


# 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 NHS Lincolnshire Clinical Commissioning Group

|           |   |
|-----------|---|
| Report to | <b>Health Scrutiny Committee for Lincolnshire</b> |
| Date:     | <b>16 March 2022</b>                              |
| Subject:  | <b>Community Pain Management Service – Update</b> |

**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 September 2021.

The CPMS has continued to make progress over the last six months, with specific improvement in reducing time from referral to assessment and referral to treatment whilst continuing with the operational challenges and impact of Covid-19 safe working systems for patients and staff. The CPMS has re-instated activity at all pre-Covid-19 clinic locations to enable access to face-to-face appointments. A blend of virtual and face-to-face care continues to be in place and this blended approach will continue as the usual way of working in the service.

**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. 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 psychological, social and physical aspects of their chronic pain and which moves away from treatment focussed on injections and medications which were not in line with current evidence and did not meet patient needs of the population to enable effective pain management.

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 at an overall rating of good. The CQC rated Connect Health as good for safety, effectiveness, caring and responsiveness, and as outstanding for Well Led.

## **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 to minimise the risk of infection from Covid-19. CPMS staff have full access to appropriate PPE and lateral flow testing and patient facing staff have all had Covid-19 vaccinations.

In keeping with national NHS policy, the use of remote virtual and telephone appointments has continued, alongside the restoration of face-to-face activity in 15 clinic locations across Lincolnshire. Virtual Pain Management Programmes developed during Covid-19 continue and have over the last six months been supplemented by face-to-face pain management programmes.

### Quality

The latest CPMS Quarterly Quality Report for the period October to December 2021 was reviewed by the CCG at the January Contract Management Meeting with the CPMS service. The report highlights ongoing service improvement, and no concerns were highlighted from this review.

The report shows 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:

#### **July - September 2021**

386 surveys – 33% response rate  
77% positive feedback  
9% negative feedback

#### **October – December 2021**

277 surveys – 29% response rate  
79% positive feedback  
8% negative feedback

There were 144 positive comments from friends and family test feedback over the last six months. Positive themes from these comments include that Connect Health have a friendly, knowledgeable, professional and understanding clinical team who take time to listen to patients' issues and concerns. Advice and treatment was frequently described as informative, helpful and effective. Negative comments over this six-month period were limited to 13 patients and related to telephone appointments not being received on time, the service not being able to resolve some patients pain and not offering repeat injections. These issues have been raised with CPMS by the CCG.

The reduction in complaints and concerns received as reported at the last Health Scrutiny Committee has continued in this review period. There were three formal complaints received in the quarter from October 2021 to December 2021 with four concerns raised. Complaints and concerns are investigated by the CPMS in a timely manner with lessons continuing to be learned and action taken with the service using this to support ongoing quality improvement.

### Key Performance Indicators

A summary of the performance of the CPMS against contracted Key Performance Indicators for the period April 2021 to January 2022 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 (LQR4) and this has shown significant sustained improvement with year-to-date achievement of this performance target. Patients starting treatment within 18 weeks (LQR5) and waiting no longer than 26 weeks (LQR6) have also undergone sustained improvement. LQR5 has been achieved consistently since October 2021. LQR6 is not yet being achieved, however, this is in large part due to a number of patients accessing treatment within the Connect health Pain Management Service as a waiting list initiative. These patients have accessed assessment and treatment but data within the reports will not be updated until care is returned to CPMS or the patient is discharged

The CPMS has moved to a blended approach of face-to-face and virtual pain management programs. The LQR9 measure does not reflect the current service provision and as such this performance measure is not reflective of pain management program attendance / completion. Since face-to-face pain management programmes have recommenced, three programmes have been completed with 14 out of 16 participants completing the full programme.

### **3. Conclusion**

The CPMS has made improvements in access and performance over the last six months. It is expected that these improvements will be sustained for future months. Services continue to be commissioned and delivered in accordance with NICE and British Pain Society guidance.

No quality assurance concerns have been identified, and reported patient experience and outcomes are good.

### **4. Consultation**

This is not a consultation item.

## 5. Appendices

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| These are listed below and attached at the back of the report |  |
| Appendix A  | KPI Performance Summary – April 2021 to January 2022 |

