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Can creative activities together with social connection be a legitimate part of a self-management plan?

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I’ve become more and more convinced that there are other interventions other than the historical Medical Model that can be of benefit to we who live with chronic pain, particularly when addressing the diagnosis of Primary Chronic Pain.

The development of the Social Prescriber and Health Coach roles within the umbrella of the NHS are examples of that happening in Primary Care currently. The understanding that this was a programme that can run alongside the biomedical approach was recognised by the new guidance from NHS England with the aim of moving patients on from pain relief medication and anti-depressants. And so “Skills not pills” was another way for those living with Chronic Pain to turn their pain dial down by using non-medical activities.

In my particular case I can say I wholeheartedly subscribe to this. I’ve seen how it works personally, also with members of the online group I manage. And others I’ve met in the Chronic Pain world. Many have been diagnosed with chronic pain, some with both Primary and Secondary Chronic Pain.

In a groundbreaking piece of research completed by StitchLinks, which uses crafts to improve wellbeing, in this particular case it was knitting that was observed. Knitting is a “bilateral, rhythmic, psychosocial intervention, which showed it had the power to change people’s lives”. The research explored “the effects of knitting on the Experience of Chronic Pain”. A Poster presentation of this qualitative study was given at the Annual Scientific Meeting of the British Pain Society, April 2009 – nearly 15 years ago.

I read about this study and was very interested as I was working and living with persistent pain – so I picked up my knitting needles – well I had to go to the local wool shop and buy some and some yarn. I’d given all mine to a local charity shop some years earlier.

And guess what? - I agreed with the research carried out by Betsan Corkhill and others.

Time marched on. I had to give up work because of my pain. I cut myself off from the world, because of the amount of pain relief medication I was on. I was in what we know call within the family my ‘zombie’\* period . I was ‘spaced out’ – not completely conscious of what was happening because of taking drugs or needing sleep. I was existing, not living. I lost friends, I rarely left the house. my family rarely visited, I had insomnia - just nothing but negativity, depression, pain and frustration.

So what changed this? I had to taper off my opioids, urgently, on medical grounds, my liver was apparently under stress and I’d damaged my bowel- so I had no choice

And then the COVID Pandemic happened. Although my partner and I lost four family members between us what it did for me was unlock the door of the virtual prison I'd been living in for several years.

\*Zombie - someone whose “face and behaviour shows no feeling, understanding, or interest in what is going on around them” (Collins) or “has no energy, seems to act without thinking and does not seem to notice what is happening”

I was offered a chink of light in the form of sewing. A call went out in Somerset for sewers to fill the PPE deficit by making scrubs. I’d been an avid sewer many years earlier and I was a reasonable proficient sewer. I'd made my wedding dress, bridesmaid dresses. And I had a new sewing machine which was still in the box. Gradually the prison door was opening, I was no longer locked in! I was no longer a “sofa cabbage”.

I joined a group, the Taunton Scrubbers, their single focus was to do what we could to support our NHS, I had purpose and my self- worth and self-value began to emerge again. The group communicated via Facebook and sometimes put posts on Twitter, I belonged to a community, I was talking to people! (Ashton, my grandson told me much later he’d volunteered to work on the on the COVID ward.)

 As my self-confidence grew I started to read posts around Pain on social media, joined a couple of Facebook groups and started to comment – I found my voice. I felt very brave!

As a result of the posts I put on Twitter, I was contacted by Footsteps Festival and asked if I'd like to become a member of their Team organising events during the pandemic. Support for those living with chronic pain was unavailable and this Team of clinicians and people living with chronic pain wanted to lessen the isolation, loneliness of many and give support and provide activities which people could join in via Zoom. There was singing with Opera North, Zentangling, Cooking and Baking, Breathing, Moving, Mindfulness, Nutrition and many more events.

 It was decided to set up a group – Create and Chat – and I was asked to take the responsibility for this and of managing the Facebook Group. I organized creative sessions for our members, bringing in guests when I could to give as many creative ideas as possible.

And so I had focus, I had social connection, I had purpose and I noticed that when I was involved “in doing something creative” my pain seemed to lessen or more importantly I wasn't so aware of it. The Pain Dial was turned down. This didn’t this just apply to me. In talking to group members and others, using a creative activity and living with pain, I have become aware of the importance of these two non-medical factors - Creative activities and Social Connection that can work alongside the medical model to reduce our experience of pain.

