

Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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 NHS Lincolnshire Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	14 October 2020
Subject:	Community Pain Management – Update

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (CCG) on the Community Pain Management Service (CPMS). This report follows previous reports to the Committee from NHS Lincolnshire West CCG.

The Committee last received an update report on CPMS in January 2020 since when the NHS and wider social care system responded to the Covid-19 pandemic peak and the subsequent requirement to re-establish more normal levels of NHS services for September 2020.

Covid-19 remains present in the local community and nationally and at the time of writing this report there were increasing numbers of people who were testing positive for Covid-19 nationally and locally. This creates some uncertainty regarding the future normal operation of NHS services including CPMS particularly through winter 2020/21. The CCG will need to continue to dynamically manage with providers and the wider system any future adverse impacts of Covid-19.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire Clinical Commissioning Group (LCCG) commissions a Community Pain Management Service (CPMS) for the patients of Lincolnshire. The contract is provided by Connect Health and was awarded in November 2018, following a robust competitive procurement process. The service commenced on 1 April 2019.

The service was commissioned as an end to end chronic pain management service with Connect Health being responsible for the service throughout the pain pathway from GP referral through assessment and treatment to discharge. In accordance with best practice the service also moves away from a traditional model of pain management focussed largely around injections and medications to a holistic biopsychosocial model of care. The service is compliant with recommendations for chronic pain management from the National Institute of Health and Care Excellence (NICE) and the British Pain Society.

Patients who had previously been under the care of a hospital pain service were transferred to the care of Connect Health and it is recognised that the treatment options that are being presented to patients by Connect may sound different to those that they had previously been offered.

The Committee has previously considered concerns raised through patient and colleague feedback of unacceptably lengthy waiting times for some elements of the service and views for patients that treatment options were different to those that they may have had with previous pain service providers.

2. Lincolnshire CCG Commentary

Covid-19

In common with the wider health and care system, Covid-19 presented a significant number of challenges for the pain management service. Generally, these challenges were responded to well and there are a number of actions that were put in place during the Covid-19 period that will be continued as services are restored to pre-Covid-19 levels of activity; for example the continued use of virtual appointments.

Pain management services including appointments for assessment and treatment were curtailed or cancelled during the very early days of the pandemic. However, working with the CCG, Connect were able to quickly put in place virtual assessment appointments, and in May 2020 started to offer patients Covid-19compliant face to face physical appointments where this was assessed as necessary by the treating clinician or where the patient specifically requested that they attend in person. Some patients needed to travel further for their physical appointment due to lack of access to some premises previously used by Connect. Connect Health had previously provided a group pain management programme and this was able to be restored on a virtual basis at the start of June 2020.

The most significant issue was the suspension of hospital based elective pain management treatment which during the peak Covid-19 period was largely cancelled in line with national guidance that stated that all but essential elective activity should be stopped so that capacity could be diverted as necessary to manage Covid-19patients.

Patients whose assessment or treatment had to be cancelled were kept under review by Connect and were given contact numbers to get in touch with Connect in case their condition deteriorated. The CCG liaised closely with Connect through the Covid-19period and continues to do so as services are restored.

Connect have now restored all services and are working to catch up on the backlog of assessments and treatments from the Covid-19 period with plans in place to have normalised waiting times to pre- Covid-19 levels by the end of December 2020. A number of assessments and appointments will continue to be undertaken virtually and it is expected that this will go towards addressing the lack of availability of physical clinic capacity in some locations. Patients who do not have access to the internet will continue to be seen physically and Connect have action plans in place to seek to ensure that physical locations are available on the East Coast.

Patient Satisfaction and Comments

Patient satisfaction with the service has been largely positive during July and August 2020 with positive satisfaction from patients recorded through the Friends and Family Test as 74.6% and 70.1% respectively. In accordance with national guidance Friends and Family Test data was not collected during the peak Covid-19 period of March to June 2020.

The CCG has reviewed with Connect Health comments received from patients. Whilst a number of comments have been complimentary about the services, negative comments received in the period include the following themes:

- Waiting times have been unacceptably long
- Their expectations of treatment have not been met
- They have had a poor experience transferring their care from a hospital pain service to the Lincolnshire CPMS
- It has upset them that they have not been able to continue with their repeated injections as per the treatment plan given to them by the hospital pain service
- They did not feel that telephone consultations were of use to them

The CCG is working with Connect to seek to address these adverse comments. Whilst it is understandable that some patients have commented that they have been unable to continue with their repeated injections, treatment of continued injection is not recommended by NICE.

Key Performance Indicators

A summary of the performance of the service against contracted Key Performance Indicators (KPIs) for the period April 2020 to August 2021 is included at Appendix 1 to this report.

