

# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to:	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 October 2019</b>
Subject:	<b>Community Pain Management Service</b>

## Summary:

During 2018/2019 the Lincolnshire Clinical Commissioning Groups (CCGs) recommissioned the pain service provided to residents throughout the county.

The specification for the new service detailed the requirement for a modern community based service which would deliver clinical services that are in line with NICE [the National Institute for Health and Care Excellence], national and international best practice and the recommendations of the British Pain Society.

The contract was awarded to Connect Health. During the last six months the new service has been established. This has involved establishing a hub and community bases throughout the county, transfer of over 6,000 patients from previous providers to the new service and provision of service for new patients.

This report provides an overview of the new service model and a progress update with regards implementation of the mobilisation plan.

## Action:

To note and consider the information presented on the Community Pain Management Service and consider if any further information or action is required.

## 1. Background

Lincolnshire commissioners had considered changes to the pain management service for over 10 years. The introduction of Right Care in 2016 identified that Lincolnshire was an outlier for musculoskeletal and neurological services and in particular in the management of pain in terms of elective and prescribing activity and spend. Multiple projects had scoped options. However, no consensus between all commissioners materialised until April 2018 when a detailed proposal, backed by a number of GPs and supported by patient groups such as the patient councils and , was shared and endorsed across the county.

Best clinical practice as defined by NICE [the National Institute for Health and Care Excellence] and the British Pain Society had reduced the number of recommended interventions with the withdrawal of facet joint injections and acupuncture, both of which were high volume procedures of the local service. At the time of withdrawal Lincolnshire did not deliver the recommended range of support services, the plan was for a new service that would include a multidisciplinary team of specialists offering a wide range of care options including (not limited to) clinical psychology, physiotherapy, occupational therapy, pain medicines review, pain management programmes and spinal injections. The most appropriate care will be informed by clinical need, national guidelines (e.g. British Pain Society; the National Institute for Health and Care Excellence), and shared decision making. The new service would bring many additional options for people living with pain in addition to (not instead of) those treatments currently available.

The previous pain service delivered 18,000 appointments annually and 6000 interventions with over 90% delivered by consultants. Clinics were predominantly delivered within an acute setting with over 80% of all interventions medical and or injection based. This service did not represent good value or best clinical practice and was considered to be unsustainable and as such in March 2018, all four CCGs in the Lincolnshire Joint Shadow Committee agreed to:

- decommission the existing pain management service from 31 March 2019 ; and
- procure a new community-based lead provider model to deliver best clinical practice as defined by NICE and the British Pain Society.

Category	Previous Service	New Service	Comment
Acute Setting	yes	no	
Community setting	no	yes	Now wholly community based
Best Clinical Practice	no	yes	NICE and British Pain Society
Psychological Support	no	yes	Less than 3% of patients could access now 100% of patients could access
Medicines Management	no	yes	Now embedded within the CPMS
Rightcare outlier	yes	no	
Off formulary	yes	no	All patient medication is reviewed as part of pathway and aligned to best practice and on formulary
Single point of access	no	yes	Reduced clinical variation

## 2. Procurement

The Community Pain Management Service for Lincolnshire was procured during 2018/19 in accordance with the Public Contracts Regulations 2015.

Documentation, including specification and questions, was developed in collaboration with Commissioners, subject matter experts and informed stakeholders from the four Lincolnshire CCGs and signed off by the Lincolnshire Joint Shadow Committee and senior responsible officer for the project.

There were six high quality applications received. The bids were assessed and evaluated in relation to specific requirements, using criteria stated in *Document 1 – Process Overview of the Invitation To Tender*. These were a combination of pass/fail and scored questions which covered compliance, technical, quality and commercial criteria. These questions were evaluated by the commissioners, subject matter experts and procurement experts from Arden & GEM (a commissioning support unit).

Following a robust evaluation and moderation process, approval was obtained from the CCG boards prior to the announcement of a preferred bidder and the mandatory 10-day standstill period began. Following successful completion of standstill, the contract was awarded to Connect Health on the 10 November 2018, the commissioner met with Connect Health on the 11 November when mobilisation commenced. The new service was planned to start on the 1 April 2019

## 3. The Plan

All the main NHS and private providers were given prior notice of the CCGs' intentions to procure a new Community Pain Management Service with the appropriate contractual period of notice of the termination of the contract given (ranging from six months to twelve months based upon contractual requirements). Providers were informed by 16 November 2018 that the contract had been awarded to Connect Health and that the CCG would be in contact to facilitate an introduction with the new provider to instigate the transition arrangement. Table below identified the main providers and the percentage of the activity they deliver.

