During the first year, the questionnaires showed that 70% of patients reported a significant Mandeville, A., Curran, N., Mordecai, L. Addressing Complex Persistent Pain: a novel initiative. International Forum on Quali
Economic
The APP alongside CPT colleagues delivered training to primary
To describe the
This
Physiotherapists with a broad background in multiple areas,
models integrated care
The APP’s interventions were aligned with traditional pain physiotherapy skills and i.e. assessment, activity management, health promotion and pain education within the context of their comorbid conditions.
Unique physiotherapy skills allowed the APP to take the lead on assessments and interventions in the emergency department supported by the CPT where required.
The APP completed initial triage for referrals, including completing assessments, and optimising analgesia (supported by the CNS). Treatment emphasis was on brief pain management intervention and either signposting to relevant local services or follow up in outpatient services.

Aims
• To describe the role of an Advanced Physiotherapy Practitioner (APP) working within a multidisciplinary team with people with complex persistent pain in acute hospital, outpatient and community settings.
• To describe physiotherapy skills required to work in these settings.
• To describe the clinical and activity outcomes of the service

Methods
➢ During the first year, the APP collated information that describes the role and unique skills of the APP as well as clinical outcomes of the CPT in order to describe the role and its impact on clinical and service outcomes.
➢ This was achieved by recording key physiotherapy skills used in practice, particularly where this deviated from typical outpatient work.
➢ In addition, the job description, case notes and discussions within the CPT was collated.
➢ Economic and questionnaire outcomes on quality of life were also recorded and are reported in more detail elsewhere 1,2.

Results

Results Continued
➢ The APP was involved in planning and delivering pain education to health care professionals throughout the organisation, leading on supporting physiotherapists and other AHPs in their specific work areas.
➢ The APP alongside CPT colleagues delivered training to primary care staff (including GPs), held joint appointments with community physiotherapists, and conducted domiciliary sessions.
➢ They participated in multi-sector meetings with social, mental health, ambulance and primary health care services offering insight into the impact of pain across the health economy and, implementing care plans.
➢ Questionnaires showed that 70% of patients reported a significant improvement within one domain of quality of life 1.
➢ Overall, the CPT has realised a £777,000 saving within one year 2.

Figure 2: Distribution of patients seen in A&E
“The ED team has worked closely with the Pain team to improve patient care in relation to pain with patients reporting that they feel listened to and were able to discuss their anxieties or fears about their condition.”

Conclusions
This data provides a detailed snapshot of a specialist pain physiotherapist working to deliver care across traditional boundaries as part of a truly integrated UK inpatient-community-outpatient service for people experiencing persistent pain.

The role:
• provides multiple opportunities for strategic and system leadership
• models integrated care
• requires a willingness to step out of silos
• facilitated by advance practice skills in independent prescribing, procedure listing and imaging.

Implications
➢ This particular role supports the traditional practice of completing a variety of post-registration roles across sectors before specialising.
➢ Physiotherapists with a broad background in multiple areas, flexibility, ability to work with complexity and in a constantly changing environment would be well suited for similar roles.
➢ There is a seldom recognised opportunity for collaborative working between traditional inpatient and outpatient physiotherapists to support this patient group.
➢ There is a strong appetite for pain education amongst non-MSK inpatient therapy areas.

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