

Planning to improve chronic pain services in NHS Greater Glasgow and Clyde

GG&C's Chronic Pain MCN has a co-ordinated network approach towards driving forward improvement with a comprehensive workplan geared towards improving chronic pain services at all levels, and with a particular emphasis covering the following areas:

- Information and advice for public and patients
- Improving links with Primary Care
- Supported self-management
- Collaborating with third sector partners
- Secondary care pathways

Some of the key objectives and some achievements so far are as follows:

- Improving chronic pain management in Primary Care - project to redesign pathways and improve signposting to appropriate information and level of care for patients and professionals. Stakeholder event and 2 other large GP events have been held
- Aiming to improve local access to pain management advice for patients
- Chronic pain information has been standardised across GG&C and is available in several languages
- Improving Education and Training in Chronic Pain Assessment and Management - new website, pain app, Learnpro modules developed
- Rolling primary care evening education programme developed and run on basis of training needs assessment undertaken. Lectures are filmed and are then available on pain website
- Raising awareness of chronic pain amongst primary and secondary care professionals.
- Improve patient pathway to prevent delays in diagnosis and treatment and improve communication at all levels
- Improving cooperation with Third Sector - Pain Association Scotland
- Standards document developed for chronic pain service and plan of work formulated to audit service delivery against standards
- Electronic database of research and audit ideas for clinicians set up
- Electronic case records now in use for hospital base pain clinics. Efforts ongoing to improve communication between GPs and pain clinics

- Provide drug advice to area drugs and therapeutics committee on pain medications
- Updating guidelines on chronic pain management, opioids for chronic pain, neuropathic pain, back pain and large joint arthritis
- Developing links with Community Addictions Team to focus on the problem of chronic pain in users of illicit drugs and also people with chronic pain who develop problems with their prescribed medications
- Raising awareness and improving management of chronic pain in primary care
- Improving access to multidisciplinary team input, in particular clinical psychology
- Waiting times in hospital pain clinics and increasing referral rate to pain service
- Improving systems to enable electronic data collection

A more detailed plan to deliver these objectives is shown below.

Chronic Non Malignant Pain Service Development Work plan

The key themes running through the work plan are education, awareness, empowerment, clear pathways, signposting, communication and managing expectation.

Major themes identified from the stakeholder day on 25th September are highlighted in bold print. *QP event feedback is highlighted in blue italics*

Lead Clinician: Colin Rae

Planned Outcome	Action	Why	Target Date
Person Centred			
1.Engage effectively with patients to empower them	Engage with patients focus group to identify needs HH to contact Pauline Fletcher	Patient centred service delivery	October 2013
	Explore campaigns in other health boards	Share learning, what works and what doesn't	September 2013

to participate in making choices around chronic pain.	<p>More information on self management of chronic pain in terms of aids/helps/methods. (what) Development of patient information resources with Leaflets Elearning package Phone applications And host these on easily accessible sites</p>	<p>Identified as action from stakeholder day 25/9/2013</p> <p>To support education and self management</p>	
	<p>Provide accessible patient information on multiple sites, which should be validated by the NHS e.g. touch screens, information in hospitals, GP surgeries, pharmacies, shopping centres etc. Should be in print/internet/audio. (where and how)</p>	<p>Identified as action from stakeholder day 25/9/2013</p>	
	<p>Pain management helpline for information and support for patients</p>	<p>Identified as action from stakeholder day 25/9/2013</p>	
	<p>Annual patient survey to measure patient satisfaction</p>	<p>Ensure quality delivery of patient care</p>	
Effective			
2. Establish NHSGGC mechanisms to promote integration of primary care, community, tertiary sector and acute services to deliver quality, patient centred chronic pain management as detailed in the Scottish Service	<p>Pain management helpline for information and support for primary care</p>	<p>Identified as action from stakeholder day 25/9/2013 and QP event 10/2013- use of NHS inform</p>	
	<p>Development of clearly defined referral and discharge pathways</p> <p>What should be delivered by whom, where and at what stage in patients journey What are the unique selling points (or what term should be used?) for each tier</p>	<p>To increase awareness and clarity of chronic pain pathways <i>Lack of awareness of GPs of pain pathway (QP event 10/13)</i> <i>Issues raised around orthopaedics/pain referrals (QP 10/13)</i> To reduce inappropriate referral Promote equity across GGC</p>	?