<b>Provider</b>	<b>Percentage of Activity</b>
United Lincolnshire Hospital NHS Trust	57%
North West Anglia NHS Foundation Trust	17%
Private Providers – Ramsey & St Hughes	14%
Sherwood Forest Hospital NHS Trust	3%
Nottingham University Hospitals NHS Trust	2%
Queen Elizabeth Hospital NHS Trust – Kings Lynn	2%
Doncaster & Bassetlaw NHS Trust	1%
North Lincolnshire and Goole NHS Trust	1%
Other	2%

The plan was to manage the transition of patients from the main providers by the 31 March 2019. 57% of all activity was delivered by United Lincolnshire Hospitals NHS Trust (ULHT), as of the 1 April 2019 they would no longer provide a pain service. Patients from the ULHT service were written to in April 2018 explaining what was going to happen and again in March 2019 with an update of what was going to happen, what to expect and what they need to do. It was important that this cohort of patients had immediate access to the new service.

For patients being treated by other providers the objective was the same, to transfer patients across to the new service by 31 March. However as these providers would continue to deliver pain service for their local commissioners there was no risk that patients would be left without treatment, should the transfer be delayed. This cohort of patients was written to by their provider prior to transition. Each provider had a slightly different approach when working with Connect Health. For example, North West Anglia NHS Foundation Trust (NWAFT), Sherwood Forest Hospital NHS Trust and Nottingham University Hospitals NHS Trust worked with Connect Health and agreed to a phased transition of patients to ensure continuity of care with many patients completing their treatment prior to transition. Despite the agreement and request to work with Connect Health, Queen Elizabeth Hospital NHS Trust completed the patients care episode and discharged back to the GP rather than transition across to the new service.

### **3.1 Transition of Patients**

Providers were encouraged to start the transition of patients by end of February 2019. It was anticipated that the total number of transition patients would be around 6,000. This would be a case mix of active patients, patients waiting for an outpatient appointment (first or follow up) or a procedure and passive patients (not on active treatment but can call on the service if an issue arises). It was agreed with all providers that any patients in receipt of care should transition across to the new service automatically.

Providers were asked to send across the patient's last appointment outcome letter and any other relevant information they felt was appropriate. The transition of medical notes was a combination of electronic record transfer and paper record transfer.

As patients were transitioned across to Connect Health:

- Connect Health registered patients onto their system and created links with the patients' medical records on System One
- Patients were sent a letter welcoming them to Connect Health
- Patients were sent an invite to a workshop – an opportunity to meet the Community Pain Management Service team to understand the new service and answer any questions that they may have.
- The communication to patients emphasised that patients either need to attend a workshop or contact Connect Health to confirm they want to use the service. The service would attempt to contact the patient three times; if no response received the patient would be discharged. This contact would prompt an action from the Community Pain Management Service.
  - The patients notes would be clinical triaged and patients offered:
    - an initial assessment – (the majority) an opportunity to review the patient, understand from the patients perspective their pains needs and to offer the most appropriate treatment

- upgraded to a consultant appointment. – patients whose clinical notes clearly indicate the need for a consultant appointment.
- Following assessment patients a care plan will be agreed, with options for:
  - Pain Physiotherapist
  - GP with extended responsibility
  - Pain Psychologist
  - Pain nurse specialists
  - Pain Management Programme – September 19
  - Medication review
  - Advance physiotherapist practitioner
  - Pain Consultant

### 3.2 New Referrals

All new referrals from the GP or a consultant would be:

- Administratively triaged – to ensure all relevant information is present
- Clinically triaged – to signpost the patient to the correct clinician (completed within two working days of referral)
- Patients will be contacted (5 working days from referral) and offered an appointment for an assessment (20 working days from referral)
- Care plan will be jointly agreed, follow up appointments/treatment will be offered (40 working days from assessment)

### 3.3 Locations

	Physio	Nurse	Psychologist	GPWER	Medication Review	Consultant	Mobile Unit
Lincoln (3)	✓	✓	✓	✓	✓	✓	✓
Boston (2)	✓	✓	✓	✓	✓		✓
Grantham	✓	✓				✓	✓
Skegness	✓	✓					✓
Sleaford	✓	✓					✓
Spalding	✓	✓					✓
Mablethorpe	✓	✓		✓			✓
Louth (Oct)	✓	✓				✓	✓
Market Deeping	✓	✓					✓
Gainsborough	✓	✓					✓

- Service also offers telephone consultations where appropriate and is looking to develop skype style consultations in the future.

