Improvement and Scrutiny Committee – People

Improvement and Scrutiny Review

Chronic Pain Services in Derbyshire

January 2013

Final v1.3

"A great deal of work and effort have clearly gone into producing this report for which chronic pain suffers will be grateful to you and your team."

Mr D Woodward, Secretary for COPING Derbyshire

"The Chronic Pain Team in Derby broadly welcome the findings of the Scrutiny Committee's report. Chronic Pain has long been a "Cinderella speciality" that has not attracted attention commensurate with its prevalence within the community"

Mr A Searle, Lead Clinician, Pain Services Derby Hospitals NHS Foundation Trust

"I thought on the whole this was a very fair description of a complex situation and am heartened on behalf of our patients that interest is being shown in the topic"

Dr D Farquharson, Consultant in Anaesthesia and Lead Consultant Pain Medicine, Clinical Director, Directorate of Critical Care, Chesterfield Royal Hospital NHS Foundation Trust

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Introduction

I am pleased to present this report on the review of the management of chronic pain services in Derbyshire. I am very grateful for the support that we have received in undertaking the review from a wide range of people across the health services in and around Derbyshire, as well as the service users we have met.

Chronic Pain is something that I have first-hand experience of, so undertaking this review has been very interesting. I am indebted to the Pain Consultant who, in 2010, highlighted their concerns about chronic pain services from a national perspective. Their assistance, and provision of Hansard papers highlighting the national problem, led by Lord Luce, helped me put forward this review as an idea for the committee. I am therefore grateful to the Committee in agreeing to undertake this review.

There are elements of this review that echo the last review that I led on malnutrition in Derbyshire - both topics have not been seen as 'big issues' in the county, yet there is a plethora of reports and recommendations at a national level calling for improvements in services to be made particularly as they both have hidden 'knock-on' effects to the health and social care services including those in Derbyshire.

Also, as with the malnutrition review, we have found a lack of suitable data to help support our recommendations, so we have listened carefully to what the health professionals and service users have had to say. I hope that this review reflects those views.

The review has looked at other areas of the country and identified some very good pieces of work. Learning elements from these have been used in formulating the recommendations for Derbyshire. We have not simply tried to impose a model from somewhere else as we recognise that such an approach would not be to anyone's benefit.

We have made a number of recommendations which we hope will be taken forward and used to drive improvement in chronic pain services in Derbyshire. The current changing health and social care landscape should help in implementing these recommendations as clinicians will be at the heart of the decision making process. We recognise that finances are at a premium and so we have tried to make the recommendations apply to what already exists.

Councillor Garry Purdy
Vice-Chairman of the Improvement and Scrutiny Committee – People

Executive Summary and recommendations

Improvements must be made to chronic pain services in Derbyshire. This is despite the review finding that the services provided are of a good quality, and user satisfaction is also good for pain clinic services. Derbyshire is not alone, though in requiring improvement as highlighted in the recent National Pain Audit Final Report 2010-2012 (Dr Foster Research Ltd et al, 2012, pp. 8-9). This review has come to its judgement by looking at chronic pain services in Derbyshire and speaking and listening to:

- Commissioners of services;
- Providers of services; and perhaps most importantly
- Service users – those who live with/suffer from chronic pain.

The review has also looked at different models of delivering chronic pain services in other parts of the country to see what could be learnt from them and applied to Derbyshire where necessary.

Any improvements that are made need to be backed up by clear leadership and so it was helpful to the review that during the review process the Derbyshire Health and Wellbeing Strategy 2012-2015 was published and included a priority on promoting the independence of people with long-term conditions – of which chronic pain is one.

The review therefore requests that the Derbyshire Health and Wellbeing Board convene a steering group to oversee the implementation of the following recommendations:

Recommendations	
1.	**A chronic pain needs assessment should be undertaken in Derbyshire to determine the prevalence and need of chronic pain suffers. The results of which should be used to inform the planning/reconfiguration of services and ensure resources are being targeted at the right areas.**
2.	**Development and implementation of clear referral guidelines for GPs and other Primary Care Professionals.**
3.	**Improve the quality of public information to include details on signposting who can help, where to go, and on how to cope with living with chronic-pain – promotion of existing self-help guides e.g. The Pain Toolkit.**
4.	**Consideration should be given to the commissioning of community based services to reach more rural areas and vulnerable people subject to outcome of the needs assessment.**
5.	**Ensure that access to chronic pain services is supported by multi-disciplinary assessment team(s) and multi-disciplinary pain teams including physiotherapy and psychological therapy support.**

1. Setting the scene

1.1 Reason for the review

1.1.1 Chronic pain is a silent epidemic that can devastate people's lives (Fritchie, 2008, p. 1). It has no regard to age, gender, race etc. It brings with it not just physical pain but other consequences such as fatigue, inability to work and depression (Moore, 2011). There are an estimated 7.8million people in the UK suffering from chronic pain (Donaldson, 2009, p. 33) – 70% of which are under 60 years old. This is equivalent to 91,000 people in Derbyshire - across all ages.

