SPECIALISED SERVICES NATIONAL DEFINITIONS SET (2nd EDITION)

Specialised Pain Management Services (Adult) - Definition No. 31

Preface

36 specialised services are covered by the Specialised Services National Definitions Set (2nd edition).

The definitions were developed through national working groups (one for each service). Many clinicians, hospital managers, finance and information staff and commissioners were directly involved in working group meetings and many more provided comments during the consultation stages. Some of the definitions have been endorsed by the relevant national organisations.

The definitions identify the activity that should be regarded as specialised and therefore subject to collaborative commissioning arrangements. The definitions provide a helpful basis for service reviews and strategic planning and enable commissioners to establish a broad base-line position and make initial comparisons on activity and spend. It should be noted that, currently, many of the definitions have coding gaps and other information problems as well as a lack of agreed standard service currencies; further work is needed in these areas.

Production of the Specialised Services National Definitions Set is an iterative process. Over time new specialised services will be provided by the NHS whilst other services will become more commonplace and cease to be specialised.

Each definition is divided into two sections.

Section A provides descriptions of the various services covered. In most definitions, the existing pattern or model of service provision is described as well as the clinical service. Each definition includes a list of relevant national guidelines, such as DoH or Royal College of Publications, and identifies any national databases containing health outcomes information. Section A also includes sections on finance and information, examines the best way of identifying the relevant activity in information systems and acknowledges any coding gaps or difficulties. Most of the definitions include a recommended standard currency for the service (eg. banded bed days).

Section B includes specific issues considered to be important by the working group concerned. The views expressed in Section B are those of the particular working group and do not necessarily represent opinion within the DoH or the NHS. Resolving these issues is not within the remit of the definitions project.

It should be noted that the definitions are not service specifications nor do they prescribe service models or set service standards. Where national standards for a service already exist these may be referred to in the definition but specific decisions regarding the planning and procurement of a specialised service are matters for NHS commissioners themselves to address. Inclusion of a treatment or intervention in a definition should not be taken to mean that there is established evidence of clinical or cost effectiveness.

Comments and suggested improvements to the definitions are very welcome and can be sent to the email address: specialised.services.defins@doh.gsi.gov.uk

SECTION A

1. General Description

Specialised pain management services are services for patients with chronic pain, which may not be provided in all local general hospitals, or be present in the same centre. The services include:

- specialised referral centre facility
- advanced pain management techniques in adult palliative care
- assessment and management of patients with complex intractable non malignant pain
- neuromodulatory techniques
- neurodestructive techniques
- drug delivery systems
- intensive inter-disciplinary cognitive behavioural therapy

2. Rationale for the Service being included in the Specialised Services Definitions Set

The services require specialist clinical expertise which may be located in one or more hospitals (which may be a local general hospital or a teaching hospital, depending on local circumstances) and which provide a facility for other local hospitals to refer to and thus serve a number of neighbouring PCTs. There will be instances where a hospital has the expertise to deliver only one particular specialised treatment from the range included in specialised pain management services e.g. cognitive behavioural therapy or spinal cord stimulation. The specialised pain management services should be provided as part of a clinical network.

3. Links to Other Services on the Specialised Services Definitions Set

Due to the nature of the specialised pain management service, it has links to most of the other specialised services. The main service links are listed below:

No.1, Specialised Cancer Services (adult)

No.3, Specialised Services for Haemophilia and Other Related Bleeding Disorders (all ages)

No.4, Specialised Services for Women's Health (adult)

No.6, Specialised Spinal Services (all ages)

No.7, Complex Specialised Rehabilitation Services for Brain Injury and Complex Disability (adult)

No.8, Specialised Neurosciences Services (adult)

No.9, Specialised Burns Services (all ages)

No.10, Cystic Fibrosis Services (all ages)

No.13, Specialised Cardiology and Cardiac Surgery (adult)

No.14, HIV/AIDS Treatment and Care (all ages)

No.19, Specialised Services for Hepatology, Hepatobiliary and Pancreatic Surgery (adult)

