

# Shine 2012 final report

“Please stop informing me”: enabling people  
to use internet resources to self-manage  
musculoskeletal pain

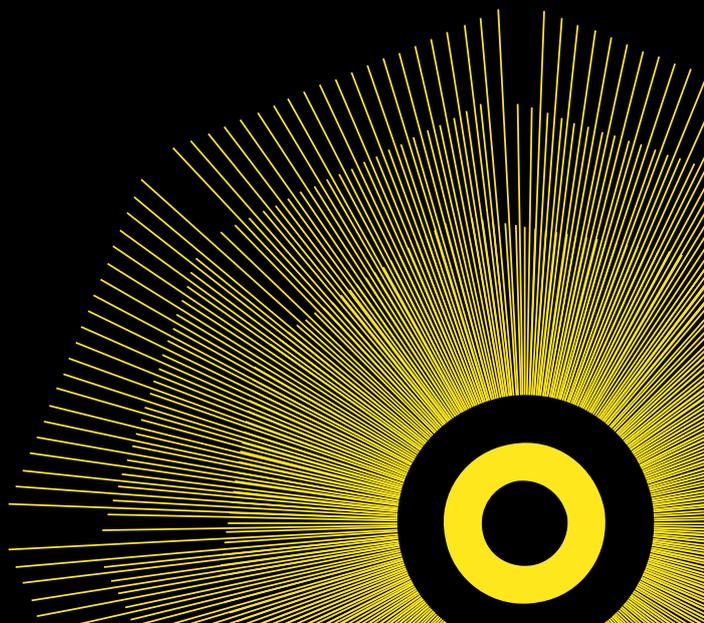
Sloan Medical Centre, Sheffield

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March 2014

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## Part 1. Abstract

**Project title: Please stop informing me. Enabling people to use internet information to self-manage musculoskeletal pain**

**Lead organisation: Sloan Medical Centre, Sheffield**

**Partner organisation: University of Sheffield; Sheffield City Council**

**Lead Clinician: Dr Ollie Hart, GP**

### Abstract

There is evidence of the impact of chronic pain on everyday activities, its association with depression and long-term limiting illness<sup>1</sup>. There is a strong suggestion that helping people to self-manage musculoskeletal pain is better for patients and more cost efficient<sup>2</sup> and that peer-support from Health Trainers (HTs) is critical in facilitating self-management<sup>3</sup>

This project aimed to assess whether provision of web-based information on self-management, with appropriate peer-support, increases the health literacy of people with persistent musculoskeletal pain. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions<sup>4</sup>.

Our evaluation question was: Can use of a web-based resource help people with chronic musculoskeletal pain to improve their health literacy, and contribute to better self-management of their condition?

### Description of innovation

GPs and physiotherapists signposted clients to a website designed to encourage self-management of persistent musculoskeletal pain. These clinicians utilised existing pathways to refer patients to HTs who would support clients on a 1-1 basis. Support focussed on facilitating improvement to client's health literacy by enabling clients to access information; understand the information; evaluate whether the information is relevant to them; and to apply the information to self-manage their condition.

### Methods used for testing / implementing including ethics, plans, measures, methods for evaluation and analysis

Implementation followed an iterative Plan-Do-Study-Act approach (Appendix 2.1)

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<sup>1</sup> Smith B H, Elliott A M, Hannaford P C, Chambers W A, Smith W C. Factors Related to the Onset and Persistence of Chronic Back Pain in the Community: results from a general population follow-up study. Spine 2003; 29(9); 1032-1040.

<sup>2</sup> Health Foundation Oldham report

<sup>3</sup> Harris J et al Evaluation of the Sheffield Community Chronic Pain Programme July 2012

<sup>4</sup> Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies in the 21<sup>st</sup> century. Health Promotion International 2000;15:259-67.

Refinements to the website content and design were made on the basis of feedback from initial user testing, discussion at monthly Stakeholder meetings and Health Trainer supervision sessions.

The methods for assessing success consisted of:

- i. Web-site visitors completing a validated web-based questionnaire to measure health literacy (EU-HL<sup>5</sup>). (Appendix 2.2)
- ii. Semi-structured phone-based interviews focussing on how the website helped clients to: find information about pain-related concerns; help self-manage their pain; and use information in their social networks.
- iii. On-going, and end-of-project facilitated discussion with HTs who had delivered the innovation.
- iv. On-going review of the implementation process through meetings with the Steering Group, participating physiotherapists, GPs, and HTs (through reflective diaries).
- v. Monitoring of website visits from site statistics.

This approach was formally approved by the University Ethics Committee. The project was monitored against the project plan (Appendix 7).

### What went well?

The project team worked cohesively and remained responsive to making refinements to the implementation as challenges emerged. Over time, an optimal way of working developed where HTs used their interpersonal skills to deliver the intervention in a manner that was sensitive and appropriate to clients' needs. The project successfully identified factors which contributed towards clients effective use of the website.

### We learned useful insights to inform future commission decisions

A website containing quality comprehensive information on pain management can be a useful resource for practitioners and patients. However:

- GPs and physiotherapists are unlikely to use the website themselves due to time constraints
- A high quality website can provide a useful reference point for HTs when they need background information.
- Web-based information needs to be integrated with a broader goal-setting package, involving information-seeking
- Attention needs to be given to readiness and variations in learning style
- Materials need to be translated into the languages of the client population

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<sup>5</sup> HLS-EU Consortium (2012): HLS-EU-Q16. The European Health Literacy Survey Questionnaire - short version

- Information-giving websites are likely to promote critical health literacy if used in conjunction with support services to interpret the information.

#### The challenges and how have these been overcome?

Clinicians other than those in the project group needed encouragement to signpost their patients to the site. Simply giving out directions to the website in clinical settings was ineffective. Over time, participating GPs revised their recruitment and signposting methods (Appendix 2.3).

Considerable peer “marketing” was undertaken amongst clinicians to raise awareness of the role of the website in the overall chronic pain pathway. These are continuing to be addressed through presentation to the city wide group of GPs at the Protected Learning.

Secondly, contacting clients previously stating a willingness to be interviewed proved difficult, with some failing to remember their intention. Pre-booking specific timeslots improved adherence

Thirdly, to find the optimal way of integrating the site into routine sessions HT supervision sessions discussed timing of the introducing the site to clients and to ensure the use of the site fitted with the focus of the session. HTs used their interpersonal skills to intuitively assess the potential benefit for a client against these factors.

HTs and clients were unable to see the relevance of the EU-HL approach to testing for health literacy and administration proved difficult.

## Part 2. Quality impact: outcomes

- Nature of setting and innovation i.e. description of where

The initial setting consisted of two key GP practices signposting appropriate patients to the website (Appendix 2.6) and referring to HTs for support. Three other GP practices were involved as well as the physiotherapy service .

- Course of intervention, tests of change, adjustments

People suffering from chronic pain, and meeting eligibility criteria (Appendix 2.4), were referred by general practices either directly to the website, or through their HT or physiotherapist (Appendix 2.5). Feedback from the Stakeholder Group was used to iteratively adjust the mode of delivery.

### The source of the data and how easy it was to access

Data collection strategies consisted of:

- i. GPs and Physiotherapist logging number of referrals to the website
- ii. Online validated questionnaire to measure health literacy
- iii. Qualitative telephone interviews about client experience
- iv. HTs kept reflective diaries
- v. Google analytics data on the website use
- vi. National HT Data Collection and Reporting system (DCRS) monitored numbers interested in accessing web information relevant to their self-management goals

### The validity and reliability of the data

Website aims were used as a framework for analysing qualitative client interviews. The thematic analysis focussed on ability to obtain, process and apply information for self-management. Preliminary themes from the interview transcripts were independently identified by each researcher, and then compared to reach a level of agreement about the final themes.

During the project, approximately 120 patients/clients were referred to the website by GPs, 100 by physiotherapists. However, the numbered information sheets used to log web referrals from GPs and Physiotherapists were difficult to track.

### Changes made demonstrated by data

Data from google analytics suggested that during the study period:

- 4192 people visited the home page [www.sheffieldpersistentpain.com](http://www.sheffieldpersistentpain.com)
- 219 people looked at the HLA questionnaire
- 69 people went on to submit a completed questionnaire (roughly a 1/3 conversion rate)

Some of the clients noted that the information helped them to

- better understand their medication and make efforts to reduce it
- describe their condition and needs more confidently with the doctor
- self-manage their condition through the use of exercise and relaxation

#### Adjustments made to outcome measures from your original application

We tested the feasibility of assessing before-after changes in health literacy but the EU\_HLS questionnaire was not appropriate for the practice environment.

