KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH INEQUALITIES

SCRUTINY INVESTIGATION IN TO

PAIN MANAGEMENT

November 2009

Kirklees COUNCIL

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CONTENT

1.0 Background and context to the review

1.1 In June 2008 Dr Judith Hooper presented to the Health Inequalities Scrutiny Panel, the findings of the Joint Strategic Needs Assessment (JSNA) highlighting those health conditions that were particular problematic for the people of Kirklees.

1.2 In trying to determine priority topics for the Health Inequalities work programme it was decided to choose those issues that were affecting large numbers of the population and which were having the biggest impact on a person's everyday functioning but at the same time could be reduced by localised action.

1.3 The picture of pain in Kirklees

1.4 The following table highlights the conditions in order of impact on the health of people in Kirklees:

CONDITION	ORDER OF IMPACT
Pain Problems Heart Disease Depression/Anxiety Backache Diabetes High blood pressure Asthma	**Worst Impact**  **Least Impact**

Fig 1 Table from JSNA presentation.

1.5 Whilst pain affects people across the whole of Kirklees the following localities have identified chronic pain as a key priority:

- Batley, Birstall and Birkenshaw
- Huddersfield South
- Spen Valley

1.6 The findings of the JSNA report identified some of the following factors and health inequalities for people experiencing pain locally[1]:

- That pain affects 1 in 3 people overall. 31% of those under 65 years and 46% of older people, especially women, have experienced pain over the last year.
- Pain was perceived as the worst aspect of health especially by those aged under 65 years and women.
- Pain had the worst impact on health for any condition assessed.
- People with pain were affected considerably across all aspects of health, especially physical functioning.

[1] Kirklees Joint Strategic Needs Assessment Report (2008)

- Adults under 65 years on low incomes were more likely to have pain
- People with backache pain were 50% more likely to have depression irrespective of age.
- People with pain problems under the age of 65 years were twice as likely to have heart disease, stroke and diabetes.
- Pain accounts for 25% of all sickness absence from work

1.7 Why Pain Management?

1.8 Inequalities in the management of pain exist for a variety of reasons and there are currently no clearly defined and agreed pathways in place for pain. Many patients receive analgesics to treat pain or are passed to specialist services for further assessment and pain relief intervention. This results in patients being more dependent and not focused on preventing pain related disability.

1.9 Waiting times for services such as physiotherapy are long and not easily accessible for all. Some patients wait for a long time to have conditions addressed, with chronic pain becoming more disabling before any specialist services become involved. Earlier intervention would help prevent disability and the onset of long term conditions.

1.10 Inequalities also exist because of the variation in knowledge and skills of GPs, health professionals and the patients themselves in the management of pain and secondary care services, resulting in a patchy level of service across Kirklees.

1.11 Where patients are more aware of their treatment options they are better able to make well informed judgements about what is best for them and their lifestyles. The current, more traditional methods and services available for pain focus more on the symptoms of pain, rather than a more holistic assessment of the person with the pain and its impact on their lifestyle.

1.12 Musculoskeletal Pain

1.13 Following a scoping exercise on the different types of pain, the panel decided to concentrate on the management of musculoskeletal pain (MSK). MSK pain is pain that affects the muscles, ligaments and tendons along with the bones.

1.14 The causes of MSK pain are varied and may be a result of muscle tissue that is damaged due to the wear and tear of daily activities, sporting injuries and motor accidents; or because of work related injuries, typically manual worker jobs that might involve repetitive and heavy lifting movements. Postural strains, overuse and prolonged immobilisation can also result in pain.

1.15 The British Medical Journal (2000)[2] considered the prevalence of MSK pain as an epidemic, stating that when pain becomes chronic there can be serious consequences which results in distress to family and friends, employers and society in lost productivity and an increased dependency on welfare benefits.

1.16 The effects of pain on the person can include: fatigue, sleep disturbance, loss of independence, social isolation, depression and severe pain.

2.0 Methodology

2.1 Panel Membership

2.2 The members of the Health Inequalities Scrutiny Panel included:

Cllr Elizabeth Smaje
Cllr Ann Raistrick
Cllr Kath Taylor
Cllr Salim Patel
Cllr Mohan Sokhal
Cllr Molly Walton

Voluntary Scrutiny Co-optee John Hebblethwaite
Voluntary Scrutiny Co-optee Michael Norcliffe
Voluntary Scrutiny Co-optee Elizabeth Goldthorpe
Voluntary Scrutiny Co-optee Diane Lockwood

2.3 The work of the panel was carried out by using both formal and informal scrutiny methods. The panel held a series of formal meetings to gather information from those responsible for delivering pain services and initiatives and for the designing and implementing of clinical pathways for pain.

2.4 Panel Activity

2.5 In addition the members of the panel undertook informal assigned tasks to gather further information.

2.6 The panel felt it was important to gather the views of General Practitioners on the current practices and challenges in the management of pain. Cllr Raistrick and Cllr Patel attended a meeting of the Three Valleys GP Forum.

2.7 The panel also devised a questionnaire to get a more detailed picture of the management of pain across Kirklees from GPs. The survey asked questions about confidence levels in diagnosing acute and

[2] Croft. P (2000) *Is life becoming a pain?* British Medical Journal, 320: 1552-53

chronic pain and the knowledge and skills of pain management treatments and options.

2.8 The panel was also keen to hear the views of patients who had experienced the pain pathways and service in Kirklees. The panel held a focus group session with the patients, where the panel members were able to talk in more detail to service users. Although the panel only spoke to a small number of patients the panel felt that the group represented a good sample of both male and female patients, the elderly, workers and patients that were aware of the Expert Patient Programme. The panel didn't succeed in speaking with younger patients.

2.9 Voluntary Scrutiny Co-optee John Hebblethwaite attended the new pain self management service at Kirkburton Health Centre and was able to view the facilities, speak with the multi-disciplinary pain team and speak with service users.

2.10 Between July 2008 and April 2009 the panel carried out the following work:

DATE	PANEL ACTIVITY
July 2008 Panel Meeting	• Presentation by the Director of Public Health on the findings of the Joint Strategic Needs Assessment Report
September 2008	• The panel carried out a scoping exercise and decided to focus on Musculoskeletal Pain and agreed to carry out a number of assigned tasks to gather evidence from GPs, healthcare professionals and service users.
October 2008	• The panel heard evidence from: Margaret Durkin – Environmental Health Manager and Stewart Horn – Better Health at Work Manager on the Better Health at Work (BHAW) Pilot. • Helen Smith – Employee Healthcare Manager
November 2008	• Assigned Task: Cllr Raistrick and Cllr Patel attended the Three Valleys GP forum. • The draft questionnaire was agreed by the panel (to gather evidence from GPs across Kirklees) • The panel heard evidence on the picture of pain management in Kirklees from Public Health Consultant Sarah Muckle.
December 2008	• The panel heard evidence from Chris Creaghan and Gillian Waterhouse who manage the Acute MSK service at Dewsbury Health Centre. • And Jim Barwick and Liz Pengelly responsible for pathway redesign for pain.
January 2009	• The panel heard evidence from Dr Cole about the Pain Self Management Service at Kirkburton Health Centre and the need for person centred management of pain.

	• Evidence of the new pain manifesto • The final questionnaire was sent out to 72 GPs across Kirklees.
February 2009	• The panel heard evidence from Dr Buckle and the Acute MSK Service at Moorfields • Practice Activity Leisure Scheme. (PALS) of Kirklees Active Leisure • The panel held a focus group with the service users and members of the Expert Patient Programme, NHS Kirklees Self Care
March 2009	• Deadline for the GP questionnaires to be returned
April 2009	• Analysis of questionnaire and panel findings formulated.

3.0 The Effects of Pain

3.1 The views of service users

3.2 The panel gathered evidence from service users about their experiences and views of the current practices and services available in Kirklees for managing pain. This was carried out by holding a focus group and by speaking with patients at the new self management pain service at Kirkburton Health Centre.

3.3 Whilst the panel only spoke to a small number of service users, some similar themes emerged, including that it was only easy to extract services and treatment options when patients have all the information required to make an informed choice of what is best for their individual personal circumstances.

3.4 Similarly, patients who have contact with GPs that specialise in pain are more likely to extract the relevant services to help them with their conditions. Service users stated that they did look for information but it was difficult to know where to start as they felt there was a mixture of both good and bad information and advice available.

3.5 The patients did however state that they felt it was the GPs' responsibility to assist them to find the correct route for treating their pain. They also stated that GP surgeries don't have all the correct information, probably because the surgeries are inundated with information and that posters and literature soon go out of date.

3.6 Some patients were concerned that pain killers didn't always work or were too strong but that physiotherapy when it became available was helpful. Acupuncture was also mentioned as a good treatment option with patients experiencing pain relief.

3.7 The patients who had been part of the Expert Patient Programme said that the scheme was extremely beneficial. Being able to talk about pain, learning how to deal with emotions relating to pain and the encouragement of healthier lifestyles and healthy eating were useful tools to help manage pain. The service which is delivered by volunteers inspires other patients, increases confidence and helps people self manage their conditions better.

3.8 However, patients felt there was a lack of information about how they could find out about the Expert Patient Programme from their GPs. The small sample of patients consulted felt that their GPs didn't talk to them about the role of health trainers, the PALS service and the large quantity of self management books in the libraries on self management.

3.9 Patients at the pain self management service at Kirkburton Health Centre, were very positive about the service. These were patients that

had been passed around services for some time and were experiencing for the first time a person centred approach to managing their pain.

3.10 These patients also had no prior knowledge about the range of treatment options available to them, but felt more confident about being able to cope with their pain after being provided with information. The only negative views raised were that the service should have been available earlier and that there should have been more information on how to access the service from their GPs and hospital.

3.11 CASE STUDY from Service User of the Self Management Pilot

Patient A has a MSK pain condition which has worsened following surgery and as a result is now unable to sleep and is reliant on strong pain killers. Their GP has referred patient A to the self management service.

Patient A received assistance from a multi-disciplinary team consisting of health trainers, physiotherapists, and a specialist pain GP. Having no previous knowledge of self management options, patient A had found the experience at the clinic extremely useful.

"My confidence levels have increased, I am able to cope with pain more, whilst there has been no change, I have set targets and goals…it is about pacing myself and I can physically do more of what I want to do."

3.12 Pain, employment and the economy

3.13 The effects of unrelieved pain represents a major problem for individual patients and is a massive socio-economic burden for health services and the community. Pain can lead to depression, prolonged disability and dependency on drugs, leading to significant overuse of medical services and increased costs to tax payers through social security payments and unemployment.

3.14 The Chronic Pain Policy Coalition in its report 'a new pain manifesto' states that 7.8million people live with chronic pain in the UK. Half of these will develop depression and go on to lose their jobs, the consequences of which are significant on the UK economy[3]

3.15 Whilst pain affects people of any age and at different stages in their lives, in the UK around three quarters of people living with chronic pain are of working age and between 18 and 65 years.

3.16 In a survey of more than 600 companies[4] Musculoskeletal Pain was shown to be the top cause of sick leave accounting for 39% of all long term absences and 23% of short term absences in the UK. It has also

[3] A new pain manifesto (2007) *Pain the 5th vital sign.* Chronic Pain Policy Coalition
[4] Mercer HR Consulting, 2005

been found that people of working age who live with chronic pain are 7 times more likely to quit their jobs[5].

3.17 Pain is one of the most costly conditions in modern western society, with the financial costs associated with pain being a burden on both individuals, their families, and the economy.

COSTS	
To the individual	**To the wider economy**
• The cost of services and therapies for treating pain. (over the counter medication, osteopathy,etc) • Loss of income for patient and sometimes carers as well. • Intangible cost associated with deterioration in quality of life.	• Health care costs • Sickness Payments • Disability Claims • Cost to economy in reduction of productivity and absenteeism • Cost of social care and support to people suffering • Cost of informal care provided by family

Fig 2 Maniadakis N and Gray AM, 2000[6]

3.18 The Government does not currently keep data on the total cost of chronic pain, however data from the Department of Work and Pensions estimated in 2007 that the actual cost of incapacity benefit for claimants with MSK disorders was in the order of £126 million[7].

3.19 In Kirklees the Better Health at Work team has been working in partnership with Kirklees Council, the Health and Safety Executive, Job Centre Plus and NHS Kirklees in reducing evidence of work related injury and helping people with work related pain to return back to work. Please refer to page 14 for more information on the Better Health at Work Team's role.

3.20 Physical and emotional effects of pain

3.21 The panel heard from a wide range of sources of the kind of physical and emotional effects that pain has on people. The effect of pain on the quality of life can be considerable, with individuals reporting

[5] Eriksen et al (2004) *Development of and recovery from long term pain*. Pain 108(1-2):154-162.
[6] Maniadakis N and Gray AM, 2000 *The Economic Burden of Back Pain*, Pain; 84(1): 95-103
[7] Department of Work and Pensions, 2007

difficulties in undertaking even the most basic daily activities. Some of the effects include:

- Lack of sleep and sleep disturbance
- The inability to work
- Unable to socialise
- Producing feelings of isolation
- The inability to walk or exercise
- Unable to drive
- Effects to sexual relations
- Depression and feeling less able to cope
- Loss of appetite.