No.22, Specialised Mental Health Services (adult)

No.23, Specialised Services for Children

No.26, Specialised Rheumatology Services (adult)

No.27, Specialised Endocrinology Services (adult)

No.30, Specialised Vascular Services (adult)

No.33, Specialised Colorectal Services (adult)

No.34, Specialised Orthopaedic Services (adult)

4. Detailed Description of Specialised Activity

Core services for pain management, based in local general hospitals and teaching hospitals serving their local population, support the specialised pain management services thus providing appropriate levels of service to meet patient needs in each locality. Ideally the services will be organised within a clinical network.

Some suggested guidelines for a core pain management service in a local general hospital and the additional requirements for a specialised pain management service are set out in the Appendix. These are based on The Provision of Pain Services, 1997 (Association of Anaesthetists of Great Britain & Ireland and The Pain Society) and Desirable Criteria for a Pain Management Programme, 1997 (The Pain Society).

Specialised pain management services in addition to having the core services for pain management, should also include the following, some or all of which will be provided in specialist centres. In some instances, a centre may possess the expertise to deliver only one particular specialised treatment. The detailed list of conditions and techniques is not exhaustive, but includes the main elements which should be classified as specialised services.

4.1 Specialist referral centre facility

The specialist pain management centre may act as a tertiary referral centre. A proportion of patients with chronic pain have problems that are beyond the diagnostic and therapeutic resources of the local general hospital pain clinic, whilst others may not respond to apparently appropriate treatment. These patients may need further

assessment and the greater diagnostic, therapeutic resources and time available at a specialist pain management centre. Assessment of such patients may take significantly longer than routinely expected.

4.2 Advanced pain management techniques in adult palliative care

Advanced pain management techniques in adult cancer pain include opioid infusion, drug delivery systems, drug weaning techniques, neuromodulatory techniques and neurodestructive procedures. Some of these techniques may be relatively 'low technology' but are performed fairly infrequently, and are therefore included as specialised services.

The service requires access to inpatient beds where an appropriate level of care can be provided to enable advanced pain management techniques to be undertaken e.g. spinal infusion of opioids. Appropriate supporting facilities and advanced imaging techniques such as computer tomography (CT) scanning for invasive procedures, and magnetic resonance imaging (MRI) are also required.

4.3 Assessment and management of patients with complex, intractable non-malignant pain

4.3.1 For the assessment and management of specific conditions, including intractable angina, complex neurological disease, spinal cord injury, brachial plexus injury, urogenital pain syndromes and pain in drug dependency, patients will be assessed in dedicated pain management clinics where they are supported by multi-disciplinary teams who have specific training and skills in this area.

4.3.2 With regard to the assessment of patients by the technique of Quantitative Sensory Testing (QST) and by diagnostic profiled drug infusions, QST will be used for describing the sensory abnormalities and also to monitor the effect of pain investigation infusions and of pain management interventions e.g. small fibre dysfunction.

4.4 Neuromodulatory techniques

Neuromodulatory techniques may include various types of peripheral, central and brain stimulation techniques. Examples include:

- peripheral nerve stimulation
- paravertebral nerve stimulation
- spinal cord stimulation
- deep brain stimulation
- thalamic stimulation
- motor cortex stimulation

Trial neuromodulation may sometimes be necessary before permanent implantation.

4.5 Neurodestructive techniques

A proportion of patients may benefit from neurodestructive techniques, e.g. dorsal route entry zone (DREZ) lesioning, cordotomy, and CT guided procedures,

particularly when conventional forms of pain control such as drug therapy are ineffective. These procedures require specialised imaging and post procedural care, which may not be available in every specialist centre. This service may require clinical input from other specialised services, e.g. neurosurgery.

4.6 Drug delivery systems

Drug delivery systems include implantable technologies; generally epidural and intrathecal drug delivery systems. Currently there is considerable geographical variation across the country in the use of these techniques.

