

Service Specification No.	CS_27
Service	Chronic Pain Management – East Staffordshire
Commissioner Lead	Emily Davies
Provider Lead	Adam McKeown
Period	1 st April 2022 to 31 st March 2023
Date of Review	By 31 st March 2023

1. Population Needs

1.1 National/local context and evidence base

7.8 million people live with chronic pain, £584 million is spent on prescriptions for pain, 1.6 million adults per year suffer with chronic back pain, 25% of people with chronic pain lose their jobs and 16% feel their chronic pain is so bad that they sometimes want to die (Donaldson, 2009).

The principal aims of the chronic pain service are to enable people with chronic pain to achieve as normal a life as possible by reducing physical disability and emotional distress, and improving the individual's ability to self-manage pain-associated disability and reduce reliance on healthcare resources.

Since 2005, the Department of Health approach for the management of long-term health conditions changed, increasing the emphasis on self-management skills and resources (for instance, the 2005 National Service Framework for long-term medical conditions. www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/fs/; Clinical Standards Advisory Group, 2000; Dr Foster, 2003)¹.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

3. Scope

3.1 Aims and objectives of service

The Provider shall:

- The Provider shall ensure appropriate triage of chronic pain referrals to ensure patients are seen in the right place, by the right person and actively manages inappropriate referrals,
- Provide an effective service for the management of chronic pain sufferers,
- Facilitate improved health outcomes by enhancing patient's ability to self-Manage and maximise functional ability,
- Reduce the need for surgical intervention amongst chronic pain sufferers,
- Ensure improved patient reported outcomes,
- Reduce need for patients to be seen repeatedly by a specialist chronic pain service.

The Provider shall contribute towards the following outcomes:

- Reduced number of days lost to employment/loss of functional activity;
- Reduced social isolation;
- Reduction in time spent in acute settings;

¹ The British Pain Society, Guidelines for Pain Management Programmes for adults, November 2013

- Reduce patient reliance on surgical or repetitive non-surgical interventions, especially those provided in the acute care setting, by providing a service that draws on the expertise of medical, physiotherapy, pharmacy and psychology specialties;
- Provide care closer to home and in the most appropriate community setting for the type of treatment being provided to the patient;
- Reduction in secondary care chronic pain intervention.

3.2 Service description

The service shall provide assessment and treatment for chronic pain and shall comprise of:

- Pain Management Programme, in accordance with the “Guidelines for Pain Management Programme for adults” British Pain Society, November 2013
- Physiotherapy
- Psychological Support
- Pharmacological Management
- Specialist in Pain Management
- Interventional
- Diagnostic investigations

The Provider shall ensure that each patient is provided with the following condition-specific information:

- Description of their condition and its implications;
- Self-Management advice and support
- Sources of Support
- Interventional Procedures

The Provider shall agree suitable reviews with the Patient to include the following:-:

- Review of agreed goals and Personalised Care Plan/Personalised Management Plan
- Patient experience
- Effectiveness of interventions
- Patient compliance with plan
- Reinforce self-management to empower and manage the condition with the use of digital technology or appropriate means
- Onward referral as necessary

3.3 Minor or Intermediate Procedures

The Provider shall undertake minor procedures which have been agreed with the East Staffordshire Clinical Commissioning Group including (but not limited to).

Out Patient based Nerve blocks, Joint and soft tissues injections and intermediate procedures such as Spinal injections etc. which are provided in controlled Theatre Environment

This will be in line the commissioners Procedures of Low Clinical Value policy

3.4 Medicines Management

The provider shall prescribe in line with any approved patient pathways inclusive of those published on Map of Medicine.

All prescribing must be in line with South Staffordshire Joint formulary as detailed within the hyperlink:

<http://www.southstaffordshirejointformulary.nhs.uk/> .

All non-formulary prescribing/ recommendations will remain with the provider and all costs will be recharged back to the provider.

If the provider would like to apply for a drug to be considered for addition to the formulary, the following document shall be used:

<http://www.southstaffordshirejointformulary.nhs.uk/docs/misc/FormularyApplicationForm.pdf>

Prescribing should be for products licensed within that indication or those contained within national guidelines (NICE) recognising certain products will be unlicensed for these indications, however are established therapy. However all products prescribed or recommended must be on the South Staffordshire Joint Formulary.

Where a formulary application is made for inclusion on the above formulary, and the South Staffordshire Area Prescribing Group identify a need for supporting essential shared care agreement (ESCA) or rationale for initiation, continuation and discontinuation (RICaD) documentation, it is the responsibility of the service to provide these.

All patients shall be stabilised on pharmacological treatment before discharge to the GP.

GPs shall be provided with clear instructions on dosing and any necessary titration where suitable and treatment goals for the short, medium and long term.

All prescribing shall be using non-proprietary or pharmacological i.e. 'generic' nomenclature; unless the proposed therapy has complex name.

The Provider shall ensure that prescribing, administration and supply of medicines are provided for all treatment that requires a rapid prescription request form initiation. The Provider shall communicate to patients that these will be processed within normal prescription volume. Non-urgent recommendations are communicated back to the GP.