#### Assessment of the effect of your project on the quality of the service and the experience of patients

The website served as a useful 'one stop shop' for HTs which reinforces information about chronic pain that was learned during the initial training.

Finding information in places such as the web was of interest to only one third of the sample population. Access was influenced by computer literacy, trust in website information, reading preferences, usual approach to obtaining health information, and proficiency in English.

People preferred 'bite sized' chunks of information. Pdf information documents were not often downloaded, but videos were popular.

Clients found useful information on relaxation, keeping active, and pacing.

Of the 327 chronic pain clients enrolled in the HT programme during the study period, 34% listed 'use information tools/website' as a self-management goal; 27% wanted to learn about pacing; and 28% wanted to find tips for stretching and exercising. Interview data indicated that the website met these needs.

20% of those who were referred by the HT would not refer others to the site. Interviews indicated that this was due to having English as a second language, and the low use of computers for health information in ethnic and older people.

The results are summarised in Appendix 2.9

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## Part 3. Cost impact

Key cost measures and explanation of how the financial impact has moved on since the beginning of the project.

This is a quality improvement, rather than a cost saving, innovation. Nevertheless, the innovation had to be implemented within budget, and this has been achieved. These cost measures are associated with training and with staff costs in planning and delivering the innovation. The cost benefits are based on reduced use of primary and secondary healthcare facilities.

Feedback from the innovation suggest further website changes, anticipated to be around £1,600 (beyond the SHINE budget).

How the cost of existing services / pathways / packages of care have been estimated.

Once the website has been established and the optimal mode of delivery identified, the innovation will be an extension to an existing care pathway. Additional resource required is firstly, in health professionals directing clients to the website (negligible cost). The second additional element is in extending the role of the HT to incorporate support for the client in relation to the website. As training is an ongoing part of the non-pay HT budget and paid for by centrally this element is provided at no additional cost. The amount of additional resource can be costed at HT's hourly rate but is as yet un-estimated. This is dependent on the extent of the Health Trainer resource to meet demand in referrals from an increased take-up of the pathway across the city.

How the cost of the Shine intervention has been calculated.

The main cost element of the intervention has been in staff time for planning and design, and advocating change.

The intervention is essentially cost-neutral as the website does not cost anything except for on-going updating. However, to get to this point, approximately £15,000 has been spent on establishing an operational website. Future roll-out to other NHS organisations would not incur the same level of set up costs.

Implementation costs (e.g. staff time for training and change management activity)?

Implementation costs have been incurred through:

- modifications to the website as a result of client feedback
- two formal external training sessions for HTs (1.5 days);
- project staff time in delivering informal training to HTs;
- stakeholder staff time in planning the innovation;
- the preparation of supporting information materials.

Most of these costs are envisaged as being negligible in sustaining the ongoing operation of the project, with training new staff being potentially handled in-house now that these skills have been established amongst a critical mass of HTs. Consideration does need to be made for ongoing website maintenance, and marketing to primary care clinicians.

#### Demonstration of cash-releasing saving from your Shine project.

The expectation is that, through self-management strategies, these 'activated patients' make fewer visits to GPs than their 'less activated' counterparts. There is evidence that helping people to self-manage chronic pain is cost efficient<sup>6</sup> and this innovation is one way of facilitating self-management.<sup>7</sup> These potential cost savings would be released when clients' use of the website results in them attending the GP less frequently for their chronic musculoskeletal condition. There is also emerging local evidence that in Sheffield, Health Trainer support is cost effective in that clients make less use of secondary care.<sup>8</sup>

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<sup>6</sup> Health Foundation Oldham report

<sup>7</sup> Health Foundation (2012), Co-creating Health: Evaluation of first phase

*An independent evaluation of the Health Foundation's Co-creating Health improvement programme*

<sup>8</sup> Cain, P. et al, Health Economic analysis of HTs in chronic pain ( awaiting publication )

## Part 4: Learning from your project

Did you achieve all of what you hoped to achieve at the start of the project? If so what helped you do so?

The project identified factors that facilitated optimal use of web-based information in supporting patients with chronic musculoskeletal pain. It succeeded in showing that a central website containing high quality comprehensive information on pain management can be a useful resource for practitioners and patients.

For example was it the contribution of a particular individual or group of people that made the difference? Why was this important?

The personal enthusiasm and conviction of the project leaders inspired others to believe in how the process could benefit patients. Systematic mechanisms were in place to modify the implementation process in response to regular HT feedback. Securing continued funding for the HT service ensured access to skilled workers who could deliver the intervention.

How did you get staff buy-in to carry out this innovation? Were there any approaches more successful than others? Why do you think that was the case?

Involving HTs in the implementation and adapting the delivery on the basis of their feedback made them feel valued and more keen to work on the project. Providing bespoke external training raised the profile of the project for them.

Was it an aspect of organisational culture, technology or policy (national or local) that helped you?

The context in which independent GP contractors operate generates a degree of freedom that enables innovation and creativity.

Please tell us about the challenges and the things that didn't work out quite as planned

Engagement of clinicians was slow and required considerable 'marketing' by project champions. This meant that signposting patients to the website happened less frequently than anticipated.

Measuring health literacy was not successful. The validated questionnaire did not seem appropriate for this particular context and insufficient visitors to the site completed the questionnaire.

It was challenging to engage the clients who were older, less familiar with computer use and had English as a second language. Clients had multiple social and clinical problems alongside chronic pain that needed addressing.

If you didn't achieve what you hoped for, what were the reasons for that?

Referrals to the website from clinicians were less than expected. All practitioners have established approaches to information giving and it therefore takes time to explore and demonstrate how self-management information can be integrated into the current practice and service context

The range of clients who engaged with the site was narrower than originally thought, as a result of the demographics of the client population as noted above.

Were there any aspects of organisational culture, technology or policy (national or local) that acted as a barrier?

The organizational culture of independent GP practices creates difficulty in adopting innovation and the adoption of innovative ideas is dependent on peer to peer influences. Lack of appropriate technology available for patients and members of the public to use in GP practices is a significant barrier.

Did staff change or leave? What impact did that have?

Uncertain funding for the HT programme delayed the start of the project. Staff illness hampered the pace of the evaluation

What did you do to try to overcome the challenges? How successful were these efforts?

Additional staff were found to assist with the evaluation and when HTs left the posts were filled as soon as possible. Regular feedback from those directly involved in implementing the project was critical in adapting the delivery to make it more effective and efficient. There were accounts of GPs changing their behaviour by becoming more targeted in who they signposted to the site on the basis of assessing whether they expected the patient to benefit.

Were your original ambitions realistic given available resources and timescales?

The ambitions of using HTs to facilitate optimal use of the website for self-management of chronic pain were realistic. What was less realistic was in hoping that the website would be of value to a much broader client group and that the enthusiasm of the clinical leads would spread to colleagues.

It was unrealistic to expect large numbers of this particular client group to engage with completing an on-line questionnaire that may have appeared unrelated to their immediate needs.

It may have been unrealistic to expect wide engagement with this particular demographic client group, which included a high proportion of people with English as a second language, older people and people with limited computer access.

What would you do differently next time when implementing an improvement project?

Collecting background information on health literacy levels could be a useful way to measure the gap between literacy and levels needed to understand health information. A

different tool, however, needs to be developed which is more appropriate and acceptable for the service setting.

Having English as a second language was perceived by both HTs and clients to be a deterrent. Consideration should be given to translating the site into languages of the local population.

Promoting the website to health practitioners needs to be targeted to the ways that GPs and patients use information. For example, GPs could be directed to the pages that explain pain medication, which may encourage them to use the pages in patient consultations. Patients could be directed to the pages on exercise and stretching.

## Part 5. Plans for sustainability and spread

How realistic will it be to sustain the benefits of the project beyond March 2014?

Sustaining the benefits is dependent on securing funding for HTs to provide an appropriate level of service to meet the volume of referrals from primary care clinicians. HTs are currently joint funded by the Clinical Commissioning Group and the Council to March 2016. It is their input that is central to maximising the benefit of the website through their interactions with clients.

There is an emerging city-wide strategic approach to promoting self-management which when fully developed will aid adoption.

Sustainability is also strengthened by embedding the innovation as one element of the city's strategic approach to delivering different levels of chronic pain service to meet varying patient needs.