According to StitchLinks , knitting has 25 positive attributes and outcomes. I’ve condensed them into fewer points, but this is what I have observed and how the behaviour of many of our group members has changed for the better. It has improved the lives of most of people who come along to our online weekly sessions – in fact we have not had one negative comment – only gratitude and thanks for giving them “friends”, support, and something to look forward to:

These are the main differences I’ve observed with those that come to our sessions, whether it be regularly or they pop in when they can and gradually their behaviour changes:

1. For the period of time they are in the session/s their focus is no longer on themselves and their pain.
2. I've seen significant improvement in mood and feelings. As they become comfortable and know it's a safe space, they become more cheerful, laugh more, contribute more and support one another outside of the planned sessions
3. Their feeling of loneliness and isolation decreases as their feeling of belonging increases. They belong to a club, a Creative Club – it is this common thread which binds them and they’ve created their own community
4. Self-esteem grows as they try out new skills and complete projects. Our motto is “There are no mistakes, each project is unique”. Self-confidence and self-worth which were invisible begin to grow. It’s like a seed of creativity has been planted and I am so honoured to watch as it grows and flourishes. Each person takes their own time but everyone has blossomed.
5. One aspect which surprised me was how some of the activities are now being used outside the sessions to destress, relax and as part of people’s pacing strategy, both at home and out and about. These include English paper piecing as part of a quilting project, Tangling and Doodling, Crochet and, of course, Knitting. All can be put in a bag and taken with you; they are portable. All can include some Meditation and Mindfulness element. They are all fairly inexpensive to do, which to my mind is extremely important.
6. Distraction from our pain becomes fundamental when involved with these creative activities. It’s a “Skills not Pills” intervention – pain is no longer at the forefront of your brain. It can be the first step in retraining your brain, creating pathways to reduce pain.
7. People learn to live with their pain. They are no longer looking for the fix which will cure them and ret rid of their pain. They realise that life can be OK, ,enjoyable even, with the pain never going away. They are learning the skills of self-management. When stressed, upset, in pain or life is overwhelming them, they will pick up their knitting, do a piece of Neurographic Art, Doodle or come online and find one of us to “chat” to. Previously, they would have tipped up the painkiller bottle and swallowed more Tramadol, Morphine and blocked the world out.

Oue Groups are Working!

We must be doing something right - we’ve gone from one session to three! Some people disapprove of using online apps to run sessions but we’ve found that this is often the first time some living with pain have reached out. It can be the only way to engage with those who are just sitting or lying in bed at home, doesn’t matter what you’re wearing – as long as it’s something!. Many who come along have previously described their day to day life as feeling lonely, unsupported, depressed and only focusing on how bad their pain is.

Two of our three online sessions are run by group members who have been given the responsibility of planning and leading the Tuesday and Thursday sessions. These group members joined us as birds with broken wings, limited movement, limited social connection, limited ambition and limited or no hope. Some had felt unable to leave their home because of their anxiety around their pain levels, others depressed and feeling lost and alone having had to give up work they loved. They’d been through everything the NHS could offer, for example, Pain Management Programmes, Physiotherapy treatment, CBT, X-rays, MRIs, maximum dosages of painkillers and some had paid privately to visit a chiropractor or an osteopath They felt abandoned and unsupported by their GPs and felt other practitioners had let them down by the biomedical system that was the only offering. To their minds all these interventions had failed, they felt invisible, unbelieved and misunderstood – a feeling of desperation was overwhelming them . In their eyes they were worthless, they’d lost all self-confidence, and believed that their lives held no possibility of them being able to do ”normal” life activities, for example, socialise with family and friends, be independent, and be part of the human race. Most importantly, they’d given any hope that they could drag themselves or be lifted out of the quagmire of pain they felt stuck in, they’d abandoned hope of having a meaningful life, they had given up any expectation their pain would ever be under control.

I knew this is still true “out there” – last Wednesday, together with Somerset IBC, I was part of an event for both health practitioners and people living with pain. This event was to introduce the concept of setting up a Pain Café in Glastonbury where people experiencing pain could meet with each other and develop a support network, similar to the Pain Café model established in Cornwall. We had tears from people who thought they were forgotten, abandoned, without hope – they realised we saw them, they weren’t invisible or forgotten by us.

Many members, through their time and experience with Footsteps Festival Create and Chat have had their broken wings mended and made strong again – they have been healed, they’ve begun to fly and some are soaring, floating on the breeze of a life full of friendship, support, focus, ambition, learning and believe they have lots to look forward to. They have purpose and meaning in their life and some are reducing their painkiller medication! How wonderful is that! What an outcome!

