

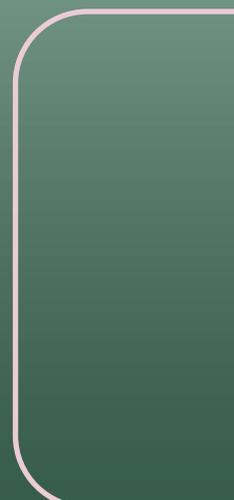
# Review of the Care of People with Chronic Pain

## Birmingham Community Healthcare NHS Trust

Visit Date: 2<sup>nd</sup> July 2015

Report Date: September 2015

*Images courtesy of NHS Photo Library*



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## INTRODUCTION

This report presents the findings of the review of the care of people with chronic pain that took place on 2<sup>nd</sup> July 2015. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Care of People with Chronic Pain, Version 1, August 2014

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the services at Birmingham Community Healthcare NHS Trust. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- Birmingham Community Healthcare NHS Trust
- NHS Birmingham South Central Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Birmingham South Central Clinical Commissioning Group.

## ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on [www.wmqrs.nhs.uk](http://www.wmqrs.nhs.uk)

## ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Birmingham Community Healthcare NHS Trust for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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## CARE OF PEOPLE WITH CHRONIC PAIN

At the time of the review, the Birmingham Community Healthcare (BCHC) NHS Trust Multi-disciplinary Pain Team was commissioned to provide a community-based service for people with chronic back pain for the population of Birmingham East and North (including Sutton Coldfield, Erdington, Kingstanding, Yardley, Bordesley Green, North Solihull and Alum Rock). Referrals to the service were from staff working in musculo-skeletal services, GPs and secondary care services. BCHC staffing of the service comprised three physiotherapists, two psychologists and two administrative support staff. Six sessions of consultant input to the team was provided through a Service Level Agreement with Heart of England NHS Foundation Trust. Multi-disciplinary clinics and classes were supported by physiotherapy assistants from the BCHC musculo-skeletal service.

The lead commissioner for the service was NHS Birmingham South Central Clinical Commissioning Group (CCG). Only five practices from this CCG referred to the service, however, the majority of GP referrals came from GPs in Birmingham Cross-City CCG. Reviewers met one of the NHS Birmingham South Central GPs and no Cross-City GPs; the views of GP referrers may not therefore be fully reflected in this report.

The service was commissioned to provide a multi-disciplinary community service for people with chronic and long-term back pain. The WMQRS Quality Standards expect that services will provide care for people with chronic pain of all aetiologies and will be integrated community and hospital-based services for a population. The BCHC service was therefore commissioned to provide only part of the service expected by the Quality Standards. Compliance with Quality Standards (Appendix 2) is therefore lower than if a holistic, integrated service had been commissioned. Issues relating to the commissioning of the service are described in the commissioning section of this report.

Reviewers met some patients and the service had undertaken a patient survey in advance of the review visit. Nineteen responses to the survey were seen by reviewers.

### PRIMARY CARE

Reviewers' comments in relation to further work with primary care are included in the Multi-disciplinary Pain Team section of this report.

### MULTI-DISCIPLINARY PAIN TEAM

#### General Comments and Achievements

The BCHC Multi-disciplinary Pain Team was providing a very good service for its patients in difficult circumstances. During the year before the review the service had faced several challenges. A staffing restructure had been undertaken; three of the service's five registered health care professionals had left the service for a variety of reasons and one of the consultants had retired, leaving the service with only three rather than six consultant sessions. At the same time the service had undertaken a waiting list initiative and had managed to reduce waiting times from over six months to an average of three to four weeks. Reviewers were impressed that the service had achieved so much during a time of staffing difficulties.

Staff of the Multi-disciplinary Pain Team were enthusiastic with an innovative, forward-looking approach to the development of the service. The service provided care in a range of community locations and settings, including non-NHS settings and had good links to the local community. Strong leadership of the service was evidenced by the achievements made, the innovative approach and the strong multi-disciplinary ethos of the team.

