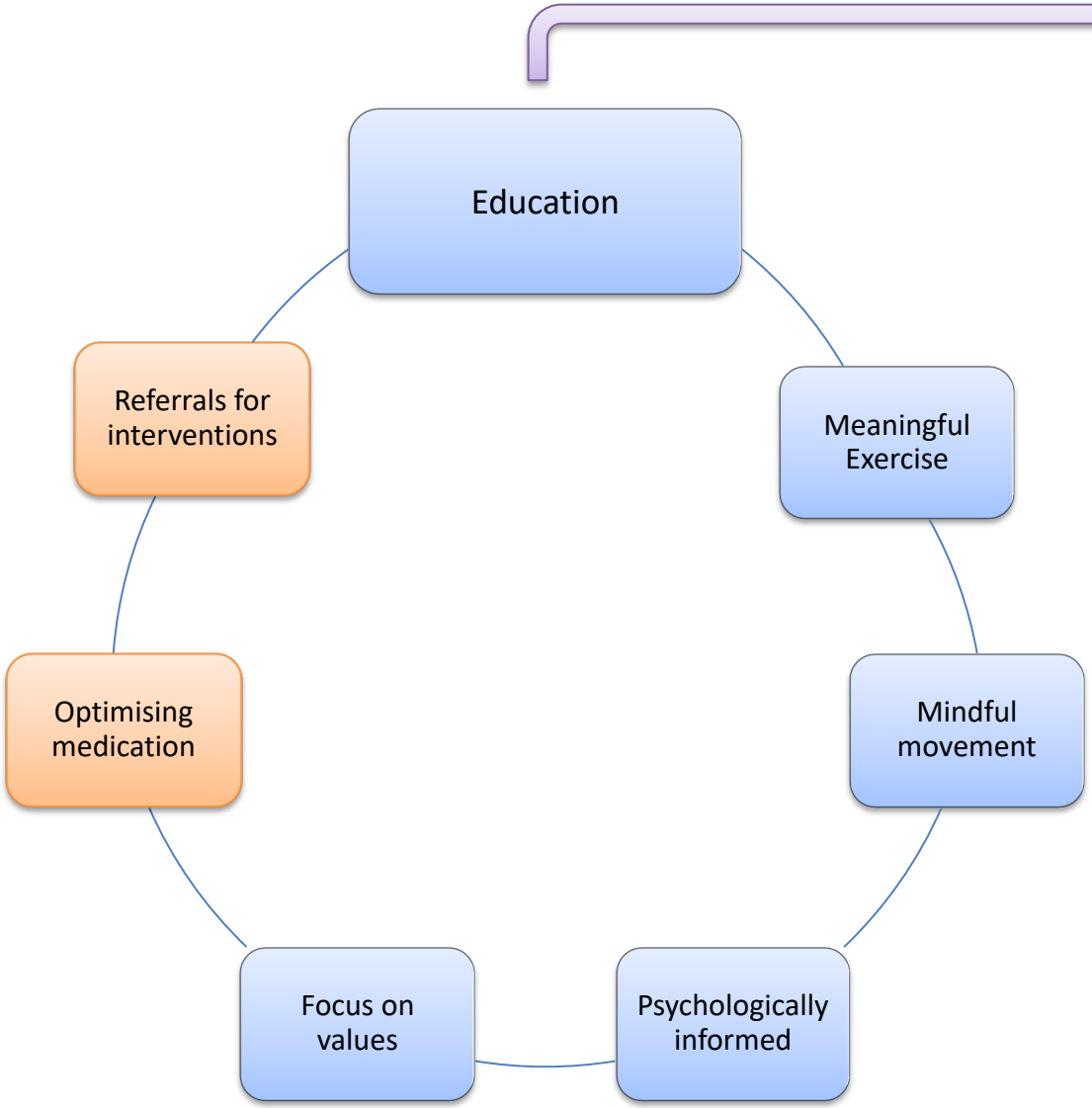


Empathy & Compassion



- Education on persistent pain and its neurobiology
- Exercise, activity and movement
- Biopsychosocial model.
- Lifestyle advice.
- Flare up management.
- Fear-avoidance.
- Graded exposure/pacing.
- Self-compassion.
- Build self esteem and resilience.
- Impact of thoughts, emotions, body sensations and behaviours on pain