3.3 Care Pathway

3.3.1 Accessing the service

The Provider shall accept referrals via secure email, Choose and Book or letter. All referrals shall be assessed by the Pain Management service for appropriateness and will be referred onto secondary care as appropriate. The Provider shall ensure that appointments are prioritised to those with greatest clinical urgency, based on the information provided in the referral letter.

The Provider shall arrange diagnostic tests for those Service Users where Clinically appropriate

Referrals will be rejected where the information contained in the referral is not enough to decide on the appropriateness, including exclusion of red flag symptoms or signs or those that do not meet the criteria for the Service. Referrals will be returned to the source of referral, with reason for rejection, within one week of receipt.

Service Users shall be given a choice of appointment date and times. Service Users who do not attend (DNA) the service will not be offered a second appointment and the referral will be returned to the GP; however the Provider must provide assurance that the patient has received and accepted the original appointment.

The Provider shall ensure that the service is available for patient consultations 42 weeks per year, with the exception of bank holidays. The Service shall be available 5 days per week between 8am-5.00pm.

The Provider shall provide Service Users with relevant information informing them of the services they should access if there is a complication outside of the normal service hours. The Provider shall ensure that there are arrangements in place to deliver the appropriate services for sensory impaired patients and those who do not speak English.

The Provider shall consider and understand the BME communities within the Clinical Commissioning Groups and ensure that the Service is accessible to all communities.

The service is located at:-

Based at Edwin House, running East Staffs clinics at:-
Injections at the Treatment Centre, Queens Hospital Burton
And clinics from-
Hill Street Health Centre
Stapenhill
Burton-on-Trent

Tel: 01283 507131 Patient Contact Line

Fax: 01782 532349

Secure nhs email address for referrals: SSPCT.chronicpain@nhs.net

Service is provided 42 weeks 9.00-4pm Mon-Friday excluding Bank Holidays

3.3.2 Onward referral

The Provider shall ensure that all Service Users who have received an intervention with the service and require further surgical or specialist opinion are referred to surgical providers within 8 weeks from receipt of referral and within two working days of the Providers decision to refer onwards. Choice principles will be applied when referring to secondary care.

When Service Users are referred onward, by the Chronic Pain Management service, the reason for the referral will be contained in the referral letter e.g. for surgery, a surgical opinion, or because of serious pathology. For any

Service User which the Provider needs to refer, a full statement (the equivalent of a discharge letter to the GP) should be provided and made available to the receiving hospital or service within five working days. The Provider shall expedite this so as not to compromise achievement of the 18 week referral to treatment targets. The Provider shall refer to any pre-referral surgical guidelines that the Commissioner and Secondary Care providers have in place before a referral for surgery is made.

The Provider shall be able to demonstrate the delivery of patient choice and ensure that all Service Users requiring onward referral are offered choice as per DH guidelines <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>.

3.3.3 Post treatment complications

The Provider shall have in place developed policies and appropriate equipment at the sites at which services are provided to be able to deal adequately with medical emergencies which might occur (e.g. anaphylaxis).

3.3.4 Discharge Requirements

The Provider shall be responsible for ensuring that the referring GP is sent a comprehensive typed summary letter outlining the diagnosis, investigations, treatment plan and patient advice following each patient consultation.

The Provider shall send the Service User a copy of the discharge letter and treatment plan in accordance with the Contract General Conditions.

At a clinically appropriate time following discharge the Provider shall contact each Service User to arrange the completion of Clinically appropriate outcome measure

3.4 Development of a patient centred service

The Provider shall ensure that Service Users, family and their Carers are given an explanation of their condition and advice about all management options including both non-surgical and surgical (if appropriate) in a manner that is easily understood.

The Provider shall work with Service Users, family and Carers in ways that foster partnerships. Providers shall develop processes such as comments and suggestion boxes, patient and carer participation groups, experience surveys, local complaints processes and annual reviews of the service.

The Provider shall work with Service Users, family and Carers in ways that support self-care and self- management and the supply of informative educational leaflets in the self-management of their condition.

The provider shall ensure that service provision is adapted to meet the needs of vulnerable people, people with learning and physical difficulties and mental health needs. The Provider shall comply with the national standards for ethnic coding.

3.5 Any acceptance and exclusion criteria and thresholds

3.5.1 Acceptance criteria

- The Provider shall accept all patients presenting chronic pain conditions (mechanical and other non-mechanical Chronic Pain conditions) with the exceptions detailed below. Referrals will be accepted from a GP, Physiotherapist, Occupational Therapist, Podiatrist or Consultant and any Health Care Professionals
- Patient's social and psychological wellbeing affected due to distress caused by chronic pain.
- Patients participation in daily activities is severely limited.
- Patients have had all possible investigations and not suitable for surgery.

