

HOSC Meeting – 8th October 2010

NHS West Kent Summary of Pain Management Services

Questions from the Committee:-

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

In comparison to a large proportion of the country, West Kent patients have access to quite a substantial chronic pain service which is continuing to evolve to try to meet the needs of the local population. The highest priority for West Kent in relation to pain services at the moment is provision of Pain Management Programmes (PMPs), which include psychological support. This psychological element is currently lacking in our local services and the Medway service has recently stopped due to funding arrangements. West Kent patients requiring psychological PMPs currently go to Guy's or further, at a much greater cost to our local health economy. Maidstone & Tunbridge Wells NHS Trust chronic pain team is currently undertaking a detailed audit to determine the potential level of demand for a local PMP. Community outreach services have been set up in both Sevenoaks and Gravesend to offer more choice to patients and care closer to home without the need to attend an acute hospital for outpatient appointments.

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

Some challenges are common to the NHS – for example the impact and effects of the economic downturn, the ageing population, more people with long-term conditions, more older people in a caring role, licensing of more high cost drugs, legislation affecting continuing care. Some are particular to West Kent. In the strategic period 2010-2015 we need to:

- Control spend – our modelling results in a potential financial gap at year five of £150m if we do nothing to reverse it
- Control growth – historically year-on-year growth in use of secondary, tertiary and specialist acute services has outstripped all predictions of demand
- Control quantity and price – in addition to exponential growth in demand, the proximity of London makes us vulnerable to tariff payments with higher market forces factor than is reflected in the PCT's allocation
- Deliver equity of provision – this may mean reducing services for some in order to focus/increase access for others; for example, where services appear to be utilised more than might be expected according to need predictions (e.g. Mental Health), or in response to geographical

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anomalies (e.g. improving the health of people in more deprived communities such as Gravesend)

- Stabilise provider economics – continuing to support Maidstone & Tunbridge Wells NHS Trust to mitigate the effects of a challenged financial legacy position and the looming financial impact of the new hospital at Pembury, and supporting those imminently moving to Foundation Trust status.

As detailed in the CMO's report 2008, repeated surveys show chronic pain is two or three times more common now than it was 40 years ago. West Kent has experienced a year on year increase in referrals into our pain services – extended choice being a major factor as well as an increase in patients suffering from pain. With the ageing population we are likely to see a significant increase in the numbers of people with long-term conditions. 15% of West Kent residents currently live with long-term conditions and 33% of patients are in the 65+ age group.

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

A formal assessment has not been carried out, although the public health team could carry this out if it's regarded as a priority. Our data only gives us numbers of referrals made by GPs, and doesn't give the bigger picture of how many patients suffering with pain are being managed at primary care level, or the unmet need of patients who suffer from chronic pain and haven't approached a healthcare professional. West Kent population data can give us some indicators, however:

- The total resident population is 674,600
- The resident population is 51% female and 49% male. As highlighted in the CMO report (2008), women report pain more frequently
- The population growth rate is lower (7.61%) than the percentage for Kent County (10.56%) and for England (7.62%)
- The greatest rise in the population is projected to be in those aged 75+, 20,900 people (40.82%). As highlighted in the CMO report (2008) 'most elderly residents of nursing homes experienced frequent to moderate pain'.

The CMO report (2008) states that people from socially or financially disadvantaged groups and some ethnic minority groups report pain more frequently. The report highlights that UK citizens of South Asian origin are three times more likely to suffer disabling back pain than non-Asian peers, West Kent has pockets of deprivation in areas of Dartford and Gravesend as well as areas of Maidstone and there are large numbers of minority ethnic groups in the Gravesend area.

