

Pain Café Presentation

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Why Implement Pain Café's

- Pain Café's offer the opportunity for people to have a relaxed informal space for those living with persistent pain to find alternative ways to help with their pain and the opportunity to reduce opioid usage.
- They encourage people to learn new skills through education (Somerset uses the 10 Footsteps Education programme). They combine peer support and conversation and offer alternative pain management strategies
- They offer a non-clinical, community based, and person centred approach at Neighbourhood level to support people living with persistent pain

The Vision

- Insert Video



Why Implement Pain Cafés

- Supports integrated working across primary, secondary and community care
 - Provides a consistent, non-clinical space that complements existing services
 - Helps manage population expectations through education, peer support and clear signposting
 - Enables connection to wider health and wellbeing provision where appropriate
 - Allows access to services at a local Neighbourhood Level

Governance

ICB Level

- Local View of issues
- Oversight at Board Level
- Transparency
- Planning to meet local population need
- Integration
- Creative approach
- Public Awareness

System Level

- System to support information flow from ICB to system level
- Relationship Building
- Population Need - Planning
- Governance

The case for Asset-Based Community Development

- Pain Cafes don't need to be costly.
- Existing healthcare and community workforce can deliver a quality service with a small investment of capacity.
- Existing assets and workforce benefit from connection, trust and insight into local needs.
- The outcomes from participants attending Pain Cafes indicate cost savings in wider healthcare and clinician time.

Assets in Somerset

- Established community of practice
 - Multi disciplinary network meeting regularly for pain management
 - Social Prescribers already trained in 10 Footsteps
 - Sharing of good practice
 - Sharing of outcomes



Assets in Somerset

- Some social prescribing teams already delivering group support via talking cafes, group coaching and group clinics
 - Established proof of concept
 - Established need
 - Opportunities to observe across teams
 - Group facilitation skills within COP
 - Areas running limited-length courses were already seeking onwards signposting for alumni

Assets in Somerset

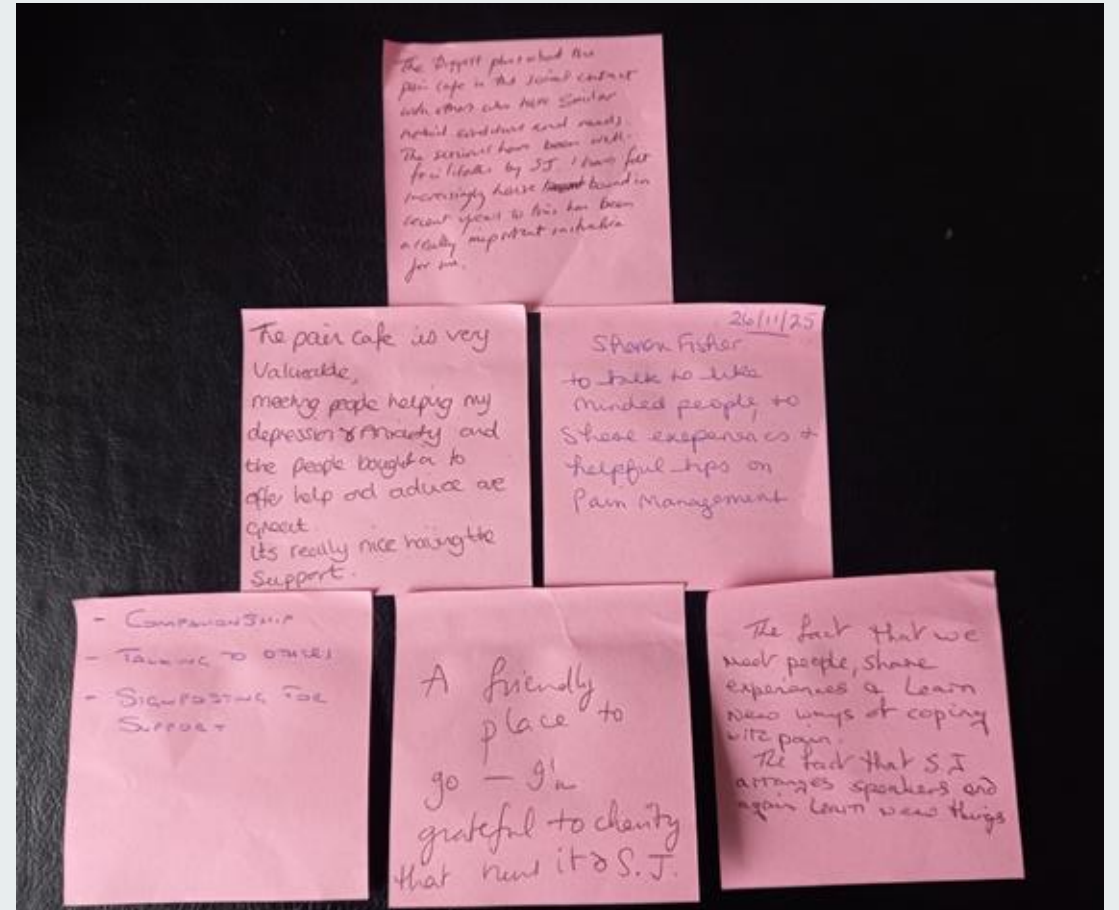
- Communications team in place
 - NHS Somerset providing branding and templates.
 - Centralised website that signposts to all offers countrywide.
 - Social media support to push new and underused offers.
- Multi-disciplinary partner working across health, community and VHSCE sector
 - PCNs
 - SASP
 - Leisure centre
 - Community spaces