Continued delivery of the intervention is also dependent on training in use of the website being offered to new HTs who join the service. It is expected that this could be provided in-house now that a critical mass of staff have been trained.

A modest level of resource will be required to update the website beyond March 2014.

How do you plan to spread this innovation beyond the Shine award sites? What additional resources (and from who) will you need to support this activity beyond the Shine funding period?

The wider rollout of a city-wide implementation across all GPs is a longer term aim and can be achieved on an incremental basis to accord with available resources. This would involve a certain degree of 'peer-marketing' of good practice amongst clinicians. It will require protocols to be established and prioritised, with on-going monitoring/audit. The first-steps towards a broader roll-out have been taken by agreeing a date to present the innovation at a Protected Learning Initiative – a regular programme of development attended by the majority of GPs in the city.

At a national level, the work is being presented at the Health Literacy Annual conference and has also been accepted at the British Pain Society's annual conference as a poster presentation.

An article will be written for publication and abstracts submitted to conferences on self-management of chronic pain and use of the internet to promote e-health.

The GP leads of the project are often invited to speak at meetings with peers in the city and around the country. Outcomes of the study and guidance on when to use internet resources in self management will be transmitted this way.

Please detail any external interest/potential contacts that you have identified that you need to pursue and those that you have already engaged with?

We have partnered with Kirklees HT service who have adopted a similar model of web-based information. Both websites are being evaluated by the University of Sheffield, and there are plans to compare experiences across the two sites.

The developers of the EU\_HL questionnaire have expressed interest in our use of the web-based questionnaire and we will explore opportunities to share our experiences with the health literacy networks in the EU. Sheffield is part of the Worldwide University Network (WUN), which has an international Health Literacy Group. We will disseminate the learning from the project at upcoming WUN conferences.

The benefits of the project will be disseminated via a conference and workshops involving commissioners and provider in June, as well as the UK national health literacy conference.

## APPENDIX 2. Resources

Please attach any leaflets, posters, presentations, media coverage, blogs etc you feel would be beneficial to share with others

### 2.1 PDSA Approach

<b>Implementation stages</b>	<b>Evaluation data collected</b>	<b>Action</b>
<b>User testing of prototype website</b>	Feedback from observational field notes (N=15)	Modifications to website
<b>Publicising the revised site amongst referring clinicians</b>	Monitoring number of referrals to the site Exploring reasons for low referrals from clinicians	Intensive peer 'marketing' Revised information sheet
<b>Integrating the site into routine service provision</b>	Discussions with HTs, physiotherapists & GPs (N=16)	Amended mode of delivery – timeliness of introduction
<b>Using the site for self-management</b>	Reported website visits Telephone interviews (N=13) Online questionnaire (N=59)	Revised expectation about target beneficiaries

## 2.2. Online Questionnaire used to measure health literacy

(HLS-EU Consortium (2012): HLS-EU-Q16. The European Health Literacy Survey Questionnaire - short version)

### Can you give us your opinion on the website?

This is a new website which is being used by the National Health Service. It is important for us to know whether the information is at the right level and whether people can understand the information on the site. Could you please give us a bit of information about yourself? Your answers will be used to improve the website.

#### About you

G1. How did you hear about the site?

My GP \_\_\_  
My physiotherapist \_\_\_  
My Health Trainer \_\_\_  
Other \_\_\_

G2. Are you

Male \_\_\_ Female \_\_\_

G3. Is English your first language?

Yes \_\_\_ No \_\_\_

G4. What is your ethnicity?

\_\_\_ Arab  
\_\_\_ Asian or Asian British – Indian  
\_\_\_ Asian or Asian British – Pakistani  
\_\_\_ Asian or Asian British – Bangladeshi  
\_\_\_ Asian or Asian British – any other Asian background  
\_\_\_ Black or Black British – Caribbean  
\_\_\_ Black or Black British – African  
\_\_\_ Black or Black British – any other Black background  
\_\_\_ Chinese  
\_\_\_ Mixed – White and Black Caribbean  
\_\_\_ Mixed – White and Black African  
\_\_\_ Mixed – White and Asian  
\_\_\_ Mixed – Any other mixed background  
\_\_\_ White – British  
\_\_\_ White – Irish  
\_\_\_ White – any other White background  
\_\_\_ Any other ethnic origin group

G5. How often do you use the computer?

Every day \_\_\_  
Once or twice each week \_\_\_  
Once or twice each month \_\_\_

G6. How often have you visited this site?

This is my first time \_\_\_  
Twice \_\_\_  
More than twice \_\_\_

## About your health knowledge

	On a scale from very easy to very difficult, how easy would you say it is to: ...	1 very difficult	2 fairly difficult	3 fairly easy	4 very easy	5 don't know
Q1	find information on treatments of illnesses that concern you?					
Q2	find out where to get professional help when you are ill?					
Q3	understand what your doctor says to you?					
Q4	understand your doctor's or pharmacist's instruction on how to take a prescribed medicine?					
Q5	judge when you may need to get a second opinion from another doctor?					
Q6	use information the doctor gives you to make decisions about your illness?					
Q7	follow instructions from your doctor or pharmacist?					
Q8	find information on how to manage mental health problems like stress or depression?					
Q9	understand health warnings about behaviour such as smoking, low physical activity and drinking too much?					
Q10	understand why you need health screenings?					
Q11	judge if the information on health risks in the media is reliable?					
G12	decide how you can protect yourself from illness based on information in the media?					
G13	find out about activities that are good for your mental well-being?					
Q14	understand advice on health from family members or friends?					
Q15	understand information in the media on how to get healthier?					
Q16	judge which everyday behaviour is related to your health?					

## Has the website been useful to you?

- G7. The website has helped me to learn more about persistent pain Yes\_\_ No\_\_
- G8. The website has given me some useful tips on how to manage my pain Yes\_\_ No\_\_
- G9. I would recommend this website to others Yes\_\_ No\_\_

If You are happy to discuss further with a researcher please leave your contact details below (all information will be held in strict confidence)

### 2.3 Patient information sheet

Our website is: [www.sheffieldpersistentpain.com](http://www.sheffieldpersistentpain.com)

Please tell us what you think about the site (It takes 5mins)



# We Value Your Views

•Health care professionals and patients have set up a website to help people to manage their persistent pain. Will you help us?

1 -We would like you to look at the website and tell us what you think.

2- Please fill in the online brief questionnaire (see directions overleaf)

3 -If you are happy to discuss further with a researcher (by phone or in person) please leave your details at the end of the questionnaire (this data is secure)

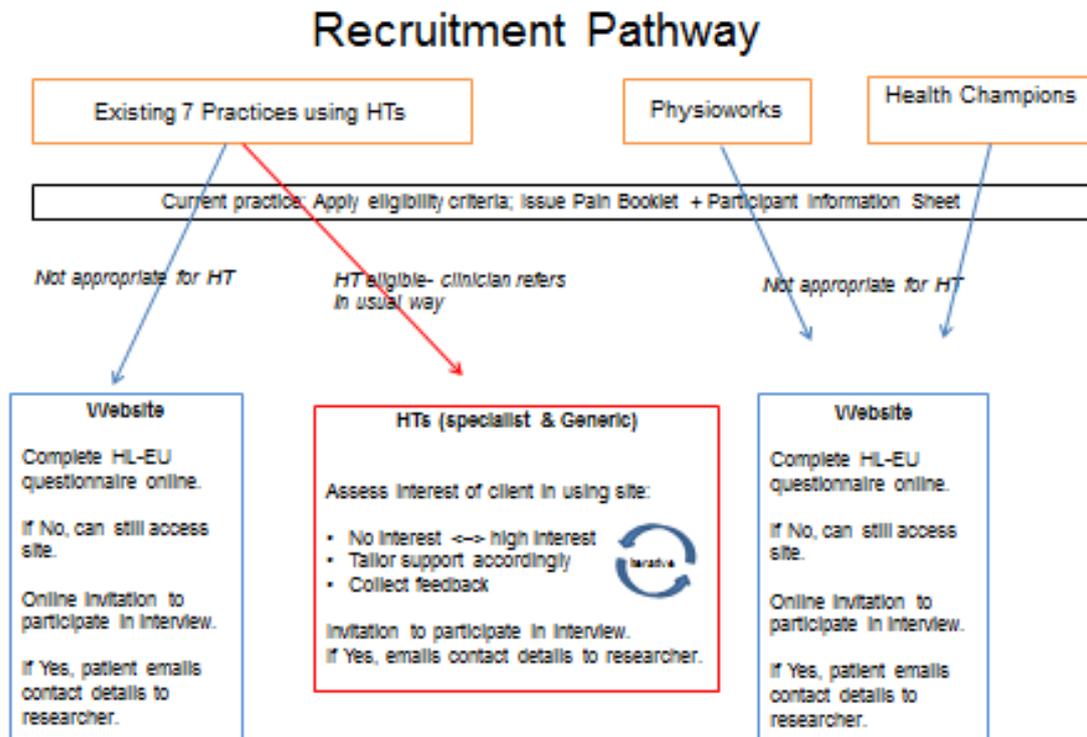
- To go to our website: type sheffieldpersistentpain into Google.
- Or , you can type [www.sheffieldpersistentpain.com](http://www.sheffieldpersistentpain.com) in the search box at the top of your internet screen.