3.22 The list is not exhaustive but it is evident that individuals that live with chronic pain often feel isolated, lonely and excluded from mainstream society. After speaking with patients of pain and users of different services to assist in the management of pain, the panel appreciates the importance of people with pain being able to access services and resources such as PALs, the Expert Patient Programme and the information and literature available in libraries.

3.23 The panel heard that people who experience pain for long periods of time and who have not had a clear pathway of care are at risk of becoming severely disabled from being passed around services for considerable amounts of time.

3.24 The Chronic Pain Policy Coalition in its publication 'A new Pain Manifesto'[3] stated that pain should become one of the 5 vital signs and checked routinely and regularly in order that health professionals can act on information obtained. If pain was assessed with the same priority as blood pressure, pulse, respiration and temperature then a great deal of unnecessary suffering, stress and anxiety could be avoided, therefore reducing the onset of chronic pain and reducing the physical and emotional affects of pain.

3.25 Conclusions and Recommendations

3.26 The panel heard that it was important for people to be able to have all information available to them in order that they could make informed decisions and extract the services available to them. At the same time there is clearly the need for GPs to be aware of the services and possible pathways available for their patients.

3.27 The self management model as used at the Pain Self Management Service, Kirkburton provides a desirable model that will hopefully be replicated in different settings across Kirklees. The panel were also greatly impressed by the work of the Better Health at Work team in reducing the effects of work related injury and supporting small medium enterprises.

[3] A new pain manifesto (2007) *Pain the 5th vital sign.* Chronic Pain Policy Coalition

Recommendation: That there is a targeted piece of work carried out to make patients more aware of all the treatment options for pain in order that they can make more informed choices when managing their pain.

Recommendation: It is essential that there is on-going, educational and professional development for GPs and other health professionals that are involved in pain management, in order to increase their knowledge of self management options available for patients.

4.0 The Management of Pain

4.1 Pathways of care

4.2 Good practice guidance from the Royal College of Anaesthetists[8] and the Pain Society state that there needs to be widespread provision of basic services and selective provision of more advanced services in relieving pain in order to address the problem of pain effectively. They further state that pain management services should be providing both hospital and community based care to patients who have a wide range of acute and chronic pain conditions.

4.3 At the time of reviewing the pathways and redesign programme for pain, the panel learnt that there were a number of pathway models emerging which were addressing existing pathways. These included:

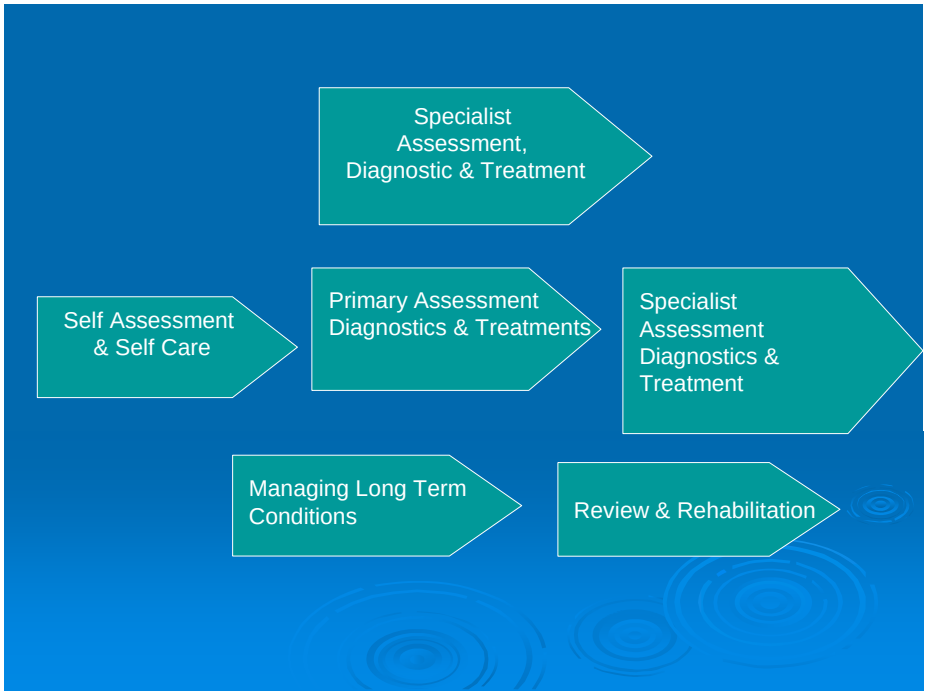


Fig 3 Slide from Pain Pathways Presentation.

4.4 The services that are available for pain currently include:

- NHS Direct, pharmacies, complementary therapies, private health care.
- General Practitioners
- Community Services
- 2 Musculoskeletal Services (Dewsbury & Huddersfield)
- 2 Acute Trusts
- Tertiary Acute Trusts

[8] The Royal College of Anaesthetists & Pain Society (2003) Pain Management Services Good Practice.

- Independent Sector

4.5 Following the findings of the JSNA report which highlighted pain as a priority health issue, progress has been made to address particular issues including the appointment of the new clinical lead for pain – Dr Frances Cole. Liz Pengelly has been appointed Programme Manager for the development of pathways & service redesign with the responsibility for redesigning current pain services and developing pathways.

4.6 Discussions are on-going around elements of a person centred pain pathway which will include reviewing what constitutes:

- effective intervention,
- needs assessment,
- symptom management,
- self management and coping strategies,
- support and guidance for carers

4.7 Part of the programme of work to assess gaps had identified the need for patients to have more knowledge about pain management in order that a patient can have more control over their condition, perhaps building on some good examples of services which are already educating people through GP training and the expert patient programme around long term conditions and pain.

4.8 It is important that pain services, rheumatology and the MSK services in Dewsbury and Huddersfield are linked and coordinated and that models used in the MSK services are consistent in their approach.

4.9 The team responsible for redesigning pain pathways has been in place for a relatively short period of time and therefore it is difficult to comment on a piece of on-going work. However, the panel did request that they receive an update on this work in 6 months' time.

4.10 Part of the work would involve mapping out current services and considering what these services would look like. From this, a pain strategy would be created which would also assess the current gaps in service. Where there are areas of MSK service that could be developed and improved, there would be a 3 month consultation, 1 month to formulate a plan, with an initial 6-12 months to deliver, which would then be fed into an overall 5 year plan.

4.11 **Conclusions and Recommendations**

4.12 The panel were concerned that patients were accessing the 'system' but not accessing the services that they needed. However they welcomed the development of a consistent model, which would see all services linked and provide patients with greater choice.

Recommendation: That there is a need to have consistent pain services across Kirklees that are based on person centred and holistic approaches to pain management and which are easily accessible and community based rather than in hospital based settings.

5.0 Current Services

5.1 Good practice guidelines on the management of pain states the objectives for an acute pain service as[8]:

- Having an established system that enables regular assessment and individual treatment of acute pain.
- The available provision of specialist care and advice for difficult acute pain.
- The requirement to have seamless liaison with other healthcare teams who are responsible for the shared care of patients.
- There should be back up arrangements and education programmes, appropriate guidelines and protocols to ensure that there is continuous cover for acute pain management.
- There should be information, education and reassurance for patients that is presented in an understandable way.
- Education for nursing, medical staff and related health care professionals is required in order to increase awareness of unrelieved pain and its consequences and the current techniques and treatments available to relieve pain.
- Continuing audit and evaluation of services and the needs of patients.

5.2 The objectives of a chronic pain service should include:

- Alleviation of pain, psychological and behavioural dysfunction and distress.
- Reduction of disability.
- Rationalisation of medication.
- More attention to social family and occupational issues.
- The need to have education for nursing medical staff and related health care professionals.
- Continuous audit and evaluation of service and needs of patients.
- Research into causes and management of chronic pain.

5.3 Patients that have chronic pain often have more complex problems which require multidisciplinary management, therefore there is a need

[8] The Royal College of Anaesthetists & The Pain Society (2003) Pain Management Services Good Practice.

to have co-operation from specialist medicine doctors, primary care physicians, specialist nurses, clinical psychologists, physiotherapists, occupational therapists and pharmacists. Wherever appropriate there should be arrangements for consultations with other specialist doctors.

5.4 The panel heard evidence from the Pain Self Management Service, Kirkburton, the Acute MSK Service, Dewsbury and the Acute MSK Service, Moorfields, , all of which demonstrate good examples of a multidisciplinary approach to pain management.

5.5 The panel also heard about other effective pain management services and tools across Kirklees such as the Expert Patient Programme, PALS, Better Health at Work, ‘’Books on Prescription’ & the pain toolkit, all of which allow patients to take better steps to managing their pain.

5.6 The following gives an overview of some of the services that the panel have heard about whilst carrying out this review.

5.7 Better Health at Work Team

5.8 The Better Health at Work (BHAW) project is a partnership approach between Kirklees Council, the Health and Safety Executive, Job Centre Plus and NHS Kirklees. The aim of the project is to reduce the incidence of work related injury and or ill health in the working population of Kirklees and to assist people with work related health issues to return to work with the minimum of delay.

5.9 The BHAW pilot has been able to provide a service to over 220 businesses and has delivered a range of health and safety trainings bespoke to the employer and employee needs. The pilot has advised over 1500 individuals with regards to workplace health and has worked in depth with about 30% of them.

5.10 The pilot has been able to provide occupational health and safety and return to work support services to businesses particularly small and medium enterprises. The pilot has also been successful in reducing the number of claimants for incapacity benefit (IB). It has reduced the number of successful new claims for Incapacity Benefit by 15% from 5542 to 4697, the target was 5376. The pilot has also reduced the number of working days lost to ill health by 19% from 2,172,000 to 1,753,920; the target was 2,063,400.(LPSA LAA).

5.11 The pilot has also provided a referral service for GPs, health professionals and individuals with work related conditions. Findings from the GP questionnaire below at page 29 also highlighted that a large number of people that present to them with acute and chronic pain are workers usually from manual work professions. The GPs that members of the panel spoke to at the Three Valleys Commissioning Consortium GP forum were knowledgeable of the project and spoke

highly of its effectiveness. The project has also improved knowledge, skills and support to help workers deal with work related health issues

5.12 The panel welcomes continuation of schemes and the agreement of additional initiatives such as the BHAW plus and the Health, Work and Wellbeing project in continuing to support the working population who may be affected by acute and chronic pain

5.13 Pain Self Management Service for Three valleys Commissioning Consortium at Kirkburton Health Centre

5.14 Three Valleys Commissioning Consortium have commissioned Bradford Hospitals Foundation Trust to run the pilot Pain Self Management Service that operates out of the Kirkburton Health Centre. The service is staffed by Dr Frances Cole and Senior Physiotherapist Sarah Jeffrey, and offers a person centred approach and a new way of working with patients that have persistent pain. The service is still exploring ways for people to understand their illnesses in order to manage their pain better.

5.15 The service is for people that have had persistent and chronic pain that has been present for the last three months or longer. The service allows patients to share how the pain is affecting their day to day functioning and lifestyle. The service also helps prevent health problems that are linked to pain such as severe depression, increased weight, sleep difficulties, loss of activities and reduces the chances of losing work. [9]

5.16 The service has become a self referral service, where individuals ask the GP to refer them to the service. When a GP makes a referral to the Pain Self Management service, the team will need to know as much as possible about the pain and its effects. Individuals complete questionnaires about how pain affects their health and well being and a body chart to show the team where the pain affects their body at present.

5.17 Individuals are presented with a list of options of the services that are available and asked which options they think might help their condition. This information is then used to allow a thorough and meaningful discussion with the patient who is made aware that the range of self management choices are available for as long as the services exists.

5.18 The Pain Self Management service team are a multidisciplinary team from Bradford Teaching Hospital NHS Foundation Trust who have wide ranging experience in the management of chronic pain and experience of helping patients and supporting self management of pain conditions. The team consists of Dr Frances Cole who is a pain rehabilitation

[9] Kirklees Primary Care Trust *Pain Self Management Service Info sheet* 2008.

specialist cognitive behavioural therapist, a senior physiotherapist that specialises in persistent pain and two, Health Trainers, from Kirklees PCT that support the team.

5.19 The focus of the programme is a partnership approach between the patient and the clinician. The patient's role it is to choose options and change their lifestyle priorities and to choose self care information and access self care resources. The clinicians' role is to assist the patient to close the gap and help the patient deal with their priorities, helping patients change and refer to other services where there are other health problems. The health trainers support and develop self care skills, signposting patients to self care mechanisms whenever necessary.

5.20 The team from the Bradford Hospitals NHS Foundation Trust were commissioned to provide a service in Kirklees. If the service is successful it will be rolled out across the rest of Kirklees.