Challenges

- Inconsistent assets between areas.
 - Not all PCNs had 10 Footsteps trained staff
 - Not all appropriate staff are comfortable with group facilitation
 - Variations between capacity in PCN teams
 - Some areas have free or low-cost venues, others require investment

Challenges

- Reaching appropriate demographic
 - Trust in non-clinical approach
 - Accessible venues and times
 - Embedding knowledge of referral pathways



Working with local variations

- Developing good relationships with the right people
 - Using local understanding to build place-specific offers
- Co-development with PCN workforce
 - Peripatetic support in set up and initialisation
 - Flexible levels of support dependent on local need
- Localised contracting
 - Funding to support unserved areas
 - Clear outcome requirements alongside funding
 - Flexibility in using that funding to meet requirements

Working with local variations

- Training
 - Training budget for group facilitators
 - Group facilitation training upcoming
 - Cascade training considered, but not viable



Approach to Delivery Using my Experience



Compassion, Inclusion and Collaboration

Integrated as Part of the system

Review of contracting – localised contracting approach

Support

Relationship Building

Co-development of strategies to promote collaboration

Review the opportunities for technologies

The development of Pain Cafes and groups in Somerset



Who are we?

The Somerset Partnership

Sue Crisfield – NHS Social Prescribing Coordinator (with lived experience of pain living with Osteoarthritis and Burning Mouth Syndrome)

**Ann Livingstone Director and Facilitator: Community Pain Hubs Somerset CIC
Lived Experience of Pain**

Malcolm Holliday – Facilitator - Lived Experience

Liz Tyas-Peterson – Director and Facilitator - Lived Experience

Who are we? The Somerset Partnership

Jon Richards – Social Worker & Armed Forces Lead at ARK at Egwood

Jaki Smith – Lived Experience Volunteer, Peer Support at ARK at Egwood

Getting our message out there

Social Media

Word of mouth

Posters & fliers

Slides in GP Surgery waiting rooms

Articles in parish and local magazines

Signposting from professionals (social prescribers, OT's, Physios, pain management service, talking therapies, etc)

Taster sessions which are open to those who may attend Pain Cafes and referring professionals

Networking and public events

Lunch and learns with organisations, GP practices & neighbourhood teams, etc



What happens at the Pain Cafes ?

