Lincolnshire COUNTY COUNCIL Working for a better future		**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:	**16 March 2021**
Subject:	**Community Pain Management Service – Update**

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (LCCG) on the Community Pain Management Service (CPMS).

Since the date of the previous report to the Committee in October 2020, health services in Lincolnshire, including the CPMS, have continued to respond to the impacts of the Covid-19 pandemic including an extended period of lockdown. The CPMS continues to work to safe systems for patients and staff and where possible and acceptable to patients continues to undertake appointments remotely using video or telephone. Patients continue to be offered appointments face to face where this is clinically appropriate or where the patient expresses a wish to do so.

At the request of the Committee, this report includes commentary on the use of medicines called opioids which have traditionally been used in the treatment of chronic pain. A key aim of the commissioning of CPMS has been to reduce reliance on opioids due to adverse side effects and reduced efficacy associated with long their long-term use. Use of opioids has reduced since the CPMS has been in operation but a number of other initiatives are also likely to have contributed to this reduction.

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 from Connect Health. The contract was awarded in November 2018, following a robust competitive procurement process, with service commencing on 1 April 2019. The service is an end to end service contract with Connect Health being responsible for the full chronic pain pathway from GP referral through assessment and treatment to discharge including treatments undertaken at a number of hospital sites under sub-contract arrangements.

The service has been commissioned in line with guidance for chronic pain management from the National Institute of Health and Care Excellence (NICE) and the British Pain Society which recommends a move away from the historic medical treatment based model of pain management, focused around injections and medications to a more holistic biopsychosocial model of care. This includes supporting patients to manage the psychological aspects of their chronic pain. Patients, who were under the care of a hospital pain service at the start of the CPMS in 1 April 2019, have been transferred to the new service. It is recognised that the treatment options that are being presented to patients by Connect Health may appear different to those that they had previously been offered.

2. Lincolnshire CCG Commentary

Covid-19 Update

During October 2020 to February 2021, the CPMS has continued to employ safe systems of working for patients and staff in accordance with guidance in order to minimise the risk of infection from Covid-19. The use of remote appointments has continued whilst the CPMS has continued to offer face to face appointments where clinically appropriate or where requested by patients. The recent further lockdown has meant that some services that had been restored by the CPMS again had to be curtailed, with the CPMS keeping under review patients waiting for appointments. In turn this has meant that the planned restoration to waiting times to pre-Covid-19 levels for the end of December has slipped and the CCG is working with the CPMS to plan when waiting times are able to return to more normal levels. Some patients have been invited to attend for face to face appointments or treatments at locations that are more distant than usual with a small number of patients choosing to wait longer rather than travel.

The CPMS currently provides face to face assessment and review appointments at Skegness, Hykeham Pain Clinic and Johnson Community Hospital in Spalding; and uses Louth Hospital, North Hykeham Health Centre, Johnson Community Hospital and the BMI Hospital Lincoln for chronic pain treatments.

CPMS staff have full access to appropriate PPE and lateral flow testing and there has been a high take up of Covid-19 vaccinations from CPMS front line staff.

Quality

The latest CPMS quarterly Quality Report for the period October 2020 to December 2020 was considered at the February Contract Management Meeting. This report includes information of patient reported outcomes and experience, training compliance, incidents, complaints and concerns. There were no significant concerns highlighted from the review of the report.

351 patient satisfaction surveys were returned in Quarter 3 2020: a response rate of 32%, with 76% of patients reporting positive feedback, 9% neutral and 15% negative.

The key themes from negative comments were patients stating that they were unable to access usual care pathways within the service due to Covid-19, patients feeling unable to able to access repeat injections and comments around a one size fits all approach. Key themes from positive comments included clinicians taking time to listen, understand and explain treatment options and that staff are caring and compassionate. The CCG is continuing to work with the CPMS to ensure that comments from patient satisfaction surveys are addressed through review and action.