5.21 The diagram overleaf explains the preferred model in pain self management. The outcome from this process is that the patient is confident in their skills and has a toolkit for pain self management. The patient receives a holistic approach to their pain conditions and is more aware of the self care choices available to them in terms of books, self help groups and services.

5.22

Pain Self Management

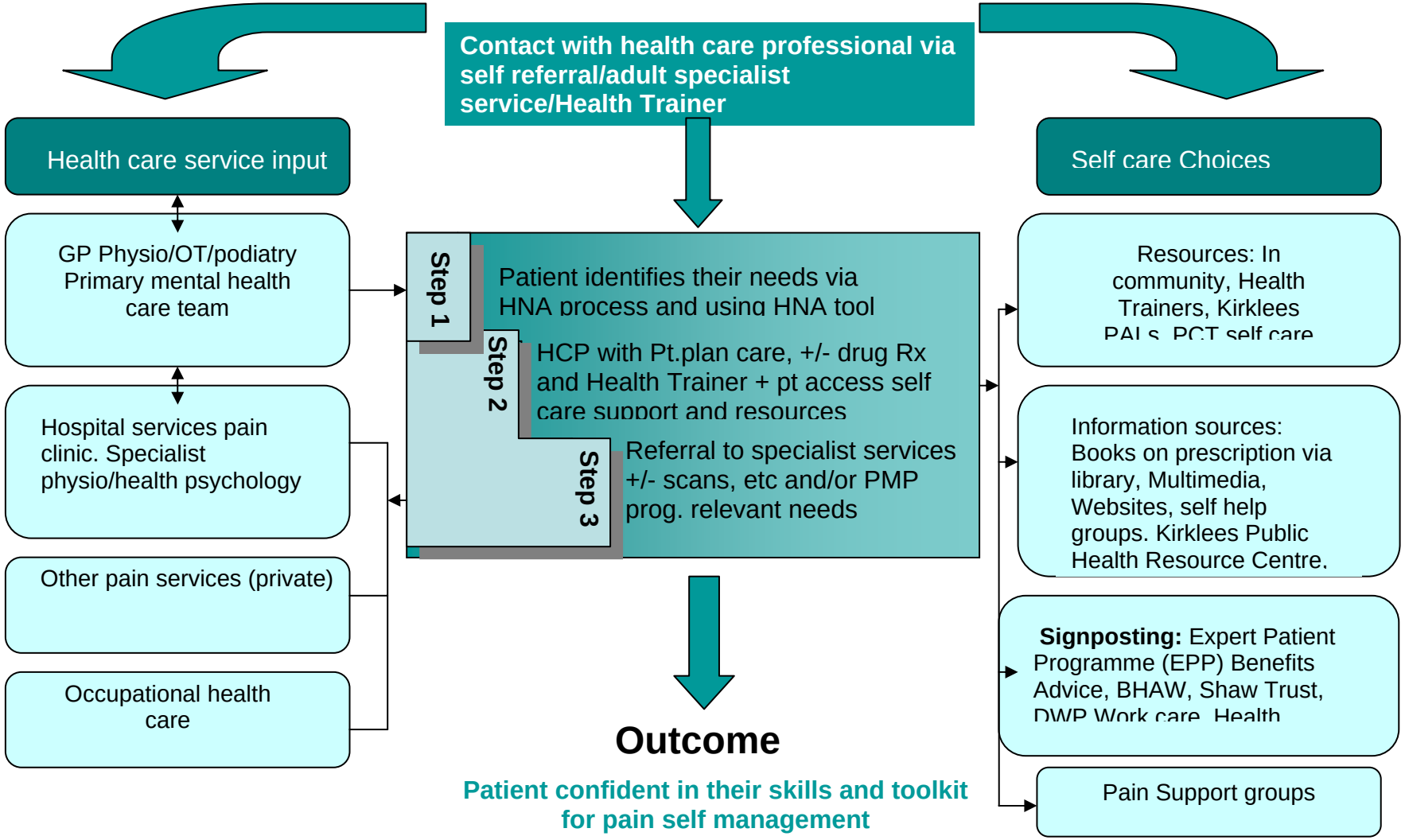


Fig 4 Pain Self Management diagram from the Three Valleys Commissioning Consortium and NHS Kirklees

5.23 The Dewsbury MSK Service

5.24 The Dewsbury MSK Service operates out of Dewsbury Health Centre and consists of a Clinical Lead, MSK Practitioner, a GP with specialist interest, an Orthopaedic Consultant and Service Manager.

5.25 The service is a diagnostic service and aims to identify potential causes of pain for patients in order to fix the underlying reasons for pain. Whilst pain is the usual reason for patients being referred to the MSK Service, where clinical reasons cannot be found as a source of pain then the service would make onward referral, ensuring that the patient is placed on the right pathway of care for their condition.

5.26 Patients are referred to the service by any GPs operating within North Kirklees. The service has developed a working partnership between GPs and the Orthopaedic and Trauma Services team at Dewsbury District General Hospital.

5.27 The MSK Service aims to reduce secondary care activity and ensure that all patients are placed on the most appropriate pathways of care. The service ensures that care for MSK conditions is provided closer to home, that there equal care for the population of North Kirklees and that there are seamless care pathways developed between primary and secondary care service providers.

5.28 Most care plans for patients will be decided by the pathology and the ability to correctly identify what is best for the patient and will depend on a GP being confident in their diagnostic skills.

5.29 The MSK service follows the national 18 week guidelines for MSK clinical pathways. This requires that when a patient enters the MSK service there are 18 weeks in which to assess and diagnose patients and refer on to appropriate pathways. Patients are reviewed jointly with the in-house orthopaedic consultant and by linking the team in this way, it is able to fine-tune the plan of care for patients and refer them to the most appropriate service pathway.

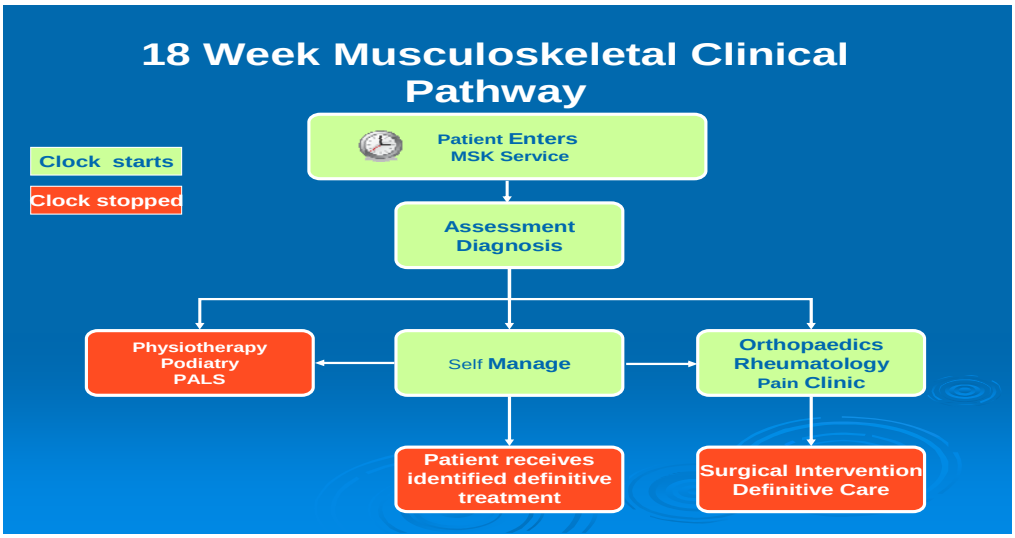


Fig 5 Slide from the Dewsbury Acute MSK Service of KCHS presentation.

5.30 The panel learnt that there are inequalities in the delivery of diagnosis, where GPs who a more interested in MSK disorders and pain and patients of GPs who have less knowledge of MSK disorders and pain not receiving the same level of service, or not being referred into the service.

5.31 Where GPs are reluctant to refer any actual referral would depend on a patient confidence to ask the right questions and press the GP for referral.

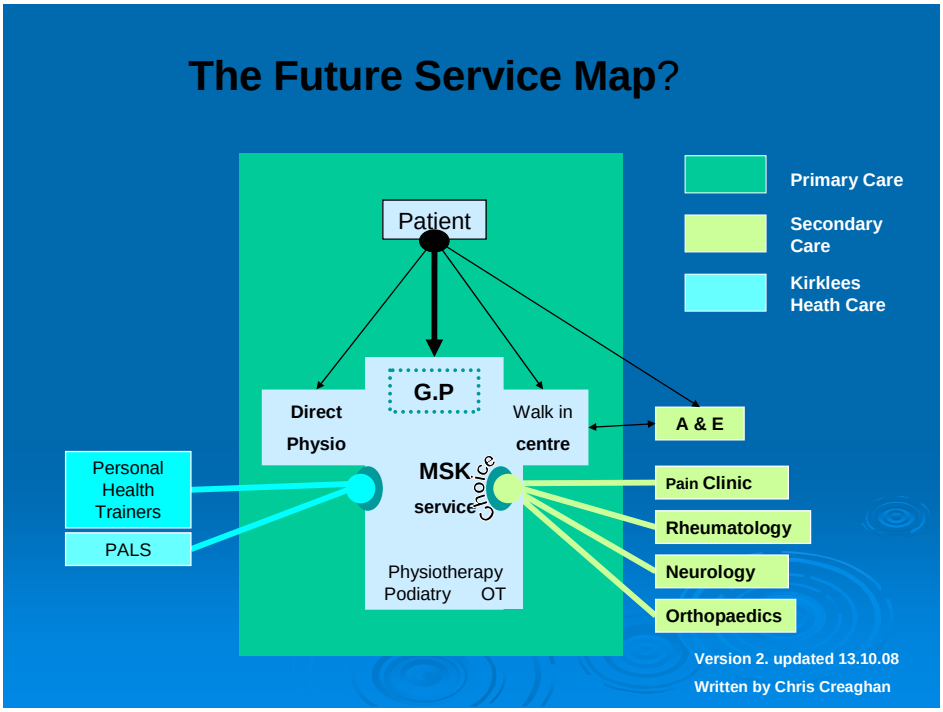


Fig 6 Slide from the Dewsbury MSK Service presentation.

5.32 Currently 70% of patients receive definitive care within the MSK service. Therefore the majority of cases are dealt with in-house and are successful. Patients receive shorter waiting times and receive injection

therapy, exercise and advice quickly. However not all cases are straightforward and the MSK service is faced with difficult circumstances and complex cases when secondary care is required.

5.33 These different cases could relate to the following:

- Out of area referrals
- In-house referrals to the MSK Orthopaedic Consultant
- Direct referral for surgery from extended scope physiotherapists(ESP)

5.34 Each of the case studies below highlights examples of the above three areas.

5.35 <u>Case Study 1 – The out of area patient (Unsuccessful)</u>

In May 2008 a referral is sent from GP to MSK service.

In June 2008 an initial assessment by the MSK service results in:

Mr 'out of area' reports a long history of knee pain, describing one particular trauma in his knee which was forced into a hyper extended position during a sporting activity. A continuation of problems, mainly locking and pain has seen the patient under the care of the orthopaedic consultant at hospital.

Under this care, Mr 'out of area' describes procedures and how the consultant mentioned abnormalities. Two months of self rehabilitation has seen an end to the locking but more recently a clicking has developed along with pain and instability.

The patient receives a clinical examination. Whilst the good knee is lax, the other knee permits movement. The clicking and anterior knee crepitus is considered abnormal for a patient in his late 20's and he has been referred back to the Orthopaedic Consultant.

In September 2008 a letter received appears to state that the patient's care has been referred into the private sector where they plan to provide MRI and surgery in a South Yorkshire hospital. The patient has previously undergone knee surgery by the Orthopaedic Consultant at Dewsbury and has expressed a preference to be seen there again.

In November 2008 a letter was received into the MSK service informing them of the patient's consultation, MRI and surgical procedure and discharge all of which took place in South Yorkshire.

Concerns

- The surgery took place 168 days from referral (24 weeks).
- The surgery took place in a locality not requested by the patient.
- There were no arrangements for follow-up for physiotherapy.

- The patient expressed displeasure at receiving his care out of area.
- There were problems for the patient in terms of transportation after surgery as he was unable to drive.
- The 18 week breach that the patient suffered was not a failing of the MSK service yet the NHS was held accountable.

Questions

- If this patient requires future surgery (which is likely) who will provide this continuity of care?
- Will the orthopaedic consultant at Dewsbury be expected to take over the patient's care, given that there are no mechanisms in place to transfer notes and MRI/surgical images from South Yorkshire Private Care into NHS Dewsbury Hospital.

5.36 <u>Case Study 2 - The In-house referral patient (Successful)</u>

In early June 2008 the patient attended for an initial assessment at the MSK service.

Mr 'in-house referral' reported a 2 month history of intermittent episodes of a locking knee. On separate occasions he had visited accident and emergency because he had been unable to straighten his knee. He reports that he can still work and weight-bear through the leg but is unable to straighten the leg fully.

