

# Chronic pain

*How we plan to introduce a specialist chronic pain service*



 **With you.  
For you.**



## **Background**

As local commissioners of health services in West Lancashire, we have a duty to examine local health services and make improvements where possible if required.

We know there are improvements to be made in terms of chronic pain services. The below document briefly sets out what we know and what we are doing to develop patient care for those local residents living with chronic pain.

### **What do we mean by chronic pain?**

By 'chronic pain', we mean a pain that persists beyond the point at which healing would be expected (3-6 months) (read more via British Pain Society 2007).

### **Where are we now?**

We know that there are currently several people living with pain day in day out in West Lancashire. These people are having to see their GP or visit hospital for treatment and pain relief medication. They need to do this as we currently have no specialist pain service.

Often these patients, however, have a broader need than pain relief. For example, they may require advice around physical activity, nutrition and psychological needs. We need a pain service that will manage the full picture of the patients' life and help them self-manage the pain they are experiencing.

Local clinicians are reporting poor patient experience because the GP is unable to address the full needs of the patient within a normal GP appointment. Our GP membership and clinicians have also told us that patients could become dependent on their prescribed medication which could carry a risk to them. Current NICE guidance highlights this as a possible issue.

The NHS England 5 Year Forward View recommends patients "with long-term conditions" are empowered and also recognises the importance of "promoting wellbeing and independence". It also states that "patients should have direct control over care provided to them".

Patients are being referred to hospital which may not be necessary, and this service would work better delivered from the community with a bigger focus on support rather than medication.

Considering the clinical insight, the CCG invited providers, voluntary community and faith sector representatives and members of the public to a stakeholder day in November 2016 to explore the current issues and opportunities for improvement. There was also follow up stakeholder days in January 2017 and May 2017.

The discussions were about the holistic approach needed, the role primary care should play, how to optimise prescribing and how patients with long term pain should be supported.

### **What we think would be best?**

We know there are issues within the existing system and we know there is an evident need for a local pain service.

We would like this specialist pain service to be suitable for our local community and their needs, and to consider the areas of concern we currently have.

In line with our current agreed CCG strategy in terms of bringing care closer to home, we believe this service would operate more effectively and be more accessible if delivered within the community.

In August 2017, we commenced the procurement process for a specialist chronic pain service (iHELP Pain Management) for West Lancashire residents.

### **What this new service could mean for patients?**

New patients presenting to their GP with chronic pain will be referred into a specialist pain service where all their needs e.g. social, physical and psychological, will be examined and addressed. The specialist pain service will provide care and support for the patient using an agreed treatment plan, referring them to hospital only if needed.

For existing patients already known by their GP to have chronic pain, they will have an opportunity to be referred into the specialist pain service for further assessment addressing their own individual needs. The treatment plan may present suggested improvements for the patients' care.

The patient benefits will become more clear once we have been through the procurement process, as we would like our bidders to work with us on developing and shaping the service.

### **Gathering the views of the public**

To gather other views, beyond the clinical insight we already had, the CCG carried a six-week public consultation from December 2016 to February 2017. We were transparent in our possible plans to carry out a procurement and welcomed views and experiences from those living with chronic pain.

The survey was based on a free text response with the public asked to comment on two proposals and offer suggestions for possible inclusion in any new service specification. We promoted this via our local CVS, community groups, long-term condition support groups, news releases and posters.

Several people used their own experiences to contribute to the consultation.

The overall view was that the introduction of a more holistic service would be beneficial to local residents and that this new look service was needed.

The following summarises ideas we received:

- the service would benefit from having "second opinions" built into the assessment system.
- the service needed links to other neurological services.
- the assessment service would allow people with multiple conditions to be seen outside of their GP service.
- hydrotherapy should be more widely available.
- sports massage may benefit some patients
- reflexology and acupuncture have benefitted a number of patients
- helping people manage the mental health implications of their condition was seen as important and the use of Mindfulness opportunities should be explored.
- patients should have the opportunity to remain in contact with the assessment service to enable their self-care.

These views will be considered as part of our co-design.

### **Next steps**

The CCG launched a relatively new procurement process which is called an "Innovation Partnership procurement" in August 2017.

More information is available via our website [www.westlancashireccg.nhs.uk](http://www.westlancashireccg.nhs.uk)

### **Get in touch**

Our approach has been built on perspectives from both clinicians and patients. However, we would welcome your comments. If you have any views on this, please contact us [myview@westlancashireccg.nhs.uk](mailto:myview@westlancashireccg.nhs.uk) or 01695 588 000.

If you provided views as part of our consultation, we will be in touch with you again directly and inform you of our progress.

If you are a potential supplier and you wish to engage in the procurement process full details can be found at <https://mlcsu.bravosolution.co.uk/web/login.shtml>