

Aim: to better understand the impact of the Covid-19 pandemic on chronic pain services in the Bristol & Bath region.

A survey was conducted via the Qualtrics online survey platform between 20th July and 3rd August 2020. An invitation to participate was sent to N=42 members of the Chronic Pain HIT who were identified as healthcare professionals (HCPs).

Unless stated otherwise, graphical results show the relative frequencies for topics mentioned within the “free text” questions in the survey.

Results

16 responses were received from healthcare professionals (HCP) representing 11 services in the Bristol/Bath region.

1. Please tell us the name of your service and the organisation which provides it?

Pain services represented included n=2 tertiary care (T); n=3 community services (C); n=1 General Practitioner (GP); n=2 Improving Access to Psychological Therapies (IAPT); n=3 secondary care (S)

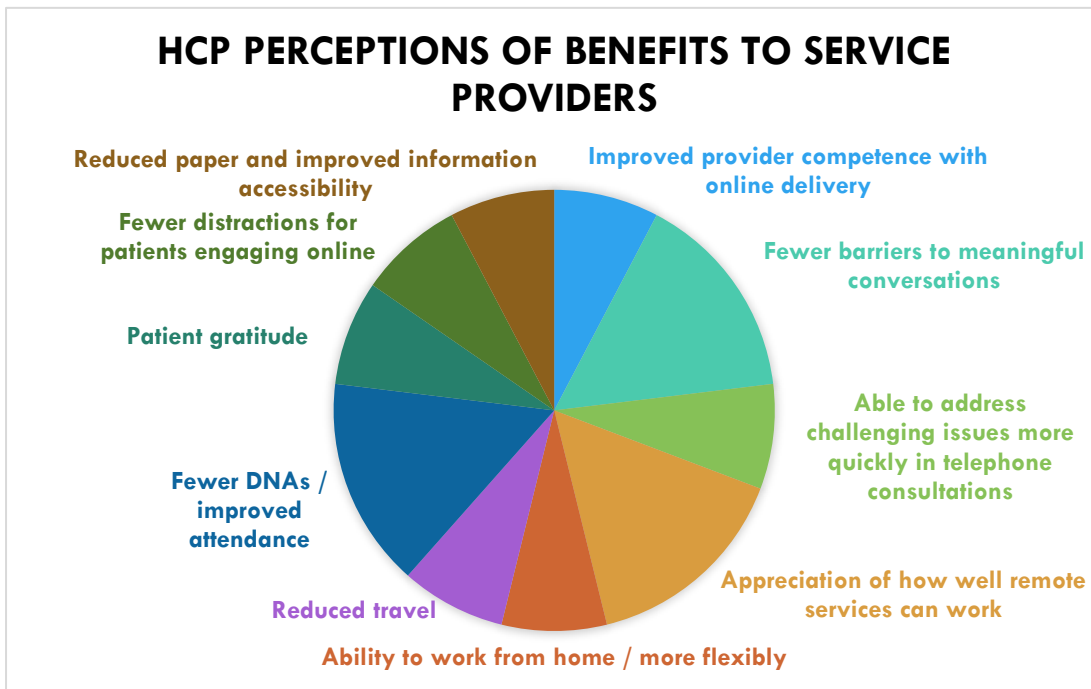
2. How was the chronic pain care that you provide changed, in response to the Covid-19 situation?

(Respondent IDs are shown in brackets)