## 2.4. Eligibility Criteria for referral

### Eligibility Criteria for referral to Health Trainers

- Inclusion criteria:
  - a) Over 18 years of age.
  - b) Diagnosed in primary care with pain related to a chronic musculoskeletal condition, for which online self help material is available through [www.sheffieldpersistentpain.com](http://www.sheffieldpersistentpain.com).
  - c) Willing to participate in self management of their condition.
- Exclusion criteria:
  - a) Unable to read web based material in English language.
  - b) Condition where serious underlying pathology suspected, that needs urgent specialist care.
  - c) Significant mental health problem or learning difficulties which may affect ability to utilise self help material

## 2.5 Recruitment Pathway



## 2.6. Website home page (showing link to the SHINE project)

**Sheffield Persistent Pain**

Home Persistent Pain Professional Resources About Us

**You're not alone - nearly 1 in 7 people suffer from persistent pain and 20% have suffered for more than 20 years**

**Quick links**

- Aches & Pains Hub**
- What is persistent pain?**
  - > The Cycle of Pain
  - > Assessing your progress
  - > Shine Research project
  - > Acceptance
  - > Goal setting
  - > Flare-ups or setbacks
- Professional Resources**
  - > Patient info
  - > Opiates pathway
  - > Neuropathic pain pathway
- Accessibility**
- Feedback**

Sheffield is estimated to have up to 84,000 people with persistent or chronic pain.

This website can help you understand what persistent pain is and offers tips, advice and information to help you self-manage your condition and enjoy a better quality of life.

It has been created by people who successfully live with persistent pain, working with healthcare professionals such as physiotherapists, doctors, psychologists and pain specialists.

Explore the site and discover for yourself ways to have a better life despite pain.

**Are you suffering with persistent pain?**

- > What is persistent pain?
- > Coping with persistent pain
- > Living with pain in Sheffield

**Living better with pain**

- > Learn more about pain
- > Getting fitter and healthier
- > Managing moods
- > Sleep and tiredness
- > Managing flare-ups
- > Life and relationship issues

Understanding Pain: What to do...

0:00 / 5:01 YouTube

**Sheffield Persistent Pain** **Sheffield Back Pain** **Sheffield Shoulder Pain** **Sheffield Hand & Elbow Pain** **Sheffield Foot & Ankle Pain** **Sheffield Knee & Hip Pain**

## Sample Web pages

### > What is persistent pain?

- > Commonly asked questions
- > Explaining some common terms
- > Conditions
- > The cycle of pain
- > Assessing your progress
- > Useful links

### > Coping with persistent pain

### > Living with pain in Sheffield

## Changing the impact of pain

The Cycle of Pain illustrates the problems that often happen when you live with pain. It is very common for one problem to lead to another, trapping you in a constant 'vicious cycle'. It can make you feel things just continue to get worse and worse.

Many people with pain have found ways to help themselves with these issues. It is possible to break or change this cycle of how pain controls your life.

Hovering over each red 'problem circle' reveals a green solution. Click on the circle to take you to more advice on how to manage these common problems. Use the ideas or solutions in the green areas to work towards a better quality of life.

The information here links to the [localised](#) section - another way to explore possible solutions is to work through this menu. The [Pain Toolkit](#) resource may also be a helpful starting point.



- Home
- Persistent Pain
- Professional Resources
- About Us
- Search

Quick links

Supported by:

### > What is persistent pain?

### > Coping with persistent pain

- > Learn more about pain
- > Getting fitter and healthier
- > Managing moods
- > Sleep and tiredness
- > Pacing and managing flare-ups
  - > Action planning and goal setting
  - > Boom and bust cycle
  - > Flare-ups or setbacks
- > Life and relationship issues
- > Treatments

### > Living with pain in Sheffield

## Action planning and goal setting

An action plan helps to balance activities every day. Start with planning easy-to-achieve goals or activities then prioritise the goals into three parts - activities that:

- must be done today
- those that might be done in the next few days
- and ones that need not be done at all or could be done by others

Planning like this really does help to improve confidence. Watch this video to hear how some people with chronic pain have benefited.

You can also use goal setting skills - see the information sheet on this page. Make it easy and build a SMART goal;

**S = specific activity** (something active and enjoyable)

**M = measurable** (how far you or how long or how often you have done the activity)

**A = achievable** (can do it everyday at chosen time)

**R = realistic** (possible to do in time and place where you are)

**T = time bound** (set time for length of activity to reduce unhelpful overdoing or underdoing the activity)

Build up slowly and steadily. When the activity becomes very easy to do, increase the time or distance. You can also make a new activity goal or choose to maintain the same activity everyday. It can help to find activity programmes in your area to help you start and keep going so check out the [localised](#) section.



Goal setting



## 2.7. Project Plan

Updated: 27th Feb, 2014

	2012				2013												2014		
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M		
<b>Set Up:</b>																			
Establish Project team identity and roles	done																		
Circulation of Project initiation documents	done																		
Establish accountability arrangements	done																		
Brief web site developers	done																		
Brief signposters to website (GPs phvsios)																			
Brief commissioning teams			done																
Recruit participating GP practices (cumulative)			behind	2	2	2	2	4	6										
Secure source of peer support	behind	behind	behind	behind	done														
<b>Phase 1: Refinement of website on the basis of feedback (funded separately)</b>																			
Gather feedback on existing site				done	done														
Analysis: identify barriers and facilitators to website use				done	done														
Specify changes to website				in progress	in progress	done													
Amend and extend current website on basis of feedback						in progress													
<b>Phase 2: Test acceptance of the website with/without peer support</b>																			
Patients directed to website / referred to HT (add numbers?)						in progress													
Training of health trainers							behind	in progress	done										
Develop documented protocol for referring patients to trainers				behind	behind	behind	done												
Produce patient information materials					in progress	done													
Test referral pathway							behind	in progress											
Delivery of Health Trainer peer support intervention							behind	in progress											
HTs gather qualitative feedback from patients																			
Completed questionnaires. Cumulative target / actual (hard copies in brackets)							10 / 3	30 / 8	50 / 32	80 / 43	95 / 50	110 / -							
Interviews completed with SUPPORTED clients. Cumulative target / actual									2 / -	8 / -	16 / -	25 / -							
Interviews completed with UNSUPPORTED clients. Cumulative target / actual									2 / -	8 / -	16 / -	25 / -							
Analyse qualitative interviews													done						
Incorporate HT feedback													done						
Analyse changes in health literacy													done						
Amend website on basis of feedback														in progress					
Analysis: identify factors that facilitate improved health literacy														done					
<b>Phase 3: Maximising potential benefit</b>																			
Analysis: identify cohort who benefits most													done						
Develop assessment tool to identify those who benefit most																			
Produce summary report for Sponsors															in progress				
Produce full report															done				
Dissemination																			
Develop publicity material for clinicians																			
Develop a strategy for maximising benefit to potential beneficiaries																			

done	done
in progress	in progress
behind	behind
not started	not started

## 2.8. Participants demographic data

<b>Gender</b>	
Male	20 (32.3%)
Female	41 (66.1%)
<b>Ethnicity</b>	
White British	50 (80.6%)
Asian or Asian British	4 (6.5%)
Black or Black British	1 (1.6%)
Mixed	2 (3.3%)
Other	4 (6.5%)
<b>Is English your first language?</b>	
Yes	57 (91.9%)
No	5 (8.1%)
<b>Frequency of computer use</b>	
Daily	30 (48.4%)
1-2 time per week	11 (17.7%)
1-2 times per month	13 (21.0%)
<b>How did you hear about the website?</b>	
GP	33 (53.2%)
Health Trainer	22 (35.5%)
Physiotherapist	1 (1.6%)
Other	6 (9.7%)
<b>Frequency of website visits</b>	
1	37 (59.7%)
2	11 (17.7%)
>2	10 (16.1%)