1.1.2 There have been a number of reviews and reports at a national level calling for improvements in the management of chronic pain services. There have also been calls for improved patient involvement in designing services and ensuring there is clear and accessible information available to existing and potential service users/sufferers of chronic pain. It was only in February 2012 that chronic pain was recognised as a long-term condition in its own right by the then Minister of State for Care Services, the Rt Hon Paul Burstow MP (Hansard, 2012).

1.1.3 The purpose of this review, therefore, was to look at the current systems within Derbyshire for assessing, referring, treating and managing chronic pain. The review looked at the role of commissioners, providers of services, and sought the views of people with chronic pain.

1.1.4 The scoping report for the review set out three broad lines of inquiry to investigate the management of chronic pain in Derbyshire:

1. What is the current approach to pain management in Derbyshire?
2. How does this compare nationally with recognised good practice services and policies?
3. What are the service user's and health professional's views of the Derbyshire service?

1.1.5 Within the context of this review the definition of chronic pain is taken from the British Pain Society:

> *Chronic pain is continuous, long-term pain of more than 12 weeks or after the time that healing would have been thought to have occurred in pain after trauma or surgery.* (The British Pain Society, 2008)

1.1.6 The following section provides some contextual information on chronic pain services at a national level before outlining the services available in Derbyshire and addressing the broad lines of inquiry behind this review.

1.2 The National picture

1.2.1 There have been numerous reports over the past few years that have attempted to highlight the need for improvements to chronic pain services in England and Wales. In 2000 the Clinical Standards Advisory Group (CSAG) reported on the state of services for patients with chronic and acute pain, making a number of recommendations to NHS Trusts and Health Authorities. These included reviewing provision in relation to need within an area; improving access to multi-disciplinary chronic pain teams; and ensuring reasonable access to chronic pain management programmes (Clinical Standards Advisory Group, 2000, p. 4).

1.2.2 Some improvements to services were made, but not enough at a national level and in 2007 the Chronic Pain Policy Coalition was formed and launched its manifesto to help improve the lives of people living with chronic pain. This stated that an effective approach to the management of chronic pain should comprise Education, Empowerment, Collaboration, Early Access, and Measurement i.e. including pain as a vital sign (Chronic Pain Policy Coalition, 2008).

1.2.3 In 2009, the then Chief Medical Officer, Sir Liam Donaldson, included an entire chapter of his 2008 Annual Report on pain (chronic and acute) and the need to improve pain management services nationally. In this report he highlighted the debilitating impact that chronic pain has on the life of an individual. The limitations of existing services and infrastructures to cope with demand and support individuals to manage their conditions were also criticised. Nine action points were recommended to health professionals including improvements to training for health professionals; development of a model pain service or pathway of care; improved data collection and reporting for chronic pain.

1.2.4 The first ever English Pain Summit was held in London in 2011 bringing together representatives from the British Pain Society, Chronic Policy Coalition, Faculty of Pain Medicine and Royal College of General Practitioners. Out of this summit came another series of recommendations aimed at supporting a principle that: "…*people with chronic pain have a right to the safest, most effective treatments and services, including structured self-management support, no matter where they live"* (Policy Connect, 2012, p. 7).

1.2.5 In October 2012 the British Pain Society published a Pain Pathway for the 'Initial assessment and early management of pain'. The first in a series of five patient pathways created by the British Pain Society and based upon National Institute of Clinical Excellence (NICE) guidelines, scientific evidence and other published guidelines. The pathways have been designed to support care and commissioning.

1.2.6 In December 2012, the final report of the first ever National Pain Audit was published. The audit, funded by the Healthcare Quality Improvement Partnership, was undertaken over three years from 2010 to 2012 with the aim of both improving NHS services for people with chronic pain whilst

establishing a national data collection system that will enable services to monitor performance and share data nationally. This report was an indirect response to the 2000 CSAG report and, again, makes a number of recommendations to health and social care services to improve chronic pain services – which bodies such as the British Pain Society are helping to implement e.g. through the pain pathways.

1.2.7 There are also a number of knock-on effects for people suffering from chronic pain. These are more likely to occur if that person does not get access to suitable support in a timely manner. These effects can include depression, loss of employment, loss of self-identity, and social isolation to name a few. The recent National Pain Audit highlighted that people living with chronic pain conditions endure a very low quality of life when compared to all health conditions in the UK (Dr Foster Research Ltd et al, 2012, p. 40). Chronic pain is not a purely medical issue, both the National Pain Audit and the Pain Consultants and chronic pain sufferers we have spoken to as part of this review have highlighted a greater coordination between health and social care is needed to help people to live with their conditions.