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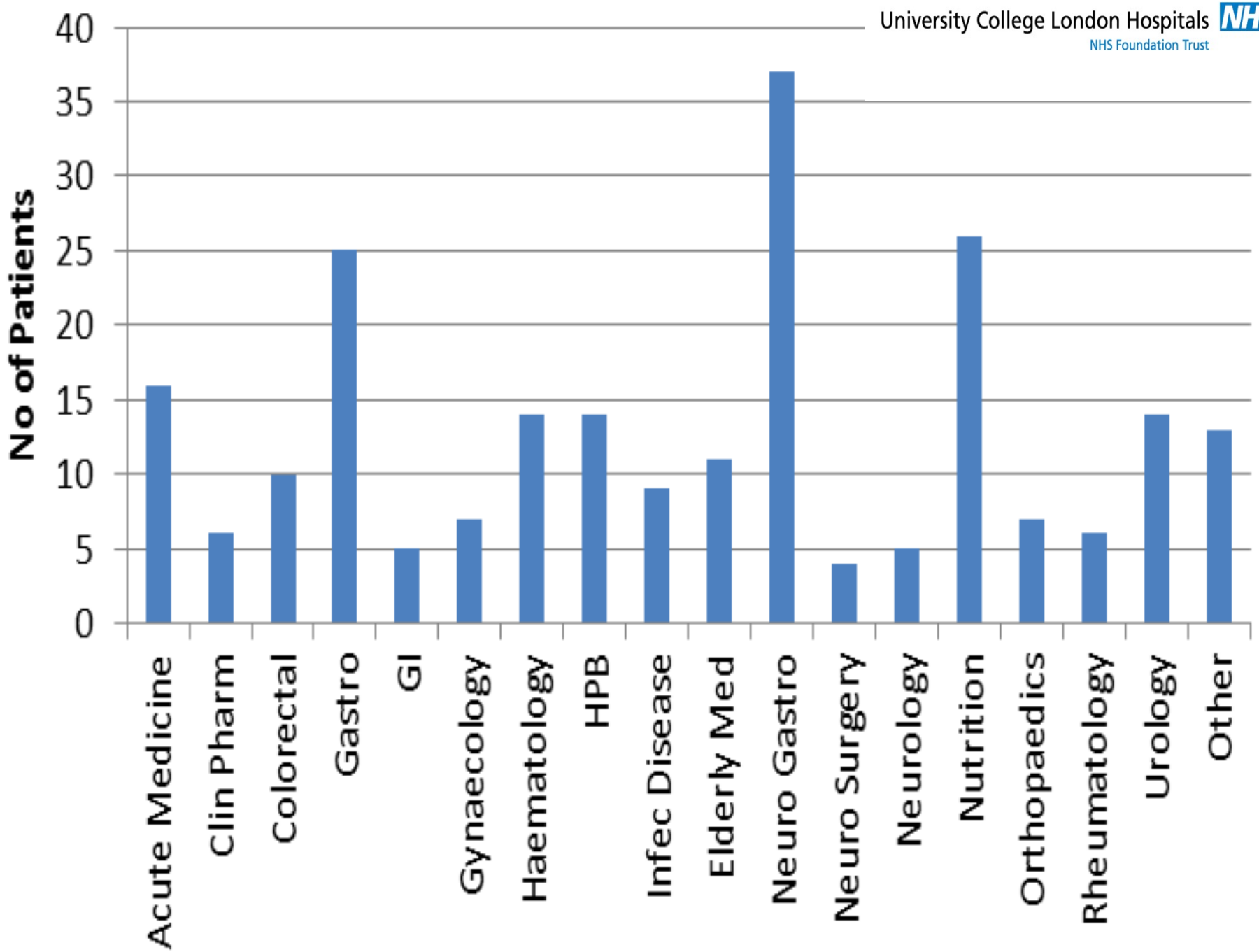