4.7 Intensive inter-disciplinary cognitive behavioural therapy

Pain management programmes often utilise cognitive behavioural therapy (CBT). CBT is a core service delivered on an outpatient basis as standard within all pain clinics. However, a minority of patients are inappropriate for an outpatient programme of CBT and require intensive therapy over a three or four week period in a residential or inpatient setting. These patients are characterised by having high levels of pain-related depression and anxiety, high dependency on care providers and medicine, and a high level of disability.

In addition, the staff working in the specialist pain management multi-disciplinary teams also liaise and work with other mental health professionals. Some chronic pain patients will require additional individual psychological therapy, which requires referral to clinical psychology or liaison psychiatry services.

5. Recommended Units of Activity / Currency Measurement

Minimum data sets are available for inpatient activity, including diagnosis and procedure/operation codes. With regard to outpatient data, a minimum data set for outpatient attendances is available.

The recommended units of currency are:

- inpatient episodes (Finished Consultant Episodes)
- outpatient attendances
- ‘in hospital’ consultations provided to other specialties (to identify the substantial input given to patients who are under consultants in other specialties)

As with other specialised services there are difficulties in coding the difficult and complex cases of pain management which are referred from local hospitals to specialised services, as current codes do not identify the severity of the condition nor that the patient is receiving specialised treatment. In most instances more time is required from staff for these patients.

Patients attending hospitals either for an outpatient consultation or as an inpatient/day case are not only seen by medical staff. The delivery of the pain management service is dependent on the expertise of a multi-disciplinary team, and patients will see other members of the team including psychologists, nurses, occupational therapists and physiotherapists and in appropriate instances, it is possible for the consultant and other members of the team to follow up the patient by telephone, rather than

instigating a return outpatient attendance. This information cannot be captured at the present time.

Most, but not all inpatients with whom the pain service is involved will be under the care of a consultant in another specialty. Whilst they may receive a considerable amount of input from the specialist pain management team, it is unlikely that this, at present, is formally recorded. Only a few hospitals record this activity currently. Consequently the specialty clinical workload is under recorded.

The specialty codes for pain management (outpatients and hospital admissions) are currently being reviewed by the NHS Information Authority and will be completed by April 2003. Further work will be needed to identify the severity of some more common conditions, which constitute specialised pain management services.

6. Elements of Service / Guidance for Costing

Accurate, detailed costs are important. There is work currently being carried out on a national basis on Health Resource Groups (HRGs) for specialised palliative care services. For inpatient pain management procedures the use of HRGs should be considered, which should be banded by length of stay, and include the diagnostic and therapeutic procedures undertaken. For outpatient attendances the information needs to differentiate between a first outpatient attendance and follow up attendances, ensuring that the diagnostic and therapeutic procedures undertaken are included. It will be necessary for the details to be included in the specialty code of pain management to be finalised first, so that the detail can be utilised in the costing process.

7. Recommended National Standards, Guidelines, Protocols and References

- Provision of Pain Services, The Association of Anaesthetists of Great Britain and Ireland / The Pain Society, 1997

- Desirable Characteristics for Pain Treatment Facilities: Report of the IASP Taskforce. In: Proceedings of the VIth World Congress on Pain (Eds Bond MR, Charlton JE, Woolf CJ) Elsevier, Amsterdam, 1991

- Desirable Criteria for Pain Management Programmes. The Pain Society, 1997

- Anaesthesia Under Examination: The Efficiency and Effectiveness of Anaesthesia and Pain Relief Services in England and Wales, Audit Commission, 1997

- McQuay HJ, Moore RA, Eccleston C, Morley S and Williams A (1997). Systematic Review of Outpatient Services for Chronic Pain Control. Health Technology Assessment, 1(6) 1-137

- Criteria for Pain Management Units Seeking Approval from the Royal College of Anaesthetists for Sub-Specialty Training for Anaesthetists in Pain Management, The Royal College of Anaesthetists, 1999