Creativity and Social Connection

Creativity and Social Connection can be used alongside the medical model. It’s the psychosocial part of the biopsychosocial framework and I believe it has to be considered and become part of any Pain Management Programme or a pain self-management plan to improve the quality of life of those living with chronic pain.

I therefore propose that Creativity can definitely be used to not only improve our general wellbeing but when used by people with Chronic Pain, it can become part of your toolbox of activities which lessen the negative effects caused by your pain. if this is then coupled with getting people to socialize, even if it's online, their mood will improve too.

And if my argument doesn't persuade you, the WEA (Workers Educational Association), in their Impact Report 2024, report that of those who took part in their courses, learning skills:

* 83% reported improvement in their wellbeing;
* 51% an increase in their sell-confidence
* 92% visited their GP fewer times than the national average – saving the NHS an estimated £1.6m per annum and that’s with just 34,602. It’s estimated that Chronic pain affects between one-third and one-half of the population of the UK, corresponding to just under 28 million adults (2016 a systematic review nih)

Versus Arthritis say 15.5 million (34%) have chronic pain quoting the figure from the Public Health, England survey “Chronic Pain in adults in 2017”. Musculoskeletal conditions such as back pain cost the NHS £4.76 billion a year! (MMU.ac.uk)

So isn’t it worth looking at interventions outside the biomedical model?

Discussion

*How do you recruit people? – how do you get them through the door?*

We have a Facebook presence and we are gradually getting known. It is through the Live Well with Pain training now. I say have a look at this and get people you know who are in pain to come along and create the chat. But it is difficult - engagement is the most difficult thing to do; not just this but also signing up to the content. It’s very easy to go along to a pain management programme because you have been told it’s best for you and too easy to come away and fail to apply what you have learnt. My idea is to apply it. One of my ladies who has joined up couldn’t leave the house. She had had CBT and all sorts of things. She is now bossing me about! – which is wonderful. She had belonged to a group in Nottingham after her PMP and has proved how much our thing is needed because after a while you are thrown off this to make room for other people.

 We have no funding so it is very difficult to do marketing strategies. So we have to work quite hard ourselves. So if I am working with Lived Experience trainers I always include a chat about what we offer.

*I had a couple of patients recently with chronic pain who went through Covid and found it very helpful because they didn’t have to go out or talk to anyone and could closet themselves and be pain engulphed*

 *But what I would be really interested in is to hear you describe some more of the process you went through – perhaps the moment of realisation that trying to get rid of the pain was not helpful for you. What was it that made you change? Are there things that health professionals might have done to help you along that route? At the end of your presentation you talked of desperation and how so many of the people that joined your group had been desperate. I sometimes think that that desperation is necessary in order to become frustrated enough to recognise that the traditional biomedical model is not the answer.*

If it is chronic pain and if it’s through things like fibromyalgia, I do wonder whether their needs to be more transparency – or explaining that it’s at best unlikely that you will be cured or fixed. That was never said to me and I was just on this conveyer belt of increasing opiates and seeing the physio, and let’s take another x-ray. Whereas I think if I had been sat down and told ‘pain is complex – it’s not easy to deal with’, particularly when you don’t have a way of being able to treat it as you would with pneumonia or sepsis or whatever. So that’s where a different approach is needed. Some of the Facebook groups that I still go into, not because I need their support, but to see what people are saying, and four years down the line from Covid people are still looking for that magic pill. That’s not going to help them because all the time they are not going to accept where they are now. I call it the new normal. One of the realisations I came to was when I did Tai Chi with Betsan one of the things that was so powerful was a movement we made towards ‘this *is* me’ and I didn’t really have to try to be what I *was*. It is the realisation that I am different but the same. I had to come to accept that I would never be able to go back to doing the things that used to. For a start I am older but also a limit to what I can do before the pain or the fatigue kicks in. I have to change my goals.

