



**Evaluation of the *Airing Pain* radio series
discussing the effects of chronic pain on ex-
military personnel**

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Executive Summary

Background

The charity Pain Concern produced three episodes of their *Airing Pain* radio programme focusing on chronic pain amongst veterans of the Armed Forces. An evaluation of this veterans' mini-series was undertaken to gather a wide range of feedback on the programmes. The evaluation sought insight into the extent to which the programmes could inform both healthcare professionals and veterans and help support the management of chronic pain in this community.

Method

To gather a wide range of feedback three levels of input were sought: telephone interviews of about 15 minutes were held with 5 healthcare professionals; 2 focus groups with a total of 9 participants were held with veterans; and short surveys were completed by 8 members of the Pain Concern team.

Findings

Very positive comments were received from healthcare professionals and the programmes were considered a useful resource which would be shared with colleagues and could be used for training purposes. The programmes piqued the interest of the healthcare professionals and they were motivated to further explore the information they had learned in the programme and listen to other programmes in the *Airing Pain* series. The challenge may lie in persuading healthcare professionals that the programmes have useful insights for them and are not only targeted at the veterans themselves. The veterans also felt the programmes would be useful as an information tool for healthcare professionals.

The veterans were more tentative about the programmes as a resource to inform and support their own pain management. Some felt the programme had a positive emphasis that did not represent their own experiences. Shorter, more concise programmes may have been preferable with a wider range of interviewees to whom the listeners may have been better able to relate. However, there was still some interest in listening to more of the programmes and recommending them to others, including friends and family.

The internal evaluation of members of the Pain Concern team found the programmes to be high quality and well produced.

Conclusions

The veterans' mini-series should definitely be promoted to healthcare professionals as a valuable resource which can help them to support the management of chronic pain in veterans. The programmes may appeal to some veterans, in particular those early in their chronic pain condition and could be a useful resource to suggest to family and friends. Shorter, snappier podcasts with a wider range of experiences may be a preferable medium for the majority of this audience.

1.0 Background

Pain Concern received funding from the Forces in Mind Trust to produce a miniseries of their long running *Airing Pain* radio programme specifically focused on chronic pain in the veteran community. The radio programmes were broadcast on the disability internet broadcaster Able Radio in May and June 2016 and have subsequently been made available to listen to on-demand by streaming from the Pain Concern or AudioBoom websites or by downloading as a podcast. The programmes can be accessed here:

<http://painconcern.org.uk/veterans/>.

As of 13 September 2016 the programmes have had 8768 listens in total. This breaks down as 3503 listens for Programme 80, 2823 listens for Programme 81 and 2442 listens for Programme 82.

The original funding application detailed the following aims for the project:

- Improve the understanding of healthcare professionals about the issue of chronic pain in servicemen and women.
- Inform those who have survived injury to help manage their physical pain and the social and emotional problems that accompany this.
- Support listeners to manage their pain more effectively and promote the principles and practices of self-management.

It was agreed with Forces in Mind that a comprehensive evaluation of the miniseries would be undertaken to assess the extent to which the programmes achieved these aims and to get general feedback on the usefulness of podcasts as a medium to share information with those involved in the veterans' community. The proposed evaluation sought feedback both externally and internally and included three sources of feedback: healthcare professionals; veterans; and members of the Pain Concern team. This report details the findings of this evaluation work.

2.0 Evaluation by healthcare professionals

2.1 Method

The evaluation originally planned to conduct 6 telephone interviews with healthcare professionals who had an interest in chronic pain amongst veterans. Telephone interviews were chosen for maximum flexibility and convenience for participants. The participant information sheet which was distributed for recruitment purposes is shown in Appendix 1.

Emails were sent to a wide range of potential interviewees including the NHS veterans' champions in all Scottish health boards, all healthcare professionals (HCPs) involved in production of the programmes, other contacts made during production of the programmes and existing contacts of Pain Concern working in pain management. In total 24 people were emailed directly by the researcher although many recipients forwarded the email onto their colleagues so the reach was far greater. The evaluation was also advertised on Pain Concern's social media.

Many people did not respond to the email, despite follow up and others expressed an interest but did not subsequently agree a time for interview. In the end five HCPs participated in a telephone interview at some point in June-August 2017. Interviews generally lasted between 15-20 minutes. A prepared question list was used as a guide but the questioning was left semi-structured to allow for topics to be raised and explored as part of the natural conversation. All interviews were recorded with permission of the participant.