1.2.8 In summary, at a national level there have been a lot of repeated requests from various campaign groups and professional bodies for improvements to be made in the services available to people with chronic pain. Recurring themes have included:

- Improving access, quality and coordination of services;
- Improving data quality;
- Making timely referrals to a service;
- Raising awareness of chronic pain amongst health professionals;
- Supporting people to self-manage their condition.

1.3 The Local picture

1.3.1 There are a number of services available for people with chronic pain at the local level – the more common are pain management services at:

- Chesterfield Royal Hospital NHS Foundation Trust
- Derby Hospitals NHS Foundation Trust
- Nottingham University Teaching Hospitals NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust

Other pain management related services are provided by Derbyshire Community Health Services NHS Trust and Staffordshire and Stoke on Trent Partnership NHS Trust.

1.3.2 ***There is also, as at the national level, a lack of data on the prevalence of chronic pain in Derbyshire***. The only figures available relate to the number of patients referred to a pain service with the provider organisations. There is also, no requirement to report specifically to commissioners on waiting times. It should, however, be noted that patient experience of using the services was monitored by the providers the review team spoke to.

1.3.3 It should also be noted that the shadow Health and Wellbeing Board for Derbyshire included, as one of its priorities for the Health and Wellbeing Strategy 2012-2015, the following:

Promote the independence of people living with long term conditions and their carers *– because helping people to manage their condition better can significantly improve quality of life and reduce the need for hospital or emergency care.*

1.3.4 With the Department of Health recently acknowledging that chronic pain is a long-term condition in its own right it is hoped, through the recommendations of this review and the priority of the Health and Wellbeing Board, that chronic pain services in Derbyshire can be improved.

1.4 Review process

1.4.1 A scoping report, outlining the remit of the review, was agreed by the Improvement and Scrutiny Committee-People in June 2012, and a working group of Members was established to conduct the majority of the review work on the Committee's behalf.

1.4.2 Between September and December, the review working group met with representatives and received information from the following organisations:

- COPING – Derbyshire Chronic Pain Support Group
- Chesterfield Royal Hospital NHS Foundation Trust
- Derby Royal Hospitals NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust
- North Derbyshire Clinical Commissioning Group
- Southern Derbyshire Clinical Commissioning Group
- Staffordshire and Stoke on Trent Partnership NHS Trust

1.4.3 In looking at good practice elsewhere in the country, the review working group also spoke with and received information from:

- Dr Chris Barker, Clinical Director for NHS Sefton's Chronic Pain Community Services;
- Val Conway, Clinical Lead-Consultant Nurse with the Community Chronic Pain service at Kent Community Health NHS Trust;
- Dr Ollie Hart, Sloan Medical Practice, Sheffield – for information relating to Sheffield Health Trainers and Sheffield Pain Pathways.

The review was also complimented by a desktop research exercise.

2. Findings from the review

The scoping report for this review identified three broad lines of inquiry – this section details the findings of the review to those three questions.

2.1 What is the current approach to pain management in Derbyshire?

2.1.1 In order for the review team to sufficiently answer this line of inquiry, it had to understand what services are available for people living with chronic pain in Derbyshire, and whether these services are part of a coordinated county-wide service.

2.1.2 The review established that the main services provided in Derbyshire were the two outpatient pain clinics provided by Chesterfield Royal and Derby Hospitals NHS Foundation Trusts. These services are commissioned by the local Primary Care Trust (PCT). Some people may also access pain services outside of Derbyshire such as at Stockport or Tameside Hospitals – but these services are not commissioned by the local PCT. The only service that is provided out of County and is partly commissioned by the PCT is a community chronic pain service in East Staffordshire.

2.1.3 Chesterfield Royal Hospital provides a pain management and rehabilitation service which seeks to integrate with other departments, where necessary for the patient, such as physiotherapy, psychology (through a service level agreement with the Community Health Psychology Service which includes a pain management programme), hydrotherapy, MRI scanning etc. A patient's treatment will be based on their referral information and a diagnostic from the Consultant. The majority of referrals are primary (via GP) and inter-hospital ones with a growing number of people self-referring to the service. The waiting time, at the time of the review, between referral and first appointment is three to four weeks.

2.1.4 Derby Hospitals provide a multi-disciplinary pain management service. Referrals to the service are made in similar fashion as with Chesterfield, but each referral is assessed by a multi-disciplinary assessment team, which determines the best pathway of care for that patient. As with Chesterfield, Derby includes psychological support within its services. The waiting times from referral to first appointment were slightly longer at Derby, 11 weeks, at the time the review took place, though this was in part due to a Consultant post vacancy. The waiting time for accessing psychological support was six weeks. It was also noted that the Trust have struggled to engage with commissioners in the past in trying to improve the accessibility and provision of pain services.