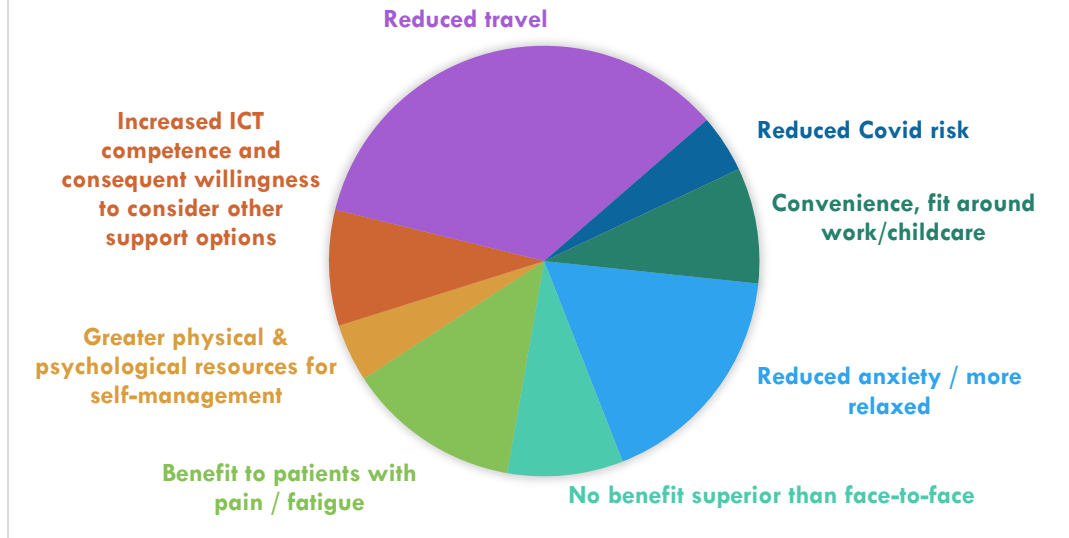
Service category	Service adaptation
Tertiary	Moved to online assessment and treatment with reduced patient numbers (T1) All services moved to remote platforms, assessments and group therapies conducted via videoconferencing (T2) Virtual programme and virtually multi-disciplinary clinics in development. (T3)
Community	All routine services initially suspended; recommenced with all contact via telephone/video (C1) All services provided by telephone (C2) All services suspended initially; resumption of service via remote methods with triaging of urgent cases (C3) Initial move to one-to-one telephone support. Pilot project then implemented, providing weekly group exercise sessions via videoconferencing (C4) Telephone contact and videoconferencing implemented for patients unable/unwilling to leave home (C5)
GP	Consultations conducted by phone/video rather than face to face (GP1)
IAPT	Assessments, courses and treatments moved to online via webinar or by telephone (IAPT1)

	Move to remote delivery via telephone or videoconferencing. Use of Silver Cloud online platform for CBT and chronic pain (IAPT2)
Secondary	<p>No new patients seen by anaesthetists (S1)</p> <p>Patient appointments via videoconference and telephone. Online pain management programme in developments (S2)</p> <p>Clinic suspended initially. Physiotherapy and psychology serviced resumed via videoconferencing and telephone. Trialing of online pain management programme (S3)</p> <p>Move to initial consultation via videoconferencing and telephone with physiotherapy and psychology via videoconference. Group pain management programme via videoconference in development (S4)</p> <p>Online pain management presentation with audio narration and written transcript made available. Individual assessments via telephone or videoconferencing. Videoconferencing implemented for group programmes incorporating written step-by-step guidance for patients and a pre-group technical orientation session (S5)</p>