The interviewees included three physiotherapists, one occupational therapist and one psychological therapist. Two interviewees worked directly with the armed forces, one of whom was based outside the UK. One interviewee worked in amputee rehabilitation and two in general pain management clinics. The latter did not work exclusively with veterans but worked also with the general population to a greater or lesser extent as part of their day-to-day role.

2.2 Findings

General comments on the programmes were almost exclusively positive. Words commonly used throughout the interviews included 'really/very good', 'interesting', 'informative', 'accurate', 'knowledgeable', 'relevant', 'well produced' and 'professional'. Interviewees felt the programmes covered relevant and pertinent issues and they recognised some of the experiences discussed as those which are faced by the people they support. They felt that

by interviewing people with lived experience the programmes presented a realistic and balanced view:

‘I liked the veteran at the end discussing his experience and the reality. I think that was quite nice as often there is a lot of influence from patients, relatives, carers and friends with good intentions, trying to build people up by saying that once this miraculous prosthesis comes then all their problems will be solved. Actually it’s just the beginning of a new adjustment, getting used to this leg and coping with things. I thought it was realistic which was quite nice. They explained about the negatives as well as the positives.’

Interviewees recognised that the nature of being in the armed forces where ‘there is a belief that people do not give into pain’ can make managing pain more difficult. They valued the focus on the biopsychosocial aspects of pain, particularly as psychological issues sometimes carry a stigma and therefore are not always talked about by veterans and service personnel. One interviewee hoped that by hearing interviewees talking about their issues on the programme this would encourage others to do the same:

‘I thought it was great to hear some of the stories first hand and they were so open about things. And to be able to do that on radio shows and social media is a great way to get the message out there.’

The interviewees all felt that the programmes had a good balance of professionals and lived experience input and thought the inclusion of the patients’/veterans’ voices was very beneficial and a strength of the programmes.

‘I thought it gave Gabriel a lot of opportunity to speak and have his views. And it was nice that he did most of the speaking and the psychologist did very little of the speaking – that was refreshing for me - very client orientated. It wasn’t the so-called professional, the expert if you like, doing all the speaking which I have come across in the past.’

Evaluation interviewees felt that the content, on the whole, was pitched at a level that was suitable for both healthcare professionals and most veterans.

‘As I say, it would have to be high level, functioning patients but it is aimed at the veterans specifically that should be OK but, even then, you maybe would need to gauge it a little bit to make sure it is appropriate for each patient.’

With this need to ‘gauge’ in mind all interviewees said they would signpost and recommend the programmes to the veterans they work with.

Particular benefits of the programmes to veterans that were identified included having resources specific to veterans, as opposed to more generic pain resources, which helps people feel they can directly relate to the information. The programmes also offered an opportunity to hear about peer experiences which can offer support:

‘But for a lot of veterans who work through pain, a support group should be on offer, so in the absence of that a radio show would be very beneficial. There’s a feeling of

“I’m not alone in this” ... There is the feeling of hope, all these things, you know the sharing of something makes you feel less isolated.’

It was generally felt that the programmes would also be of interest and use to people with pain beyond the veterans’ community, allowing them to hear experiences similar to their own despite the different backgrounds:

‘I think a lot of people would identify with what he is saying even if they are not military themselves ... So I think it might be quite encouraging for people who have persistent pain conditions to know that other people, who have come from that sort of military background and have been really active people and then have an injury, have a similar experience.’

Furthermore, the interviewees all said they would suggest their colleagues also listen to the programmes.

‘I’m actually going to send out an email today recommending that all my multidisciplinary team listen to them... Also, I think I would use it with students as a training resource.’

The same interviewee planned to make contact with the psychologist featured in the programme:

‘It made me want to contact Candy Bamford, you know the psychologist because she was speaking about some of the training DVDs, she had relaxation CDs and I was thinking, that sounds like something useful we could perhaps use in our service.’

Other benefits of the programmes for HCPs included: highlighting the benefits of a good HCP-patient relationship; interviewees felt like they learned new things about working with amputees and being challenged to think ‘what would I have done in that situation with the patient.’

Having listened to at least one of the *Airing Pain* programmes as part of the evaluation the interviewees were all planning to listen to more programmes. Although the interviewees were going to recommend the programmes to colleagues they weren’t sure that the staff would think the programmes were targeted at them.

