

Leaning into the uncomfortable: reflection on institutional context on service delivery

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Background/ Introduction

The Persistent Pain Service (PPS) at Te Whatu Ora Southern is an interdisciplinary outpatients-based service providing care to patients with long standing and often complex pain.

Patients must be aged over 16 years and reside in the Southern catchment area (Otago and Southland districts).

At the end of 2020, the Service went through a proposal for change consultation that shifted the model of care from a primarily medical focus to allied health.

Method

A qualitative approach guided by the Normalisation Process Theory (NPT) was used to review the service and the implementation of the new model of care. The NPT provides a framework to understand how interventions are implemented, embedded, and integrated in healthcare settings. The NPT is concerned with what people do rather than their attitudes or beliefs.

The team (pain specialists, physiotherapists, clinical psychologists, occupational therapist, administrator, managers) used the main NPT constructs (Coherence, Cognitive participation, Collective action, Reflexive monitoring) to address the factors needed for successful implantation and integration of interventions into day-to-day service practice.

Results

The service review was difficult for staff due to the lengthy process and management support being suboptimal.

Through collective action and reflective monitoring changes were made and implemented, with a strong shift towards an allied health (AH) and interdisciplinary team (IDT) approach.

There was a clear increase of direct AH contact, from approx. 50 contacts/months in 2019 to approx. 120 contacts/month in 2025.



References:
Griffin, H., & Hay-Smith, E. J. C., (2019). Characteristics of a well-functioning chronic pain team: A systematic review. *New Zealand Journal of Physiotherapy*, 47(1), 7-17. <https://doi.org/10.15619/NZJP/47.1.02>
May, C., Johnson, M., & Finch, T. (2016) Implementation, context and complexity. *Implementation Science*, 11:141, DOI 10.1186/s13012-016-0506-3

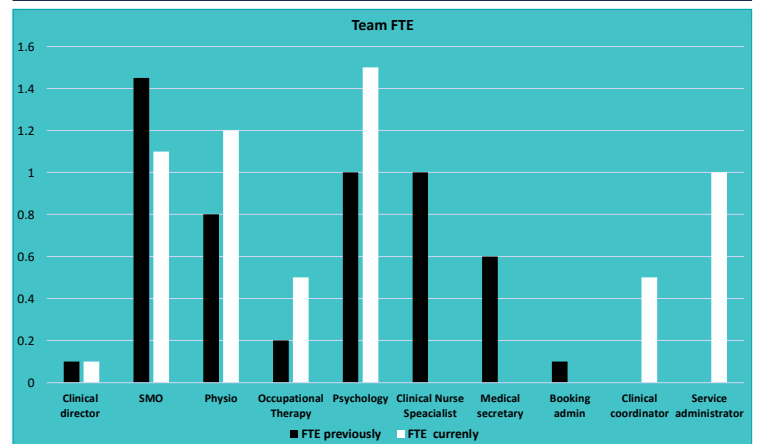
Changes in team structure and interventions delivered

Group delivery prior

- Pain education/supported self-management – in person (8+1 weeks, 3x/year) IDT led

Group delivery current

- Pain education/supported self-management – in person (6+1 weeks, 4x/year) IDT led
- Mindfulness for pain group – in person (6+1 weeks, 3x/year) – Psychology team
- Interpersonal process group –in person (ongoing) – Psychology team
- iSelf-Help - online (12+1 weeks, 2x/year) IDT
- Exercise class – in person(ongoing) – Physio team



Gains

- Co-location of the team. Co-location also facilitated ease of communication and peer support
- Dedicated clinic space
- Establishment of the Clinical Service Coordinator role that led to changes in triaging process
- Increase in Allied Health Full Time Equivalent (FTE)
- Expansion of the group programmes delivery, in person and telehealth
- Consolidation of the admin role and outsourcing of medical letter dictation
- Electronic Persistent Pain Outcomes (ePPOC) data system implemented

Losses

- Disestablishment of the Clinical Nurse Specialist (CNS) role
- Reduction of Senior Medical Officer (SMO) FTE

Status quo

- Some reporting lines stayed the same

Implications for practice

- The dynamic institutional and political context has a huge influence on service delivery. Often, these factors are not modifiable by the local team.
- The loss of CNS and SMO FTE has negatively impacted the breadth of services that can be offered.
- The shift from a medically led to a stronger contemporary inter-professional service, led by allied health, facilitated provision of persistent pain treatment to a greater number of people in a more efficient manner.
- The process of change, although unpleasant for staff, led to a more cohesive and coherent team, with shared treatment philosophy.
- The team is committed to an approach of constant reflection and desire to make the most of the current resources.