On clinical assessment there are signs of quadriceps disuse atrophy and pain. All other tests present unremarkable, however some findings are challenged due to the patient's anxiety regarding the onset of knee pain. There is however enough clarity within the subjective account to suspect meniscal loose body and therefore the patient is referred to the Orthopaedic Consultant within the MSK service.

In late June 2008 the patient is reviewed in the MSK service by the Orthopaedic Consultant – the patient is consented for surgery within the MSK service and directly listed onto the Orthopaedic Consultant's surgical list.

In October 2008 the patient attended for surgery at Dewsbury District Hospital, a total of 16 weeks from the initial assessment. 14 weeks of this wait was from Mid Yorkshire Hospitals awaiting surgical intervention.

5.37 <u>Case Study 3 – The directly listed patient (Successful)</u>

In early July 2008 a referral was received into the MSK service.

Mr 'direct listing' reports the onset of pain approximately 6 weeks prior to assessment. His symptoms were constant but aggravated by increased activity and throughout the night he would experience broken sleep. His job entails repetitive use of the hands.

In early August 2008 the patient attended for an initial assessment in the MSK service resulting in 'in house' nerve conduction studies. On examination there was no swelling or redness evident, although the subjective history and pattern of symptoms correlated with median nerve compression in the carpel tunnel. The decision was made to carry out additional studies on the same day as the assessment. These results were emailed to a neurophysiologist for reporting via a secure server.

In Mid August 2008 the results confirmed carpal tunnel syndrome. The following day the patient was contacted by telephone to discuss the results and a plan of care was made. A decision was made to refer the patient to the Boothroyd Day Centre to direct list the patient for carpal tunnel release.

In November 2008 the patient had surgery.

The whole procedure from initial assessment was carried out within 14 weeks; 12 weeks of this wait was from the Mid Yorkshire Hospitals surgical intervention.

5.38 Each of the situations above highlights the different routes patients take when coming into the Dewsbury MSK service. Case study 2 and 3 show the MSK service can improve patient access to surgical definitive care and also highlights how future developments of the MSK Service in Dewsbury or similar services across Kirklees have the potential to deliver a quality of care with equitable access across the whole of Kirklees within potentially short timescale.

5.39 The panel were impressed by the thorough diagnostic and treatment of conditions which were taken by the team and would welcome the creation of similar services across Kirklees.

5.40 The Moorfield Acute MSK service of Kirklees Community Health Services

5.41 The Moorfield Pain Clinic is a pain referral clinic based at Crosland Moor. Approximately 6 years ago a group of GPs felt that orthopaedic workloads should be appropriately identified differently.

5.42 Dr Buckle was asked to establish a Musculo-skeletal service to accept referrals from 6 of the GP Practices in South Kirklees. The service started with soft tissue problems before opening up the service to cover referrals from across Huddersfield. Following recruitment of additional staff to support Dr Buckle, the service began taking referrals from all GPs.

5.43 The Moorfield Service deals with patients that can be diagnosed and dealt with quickly. The service receives patients who have soft tissue, ligament and orthopaedic issues which aren't yet suitable for surgery. However the service doesn't see patients under the age of 18 or patients with particularly strenuous conditions.

5.44 Whilst the service isn't a pain referral clinic it is an acute MSK service that deals mainly with acute pain. Dr Buckle doesn't deal with chronic pain patients (pain present for more than six months) and a large cohort of the conditions he sees are acute in nature. The service receives around 160 referrals a month. Although they aren't all new patients, the service is able to stop patients needing secondary care and can often cure the pain all together. At present between 40-60% of all pain problems that are seen by the service can be resolved.

5.45 The Moorfield process has the potential to make pain pathways simpler. Typically pathways into secondary care see stumbling blocks around waiting times. However a process like Moorfield uses could mean patient who see physiotherapists who are aware of options, pain relief, pain management programmes or require surgery would be able to direct them down the relevant care pathway. This would not only make the pathway simpler but would aid the patients' experience. The physiotherapists would also be able to provide a more holistic approach in terms of referrals to other services such as PALs.

5.46 PALS

5.47 Practice Activity and Leisure Scheme (PALS) is a partnership between NHS Kirklees, Kirklees Council, Culture and Leisure and the Kirklees Active Leisure Trust.

5.48 The aim of PALS is to encourage more people to become more active more often with the view of improving health and wellbeing and the quality of life. The service tries to target people who are active for less than 30 minutes a day, especially inactive individuals who are at risk of developing certain health conditions.

5.49 The PALS service is for a number of different people with different conditions, the list of criteria is as follows:

- A – Low self esteem, mild anxiety and/or depression
- B – At risk of/have Coronary Heart Disease
- C – Hypertension
- D – Asthma and other respiratory problems
- **E – Joint pain, back pain, arthritis or similar**
- F – At risk of/have diabetes
- G – Stroke
- H – BMI >25 i.e. weight control problem
- I – Fallen/at risk of falling
- **J – Chronic/persistent pain (pain lasting more than six months)**
- K – Pregnancy (North Kirklees midwife referral only)

Criteria E and J being specific to patients with acute and chronic pain.

5.50 Referrals to PALS are made by primary healthcare teams or other healthcare specialists. A Physical Activity Development Officer will

complete an active lifestyle evaluation with the participant, following this an introduction is made to the facilities and concepts of PALS.

5.51 People are introduced to a 10 week personalised activity programme which will identify barriers and find the best way forward for that individual. After 10 weeks of this personalised activity programme the individual will return for an activity lifestyle review; this cycle is then repeated at weeks 15 and weeks 20, the final stage being a 'moving on' review.

5.52 These appointments are person centred allowing individuals to make choices about what they want to achieve and setting their own goals. The appointment assesses current activity levels through physical assessments that measure fitness and health status. This information helps to create a personalised activity plan, designed according to need.

5.53 There are 175 weekly activities available through the PALS service across Kirklees. The diagram below outlines some of these areas:

Fig 7 Slide from PALs Presentation.

5.54 Whilst these activities are good for many health conditions there are a number of specialist activities for particular conditions for patients with acute and chronic pain. These include 'Look after your back' and REVIVE. (See 5.57)

5.55 PALS have introduced persistent/chronic pain as new criteria into the PALS service. This was created because of emerging evidence about physical activity and pain. Health Professionals also identified the need and the lack of appropriate provision linked to care pathways for pain. It was also evident that physical activity and exercises needed to

be different for patients with chronic pain. There are unhelpful beliefs that pain and increased activity make persistent pain worse. However a paced gradual increase in physical activity actually increases fitness and lessens pain in the long term.

5.56 Potential referral routes into the PALS pain services usually come from the Primary Health care teams, the practice nurse, GPs, physiotherapist and pain specialists and the acute service. The PALS inclusion and exclusion criteria for pain include the following:

Inclusion

- Patients with a history of pain and decreased activity/mobility
- Patients who are able to get to and from sessions independently or with a carer

Exclusion

- Patients with a serious flare up of their condition – delay referral until condition stabilises.
- Patients who would require manual handling by the staff involved with PALS

5.57 RELAX is a specialist activity which is water based and is available at pools across Kirklees for individuals with health conditions. The water in the sessions has been increased from 29° up to 31.5° increasing the benefits to patients with pain.

REVIVE is a programme aimed at improving and sustaining fitness for those with chronic pain. The sessions are about pacing skills and are the pace is controlled by the individual. The sessions are 45 minutes long designed to build confidence, via a paced, gradual increase in movement, gain stamina and flexibility. It has regular breaks with relaxation to allow unfit tissues to recover and unwind. It involves the following activities:

Revive:

- Stretching
- Core Stability
- Relaxation
- Pacing
- Balance
- Core Stability
- Mobility
- Patient Led

5.58 The benefits in physical activity are that it strengthens muscles, joints and bones and prevents stiffness; it can also help sleep problems and reduce tiredness. In some instances, exercise focuses attention away from the pain and improves moods, like depression. It improves flexibility and enhances mobility helping patients to maintain independence and well being, become more socially active and generally making life easier.

5.59 A user of the PALS service stated the following:

"I feel so much better since I started PALS – it's given me a whole new lease of life. Everyone is so friendly and there's plenty of help from other PALS and the PALS team. I'm much more flexible and have less pain in my joints – it really has been a lifesaver for me."

5.60 Literature and Self Help Information

5.61 Throughout the panel's investigations the panel heard from patients about the need to have information available in order to help them self manage their conditions. The panel heard from Dr Cole that there was a wealth of information available at libraries across Kirklees including the 'Books on Prescription' initiative. More recently the 'Help yourself to better health' service is being offered by the NHS Kirklees in partnership with the Kirklees Culture and Leisure Services and is a follow up to Books on Prescription.

5.62 'Help yourself to better health' allows health professionals to signpost patients to good quality resources. The results of allowing patients to read and make themselves knowledgeable about their long term conditions gives people more confidence and control empowering them to live more independently.

5.63 All of the books in libraries are of good quality and have been approved by NHS Kirklees with input from health professionals ensuring patients that they are reading well regarded sources of information.

5.64 The books cover a wide range of health conditions with many of them concentrating on Cognitive Behavioural Therapy (CBT) approaches to self care. NHS Kirklees funded 15,000 health books and there are 169 different titles. 10 of these are specific to pain and include:

Author	**Title**
Mike Hage	Back Pain Book, Self help guide for daily relief of neck & low back pain
Neville Shone	Coping Successfully with Pain
David S Butler	Explained Pain spiral bound
Jon Kabat-Zinn	Full Catastrophe Living: How to Cope with Stress, Pain & Illness using Mindfulness Meditation
Arthritis Foundation	Guide to Good Living with Rheumatoid Arthritis
Frances Cole	Overcoming Chronic Pain
Robin McKenzie	Treat Your Own Back
Robin McKenzie	Treat Your Own Neck
Loic Burn	Treating Your Back and Neck Pain for Dummies
Jennifer Worrall	Understanding Arthritis & Rheumatism

5.65 The resources are available in all local libraries and also mobile libraries. The books can also be delivered to people who are unable to visit their local library through the Libraries' Home Service.

5.66 The information ranges from easy reading workbooks and structured step-by-step self help material. There is also a small number of CDs which are available in community languages such as Urdu, Punjabi and Gujerati and a number of interactive CD ROMs and spoken word CDs which contain health information in alternative formats.

5.67 The panel also learnt about 'The Pain Toolkit'[10]. This is a source of information for people that live with persistent pain. It is a simple booklet that aims to provide tips and support for people so that they can self manage their pain better. It was created by Peter Moore who had persistent pain, asthma and osteoarthritis and created the toolkit with help from friends, family and healthcare professionals from NHS Kirklees and Bradford Pain Rehabilitation Service.

5.68 The toolkit includes a useful list of websites and links to videos such as the British Pain society, links to the Expert Patient Programme, NHS Direct, the Practice Activity & Leisure Scheme.

5.69 The toolkit offers practical advice on:

- Accepting that you have persistent pain
- Building a support team
- Pacing
- Prioritising and planning days
- Setting goals and action plans
- Being patient with yourself
- Learning relaxation skills
- Exercise
- Keeping a diary and tracking progress
- Having a set-back plan
- The importance of team work
- Keeping it up.

5.70 Health Trainers

5.71 The role of health trainers is a key tool in addressing health inequalities. They provide a service to people with long term health conditions and their aim is to give personal support to the individual in order that they can become as independent as possible. The positive role of the Health Trainer in action was shown at the Pain Self Management Service, at Kirkburton Health Centre.

[10] Peter Moore The Pain Toolkit.

5.72 Health Trainers can help motivate patients to set their own achievable goals to improve their health, confidence and use personally set plans. They provide an invaluable role in supporting patients to carry out these plans in a paced way. They will signpost to other resources and services to ensure a person centred approach to the individual's needs. Health Trainers help; individuals find their own solutions to their problems by listening, empathising and sharing information to link them to helpful resources.

5.73 The Health Trainers are lay people trained specifically to help people work on their key issues related to long term health problems .They work across Batley, Dewsbury, Spen, Huddersfield and the Valleys, they work alongside the PCT's self care teams. The introduction of health trainers builds on other positive services provided by the PCT such as the Expert Patient Programme.

5.74 Expert Patient Programme

5.75 The Expert Patient Programme is a self-management programme which is run in the community by trained voluntary tutors who have persistent health conditions themselves, but who have been good at self managing their conditions. The tutors therefore already understand the consequences of living with long term conditions and how they can impact significantly on peoples' lives.

5.76 Sessions are run by two tutors who have previously attended an Expert Patient Programme. In order that they can become a tutor, volunteers have to attend a short training course and be assessed.

5.77 The courses usually run between 8 and 10 weeks and are aimed at anyone living with long-term health conditions or for people that care for others with long-term health conditions and who want to develop new skills in order to manage their conditions.

5.78 The programme allows people to meet with others and share similar experiences. The courses cover a wide range of self management skills, including:

- Symptom management
- Dealing with difficult emotions
- Problem solving
- Action planning

5.79 The programme also helps signpost people to the right resources and allows people to learn how best to work with health professionals in order to manage their long-term conditions.