‘I mean the Pain Concern website is on one of our leaflets so we do encourage patients to go on and listen but in terms of our staff here I don’t know how many of them would listen to the website.’

The interviewees were impressed with the professionalism with which the programmes were produced and complemented the producer. The length of the programmes was discussed and the majority felt that 30 minutes was a good length, although one person felt 20 minutes may have been enough. The ability to ‘dip in and out’ and return to the programmes again and again was thought to be beneficial particularly as they required ‘active listening and concentration’. Interviewees were not aware of similar podcast style resources and felt that it was a useful medium for sharing information.

Interviewees offered some suggestions of future projects including:

- Having accompanying, complementary resources of ‘snap chats of patient experiences, maybe just little bits that people could go into rather than one big long half hour session.’
- ‘Perhaps having smaller follow on versions pitched just for patients and others pitched just for professionals’.
- ‘I think a follow up programme with the same client, Gabriel, would be really interesting – to see how he got on. There is obviously an affinity there with someone there who has served and you like to look out for your own so it would be nice to hear how he is doing.’

Interviewees also spoke of the need to raise the profile of the resources to make more people aware of them.

3.0 Evaluation by veterans

3.1 Method

To gather feedback from veterans two focus groups were planned. We decided to use focus groups in order to generate a rich discussion and to gather in-depth feedback. Ten third-sector organisations who support the armed forces were contacted to ask for help with recruitment for these focus groups. Not all organisations responded and some felt they were unable to help. However, two contacts agreed to help with the project, the Thistle Foundation in Edinburgh and the Coming Home Centre in Glasgow.

Once dates were set with these two organisations the main contact encouraged their members to attend the focus group. This use of a gatekeeper in existing organisations is a useful means to ensure high participation rates. The groups were also advertised on Pain Concern social media and by emailing and tweeting about the groups to armed forces support organisations.

Two months after the focus groups veterans were contacted with brief follow up questions to ascertain whether they had listened to any more programmes or made any changes as a result of listening to the initial programme during the group.

The focus groups were scheduled to last for up to two hours. After introductions and an explanation of the project the groups listened to one of the radio programmes. The remaining time was spent discussing participants' thoughts on the programme. This part of the group was facilitated by the researcher who had a question guide although the conversation was allowed to flow with topics being further explored as they came up. Both groups were recorded with written consent from the participants. At the end of the group participants were informed that they would be contacted again, by email, in 2 months' time with some further, brief questions. This was to allow participants some time to reflect on the programmes.

3.2 Findings

Four participants attended the first focus group and five attended the second. One group listened to Programme 80 and the other to Programme 82.

Programme Content

Both groups talked about recognising some of the experiences and issues that were explored in the programmes. This 'ringing true' was also evidenced by nodding and agreement when the programme was playing. Each programme generated agreement with certain points, of particular note, the difficulty of transitioning to the NHS, the problem of lost medical records and feelings of guilt and 'pretending to be OK'. The veterans valued the

biopsychosocial approach covered in the programmes and some felt that hearing other people's experiences gave some reassurance:

'It is good to know that you are not the only one.'

After Programme 80 one veteran commented:

'When you're in the army and you get sick you report to somebody; you get that treatment straight away. I've never really thought about that before, but he's right, you're fast tracked.'

This suggests that listening to the programme triggered a new way of thinking about the participant's own personal experience.

Some of the veterans who had left the armed forces a number of years ago felt it was too late for them to get this information as they knew most of it already. This triggered a discussion as to whether a younger audience may find the programmes more useful.

With reference to programme 82 in particular some of the veterans felt it focused too much on the positive. There was some suggestion that it sounded like a biased advert for services, which was not realistic compared to their own experience.

'It was just one guys experience. It just sounded to me like they two had hit it off and was a good bit of propoganda. My experience of the NHS is that there is nothing there.'

Difficult to Relate

Although the topics covered in the programmes were pertinent to group members there were also reasons why they found it difficult to relate unambiguously to the veterans interviewed in the programmes. For the first focus group this very much related to the time that had passed since they were personally in the armed forces. Things being 'different now' was a common theme in this group. The second group listened to programme 82 which, in contrast to the other programmes, only interviewed two people, one veteran and his consultant. The group felt that each individual experience is different, treatments that work for one person may not work for others, and given that 'one size does not fit all' they only felt there was limited benefit hearing one other person's story.