4) What pain services are currently available within West Kent in:

- **Primary and community care settings?**
- **Secondary care?**

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Pain services provided in the community include:

- Sevenoaks Community Hospital (weekly MTW outreach consultant-led outpatient clinic)
- Gravesend Community Hospital (weekly Medway outreach consultant-led outpatient clinic)
- Blackthorn Medical Practice (Maidstone) provides an anthroposophical approach to chronic pain management through the following therapies: art, counselling, eurythmy, rhythmical massage and anthroposophical medicaments. Additionally, where appropriate, patients may be offered work placement within social enterprise at Blackthorn garden
- 'Back in Action' – Churchill Centre, Preston Hall, Aylesford

Pain services provided in secondary care include:

- Maidstone & Tunbridge Wells NHS Trust – Clinics at both Pembury Hospital and outreach clinic at Sevenoaks Hospital. Link to their web page: <http://www.mtw.nhs.uk/a-z-of-services/chronic-pain-unit.asp?m1=3&m2=51&m3>
- Dartford & Gravesham NHS Trust – Darent Valley Hospital (very small service due to start in October)

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

922 West Kent patients attended a first outpatient appointment in pain services outside of Kent during the period April 2009 – July 2010. Breakdown of providers as follows:

- South London Trust – 603
- Guys – 172
- UCL – 102
- Royal National Orthopaedic Hospital – 14
- Mayday Trust – 9
- Lewisham Trust – 11
- BMI Chelsfield - 11

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

The Pain Management Programme at Medway unfortunately ceased on 13th September 2010. This service was our main local provider for psychological pain services before referring into London or beyond. This is an issue for West Kent as referrals into the far more specialised and typically inpatient Pain Management Programmes may not be appropriate for the majority of patients, and come at a far greater cost. The Medway Pain Management Programme was an eight-week course which offered psychological and physiotherapy support to people with chronic pain who have had at least one other intervention which has failed. The pain management programme is accessed by consultant referral, primarily from a chronic pain

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management service. Whilst this programme is suspended and the service is under review between NHS Medway and Medway acute trust, patients will be referred back to the care of their GP.

Inpatient PMPs (including the INPUT programme at Guy's in London and the highly-specialised service in Bath) are not routinely funded by the PCT and therefore have to be individually funded through the PCT's treatment panel, with detailed evidence required.

As mentioned previously, Maidstone & Tunbridge Wells NHS Trust chronic pain team is currently undertaking a detailed audit to determine the potential level of demand for a local PMP. Initial results show that of 673 patients audited over a 13-week period, 44 (6.5%) required a referral to a PMP.

7) What facilities are there for assisting patients in managing their own condition?

Local leisure centres are subsidised to provide therapy / rehabilitation sessions and exercise classes which are primarily referred into by physiotherapy teams for ongoing management, but can also be accessed by GPs and acute consultants. These services are not necessarily focussed on chronic pain patients in particular but they have their place in improving ongoing physical and psychological management of pain.

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

As previously mentioned, Maidstone & Tunbridge Wells NHS Trust is assessing the viability of providing a Pain Management Programme.

As of 1st October, Maidstone & Tunbridge Wells NHS Trust chronic pain team will provide an outreach clinic at Sevenoaks Hospital.

Practice Based Commissioning (PBC) acute back pain pilots have recently proved successful, with strong links with our acute pain colleagues. Considerations are currently being made as to whether to roll these projects out to other PBC groups.

Darent Valley Hospital does not currently have a chronic pain service directly accessible to GP referral. However, a full-time consultant and chronic pain nurse specialist will be in post from October 2010 to provide an outpatient service. In recent years, there has only been a part-time pain specialist available at Darent Valley, who would only accept in-house referrals from other consultants (due to capacity issues), therefore GPs were forced to refer into Orthopaedics or Rheumatology first at a greater cost and an extended patient pathway. The PCT and Dartford Gravesham & Swanley PBC group plan to work closely with the new Darent Valley Consultant and Trust Management to ensure that services offered will meet the needs of the local population as far as possible.

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

This is still the subject of discussions with Maidstone & Tunbridge Wells NHS Trust and no date has yet been agreed.

10) The Chief Medical Officers Annual Report 2008 contained 8 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?

No formal response to these recommendations has been made by NHS West Kent, although our consultant colleague from Maidstone & Tunbridge Wells NHS Trust attending the HOSC meeting will be able to confirm what recommendations have been carried out within the acute trust.