## 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 2021 to January 2022

### Lincolnshire YTD KPI Report for the period 01 Apr 2021 to 31 Jan 2022

| Target |                  | Apr-21  | May-21 | Jun-21 | Q1      | Jul-21 | Aug-21  | Sep-21 | Q2     | Oct-21 | Nov-21 | Dec-21  | Q3     | Jan-22 | Q4      | Total   |        |
|--------|------------------|---|--------|--------|---------|--------|---------|--------|--------|--------|--------|---------|--------|--------|---------|---------|--------|
| 90%    | Numerator        | Triaged within 2 Working Days   | 343    | 354    | 329     | 1,026  | 324     | 337    | 382    | 1,043  | 365    | 320     | 309    | 994    | 326     | 326     | 3,389  |
|        | Denominator      | Total Referrals   | 358    | 364    | 343     | 1,065  | 354     | 346    | 388    | 1,088  | 382    | 334     | 324    | 1,040  | 344     | 344     | 3,537  |
|        | LQR2 Performance |   | 95.81% | 97.25% | 95.92%  | 96.34% | 91.53%  | 97.40% | 98.45% | 95.86% | 95.55% | 95.81%  | 95.37% | 95.58% | 94.77%  | 94.77%  | 95.82% |
| 90%    | Numerator        | Rejected within 2 Working Days  | 91     | 89     | 93      | 273    | 118     | 106    | 93     | 317    | 102    | 75      | 78     | 255    | 69      | 69      | 914    |
|        | Denominator      | Total Inappropriate Referrals rejected at triage or registration                  | 100    | 100    | 100     | 300    | 120     | 108    | 97     | 325    | 105    | 91      | 79     | 275    | 71      | 71      | 971    |
|        | LQR3 Performance |   | 91.00% | 89.00% | 93.00%  | 91.00% | 98.33%  | 98.15% | 95.88% | 97.54% | 97.14% | 82.42%  | 98.73% | 92.73% | 97.18%  | 97.18%  | 94.13% |
| 90%    | Numerator        | Accepted referrals with first appointment date offered within 8 weeks             | 51     | 52     | 177     | 280    | 202     | 277    | 287    | 766    | 262    | 254     | 233    | 749    | 222     | 222     | 2,017  |
|        | Denominator      | Total Accepted referrals with first appointment offered                           | 205    | 167    | 226     | 598    | 229     | 396    | 358    | 983    | 283    | 279     | 234    | 796    | 222     | 222     | 2,599  |
|        | LQR4 Performance |   | 24.88% | 31.14% | 78.32%  | 46.82% | 88.21%  | 69.95% | 80.17% | 77.92% | 92.58% | 91.04%  | 99.57% | 94.10% | 100.00% | 100.00% | 77.61% |
| 95%    | Numerator        | Patients starting treatment within 18 weeks                                       | 209    | 238    | 219     | 666    | 391     | 501    | 497    | 1,389  | 347    | 325     | 345    | 1,017  | 230     | 230     | 3,302  |
|        | Denominator      | Total patients starting treatment   | 311    | 331    | 368     | 1,010  | 592     | 536    | 589    | 1,717  | 388    | 409     | 629    | 1,426  | 265     | 265     | 4,418  |
|        | LQR5 Performance |   | 67.20% | 71.90% | 59.51%  | 65.94% | 66.05%  | 93.47% | 84.38% | 80.90% | 89.43% | 79.46%  | 54.85% | 71.32% | 86.79%  | 86.79%  | 74.74% |
| 0      | Numerator        | Patients who have exceeded 26+ weeks waiting time from Decision Made to Treatment | 0      | 0      | 0       | 0      | 0       | 0      | 274    | 274    | 305    | 338     | 255    | 299    | 49      | 49      | 244    |
|        | LQR6 Performance |   | -      | -      | -       | -      | -       | -      | 274    | 274    | 305    | 338     | 255    | 299    | 49      | 49      | 244    |
| 100%   | Numerator        | Care Management Plans   | 166    | 187    | 239     | 592    | 449     | 406    | 447    | 1,302  | 255    | 231     | 220    | 706    | 170     | 170     | 2,770  |
|        | Denominator      | Total New Patients  | 168    | 189    | 239     | 596    | 453     | 410    | 458    | 1,321  | 260    | 233     | 224    | 717    | 176     | 176     | 2,810  |
|        | LQR7 Performance |   | 98.81% | 98.94% | 100.00% | 99.33% | 99.12%  | 99.02% | 97.60% | 98.56% | 98.08% | 99.14%  | 98.21% | 98.47% | 96.59%  | 96.59%  | 98.58% |
| 100%   | Numerator        | Letter sent within 5 Working Days   | 96     | 88     | 93      | 277    | 126     | 94     | 99     | 319    | 90     | 82      | 70     | 242    | 99      | 99      | 937    |
|        | Denominator      | Total Discharges from appointment   | 98     | 89     | 94      | 281    | 126     | 96     | 100    | 322    | 92     | 82      | 71     | 245    | 99      | 99      | 947    |
|        | LQR8 Performance |   | 97.96% | 98.88% | 98.94%  | 98.58% | 100.00% | 97.92% | 99.00% | 99.07% | 97.83% | 100.00% | 98.59% | 98.78% | 100.00% | 100.00% | 98.94% |
| 75%    | Numerator        | Patients completing 6 out of 8 PMP sessions                                       | 0      | 0      | 0       | 0      | 0       | 0      | 0      | 0      | 0      | 0       | 0      | 0      | 4       | 4       | 4      |
|        | Denominator      | Total completed PMP Programmes  | 21     | 38     | 23      | 82     | 0       | 0      | 0      | 0      | 0      | 0       | 0      | 0      | 4       | 4       | 86     |
|        | LQR9 Performance |   | 0.00%  | 0.00%  | 0.00%   | 0.00%  | 0.00%   | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%   | 0.00%  | 0.00%  | 100.00% | 100.00% | 4.65%  |

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