Model for Chronic Pain	Increased communication/awareness about the service and what chronic pain management is – patient stories/DVDs.	Identified as action from stakeholder day 25/9/2013	
	<p>Complete a needs assessment to identify what services need to be developed</p> <p>Scope size of the chronic pain population with “problematic pain”- this term will be defined nationally</p>	To ensure that services are delivered in accordance with the needs of the population	
	<p>Explore the development of community based MDT (?) service</p> <p>Provide care outwith the hospital setting e.g. domiciliary care / telephone consultation / video conferencing / local clinics (hubs). This should be an all encompassing approach that provides access to all services e.g. psychology/physiotherapy/3rd sector organisations/pharmacists etc. MDT approach</p> <ul style="list-style-type: none"> • Explore involvement of increasing patient access to voluntary sector supported self care educational sessions • Specialist nurse involvement? • Develop education classes for patients with a focus on self management.- who could deliver these? • Increased psychologist resource.-NES emotion matters??? • Explore possibility and feasibility of Primary Care Mental Health Teams delivering some of the psychological support classes • Explore involvement of CPs to deliver support for 	<p>Allow access to a greater level of expertise and interventions with greater local access <i>GPs perceived there to be long waiting times for pain clinics (QP 10/13)</i></p> <p>Identified as action from stakeholder day 25/9/2013</p> <ul style="list-style-type: none"> • <i>Appropriate waiting times</i> • <i>Appropriate distance to travel (QP 10/13- too long)</i> • Appropriate physical access • Appropriate ease of access to service <p>- aim is to have majority of patients able to self manage</p> <p>Identified as action from stakeholder day 25/9/2013 Identified as action from stakeholder day 25/9/2013 and QP 10/13</p> <p>Large numbers pain patients? Existing capacity within PCMHT? Pain patients comfortable with</p>	<p>September 2013 October 2013</p>

	<ul style="list-style-type: none"> patients on pain medication Better integration of pharmacy in the overall service/clinics, incorporating appointments with pharmacists for medication reviews both in the hospital setting and in the community. Explore models of working with established MSK services throughout GGC Explore referral pathways for MSK patients with chronic pain Improve access to physiotherapy – increase training for physiotherapists on all aspects of pain management. 	<p>going to PCMHT services?</p> <p>Identified as action from stakeholder day 25/9/2013</p> <p>GGC service already established throughout every CHP/sector which would allow good geographical coverage <i>Perceived lack of access to MSK physio QP 10/13</i> Identified as action from stakeholder day 25/9/2013</p>	
	<p>Discuss possibility of development of a GP/ appropriate HCP LES to engage GPs in assessing and managing chronic pain in primary care including: Establishing a national definition and read code for chronic “problematic pain” Developing EMIS/ Vision templates, measures, contract specification detailing what is expected and what will be paid</p>	Majority of patients in chronic pain are managed in primary care	
	Explore the development of having GPs/ HCP with a specialist interest in chronic pain at a locality level	Allow access to a greater level of expertise and interventions with greater local access	
	single point of access???? How		
	Develop standards of care for chronic pain services across primary and secondary care	To deliver a quality service Review areas that are following below standard threshold to take remedial action	?
3. Engage all service providers directly and indirectly involved with patients with chronic pain	Multi agency event September 2013 Engage with medical, pharmacy ,nursing staff physio, patients, across acute services, primary care and partnerships	Build engagement Encourage networking Develop ideas and shape services	September 2013
	Improved education for medical staff on chronic pain both in primary and secondary care.	Identified as action from stakeholder day 25/9/2013 May reduce the number of	

through education and raising awareness	Explore development of a core competency skills training module???? PLT days???	inappropriate referrals. Undergraduate HC professional education has been identified as lacking in the basics of chronic pain assessment and management Every health care discipline needs up skilling in the chronic pain education to provide universal minimum standards of advice and care	
4. Provide guidance tools and measures to support the delivery of effective chronic pain management across all sectors	Update and develop GGC pain guidelines with clear treatment algorithms and pathways for referral Access to BPS pathways for GPs ? GGCise pathways- ? similar to BPS Links to prescribing software <i>Guideline app- QP 10/2013</i> <i>Universal pain assessment tool QP10/2013</i> <i>Easy access to guidelines QP 10/2013</i> Sky referral support documentation – referral criteria etc Differential diagnosis	Establish and promote cost effective evidence based treatment Reduce inappropriate referrals	
	Audit a sample of patients each practice to assess conformation to each of the guidelines <ul style="list-style-type: none"> • Develop an audit the GPs could use for measuring guideline compliance • Potentially this could be done as part of the GP QP part of QOF? 	Establish compliance to the guidelines	
	Identify and select appropriate patient assessment tools preferably that patients can self report	Can use these for recording measurable outcomes Will reduce HC professional time if patients can fill them out themselves Encourages self management	
	Explore possibility of risk stratifying patients in primary care for more intensive input	More appropriate use of resources	

5. Evaluation of activities impact of primary care service redesign	Survey monkey, impact on referral rates, impact on number of GP consultations, number of patients returning to work, reducing absence from work, cost/volume of prescribing, patient focus groups, re running stakeholder day, qualitative studies on GP views		
Safety			
7.Ensure communication between primary care and secondary care interface is robust enough to promote patient safety	There should be clear information around any changes to the patients' prescriptions. Audit of secondary care letters to asses for completeness of information being sent to primary care		
	Can any kind of SPSP methodology be used in pain?		