



**Pain Management Services
Overview of NHS Eastern and Coastal Kent Health Overview and Scrutiny
Committee – 8 October 2010**

1. Introduction

This paper aims to provide Members of the Committee with an overview of pain management services within eastern and coastal Kent.

The questions answered in each section are numbered on the right hand side to correspond with the questions raised by the Committee.

2. Setting the context

Nationally there are 7.8 million people living with chronic pain. 49% of patients with chronic pain experience depression and 25% will lose their jobs. Chronic pain is the third most common reason people visit their GP.

Three in ten people in Kent currently experience or have experienced chronic pain in the last year. Approximately 300 GP referrals are made into east Kent pain services each month.

Pain service provision across eastern and coastal Kent is delivered by the main acute hospital sites of The William Harvey Hospital, The Kent and Canterbury Hospital, The Queen Elizabeth the Queen Mother and the Medway Foundation Trust for complex pain. Non complex pain is managed through community based services in Blean, Sturry, Ashford, Deal, Folkestone, Ramsgate, Minster, Sittingbourne and Sheerness. The community based service provides a multidisciplinary team approach to the management of pain and support to patients to help with self management longer term.

3. Pain service provision within East Kent

How high a priority is the development of chronic pain services within your health economy?

Q1

A recent survey showed that more than one third of people suffering with chronic pain in Kent had to take time off work because of their condition, with almost half being absent for at least a month. More than one in ten have been diagnosed with depression as a result of their pain.

Provision of chronic pain services is a priority within east Kent in ensuring patients have timely access at the earliest opportunity to the most appropriate health professional following diagnosis.

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To meet this requirement, local pain services were redesigned in 2005 following National guidance recommending early intervention and the delivery of care closer to home where possible.

The redesign was undertaken by consultants, nurse specialists, patients, GPs and commissioners, ensuring a collaborative approach to pain management.

A new model of care was agreed to provide a service for the management of complex pain conditions within an acute hospital setting. In line with recommendations, community based services were established to provide assessment and treatment for non complex conditions. The shift of activity from secondary care reduced demand and waiting times ensuring patients are seen quickly by the most appropriate health professional.

What are the main challenges in delivering effective pain services within your health economy? Q2

The Eastern and coastal Kent PCT commissions services for a population of approximately 740,000, with a 11% growth by 2020.

It has an extremely diverse population with a number of larger urban communities on the coastal fringes as well as dispersed rural communities.

There are isolated areas of deprivation and increasingly transient and immobile populations, making transport a key issue.

Moving appropriate service delivery from acute hospital care into community based services required consideration of these key factors

With the introduction of the new model of care, as waiting times reduced and services were easier to access, a significant unmet need was identified adding the difficulties of capacity and demand planning to the challenge.

What assessment has been made about the numbers of people suffering from chronic pain in Kent? Q3

During the development of the new service model, an initial assessment of local needs was undertaken. This identified that on average three in ten people in Kent experience chronic pain per year. However with the provision of community based services and a reduction in waiting times in the acute hospitals, a significant unmet need was seen.

More recently both the primary and secondary care pain services have worked in partnership with a national survey which provided the current position of those people suffering with chronic pain east Kent.

What pain services are currently available within Kent: Q4

Primary care

The community based multidisciplinary pain offers assessment, treatment, advice and education on self management.

Available in Blean, Sturry, Ashford, Deal, Folkestone, Ramsgate, Minster, Sittingbourne and Sheerness, the team consists of GPs with a special interest in pain management, therapists and clinical psychologists.

The service provides a holistic approach to the management of chronic pain conditions with the emphasis on providing support to enable patients to manage their condition long term.

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All patients are clinically reviewed at their first appointment and a treatment plan agreed between them and their clinician.

Patients are offered a range of interventions such as physiotherapy, acupuncture, group sessions including Tai Chi, Alexandra breathing techniques. Pain management education sessions are offered to patients, carers and families to support patients in managing their condition in the long term.

Secondary care

Secondary care services are provided in the local acute hospital settings of The William Harvey Hospital, The Queen Elizabeth the Queen Mother, The Kent and Canterbury Hospital and Medway Maritime.

These are consultant led services providing interventional treatments which require a hospital environment.

In addition, and in line with the choice agenda, patients are offered a choice of alternative providers at the point of referral including tertiary providers. However, evidence suggests that due to the pain the patient is experiencing at the time and the reluctance to travel as well as the low waiting times locally, patients prefer to be seen at one of the local acute sites.

How many people access pain services, including tertiary, outside of Kent? Q5

Approximately 70 patients accessed pain services, including tertiary, outside of Kent during 2009/10.

What services are available to assist patients with the psychological aspects of pain? Q6

The community service is based on a psychosocial model as recommended by the British Pain Society. Two full time psychologists are part of the multidisciplinary team enabling the service to offer 1:1 psychological therapy, multidisciplinary pain education days and longer programmes of 4-6 weeks. Patients are encouraged to attend these sessions with their families or carers.

The community multidisciplinary team has completed cognitive behaviour therapy (CBT) training and this approach is embedded through the patient care pathway, supporting lifestyle management, acceptance and long term management of pain.

The skills of the psychologists include mindfulness and hypnotherapy techniques.

A consultant psychologist and psychotherapist are part of the secondary care team.

What facilities are there for assisting patients in managing their own conditions? Q7

The primary aim of the community based service is long term self management of condition.

