

Chronic pain: opportunities to improve



As local commissioners of health services in West Lancashire, we have a duty to examine local health services and make improvements where possible if required.

Where are we now?

We know that there are currently several people living with pain day in day out in West Lancashire. These people are having to see their GP or visit hospital for treatment and pain relief medication. They need to do this as we currently have no specialist pain service.

Most of these patients see their GP who can then refer into hospital services for advice and treatment if required. Often these patients, however, have a broader need than this. For example, they may require advice around physical activity, nutrition and psychological needs. We need a pain service that will manage the full picture of the patients' life and help them self-manage the pain they are experiencing.

What is chronic pain?

By 'chronic pain', we mean a pain that persists beyond the point at which healing would be expected (3-6 months) (read more via British Pain Society 2007).

What do we know so far?

Local clinicians are reporting poor patient experience because the GP is unable to address the full needs of the patient within a normal GP appointment. Our GP membership and clinicians have also told us that patients could become dependent on their prescribed medication which could carry a risk to them. Current NICE guidance highlights this as a possible issue.

The NHS England 5 Year Forward View recommends patients "with long-term conditions" are empowered and also recognises the importance of "promoting wellbeing and independence". It also states that "patients should have direct control over care provided to them".

Patients are being referred to hospital which may not be necessary, and this service would work better delivered from the community with a bigger focus on support rather than medication.

What are our opportunities to change?

Considering the clinical insight, the CCG invited providers, voluntary community and faith sector representatives and members of the public to a stakeholder day in November 2016 to explore the current issues and opportunities for improvement. There was also a follow up stakeholder day in January 2017.

The discussions were about the holistic approach needed, the role primary care should play, how to optimise prescribing and how patients with long term pain should be supported.

What we think would be best?

We know there are issues within the existing system and we know there is an evident need for a local pain service.

We would like this specialist pain service to be suitable for our local community and their needs, and to consider the areas of concern we currently have. We therefore suggest starting a procurement process to identify a new provider of a new specialist pain service, which further supports patients in a holistic way.

In line with our current agreed CCG strategy in terms of bringing care closer to home, we believe this service would operate more effectively and be more accessible if delivered within the community. We need to work on the detail but we currently propose this would be available in three locations across West Lancashire.

What this means for patients?

New patients presenting to their GP with chronic pain will be referred into a specialist pain service where all their needs e.g. social, physical and psychological, will be examined and addressed. The specialist pain service will provide care and support for the patient using an agreed treatment plan, referring them to hospital only if needed.

For existing patients already known by their GP to have chronic pain, they will have an opportunity to be referred into the specialist pain service for further assessment addressing their own individual needs. The treatment plan may present suggested improvements for the patients' care.

What do YOU think?

Whether you are a patient living with pain or someone who is interested in this area of health, we welcome your views. The CCG has to look at the needs of both current patients and people who may use the service in the future, so we would like to make sure these are suitable for you.

We are currently testing the market to see whether this model can be introduced appropriately in West Lancashire. If so, this may allow for us to award the contract in April 2017 to begin in summer 2017.

Our approach has been built on perspectives from both clinicians and patients. However, we would welcome your comments on anything you think has been missed or is not appropriate.

If you have any views on this, please contact us by 9 February 2017:

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