2.1.5 Table 1 below shows the number of patients seen by the two pain clinics over the last financial year. In speaking to lead Consultants at both Chesterfield and Derby, it was recognised that the pain clinics have accommodated rising demand and tightening service specifications with static resources as part of the wider NHS efficiency agenda. This has put a strain on the delivery of the current system that requires clearer commissioning intentions to effectively resolve. The main area of concern was ensuring sufficient time could be given to existing patients for follow-up appointments whilst meeting demand from increasing numbers of new referrals. It should also be noted that there will be a number of patients in Derbyshire accessing other primary or secondary services related to a pain condition that will not be recorded in these figures, along with those who live with a condition and access no services at all.

Table 1: Commissioned Activity 2011-12

	Derby Hospitals	**Chesterfield**
Day Care	*678*	*1,496*
Out Patient (1st appointment)	*1,144*	*690*
Out Patient (follow-up)	*2,653*	*2,286*
Out Patient Procedure		*650*
Elective		*26*
Non Face to Face Outpatient		*158*
Total	***4,475***	***5,306***

(Source: North Derbyshire and Southern Derbyshire Clinical Commissioning Groups)

2.1.6 As previously stated, there are other services available to people suffering with chronic pain other than the pain clinics. Derbyshire Community Health Services NHS Trust provides a number of services that link into the pain management agenda:

- Health Psychology Service – this has a service level agreement with Chesterfield Royal Hospital to provide a psychology based service for patients suffering from chronic pain – during 2011-12 the service received approximately 100 patients via this referral route. An additional 20 patients came from other departments at Chesterfield Royal, and a further 50 were direct referrals from Primary Care services e.g. GPs.
- The Trust is also commissioned to provide Pain Management Programmes (group based therapy) in Chesterfield and North East Derbyshire – approximately 100 people during 2011-12 were seen by these services.
- A group for people with pain also operates in the High Peak and North Dales and is delivered by an Occupational Therapist and Physiotherapist;
- The Trust also provides a small psychoeducational service called 'Living with Long Term Conditions Programme' which currently provides advice to people living with any long term condition to support and educate them into self-managing and improving their wellbeing;
- The Trust is also in the process of developing an Integrated Clinical Assessment Treatment Services (ICATS) for planned care and outpatient services – with initial work focussed on patients with musculoskeletal conditions. The aim of the services is to provide them with earlier access to assessment, diagnostic and management

services. Such an approach should reduce the number of unnecessary referrals into secondary care. The project also aims to address inequity of service provision through identifying where gaps exist in provision of community based services. This would ensure that patients are being referred to the right services at the right time. Section 2.2 considers a similar model already in operation in East Kent.

2.1.7 Another service available for people in Derbyshire living with chronic pain, particularly those in the southern part of the county, is a community based chronic pain management service provided by Staffordshire and Stoke on Trent Partnership NHS Trust:

- The service was commissioned jointly in 2011 by Staffordshire, Derbyshire and Leicestershire & Rutland PCTs;
- This is a multi-disciplinary community based service (currently provided from Hill Street Health and Wellbeing Centre, Stapenhill, Burton) providing assessment and management of chronic pain. The team includes a Pain Consultant, Nurse, Physiotherapist, Psychologist and Pharmacist;
- It is available to patients living in Derbyshire (and Derby City) though patients have to be referred into the service via a professional (e.g. GP, Clinical Psychologist, secondary care);
- The service has received around 130 patients from Derbyshire in its first year – with average waiting time from referral to first appointment of six weeks. With a similar waiting time for accessing a Pain Consultant or Psychologist.

2.1.8 In speaking with providers of the services it is clear that there is currently no coordinated approach to pain management in Derbyshire across the whole health-care system. This is not to say that the quality of the services available is not adequate – but that the manner in which services have ‘evolved’ has not been well managed at a county level. The Consultants at both Chesterfield and Derby echoed this view by suggesting that pain services are ‘Cinderella’ services yet, as Sir Liam Donaldson stated in his report, back pain alone costs the UK economy an estimated £12.3billion per year and pain prescriptions cost the NHS £584million (Donaldson, 2009, pp. 33,34).

2.1.9 The review was unable to find clear evidence of any referral guidelines or service pathways for either health professionals or people living with chronic pain to help them understand where to go to discuss their condition, though the lack of any such guidelines at a national level has not helped this situation. COPING reported that they have been providing assistance to people who contact their group on navigating pathways of care.

2.2 How does this compare nationally with recognised good practice services and policies?

2.2.1 In determining what is considered good practice, the review identified some 'advocates' of chronic pain management services through research. Three key individuals responded to these requests. They all had some involvement in different approaches to helping individuals cope with living with chronic pain. They were:

- Dr Chris Barker, Clinical Director for NHS Sefton's Chronic Pain Community Services;
- Val Conway, Clinical Lead-Consultant Nurse with the Community Chronic Pain service at Kent Community Health NHS Trust;
- Dr Ollie Hart, Sloan Medical Practice, Sheffield.