## Good Practice

- 1 Excellent patient information was available, with good content and presentation, including information about the service provided, information for carers and information about complaints and accessing interpreters.
- 2 The multi-disciplinary assessment process was very well organised. Joint assessment clinics were undertaken involving a consultant, physiotherapist and psychologist. At the end of this appointment patients were given a summary of the discussion, including details of what each person had said to them. The summary also included a section on medication changes (if applicable) which the patient could take straight to their GP.
- 3 Rolling pain management programmes were running effectively so that waiting times were being maintained at a maximum of five weeks.
- 4 A good evidence-based Pain Management Plan was available as a work-book. Patients who were not able to attend group sessions could access 1:1 advice and support.
- 5 An innovative Interpreted Pain Management Programme had been developed. Conventional pain management programmes had been modified to meet the language, cultural and spiritual needs of the local population. This programme was due to be presented nationally and reviewers encouraged the service to publish this work, because of its potential usefulness to other areas.
- 6 The service had good administrative support which accompanied clinical staff to each clinic. Administrative staff were therefore fully involved with the work of the service and knew the patients at each of the clinic sites.

**Immediate Risks:** No immediate risks were identified.

## Concerns

### 1 Data for service management and improvement

Clinical and activity data were collected but were not easily accessible for use in service management, service improvement and audit. The service therefore had to rely on duplicate, paper-based data collection for these functions. The Trust was, however, introducing a new system which would address this issue when rolled out to the Multi-disciplinary Pain Team.

## Further Consideration

- 1 Reviewers suggested that information for GPs and other referrers could be clearer about the referral criteria (especially whether the service accepted referrals for patients with back pain only or all patients with chronic pain) and patient management that should be undertaken prior to referral. The service was planning to undertake educational work with GPs and reviewers encouraged this development, possibly linked to the launch of improved information for GPs.
- 2 Reviewers made several comments in relation to staffing levels:
  - a. The service needs to complete the process of appointments to vacant posts, including medical sessions. Staffing levels would be a concern if appointments are not made within reasonable timescales.
  - b. Reviewers could not comment on whether staffing levels were appropriate for the population served, the number of patients referred, the service's role in the patient pathway and the therapeutic interventions provided because of the lack of data on referrals and activity, including activity of other chronic pain services providing care for the same population. Reviewers assumed that the staffing establishment was satisfactory because short waiting times were being maintained.
  - c. At the time of the review the service did not have any non-medical prescribers and it may be helpful to consider development of this role.

- 3 Reviewers made several comments about the paperwork provided to patients at the end of their assessment appointment:
  - a. It may be helpful to develop some more condition-specific information, for example, about spinal stenosis, sciatica. Reviewers also suggested that information for patients with chronic pain of non-musculo-skeletal origin should be developed if these referrals are accepted. Work was taking place on the development of medication-related information and reviewers encouraged completion of this.
  - b. The patient summary of the assessment appointment included several acronyms and reviewers suggested that these should be written out in full.
  - c. It was not clear to reviewers how the service ensured that patient information was given out systematically. Some of the questionnaires and patients who met the visiting team commented that they had not been given information. Further work in this area may be helpful.
- 4 Band 6 physiotherapists had previously rotated into service from the musculo-skeletal service but this had stopped at the time of the review due to staffing shortages. Reviewers thought that this was good practice and hoped that it would be possible for the rotation to re-start.

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## COMMISSIONING

### Concerns

#### 1 Commissioning of services for people with chronic pain

An integrated service for people with chronic pain of all aetiologies was not being commissioned. The BCHC Multi-disciplinary Pain Team was commissioned only for people with chronic back pain although non-back pain patients were sometimes accepted by the service. People with other types of chronic pain did not have access to a commissioned community-based service. Patients from most NHS Birmingham South and Central GP practices did not have access to a community-based service

Hospital-based chronic pain services were provided by Heart of England NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust, The Royal Orthopaedic Hospital NHS Foundation Trust and Sandwell and West Birmingham Hospitals NHS Trust but the criteria for referral to these services and the range of interventions offered were not part of this review. It was not clear, therefore, that appropriate services for the needs of Birmingham residents with chronic pain were being commissioned. Population-based data on access to care by people with all types of chronic pain were not available.