### 3.4 Activity

To the end of September the Community Pain Management Service has delivered:

- 3,867 appointments for transition/back log patients
- 3,014 appointments to new patients

Now that the significant majority of transition patients have been registered Connect Health are working hard to increase capacity further to address the current challenges in the service

## **4 Challenges**

During the mobilisation of the new service model and the introduction of the new provider there have been several key challenges.

### **4.1 Transition Notes**

The response from previous providers has been mixed, from good engagement to no engagement with significant variation on what information was transitioned across.

### **4.2 Transition Speed**

Although all the main providers were given twelve months' notice, many of the providers had not prepared for the transition until followed up in January, with response slow. The majority of patients' notes have now been transitioned. However there are a few smaller providers where work is ongoing to finish the transition. Key challenges:

- ULHT identified an additional 1,200 patients for transition in July
- Some organisation was slow to respond and created barriers to the transition with patients not transitioning across until well into May.
- The transition from some organisation went smoothly, whilst other took more time and created issues for both the service and the patients.

### **4.3 Provider Co-operation / Support**

Some of the previous providers have proved challenging, for example:

- One trust transitioned deceased patients
- One trust had a significant number of patients transitioned across without any records as they did not have any, even though the patient had received treatment
- In the south of the county one trust discharged all their patients back to the patients' GP.
- A number of organisation had issues with the transition documentation which required amending, one organisation required separate agreements for their different sites.
- A number of the previous providers were delivering treatments not recommended by NICE, the British Pain Society or the local *Procedure of Limited Clinical Value* policy. Managing patient expectation has been a huge challenge for Connect Health.

#### **4.4 Locations**

Connect Health have established a Community Pain Management Service hub in Lincoln and run 13 clinics across Lincolnshire.

As a new service Connect Health are actively monitoring areas of demand to ensure that they direct their capacity into the areas of demand. This is a long process which cannot be completed until the transition patients have become business as usual patients and true demand can be identified. Issues have been identified in the south of the county.

##### Stamford

Connect Health have made repeated attempts to establish a pain service in Stamford.

- Initial discussions with NWAFT to work together were positive, but NWAFT withdrew a week before go live date
- Local GP Practice offered some clinical space in their surgery for the Community Pain Management Service. The offer was withdrawn in June/July as they decided to utilise the clinical space in a different way.
- NWAFT indicated that clinical space had become available, negotiations were ongoing with Connect Health but offer withdrawn in August as space had been reallocated to another service

#### **4.5 Referral Management Centre**

- Knowledge of area: Patients feel that the people in the Referral Management Centre do not know the geography and infrastructure of Lincolnshire and the challenges the local population face, for example, living in Stamford and being offered an appointment in Mablethorpe
- Information provided: Some of the information provided by the Referral Management Centre has been incorrect and unhelpful.
- Key Messages: From the start of the contract some of the messages from the Referral Management Centre were unhelpful. Connect Health have worked hard to ensure that every patient gets the same positive message.
- Administrative errors are a cause for concern, for example, two letters being sent but containing conflicting and/or incorrect information
- Some of the staff have not shown sufficient empathy for this cohort of patients. A chronic pain patient has significantly different needs from a musculoskeletal patients

#### **4.6 Patient Co-operation / Expectation**

- Transition patients were all sent a letter asking them to either book a workshop or contact Connect Health, attendance at the workshop or contacting Connect Health would instigate the service to arrange an assessment appointment. A significant number of patients have not contacted the provider or attended a workshop.
- Patient transferring from previous services providing treatment that were not recommended by NICE or the British Pain Society, have a difficult change pathway to follow. For some, where a procedure is no longer recommended there is no alternative recommended procedure, this can be extremely distressing and frightening for patients who have been receiving treatments for an extended period.