## 2.9 Results

### General level of health literacy

#### HLS-EU-Q Questionnaire<sup>1</sup>

N=62

	<b>On a scale from very easy to very difficult, how easy would you say it is to:</b>	<b>1 Very difficult</b>	<b>2 Fairly difficult</b>	<b>3 Fairly easy</b>	<b>4 Very easy</b>	<b>5 Don't know</b>
<b>Q1</b>	Find information on treatments of illnesses that concern you?	4.8%	14.5%	45.2%	30.6%	3.2%
<b>Q2</b>	Find out where to get professional help when you are ill?	4.8%	11.3%	37.1%	43.5%	-
<b>Q3</b>	Understand what your doctor says to you?	4.8%	9.7%	32.3%	50.0%	1.6%
<b>Q4</b>	Understand your doctor or pharmacist's instruction on how to take a prescribed medicine?	3.2%	4.8%	29.0%	56.5%	3.2%
<b>Q5</b>	Judge when you may need to get a second opinion from another doctor?	8.1%	35.5%	21.0%	17.7%	16.1%
<b>Q6</b>	Use information the doctor gives you to make decisions about your illness?	4.8%	16.1%	41.9%	27.4%	8.1%
<b>Q7</b>	Follow instructions from your doctor or pharmacist?	1.6%	8.1%	24.2%	61.3%	3.2%
<b>Q8</b>	Find information on how to manage mental health problems like stress or depression?	11.3%	19.4%	37.1%	27.4%	-
<b>Q9</b>	Understand health warnings about behaviour such as smoking, low physical activity and drinking too	-	6.5%	19.4%	66.1%	4.8%
<b>Q10</b>	Understand why you need health screenings?	-	8.1%	17.7%	64.5%	6.5%
<b>Q11</b>	Judge if the information on health risks in the media is reliable?	4.8%	25.8%	38.7%	17.7%	9.7%
<b>Q12</b>	Decide how you can protect yourself from illness based on information in the media?	4.8%	22.6%	32.3%	22.6%	12.9%
<b>Q13</b>	Find out about activities that are good for your mental well-being?	6.5%	22.6%	32.3%	32.3%	3.2%
<b>Q14</b>	Understand advice on health from family members or friends?	-	12.9%	29.0%	45.2%	9.7%
<b>Q15</b>	Understand information in the media on how to get healthier?	4.8%	12.9%	30.6%	40.3%	8.1%

<b>Q16</b>	Judge which everyday behaviour is related to your health?	6.5%	12.9%	25.8%	45.2%	4.8%
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Table 2: Percentage of All HLS-EU-Q Health Literacy Matrix Items for Total (N= 8102) (HLS-EU Consortium, 2012)

	<b>On a scale from very easy to very difficult, how easy would you say it is to: ...</b>	<b>1 Very difficult</b>	<b>2 Fairly difficult</b>	<b>3 Fairly easy</b>	<b>4 Very easy</b>	<b>5 Don't know</b>
<b>Q1.2</b>	find information on treatments of illnesses that concern you?	5.0%	20.9%	46.3%	24.1%	3.7%
<b>Q1.4</b>	find out where to get professional help when you are ill?	2.2%	9.6%	46.6%	40.7%	0.9%
<b>Q1.5</b>	understand what your doctor says to you?	2.2%	13.0%	46.5%	37.4%	0.9%
<b>Q1.8</b>	understand your doctor's or pharmacist's instruction on how to take a prescribed medicine?	0.9%	5.6%	46.0%	46.9%	0.7%
<b>Q1.11</b>	judge when you may need to get a second opinion from another doctor?	7.2%	29.5%	39.5%	19.1%	4.7%
<b>Q1.13</b>	use information the doctor gives you to make decisions about your illness?	3.0%	19.3%	50.9%	23.4%	3.4%
<b>Q1.16</b>	follow instructions from your doctor or pharmacist?	0.7%	4.9%	43.2%	50.8%	0.4%
<b>Q1.18</b>	find information on how to manage mental health problems like stress or depression?	7.1%	24.5%	40.0%	22.8%	5.6%
<b>Q1.21</b>	understand health warnings about behaviour such as smoking, low physical activity and drinking too much?	1.8%	8.4%	46.5%	41.8%	1.6%
<b>Q1.23</b>	understand why you need health screenings?	1.4%	8.7%	45.7%	42.5%	1.6%
<b>Q1.28</b>	judge if the information on health risks in the media is reliable?	7.9%	31.9%	38.8%	15.9%	5.4%
<b>Q1.31</b>	decide how you can protect yourself from illness based on information in the media?	6.6%	28.8%	42.1%	18.4%	4.1%
<b>Q1.33</b>	find out about activities that are good for your mental well-being?	4.8%	16.9%	44.1%	30.2%	3.9%
<b>Q1.37</b>	understand advice on health from family members or friends?	2.2%	10.5%	50.7%	34.1%	2.6%
<b>Q1.39</b>	understand information in the media on how to get healthier?	4.3%	18.2%	49.1%	25.3%	3.0%
<b>Q1.43</b>	judge which everyday behaviour is related to your health?	2.2%	10.2%	50.9%	35.1%	1.5%

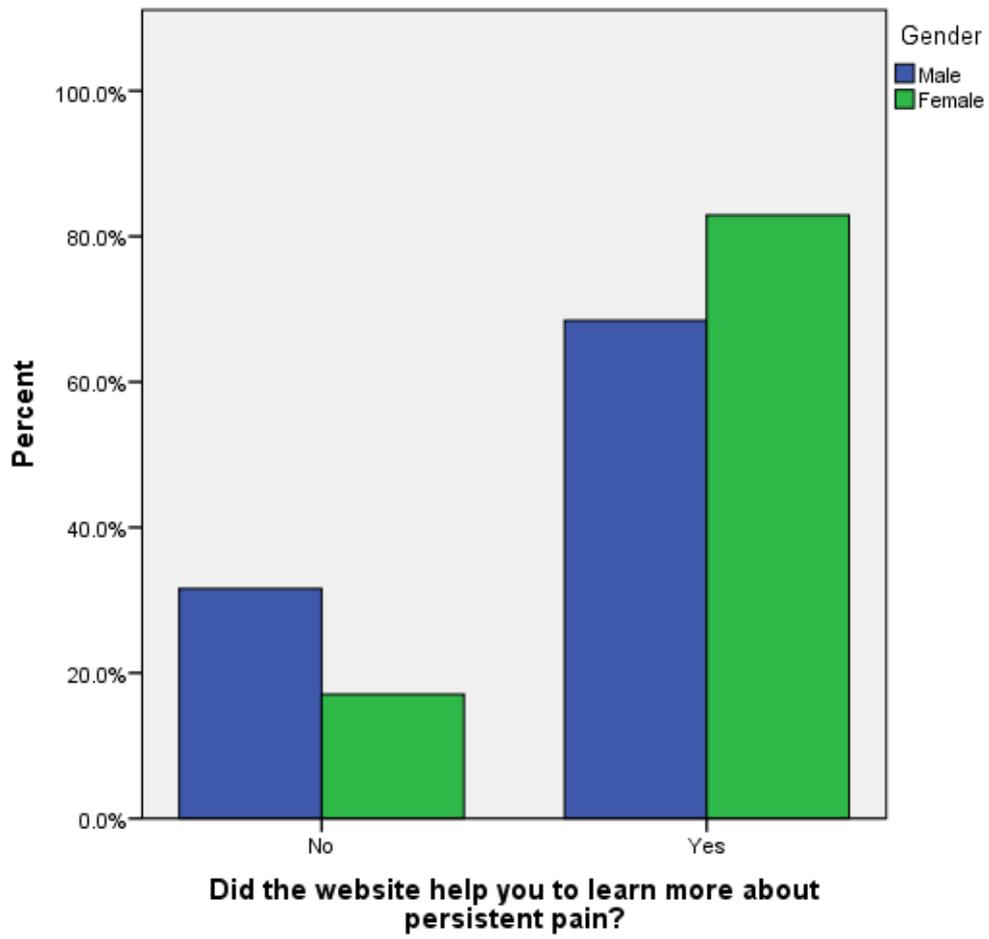
Participant characteristics of questionnaire respondents, interview participants and entire chronic pain cohort			
	Gender		
	HLS-EU Sample	Interview Sample	Chronic Pain Cohort
Male	32.3%	26.70%	26.5%
Female	66.1%	73.30%	73.5%
	Ethnicity		
White British	80.6%	80.00%	72.3%
Asian or Asian British	6.5%	13.30%	14.5%
Black or Black British	1.6%	-	2.9%
Mixed	3.3%	-	3.2%
Other	6.5%	6.70%	6.9%