The following provides an overview of these services.

NHS Sefton - Community Pain Service

- The Community Pain Service offers full diagnostic assessment and evidence based treatment for patients with sub-acute, chronic and challenging acute pain conditions.
- Referrals come via patient's GP or Consultant if they have come via secondary care.
- Triage of referrals takes place upon receipt of referral with subsequent face to face clinical assessment and treatment as appropriate. New patient referral appointment with the GP Specialist will last approximately 30 minutes – this comprises diagnostic and psycho-social evaluation.
- The team is multidisciplinary comprising a General Practitioner Specialist in Pain Medicine, Pain Physiotherapist, Specialist Pharmacist, and Clinical Psychologist, Specialist Pain Nurse, Physiotherapist and Occupational Therapist and two medical secretaries.
- The service manages approximately 85% of all referrals with remainder referred on to more specialist intervention based services;
- Patients can be discharged from the service – any that are can re-enter the service without a referral within the first 12 months, after this period a referral letter from GP would be required i.e. treated as new patient again.
- The service also operates a patient volunteer group whereby existing/former patients provide a support and 'champion' role for fellow patients.
- Commissioning model is based on a long-term conditions framework similar to other services such as diabetes.
- Commissioning of service has been supported by a Public Health Needs Assessment which surveyed chronic pain sufferers and people in GP practices to determine the level of need in the area.

Kent Community Health NHS Trust – Community Chronic Pain Service

- Kent Community Health provides an Integrated Clinical Assessment and Treatment Service (ICATS) for people suffering from chronic pain;
- The service operates a Single Point of Access model for all chronic pain referrals in the area.
- All new referrals into the service are paper triaged by either senior community clinicians or hospital anaesthetists on a rota basis (there is an agreed referral criteria – see Appendix 1)
- The remit of the service is to:
  - Support patients to achieve long term self-management and reduce dependence on healthcare systems;
  - Support referrers with help and advice through email / telephone support;
  - The Hospital Pain service specialises in more interventional techniques, such as specialist injections and patients whose care is inextricably linked with other hospital services, e.g. orthopaedics, rheumatology etc;
- The Community Chronic Pain Service provides a moderate, long term, self-management approach
- Community service receives 400-500 new referrals each month (commissioned for 500). Of those referrals approximately 60% will remain within the community service and the remaining 40% will be directed to the acute service
- The service discharges similar number of patients per month as it receives in referrals. Discharge does not mean that a patient is 'cured' of chronic pain, but that they are able to self-manage their condition effectively.
- Community service operates a 12 month open door policy for patients who have been discharged – 82% patients sustain discharge, 9% directly refer back into service and 9% referred via GP after 12 month period.
- Waiting times for community service are 0-4 weeks and 9-10 weeks for hospital.
- Patient satisfaction with community service is high and there are a number of methods for capturing this.
- Community service has helped to reduce duplicate referrals and provide GPs with clear pathway for referring patients.
- Work with pharmacy services has reduced the analgesic prescribing budget

2.2.2 Both of the services provided in Sefton and Kent were actively supported by the whole healthcare system in that commissioners and providers came together to improve the services for the patient. When discussing the Kent model, Val Conway was keen to stress the importance of looking at what services already exist and matching the skills of professionals to the right services rather than reinventing the wheel. The use of peer support in the Sefton model was encouraging – Dr Barker pointed out how it helps new people coming into a service to not only learn about what is available but also see that they are not alone.

2.2.3 With these two examples, there are some clear comparisons that can be drawn with the Derbyshire services. All of the services use a team comprising different skilled health professionals. All services use some form of triaging system, though with Sefton and Kent it is community based with input from the acute (hospital) service. Having a clear point of contact for making referrals is important and echoes the original recommendations from the CSAG report in 2000 around accessibility.

2.2.4 The use of a Public Health Need Assessment in the Sefton case was a helpful example of improving locally available data to inform the planning and delivery of services. This too has been a criticism nationally in relation to the management of chronic pain services. Determining the differing needs of people living with chronic pain in Derbyshire is vital in helping to improve the existing level of service.

Recommendation	
1.	**A chronic pain needs assessment must be undertaken in Derbyshire to determine the prevalence and need of chronic pain suffers. The results of which should be used to inform the planning/reconfiguration of services and ensure resources are being targeted at the right areas.**

2.2.5 Managing chronic pain, however, is not just about getting a patient to see the right person in a timely manner. It is also about helping to support the individual to learn more about the long-term effects of living with such a condition. In Sheffield, the PCT piloted a Health Trainer programme during 2011 to help support individuals with chronic pain in their own community (see also case study below). This was another example of needs analysis identifying areas for improvement.

