



8 September 2010

a LOCAL INVOLVEMENT NETWORK

Pain Control Services in Kent

The Kent LINK has received the attached invitation, Appendix A, to give evidence to the Health Overview and Scrutiny Committee (HOSC) of the Kent County Council at their October meeting on the subject of pain control services in Kent.

This is in relation to the recommendations set out by Chief Medical Officer of Health's report on this subject, entitled "Pain: Breaking through the Barrier", Chief Medical Officer of Health's Annual Report, 2008, Department of Health.

This issue has previously been raised by a LINK participant and a copy of the template considered by the Priorities Panel is attached at Appendix B. Actions taken by the Priorities Panel in this regard were as follows. They have:

1. Written to NHS Eastern and Coastal Kent and NHS West Kent to establish the following:
 - What services the Trust currently commissions to address the needs of patients suffering chronic pain in each area or in conjunction with other PCTs
 - What plans, if any, the PCT has to address any perceived shortfall in service as highlighted by the CMO's report
 - What level of knowledge the general public has on the availability of such services and where they can get help for pain control
 - The ratio of pain specialists to population and how Kent compares with the rest of the country
 - What pain control options should be given to patients contemplating surgery

Replies are attached at Appendices C and D respectively. The letter from Maidstone and Tunbridge Wells NHS Trust, Appendix E, is a follow-up to an additional request by the Panel for information on the pain clinic at Pembury, and whether there are any plans to extend the service to Maidstone (which is what we believe the HOSC are looking to establish).

2. Written to the Royal College of Anaesthetists to establish the distribution of pain specialists across PCT areas in England. Disappointingly the College said that they were unable to provide the information requested by the Panel.
3. Feedback requested from LINK participants via Kent LINK website and bulletin. Received as follows:

- "I have chronic primary lymphoedema as well as osteo arthritis, asthma, regular cellulites and morbid obesity and various endocrine issues, I have had increasing pain and have been an in-patient at both Darent Valley (Dartford) and St Georges (Tooting SW London), and have been told that I needed to see a specialist but none available at either site. St Georges stated local PCT/GP needed to refer near Dartford. I have found that with-in 0.5 miles from where I live is a specialist clinic however it is closed to new patients, I was referred to clinic in GP surgery in Istead Rise but as no transport available have had to be re-booked to Lewisham at a cost to NHS as my disability makes driving distance on bad days completely impossible and as I require specialist Bariatric transport to attend whilst if clinic had been at Darent Valley could have struggled on bus (1 stop) using bus pass. I don't know yet if the clinic will help but as main Lymphoedema treatment has been waiting for 3 YEARS and still no sign of treatment due to lack of beds but West Kent PCT have authorised funding 16 months ago. The pain is intense and since having gastric balloon and not being able to take tablets are relying on injections and patches and also have many drug allergies, so very desperate as max relief currently 45% relief prior to gastric balloon when tablets could be taken relief of up to 70% was given."
- "I have had arthritis for over 30 years. In that time I have been offered pain management thro my GP who referred me to a specialist in Stoke on Trent. This was good but short term. Now I have moved to Kent and nothing similar has been offered. My physio recommended a new team to be organised in Swale consisting of Orthopaedic consultant, psychologist / nutritionist and physio to be accessed thro my GP who knew nothing of it. As mobility is one of the main bug bears of my condition and therefore overweight is a problem, I thought this kind of service would be a big help, but, alas, I cannot find my way in to the service. At the moment I am awaiting hip surgery (again) which has taken 3 x 18 week periods to come to this point which was diagnosed in July 2008."

In conclusion, the Priorities Panel concluded their enquiries on this issue and fed the results of these to the person that had raised the issue with the LINK. No further action has been taken to date.

The Governors' Group is asked to decide whether it wishes to take up the invitation to give evidence to the HOSC at it October meeting and to nominate a Governor to make the presentation.