

# Single-Arm Observational Service Evaluation: Efficacy of a Single First Contact Practitioner Intervention for Patients with Chronic Musculoskeletal Pain.

Authors: Morley, H. and Day, R.



## Purpose:

Musculoskeletal (MSK) conditions are an enormous burden on our social, economic and healthcare systems accounting for around 22% of General Practitioner (GP) consultations. These conditions are largely managed within primary and community care and this cohort consult with their GP five times more often than those without. This burden is expected to rise with an aged population and at a time when recruitment and retention of GPs is predicted to become increasingly more difficult. First Contact Practitioner (FCP) working as first contacts within primary care is one possible solution. These roles have increased as the support from research, government, staff and patients has grown. APP services within primary care have focused on musculoskeletal (MSK) patients and often comprise of a single APP intervention which may include assessment, diagnosis, advice and exercise prescription. These interventions have been shown in other research to improve Pain self-efficacy (SE).



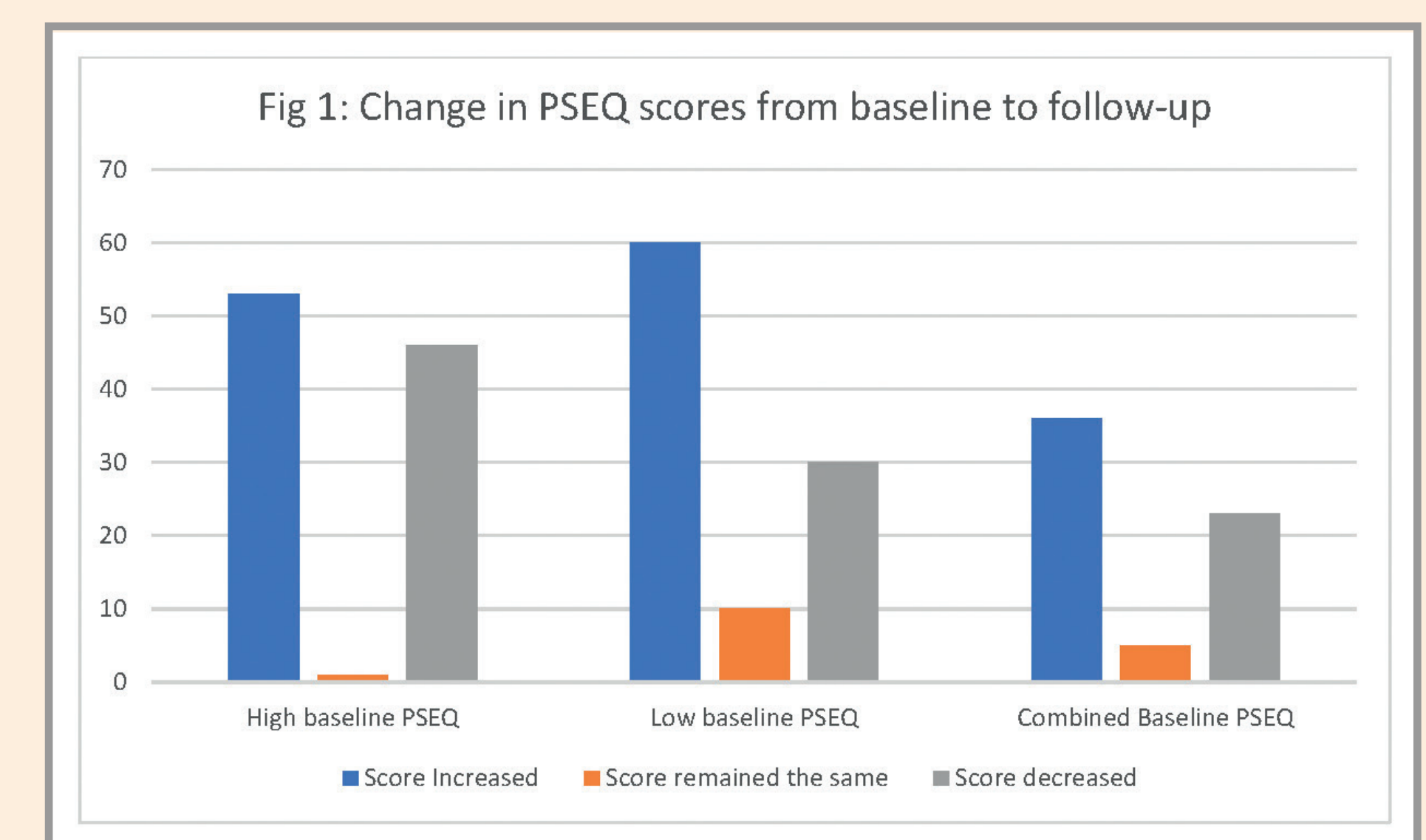
## Methods:

A single arm observational service evaluation pilot was carried out using the Pain Self-Efficacy Questionnaire (PSEQ) before and after a single APP intervention (n=2 APP in the service). Pain intensity data was also extrapolated and analysed independently. A convenience group of 39 patients with chronic MSK pain who met pre-determined inclusion and exclusion criteria were evaluated. 25 patients completed the evaluation, 13 were not contactable to follow up, 1 withdrew due to personal reasons. PSEQ was administered by the APP. Pre-PSEQ was performed pre-consultation in person, post-PSEQ was within 2 weeks of the consultation follow up in person or by telephone. Ethics: The Health Research Authority decision tool, was used to identify if ethics approval was required. It was deemed not required by the local NHS Trust and defined as a service evaluation.



## Results:

- Mean pain-SE at baseline 36.56
- Mean pain-SE at follow-up 41.6
- Mean difference 5.04
- 36% improved Pain-SE scores after a single FCP intervention (23% reduced, 5% unchanged)
- 48% had reduced pain intensity as measured by the NRS after a single FCP intervention
- Patients with low Pain-SE at baseline improved the most with 60% of this subgroup showing improved scores at follow-up
- Using a 0.05 level of significance and a 95% CI the p-value was 0.083233 (CI -10.79489, 0.71489), this indicates a non-statistically significant result.



## Conclusion(s):

In conclusion there was no statistically significant effect on pain-SE for patients with chronic MSK pain when accessing a single APP intervention from the evaluation undertaken, however it does demonstrate there are changes to possible sub groups of patients which would warrant further investigation. Further this evaluation informs and add to the potential feasibility for conducting a future full scale evaluation and/or research study and highlighted areas for further research.



## Implications:

The roll out of FCP services across the country will not only improve access to GP appointments and allow patients to access MSK expertise at the beginning of the pathway but could have a positive impact on their outcomes, such as Pain-SE, in just one single FCP 20minute session.

More primary research is needed in this field to show how the FCP model is beneficial to patients and their condition. Larger sample sizes are needed to test whether the FCP model can show a statistically significant result.

Contact: [hannah.morley4@nhs.net](mailto:hannah.morley4@nhs.net)