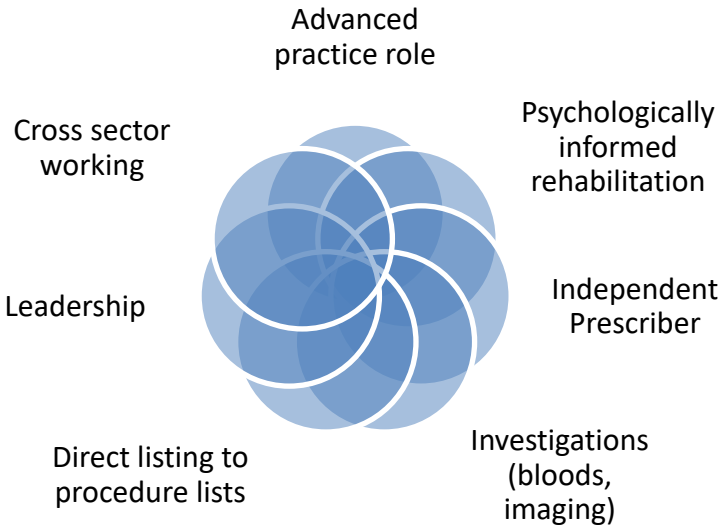
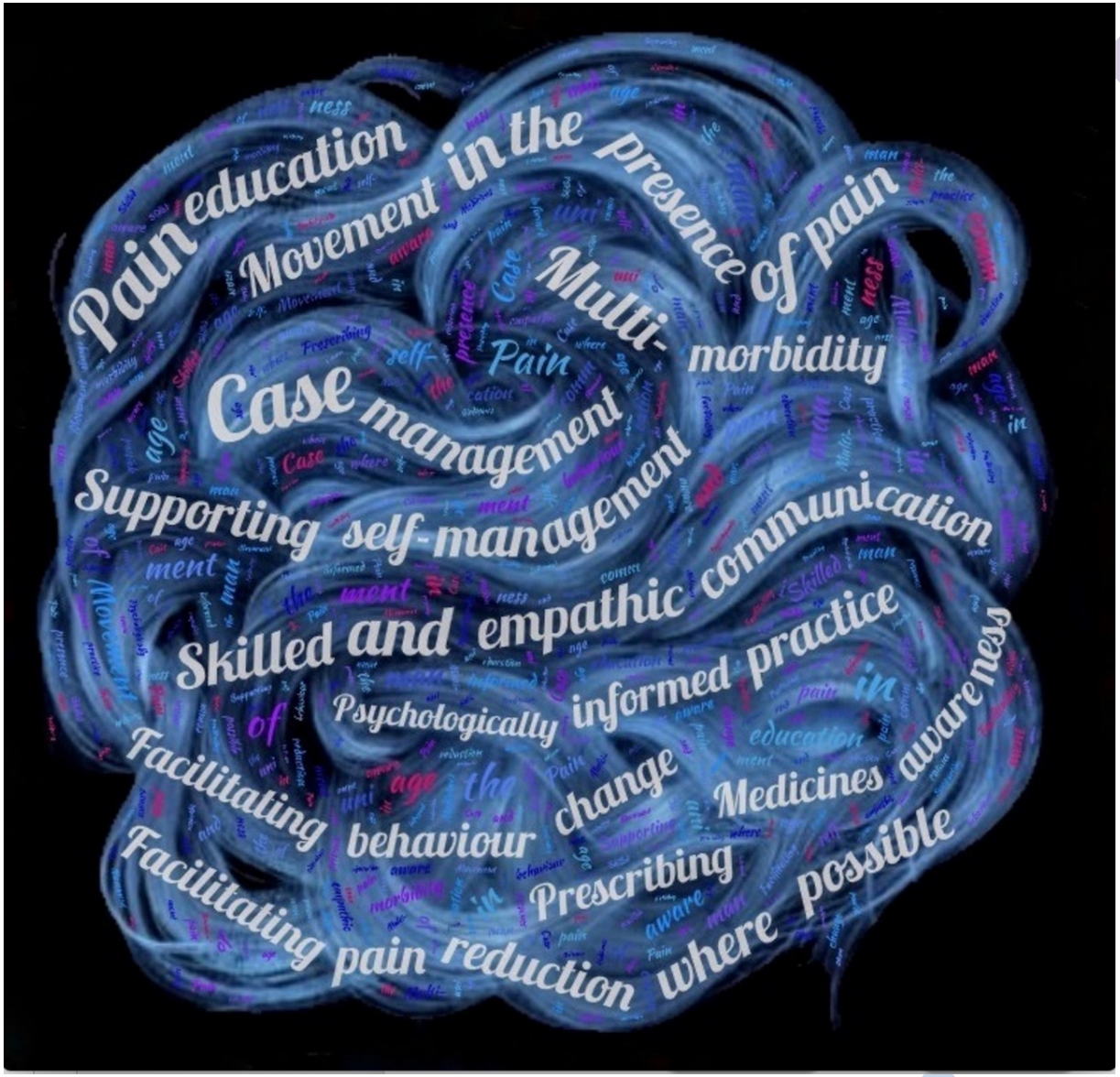