- 2 The concern identified in the multi-disciplinary pain team section of this report will require commissioner support and monitoring to ensure it is addressed:
  - a. Data for service management and improvement

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## APPENDIX 1 MEMBERSHIP OF VISITING TEAM

### Visiting Team

Dr Polly Ashworth	Consultant Clinical Psychologist	Gloucestershire Hospitals NHS Trust
Dr Mahesh Chaudhari	Consultant, Pain Management/Anaesthesia	Worcestershire Acute Hospitals NHS Trust
Wendy Godwin	Lead Commissioner Planned Care	NHS Walsall CCG
Ashish Khiloshiya	Clinical Lead/Team Lead, Chronic Pain Management Services	Staffordshire & Stoke on Trent Partnership NHS Trust
Gaynor Raine	Pain Management Nurse	Gloucestershire Hospitals NHS Trust
Lisa Tidmarsh	Sister, Chronic Pain Management	The Royal Wolverhampton NHS Trust

### Observers

Louise Sanders	Assessment Manager	UK Accreditation Service
Deborah Sturdy	Technical Expert	UK Accreditation Service

### WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Assistant Director	West Midlands Quality Review Service

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## APPENDIX 2 COMPLIANCE WITH QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of ‘working towards’ a particular Quality Standard. Reviewers often comment that it is better to have a ‘No, but’, where there is real commitment to achieving a particular standard, than a ‘Yes, but’ where a ‘box has been ticked’ but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

**Table 1 - Percentage of Quality Standards met**

Service	Number of Applicable QS	Number of QS Met	% met
<b>Care of People with Chronic Pain</b>			
Primary Care	2	0	0
Multi-disciplinary Pain Team	27	15	56
Commissioning	2	0	0
<b>Total</b>	<b>31</b>	<b>15</b>	<b>48</b>

### Pathway and Service Letters

JA-	Long-term conditions pathway	Primary Care
JS-	Long-term conditions pathway	Chronic Pain Service
JZ-	Long-term conditions pathway	Commissioning

### Topic Sections

The different sections cover the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

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## PRIMARY CARE

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JA-299P	<p><b>Primary Care Training and Development Programme – Chronic Pain</b></p> <p>The primary care training and development programme should include community physiotherapists and others working with people with chronic pain and should cover all aspects of QS JA-501P.</p>	N	A systematic training and development programme was not yet in place. Some training was provided for staff in the Trust’s musculo-skeletal service but not for other referrers. The Birmingham Community Healthcare NHS Trust (BCHC) Pain Team was planning to undertake further work with GPs. The service was commissioned to provide “education for the public and NHS staff, including local GPs” but was not commissioned to provide a formal training programme.
JA-501P	<p><b>Primary Care Guidelines – Chronic Pain</b></p> <p>Guidelines on diagnosis and management of chronic pain, including low back pain, should include:</p> <ol style="list-style-type: none"> <li>a. Indications for urgent referral due to suspected serious pathology (‘red flags’)</li> <li>b. Primary care management including: <ol style="list-style-type: none"> <li>i. Self-management advice and education</li> <li>ii. Physiotherapy</li> <li>iii. Pain relief</li> <li>iv. Cognitive behavioural techniques</li> <li>v. ‘Sign-posting’ to lifestyle interventions or local voluntary and community support</li> </ol> </li> <li>c. Criteria for referral to the chronic pain team and information to be sent with each referral</li> </ol>	N	A pathway flowchart was available. The BCHC service considered that practices should access Map of Medicine for relevant guidelines. Some other aspects of the Quality Standard were in place but these were not brought together into clear guidelines / information in a format specific for referrals to the BCHC service.