3.5.2 Exclusion criteria

The Provider shall not accept referrals where it is apparent that the patient:

- Needs palliative pain relief, or is suffering from a rapidly deteriorating disease or condition.
- Has a history of a cancer potentially related to the pain
- Displays symptoms of a spinal tumour.
- Is suffering from the acute phase of a violent trauma
- Uncontrolled psychosis and moderate to severe cognitive impairment
- Any patient that is not registered with a East Staffordshire CCG GP
- Any patient assessed as a 'Red Flag
- Stand alone acupuncture requests

- Post natal back pain within 3 months of birth
- Paediatrics under the age of 16 years

3.3 Population covered

3.3.1 The Provider shall provide the Services to all patients with chronic pain conditions who are registered with an East Staffordshire CCG GP Practice for whom the Commissioner is responsible for funding healthcare services. Consideration will be given to homeless patients that are not registered.

3.5 Interdependence with other services/providers

3.5.1 The provider shall ensure that they build relationships with the following services/providers:

- Community Service Providers
- Integrated Physiotherapy Orthopaedic and Pain Service IPOPS Pharmacists (encouraging patients to ask their pharmacist for advice)
- District Councils to look at opportunities to develop strategies which encourage individuals to take up physical activity
- Voluntary Sector
- Urgent Care Centres/ Minor Injuries Units
- County Councils
- Secondary Care Providers

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- British Pain Society (November 2013) “Recommended guidelines for Pain Management Programmes for adults”
- DH (2008) High quality Care for All – NHS Next Stage Review Final Report
- DH (2011) Safe Guarding Adults
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882
- National audit Office (2009) Services for people with rheumatoid arthritis

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- NICE (2009) Rheumatoid arthritis: The management of rheumatoid arthritis in adults
- NICE clinical guidance 96 “Neuropathic pain – The pharmacological management of neuropathic pain in adults in non-specialist settings
- NICE clinical guidance 88. “Low back pain: Early management of persistent non-specific low back pain”
- The British Pain Society and the Royal College of General Practitioners (2004) “A practical guide to the provision of Chronic Pain Services for adults in Primary Care
- The National Pain Audit; <http://www.nationalpinaudit.org/index.html>
- The Royal College of Anaesthetists and the Pain Society (2003) “Pain Management Services – Good Practice”
- The Royal college of Physicians of London (2009) Rheumatoid Arthritis: National Clinical Guidelines for management and treatment of adults
- British Pain Society, Core Standards for Pain Management Services in the UK , October 2015

4.3 Applicable local standards

- <http://www.staffordshire.gov.uk/health/care/reportingabuse/vulnerableadultabuse.aspx>
- <http://webarchive.nationalarchives.gov.uk/+http://www.dca.gov.uk/legalpolicy/mental-capacity/mac-cp.pdf>
- DH - Department of Children schools and Families (2010) Working Together to Safeguard Children

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-C)

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
<p>% of patients report reduction in level of distress</p> <p><i>Quantifiable improvements in patients' perception reduction in level of distress</i></p>	Threshold-75% (of a sample size which must =>50% of referral activity)	<p>Quarterly report of % achieving improvement</p> <p>Brief Pain Inventory Tool</p>	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
<p>% of patients reporting positive change in pain self-efficacy</p> <p><i>Evidence of patients taking effective self control of their condition individually</i></p> <p><i>Local Outcome: Provide care in appropriate community setting for type of treatment being provided</i></p>	Threshold-75% (of a sample size which must =>50% of referral activity)	<p>Quarterly report</p> <p>Brief Pain Inventory Tool</p>	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
<p>% of service users with a reported improvement in their condition from the initial assessment to discharge from the service</p> <p><i>Patients having a positive outcome in their physical, psychological and/or social needs</i></p> <p><i>Local Outcome: Reduced social isolation – linked in with positive outcomes</i></p>	75% (of a sample size which must =>50% of referral activity)	<p>Quarterly Report</p> <p>Brief Pain Inventory Tool</p>	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
<p>% of patients report an increase in functional gain-</p> <p><i>An increase in an individual's self-reported levels of functional gain</i></p> <p><i>Local Outcome: Reduced LOSS of functional activity</i></p>	Threshold-75% (of a sample size which must =>50% of referral activity)	<p>Quarterly Report</p> <p>Using an accredited tool to report reduction in self-reported levels of functional gain at point of discharge.</p> <p>Brief Pain Inventory Tool</p>	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
<p>% of patients to be asked about an increase in an individual's self-reported levels of functional gain-Local Outcome: Reduced loss of functional activity</p> <p><i>Patients have a positive experience of care</i></p>	Threshold to be based on SSOTP standard	<p>Quarterly Report</p> <p>Tool - Friends and Family Test</p>	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service

5.2 Applicable CQUIN goals (See Schedule 4 Part D)

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

**Based at Edwin House, running East Staffs clinics at:-
Injections at the Treatment Centre, Queens Hospital Burton
And clinics from-
Hill Street Health Centre
Stapenhill
Burton-on-Trent
Tel: 01283 507131 Patient Contact Line
Fax: 01782 532349**

Secure NHS email address for referrals: SSPCT.chronicpain@nhs.net

Service is provided 42 weeks 9.00-4pm Mon-Friday excluding Bank Holidays