

Agenda Item 6

		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:	15 September 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). A report on the CPMS was previously considered by the Committee in March 2021.

The CPMS has made good progress in the last six months in improving referral to assessment waiting time performance whilst continuing with the operation of Covid-19 safe working systems for patients and staff. The CPMS expects to have 100% of clinic locations operating face to face appointments by the end of September 2021, increasing capacity and convenience for patients to be offered appointments face to face where this is clinically appropriate or where the patient expresses a wish to do so.

The Care Quality Commission (CQC) has rated Connect Health – the organisation that provides the CPMS - in May 2021, as good overall.

This report provides a summary of the time taken for the CCG to make decisions where pain management treatment has been requested through the CCG Individual Funding Request process and further commentary on the use of medicines called opioids which have traditionally been used in the treatment of chronic pain.

Actions Requested:

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

In line with guidance from the National Institute of Health and Care Excellence (NICE) and the British Pain Society, the service has been commissioned to support a holistic biopsychosocial model of care that includes supporting patients to better manage the social and physical aspects of their chronic pain and which moves away from the more traditional pain management approach focussed around injections and medications.

Patients who were under the care of a hospital pain service for chronic pain at the start of the CPMS on 1 April 2019, were transferred to the new service. It is recognised that the treatment options discussed with patients by the CPMS may be different to those that they had previously been offered in hospital pain management services.

2. Lincolnshire CCG Commentary

Covid-19 Update

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. CPMS staff have full access to appropriate PPE and lateral flow testing and there continues to be a high level of staff take up of Covid-19 vaccinations.

Whilst the use of remote appointments has continued, the CPMS is now restoring activity at their Lincolnshire sites. 13 of 15 clinic sites across Lincolnshire currently offer patients to attend face to face appointments where this is clinically appropriate or where the patient requests a face to face appointment. All sites are scheduled to have face to face appointments available by the end of September.

Quality

The latest CPMS Quarterly Quality Report for the period April 2021 to June 2021 was reviewed by the CCG at the August Contract Management Meeting with the CPMS service. There were no significant concerns highlighted from this review.

The report shows an improvement in positive feedback received by those patients completing and returning a patient satisfaction survey and a reduction in negative feedback in comparison to the previous quarter as follows:

January - March 2021

336 surveys – 33% response rate
72% positive feedback
16% negative feedback

April - June 2021

342 surveys – 37% response rate
85% positive feedback
6% negative feedback

Negative comments received from patients continue to be around the themes of wanting face to face assessment or group treatments and wanting treatments that had been previously been offered to them through hospital pain services. As previously noted the CPMS is scheduled to restore face to face services at all locations in Lincolnshire by the end of September 2021 and it is expected that this will facilitate further capacity and convenience for patients wanting to have these appointments.

There were four formal complaints received in the quarter to June 2021 (11 in the quarter to March 2021) as well as 15 concerns (19 in the quarter to March 2021). The key themes of the complaints and concerns in the latest quarter mirror the trend of the previous quarter and relate to clinical treatment, communication and timeliness of appointments. At the request of the CCG a high level review of complaints and concerns was undertaken in June 2021, and actions have been put in place by the CPMS in order to address the themes from the review which mirror those stated above. Linked to this, the CPMS is aiming for an upper limit of 2 formal complaints per 1000 patients and has achieved this for the quarter to June 2021.

In May 2021, the CQC undertook an inspection on Connect Health. The report of the inspection was published on 24 June 2021. Due to Covid-19 restrictions, the inspection team did not visit the CPMS locations in Lincolnshire but did collect views from patients and other stakeholders, reviewed records and visited Connect Health's head office. The CQC assessed the services provided by Connect Health which includes the CPMS with an overall rating of good. The CQC rated Connect Health as good for safety, effectiveness, caring and responsiveness, and as outstanding for Well Led.

Key Performance Indicators

A summary of the performance of the CPMS against contracted Key Performance Indicators (KPIs) for the period January 2021 to June 2021 is included at Appendix A to this report.

As previously reported to the Committee, actions had been agreed with the CPMS to improve the performance for the time from referral to initial assessment of 40 days (KPI4) and this has shown significant month on month improvement in June 2021, recording an achievement of 87% against a target of 90%. We expect the CPMS will be able to sustain this improvement. However, this faster time to assessment has had a detrimental knock on effect for the 18 week target for service users to be treated from the date of the decision to treat (KPI5) and we expect that this will improve in the next two months in line with agreed actions. Service users starting treatment within 26 weeks of the decision to treat (KPI6) continues to exceed the KPI target.

For KPI9: patients attending 6 out of 8 pain management programme (PMP) sessions, from September 2021, the CPMS expects to move to reporting based around a blended approach of face to face and virtual programs.

Time taken to process funding requests for Pain Management

At the meeting held in March 2021, the Committee raised a concern regarding the time it takes for Individual Funding Requests for patients requesting pain management treatments to be processed by the CCG. Individual Funding Requests are requests to the CCG for treatments that the CCG does not routinely commission.