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## MULTI-DISCIPLINARY PAIN TEAM

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-102	<p><b>Service Information</b></p> <p>Each service should offer patients and carers information covering:</p> <ol style="list-style-type: none"> <li>Organisation of the service, such as opening hours and clinic times</li> <li>Staff and facilities available</li> <li>How to contact the service for help and advice, including out of hours (if applicable)</li> </ol>	Y	Excellent patient information was available. See main report.
JS-103	<p><b>Condition-Specific Information</b></p> <p>Discussion and written information for patients with chronic pain should also cover (when applicable):</p> <ol style="list-style-type: none"> <li>Description of their condition and its implications</li> <li>Self-management training and support</li> <li>Pain management programmes, interventional procedures and other interventions offered</li> <li>Supervision of drug withdrawal</li> <li>Sources of support (for example, Expert Patient's Programme, patient resources from The British Pain Society, condition-related self-help groups)</li> </ol>	Y	See main report.
JS-104	<p><b>Care Plan</b></p> <p>Each patient and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> <li>Agreed goals, including life-style goals</li> <li>Self-management</li> <li>Name of 'care coordinator'</li> <li>Planned pain management programmes, interventional procedures and other interventions</li> <li>Early warning signs of problems, including acute exacerbations, and what to do if these occur</li> <li>Planned review date and how to access a review more quickly, if necessary</li> </ol>	N	A care plan was in use but did not cover agreed goals. It was also not clear that the plan was implemented for all patients.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-105	<p><b>Review of Care Plan</b></p> <p>A formal review of the patient's Care Plan should take place as planned and, at least, every six months. This review should involve the patient and, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the patient and their GP.</p>	N	<p>It was not clear that care plans were systematically reviewed. Reviewers considered that this was probably undertaken by the member of staff who had provided a specific intervention, but this process was not clearly documented and was not evident from the case notes seen by reviewers. "Wash up sheets" summarised the outcomes and actions for all the patients in a clinic but were not communicated in writing to the patient. This information was sent to the patient's GP.</p>
JS-106	<p><b>Contact for Queries and Advice</b></p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be not more than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p>	Y	
JS-195	<p><b>Transition to Adult Services</b></p> <p>Young people transferring to the care of adult services should be offered written information covering at least:</p> <ol style="list-style-type: none"> <li>a. Their involvement in the decision about transfer and, with their agreement, the involvement of their family or carer</li> <li>b. A joint meeting between children's and adult services to plan the transfer</li> <li>c. A named coordinator for the transfer of care</li> <li>d. A preparation period prior to transfer and, if appropriate, a period of shared care</li> <li>e. Arrangements for monitoring during the time immediately after transfer</li> </ol>	N/A	<p>Transition of young people to the service did not routinely take place.</p>