4. What are the benefits to these changes in your view, if any?

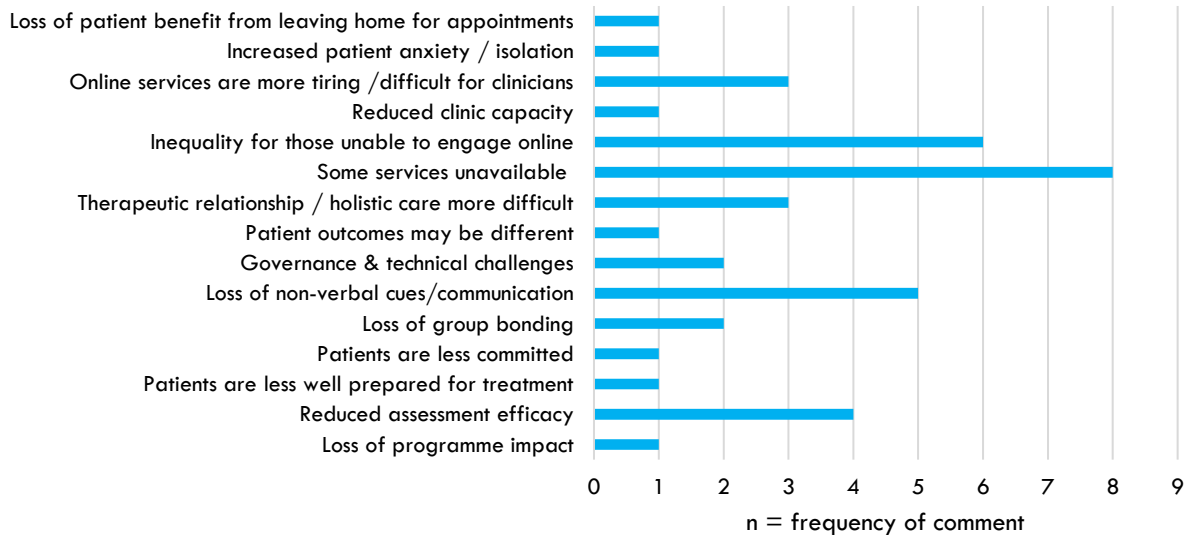


HCP PERCEPTIONS OF BENEFITS TO PATIENTS

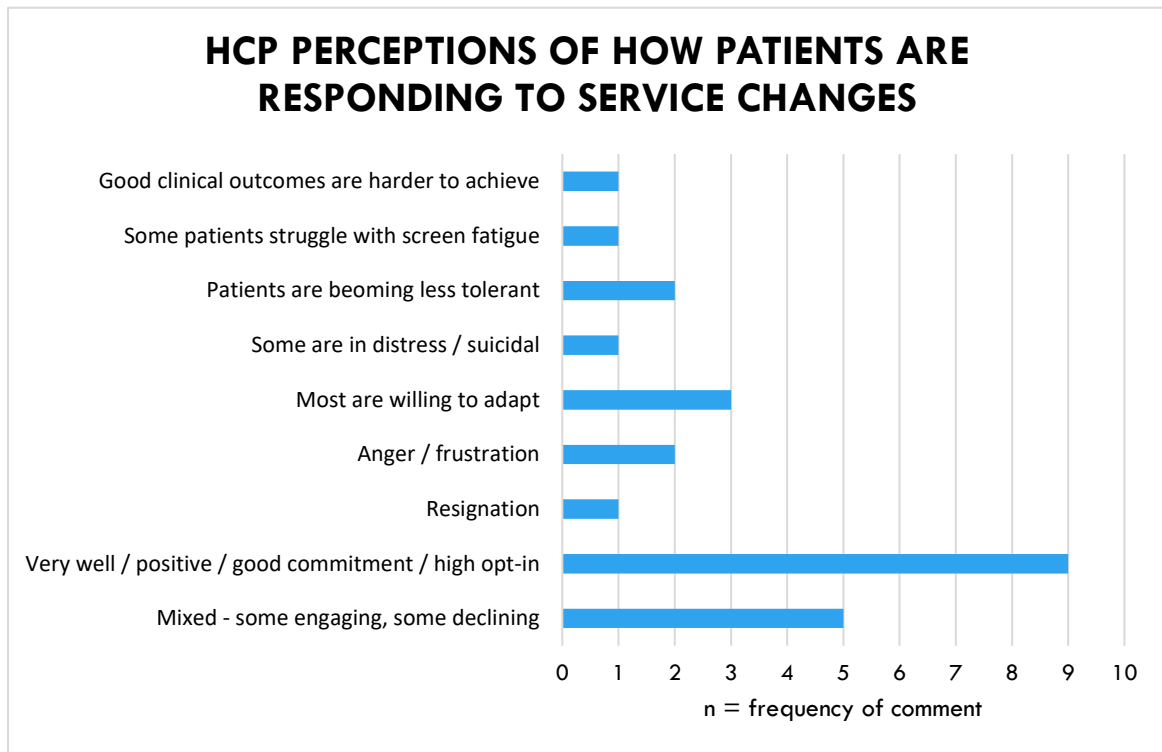


4. What are the disadvantages to these changes in your view, if any?

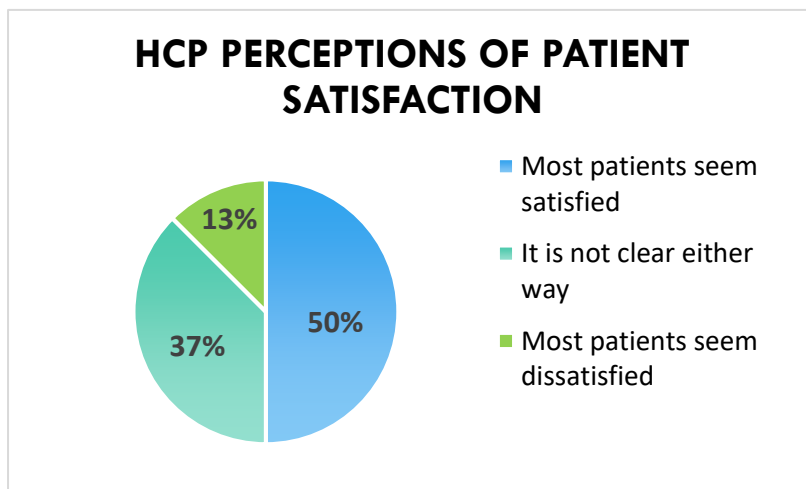