NHS Sheffield – Health Trainers Chronic Pain Programme

- 2011 – Sheffield health needs assessment highlighted a burden on services from chronic pain sufferers;
- Sheffield Community Chronic Pain programme developed with funding from Department of Health Transforming Community Services award – piloted a community based Health Trainer programme from July 2011-March 2012;
- Aim of pilot to explore whether community-based programme may be more effective in enabling self-management than traditional secondary-care services;
- Health Trainers worked with chronic pain clients to self-manage their condition. Health Trainers were people who lived/worked in community and work across primary care and community settings – therefore have good knowledge of the area in which a client resides;
- Individuals were identified through GPs and referred onto Health Trainers programme.
- Clients involved in the programme showed that people with chronic pain go through stages related to their condition, experiencing denial, a sense of loss, and uncertainty about their capacity to manage. All participants mentioned experiences of isolation and some cases of depression, all due to loss of the prior functioning.
- The Health Trainers provided time for clients to develop understanding of their

chronic pain by developing rapport with them, helping them to accept their condition, and providing opportunities for them to move toward active management;

- Clients were asked to complete a wellbeing questionnaire at the beginning and end of the programme. Of those that completed the programme improvements were cited in their self-efficacy (8%), general health (35%), and wellbeing (53%).
- Clients mentioned life management goals that focussed on managing finances, environmental restructuring, strategies for gaining family support, and learning to negotiate systems so that they could better access services and activities were the most valuable outcomes from participating in the programme. This differs from outcomes normally associated with health trainer programmes as they tend to be lifestyle changes such as diet, smoking, and physical activity.
- The programme evaluation report suggested the outcomes achieved lay a good foundation for people wanting to achieve good health outcomes – essentially a lower tier of outcomes not previously considered. Though it was not possible to quantify the overall cost effectiveness of this pilot service.

2.2.6 Developing services based on needs and providing support to patients within the services is important as these examples have shown. However, there is no use in developing and improving services if the patients (and potential patients) and Health Professionals are not aware of the services available and how to access them. Another project initiated in Sheffield has sought to address this issue through the development of a web-based information portal – www.sheffieldbackpain.com. This service was developed as part of improvements to the local pathway for people suffering from back pain in Sheffield. The website provides a web-based resource for GPs on referral pathways etc., whilst providing promotional and educational information to the public and patients.

2.2.7 A similar type of programme, albeit on a small scale, currently exists in Derbyshire – the 'Living with Long Term Conditions' programme operated by Derbyshire Community Health Services NHS Trust. However, this is a more generic psychoeducational programme that looks at all types of long-term condition, and is not specific to chronic pain. The NHS Sheffield example is slightly different to other Health Trainer programmes in the Country, including Derbyshire, as it is provided directly through the voluntary/community sector. However, it did have benefits to those using the service and highlights that chronic pain is not just a purely medical issue – effective management encompasses the broader health and social care service areas.

2.2.8 In respect of this review, the services being delivered in Derbyshire appear to be similar to those provided elsewhere in the country. However, the differences occur in the management and coordination of those services at a more strategic level and ensuring equitable access for everyone.

2.3 What is the service user and health professionals view of the Derbyshire service?

2.3.1 Gaining the views of people living with chronic pain and accessing services in Derbyshire was important to give this review some credibility. The difficulty the review working group found was identifying any patient support groups for people suffering with chronic pain. Only one such group was identified during the review process, COPING (COPING, 2012), although others have since been highlighted to the review working group. The review team met with members of the group in September 2012 and heard first hand of the difficulties people had faced in getting suitable treatment and support for their condition. The following comments are from members of the COPING group who wished to share their views with the review.

Chris felt that more needed to be done in relation to medication in terms of the information given to individuals during any pain management process:

"Not enough information was given to me when I was prescribed with medication so I didn't always know what it was for; let alone what the side effects were".

Gwyneth was concerned by the lack of help/support available to help people make informed decisions about what course of treatment they should follow e.g. surgery, pain relieving injections etc. The timescales for seeing a Pain Consultant were too long and had an effect on the mental wellbeing of some people. She also felt that:

"…there needs to be a more joined up approach between different [medical] *disciplines* [within a hospital setting] *to combat some of the mental issues such as depression experienced by chronic pain suffers whilst they wait for treatment".*

2.3.2 Concerns raised by the COPING group members were not just about the lack of information, accessibility and timeliness of the service. One member, Derek, was very keen to point out that the apparent lack of knowledge on chronic pain among some GPs he had seen over many years had had the effect of worsening his condition. He was also concerned about the lack of community based-support services:

"An individual's medical history isn't taken into account [by GPs] *where chronic pain is concerned and can have damaging consequences. We have had a number of people contact COPING who have been close to suicide because they could no longer cope and did not have strong enough support around them"*

2.3.3 Whilst the group were keen to highlight areas where services could be better, they were also keen to stress that, in most cases once they had received a service it had made a difference to them – though not always for the long-term. The review working group asked members of COPING a series of questions based on the Essence of Care 2010 Benchmarks[1] for the Prevention and Management of Pain to determine their overall view of the services in Derbyshire and whether or not they felt services were 'patient-focussed':

Q. Have you received timely and appropriate access to services to manage pain?
- Whole group response was 'no'.

Q. Do you feel you are an active partner in the decisions made about your pain management?
- Whole group response was 'no'. Some group members commented that because they have no medical knowledge they put their trust in the hands of the professionals – but if the level of care they receive is not appropriate they are not knowledgeable enough to challenge.