Role of physiotherapist in inpatient Complex Pain Team



- Aligned with familiar pain physiotherapy skills
- Unique physiotherapy skills allowed the APP to take the lead on assessments and interventions in the emergency department supported by the MDT where required.
- Initial triage for referrals, including completing assessments, and optimising analgesia (supported by the CNS).
- Treatment emphasis is on brief pain management intervention and either signposting to relevant local services or follow up in outpatient services or rapid access clinics.
- Practice education
- Consulting on challenging cases across specialities


Pain education
Movement in the presence of pain
Multi-morbidity
Case management
Supporting self-management
Skilled and empathic communication
Psychologically informed practice
Facilitating behaviour change
Medicines awareness
Prescribing
Facilitating pain reduction where possible

What does Physiotherapy Practice Look Like in a Novel Inpatient Multidisciplinary Pain Service?

Walumbe J[1,2], Smith T[1], Denneny, D[1]

- Conflicting professional identity when practicing as autonomous workers in an unknown environment with complex cases spanning multiple medical specialities.

- Those that found the clinical environment chaotic and overwhelming had a clear preference for applying structure and order to their practice in order to contain perceived chaos.

- Those that viewed the same environment as diverse and fluctuating adopted a creative stance to thriving in this environment by working innovatively and flexibly.

- Regardless of the professional style they adopted, participants recounted that they experienced freedom to work flexibly not bound by any specific framework or model.