'Everybody is different and everyone has their own story so only a few people will be able to relate to him.'

Challenges of the veteran audience

Listening to the programmes triggered some discussions with regard to perceived differences between veterans and civilians, differences which participants felt should be considered when producing resources for veterans. Three themes came across strongly in both groups.

1. Veterans talk to veterans

There was a strong sense of community amongst veterans. They felt that talking to each other was the best source of support and information and 'talking to their own kind' ensured understanding. This was preferable to the participants than listening to a radio programme:

'I think the thing is, every single one of us probably has a veteran mate who is in severe pain so we could pick up the phone at any time. And we'd rather speak to them than listen to someone else.'

It is worth noting that the recruitment method for the focus groups may have resulted in veterans who have a stronger support network than others. The value of the programmes may be greater for people who are not linked to existing veteran organisations.

2. The Armed Forces Mentality

As was touched upon in the programmes the mentality that is fostered during armed force service makes it difficult for veterans to acknowledge and accept their pain or to seek help.

'You're taught to forget everything you learned before about pain, light cuts, anything like that – you forget about that and you get on with it. You had to be really bad to go to the doctors.'

3. Seeking solutions

A number of references were made to veterans wanting solutions and they felt like the programmes did not offer these solutions.

'All we need to hear about is what treatment can be done for us, solutions.'

'I think that we were going back to hindsight. That's not what veterans want to hear – they want to hear about solutions to their problems. Rather than someone just talking over their problems.'

All these themes demonstrate the challenge involved in producing resources for veterans with regard to chronic pain. Firstly, not being part of the veteran community may make it difficult to get a message across and accepted. Secondly, the nature of some self-management techniques required for chronic pain may be particularly difficult for veterans due to their ingrained desire to 'push through the pain'. Thirdly, the ongoing search for a cure/ solution can hinder self-management of pain. That said, having resources specifically for veterans will be valued due to these differences from civilians, differences which participants strongly emphasised.

Despite these differences the groups often discussed issues which, from Pain Concern's experience, are common across the pain community: feeling disbelieved by healthcare professionals; struggling with pacing; the 'boom-bust' cycle; the impact of medication side effects; frustration at measuring pain on a scale of 1-10; the need for acceptance of pain; wanting more than a purely medical approach; and the benefits of distraction techniques.

Other Users

The groups were asked if they thought the programmes would be a useful resource for healthcare professionals to listen to. Participants felt they would provide a useful insight and could contribute to filling a current gap in knowledge.

‘I think, on the whole, the NHS need help and support with this, with the military.’

‘The shows could be good for training’

Similarly, the groups were asked if they would be useful for friends and families, and there was general agreement that they would be, although this was not unanimous. Participants did feel that family should be included in any support which is offered, while noting that they often aren’t, but they themselves often found it difficult to talk to close family about their experiences and feelings.

Podcasts as a resource

Most participants felt that podcasts were a useful medium for communicating information, although they may not be suitable for everyone. They felt that the option to listen at any time, or possibly when they were doing other things, was valuable. The second group, who listened to programme 82 which has only two interviewees, felt that it was a bit long and wondered if shorter snapshots would be useful. Some felt that the extended dialogue did not retain their interest for the whole programme.

‘We want little snippets about things – maybe one little thing that might change the day for you.’

This need for things to be concise was attributed to difficulties in concentrating for long periods of time. The first group, who listened to the programme with 4 interviewees did not flag up concerns with the length. Both groups mentioned that they generally consider radio, TV, podcasts etc. as things they would have on in the background so ‘things are on but you are not really listening’. Therefore, they would need to know there was a level of concentration and listening needed beforehand for them to really engage with the programme.

Information Availability

In general, both groups felt there was a lack of information and signposting for veterans and they felt that some of the information they know about techniques and available support had been stumbled on by chance. One veteran acknowledged that although there may be some information out there veterans may not take note of it due to their condition:

“There are loads and loads of posters everywhere we look about facilities but when you are not well you don’t see them. So it needs to be a campaign perhaps targeted at others – ‘if you have a brother/ sister whose been in the armed forces they might be interested in this’

This is a useful insight when planning marketing campaigns for veterans resources in general and specifically for the programmes.

