
POSTER ABSTRACT**Co-designing an integrated care pain management service in Ealing with those of lived experiences, family, carers, and various healthcare professionals, to improve delivery of care.**

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Introduction

In the UK, around 43% of the population experience chronic pain (BPS, 2016). Chronic pain is a complex phenomenon and can be extremely disruptive, with several emotional, social, physical and economic ramifications (Martin et al, 2020). Those affected may feel alienated from “normal life” and become dependent on healthcare services (Warth et al, 2020). Although, many have reported feeling unsupported by services due to limited understanding of chronic pain, long wait times and lack of awareness of appropriate community support. This highlights the critical need to co-design integrated care services to empower those affected and meet their biopsychosocial needs.

Aims Objectives Theory or Methods

Ealing Community Partners and We Coproduce, worked together to conduct co-design sessions in the Ealing borough. The aim was to understand people’s experiences of chronic pain, how to improve pain services and empower those with lived experience to co-design a service. In total, 30 people attended and were aged between 18-80; 33% BAME, 29% European and 38% White British. There were 3 co-design sessions on zoom, 2 hours each, and telephone sessions for those unable to attend. We invited those with lived experiences, carers and family of those with chronic pain and healthcare professionals and charities.

Highlights or Results or Key Findings

Preliminary analysis from the co-design sessions indicated some themes about the challenges faced by those with chronic pain and their views on improving delivery of care. These challenges included; not feeling listened to by professionals, limited access to NHS treatment and professionals' lack of understanding about their condition. Participants suggested that to improve delivery of care, services should create opportunities for peer-led activities, improve education and communication and build better connections between the NHS and community resources. A more in-depth thematic analysis will be done by a qualitative researcher at King’s College London but some participants have already mentioned that they have benefitted from the group through awareness of different community resources to support their chronic pain.

Shah: Co-designing an integrated care pain management service in Ealing with those of lived experiences, family, carers and various healthcare professionals, to improve delivery of care.

Conclusions

Co-designing between healthcare professionals and patients is integral to understanding what matters to patients and developing personalised and holistic care to those with chronic pain. It has highlighted the need to educate other professionals, empower people to self-manage, integrate healthcare and community services, and to value all people equally.

Implications for applicability/transferability sustainability and limitations

We acknowledge there will be some limitations of applicability and sustainability along the way, which includes: long waiting lists, funding for jobs/lived experience roles, professional's attitudes and confidence with working in pain management and staff turnover. Through continual collaborative working we hope to swiftly navigate through these challenges.