Addressing complex persistent pain

A novel initiative

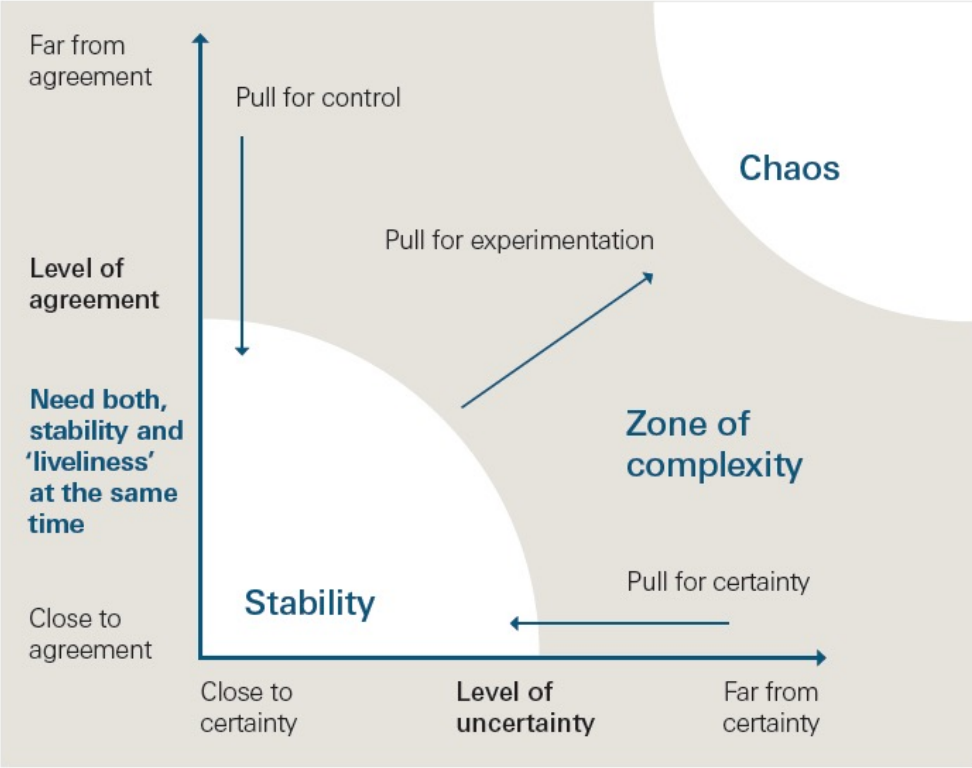
Authors

Dr Anna Mandeville
University College London Hospital (UCLH)

Dr Natasha Curran
University College London Hospital (UCLH)

Dr Luke Mordecai
University College London Hospital (UCLH)

Figure 1. Zone of Complexity[1,2]