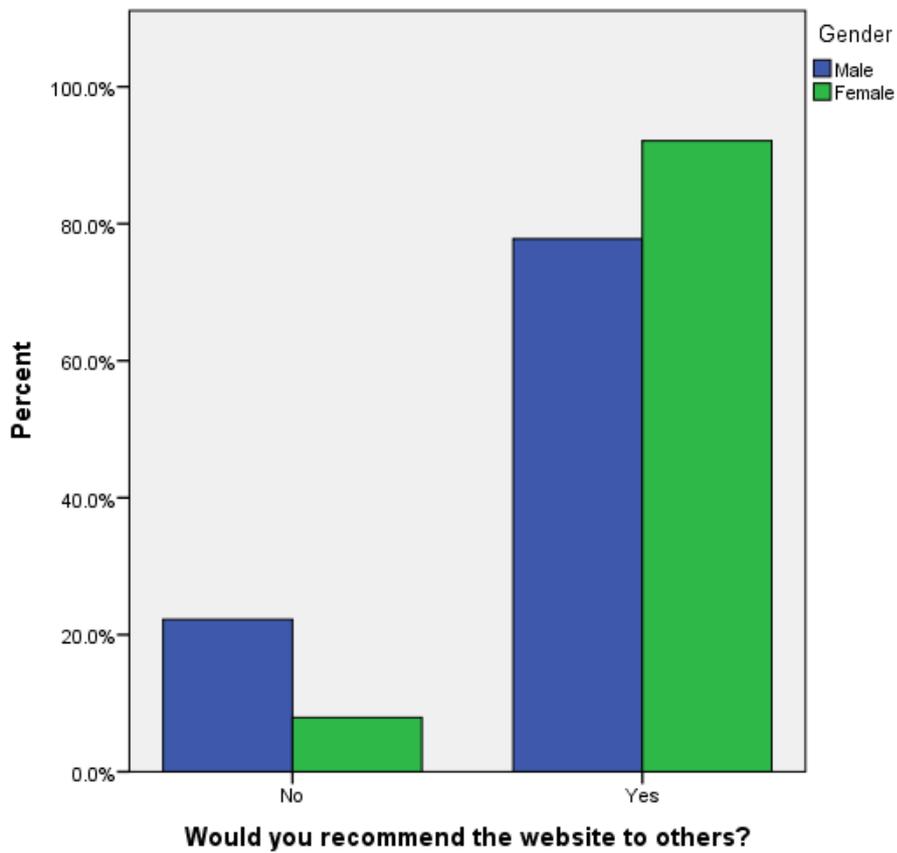
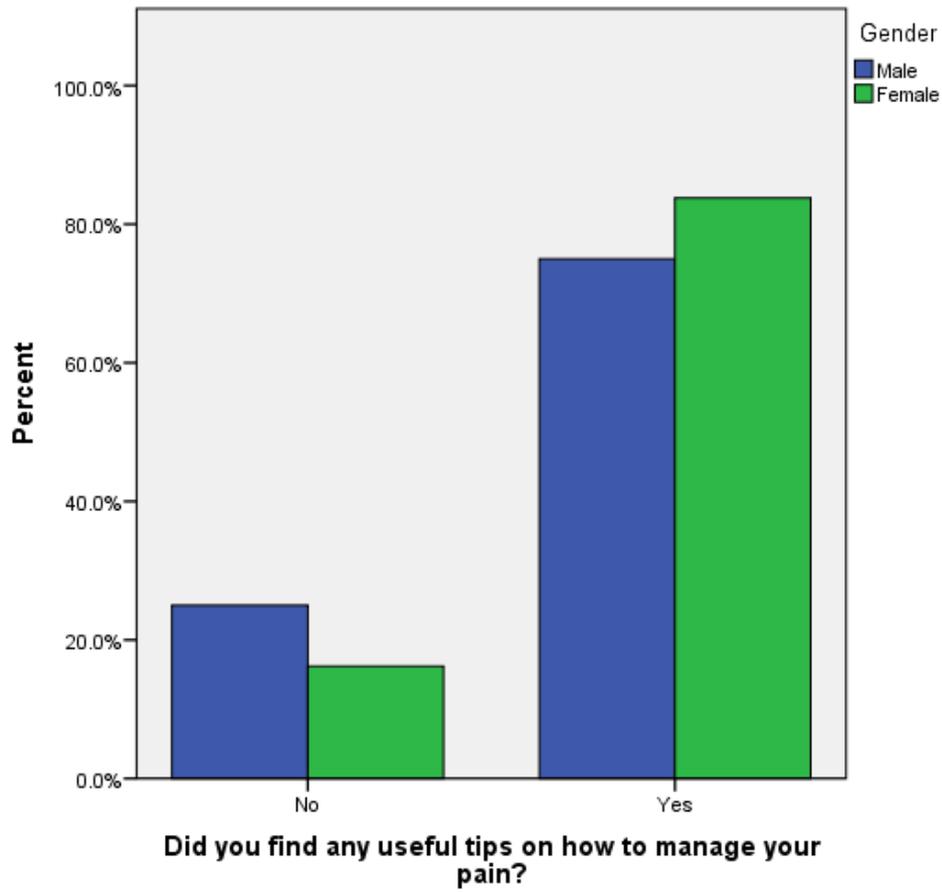
<b>The website has helped me to learn more about persistent pain</b>	
Yes	47 (75.8%)
No	14 (22.6%)
Missing	1 (1.6%)
<b>The website has given me some useful tips on how to manage my pain</b>	
Yes	46 (74.2%)
No	12 (19.4%)
Missing	4 (6.8%)
<b>I would recommend this website to others</b>	
Yes	50 (80.6%)
No	7 (11.3%)
Missing	5 (8.1%)

### Learning, tips and recommendation by gender

Proportion of males and females recording a positive (yes) answer to questions:

	Male	Female	Total
<b>The website has helped me to learn more about persistent pain</b>	13 (68.4%)	34 (82.9%)	47 (78.3%)
<b>The website has given me some useful tips on how to manage my pain</b>	15 (75.0%)	31 (83.8%)	46 (80.7%)
<b>I would recommend this website to others</b>	14 (77.8%)	35 (92.1%)	49 (87.5%)