- Warm, comfortable, welcoming, informal, safe space - peer support is key - reduction in isolation - 2 hours - start with refreshments & chat
- Self-management approach - practice self-care - learning together
- Don't focus on how pain restricts us and what we can't do - focus on growing what we can do - positive challenging of negative mindset
- Include some gentle movement, standing or seated, to increase confidence and become more active
- Incorporate about 30-40 minutes on each Footstep
- Occasional visiting speakers
- Deprescribing long-term opiate-based medication & gabapentinoids is one goal - all offered optional medication review with PCN Clinical Pharmacist
- Clear message - We can't take people's pain away, but we can offer help, information and support to them to live with and manage their pain better, enabling them to do the things that matter to them.



What's different at the ARK Pain Café?

- Two-hour session per Footstep, with time for group discussion to help them build a connection to take forward into the Pain Café as a peer group
- Occasional visiting speakers are a part of the Pain Café peer group, and we ask the group who they would like to come in as well as our own suggestions
- We are able to offer outings to put into practice what is learned discussed in the workshops, for example, Pacing



What is Community Pain Hubs Model?

- Convenient
- Collaboration
- Connection
- Communication
- Consistency (But Up To Date Information)
- Confidentiality & Safety
- Compassion & Empathy
- Companionship Challenge
- Continuous Support

Gathering Data & Measuring Impact

- Qualitative v Quantitative
- Use LWWP health & wellbeing tool
- Discussion check-in and check out
- Sue's 12-week group outcomes measurement forms
- Sue – measuring how many visits to GP before and after and number of pain meds taken – no of pharmacy reviews
- ARK - Verbal and written feedback – what worked well, suggestions for change etc...
- ARK workshop is not funded; however, we do track attendance as evidence for our funders
- Community Pain Hubs Somerset CIC is using qualitative data, feedback & group attendance figures

Building Peer Support

What does it look like?

- Friendships growing – doing things together outside of the group, such as walks and coffee together
- Shared experience brings people together
- Encouraging group discussions in sessions
- Empathy and care for each other
- WhatsApp groups
- Sharing helpful resources and information – what's helped them?
- Weekly Pain Café drop in
- Outings as a group to put learning into practice, which has encouraged smaller groups to continue going out. This increases their confidence and self-esteem

Building Peer Support



Lessons learned

- Try to use a community venue rather than a 'clinical' setting
- Peer support is the most important element – people need to know they are not alone
- Pick the right time of day to run the workshops
- Be aware of seasonal effects for attendees
- Be confident with managing group dynamics
- Visual aids – Spoons!
- Keep the mood as positive as possible – don't let things descend into misery!
- Supported pain self management must be sustainable and continued.

Feedback from evaluation

“Week One Of The Course With You And Jaki A Spark Ignited Within Me. I Promise Two Years Previously To Come Off Of Morphine But Lacked Motivation. You Both In One Session Gave Me The Tools To Stop, I Did And Haven't Looked Back. Since Then, I Managed To Come Off Of Several Other Tablets And Am Feeling So Much More Alert, Alive. I As You Know Have Been On Other Pain Courses Over The Past Twelve Years But Have Always Had Problems Absorbing The Information Given. I Don't Learn Well In A Classroom Environment. I Have A Few Learning Difficulties. I Believe The Way You Open Up The Sessions To Include People Who Attend Is Really Beneficial It Helps Us All Understand. Letting People Tell Their Stories Helps Us All To Relate To One Another, Share A Common Bond”.

Feedback from evaluation

“The pain group has helped me achieve my personal goals and I no longer feel defined by my pain.....I want to spend more time on my hobbies and mindful activities. Thank you to you, Liz and Malcolm for being amazing and so inspirational”. (CPHS Jan 2026)

“I was in quite a low place when the programme started and I wasn't sure if I would continue to attend, but the more I attended, the better I felt and I grew in confidence”.