Attributed to Ralph Stacey

A Mixed Methods Evaluation
One Year Recruitment – Six Month Follow up

Quantitative

Clinical Outcome Measures

Pre-Intervention

EQ-5D, BPI, PHQ-9,

PCS, PSEQ

Repeat Clinical Outcome Measures at six months

Qualitative

Semi Structured Interviews

Pre-intervention

Purposive Selection

15 Patients / 15 Staff

Post Intervention interviews with the same 15 patients / 15 staff

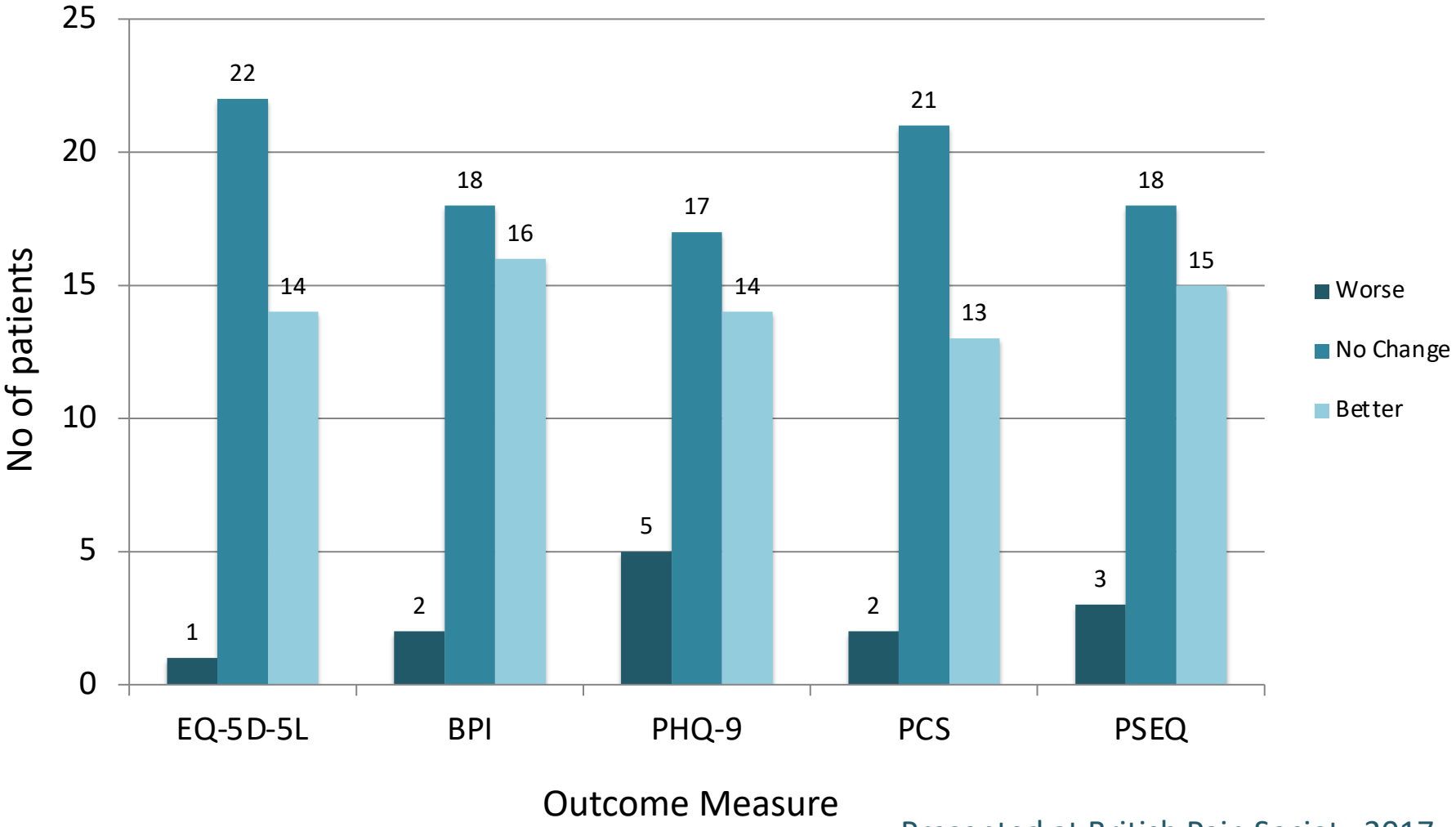
Economic

Healthcare Usage

Six months pre intervention healthcare usage gathered from self report and ULCH records

Six Months post intervention healthcare usage gathered at follow up

Clinical Change > 1SD at 6 month Follow Up



Presented at British Pain Society 2017

Qualitative – Effect on patients – preventing admission

I'd probably be in a **flare up** for **three out of every five months**. Um, and that would invariably start with a **hospitalization**

Right. And how has that changed since we spoke six months ago?

It's been **six months, and I've not been an inpatient** for pain at all.

And that is unusual for you?

Yeah, I mean, this is the **longest I've been out of hospital, in three years**

Qualitative – Staff experience

- “being able to share decisions with an experienced and expert team is incredibly helpful…. This, to me, is what integrated care is”