5.80 For people that are unable to attend sessions the programme is also available online. It is available across north and south Kirklees at local venues, which are easily accessible

5.81 Referral into the programme is by either self referral (with expert patient leaflets being available in GP Practices, Health Centres and Community venues) or Health professionals can complete a referral form on behalf of the patient.

5.82 Physiotherapy

Whilst the panel did not gather evidence about the specific physiotherapy services available across Kirklees, the panel did gather a lot of information from patients and GPs that access to physiotherapy was poor and waiting times were very long.

5.83 However, the panel heard that once physiotherapy became available the treatment they received was extremely beneficial. The panel therefore acknowledges that the service is good but that the waiting times are excessive.

5.84 At present the waiting times for acute and chronic pain with the Trusts is within the 18 week target laid out in national guidance. Waiting times for acute pain are approximately 8 to 12 weeks and the trusts are working on reducing this further by increasing staffing and additional resources. However, patients that have complex spinal & other complex pain conditions will sometimes go beyond the 18 weeks often to 23 to 26 weeks.

5.85 Conclusions and Recommendations

5.86 The panel was very impressed with the range of pain management services available in Kirklees including the work of the Better Health Team, the Expert Patient Programme, the Kirkburton Pain Self Management Service, Kirkburton, for Three Valleys Commissioning Consortium, the Dewsbury Acute MSK Service and the Moorfield Acute MSK and PALs.

5.87 The panel felt there was a wealth of services and information available but that patients were unaware of them or were not always being signposted to them by health professionals. The panel would therefore welcome any work to improve access to advice, information and support for patients with MSK pain.

Recommendation: That there are schemes similar to the Pain Self Management Service, Kirkburton available in North Kirklees which are local and easily accessible.

Recommendation: That there is a re-launch of REVIVE and RELAX elements of the PALs service.

Recommendation: That referral time to physiotherapy for acute pain is as short as possible and there are more community based physiotherapy services available.

6.0 The Views of General Practitioners

6.1 The panel felt that any investigation into the management of pain should include views from the General Practitioners (GPs) from across Kirklees. This was carried out by attending the Three Valleys GP Forum and devising a questionnaire in partnership with the Director of Public Health, Dr Judith Hooper, the Clinical Lead for Pain, MSK and Rheumatology, Dr Frances Cole and Consultant in Public Health, Sarah Muckle.

6.2 Questionnaires were sent to 72 GP Practices across North and South Kirklees. 20 questionnaires were returned giving a return rate of 28%. For the purposes of analysis Kirklees has been split into 3 distinct areas: North Kirklees, Huddersfield Central and Huddersfield South.

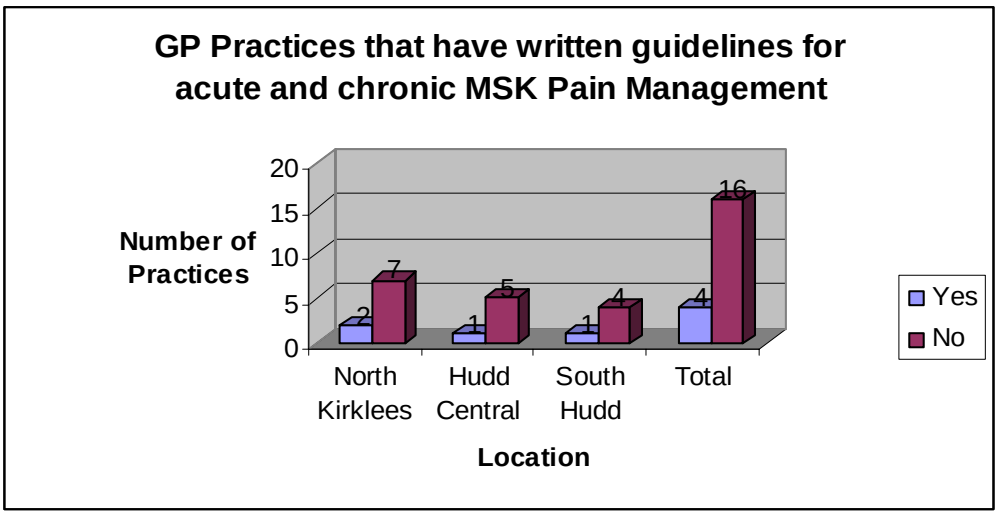
6.3 Each of the headings below relates to lines of enquiry of the questionnaire. The full questionnaire is available in the appendix at page 48.

6.4 Desired Pathways

6.5 GPs from the Three Valleys Forum highlighted that patients would normally receive treatment from the pain clinic or the new Pain Self Management Service at Kirkburton. It was felt by the GPs that holistic approaches and methods to help patients cope with their pain were the most desired approaches. GPs were also clear that they wanted to move towards these types of person centred services.

6.6 Assessment of acute and chronic pain

6.7 Question one of the questionnaire asked if the GP practices used written guidelines for managing acute and chronic musculoskeletal pain (MSK). Of the 20 GPs that responded, only 20% stated that they used written guidelines. Two of these GPs were from North Kirklees and 2 GPs were from South Kirklees.



6.8 Of the four GPs that said they used written guidelines there was no primary piece of guidance that took precedence over any other. The following is a list of guidance used over the last 12 months.

- The British Pain Society Guidelines
- The WHO's Pain Relief analgesic Ladder
- Conversion for opiate medication
- PH09 for the assessment of depression
- Guidelines on the use of non steroid acute inflammatory drugs.

6.9 Question two asked the GPs if they assessed the impact of the pain on the individual for both acute and chronic pain and if they did, how was this measured?

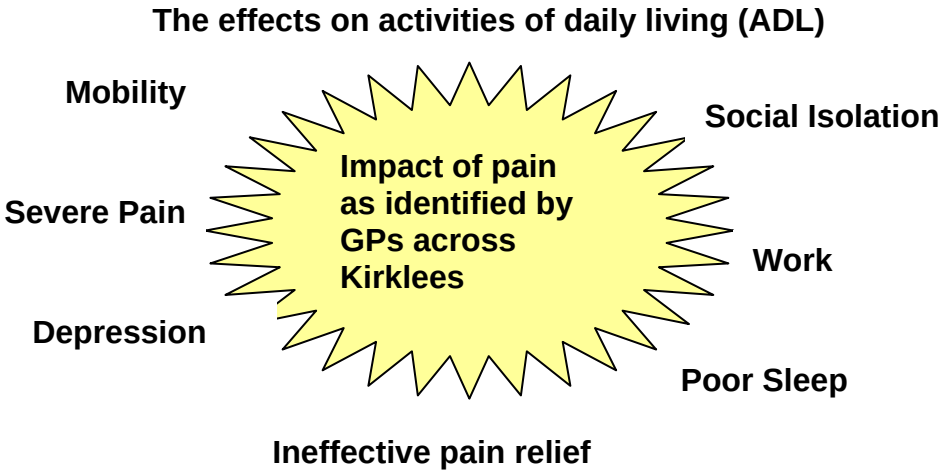
6.10 19 out of the 20 GPs stated that they did assess the impact of the pain on the individual. 1 GP had failed to complete this question. Whilst the responses were varied there were some familiar themes that emerged.

6.11 The GPs stated that they assessed pain by considering what impact it was having on the patient's activities of daily living (ADL). Some of the GPs stated that they would look at a patient's life patterns and then decide the course of action for improvement for that individual demonstrating the holistic approach taken by some GPs.

6.12 Some GPs spoke about the difficulties and pressures they face; stating that although they always try to assess patients they are perhaps not always as thorough as they could be, with another GP stating:

6.13 ***"I listen to them and question the patients as much as necessary within the time constraints that all GPs work under"***

6.14 Question three asked the GPs what in their experience were the most common problems or needs that patients report to them in terms of the impact the pain is having on their lives. The responses included:



6.15 The most common problems or needs that GPs state patients report as a result of pain across the whole of Kirklees are:

1. depression
2. the effect on work
3. the effect on activities of daily living and poor sleep.

6.16 Whilst the questionnaire only represented a small number of GPs from the three areas of Kirklees there are differences in what the GPs consider the top three problems in each of these areas including:

North Kirklees	Huddersfield Central	Huddersfield South
1. Work 2. Activities of Daily Living 3. Depression	1. Mobility 2. Activities of Daily Living 3. Sleep	1. Depression 2. Work 3. Sleep

6.17 Treatment Option used by GPs

6.18 The GPs were asked about their most used treatment options at both the Three Valleys GP Forum and in the questionnaire. The GPs at the forum stated that aside from acupuncture there was either the pain clinic or new pain self management service at Kirkburton Health Centre. They would refer to physiotherapy where possible but the waiting times for physiotherapy were long.

6.19 The questionnaire asked GPs to identify which treatment options they used most often for both acute MSK and chronic MSK pain. The options included:

a. Prescribing analgesics
b. Prescribing Strong Opioids
c. Physiotherapy
d. Kirklees Practice Activity Leisure Scheme (PALS)
e. Health Trainer/Expert Patient Programme
f. Self Help leaflets
g. Referral; to services (asked to give details)
h. other, (asked to explain)

6.20 Of the 20 questionnaires that were returned, 4 were incorrectly completed for this section. However of those remaining, 100% stated that they prescribed analgesics for people with acute pain; this reduced to 83% as a treatment option for managing chronic pain.

6.21 Only 1 GP in Central Huddersfield stated that they used strong opioids to treat acute pain, increasing to 4 GPs for treating chronic pain.

6.22 83% of GPs stated that they referred patients with acute pain to physiotherapy services, this decreased to 55% for patients with chronic pain. In North Kirklees and Huddersfield South 100% of GPs were referring to physiotherapy for acute pain.

6.23 Less than 1% of GPs stated that they used the Kirklees Practice Activity Leisure Scheme (PALS) as a treatment option for acute pain, although this increased to 61% for managing chronic pain.

6.24 None of the GPs said they used Health Trainers or the Expert Patient Programme as a treatment option for managing acute pain; this only increased to 0.05% for managing chronic pain with 1 GP in Huddersfield South stating that they used the service.

6.25 55% of the GPs stated that they used self help leaflets as a treatment method for providing patients with information for acute pain. This decreased to 33% as a treatment method for managing chronic pain.

6.26 The GPs were asked to give details of any treatments/services they refer into as an option for managing acute and chronic pain. Only 4 GPs referred to other treatment options for acute pain. 3 out of the 4 were from Central Huddersfield and the referrals included: the Acute Musculoskeletal Service at Moorfield, the MSK Service based at Dewsbury Health Centre and other relevant hospital speciality services.

6.27 This percentage increased to 72% for referrals to other treatments for managing chronic pain and included the following: the pain self management service at, the Dewsbury MSK Service, MSK service in hospital settings and referral to orthopaedics, rheumatology and cognitive behavioural therapy (CBT).

6.28 The GPs from the Three Valleys Forum had stated that the majority of practices had found the Better Health at Work initiative had worked well and had been successful. The GPs stated that the sympathy of employers towards their employees (who had pain) would depend heavily on the organisation and the type of work involved.

6.29 The GPs were asked if there were any further treatment options that they used which they hadn't already mentioned. These treatments included; Heat or Cold Therapy, In house TENS or Acupuncture, or reassurance that a natural resolution to the pain would occur.