*My observation in a similar vein is that there are so many textbooks and guidelines for health professionals about chronic pain and all the things that can be done to manage it, but nowhere, at least very difficult to find, in those books is there anything that says chronic pain is chronic. The Pain Society was originally called the Intractable Pain Society but that was changed because it was felt that the word intractable was rather negative, defeatist and even nihilistic so it became the BPS. But the essence of what you are saying is that chronic pain is chronic and you have to live with it rather than get rid of it. You are absolutely right and that is the single thing that would help with pain management at an earlier stage. But it is very difficult when you have people who are affected by pain in many areas of their lives, and also when dealing with other professionals who send patients to the pain clinic to get fixed.*

They have to learn to trust someone who can say to them ‘this won’t be fixed but it doesn’t mean that it is the end of your happy and meaningful life although you won’t go back to how you were prior to the pain’. That is an unrealistic expectation but at one time doctors were handing out the opiates to try to get us to be pain free and back to our prior life. There are some people who find it difficult to move out of that mindset of impotence. I often ask them : ‘where is it written that we could have a pain-free life?’ I’m not a medic and I can only talk from what I know, that I am genetically predisposed to osteoarthritis. I know that my great-grandmother spent about 30 years in bed with it but I’m not going to spend 30 years in bed. We have moved on but it is in the mindset and there is the important bit about retraining your brain. You can’t say that to a lot of people because they will think that you are intimating that there is something psychologically wrong with them.

*Regarding recruitment: When I started a group at the pain clinic I thought it would be good to meet them outside the clinic environment. The clinical psychologist and the nurse practitioner wanted it to be in the clinic because they knew that a significant number wouldn’t go to a group outside. The aim was to reach the people it was most difficult to, and in a place they considered to be safe. They felt that the hospital and the clinic was that safe place. So initially they linked their appointment times with the group times so we were there all afternoon and they would pop in and share a cup of tea and a biscuit with us before they left. That way we gradually introduced people into the group. We had about 50 people at one stage. None of these would have wanted to come to an outside location; none would have come without the activities. Some were so socially anxious that they couldn’t contribute at all and would remain completely closed down. What I should have done then was to set up community groups as well to move people on but always have access back to that hospital group and the comfort they found there. Another way reaching people when it was difficult was finding something, however small, that they could be successful at, if necessary going back and back.*

That is why we do the doodling and the tangling because if you can hold a pen and write the alphabet you could do this and come away feeling they had achieved something.

*Most of the people who have really complex problems feel that they have nothing in their lives they had ever been successful at*

*Thank you for sharing your experience and your work; I felt really privileged. I actually work as a physio in work management and what I see is quite similar.*

 *How do we tell our patients that this isn’t going to go away? And accept this and still live meaningfully when they come to us hoping that they have finally found a cure and that they will be able to live a happy life and work for ever after – a bit like taking weight loss pills.- and then we tell them that they have to accept the situation and create meaning and value by making changes which will still involve struggle. I don’t really know how to deal with this but I think it’s to do with relationship with others who understand, rather than with clinicians.*

That is really spot-on because as it happens that we have people t that were told within their pain management: if only you lost a few stone your pain would go away. For someone who is overweight and already really struggling with life and overwhelming problems this is not what they want to hear. In one of my groups, one of them decided to go to Weight Watchers and they now have their own message groups Footsteps Foodies where they are swapping recipes and encouraging one another – you are right, it’s the peer support, that social contact winning the day – not being told what to do by someone who doesn’t seem to understand and they can’t trust; they have so often lost trust and faith in the system and have been told if you take this drug or lose weight your pain will go away

*When peoples’ self- esteem improves they start making changes to their lives and it comes from them. I had a man a couple of weeks ago in the Tai Chi class who said “I don’t want to [?] my body any more because my sense of self-value is so much better”. One way of doing that is to encourage them to make the changes themselves that will improve their self-worth.*

That’s what we try to do with our ‘being creative’ – to help people to start feeling better about themselves. I they can do that then the other things can start to slot in place. People take their own time – some do it just like that and others my take weeks or months of coming to groups and having a moan. We try to lift people so they realise that life is not just doom and gloom. There needs to be more working together between what we offer and the pain management service offer – we need to be much more linked. We do have some initiatives here in Somerset. My dream is to have a creative chat on every corner – ‘come in, come in and learn to live with pain’!!

*This is a wonderful program. The thing that strikes me that there was a program within the health care system here in the USA and this was the structured program that Bill Fordyce and I [John Loeser] set up in Seattle in 1982. It was a model that was not viable in the US because of the way we fund healthcare. But what you have shown me – and I loved your talk – is that you don’t need an MD or a PhD to work on the same principles. We never talked about pain: the problem for chronic pain patients is not so much the pain as the things they do or can’t do, and the things they think about or don’t think about. So we talked about what they could do physically, how we could help them get off their medication, why they didn’t need another operation or an MRI and so on. We worked with groups because we recognised that people talk to other people and the best armament we had was the other patients in the system. It’s wonderful to see the same things being done in a very different way.*

These ideas have been around for long time. A lot of the difficulties come down to funding here as well. But I do think there is probably a bit of scepticism. In Cornwall where they have the pain cafés they are looking at complimentary contributions from complementary practitioners. That is all about making people think about something other than the pain.