  -Hospital Consultant

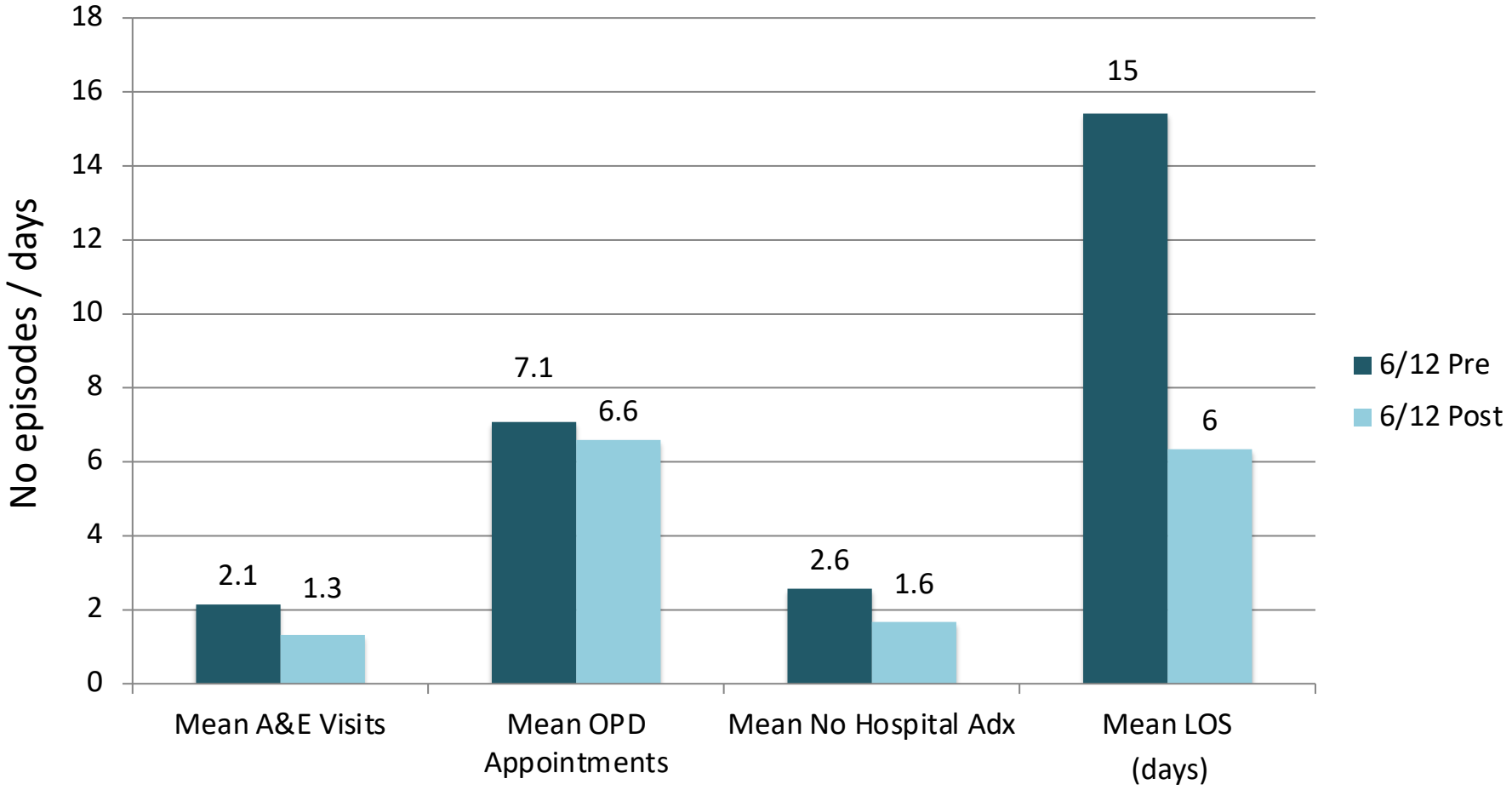
- “in A&E there's a set plan and patients go back home as opposed to coming onto the ward”

  -Haematology Registrar

- “I have felt so supported and have learnt a great deal about reducing opioids, thank you!”

  -GP

Healthcare Usage Metrics (n=214)



Impact

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- Improved mental health, wellbeing and function.
- Reduced medication use.
- Now commissioned/substantive service following successful pilot.
- Avoid unproductive use of healthcare resources.
  - Reduce length of hospital stay.
  - Fewer investigations.
  - Fewer ED visits.
  - Fewer GP visits.
  - Fewer outpatient visit.

