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Wednesday 6th May 2015

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Dear Colleague,

Following a review of pain services in Oldham in 2013, the CCG requested that the three providers delivering these services form a partnership to redesign the pain pathway, in line with the recommendations made in the report.

The providers: Pennine MSK Partnership Ltd, Pennine Acute Hospital Trust and Pennine Care Foundation Trust, along with Oldham CCG, have developed an evidence based service model.

The new model is due to commence on 1 June 2015 and will require a change in the approach to managing persistent pain in primary care and in the way patients are referred.

This letter briefly describes the redesigned pain service, the approach to the assessment of patients in primary care and the new referral pathway.

A launch event will be held on Wednesday 27 May at the Victoria Hotel, Hollinwood Avenue, OL9 8DE from 18.30 – 20.30 to give you an opportunity to hear more about the new pain pathway and ask any questions. A buffet will be provided.

What is the definition of persistent pain?

Persistent pain is defined as non-cancer pain that cannot be cured and is caused by a change in the way the nervous system transmits pain messages. This means that although the original trigger of the pain may have eased/healed the pain persists and continues to have an impact on how someone is able to undertake day to day tasks.

An arbitrary period of 3 months is often used to define persistent pain but it is recognised that some persistent pain, e.g. following surgery, can be defined as that which continues to be present when the normal healing process can be expected to have completed.

Persistent pain tends not to respond well to stronger painkillers, injections or surgery all of which can cause harm and therefore should be used with great care.

What are the impacts of persistent pain?

Physical - struggle to actually perform certain tasks eg standing for any period, walking, bending, lifting etc. Pain can also affect sleep. As a consequence of reduced physical activity and tiredness from poor sleep quality, muscle strength and body suppleness worsens (this is known as deconditioning) which leads to further restriction of physical activity and pain worsens.

Social - find it hard to engage in social activities e.g. sport, playing with children/grandchildren etc. Financial problems can occur as a consequence of the limitations on the ability to earn income but also additional costs caused by the physical limitations.

Psychological - the impact of experiencing pain and its effects on physical and social lives can cause worry about aggravating pain or causing damage, worries about the future etc. which can cause problems with mood and anxiety. This may lead to greater isolation, less physical activity, even poorer sleep etc. which becomes a vicious circle as this tends to worsen pain.

As a consequence of the above persistent pain can come to dominate an individual's life.

Evidence tells us persistent pain does respond to addressing the physical, social and psychological effects that it causes, an approach known as a Bio-Psycho-Social model. The new integrated pathway incorporates this approach into an internationally recognised stepped care approach, which has the primary intention of supporting individuals suffering from persistent pain by giving them the skills to lessen the impact of pain on their lives.

The contribution from each step or tier is cumulative and the pathway is designed to support this integration.

Primary care has a major part to play in the care of patients with persistent pain and the new pathway is designed to support this role. This includes the provision of appropriate assessment tools and a persistent pain management guide.

Pennine MSK Partnership will be the single point of access (SPOA) for all patients referred to pain services.

Outcomes will be measured using the DoloTest (information sheet included with this letter), which the patient will complete either online or on paper, on entry into Tier 2 and on discharge.

Tier 1 – Primary and Community Care

- GPs, physiotherapy, psychological therapies, leisure/sport services, voluntary sector etc.
- Approximately 50% of patients with persistent pain will require input from Tier 1 only.
- Use of the persistent pain management guide.
- Use of the pain assessment tools to support appropriate management as follows:
 - **PHQ4+2** - patient completed tool used to screen for significant anxiety or depression. If identified, further assessment will be required. The tool incorporates two visual analogue scales for patients to complete, demonstrating the severity of their pain and its impact on their lives.
 - **Pain self-efficacy questionnaire (PSEQ)** - patient completed questionnaire assessing the patient's confidence in self-managing the impact of pain on their life. The PSEQ can be used to measure the impact of interventions provided in primary care. **A score that remains below 40/60 after the**

provision of appropriate support in primary care suggests that a discussion about referral into the SPOA may be needed.

- **Health Needs Assessment (HNA) tool** – a patient-completed problem identifier/prioritisation tool to inform a patient centred approach to addressing their needs. If more than three areas are identified, this may be difficult to manage in primary care, but repeating the PSEQ may help to identify those patients where improvement with appropriate support from primary care has not been sufficient to meet the patient's goals.
- Additional tools such as pain charts, neuropathic pain assessment tool, links to the online pain toolkit, prescribing advice and links to patient information leaflets about medications will be provided.

All referrals of patients into the SPOA for pain will need to include the completed PHQ4+2, PSEQ and the HNA tool. Referrals that do not include these patient completed tools will be rejected by the SPOA.

All new patients referred will receive a patient information leaflet about the new pathway and further information about the DoloTest.

Tier 2 - Pennine MSK Partnership Ltd

- This is primarily focused on developing, and supporting the achievement of, a self-help care plan where a patient needs additional support to that provided in Tier 1. This recognises that a person with persistent pain lives with its effects continuously and most need advice on how they can help themselves to improve the quality of their lives.
- A full holistic assessment will be undertaken by a pain specialist physiotherapist or pain specialist nurse in Tier 2 to coordinate a self-help care plan that meets the patient's priorities. The need to access the additional support available from Tier 3 will be identified at this assessment or at any time during the delivery of the supported self-help care programme if the need arises.
- This support will be delivered either through one-to-one appointments or through group work. The self-help care plan will focus on the priorities of the patient and provide them with a toolkit to enable them to lessen the impact of pain on their lives.
- This support can include physical rehabilitation, help with improving sleep quality, dealing with fatigue, pacing themselves, employment or financial problems, mood swings, anxieties/fears, appropriate use of medicines etc. This support is provided by a variety of clinicians including pain specialist physiotherapists, pain specialist nurses, psychological therapists and GPs with a special interest in pain.
- Approximately 50% of patients with persistent pain will require the additional support provided by Tier 2.

Tier 3 - Pennine Acute Hospital Trust

- Primarily focuses on individuals whose presentation is complicated by a significant specific physical cause which might, in part, be amenable to a specific treatment intervention provided by a pain specialist consultant that will then enable them to enter into the physical rehabilitation programme in Tier 2.
- Or where their presentation is complicated by major psychological problems requiring advice from a specialist psychologist or consultant psychiatrist in addition to the self-help care support programme in Tier 2.
- Advice is also provided by the pain specialist nurses and psychologists within Tier 3 to facilitate early access into the community based supported self-help care programmes within Tier 2.
- Approximately 5-10% of patients will require the additional support provided by Tier 3.

GP Resource Pack

A resource pack is enclosed and will be available on the CCG's extranet **XXXXXXXXXX** and Pennine MSK Partnership's website, www.pmskp.org in the Clinical Area on the 'Pain' tab.

Further advice/support

If you have any questions you would like to ask in advance of the launch event, please email Dr Zuber Ahmed, Clinical Director for Elective Care at Oldham CCG, zuber@nhs.net or Dr Hugh Sturgess, Director, Pennine MSK Partnership Ltd, hugh.sturgess@nhs.net

Pennine MSK Partnership Ltd will be contacting practice managers during May and June 2015 asking if they would like Dr Sturgess to attend a practice or cluster meeting to discuss the new pathway further.

Yours faithfully