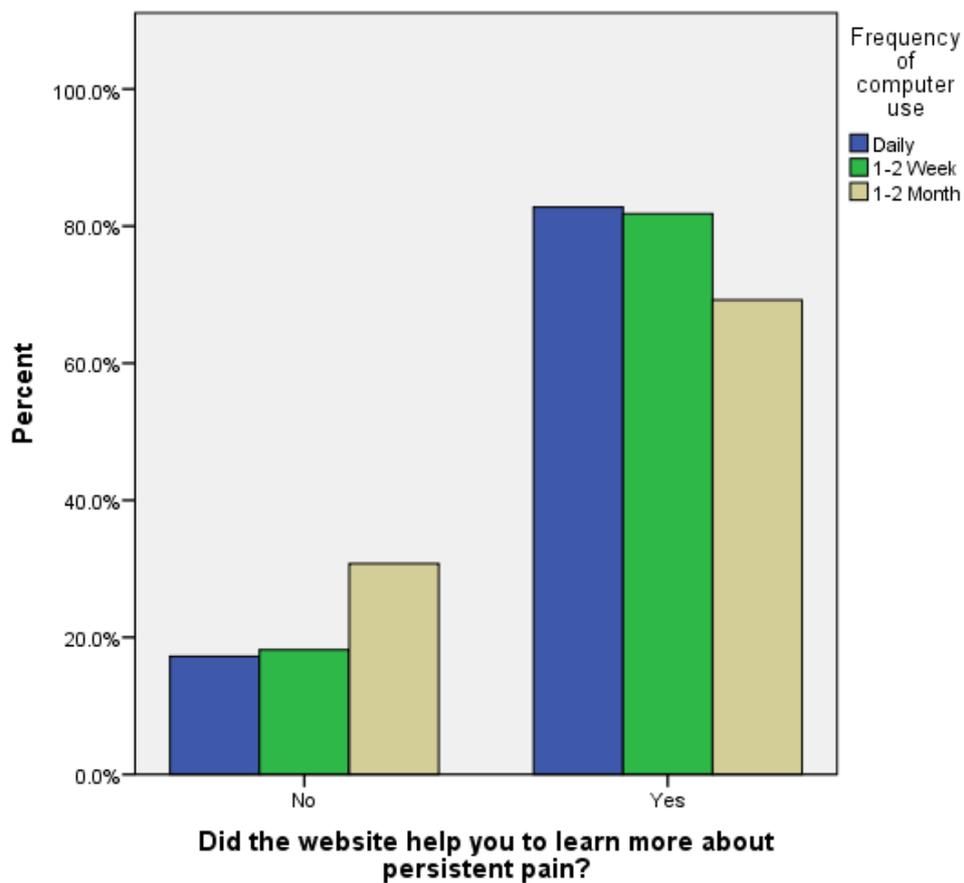


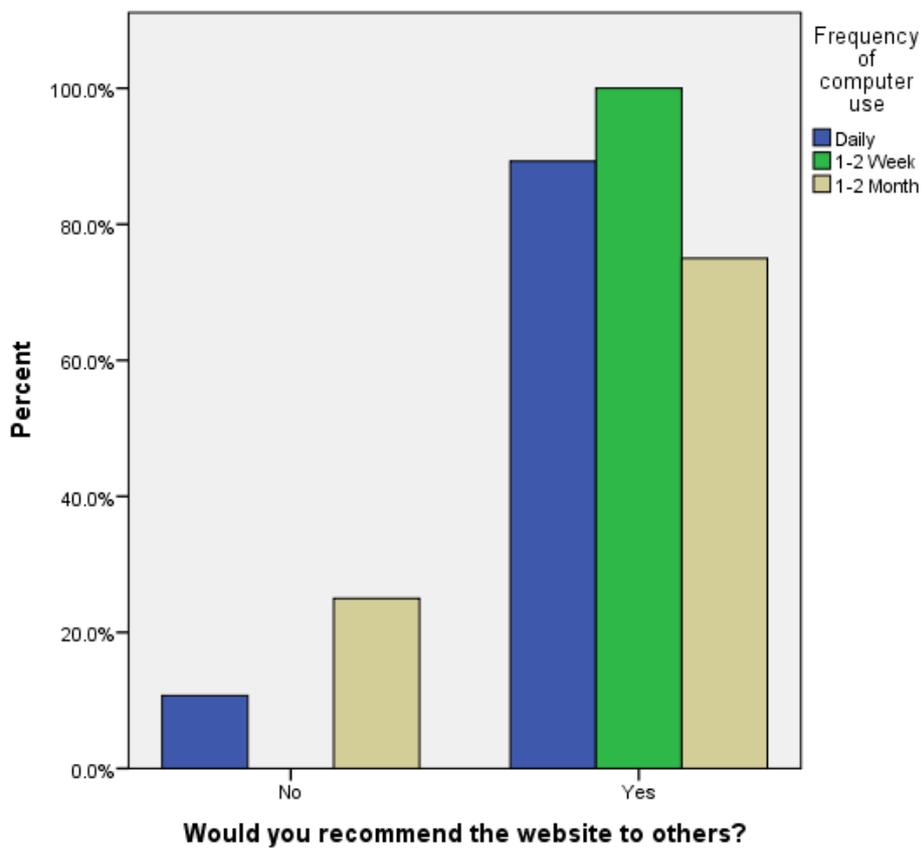
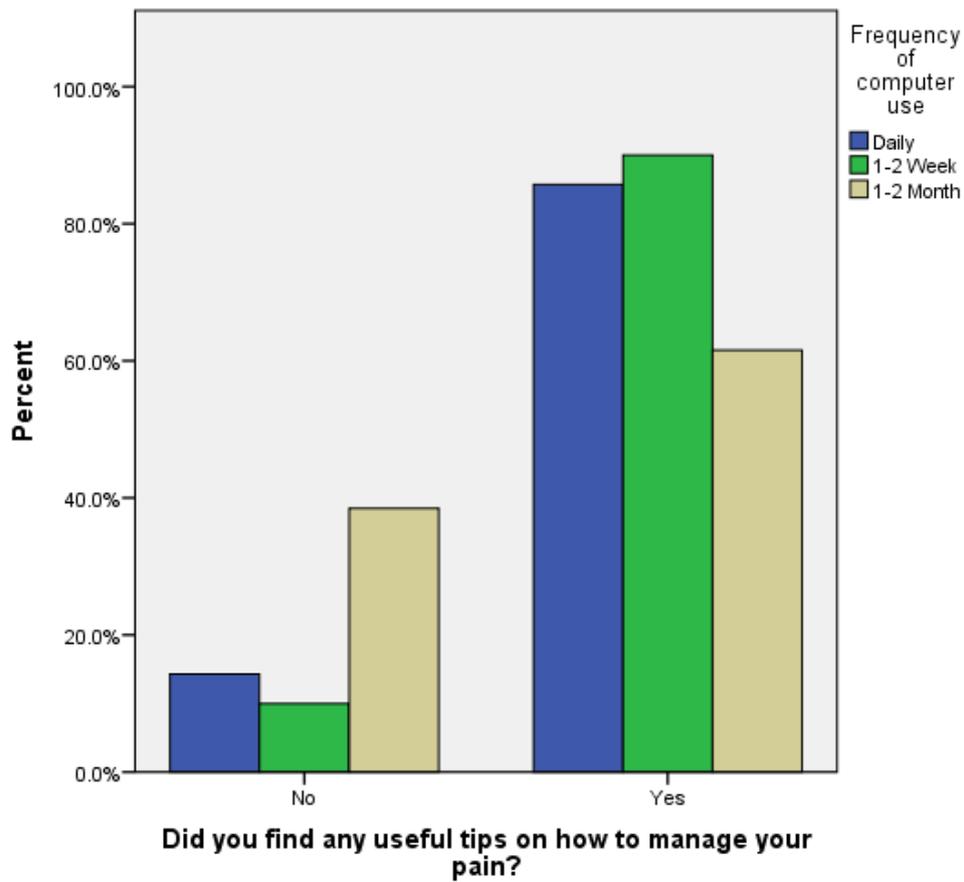


## Learning, tips and recommendation by computer use

Proportion of daily, weekly and monthly computer users recording a positive (yes) answer to questions:

	Daily	1-2 times per week	1-2 times per month	Total
The website has helped me to learn more about persistent pain	24 (82.8%)	9 (81.8%)	9 (69.2%)	44 (79.2%)
The website has given me some useful tips on how to manage my pain	24 (85.7%)	9 (90.0%)	8 (61.5%)	41 (80.4%)
I would recommend this website to others	25 (89.3%)	10 (100.0%)	9 (75.0%)	44 (88.0%)