HCP-REPORTED DISADVANTAGES ARISING FROM SERVICE CHANGES



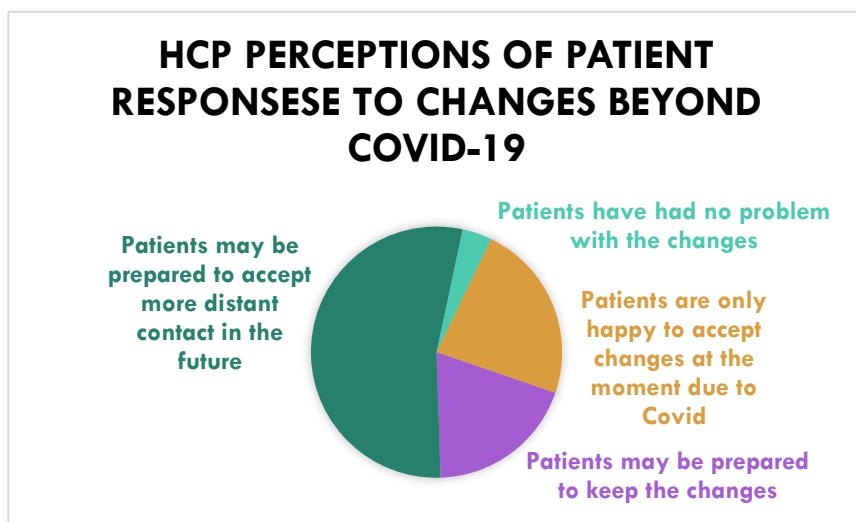
5. How are patients responding to these changes?



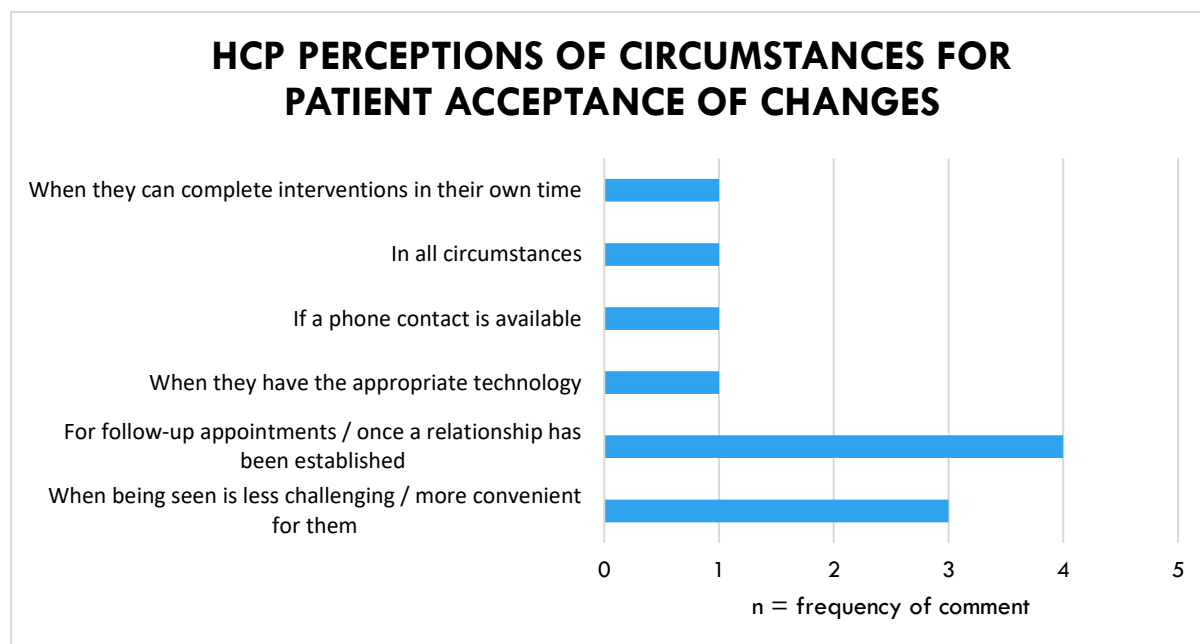
6. What is your impression of the patient experience due to the changes in service provision?