*The technology you use to gain that confidence from the patient is irrelevant. You can use anything you want*; *it doesn’t matter*. *What matters is to change the person’s thinking about themselves and their abilities. You can use any gambit you want*

*I think of it as changing from a downward spiral to an upward spiral. One tip I found was to talk about bugs in their lives that they never progressed from and suggested they should go back and revisit them. I had a lorry driver who had to give up due to back pain, and took up painting and became a successful local artist.*

 *Acute pain is a signal to stop doing something to allow healing, whereas if you have chronic pain you have to stop stopping yourself.*

When I started doing Tai Chi I could hardly move my arm or up to a right angle without alarming crunching sounds, whereas now I know that I not damaging myself, it’s just what m body does. I’d like to read something I was given a while ago which is all about acceptance of chronic pain: ‘Sometimes you have to let go of the picture of what you thought it would be like and learn to find joy in the story you are actually living’. If we could get everybody with chronic pain to sign up to that it would be a step in the right direction.

*Another thing I think is critical is that hurt and harm are not synonymous., particularly in the realm of chronic pain. Athletes have a sign on their wall ‘No pain no gain’ , but people think that if it’s hurting they are damaging their bodies and this is certainly not true*

*Regarding your last comment about finding joy: I was brought up in that sort of environment in Seattle and we always tried to introduce that when I moved to New Zealand. This idea that you can cure pain didn’t come from the pain clinics. I was privileged to attend the Montreal convention on human rights and trying to get pain relief recognised as a human right, but it was recognised that pain relief wasn’t the answer which was to help people to live with their pain which couldn’t be cured.*

 *They struggled to find the right wording and came up with ‘access to pain should be a human right. So it’s not a new idea but trying to get it across against the problem both in Britain and NZ which is health service managers who talk about costs; it’s not the health professionals themselves saying it’s too expensive but managers who refuse to pay for it. They say ‘why not use opioids? - much cheaper than pain management’. It’s very sad to hear that so many people are in such a low state when we have known what it required for 50 years. So when this can’t come from the health service because of their structure it is coming from the community is wonderful and is the way to go.*

*When people first present in primary care with pain we don’t know whether it’s chronic or not; so going through processes of getting diagnoses and possibly following some red herrings and negotiate the snakes and ladders till eventually you come to the point of accepting that this is chronic pain. And you were saying … wouldn’t it be better if there was a parallel in the pain management process when you go to the hospital and going through all that stuff first and way down the track - wouldn’t it be better if you found someone like you or Betsan’s knitting groups ; wouldn’t it be better if we could start helping people to come to terms way early, instead of just giving them the opiates, and talk about the many other ways they can be helped. You could almost sell it to the managers as being cost effective. If you can get people functioning in society …*

 I am unbelievably lucky in that I found a commissioner within our Somerset ICB I about living with chronic pain whether or not they have been to the pain clinic would come along and we believe that we can work together with the pain service so we are their first port of call some of them may not need to go to the pain clinic because they have learnt self-management techniques including eating well; it will be all there in a very relaxed, soft-sell way. I would like them all to include Tai Chi but that needs funding. The people that need to progress to the pain service are probably those whose pain is at a very high level and difficult to self-manage and you would work with the biomedical model.

*That would be good – before they get too entrenched in the immobility thing …*

… and thinking that chronic pain means you can’t do anything. In our local FM group it’s ‘who takes the most pills’ like a competition ( I take 20!) but we want to get them to start managing themselves and taking ownership.