6.30

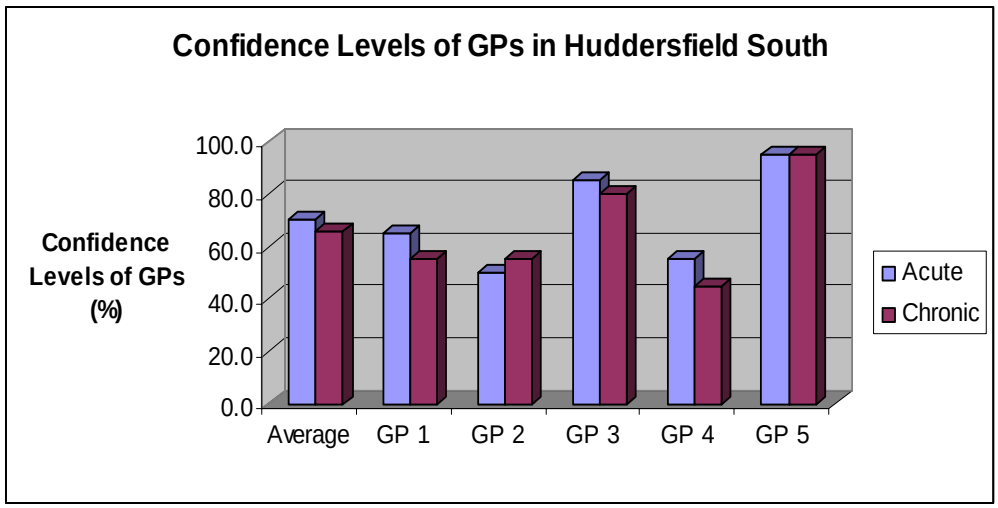
The three **most** used treatment options by GPs for managing acute and chronic pain.	
ACUTE	CHRONIC
• Prescribing Analgesics • Physiotherapy • Self Help leaflets	• Prescribing Analgesics • Referral to other treatments • PALs

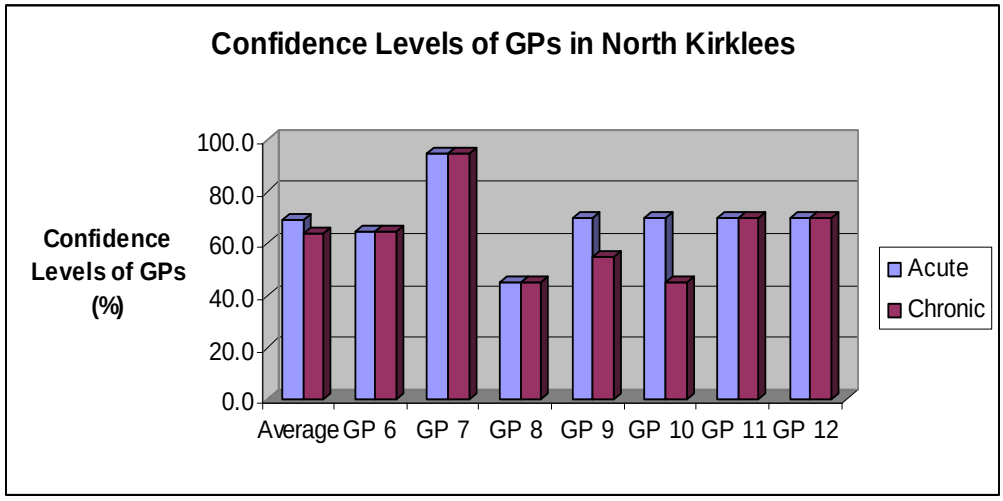
The three **least** used treatment options by GPs for managing acute and chronic pain.	
ACUTE	CHRONIC
• Health Trainers/Expert Patient Programme • PALS • Prescribing strong Opioids	• Health Trainers/Expert Patient Programme • Prescribing strong Opioids • Self help leaflets

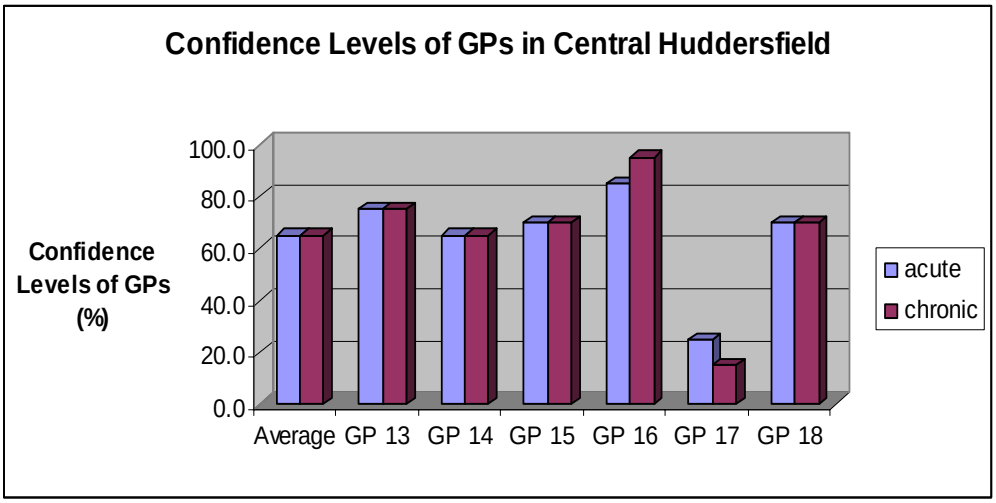
6.31 Confidence of GPs

6.32 Question four asked how confident GPs were in managing acute and chronic pain. The GPs were asked to place a cross on a line to indicate where they felt their confidence level was on a scale of 1 to 10.

6.33 Whilst it is difficult to put an accurate value on a cross placed on a line, the graphs below highlight as a percentage the confidence level from each of the three GP practice areas as best as is possible.







6.34 Confidence in managing acute pain

6.35 In Central Huddersfield one of the GPs rated their confidence level for managing acute pain to be 25%. The highest confidence level was 95% by a GP in Huddersfield South. The average confidence levels in Huddersfield South were 70% followed by 69% in North Kirklees and 65% in Central Huddersfield giving an average confidence level of 68%.

6.36 Confidence in managing chronic pain

GPs felt slightly less confident about managing chronic pain with the average confidence level dropping slightly to 65%. The lowest confidence level was 15%, the highest 95%. The average confidence level in North Kirklees had dropped to 64%, in Huddersfield South confidence had dropped to 66% and the confidence level had dropped to 65% in Central Huddersfield.

6.37 Patient Awareness of Treatments

Question 6 asked the GPs to state what treatment options they believed their patients were aware of for managing acute and chronic pain.

6.38 Across Kirklees 94% of the GPs felt that patients were aware of prescribing of analgesics as a treatment option for managing acute pain. This reduced slightly to 88% for managing chronic pain. In North Kirklees and Huddersfield South all the GPs surveyed believed that patients were aware of analgesics for managing chronic pain.

6.39 Just 33% of GPs believed patients were aware of the use of prescribing Strong Opioids for managing acute pain; this increased to 44% for the management of chronic pain.

6.40 88% of the GPs believed that patients were aware of physiotherapy as an option for managing acute pain; this increased to 94% for awareness of patients when managing chronic pain. It should be noted

that only 55% of the GPs stated that they referred to physiotherapy for chronic pain.

6.41 Only 27% of GPs believed patients were aware of the PALs service for managing acute pain; this increased to 39% for awareness of treatments for chronic pain. None of the GPs in Huddersfield South believed that any of their patients were aware of the PALs scheme.

6.42 Less than 1% of the GPs surveyed believed that patients were aware of the role of Health Trainers and the Expert Patient Programme. This doesn't match with the evidence gathered from patients that the panel spoke to throughout the investigation. It is also a concern since the Health Trainers and Expert Patient Programme have been found to be highly effective and well regarded by the patients that have used them.

6.43 44% of the GPs felt that patients were aware of the use of self help leaflets for the management of acute pain; increasing to 50% for managing chronic pain.

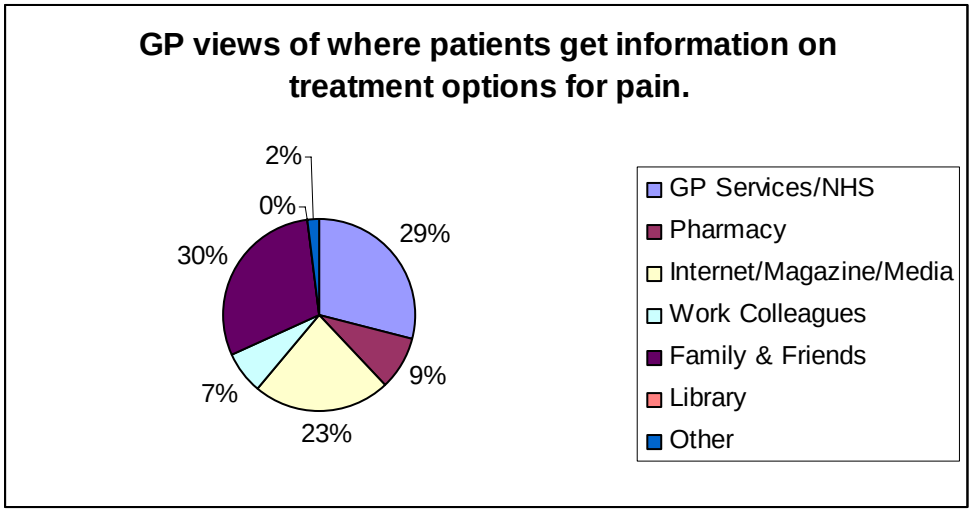
6.44

Treatment options that GPs feel Patients are **most** aware of for managing acute and chronic pain.	
ACUTE	CHRONIC
• Prescribing Analgesics • Physiotherapy • Self Help leaflets	• Physiotherapy • Prescribing Analgesics • Referral to other services

Treatment options that GPs feel Patients are **least** aware of for managing acute and chronic pain.	
ACUTE	CHRONIC
• Health Trainers/Expert Patient Programme • PAL • Prescribing Strong Opioids	• Health Trainers/ Expert Patient Programme. • PALs • Self help leaflets

6.45 Information on Pain

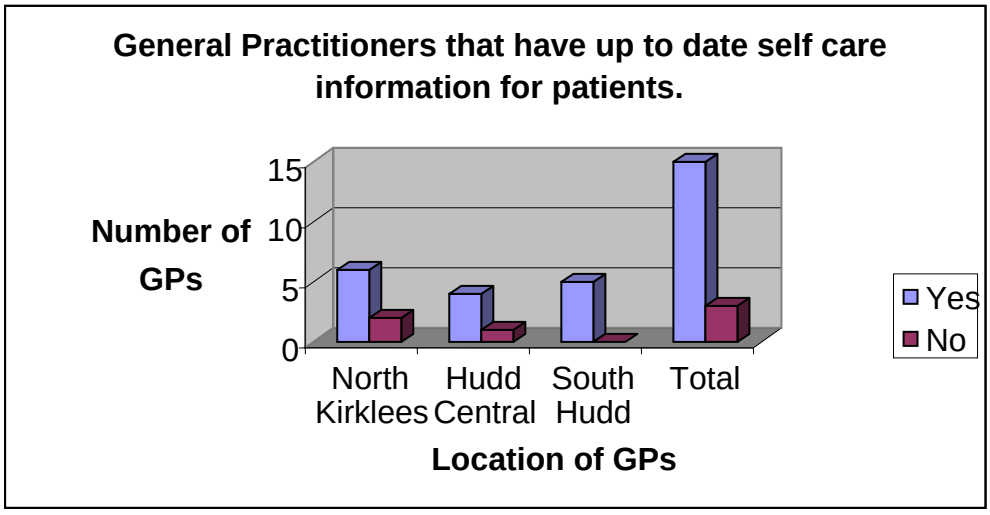
6.46 Question 7 of the questionnaire asked the GPs how they believed patients got information about possible treatment options for pain. The diagram below shows the sources of information the GPs were asked to choose from and also the percentage of GPs that highlighted a particular source of information.



6.47 30% of GPs surveyed felt that most patients would get their information from their family and friends, followed by GP or NHS services at 29% and then the internet, media and magazines at 23%.

6.48 9% of GPs felt patients got information from pharmacies and 7% from work colleagues. None of the GPs believed patients got information from libraries. This is a concern considering that there is a wealth of information in libraries, including self help material. It also implies that GPs wouldn't be referring patients to libraries as a possible source of information to help manage acute and chronic pain.

6.49 Question 8 asked if GPs felt they had up to date self care information to share with their patients for managing both acute and chronic pain. The diagram below shows the numbers of those GPs that have up to date information. Of the 18 GPs that responded to this question, 15 of them said that they did and 3 that they did not.



6.50 The GPs were then asked to identify the types of self care information that they regularly use. The following table identifies the range of self care information used by GPs for both acute and chronic pain:

Acute	Chronic
• NHS Provider, Patient Information Leaflets • Arc Leaflets • Information from patient.co.uk • Information on heat and cold applications • Physiotherapy handouts.(funded by the NHS) • X-Rays • Exercise and self care information for shoulder, knee neck and back injuries. • Print off from EMIS PCS Web Mentor • Acute Trust leaflets on back, knee and neck injury.	• NHS Provider, Patient Information Leaflets • Arc Leaflets • Information from patient.co.uk • Exercise and self care for lower back problems. . • Print off from EMIS • Physiotherapy Department booklets.

6.51 Health Inequalities and Gaps in Service Provision

6.52 Question 9 asked the GPs to state what they felt were the top three significant factors that would result in someone having acute and chronic MSK pain and to give an explanation as to why this would be the case. The list of options from which the GPs could choose from included:

a. Gender
b. Type of Work
c. Level of Income
d. Age
e. Housing
f. Other disease
g. Mental ill health
h. Ethnicity
i. Family history
j. Other

6.53 The top three factors identified by the GPs across Kirklees were:

Acute	Chronic
1. Type of Work (e.g. manual, repetitive work) 2. Age (young) 3. Gender (male)	1. Age (elderly) 2. Other diseases and type of work. 3. Income and Mental Health

6.54 The factors that GPs believe affect people having acute and chronic pain varied by GP practice, although the 'type of work' was the top factor in all areas for acute pain. All the GPs stated that heavy lifting, manual work, and work that was repetitive in nature, were the main causes of acute pain, particularly in men.

6.55 In North Kirklees GPs felt that older men had increased acute pain problems and that older people close to retirement or patients with osteoarthritis were more likely to have chronic pain problems. Female patients were more prone to have chronic pain due to them living longer, whilst men with manual jobs and younger males who were involved in sporting activities would have acute pain problems. A patient's income was also highlighted as a factor to affect acute pain and similarly long term unemployment was considered to impact on chronic pain conditions.