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-196	<p><b>'Letting Go' Plan</b></p> <p>Patients should be involved in planning their discharge from the service and should be offered a written plan covering at least:</p> <ol style="list-style-type: none"> <li>Evaluation of achievement of agreed goals</li> <li>Self-care and self-management of their condition</li> <li>Care after discharge from the service (if any)</li> <li>Possible problems and what to do if these occur, including, where appropriate, arrangements for easy re-access to the service</li> <li>Who to contact with queries or concerns</li> </ol>	N	Reviewers did not see any evidence of written 'letting go' plans covering the requirements of the Quality Standard. They considered that these may be in place for specific programmes but not for discharge from the service. Patients who met reviewers were clear about 'c', 'd' and 'e'.
JS-197	<p><b>General Support for Service Users and Carers</b></p> <p>Patients and carers should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> <li>Interpreter services, including access to British Sign Language</li> <li>Independent advocacy services</li> <li>Complaints procedures</li> <li>Spiritual support</li> <li><i>HealthWatch</i> or equivalent organisation</li> </ol>	Y	Arrangements for access to British Sign Language interpretation and spiritual support could be clearer. Access to advocacy services was covered in relation to complaints but information about more general access to advocacy was less clear.
JS-199	<p><b>Involving Users and Carers</b></p> <p>The service should have:</p> <ol style="list-style-type: none"> <li>Mechanisms for receiving feedback from patients and carers about their care and treatment</li> <li>Mechanisms for involving patients and carers in decisions about the organisation of the service</li> <li>Examples of changes made as a result of the feedback and involvement of patients and carers</li> </ol>	N	Mechanisms for receiving feedback were in place. Mechanisms for involving patients and carers in decisions about the organisation of the service were not yet in place.
JS-201	<p><b>Lead Clinician</b></p> <p>A doctor specialising in chronic pain should have lead responsibility for staffing, training, guidelines and protocols, service organisation, governance and liaison with other services. This doctor should be a consultant specialising in chronic pain or a doctor with competences and experience in advanced pain medicine, as defined by the FPMRCA, who undergoes revalidation in pain medicine.</p>	N	A lead clinician was in place with these responsibilities but was not a consultant. This arrangement worked well for the service and appropriate leadership from medical staff was available.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-202	<p><b>Chronic Pain Team</b></p> <p>The service should have sufficient staff with appropriate competences to deliver the expected number of triage/screening of referrals (if undertaken by the service itself), assessments and procedures for the usual case mix of patients within expected timescales.</p> <p>Staffing levels should be based on a competence framework covering the staffing levels and competences expected, and should ensure an appropriate skill mix of staff with specialist pain management knowledge and interest including:</p> <ol style="list-style-type: none"> <li>Consultants in pain medicine</li> <li>Medical staff with appropriate training and competences</li> <li>Nurses</li> <li>Clinical psychologists or staff with appropriate competences in psychological therapy</li> <li>Physiotherapists</li> <li>Occupational therapists</li> </ol> <p>All staff should have time in their job plans allocated to their work with the chronic pain team. If the service cares for children, staff should have competences in the care of children as well as in pain management.</p>	N	Staffing was not sufficient at the time of the review due to vacancies for both psychologist posts and three sessions of consultant time. See also main report.
JS-203	<p><b>Training Plan</b></p> <p>A training and continuing professional development plan should ensure that all members of the chronic pain team achieve and maintain the expected competences (QS JS-202).</p>	Y	A training and Continuing Professional Development (CPD) plan had been in place but had ceased temporarily due to staffing changes.
JS-204	<p><b>Triage Team</b></p> <p>If triage/screening of referrals is undertaken by staff who are not part of the chronic pain team (QS JS-202), sufficient staff with competences in triage or screening of referrals should be available to ensure referrals are dealt with within agreed timescales.</p>	N/A	
JS-205	<p><b>Training for Other Staff</b></p> <p>The service should offer a programme of education in the nature and effective management of persistent pain and the triage of referrals for GPs, the triage team (if separate from the chronic pain team) and other health professionals in the local area who care for patients with chronic pain.</p>	N	As Quality Standard JA-299P.
JS-299	<p><b>Administrative, Clerical and Data Collection Support</b></p> <p>Administrative, clerical and data collection support should be available to support the work of the chronic pain team.</p>	Y	See main report.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-301	<p><b>Support Services</b></p> <p>Timely access to the following services should be available:</p> <ul style="list-style-type: none"> <li>a. Spinal/neurosurgery (24/7 access is required if neuromodulation is offered)</li> <li>b. Imaging (24/7 access is required if neuromodulation is offered)</li> <li>c. Pharmacy, including a sterile preparation unit if intrathecal therapy is given</li> <li>d. Vocational counsellors/employment advisors</li> <li>e. Social workers</li> <li>f. Mental health services</li> </ul>	N	Timely access to social workers ('e') was not available.
JS-401	<p><b>Facilities and Equipment</b></p> <p>The service should have appropriate facilities and equipment to deliver the expected number of assessments and procedures for the usual case mix of patients within expected timescales, including:</p> <ul style="list-style-type: none"> <li>a. Designated operating theatre sessions supported by fluoroscopy and radiographers for performance of diagnostic and therapeutic procedures</li> <li>b. Access to fluoroscopy</li> <li>c. Ultrasound (if undertaken by the service)</li> <li>d. Facilities for: <ul style="list-style-type: none"> <li>i. Neuromodulation</li> <li>ii. Physiotherapy</li> </ul> </li> <li>e. Ability to store and retrieve images</li> <li>f. Facilities for group work</li> <li>g. Office space including access to space for multi-disciplinary discussion of patients</li> </ul> <p>Facilities and equipment should comply with all relevant Quality Standards and should ensure:</p> <ul style="list-style-type: none"> <li>h. Appropriate privacy, dignity and security for patients</li> <li>i. Appropriate separation of children and adults</li> <li>j. Access for disabled patients</li> <li>k. Availability of specialist equipment when required</li> </ul>	Y	Compliance is based on the facilities seen at Richmond Primary Care Centre and self-assessment for other facilities.