The CPMS received eleven complaints in Quarter 3 2020. The key complaint themes were clinical treatment (eleven comments), communication (three comments) and date for appointment (three comments). The Committee should note that a single complaint may include more than one theme. Nine of the eleven complaint comments relating to clinical treatment were in relation to the injection pathway.

Lack of access to injections has been a common theme in patient satisfaction surveys and complaints and, as previously noted to the Committee, this is largely linked to the approach supported by guidance to reduce injections and encourage patients to use other approaches to manage their pain where appropriate. However, in response to negative satisfaction themes and complaints the CPMS has started work to improve shared decisions between patients and clinicians with the aim of improving understanding on injections and to lessen the feeling of a one size fits all approach.

Key Performance Indicators

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

Despite the impact of Covid-19 during the reporting period, the CPMS continued to maintain reasonable performance for KPIs 1, 2, 3, 7 and 8 (mandatory training, triage timeliness, return of inappropriate referrals, care management plan and care management plan sent to the referrer).

As previously reported to the Committee, KPI4 (time from referral to assessment) recorded poor performance prior to Covid-19 and was subject to an action plan in place between Connect Health and the CCG. Performance for this KPI improved in Q2 but slipped back slightly in Q3; again due to the operational impacts of Covid-19.

KPI5 (time from decision to treat to treatment) was also problematic prior to Covid-19 and was also subject to an improvement plan. Whilst there was improvement for this indicator in Q2, performance again dropped in Q3 and although this is partly due to the further restrictions associated with Covid-19, the CPMS have been instructed by the CCG to develop and implement an action plan and trajectory to provide assurance of rapid improvement for this indicator.

KPI9 relates to the completion of group pain management programme sessions completed by individual patients. This KPI is a measure of the number of patients who complete a minimum of six pain programme sessions. Low numbers in the programme in Q2 make the measure a little misleading, however although there were higher numbers of patients in the programme in Q3 only 23% of patients completed 6 sessions. Whilst this is likely to be due to patients forgetting to connect to the virtual sessions the CCG has requested the CPMS work to improve take up of programme sessions.

Use of Opioids

In November 2019 Public Health England published "Dependence and withdrawal associated with some prescribed medicines". This included an aim to reduce the use of opioids for chronic non-cancer pain, building on research and guidelines that opioids are ineffective in long term use for people with chronic pain and typically decrease quality of life, lead to debilitating side effects and can result in addiction. The recent draft NICE guideline on the management of chronic pain states that opioids should not be offered for the management of primary chronic pain.

In commissioning the CPMS the CCG aimed to support a reduction in the use of opioids for chronic pain management and move to a more holistic biopsychosocial approach to pain that supports patients to manage their pain without the regular use of opioids. It was recognised that this was not a quick fix and that it would take time for the different interventions and support through CPMS to have an effect.

The CCG receives data on the use of medicines including opioids. At the date of writing this report the latest data available was for November 2020 and a table showing a summary of the change in use of opioids as growth / reduction in prescribing activity / cost between November 2015 to April 2019 (pre CPMS) and April 2019 to November 2020 (post CPMS) is attached to this report as Appendix 2.

Performance across all prescribing groups has shown a steady decrease. There is one exception to this nationally and that is the use of pregablin which has increased across the country. The table illustrates that, building on the progress that had been made between 2015-2019, since the launch of the Lincolnshire CPMS in April 2019, there has been a significant decrease in opioid prescribing in Lincolnshire, and that the rate of progress has been greater than in previous years. Most notably, there has been particularly significant progress in reducing the number of patients on high dose opioids which is encouraging given the patient safety risks associated with taking these medicines.

As noted in the table some of the reduction in opioid use has been supported by national initiatives and whilst intrinsic evidence is needed of the direct cause and effect on opioid prescribing of the CPMS, it seems likely that the CPMS has made a contribution to reductions in opioid prescribing for chronic pain in Lincolnshire.