Estimated cost savings per annum based on reductions in health care use as a result of CPT intervention (n=130)

	Rate	Mean reduction per year per patient	Saving
GP consultation	£50	2.2	£14,300
A&E Visit	£400	2.6	£135,200
Specialist OPD	£120	1.6	£24,960
Hospital bed stay	£400	11.6	£603,200
			£777,660

- Dr Luke Mordecai preparing full evaluation as part of his MD

From Education to Culture Change

- 5,000 nurses, 100s junior doctors “trained”
- Camden CCG practices
- Case-by-case teaching
- Revisits and pain champions for sustainability and spread
- Bespoke training with teams

Pain training

“I previously did not always assess pain; now I do!”

Presented at Institute Health Improvement 2017

Challenges

- Recruitment and retention
- Difficult succession planning
- Demand vs Capacity
- Long term conditions
  - Sickle Cell Disease
  - Gastroentorology
- Ongoing evaluation
  - Quality improvement
  - Service evaluation
  - Applied health research
- Sustainability and Spread
- Clinical ethics and moral injury
- COVID-19

Journal of Pain Research

Dovepress
open access to scientific and medical research

Open Access Full Text Article

PERSPECTIVES

The Toronto General Hospital Transitional Pain Service: development and implementation of a multidisciplinary program to prevent chronic postsurgical pain

(Katz et al 2015)

Open Access Protocol

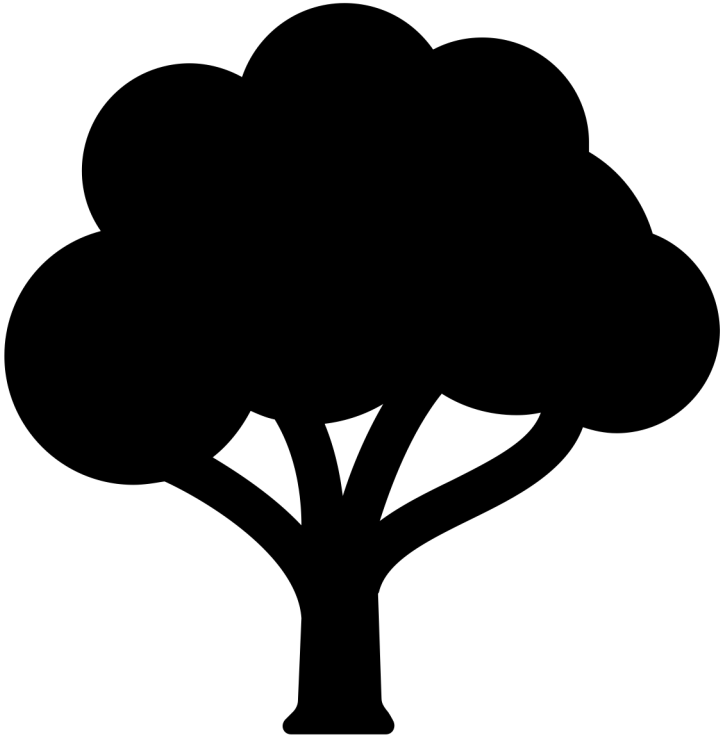
BMJ Open

A novel inpatient complex pain team: protocol for a mixed-methods evaluation of a single-centre pilot study

Luke Mordecai,[1] Cecilia Vindrola-Padros,[2] Victoria J Wood,[2] Nicholas Swart,[2] Stephen Morris,[2] Amanda Williams,[3] Natasha Curran,[1] Ramani Moonesinghe[4]

(Mordecai et al 2017

BMJ Open: first published as 10.113



Sue’s story

With thanks to

UCLH charity

NHS
Camden
Clinical Commissioning Group

Safety | Kindness | Teamwork | Improving

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