The model promotes supported discharge with access back into the service if required, negating the need for a GP referral. Short waiting times give patients the confidence on discharge that they can obtain assistance quickly if required.

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The psychological approach promotes self management techniques and provides links to local community agencies and groups, Expert Patient Program, local clubs and societies, health walks, on line support groups and supportive websites

Are there any plans to develop or change any of the services currently available? Q8

Secondary Care

From April 2010 activity has been repatriated from Essex for patients requiring fitting of spinal cord stimulation pumps. This prevents the need for patients suffering with chronic pain conditions having to travel for initial fitting and onward maintenance.

Primary Care

The community based service is currently trialing on-line pain management courses. This extends the pain management course to housebound patients or those patients unable to attend group sessions for various reasons

Collaboration between Primary and Secondary Care

Clinicians from both the primary and secondary care services are working collaboratively to pilot a referral assessment service.

Referral criteria has been agreed and clinicians from both services are jointly reviewing all referrals within 48 hours of receipt and signposting patients to the most appropriate service first time.

This is a six month pilot, due for evaluation in October, however early indications show this collaborative approach to referral assessment to be successful in ensuring no delays in patient treatment while improving capacity by reducing unnecessary appointments.

Patient need will continue to be reviewed and services adjusted or redesigned where necessary by working with clinicians and patients to ensure the most effective, efficient and appropriate service delivery.

Specifically, is there a date agreed for the re-opening of a Pain Clinic in Maidstone Q9

For West Kent to respond

The Chief Medical Officers Annual Report 2008 'Breaking Through the Barrier' contained recommendations relating to pain services. Has any formal response to these recommendations been made by your PCT and has any work been carried out locally to action any of the recommendations? Q10

Locally the following actions have been carried out to address the recommendations of the CMO Annual Report 2008:

- **Recommendation 1: Training in chronic pain should be included in the curricula of all healthcare professionals**

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The community pain service holds an annual conference with national speakers which is open to all clinicians across the local organisations

Clinicians within the service teach to masters level on chronic pain through links with Christchurch and Kings Universities in Canterbury and are currently they are looking to expand this geographically.

Local teaching sessions include cognitive behaviour therapy and the delivery of pain management within a community setting. An agreed teaching program is in place with GPs on medicine management which promotes locally developed guidance on the World Health Organisation's analgesia guidance.

- **Recommendation 2: Consideration should be given to the inclusion of the assessment of pain and its associated disability in the Quality and Outcomes Framework for primary care.**

The community pain service provides training in the management of pain to GPs in primary care across all PCT localities.

- **Recommendation 3: For patients in hospital, a pain score should become part of the vital signs that are monitored routinely**

Retaining patients within community based services has enabled secondary care services to expand their inpatient remit to include monitoring of pain.

- **Recommendation 4: The feasibility of a national network of rapid access pain clinics providing early assessment and treatment should be explored.**

The pain service model promotes access to expert assistance and treatment on a timely basis through the provision of local clinics, short waiting times and patient driven follow ups.

The primary and secondary care collaborative referral assessment service, currently being piloted, ensures patients are seen by the most appropriate health professional first time with no delays.

- **Recommendation 5: A model pain service or pathway of care with clear standards should be developed by experts.**

The model of care for pain services has been developed by consultants, nurse specialists, patients, GPs and commissioners, ensuring a collaborative approach to pain management.

The model promotes clinicians working together to deliver one model as a multidisciplinary team.

A pathway for the management of low back pain, based on NICE guidance, has been developed and agreed across the three Kent and Medway PCTs.

- **Recommendation 6: All chronic pain services should supply comprehensive information to a National Pain Database**

The east Kent pain services are part of the national pain audit through Dr Foster. Information and audit results are fed through to the British Pain Society. The formation of special interest groups at the British Pain Society provides a forum for sharing data and best practice on a national level.

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- **Recommendation 7: Agencies involved in the management of patients with chronic pain should form local pain networks to work together to improve the quality of local services.**

The pain service has links with the voluntary sector through patient support groups such as Fibromyalgia, Patients in Pain, the Expert Patient Panel.

The community based pain service has supported the establishment of a number of patient groups and empowered the groups to become self supporting, while offering expertise as required to existing groups.

The pain clinicians participate in the South East Regional Forum (covering London and east Kent) for professionals to share expertise held twice yearly.

- **The Health Survey for England should routinely collect data on the impact of pain on quality of life**

East Kent pain services have input through the Chronic Pain Coalition.

4. Managing Chronic Pain within End of Life Care

Within end of life care the management of chronic pain is delivered by coordination of a number of clinical services. This coordination starts with ensuring that there are appropriate plans of care identified for palliative patients. A mechanism used by providers within Eastern and Coastal Kent is the usage of the Gold Standards Framework. Fundamentally this aims to ensure appropriate care is in place to support those with any end stage condition. It is a patient led process that focuses on clinical, as well as holistic support, of which pain management is a vital component.

Actual delivery of chronic pain management services is something that spans a number of settings, including the acute trust, primary care and hospice providers.

The end of life patient pathway does not deliver specific chronic pain clinics however it is something that underpins any clinical intervention that a patient may receive. This may be via regular outpatient appointments or as a reaction to a change in symptoms where the patient may access an out of hour's provider. This system of symptom management ensures that services are able to proactively manage all symptoms, including pain, related to an end stage condition.