Plans to listen to more

The groups were brought to a close with the final question of 'would you listen to any more of the programmes in the veterans' series?' In the first group one veteran said they would and two said 'probably not'. This was mostly due to 'not really listening to the radio'. In the second group two participants didn't think they would listen to more although they did not cite a specific reason. Three participants thought they might, comments being:

'There would be no harm in checking them out'

'I would probably be more interested in reading the transcripts of the other shows'

'I'd be interested to hear the shows with a bit more coverage of healthcare professionals'.

The comments suggest that the programme had piqued a level of interest which might prompt them to listen to more.

Follow Up Questions

Two veterans responded to the follow up email which asked if they had any further thoughts on the programme, whether they had done anything differently as a result of the programme and whether they had listened to any further programmes. One responded,

'I did have a brief listen, but decided they were not for me. But again, I hope somebody else will find them useful when I pass them around.'

The second responder had not listened to any further programmes but stated they 'would listen to them in the future'.

Both responders felt they were able to live with their pain through techniques they had already learned. This perhaps suggests, again, that programmes would be beneficial to veterans at an earlier stage in their pain condition.

4.0 Internal Pain Concern evaluation

4.1 Method

To complement the external evaluation a small survey was set up to allow an internal peer evaluation by members of the Pain Concern team. After listening to at least one of the programme's participants were asked to complete the survey and return by email. The survey questions were developed and tailored from existing radio programme evaluations which were available on the internet. Eight people completed the survey including three trustees, two members of the charities 'service user review panel' and three staff members. This allowed for a wide range of experience and perspectives on the programmes. The survey was brief and asked participants to respond to six fixed questions and answers as well as providing an opportunity to provide general comment.

4.2 Findings

Responses to the fixed questions were overwhelmingly positive, as detailed in the following tables. The tables show the number of respondents selecting each answer.

Meeting the objectives:

	Very poorly	Poorly	Adequately	Well	Very Well
Did the programme meet the purpose stated on the funding application to FiM?			1	1	6
Did the programme fit in with the overall objectives of Pain Concern?				2	6

Content/ Quality of the programme:

	Strongly disagree	Disagree	No opinion/ uncertain	Agree	Strongly Agree
The content of the programme was high quality				2	6
The interviewer was articulate, coherent and well spoken				2	6
The programme contained a good mix of healthcare professional and veterans perspective.		1*		2	5
The programme would be of interest to the wider Pain Concern audience (out with the veteran community).				5	3

**This respondent felt there should have been more discussion with veterans in programme 81.*

General Comments

The general comments were also all positive and the words 'interesting', 'comprehensive', 'thought provoking' and 'insightful' were commonly used in the responses. Respondents felt the shows were accessible for a wide audience and were presented in an understandable way:

'The show was well presented and easy to follow. It did not include jargon or complicated vocabulary, which is great as it makes it accessible to a wider audience.'

Respondents felt key messages were contained and communicated in the programmes. Some of these messages were specific to the veteran community, such as the interrelation between pain and PTSD, and others to the wider chronic pain population in general, such as the biopsychosocial factors of pain management and the need for a multi-professional, multi modal response at an early stage in a timely manner. It was felt that the interviewees were well sourced:

'All interviewees were articulate - it was a joy to listen to them. All clearly had a wealth of professional and or life experience which was relevant to the content of this broadcast.'

Finally, one respondent saw the programmes as a potential opportunity to bring about change:

'It would be something if the NHS took on some of the points highlighted – It would make for a more positive experience for us all.'

4.3 Researcher's Reflections

Overall the evaluation process went well and a wide range of views and opinions were gathered. As is often the case recruitment for participants was challenging and a substantial amount of time was spent contacting people, only a few of whom eventually participated in the project.

Focus groups with veterans were chosen as an appropriate method to generate discussion to get a real insight into people's thoughts on the programme. The discussions in both groups often focused on their own individual, personal experiences and the participants appeared to enjoy the opportunity to share. Some of the discussions were therefore not directly relevant to the evaluation of the specific radio programmes but still gave some general insight into the life of a veteran.

4.4 Producer's Reflections

As with all Airing Pain programmes (85 to date), the aim is to provide information and support for those living with pain and for healthcare professionals. The emphasis is on the positive. Those 'living with pain' include not just the persons with pain, but their families, friends and supporters. Pain is the unwelcome guest and, as we heard, it can put enormous stress on relationships, often pushing them past breaking point.