Q. Do you have an ongoing, comprehensive assessment of your pain?
- Whole group response was 'no'.

Q. Is the care you receive for your pain planned, evaluated and revised on a regular basis? If so, are you actively involved with this?
- Whole group response was 'no'. There was an element of this for those that went through a Pain Management Programme.

Q. Do you have the knowledge and skills to understand how best to manage pain?
- The group felt that chronic pain was something you have to learn to live with and that the NHS locally had not been effective in its support to sufferers – hence the establishment of this group.

Q. Are you enabled to manage your pain when you wish to/as appropriate to do so?
- Those that had been through the Pain Management Programme felt that they had.

Q. Do you feel that there is good partnership working between the agencies that assist in your pain management?
- Whole group response was 'no'. It was not felt that different agencies, let alone different departments within the Hospital [Derby] communicated with each other well.

13. Are you involved in any reviews by the commissioners and/or providers of these services?
- Whole group response was 'no'

[1] The Essence of Care Benchmarks were introduced by the Department of Health in 2001 and revised in 2010. They are a set of tools designed to help practitioners take a patient focussed look at their service.

2.3.4 The response to these questions was not unexpected, but was disappointing nonetheless to the working group.

2.3.5 The service user view was very helpful in providing a steer on areas for improvement, though the review working group recognised that the views supplied may not necessarily be representative of everyone in Derbyshire who accesses chronic pain related services.

2.3.6 In the meetings with representatives from service providers in Derbyshire the review working group asked for their views on the problem areas facing their services – these were summarised as:

- Access for people in isolated/rural communities is poor;
- Services are 'bottlenecking' due to an increase in referrals outweighing the provision of available services;
- Access to psychological services is inequitable with a historical trend of services only being available in northern parts of the county;
- Psychological services currently available tend to focus on group-based work – there is a stigma attached to using psychological services and particularly where offered as a group based service (though majority of community based services are one-to-one);
- GPs are not always aware of the service available for their patients;
- There has been a lack of interest, historically, from the various Commissioning bodies responsible for health services in Derbyshire over the years;
- There is a poor understanding and lack of signposting to lower level support services that would assist people in living with chronic pain.

2.3.7 It was clear to the review working group that both service users and providers felt that more needs to be done to make existing services better in Derbyshire. Chronic pain is a long-term condition from which very few people will fully recover. As with other long-term conditions, services should be set up where ever possible to help people get to a point where they need minimal contact with professional services, rather than rely on them.

Recommendations	
2.	**Development and implementation of clear referral guidelines for GPs and other Primary Care Professionals.**
3.	**Improve the quality of public information to include details on signposting who can help, where to go, and on how to cope with living with chronic-pain – promotion of existing self-help guides e.g. The Pain Toolkit.**
4.	**Consideration should be given to the commissioning of community based services to reach more rural areas and vulnerable people subject to outcome of the needs assessment.**
5.	**Ensure that access to chronic pain services is supported by multi-disciplinary assessment team(s) and multi-disciplinary pain teams including physiotherapy and psychological therapy support.**

3.1 Conclusions

3.1.1 **The management of chronic pain services in Derbyshire needs to improve** – this is not just the view of the review working group but of the service users and professionals involved in delivering services in Derbyshire. Section 1 highlighted the numerous reports calling for changes in chronic pain services at a national level and it appears that the issues arising from these, summarised at the end of section 1.2, equally apply to Derbyshire:

- Improving access, quality and coordination of services;
- Improving data quality;
- Making timely referrals to a service;
- Raising awareness of chronic pain amongst health professionals;
- Supporting people to self-manage their condition.

3.1.2 In order to improve access, quality and coordination of services there needs to be clear leadership. The Derbyshire Health and Wellbeing Board, currently in shadow form, will have the role of shaping the health and social care services for Derbyshire in the coming years from April 2013. As stated in the opening section – one of the priorities for the Board is to '*Promote the independence of people living with long term conditions and their carers*'. This is also a priority within the NHS Quality Outcomes Framework for 2013-14.

3.1.3 Improving services, whilst requiring leadership, will also require improved working relations between commissioners and providers. The move from one Primary Care Trust to more localised Clinical Commissioning Groups should assist in this process as closer working relations could emerge when clinicians are more closely involved in the decision making process.