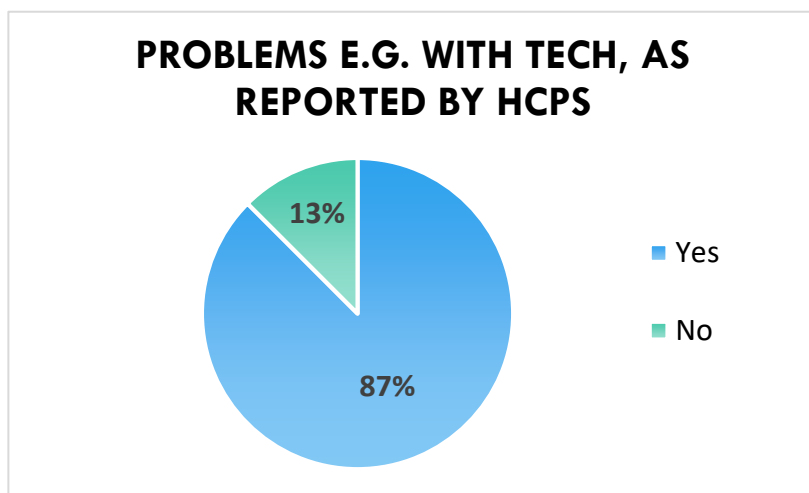
7. Do you think patients may respond differently when we are beyond the Covid-19 situation?



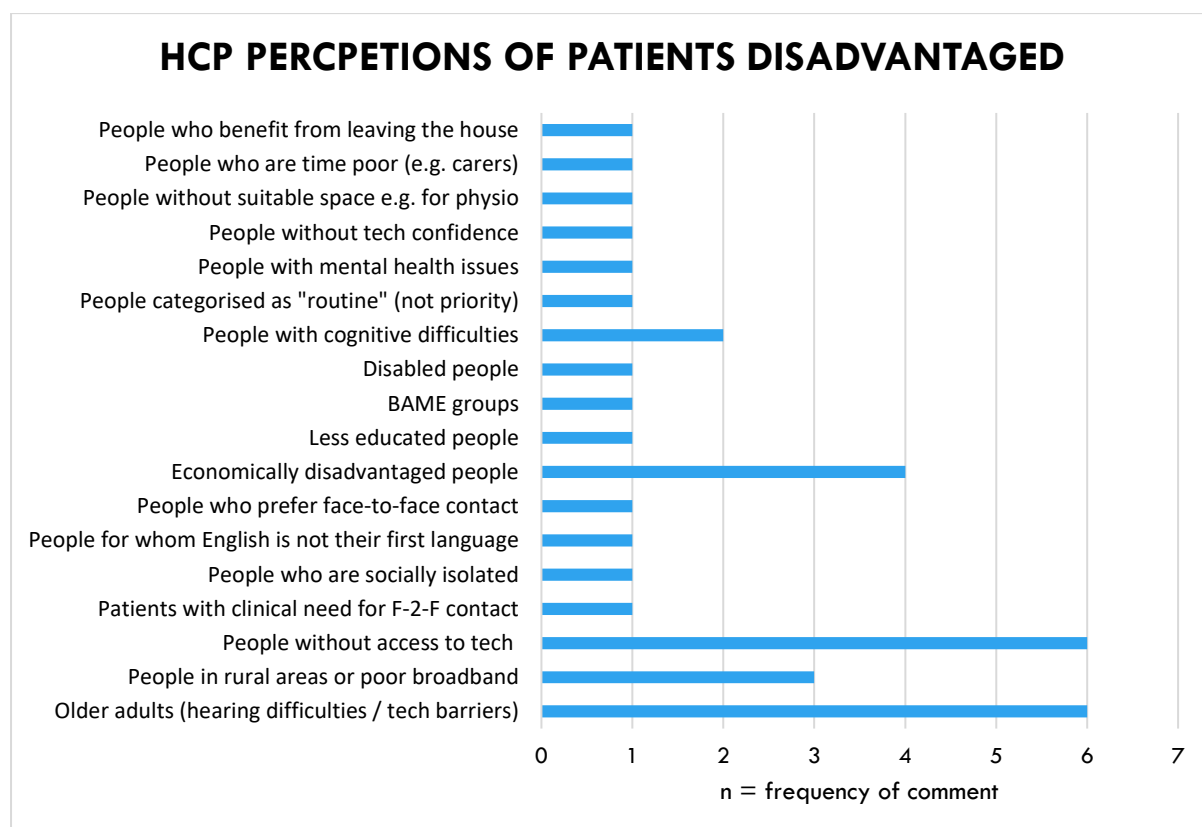
8. In what particular circumstance do you think patients would be more accepting of the changes going forward?