For the purpose of making these three programmes, I interviewed six healthcare professionals: two were ex-army pain consultants, highly regarded in their field and now

working within the NHS; an ex-army wound care specialist nurse now working in the 3rd sector; an army veteran amputee now working as a personal trainer for fellow veteran amputees within the NHS; two psychologists and an amputee specialist doctor, both working with military veterans within the NHS. I made the decision to make the three programmes to run as a series, with each looking at a different issue faced by veterans – transfer from military to NHS care; physical injury (amputees); psychological trauma. I interviewed three veterans all of whom were suggested by the healthcare professionals who had treated them. The list is obviously far from exhaustive but I believe for the three topics covered, we were able to give a broad based explanation of issues illustrated with the personal experiences of those facing them.

The responses from those taking part in focus groups and the healthcare professionals concur with my own thoughts in the planning and production of these programmes. The goal in making them is obviously to contribute to an improvement in pain and all the consequences that go hand in hand with living with pain, so it comes as no surprise that some of the veterans in the focus groups were tentative about the value of these programmes as a resource to inform and support their own pain management.

I too live with a chronic pain condition that cut short a long and successful career with the BBC. From my own experience, I know that in the darker moments (and there were plenty), the person who such a programme would have registered with was, and is, my wife. Such support information is a lifeline to the spouses, partners, parents and supporters of someone in pain. They are often the people to start the ball rolling towards self-management.

I am delighted that the response from healthcare professionals in the research project was so positive. The multi-million dollar question of course is, will that positivity turn into evangelism towards their colleagues?

Finally, how are these podcasts listened to? Focus groups found them too long to listen to. However, people will listen to podcasts in many different ways, rarely in a 'captive' group, and never, hopefully, being asked to make an instant critique. A podcast, as opposed to a scheduled radio programme, can be listened to as many times as is wanted, in short bursts, at a quiet time, or whilst doing other activities.

Finally, my hope is that at the very least for veterans, the programmes will show that there is help and support available, a glimmer of light at the end of the tunnel. I hope that they will give meaning and impetus to those closest to them. If they feel they've hit a brick wall with their doctor, urge him or her to download them, and ask for their response in a follow up appointment. Use the programmes as a launch pad to constructive dialogue. I hope GPs and other health professionals will listen to these programmes, spread the word, and recommend them to their patients.

4.5 How we marketed the programmes

Pain Concern began the process of raising awareness of the project when recruiting interviewees. We used mainly social media, in particular Facebook. Our Facebook post

drawing attention to the call for interviewees published in *Veterans World* was seen by 2400 people. We subsequently promoted each of the programmes at the time of broadcast and repeat on our Facebook page using a mixture of organic and paid promotion. Overall, our Facebook posts had a total reach of 11,429 resulting in 278 clicks to the links provided.

Subsequent to broadcast we have also submitted brief articles about the resources to the British Pain Society's *Pain News* and the International Association for the Study of Pain's education newsletter. We hope that this will bring the resources to the attention of healthcare professionals with an interest in pain management and raise awareness of the needs of veterans and the support available. We expect that these articles will be published later this year.

5.0 Conclusions

The key conclusions from this evaluation are detailed below.

With regard to the aim to improve healthcare professionals' understanding:

- Healthcare professionals were very positive about the programmes and found them well produced, informative and relevant.
- The programmes are something they would consider signposting patients to.
- They would recommend the programmes to colleagues and possibly use them as a training resource.
- The programmes piqued their interest and they wanted to learn more, either by listening to more programmes or by further exploring some of the issues covered.
- Persuading people to listen to the programmes may be the only challenge.
- Wide publicity of the programmes would be beneficial.

With regard to informing veterans and supporting self-management:

- Veterans were more tentative about the programmes than healthcare professionals.
- Certain characteristics of veterans may make them a challenging audience with different needs and expectations than the general population.
- Whilst some of the content rang true to their own personal experiences most found it difficult to relate to the individuals in the programmes.
- Veterans felt the programmes may be of best use as an information tool for healthcare professionals.
- The programmes may be of more use to younger veterans who have only recently ceased service or are early in their chronic pain condition.
- The programmes may be a useful resource for friends and family.
- Marketing the programmes to the family of veterans may encourage more veterans to listen.