3.1.4 It will be difficult, however, to make improvements if the evidence is not there to support it. The review working group was not able to find any chronic pain prevalence or needs data for Derbyshire, yet it was heartened by the work undertaken in other areas of the country which was used to support improvements in services. This is a role that the County Council's Public Health function should consider more closely.

3.1.5 Raising the awareness of chronic pain is a job for everyone – though more clearly defined referral guidelines would be useful. The British Pain Society is developing general referral guidelines which could assist local services in Derbyshire. Some form of public facing promotion would also help people to be aware of what to do and where to go if they think they are suffering from chronic pain.

3.2 Recommendations

3.2.1 The review therefore requests that the Derbyshire Health and Wellbeing Board convene a steering group to oversee the implementation of the following recommendations:

Recommendations	
1.	**A chronic pain needs assessment must be undertaken in Derbyshire to determine the prevalence and need of chronic pain suffers. The results of which should be used to inform the planning/reconfiguration of services and ensure resources are being targeted at the right areas.**
2.	**Development and implementation of clear referral guidelines for GPs and other Primary Care Professionals.**
3.	**Improve the quality of public information to include details on signposting who can help, where to go, and on how to cope with living with chronic-pain – promotion of existing self-help guides e.g. The Pain Toolkit.**
4.	**Consideration should be given to the commissioning of community based services to reach more rural areas and vulnerable people subject to outcome of the needs assessment.**
5.	**Ensure that access to chronic pain services is supported by multi-disciplinary assessment team(s) and multi-disciplinary pain teams including physiotherapy and psychological therapy support.**

3.2.2 One possible mechanism for implementing these recommendations would be for the Derbyshire based Clinical Commissioning Groups to consider developing a joint chronic pain service specification to be delivered through an initiative, such as Any Qualified Provider Programme, to improve the accessibility of services. However, it is recognised that any such specification would need to ensure that services are joined up rather than fragmented. This would also involve service providers and users in its development and be brought to the Committee for consultation as it would constitute a service reconfiguration.

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Appendix 1

Referral Guidelines for Chronic Pain Management in East Kent

East Kent Hospitals University NHS
NHS Foundation Trust

Kent Community Health NHS
NHS Trust

Referral Guidelines for Chronic Pain Management in East Kent

Pain services in East Kent consist of a comprehensive multidisciplinary service within primary care and an interventional service within secondary care to support patients to develop self management strategies, enhance their quality of life and reduce dependency on healthcare services.

Referral Criteria

(Please see overleaf for explanatory notes)

- Have had pain for more than 3-6 months
- Have tried simple analgesic management
- Have had investigations to rule out treatable pathology
- No “red flags” (direct referral to secondary care)
- Referrals are made through Choose and Book whenever possible
- Referral documentation is completed and attached

Exclusions

- Severe unstable psychiatric illness: Certain personality disorders, severe untreated depression
- Current substance abusers not undergoing addiction management
- Patients currently waiting for surgical intervention

Your referral should include the following information:

- Diagnosis and brief history of pain
- Details of current medications
- Treatments tried
- Relevant investigations and results
- Psychosocial history, if appropriate
- Any past psychiatric history
- Details of any previous pain clinic referrals
- Patients' and referrers' expectations

CRITERIA	Explanatory Notes
Have had pain for more than 3-6 months	This is in line with accepted definition of "chronic pain"
Have tried simple analgesic management	Regular paracetamol, NSAIDS (where appropriate) Tricylics Anticonvulsants for neuropathic pain as indicated by local guidelines
Have had investigations to rule out treatable pathology	Acceptance and development of self-management strategies is impeded when patients are expecting a solution or cure for their pain
No "red flags" (direct referral to secondary care)	Chronic Pain is a routine service. Referral to assessment times – up to 4 weeks. Patients requiring urgent attention should be referred to the appropriate clinical discipline in secondary care
Referrals are made through Choose and Book whenever possible	This allows timely triaging and into the correct service area
Referral documentation is completed and attached	You have a comprehensive knowledge of your patient. This information will help us triage the referral appropriately and allocate your patient to the most appropriate clinician on a timely basis
EXCLUSIONS:	
Severe unstable psychiatric illness: certain personality disorders, severe untreated depression	This would pose a barrier to the methods used in chronic pain management and prevents the patient from achieving a successful outcome
Current substance abusers not undergoing addiction management	It is recognised that these patients are unable to engage in pain management

Contact details for Chronic Pain Referral Point (East Kent)

St Augustine's Business Centre

125 Canterbury Road

Westgate-on-Sea

Kent. CT8 8NL .

Tel : 01843 830172/830173 Fax: 01843 830171

Referrals can be made via Choose and Book (indirectly bookable) to Chronic Pain Referral Point (East Kent).

For help and advice email to**:** chronicpainicats@nhs.net.

We will reply within 24 hrs to your questions. Alternatively, please see our

medicines guidelines http://www.painmedguidelines.co.uk/

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