

Chronic pain



Background

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. Following a review of the service available to help people experiencing chronic pain the CCG undertook a short public consultation.

How the CCG explained their suggestions for change.

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.

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).

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 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 considering 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.

Gathering the views of the public

The CCG carried a six-week consultation from December 2016 to February 2017.

The survey was based on a free text response with the public asked to comment on two proposals and offer suggestions for possible inclusion in any new service specification. We also

The proposals were;

- Should the specification for the provision of chronic pain services be extended to provide a more holistic offer.
- Whether the provision of an assessment service following a GP referral would have benefits to patients in helping them find the right service for them or help them develop a self-care approach.

The public response

Several people used their own experiences to contribute to the consultation. Their comments are shown in annex one.

The overall view was that the introduction of a more holistic service would be beneficial to local residents. The use of an assessment service was part of other CCG clinical pathways and again the public felt that this would help ensure patients could obtain information to assist their choices in selecting the most appropriate service provider for them.

Looking at suggestions, the following comments should be considered when developing the service specification.

- the service would benefit from having "second opinions" built into the assessment system.
- The service needed links to other neurological services.
- The assessment service would allow people with multiple conditions to be seen outside of their GP service.
- Hydrotherapy should be more widely available.
- Sports massage may benefit some patients
- Reflexology and acupuncture have benefitted a number of patients
- Helping people manage the mental health implications of their condition was seen as important and the use of Mindfulness opportunities should be explored.
- Patients should have the opportunity to remain in contact with the assessment service to enable their self-care.

Next steps

The proposals for changes to the provision of chronic pain services, using a specialist assessment service to assist self-care and ensure the most appropriate referral for treatment was developed by clinicians.

The public have endorsed these proposals and offer comments which can be used to influence the service specification.

The CCG, if it wishes, can now further develop the proposals to improve the chronic pain services and proceed to a procurement programme.

The CCG will now decide whether to proceed to a procurement.

Annex One

Comments received

1 *"Just wondering if any thought has been given to NWS paramedics referring into the service to avoid hospital admissions".*

2 *"I would suggest that comprehensive, full, thorough diagnostic techniques are used with several "second opinions" and all methods of diagnosis employed before accepting that Chronic Pain is the end result.*

3 *I suffered debilitating pain on a daily basis for over thirty years before, by chance, I was given an MRI scan that showed that the cause of my pain was curable, albeit by surgery. The result was that I had surgery six years ago and have been pain free ever since".*

4 *"As I have fibromyalgia and after the first few months of being referred to various hospital departments which were of limited benefit, I am now on my own.*

"One problem is that FM is a syndrome and most of us sufferers can report at least seven distressing problems along with the chronic pain and fatigue. Now that GPs are insisting on only one symptom per visit, most of these problems go unreported and untreated, and there is nobody to discuss them with. I went twice to a support group in Ormskirk but only one other person turned up each time. As it is on Tuesday mornings and coincides with my weekly art group I chose the art group instead as I found it more therapeutic. The Ormskirk support group has now merged with an MS support group and moved to Skelmersdale which is even more difficult for me to get to as I live in Tarleton.

It would be very good to have a group, perhaps in Southport or Burscough where one could meet and chat with other sufferers, along with access to a sympathetic doctor or dispensing nurse who has the time to listen to all one's concerns, and perhaps access to alternative therapies such as reflexology, acupuncture, crystal healing etc.

"I realise that, given the state of the NHS, this is pretty much asking for the moon, but then if you don't ask you don't get.

5 *"With regards to your proposals re the above, I'm not sure how this would be much different to the regime already in place. i.e patients are referred to the pain clinic in either Ormskirk or Southport hospital where they see a consultant professional and his/her Assistant. A course of treatment is then decided and monitored by the 'Assistant' and 'tweaked' accordingly on a regular basis. The GP is kept informed and can vary pain relief prescriptions accordingly.*

"If what is proposed can improve on that and perhaps streamline the process then I would certainly approve. It would also help if a patient could have contact with the pain team as and when they needed it (perhaps by email).