6.56 In Huddersfield Central similar themes emerged, with the type of work and being of a working age affecting whether someone would have acute pain. 'Other diseases' was a factor highlighted as having an impact on chronic pain including rheumatoid and neurological conditions.

6.57 In Huddersfield South sporting activities were identified as having an impact on acute pain, although obesity and someone who is inactive was also identified as having an impact on chronic pain. Depression was highlighted as affecting the onset of chronic pain. Specialists however recognise that pain is both a cause of depression and a result of depression, therefore being interchangeable.

6.58 Question 10 asked the GPs to identify if they felt that certain groups of people found it more difficult to access treatments and services for MSK pain. Overall GPs felt that certain groups of people do find it harder to get access to services although the groups identified by GPs varied across Kirklees.

6.59 In North Kirklees it was stated that patients that work find it difficult to access physiotherapy at times which are convenient. The elderly were also identified as finding it hard to travel to physiotherapy appointments, although there was a lack of clarity on which areas of Kirklees this referred to.

6.60 In Huddersfield Central access to physiotherapy was highlighted as an area of concern for younger people who may not have time to attend sessions. Barriers to being able to access services included being on a low income or being a non-English speaker. GPs in this area also stated that men generally don't access the services and treatments available to them.

6.61 In Huddersfield South, the elderly and those who were housebound and in severe pain were highlighted as not accessing services available to them.

6.62 GPs from both the GP Forum and those that returned questionnaires stated there were large gaps in physiotherapy service with excessive waiting lists of about 2 months for both acute and chronic pain.

6.63 GPs suggested that whilst patients don't find hospital services adverse (receiving treatment and follow-up), they don't get looked at holistically. Some of the GPs at the GP Forum were concerned that the majority of the patients would end up on medications as the only option.

6.64 GPs at the Forum made reference to the elderly who have lost their independence and who don't like being dependant on relatives and friends to do every day tasks. The GPs felt there was a lack of knowledge about what was available to help the elderly and that pain impacts on a greater number of social issues with the elderly.

6.65 GPs from the Forum stated that manual workers presented to them a lot more. This was reaffirmed by the results from the questionnaire. The GPs spoke highly of the Better Health at Work initiative which had worked well in the majority of GP Practices to alleviate the strains of small and medium businesses whose employees are affected by pain.

6.66 Question 11 asked the GPs if there were any gaps in support and service for people with either acute or chronic pain. The following quotes are a selection of the concerns from across Kirklees for both acute and chronic pain.

GP Comments on support and service for patients with acute pain.

"Patchy Physiotherapy"

"Poor access to Physiotherapy"

"There is a need for an efficient physiotherapy service"

"The availability of co-ordinated physiotherapy services is poor"

"[There are] Long waiting times."

"The self-management service to physiotherapy scheme is excellent giving patients' choice"

"[There are] Long NHS waiting times"

"[There is] a lack of acute services."

GP Comments on support service for patients with chronic pain.

"[There are] delays in occupational health assessments at home."

"Pain management choices don't relieve pain"

"Group therapy for chronic osteoarthritis would help via physio-departments"

"[there needs to be] better access to pain clinics for chronic back pain"

"the time between referral and service is too long"

"[There is a] lack of specialist for pain management, patients with flare-ups have little access to specialist advice."

"Very excessive waiting time for [the] pain clinic"

"Chronic pain self management [at Kirkburton] is proving very good, but has it the capacity?"

6.67 Conclusions and Recommendations

6.68 It would be incorrect to make generalisations from the low response rate and, as with many surveys, questions are sometimes misinterpreted or filled in inaccurately reducing the reliability and validity of the information gathered. However, it should be noted that there have been some familiar themes that have emerged from the information gathered from the GPs; notably that many of the GPs would like to move towards more person centred approaches in managing both acute and chronic pain.

6.69 The panel were concerned however that there is no primary piece of guidance used in the management of acute and chronic pain. The panel were also concerned that the least used treatment options and the treatment options that GPs felt patients were least aware of, were Health Trainers, the Expert Patient Programme and the PALs service. This was a particular concern considering the positive contributions that the patients themselves believed these treatments offered when the patients spoke with the panel.

Recommendation: It is essential that there is on-going, educational and professional development for GPs and other health professionals that are involved in pain management, in order to increase their knowledge of self management options available for patients.

Recommendation: That there is more emphasis placed on pain and pain management in the content of undergraduate and postgraduate courses for health professionals.

7.0 Final Conclusions

7.1 The panel felt an important step in improving the management of pain and pain services in Kirklees would require the need to improve the standards in education, training and knowledge of pain management among health professionals. The panel heard that currently undergraduate medical students in England receive approximately 4 hours of training specific to pain. The panel believes that addressing this and increasing health professionals training and knowledge would greatly benefit patients.

7.2 Service users and patients that the panel spoke with highlighted that it was important for health care professionals and general practitioners to be able to effectively listen and clearly understand their concerns. In order to do this effectively it was felt imperative that health professionals have a wide range of knowledge and experience about pain and pain management services and resources.

7.3 The panel learnt that the person centered models of care as evidenced at the Pain Self Management Service at Kirkburton Health centre would require a multi-disciplinary team/process which should include health care practitioners with specialist pain skills. The patients that the panel spoke with welcomed the opportunity to have access to more doctors, nurses, physiotherapists and health trainers skilled in specialist pain management skills in both primary and other health care settings.

7.4 The panel agreed with the view that there should be early and on going professional education which focuses on appropriate pathways of care, pain management techniques and knowledge of how and when to refer people to specialists.

7.5 The panel was extremely impressed by the wide range of services and resources that were available in Kirklees such as PALs, the Expert Patient Programme and the work of the Better Health at Work Team. The panel also felt that the wealth of self management books was an invaluable tool to help patients self manage. The panel were however, concerned that a large number of patients were still unaware of these services/resources and that most GPs were not always actively signposting their patients to them.

7.6 The panel would therefore welcome any work to improve access to advice, information and support for both patients and their families, in order that people can better understand their conditions and are able to make informed decisions about any management and treatment options available to them.

7.7 Pain management programmes allow patients to address the physical, emotional, social and psychological aspects of living with pain and can actively improve the quality of life for patients living with pain. The individuals the panel spoke to; who had been involved in these management programmes, stated that they had been given hope and

had been able to make progress in managing their conditions. Members of the Expert Patient Programme were also able to help others with similar conditions.

7.8 The panel also heard that employers have an important role to play in supporting employees with chronic pain to return back to work. The panel was particularly impressed with the work of the Better Health at Work Team in supporting employers and GPs to work together, to produce a plan of action and find the best solution for employees to return to work.

8.0 Panel Recommendations

8.1 1.) Based on evidence presented through the panel's review, the panel recommends that there is a need to have consistent pain services across Kirklees that are based on person centred and holistic approaches to pain management and which are easily accessible and community based rather than in hospital based settings.

2.) The panel felt that there was a variety of very good information and services available for people with MSK pain but patients were not always aware of them or only became aware of them when their conditions had deteriorated. Therefore the panel recommends that a targeted piece of work needs to be carried out to make patients more aware of all treatment options for pain, in order that they can make better choices in managing their pain.

3) The panel also recommends that there is a re-launch of the enhanced PALs service to reflect the addition of criteria J for chronic/persistent and the RELAX and REVIVE services.

4.) The panel was impressed with the services and initiatives available for people with pain, particularly the current pain self-management pilot in the Kirkburton Health Centre. The panel recommends that there are further similar schemes developed in north Kirklees which are local to people and that can be easily accessed.

5.) Based on the evidence presented to the panel and findings from the questionnaire analysis, the panel recommends that it is essential that there is ongoing, educational and professional development for GPs and other health professionals that are involved in pain management, in order to increase their knowledge of self management options available for patients.

6.) The panel also felt there should be more emphasis placed on pain and pain management in the content of both undergraduate and post graduate courses for health professionals.

7.) The panel heard evidence that whilst physiotherapy is a good service when it becomes available, waiting times for the service are

long. The waiting times for referral to acute and chronic physiotherapy are currently in line with the 18 week guidelines and the panel welcomed that the Trusts were working to reduce these further by putting extra resources in place. The panel would like to recommend that referral to physiotherapy for acute pain is as short as possible and that there should be more community based physiotherapy services available.

Glossary

Acute Pain	Pain that comes on quickly and usually lasts a short time. Acute pain can range from mild to severe and is often caused by an injury or sudden illness Acute pain is usually resolved when the underlying problem is treated. If acute pain is not properly treated, it can develop into chronic pain.
Acute Trust	An NHS organisation which provides hospital services. Acute trusts may include one or more hospitals.
Analgesics	A drug used to eliminate pain.
Anterior Knee Crepitus	Anterior knee crepitus is not a specific disease, but refers to pain experienced around the front part of the knee, and which may arise from any of several conditions. The term crepitus is used to describe a crunching sensation as the knee bends back and forth.
Carpel Tunnel Syndrome	A medical condition characterised by pain, numbness, etc. in the wrist, palm, fingers, and thumb, usually caused by repetitive hand movement, which swells the tissue surrounding the nerve in a tunnel-like passage in the wrist.
Chronic Pain	Chronic pain is pain that persists for an extended period time despite treatment of its underlying cause. It can be a result of a long-term illness, such as arthritis, or a lingering result of an injury.
Cognitive Behavioural Therapy (CBT)	is the term for a number of therapies that are designed to help solve problems in people's lives, such as anxiety, depression, and post-traumatic stress disorder. CBT was developed from two earlier types of psychotherapy: • Cognitive therapy, designed to change people's thoughts, beliefs, attitudes and expectations and • Behavioural therapy (also called behaviourism, designed to change how people acted
Hypertension	High blood pressure.
Local Public Service Agreements and Local Area Agreements (LPSA and LAA)	Local Area Agreements (LAAs) and Local Public Service Agreements (LPSAs) are policies created by the Office of the Deputy Prime Minister. LPSAs began in 2001and LAAs followed in 2004. LPSAs and LAAs aim to improve local public service delivery, by providing a new framework for the relationship between central and local government.

Magnetic Resonance Imaging (MRI)	A medical imaging technique most commonly used in radiology to visualise the internal structure and function of the body.
Neurology	A medical speciality that deals with the disorders of the nervous system including the brain, spine and nerves.
Opioids	A group of drugs that are prescribed to manage severe pain.
Orthopaedics	The branch of surgery concerned with disorders of the bones and joints.
Osteoarthritis	Chronic Inflammation of the joints causing pain and stiffness.
Pathology	The branch of medicine that studies diseases.
Primary Care	A term used for the activity of a health care provider who acts as a first point of consultation for all patients.
Rheumatology	The branch of medicine dealing with the study and treatment of pathologies of the muscles or tendons or joints.
Secondary Care	A service provided by medical specialists who generally do not have first contact with patients. Secondary care is usually delivered in hospitals or clinics and patients have usually been referred to secondary care by their primary care provider.
Transcutaneous electrical nerve stimulation (TENs)	A technique used to relieve pain in an injured or diseased part of the body in which electrodes applied to the skin deliver intermittent stimulation to surface nerves and block the transmission of pain signals.

Acknowledgement and Thanks

The Health Inequalities Scrutiny Panel would like to thank the following people for their valuable contribution to the review.

Dr Judith Hooper – The Director of Public Health, NHS Kirklees.

Dr Frances Cole – Clinical Lead for MSK Pain. General Practitioner and Cognitive Behaviour Therapist.

Sarah Muckle – Consultant in Public Health, NHS Kirklees.

Liz Pengelly – Pathway Redesign Programme Manager for Strategic Development (Adults), NHS Kirklees.

Jim Barwick - Assistant Director for Commissioning and Strategic Development (Adults), NHS Kirklees.

Chris Creaghan - MSK Practitioner, Kirklees Community Health Service.

Gillian Waterhouse - Service Manager for the MSK Service Team at Dewsbury Health Centre, Kirklees Community Health Service.

Marylin Horton - Patient Advice and Liaison Service Manager, NHS Kirklees

Dr Jamie Buckle – Acute MSK Service at Moorfields, Kirklees Community Health Service.

Margaret Durkin – Environmental Health Manager, Kirklees Council.

Stewart Horn – Better Health at Work Manager, Kirklees Council.

Helen Smith – Employee Healthcare Manager, Kirklees Council.

Alison Morby – Physical Activity Development Manager, Kirklees Council.

Juliet Jackson – Operation Manager (Adults & Older People), Kirklees Council.

Marc Hampshire – Physical Activity Development Officer, Kirklees Council.

The panel would like to give a special thanks to the expert patients that attended the focus group session and to all the staff and patients at the Pain Self Management Service for their warm welcome and openness to share information and experiences.

Finally the panel would like to thank the GP Forum for allowing Scrutiny Panel members to attend their meeting and to gather views on pain management and to all GPs that took part in the GP questionnaire.