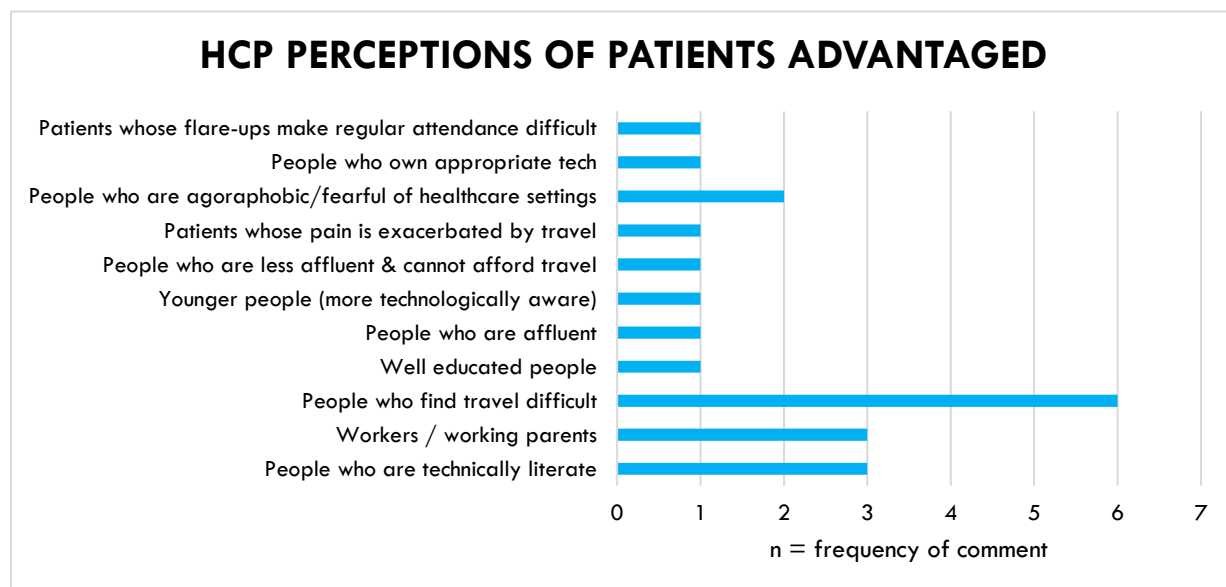
9. Have you experienced any issues with patients not being able to access the services in their current format e.g. technology issues, particular disabilities and other issues that prevent them engaging with the current provision?