6 "Hello I am very interested the needs and the best interests for people in West Lancs, regarding their health and wellbeing, Any proposals that includes the views of the service user is a good way to move forward, I an a Holistic therapist,providing Complementary therapists in a number of settings that has enabled me to see that education is a large part of of enabling people to understand and explore their perception and manage their pain and long term conditions.This very much affects the uptake of any service provided.From my experience there is also a huge cost implication for many people as pain is multi factorial.

I see a number of people with complex conditions that require an holistic approach. Having time to build trust and have a continual dialogue in order to plan and assess and meet individual need and a partnership approach is very important . In my experiece people enjoy being included in managing their health and wellbeing with a hands on and practical and caring approach and enjoy time to be heard and listened to in response.Complementary therapies can be both relaxing and invigorating and and have other health benifits that peer group studies Mental health research can indicate.I am interested in participating in any way using my particular skills and time to best advantage .

7 As someone who suffers from chronic pain I find a variety of painkillers which don't agree with me makes my life difficult and unpleasant.

From a personal point of view I would like alternative choices, and nobody wants to spend their life visiting hospitals!

However, that said, I am concerned that money for this project might be going to private sector companies and diverting money away from our NHS , GP's, and hospital services which we know to our great cost in Skelmersdale is already sadly lacking.

More information would be helpful both on services it may provide and who will be providing them.

8 "I have read your report with interest and as I have suffers chronic pain for the last 40 years due to ostioarthrists. I have had treatments,such as injections and accupuncture the injections did'nt last long, the accupuncture did work but when some later I tried to get another session I was informed the funding had "dried up". So I'm left with an antiinflamitory and paracetamol (which is useless). The other pain killers on offer I can't take due to side effects, the co-proxamol which did work was banned by NICE. That is why I'm so interested your Plan for Chronic Pain. I look forward to hearing more about it".

9 I think a local chronic pain service would be very helpful. It would improve the both the wait times and the number of hand offs (between different NHS service providers) that chronic pain patients experience. Also, research has shown that an holistic approach is a much more effective approach for chronic pain patients. An added benefit might also be an improved feedback loop between the chronic pain care service, patients and their GPs as the service would be 'closer' to all the key players. This could mean that GPs get better updates on what works for chronic pain and what doesn't, allowing them to alter initial treatments prior to referral to the chronic pain service.

10 I would take full advantage of the west Lancashire service .I suffer with chronic pain. Anxiety. Chronic fatigue and depression. I was getting support from the pain service at Ainsdale I was one of their last West Lancashire patients but because of cuts to the service I was discharged from their pain clinic,physiotherapy and psychological services and when your Gp is not very understanding or knowledgeable about chronic pain. I now find myself in limbo and not having an exceptable quality of life. So your service can bring hope to sufferers like me .who now have no where to turn to because of a post code.

11 I have lived with Chronic Pain in my back since 1984.

After attending the hospital for about 12 months I was diagnosed with Crumbling Discs in the lumber area. And in 1985 I was told that I would have to give up my job as a plumber – I knew I couldn't brush up- dig or lift anything heavy as my back would hurt.

I kept thinking that I would be alright although I got no advice from any medical staff and when I realised that the back wasn't getting any better I decided to give up plumbing. I have been 30 years with chronic back pain which our GPs couldn't address properly, so I lived on pain killers- hot water bottles and bed rest when it got to bad.

I had nowhere to get advice so I lived with the pain until I went to see the doctor when I was really bad and the Locum Doctor sent me the hospital late in 2015

In January 2016 I was given 4 injections into my spine and given some advice, I got 14 weeks of heaven with less pain and I felt good again because someone was taking an interest. I went back in June 2016 and was taken back again in September 2015 for 4 more injections which this time lasted 16 weeks. I went back in December 2016 and had 4 more injections in January 2017 but this time no follow up.

12 One respondent gave a very comprehensive reply outlining their personal journey. Hydrotherapy, sports massage, mindfulness courses an using an active self care programme were helping manage the condition.