- Eccleston C, Morley S, Williams A C de C, Yorke L, Mastroyannopoulou K. Systematic Review of Randomised Controlled Trials of Psychological Therapy for

Chronic Pain in Children and Adolescents, with a Subset Meta-Analysis of Pain Relief (In press)

- Morley S, Eccleston C, Williams, A C de C. Systematic Review and Meta-Analysis of Randomized Controlled Trials of Cognitive Behaviour Therapy for Chronic Pain in Adults, Excluding Headache. Pain 1999; 80: 1-13

- Elliott AM, Smith BH, Kay PI, Cairns Smith W and Chambers WA. The Epidemiology of Chronic Pain in the Community. The Lancet, 354 (1999) 1248-1252

- Services for Patients with Pain. Clinical Standards Advisory Group, Department of Health, 2000

- The Use of Drugs Beyond Licence in Palliative Care and Pain Management. A Position Statement on Behalf of the Association for Palliative Medicine and the Pain Society, 2002

SECTION B

Note: The views expressed in the following section are those of the Working Group and do not necessarily represent opinion in the Department of Health or the NHS.

8. Issues to be Noted Regarding this Service / Definition

8.1 There is a need for core pain management services to be developed in all local hospitals and in teaching hospitals providing a secondary care service to their populations, in addition to the development of specialised pain management services, so that appropriate services can be developed on a clinical network basis to meet the needs of local populations.

8.2 The Royal College of Anaesthetists (RCA) requires that tuition in pain management is included in every training scheme to a CCST (Certificate of Completion of Specialist Training) in Anaesthesia. This must be completed before accreditation is approved. In addition, the RCA has approved criteria for the advanced sub-specialty training of anaesthetists in pain management. There are College Regional Advisers for pain management in each Region. The RCA approves the job content of all consultant anaesthetist posts with an interest in pain management.

8.3 With regard to prescribing issues, complex pain problems may require the use of drugs outside the terms of their license. This is a particular problem for specialised pain centres which are unable to transfer prescribing responsibility to the patient’s PCT when the patient has become stable and no longer requires specialised care. Thus the centre continues with the cost of prescribing for the patient and this, in turn, may reduce the centre’s ability to offer specialised care to other patients within the catchment area.

Guidelines based on ‘Provision of Pain Services’, 1997 (The Association of Anaesthetists of Great Britain & Ireland/The Pain Society) and ‘Desirable Criteria for Pain Management Programmes’, 1997 (The Pain Society).

A. Guidelines for a ‘Core’ Non-Acute Pain Management Service in a Local General Hospital

Indicated below are guidelines for the establishment of a ‘core’ pain management service in a local general hospital. The numbers of WTE staff required would be dependent upon the size of the local population receiving the service and the workload.

Clinical Team

- 1 WTE medical consultant with training in chronic pain management supporting medical staff.
- 1WTE clinical psychologist
- 1WTE physiotherapist experienced in chronic pain management
- 2 WTE clinical nurse specialists
- 1 WTE office manager
- 2 WTE secretarial staff
- In addition, it may be desirable to access occupational therapy and social work input into the multi-disciplinary team.

Facilities

- Access to inpatient beds, day case facilities, including radiology department for invasive procedures, and outpatient clinic sessions
- Access to diagnostic imaging and laboratory services
- Office accommodation for the multidisciplinary team
- Departmental budget, including prescribing budget

B. Additional requirements for a specialised pain management service

Clinical Team

- Additional staff of all disciplines on a *pro rata* basis, depending on the size of the population served.

Facilities

- Additional access to all facilities listed under the local general hospital core services above, including dedicated access to imaging equipment, theatre sessions, and facilities which are appropriate for an inpatient pain management programme
- Access to regional services and specialised services listed under section 3
- Specialised equipment such as radiofrequency lesion generators and specialised equipment for neural blockade
- Budgets for:
  - disposable equipment
  - maintenance and replacement programme for other equipment
  - specialised implantable equipment, i.e. drug delivery systems and implantable simulating systems
  - higher prescribing costs consequent to specialised service needs