JS-402	<p><b>Equipment – Tertiary Services</b></p> <p>Tertiary chronic pain services should have specialist equipment for:</p> <ul style="list-style-type: none"> <li>a. Cordotomy</li> <li>b. Spinal cord stimulation</li> <li>c. In-patient pain management programmes</li> </ul>	N/A	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-403	<p><b>IT Systems</b></p> <p>IT systems for storage, retrieval and transmission of patient information should be in use for patient bookings, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p>	N	<p>See main report in relation to IT support for data to support service improvement, audit and revalidation. Multi-disciplinary activity may not be being appropriately counted as multi-disciplinary clinics were recorded as one clinic attendance. Clinical record-keeping could be undertaken electronically but, in practice, this was often so slow that paper-based systems had to be used.</p>
JS-501	<p><b>Guidelines on Triage/Screening of Referrals</b></p> <p>Guidelines on triage/screening of referrals to the chronic pain team should be in use. These guidelines should ensure that referrals are considered for:</p> <ol style="list-style-type: none"> <li>Self-management advice and education only</li> <li>Referral for further primary care management (QS JA-501P)</li> <li>Referral to another consultant or service for advice, investigation or intervention</li> <li>Acceptance of patients meeting the criteria for acceptance by the service</li> </ol> <p>The patient and their GP should be notified of the outcome of the referral triage/screening.</p>	N	<p>Guidelines were available for musculo-skeletal conditions but did not cover the detail expected by the Quality Standard. Guidelines for other conditions were not clear.</p>
JS-502	<p><b>Clinical Guidelines</b></p> <p>Clinical guidelines should be in use covering diagnosis, assessment and pain management programmes, interventional procedures and other interventions provided by the service. Clinical guidelines should cover pharmacological and non-pharmacological interventions.</p>	N	<p>Guidelines were not clear about which patients should be having interventions and, if so, which intervention. Guidelines referred to local CCG guidelines which were not available. Pharmaceutical guidelines did not cover pharmacological management of non-neuropathic chronic pain.</p>
JS-503	<p><b>Referral to Tertiary Chronic Pain Services</b></p> <p>Guidelines on referral to tertiary chronic pain services should be in use covering at least:</p> <ol style="list-style-type: none"> <li>Criteria for referral to tertiary chronic pain services</li> <li>Services to which referrals should be made</li> <li>Information to be sent with each referral</li> <li>Shared care arrangements, if applicable</li> </ol>	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-597	<p><b>Discharge Guidelines</b></p> <p>Guidelines on discharge from the chronic pain service should be in use covering at least:</p> <ul style="list-style-type: none"> <li>a. Criteria for discharge from the service</li> <li>b. Self-management advice and education to be given on discharge</li> <li>c. Discharge information to be given to the patient and their GP</li> </ul>	Y	'a' was easily available. 'b' and 'c' appeared to be happening in practice but documentation advice given could be improved (see Quality Standard JS-196).
JS-598	<p><b>Transition Guidelines</b></p> <p>Guidelines on transition of young people to adult services should be in use covering at least:</p> <ul style="list-style-type: none"> <li>a. Involvement of the young person and, where appropriate, their family or carer in planning the transfer of care</li> <li>b. Involvement of the young person's GP</li> <li>c. Joint meeting between children's and adult services to plan the transfer</li> <li>d. Allocation of a named coordinator for the transfer of care</li> <li>e. A preparation period prior to transfer and, if appropriate, a period of shared care</li> <li>f. Arrangements for monitoring during the time immediately after transfer</li> </ul>	N/A	Transition of young people to the service did not routinely take place.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-601	<p><b>Operational Policy</b></p> <p>An operational policy for the chronic pain service should be in use covering at least:</p> <ol style="list-style-type: none"> <li>a. A minimum appointment time of 45 minutes for new patients</li> <li>b. Regular multi-disciplinary team meetings or clinics to discuss the management plans for new patients and those with more complex needs</li> <li>c. Allocation of a 'care coordinator'</li> <li>d. Arrangements for liaison with: <ol style="list-style-type: none"> <li>i. Acute pain services</li> <li>ii. Triage team (if separate from the chronic pain team)</li> <li>iii. Support services (QS JS-301)</li> <li>iv. Palliative care services in hospital and in the community</li> <li>v. Tertiary chronic pain services (QS JZ-601P)</li> </ol> </li> <li>e. Arrangements for the treatment of patients who are particularly vulnerable</li> <li>f. Any special arrangements for the care of children (if applicable)</li> <li>g. Arrangements for patients admitted to hospital for care by the chronic pain service</li> <li>h. Management of non-engagement with the service</li> <li>i. Maintenance contracts and a rolling replacement programme for equipment</li> </ol>	Y	
JS-699	<p><b>Primary Care Training and Development</b></p> <p>The service should contribute to the primary care training and development programme (QS JA-299P).</p>	N	As Quality Standard JA-299P.
JS-701	<p><b>Data Collection</b></p> <p>Data should be collected routinely on:</p> <ol style="list-style-type: none"> <li>a. Referrals and sources of referrals</li> <li>b. Triage or screening of referrals: number of patients referred, time to completion of triage or screening and outcome for each referral</li> <li>c. Number of patients accepted by the service</li> <li>d. Therapeutic programmes and interventions provided</li> <li>e. Outcomes of therapeutic programmes and interventions</li> <li>f. Length of time with the service and reason for discharge</li> <li>g. Key performance indicators</li> </ol>	Y	Data were collected but could not be easily accessed. (See main report).
JS-702	<p><b>Audit</b></p> <p>The service should have a rolling programme of audits of compliance with guidelines and protocols [Qs JS-500s] and related outcomes.</p>	Y	As Quality Standard-702. Outcome audits focussed mainly on non-medical outcomes and further work on multi-disciplinary outcome measurement may be helpful.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JS-703	<p><b>Research</b></p> <p>The chronic pain team should actively participate in research relating to the care of patients with chronic pain.</p>	Y	
JS-798	<p><b>Multi-Disciplinary Review and Learning</b></p> <p>The service should have appropriate multi-disciplinary arrangements for the review of, and the implementation of learning from:</p> <ol style="list-style-type: none"> <li>Positive feedback, complaints, outcomes, incidents and 'near misses'</li> <li>Published scientific research and guidance relating to pain services</li> </ol>	Y	The Team had 'away days'. The team also met after multi-disciplinary meetings but it was not clear that these meetings provided a forum for discussion of service (rather than individual patient issues). Reviewers saw evidence of learning from complaints. It was not clear that medical staff were fully involved in the Pain Team's multi-disciplinary review and learning arrangements. Reviewers suggested that, if not, this would be a helpful development.
JS-799	<p><b>Document Control</b></p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p>	Y	