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Kirklees Primary Care Trust 2008 *Pain Self Management Service Info sheet*

Peter Moore *The Pain Toolkit.*

Appendix

The Health Inequalities Scrutiny Panel Questionnaire into Pain Management in Kirklees

The Health Inequalities Scrutiny Panel have decided to look more closely at the issue of pain management in Kirklees, following a presentation from the Director of Public Health on the findings of the Joint Strategic Needs Assessment in 2008. The panel has chosen to concentrate specifically on musculoskeletal pain, both acute and chronic.

The panel will be gathering information and views from a wide range of services and individuals. The Scrutiny Panel would appreciate evidence from GPs and would value their help in completing this survey.

All information shared is strictly **confidential**.

Q1) Does your practice use written guidelines for acute and chronic musculoskeletal pain management? (Please provide a copy of the Practice Guidelines, if possible)

Yes ☐ No ☐

If yes, please give details of the **three** most frequently used guidelines in the last 12 months:

1.

2.

3.

Q2) In the patients you see with either acute or chronic musculoskeletal pain, do you assess the impact of the pain on the individual?

Yes ☐ No ☐

If yes, please give details how you assess the impact;

Q3) In your experience what is the impact of such pain on the patients you see? List the **three** most common problems or needs patients report as a result of their pain.

1.

2.

3.

Q4) How confident are you in managing musculoskeletal pain presenting by your patients.

Please put a cross **X** to mark your confidence levels

	Not Confident 0%	Totally confident 100%
a. Acute MSK pain	_____	
b. Chronic MSK pain	_____	
c. NIDDM	_____	
d. Hypertension	_____	

Q5) In managing acute and chronic musculoskeletal pain, please **tick** the **three** options you use most often.

	Acute MSK pain	Chronic MSK pain
a. Prescribe analgesics	☐	☐
b. Prescribe Strong Opioids	☐	☐
c. Physiotherapy	☐	☐
d. Kirklees Practice Activity Leisure Scheme (PALS)	☐	☐
e. Health Trainers/Expert Patient Programme	☐	☐
f. Self Help leaflets	☐	☐
g. Referral; to what service/s (give details)	☐	☐
h. Other, please explain	☐	☐

Q6) From your experience, which treatment options are your patients generally aware of?

	Acute MSK pain		Chronic MSK pain	
	Aware	Not aware	Aware	Not aware
a. Prescribe analgesics	☐	☐	☐	☐
b. Prescribe Strong Opioids	☐	☐	☐	☐
c. Physiotherapy	☐	☐	☐	☐
d. Kirklees Practice Activity Leisure Scheme (PALS)	☐	☐	☐	☐
e. Health Trainers/Expert Patient Programme	☐	☐	☐	☐
f. Self Help leaflets	☐	☐	☐	☐
g. Referral; to what service/s (give details)	☐	☐	☐	☐
h. Other, please explain	☐	☐	☐	☐

Q7) How do you think patients usually get information about treatment options?

Tick the **three** most common sources you are aware of?

a. GP services/NHS services ☐
b. Pharmacy ☐
c. Internet/media /magazines etc ☐
d. Family/friends ☐
e. Work colleagues ☐
f. Library ☐
g. Other please explain ☐

Q8) Do you have up to date self care information to share with your patients on managing acute and chronic musculoskeletal pain?

Yes ☐ No ☐

If yes, can you state what type of information you regularly use for?
a. Acute musculoskeletal pain

b. Chronic musculoskeletal pain

Q9) From your experience of your practice population, tick the **three** most significant factors resulting in someone having acute or chronic musculoskeletal pain?

		Can you explain further e.g. men or women
Acute MSK pain		
a. Gender	☐	.....
b. Type of work	☐	.....
c. Level of income	☐	.....
d. Age	☐	.....
e. Housing	☐	.....
f. Other diseases	☐	.....
g. Mental ill health	☐	.....
h. Ethnicity	☐	.....
i. Family history	☐	.....
j. Other	☐	.....

		Can you explain further e.g. men or women
Chronic MSK pain		
a. Gender	☐	.....
b. Type of work	☐	.....
c. Level of income	☐	.....
d. Age	☐	.....
e. Housing	☐	.....
f. Other diseases	☐	.....
g. Mental ill health	☐	.....
h. Ethnicity	☐	.....
i. Family history	☐	.....
j. Other	☐	.....

Q10) In terms of accessing treatment and services for musculoskeletal pain do you think certain groups of people find it more difficult?

Yes ☐ No ☐
(If yes, please explain who and why)

Q11) Are you aware of any gaps in the support and services for people with acute and chronic musculoskeletal pain that cause you any concern?

a. Acute musculoskeletal pain Yes ☐ No ☐
If yes, please give details below:

b. Chronic musculoskeletal pain Yes ☐ No ☐
If yes, please give details below:

Q12) As a GP, how many patients have you referred to pain management specialists in the last 12 months (exclude orthopaedic or rheumatology specialists)?

a. None ☐
b. <5 ☐
c. 6-15 ☐
d. 16+ ☐

Thank you for your help in completing the survey. Tick the box if you would like a copy of the Scrutiny Panel's report

☐

Please complete and return your questionnaire in the envelope provided no later than Friday 27th March 2009 to:

Beth Hewitt
Scrutiny Officer
The Scrutiny and Governance Office
First Floor
Civic 3
Huddersfield, HD1 2TG

If you have any questions please contact Beth Hewitt on 01484 2218or Sarah Muckle, Consultant Public Health Consultant, NHS Kirklees on 07903 372613 or e-mail sarah.muckle@kirklees.nhs.uk

Name of panel : Health Inequalities Scrutiny Panel				
Recommendation	Responsibility	Proposed Actions and by who	Target Date	Progress
• The panel recommends that it is essential that there is ongoing educational and professional development for GPs and other health professionals that are involved in pain management in order to increase knowledge of self management options available for patients.	Pain Health Improvement Team (HIT) University of Huddersfield The Dean of Human and Health Sciences	The Pain HIT will carry out a training needs analysis. The University is in a position to respond to this through forming a multi-disciplinary group with clinical, research and educational expertise to lead on the development.	to start October 2009	
• The panel recommend that there is more emphasis placed on pain and pain management in the content of undergraduate and postgraduate courses for health professionals.	University of Huddersfield The Dean of Human and Health Sciences	The University can and does offer a range of multi professional continuing professional development courses that includes pain management. Courses could be developed to respond to this recommendation.	Ongoing	

• The panel recommend that referral time to physiotherapy for acute pain is as short as possible and that there are more community based physiotherapy services available.	Pain HIT University of Huddersfield The Dean of Human and Health Sciences	To make recommendations as part of pathway development. Training of Physiotherapists to be multi-skilled with regard to bio-psychosocial pain management issue could be provided at Huddersfield.	Ongoing	
• The panel recommends that there is a need to have consistent pain services across Kirklees that are based on person centred and holistic approaches to pain management and which are easily accessible and community based rather than in hospital settings.	Pain HIT University of Hudderfield The Dean of Human and Health Sciences	Draft pathway for chronic pain has been developed and is currently in consultation with providers. Implementation of the programme management plan to address the recommendations. There is potential for a Holistic Clinic Model to be replicated.	Dec 09 Ongoing	

• The panel recommends that there is a targeted piece of work carried out to make patients more aware of all the treatment options available for MSK pain in order that patients can make better choices when managing their pain.	Pain HIT University of Huddersfield The Dean of Human and Health Sciences	A consultation will be carried out with the patient's reference group to take forward this recommendation. University could develop bespoke activities to address this recommendation – Through use of Service User and Carer Forums.	TBA	
• The panel recommends that there are schemes similar to the Kirkburton Self Management Service available in North Kirklees which are local and accessible.	Pain HIT	The pain HIT will evaluate the current service at Kirkburton and enter negotiations with local providers	TBA	

• The panel recommends that there is a re-launch of the enhanced PALs service, specifically RELAX and REVIVE.	Juliet Jackson & Marc Hampshire	The PALs Service has already commenced a re-launch to emphasise the new criteria J in conjunction with Dr Frances Cole. PALs are continuing to work with Kirklees Active Leisure (KAL) in promoting RELAX and warm water swims for Criteria J patients – Any promotion of Criteria J would be dependant on the capacity of the service to respond to increased demand. A Physical Activity Development Officer with responsibility for pain is actively contacting patients who meet Criteria J.	Ongoing	

HEALTH INEQUALITIES SCRUTINY PANEL – PAIN MANAGEMENT REPORT

Response from the University of Huddersfield
School of Human and Health Sciences

The School of Human and Health Sciences has been asked to comment upon the Scrutiny Panel report on pain management within Kirklees. We welcome the opportunity to comment, and draw the panel's attention to the areas where consultancy, bespoke training or our current provision could help in addressing some of the issues raised. Responses are included *in italics* below.

The panel have made a number of recommendations including that:

1) The panel recommends that it is essential that there is ongoing educational and professional development for GPs and other health professionals that are involved in pain management in order to increase knowledge of self management options available for patients.

Fully supported: the University is in a position to respond to this and could form a multi-disciplinary group with clinical, research and educational expertise to lead on development.

2) The panel recommend that there is more emphasis placed on pain and pain management in the content of undergraduate and postgraduate courses for health professionals.

Fully supported: clearly this is a national issue, but from a local perspective we can and do offer a range of multi professional Continuing Professional Development courses that includes pain management and is responsive to local need. This can be developed to respond to the recommendations with little difficulty and would be an opportunity to integrate our education courses with current thinking.

3) The panel recommend that referral time to physiotherapy for acute pain is as short as possible and that there are more community based physiotherapy services available.

Fully supported: however this is not the usual priority for physiotherapy so for it to make a difference it needs the Physiotherapists and others to be multi-skilled with regard to bio-psychosocial pain management issues - this could be provided at Huddersfield

4) The panel recommends that there is a need to have consistent pain services across Kirklees that are based on person centred and holistic approaches to pain management and which are easily accessible and community based rather than in hospital settings.

Fully supported: but to note that improved acute services would also reduce chronic pain management needs. Also to note that the report places relative little emphasis on the sort of self help and alternative therapies that can be accessed directly by the public without the 'gate keeping' function of GPs. Bearing in mind the findings of your survey with regard to GPs knowledge, time and ability in this area such services clearly have an important role to play. Our suite of courses already includes a Foundation Degree in Holistic Therapies at our campus in Barnsley. This is an example of a very successful intervention; not only a popular and well subscribed course but also the clinic which the students run offers a very well received service to people within the locality. This is a model that could be replicated.

5) The panel recommends that there is a targeted piece of work carried out to make patients more aware of all the treatment options available for MSK pain in order that patients can make better choices when managing their pain.

Fully supported: we could easily develop bespoke activities to address this. In addition to our academic and clinical expertise we have a very robust Service User and Carer forum which could play a role in developing this area. You might also wish to access:

Tackling Musculoskeletal Problems
Citation: Kendall NAS, Burton AK, Main CJ, Watson PJ on behalf of the Flags Think-Tank. Tackling musculoskeletal problems: a guide for the clinic and workplace - identifying obstacles using the psychosocial flags framework. London, The Stationery Office, 2009

www.tsoshop.co.uk/flags

1. The panel recommends that there are schemes similar to the Kirkburton Self Management Service available in North Kirklees which are locally accessible.

2. The panel recommends that there is a re-launch of the enhanced PALs service specific to Aquamed and REVIVE.

We have no particular knowledge of these services beyond the report, but would support these recommendations on principle.

To summarise: you ask:

'Whether you accept the recommendation and any proposed timescale/action plan to implement those recommendations' and 'additional work may be required or additional budget provision necessary before you can give a definitive response, and an indication of when a final decision on whether to accept the recommendation can be expected and what actions will be carried out to reach that decision'.

In accepting the recommendations we could provide some of the CPD requirements within our current provision but a number of elements – for example patient education, would need to be costed against the specification you require.

Starting regionally would be possible, but a national competency framework linked to pre qualifying courses and post qualifying continued registration would be desirable. Areas we would expect it to include are:

1) *Working knowledge of pain theories*
2) *A theoretical understanding of nocioception/transduction*
3) *Appropriate/Inappropriate pain pathways*
4) *The assessment of pain*
5) *Visceral pain and red flags*
6) *The dimensions of pain related to long term conditions and cancers*
7) *The analgesic ladder including national algorisms for the continuity of a combined approach to pain management*
8) *Pharmacological modulation of pain*
9) *The pain team, function and responsibility*
10) *Alternative approaches/options to pain relief*

Report prepared on behalf of the School of Human and Heath Sciences by :

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Response from Cabinet Member for Adult Services

This is a good in-depth report which is well researched. I am very supportive of the response from the University which in the longer term will be a great improvement.

In the shorter term it is important to ensure that GP services are not only aware but actually act on the information about alternative treatments for pain relief and refer their patients on.

Pain is very debilitating in an otherwise well person, so relief by means other than medication can meet the well-being agenda.

Councillor Molly Walton
Cabinet Member for Adult Services