*I am a psychologist working in a pain management service and I would be interested to hear how you set the scene for people, and how you manage the very high levels of distress. It is a worry for us when we do online stuff to know what is actually happening at home for some of these people. So what sort of guidance do you give people who are very distressed?*

If there is someone I am very worried about, we have an input…. who have a clinical psychologist and I can go along to her and just say … but I am always ready to suggest that they refer themselves to the emergency mental health service or … once upon a time I would say their GP but part of their distress is that they can’t get to see a GP . I do not purport to be instead of the medical model. We have had people absolutely distraught who have burst into tears online and what is interesting is that nobody does anything but just support that person. When you have lived with pain there is that connectivity and sometimes distressed people will accept what we say because we have been there and know what it’s like. We do have some quite challenging situations; one of my group members is often sectioned and she called me to ask if I could get hold of her son because she needs something - which I don’t do because that’s not my role. It’s difficult to define that boundary – I don’t know how you do it. But when people are really distressed you need to listen to their stories as it’s often not just – or even – their pain; it’s all the stuff underneath that may be manifesting itself as increased pain which needs to be heard. They need someone to listen to their stories so they are not invisible (I am retired so I am around seven days a week and as my partner says I’ve nothing better to do!) Last year my husband was at the end of life and my children were extremely distressed, as I was, and I went to Tai Chi; they asked how I was and I said I’m in so much pain; told them the rest of my story and they asked ‘why are you surprised you are in so much pain?

 We have to acknowledge that our pain is part of us, not something that runs alongside us – if your pay cheque hasn’t come haven’t any money or if the car breaks down you’re going to be stressed and panicky and in worse pain – it’s those sorts of things And fortunately we have time to listen; we have both a Facebook and a messenger group who can tell us what’s going on in their lives, and will listen *with no judgement -* that is so important.

*In primary care we used to call it the golden two minutes where we just let the patient talk. There is a very nice book called* The Fifteen Minute Hour *by two American GP’s* Joseph A. Lieberman and Marian R. Stuart *and there is something in that about the BATHE technique\*: the patient comes in with all this stuff - a big jumble of misery and you don’t know where to begin but it gives you some structure and you end up with E for empathy and say something like ‘that must be really awful’ and they are comforted already even though you haven’t fixed anything.*

*This option of suggesting a completely non-medical approach right at the beginning of the patient’s initial clinical experience and sending them down that route first only works if there is first a choice. Everybody wants a medical option! It works quite well if we say ‘let’s be brave on this one: absolutely no medical intervention or further review’*

 *Another question is: what do you do about the zombie phase; is that sometimes part of the necessary journey? Do people need to get that low in order to get the realisation or can we circumvent that? We see patients over a long period of time; we see someone coming back and they have done the training and they have turned a corner and we ask them : ‘what if I had said what I am saying two years ago?’ And the answer is ‘it just wouldn’t have gone in.’*

You don’t need to go through the zombie phase any more as we know that opiates can be damaging. I am aware that with gambling addiction or alcoholism you have to get to rock bottom before you turn the corner but I don’t think this is necessarily the case with chronic pain?

*\* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC181054/*

*You have to be flexible – you can’t have just one thing. I had a patient (in general practice) who was schizophrenic who was admitted with all her delusions and voices and every week when the psychiatrist did a ward round they were as bad as ever he increased the dose of her antipsychotics so she became a complete zombie. And the woman in the next bed told her to say she was much better, so they reduced the dose and she was discharged. She still had her voices but the single track that the medics had been trained to go down … !*

*What the last two speakers were saying fits in well with David Nutt, the former drug tzar, (who we are looking forward to hearing at Rydal in the summer) was saying at a conference that I attended in my role as a drug educator in schools. At the beginning of his lecture he asked the audience: what is the most dangerous drug on the market? People were suggesting heroin, fentanyl ,crack cocaine etc. But he said no - it’s Calpol! because every infant who cries because it has a tooth erupting their parent reaches for a bottle of an instant solution. That is the tide that you are rowing against we as patients and to some extent you as health professionals is the notion that there is a magic pill for every ill. But turning that tide around takes time.*

*Where do the Pain Cafés meet?*

Here in Cornwall it is usually in village halls and in Glastonbury they are thinking of a church. We are hoping to interest GP practices. They are building a big PCN\* (Primary Care Network ) Wellness centre here and I think that is where we will go become a hub and as these incorporate social prescribers and health coaches and people like that .

*Regarding social prescribing: NHS Wales seems to be doing this very well. When I went on my Tai Chi teacher training course there were trainers there … ?GP referrals? ….. as well as Tai Chi teaching … a whole range of classes …. National scheme …. In #*

*England … different areas … personal trainers linked to the social prescribing … never get a place … a whole range … they run exercise classes, back pain classes. They do things like a six week getting off the floor course for people*

\*[NHS England » Primary care networks](https://www.england.nhs.uk/primary-care/primary-care-networks/)