The CPMS continues to have in place a number of initiatives to support awareness of and reduction in opioid use including:

- sponsoring the Flippin Pain initiative (https://www.flippinpain.co.uk);
- holding specific medication reviews and sharing prescribing recommendations for patients in the CPMS in clinic letters to GPs;
- establishing advice and guidance for health care professionals for medicines management;
- contributing to multi-agency multi-disciplinary team meetings to support joined up working and sharing of information / pain rehabilitation advice and expertise;
- offering medication review appointments to patients who wish to optimise / reduce their pain medication regime or where there are clinical concerns overuse of medicines;
- funding four physiotherapists and two nurses to undertake the non-medical prescribing MSc course; and
- Within the pain management programmes, providing patients with information regarding the role of medications for managing persistent pain which includes information about the limitations and potential health risks of long-terms medication use.

3. Conclusion

The expected recovery of CPMS services to normal waiting times for December 2020 has been adversely affected by the further lockdown introduced to seek to manage the impact of Covid-19. Some patients have continued to have to wait longer than usual or been offered appointments further away from home. It is fully expected that waiting times will be recovered as the Government roadmap for unlocking is implemented. The CPMS has continued to manage the impact of Covid-19 with safe systems in place for patients and staff.

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

There are no significant quality assurance concerns for the period October 2020 to December 2020. There is a long-standing theme from complaints and patient satisfaction surveys relating to injection pathways and whilst some of this is understandable given the change in approach to pain management, the CPMS has set in train improvement work with the aim of providing better shared understanding of decisions between patients and clinicians.

The CPMS has in place a number of initiatives that support a reduction in opioid use for chronic pain in Lincolnshire. Whilst data shows that opioid prescribing in

Lincolnshire has reduced since the CPMS has been in place and it is highly likely that the CPMS has contributed to this reduction, in the absence of a formal structured review it is not possible to determine the precise cause and effect of the CPMS towards this reduction.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix 1	KPI Performance Summary – April 2020 to December 2020
Appendix 2	LCCG Opioid prescribing summary data - November 2015 to November 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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Appendix 1

KPI Performance Summary – April 2020 to December 2020

KPI Ref	KPI Measure	Target			Q1	Q2	Q3	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 the quarter				
			Denominator	Number of staff in post at the end of the quarter				
			LQR1 Performance		**99%**	**100%**	**Not yet reported**	
LQR2	Patients Triaged within 2 Working Days of Referral	90%	Numerator	Triaged within 2 Working Days	**518**	**810**	**1,065**	**4,268**
			Denominator	Total Referrals	**627**	**879**	**1,202**	**4,789**
			LQR2 Performance		**83%**	**92%**	**89%**	**89%**
LQR3	Inappropriate Referrals returned within 2 Working Days	90%	Numerator	Rejected within 2 Working Days	**103**	**188**	**122**	**723**
			Denominator	Total Inappropriate Referrals rejected at triage or registration	**119**	**210**	**179**	**897**
			LQR3 Performance		**87%**	**90%**	**68%**	**81%**
LQR4	Patients Offered an Initial Assessment within 40 Working Days of Referral	90%	Numerator	Accepted referrals with first appointment date offered within 8 weeks	**90**	**504**	**288**	**1,674**
			Denominator	Total Accepted referrals with first appointment offered	**541**	**861**	**549**	**3,361**
			LQR4 Performance		**17%**	**59%**	**52%**	**50%**
LQR5	Service Users starting treatment < 18 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 18 weeks	**436**	**885**	**1,022**	**4,250**
			Denominator	Total patients starting treatment	**1,430**	**1,763**	**3,657**	**12,270**
			LQR5 Performance		**30%**	**50%**	**28%**	**35%**
LQR7	Care/Management Plan	100%	Numerator	Care Management Plans	**1,050**	**1,108**	**762**	**4,790**
			Denominator	Total New Patients	**1,055**	**1,118**	**770**	**4,831**
			LQR7 Performance		**100%**	**99%**	**99%**	**99%**
LQR8	Discharge Care/Management Plan Sent within 5 Working Days	100%	Numerator	Letter sent within 5 Working Days	**451**	**432**	**292**	**1,899**
			Denominator	Total Discharges from appointment	**459**	**434**	**299**	**1,925**
			LQR8 Performance		**98%**	**100%**	**98%**	**99%**
LQR9	Patients completing a minimum of 6 out of 8 PMP sessions	75%	Numerator	Patients completing 6 out of 8 PMP sessions	**13**	**10**	**16**	**65**
			Denominator	Total completed PMP Programmes	**13**	**38**	**94**	**277**
			LQR9 Performance		**100%**	**26%**	**17%**	**23%**

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.