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## COMMISSIONING

Ref	Quality Standard	Met? Y/N	Reviewer Comments
JZ-601P	<p><b>Commissioning of Services for People with Chronic Pain</b></p> <p>The following services for people with chronic pain should be commissioned:</p> <ol style="list-style-type: none"> <li>a. Primary care training and development programme (QS JA-299P)</li> <li>b. Triage/screening of referrals (either separately or as part of the role of the chronic pain team)</li> <li>c. Chronic pain team for the local area</li> <li>d. Tertiary chronic pain services, including for:               <ol style="list-style-type: none"> <li>i. Percutaneous disc decompression</li> <li>ii. Cordotomy</li> <li>iii. Spinal cord stimulation</li> <li>iv. In-patient pain management programmes</li> </ol> </li> </ol> <p>Criteria for referral to and discharge from each service should be specified, together with whether the service cares for children, adults or both children and adults. The range of pain management programmes, invasive procedures and other interventions offered by the chronic pain team should be agreed.</p>	N	See main report. Reviewers also commented that the service specification did not define discharge criteria.
JZ-701	<p><b>Quality Monitoring</b></p> <p>The lead local commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the chronic pain service at least annually.</p>	N	Key performance indicators were not defined for the service. Data on activity and outcomes were not routinely available. Performance monitoring of waiting times and serious incidents was in place.

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