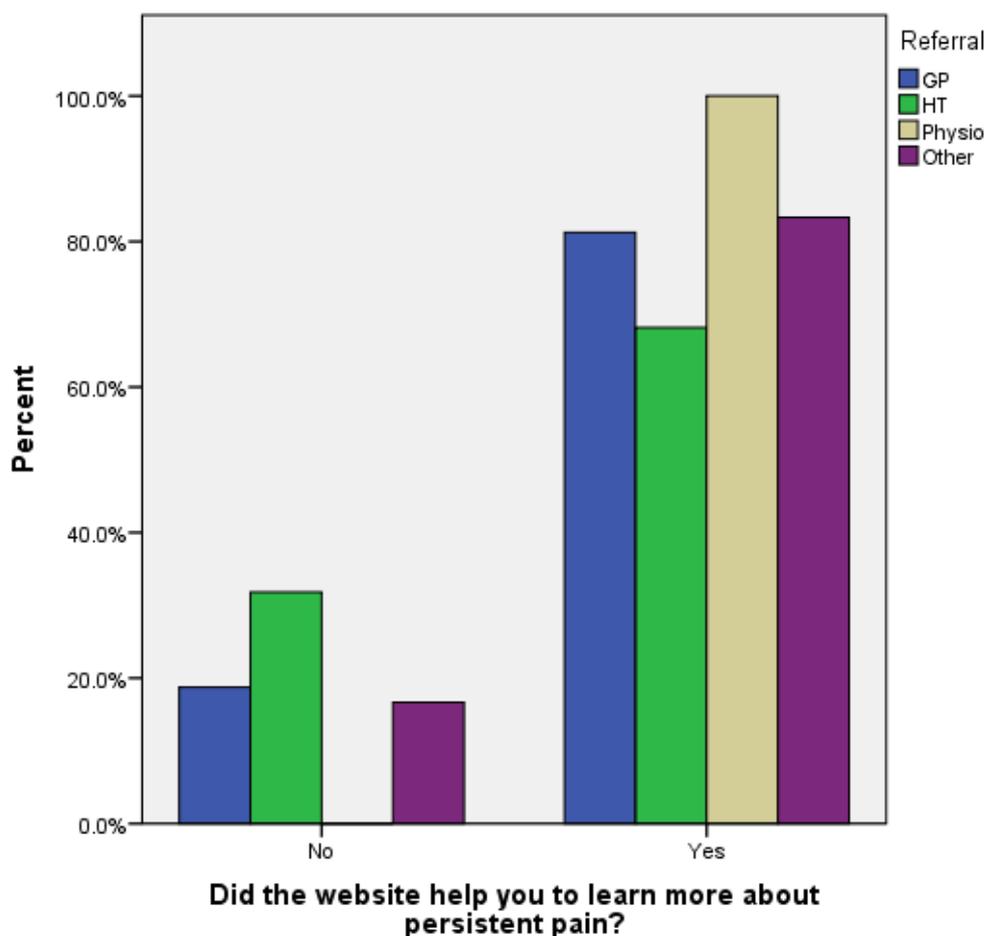


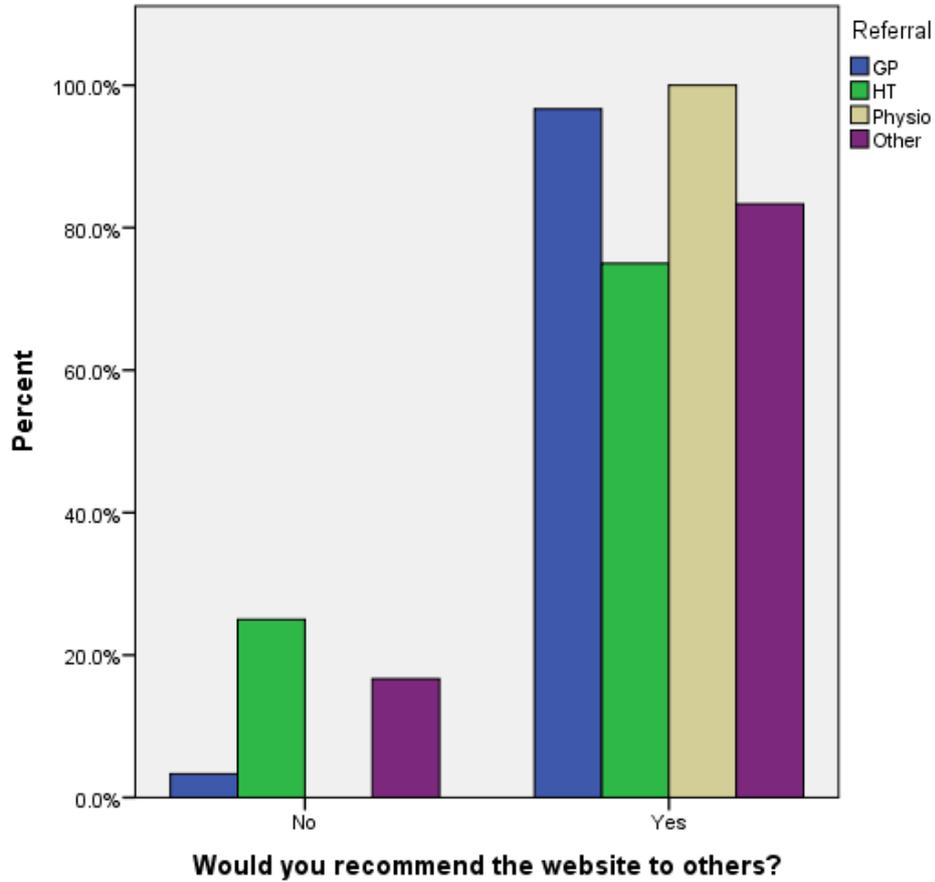
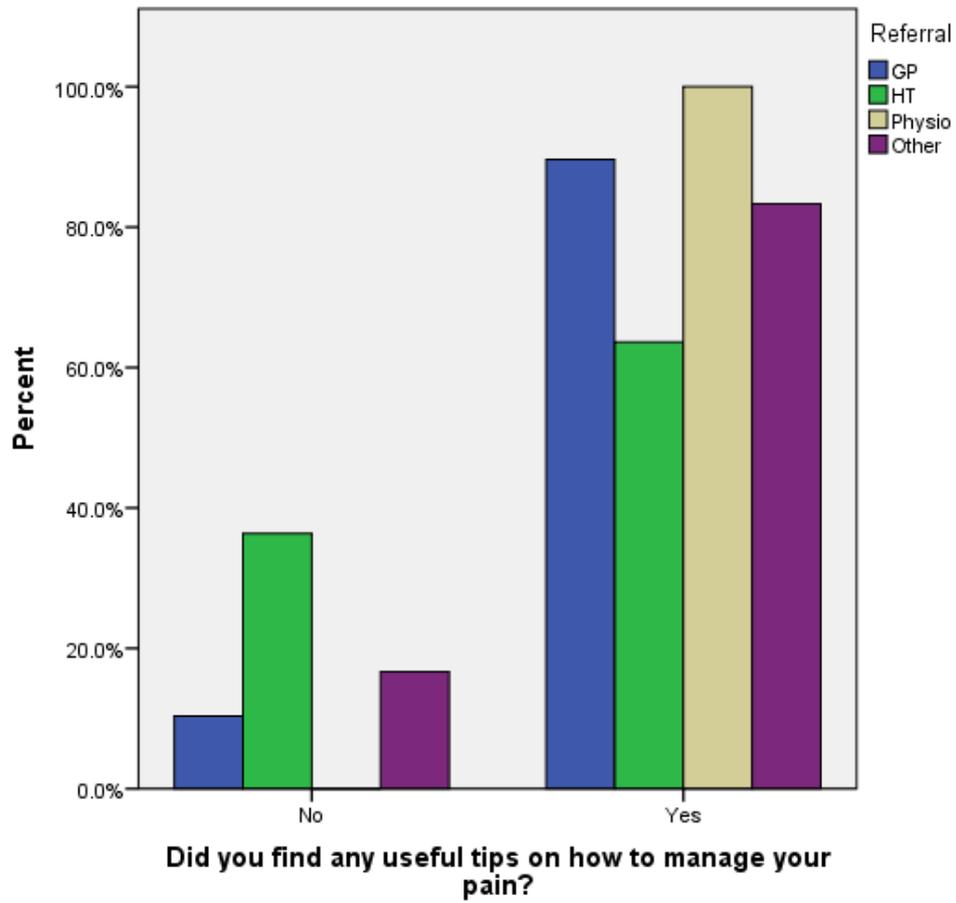


**Learning, tips and recommendation by who referred to the website - there is potentially an issue with small numbers here**

Proportion of participants recording a positive (yes) answer to questions based on their referral pathway:

	General Practitioner	Health Trainer	Physio-therapist	Other
The website has helped me to learn more about persistent pain	26 (81.3%)	15 (68.2%)	1 (100.0%)	5 (83.3%)
The website has given me some useful tips on how to manage my pain	26 (89.7%)	14 (63.6%)	1 (100.0%)	5 (83.3%)
I would recommend this website to others	29 (96.7%)	15 (75.0%)	1 (100.0%)	5 (83.3%)





### Attitudes towards the website by health literacy

Calculated an average (mean) score for the HLS-EU Questionnaire, removing cases with two or more missing values (n=3).

If answered 'Don't Know' to three or more questions, also removed cases (n=11).

The sample size was too small to conduct a test of statistical significance, but numbers indicate that individuals with lower health literacy scores may have been less likely to have learned from the website, to have picked up tips, or to recommend the website to others.

	Yes		No	
	n	Literacy	n	Literacy
<b>The website has helped me to learn more about persistent pain</b>	40	3.21	8	2.70
<b>The website has given me some useful tips on how to manage my pain</b>	41	3.17	5	2.42
<b>I would recommend this website to others</b>	44	3.16	2	1.44