Appendix 2

LCCG Opioid prescribing summary data - November 2015 to November 2020

	ITEM	MEASURE	Nov-15	Apr-19	Nov-20	% Reduction Nov 15 to Apr 19	% Reduction Apr 19 to Nov 20	Comments
PRESCRIBING MEASURES - OPIOIDS	High dose opioids per 1000pts	Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	2,368	2,230	1,948	6%	13%	
	High does opioid items as % regular opioids	Opioid items with likely daily dose of ≥120mg morphine equivalence compared with prescribing of all items of these opioids	21.01%	17.95%	16.55%	3.06%	1.40%	
	Prescribing of high cost tramadol preparations	Items prescribed of high cost tramadol preparations as a proportion of all tramadol items prescribed	3,097	2,169	1,945	30%	6%	
	NHSE Low Priority Treatment - fentanyl immediate release	Cost of oxycodone and naloxone combination per 1000 patients	£11,204	£5,961	£3,537	47%	41%	National initiative
	NHSE Low Priority Treatment - oxycodone and naloxone combination product	Cost of oxycodone and naloxone combination per 1000 patients	£3,650	£2,847	£1,654	22%	42%	
PRESCRIBING MEASURES - PAIN (Excluding items already identified under opioids)	NHSE Low Priority Treatment - paracetomal & tramadol combination cost	Cost per 1000 patients	£10,438	£1,231	£915	88%	26%	National initiative
	Co-proxamol	Prescribing of co-proxamol per 1000 patients	135	44	26	67%	41%	
	NHSE Low Priority Treatment - co-proxamol	Cost of co-proxamol per 1000 patients	£8,227	£5,552	£5,042	33%	9%	National initiative
	Pregabalin capsule prescribed as Lyrica	Total quantity of Lyrica capsules, as a proportion of total capsules of pregabalin.	112,213	0	0	100%	0%	NICE Guidance
	NHSE Low Prioity Treatment - lidocaine plasters	Cost of lidocaine plasters per 1000 patients	£27,607	£26,076	£16,017	6%	39%	National initiative
	Prescribing of high cost tramadol preparations	Items prescribed of high cost tramadol preparations as a proportion of all tramadol items prescribed	3,097	2,169	1,945	30%	10%	
	Non-preferred NSAIDs and COX-2 inhibitors	Number of prescription items for all NSAIDs excluding ibuprofen and naproxen as a percentage of the total number of prescription items for all NSAIDs.	4,960	4,064	3,178	18%	22%	
	NHSE Low Priority Treatment - rubefacients	Cost of rubefacients per 1000 patients	£6,845	£2,738	£1,962	60%	28%	National initiative
	Soluble/effervescnt forms of paracetamol and co-codamol	Prescribing of soluble/effervescent forms of paracetamol and co-codamol as a percentage of prescribing of all paracetamol and co-codamol tablets and capsules	2,860	2,207	2,182	23%	1%	National initiative
	Prescribing of pregabalin	Prescribing of pregabalin per 1000pts	9,771	15,261	16,639	-56%	-9%	Local work reduced growth in prescribing
	Prescribing of pregabalin (total mg)	Total mg per 1000 patients	61,227,195	87,051,270	94,661,630	-42%	-9%	Local work reduced growth in prescribing
	Prescribing of gabapentin and pregablin	Total DDD of pregabalin + gabapentin per 1000 patients	336,065	446,302	478,367	-33%	-7%	Local work reduced growth in prescribing