Despite the impact of Covid-19 during the reporting period, Connect were able to maintain reasonable performance for KPIs 2, 3, 7 and 8 (triage timeliness, return of inappropriate referrals, care management plan and care managements plan sent to the referrer).

KPI4 (time from referral to assessment) recorded poor performance prior to Covid-19 and is subject to an action plan in place between and Connect and the CCG. Performance for this KPI has improved in August. KPI5 (time from decision to treat to treatment) was also problematic prior to Covid-19 and is also subject to an improvement plan. Whilst there was improvement for this indicator in July, performance dropped in August largely due to the impact of the wider re-starting of elective activity across the NHS after the peak Covid-19 period. The CCG continues to work with Connect to improve this indicator we expect this to continue to show improvement from October 2020.

KPI9 relates to the completion of group pain management programme sessions completed by individual patients. Data for this KPI is completion for those patients who started the programme in the quarter and therefore is slightly misleading due to the very low numbers starting and completing during the period the was suspended for the key Covid-19 period. As noted above, the programme was re-instated in late June 2020 and we expect improvement in the performance of this KPI as patients complete their sessions.

3. Conclusion

Following initial curtailment of services during the peak Covid-19 period, Connect Health was able to adjust service provision so that the majority of services were maintained but at lower levels of capacity than prior to Covid-19. Key issues relate to the pain management programme and elective hospital consultant treatments. Connect expect to have recovered services to normal waiting times for December 2020.

Performance across the range of KPIs in April to August was variable with some indicators showing good performance despite Covid-19 impact and some continuing with relatively poor levels of performance that were present prior to Covid-19. Actions are being taken to consistently improve performance where this is below target levels.

Whilst patient satisfaction during July and August was generally good there are a number of themes from adverse comments that the CCG will work with Connect to address.

Covid-19 continues to present a number of uncertainties for the future and patient transport arrangements will continue to be reviewed and where necessary revised in line with national guidance and local progression of the disease.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	KPI Performance Summary – April 2020 to August 2020

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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KPI Performance Summary – April 2020 to August 2020

KPI Ref	KPI Measure	Target		Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Q2	Total	
LQR1	Mandatory Training - Percentage compliance with mandatory training requirements for staff in post at the end of the quarter	100%	Numerator	Number of staff fully compliant in post at the end of relevant quarter								
			Denominator	Number of staff in post at end of the quarter								
			LQR1 Performance							99%		
LQR2	Patients Triaged within 2 Working Days of Referral	90%	Numerator	Triaged within 2 Working Days	171	149	198	518	234	212	446	964
			Denominator	Total Referrals	179	171	277	627	258	244	502	1,129
			LQR2 Performance				96%	87%	71%	83%	91%	87%
LQR3	Inappropriate Referrals returned within 2 Working Days	90%	Numerator	Rejected within 2 Working Days	28	30	46	104	67	55	122	226
			Denominator	Total Inappropriate Referrals rejected at triage or registration	35	33	52	120	70	63	133	253
			LQR3 Performance				80%	91%	88%	87%	96%	87%
LQR4	Patients Offered an Initial Assessment within 40 Working Days of Referral	90%	Numerator	Accepted referrals with first appointment date offered within 8 weeks	18	19	47	84	74	131	205	289
			Denominator	Total Accepted referrals with first appointment offered	196	153	178	527	312	196	508	1,035
			LQR4 Performance				9%	12%	26%	16%	24%	67%
LQR5	Service Users starting treatment < 18 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 18 weeks	134	163	146	443	359	169	528	971
			Denominator	Total patients starting treatment	475	467	502	1,444	564	720	1,284	2,728
			LQR5 Performance				28%	35%	29%	31%	64%	23%
LQR7	Care/Management Plan	100%	Numerator	Care Management Plans	296	384	370	1,050	479	283	762	1,812
			Denominator	Total New Patients	296	388	371	1,055	485	287	772	1,827
			LQR7 Performance				100%	99%	100%	100%	99%	99%
LQR8	Discharge Care/Management Plan Sent within 5 Working Days	100%	Numerator	Letter sent within 5 Working Days	162	193	132	487	165	123	288	775
			Denominator	Total Discharges from appointment	164	197	139	500	166	124	290	790
			LQR8 Performance				99%	98%	95%	97%	99%	99%
LQR9	Patients completing a minimum of 6 out of 8 PMP sessions	75%	Numerator	Patients completing 6 out of 8 PMP sessions	0	5	7	12	0	0	0	12
			Denominator	Total completed PMP Programmes	0	5	7	12	0	5	5	17
			LQR9 Performance				0%	100%	100%	100%	0%	0%

Note:

LQR1 is a reported quarterly. The achievement shown above for Q1 is an average over 8 areas of training.
LQR6 is not included in the above as it is not yet scheduled for reporting by Connect Health.

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