Since the start of the CPMS the CCG has received nine Individual Funding Requests on behalf of patients in the CPMS service. All of these requests were considered and an outcome letter sent to the requesting clinician within 30 calendar days of the date of receipt of the request.

Use of Opioids

The Committee also received information at the March 2021 meeting related to opioid prescribing in Lincolnshire following the start of the CPMS. This is because in line with national guidance the CCG expected the CPMS model of care to help to achieve a reduction in use of these drugs for the treatment of chronic pain. During discussion the Committee requested further information on the use of opioids in Lincolnshire in comparison to other CCGs.

Prescribing data received by the CCG is complex. There are 15 measures used in the data which provide insight into the use of medicines for pain and for each of these measures the pattern in Lincolnshire has followed national patterns. 12 of the measures show downward trends (reduction in use) and for 3 measures related to the use of pregabalin and gabapentin there is an upward trend for Lincolnshire and nationally. Data indicates that the use of these two drugs in Lincolnshire is higher than the national average position and Lincolnshire is an outlier against each of the associated measures of: Pregabalin prescribing per 1,000 patients; prescribing of pregabalin (total mg) per 1,000 patients; and total defined daily dose of pregabalin and gabapentin per 1,000 patients. The CCG prescribing team is working to bring Lincolnshire back to nearer the national position for each of these measures.

3. Conclusion

The CPMS has started to show progress in improving the time for patients to be assessed in the service and it is fully expected that this progress will be sustained. The improved time to assess patients has had a knock on effect in increasing waiting times for treatment and the CPMS expects to improve and sustain this treatment time performance over the next two months. Performance across other KPIs continues to be good.

There are no significant quality assurance concerns for the period April to June 2021 and the services provided by Connect Health including the CPMS have received an overall rating of good following a CQC inspection in May 2021.

Decisions on Individual Funding Requests for patients in the pain management service have been responded to by the CCG in a timely manner.

Lincolnshire is an outlier against national trends for the use of the drugs pregabalin and gabapentin. Lincolnshire is not an outlier for other measures of opioid usage.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report

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Appendix A	KPI Performance Summary – January 2021 to June 2021

6. Background Papers

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

This report was written by Tim Fowler, NHS Lincolnshire CCG, who can be contacted as follows:
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KPI Performance Summary – January 2021 to June 2021

KPI	KPI Measure	Target		Jan-21	Feb-21	Mar-21	Q4	Apr-21	May-21	Jun-21	Q1	Total	
LQR1	Mandatory Training - Percentage compliance with mandatory training requirements for staff in post (Quarterly)	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									
			LQR2 Performance							100%			
LQR2	Patients Triaged within 2 Working Days of Referral	90%	Numerator	Triaged within 2 Working Days	274	308	385	967	321	328	307	956	1,923
			Denominator	Total Referrals	299	344	457	1,100	359	364	344	1,067	2,167
			LQR2 Performance				92%	90%	84%	88%	89%	90%	89%
LQR3	Inappropriate Referrals returned within 2 Working Days	90%	Numerator	Rejected within 2 Working Days	33	64	94	191	78	83	81	242	433
			Denominator	Total Inappropriate Referrals rejected at triage or registration	48	86	112	246	98	101	101	300	546
			LQR3 Performance				69%	74%	84%	78%	80%	82%	80%
LQR4	Patients Offered an Initial Assessment within 40 Working Days of Referral	90%	Numerator	Accepted referrals with first appointment date offered within 8 weeks	51	53	57	161	51	54	181	286	447
			Denominator	Total Accepted referrals with first appointment offered	245	270	256	771	178	148	209	535	1,306
			LQR4 Performance				21%	20%	22%	21%	29%	36%	87%
LQR5	Service Users starting treatment < 18 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 18 weeks	280	286	279	845	208	238	219	665	1,510
			Denominator	Total patients starting treatment	371	315	289	975	301	325	369	995	1,970
			LQR5 Performance				75%	91%	97%	87%	69%	73%	59%
LQR6	Service Users starting treatment < 26 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 26 weeks	283	300	277	870	298	323	360	981	1,852
			Denominator	Total patients starting treatment	371	315	289	974	301	325	369	995	1,970
			LQR5 Performance				76%	95%	96%	89%	99%	99%	98%
LQR7	Care/Management Plan	100%	Numerator	Care Management Plans	172	187	138	497	164	187	239	590	1,087
			Denominator	Total New Patients	172	187	139	498	168	188	239	595	1,093
			LQR7 Performance				100%	100%	99%	100%	98%	99%	100%
LQR8	Discharge Care/Management Plan Sent within 5 Working Days	100%	Numerator	Letter sent within 5 Working Days	78	99	110	287	98	89	99	286	573
			Denominator	Total Discharges from appointment	78	100	110	288	99	90	100	289	577
			LQR8 Performance				100%	99%	100%	100%	99%	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	0	0	0	0	0	0	0	0
			Denominator	Total completed PMP Programmes	17	1	25	43	21	38	23	82	125
			LQR9 Performance				0%	0%	0%	0%	0%	0%	0%

LQR1 is reported quarterly. The achievement shown above is an average over 8 areas of training.