## 4.7 Capacity

- **Appointments:** Connect Health are offering patients the next available appointment, without regard to location. If patients require a more local appointment, access will depend upon availability which has created delays
- **Consultant appointments:** The service is therapy led, consultant are a key part of the service in particular around assessment for an intervention and the delivery of the intervention. Connect Health has experienced a challenge in providing consultants to assess for an intervention, with limited coverage around the county. This capacity has been a bottle neck in the service.
- **Interventions:** Connect Health has subcontracts in place with BMI for complex patients who require further support and InHealth who provide a mobile theatre which can deliver a range of interventions across the county.
- **Locations:** Connect Health will constantly monitor activity to model capacity against demand. This will accelerate once transition has been completed. Connect Health have highlighted that there is greater demand than anticipated in the Spalding area and are looking at how they can increase capacity.

## 4.8 Procedures of Limited Clinical Value

The Community Pain Management Service is required to comply with the CCGs' policy on *Procedures of Limited Clinical Value* as recommended by NICE, the British Pain Society, for example, lignocaine infusions, facet joint injection, acupuncture and ketamine prescribing. The CCGs would not support prescription of these procedures or drugs

## 4.9 Complaints

Connect Health manage the complaints they receive through their Governance Team. The team monitor the complaints they receive, identifying themes and re-occurring issues. To September 2019, Connect Health had received 75 complaints, 74 of which were around the transition process and subsequent patient experience. The outcomes from the first five months have resulted in the following actions.

Theme	Action(s)
Appointment Availability	<ol style="list-style-type: none"><li>1) Service manager sourcing additional capacity</li><li>2) Actively recruiting to vacant posts</li><li>3) Locums</li><li>4) Overtime</li><li>5) Bank Contracts (coming soon)</li><li>6) Referral Management Centre staff provided scripts on information to provide patients to better manage expectations</li><li>7) Training members of the senior clinical team to direct list to procedures. This will streamline the current pinch point in the service.</li></ol>

Theme	Action(s)
Referral Management Centre Call Handling	1) Significant investment underway to better resource and improve processes at the Referral Management Centre 2) Director of Patient Experience appointed 3) Referral Management Centre staff provided scripts on information to provide patients to better manage expectations
Procedures of Limited Clinical Value	1) Individual funding requests are being submitted for patients who have genuine exceptionality and there is clinical justification for a <i>Procedure of Limited Clinical Value</i> . 2) Requested a position statement for lignocaine infusions from the Commissioners

#### 4.10 Compliments

In addition to the complaints received there have been a number of compliments from patients:

- “I wanted to pass on how kind and helpful you were and how easy you made the whole experience for me. I am absolutely thrilled with you”
- “Before my appointment with \_\_\_\_\_ I was at my lowest ebb...\_\_\_\_\_ spent about 2 hours talking to me and my wife....It was like a switch just flipped in my head and I thought “I can do this”! I went home and spoke to my boss and took the month off work. Since then I have been walking every day and I’ve walked 150 miles at the gym. My wife and I walk every day. I’ve lost weight. Have regained all my range of movement and my physical and mental health has blossomed”
- “I am writing this email to you because I feel that good results should get to the people that provide this service. I was referred by my wonderful GP, \_\_\_\_\_, who worked tirelessly to get me the right help I needed. I was referred to Suite B Pain Management; the clinician I saw was \_\_\_\_\_. The Doctor treated me with respect; he listened and asked me questions. I felt he totally understood my plight. He consequently referred me to see a Pain Psychologist, \_\_\_\_\_ also at Suite 8 Skegness. I have now seen the psychologist five times and she is using EMDR [eye movement desensitisation and reprocessing treatment] plan. **I wanted to let you know this has transformed my life. The difference is amazing I am totally pain free now. I take no pain relief.** I hope this technique can help other patients with long term chronic pain. Thank you so much to your department for giving me my life back. My sincere thanks to you all”

#### 5 CCG Ongoing Management / Oversight

The CCGs recognise that the introduction of a new service provider and establishment of a new service model is complex and that there are several risks that need to be proactively managed. In order to do this, CCG colleagues undertake the following:

- Fortnightly operational meetings with Connect Health

- Monthly contract meeting with Connect Health
- Support patients who are having difficulties with the transition to the new provider
- Maintain regular contact with Connect Health to ensure that individual patient concerns are being managed / or have been resolved.

In addition

- Connect Health continue to attend the CCGs patient council to obtain feedback and listen to concerns regarding either the management of the service or the new service model.

## **6. Consultation**

This is not a direct consultation item.

## **7. Conclusion**

The Committee is requested to note and consider the information presented on the Community Pain Management Service and consider if any further information or action is required.

## **8. Background Papers**

No background papers within the meaning of Part VA of the Local Government Act 1972 were used in the preparation of this report.

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