- The programmes piqued a certain level of interest, at the time, in listening to more. After two months veterans either planned to listen to shows in the future or recommend them to others.

With regard to the internal evaluation by Pain Concern:

- The programmes scored highly on meeting the originally stated aims and the aims of Pain Concern.
- The programmes scored highly in terms of quality and content.

With regard to the usefulness of podcasts in general:

- Most of the veterans and healthcare professionals felt podcast could be a useful medium for sharing information.
- Limited concentration and the use of similar mediums as a distraction might make the 30mins difficult to listen to for some veterans.
- Shorter, snapchats may be an alternative/ complementary resources.

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Appendix 1: Healthcare Professional Participant Information Sheet

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Participant Information Sheet

‘Supporting the management of chronic pain in armed forces veterans’

‘We will produce a series of radio programmes which will inform healthcare professionals and those who have survived injury to manage not only relentless physical pain, but the social and emotional problems that often accompany this. The programmes will help to raise awareness of this issue in the wider community which, unlike visible wounds, is often overlooked.’

We are inviting you to take part in an evaluation of the radio shows produced by Pain Concern. This information sheet provides further information on why we are doing this project and how we would like you to be involved. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

Who is leading the project?

The project is being carried out by the charity Pain Concern.

Who is funding this project?

This project is funded by Forces in Mind. (<http://www.fim-trust.org/>).

What is the purpose of the project?

Pain Concern has expertise in producing radio shows on a wide range of topics. Having identified veterans as a population likely to have a high prevalence of chronic pain, we sought to make radio shows specifically targeted at this group. As well as the production of the shows we plan to evaluate them, providing insight into their usefulness as a resource for veterans, healthcare professionals and the wider community.

Why have I been invited?

You have been invited to take part in this study as you are a healthcare professional with an interest in the armed forces.

Will I be compensated for my time?

No.

Do I have to take part?

It is up to you to decide upon reading this information sheet. If you wish to take part you are still free to withdraw at any time, without giving reason.

What does taking part involve?

If you agree to take part, you will be asked to do two things:

- Firstly, listen to one of the radio shows. (Details will be provided by Pain Concern). The show lasts approximately 30 minutes and can be listened to at any time.
- Secondly, participate in a telephone interview with a member of the Pain Concern team. It is expected the interviews will last no longer than 45 minutes. Interviews will be held at a time convenient to participants.

The interview will seek your thoughts and feedback on the radio show and will be relaxed and informal. The interviewer will initiate the discussion by asking some pre-prepared questions designed to get as feedback and ideas from you.

The interviews will be recorded to allow the interviewer to listen back at a later date. You will be informed when the recording will start and stop, and you (and any other participant) can ask for the recording to be stopped at any point during the interview should you wish to.

What are the possible benefits of taking part?

Although there will be no immediate benefit to you by taking part in the study, you will be providing valuable information to help us understand if the resources we have produced will be utilised by the target audience.

What are the possible risks and disadvantages of taking part?

There are no risks or disadvantages associated with taking part in this project.

What happens to the information?

Your identity and personal information will be completely confidential and known only to the interviewer and immediate project team. The information obtained, including the interview recording, will remain confidential and stored within a locked filing cabinet. The data are held in accordance with the Data Protection Act, which means that we keep it safely and cannot reveal it to other people, without your permission. Some anonymised quotations from interview recordings may be used in reporting of the findings.

What will the information gathered be used for?

The information will be used for a number of purposes:

- Report back to funders on the success of the project.

- Support planning and development of future productions.
- Publicise the radio shows to a wide audience.
- Inform future funding applications.

If you have any further questions?

If you would like more information about any aspect of the project and your participation in it you may contact the project team by email, telephone or post – contact details are provided below.

Project Team Contacts:

Katy Gordon (Researcher)

Amanda McKay (Project Coordinator)

Unit 1-3, 62-66 Newcraighall Road, Edinburgh EH15 3HS

Tel: 0131 669 5951 E-mail research@painconcern.org.uk

Do you have a complaint about any aspect of the study?

If you are unhappy about any aspect of the study and wish to make a complaint, please contact the project assistant in the first instance. If you are not satisfied with the response please contact Heather Wallace (Chair of Pain Concern): heather@painconcern.org.uk or you can submit your complaint by post to the address above.

Thank you for your time and cooperation.