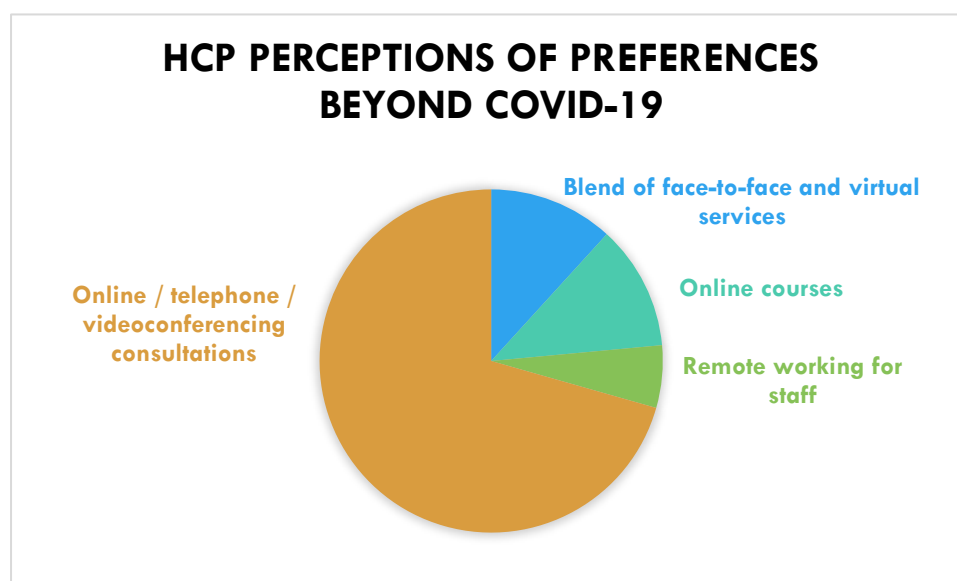
10. Do you think any specific groups/individuals are disadvantaged by the changes in service provision?



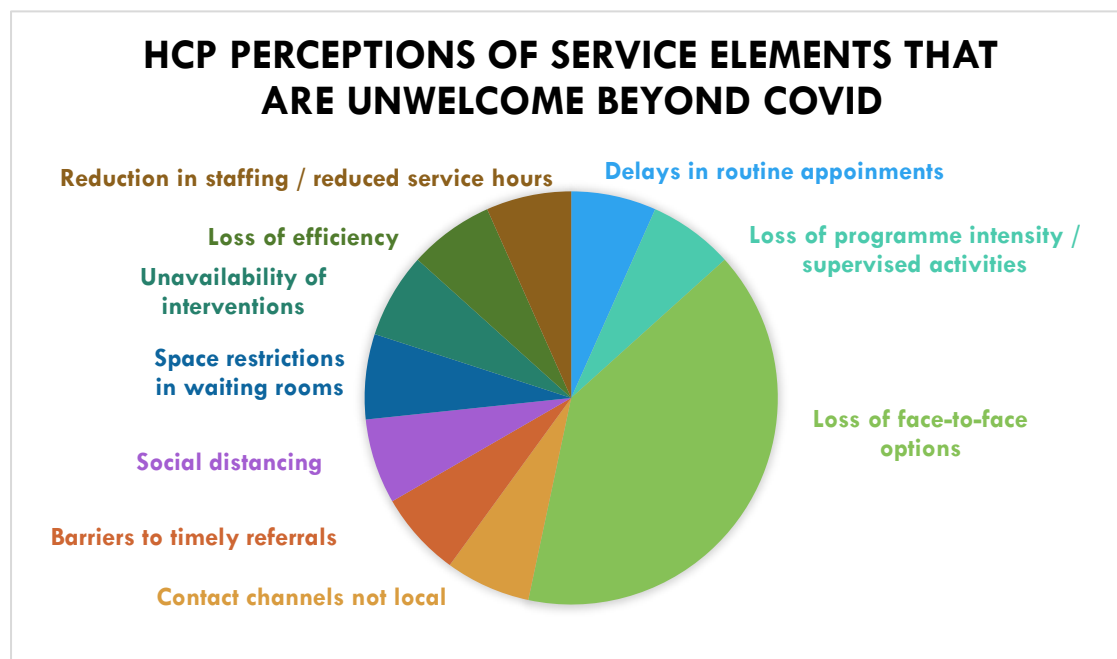
11. Do you think the changes in service provision offer an advantage for any specific groups/individuals?



12. Are there new ways in which you are currently working that you or your patients would like to see carried forward e.g. telephone/video consultations?



13. Are there elements of the current service that you or your patients would not like to see in place this time next year?



14. What do you think the impacts might be, if any, of people delaying seeking help for chronic pain due to the Covid-19 situation?

