

Statewide Persistent **Pain**

Service Action Plan 2016–19



Persistent Pain Service Action Plan 2016–19

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A message from the Minister

It gives me great pleasure to deliver the *Statewide Persistent Pain Service Action Plan 2016–19*, a key 2015 election commitment of the incoming Palaszczuk Labor Government.

The desire to deliver on this election commitment and implement this plan was twofold.

Firstly, this action plan builds on the unprecedented commitment of the Queensland Government in the 2010–11 budget, when \$39.1 million was allocated to help sufferers of persistent pain.

This funding built on the existing service at the Royal Brisbane and Women’s Hospital (RBWH), while allowing for the staged implementation of a ‘hub and spoke’ persistent pain service network across Queensland.

Secondly, this plan establishes key support structures for Queensland’s persistent pain services, some of which were disbanded between 2012 and 2015.

The loss of this structure left Queensland’s fledgling persistent pain services unsupported, and without the clear and consistent statewide governance and vision required.

The seven-point Statewide Persistent Pain Service Action Plan 2016–19 aims to reduce the negative impact of persistent pain and its consequences on patients, carers, the community and the healthcare system in Queensland.

It also aims to restore the hope offered to persistent pain sufferers in 2010, when the Queensland Government first recognised persistent pain as a serious and debilitating disease in its own right.

The HON Cameron Dick MP

Minister for Health and
Minister for Ambulance Services

Executive summary

Persistent or chronic pain affects around one million Queenslanders including children, adolescents and adults.

This burgeoning public health issue continues to impact Queensland and by mid-century, the number of Queenslanders affected will have increased by more than 50 per cent.

Most persistent pain can be managed with medication, education and support in the primary care setting by General Practitioners (GPs), private allied health providers, nurses and complementary/alternative therapists.

However for complex cases, treatment is ideally provided in a hospital setting to improve access to a broad range of specialist clinicians.

Prior to 2010, sufferers of persistent pain in Queensland and Australia struggled for proper recognition of their condition among some in the medical fraternity, the general public, work colleagues, family and friends.

In 2010, two key events placed persistent pain firmly on the medical and political agendas in Queensland. A National Pain Strategy was proposed and the Queensland Government announced its \$39.1 million commitment to help sufferers of persistent pain.

This four-year investment allowed for the staged implementation of a hub and spoke persistent pain service network across Queensland, building on the only existing service at Brisbane's RBWH.

Between 2010 and 2012, a project team in the Department of Health assisted a Persistent Pain Statewide Steering Committee to oversee implementation of these services according to a draft Statewide Persistent Pain Health Services Strategy 2010–2015.

The Persistent Pain Statewide Steering Committee disbanded following the devolution of responsibilities, from Queensland Health to newly established Hospital and Health Services, in 2012–13.

This occurred prior to a formal evaluation of the new services and the draft persistent pain strategy. Existing services were left to operate independently without their models of care having been evaluated and any recommendations implemented.

Further, proposals to establish a new paediatric hub and two additional adult spoke services, recommended by stakeholders during a consultative process in 2008–09, were not progressed.

In July 2015, the new Queensland Government tasked the Clinical Excellence Division to engage with key stakeholders to identify opportunities and make evidence-based recommendations on actions required to improve on the existing approach.

These actions recognise that significant progress has been made in the diagnosis and treatment of persistent pain sufferers since 2010, both in Australia and overseas.

The 'hub and spoke' model implemented in Queensland from 2010, while appropriate at that time, has displayed limitations in practice.

In 2016, a more contemporary architecture is necessary to underpin effective, efficient and sustainable care for persistent pain sufferers and to build the capacity of public persistent pain services.

This plan recommends a new approach to service delivery with clearly defined scope, support for and geographic location of Persistent Pain Management Services (PPMSs).

Strategies to mitigate existing gaps, particularly access to multidisciplinary and specialist services, embed sustainability into services and to facilitate ongoing quality improvements are also identified.

Persistent pain explained

Persistent pain is constant daily pain for a period of three months or more in a six-month period and is often related to other illnesses. While many factors precipitate and maintain persistent pain, clear diagnoses and curative treatments can be difficult to identify.

Persistent pain is also found among cancer survivors and those who have had major surgery and can include musculoskeletal pain, headaches and recurrent abdominal pain. If left untreated, persistent pain can place significant pressure on a patient and their family, friends or support network.

People with persistent pain are at substantially increased risk of depression, anxiety, physical deconditioning, poor self-esteem, social isolation and relationship breakdown.

While general awareness remains low, persistent pain is becoming better understood and less stigmatised in recent years.



Background

There are currently six sites in Queensland providing dedicated pain management services—the RBWH, The Townsville Hospital (TTH), Nambour Hospital (NH), Princess Alexandra Hospital (PAH), Robina Hospital (RH) and the Lady Cilento Children’s Hospital (LCCH).

The RBWH PPMS was the only service of its kind in existence in 2010 when the staged implementation of persistent pain services across Queensland was announced.

The \$39.1 million commitment in the 2010–11 budget supported this pre-existing multidisciplinary service at the RBWH, while two other larger ‘hubs’ were also resourced at RH and TTH. Two smaller ‘spoke’ services were also resourced at NH and the PAH.

In 2015, the Queensland Government recognised that a small paediatric pain management service, established within Children’s Health Queensland’s existing funding envelope, required ongoing support to meet patient needs.

The necessity to establish a paediatric persistent pain management service had been established following stakeholder consultation in 2008–09.

In July 2015, the Palaszczuk Labor Government committed \$1.7 million to grow this service over three years. This included funding to support the outreach of paediatric persistent pain services to rural and regional Queensland between 2016 and 2018.

The demand for persistent pain care in Queensland continues to exceed existing service provision, despite increased delivery of services by clinicians in primary through tertiary care.

Current PPMSs lack capacity and resources to assess all individuals with persistent pain (estimated as 20% of the population), to provide ongoing comprehensive multidisciplinary care, and to solely manage individuals of all ages with persistent pain and other complex medical and mental health comorbidities.

General practice manages the bulk of persistent pain care in the community, often effectively and efficiently, and frequently supported by practice nurses and community allied health professionals.

However, general practice is critically under-resourced for the burden of persistent pain, and has very limited access to specialist persistent pain services for patients with more complex conditions.

As referrals for assessment and management of persistent pain increase, sustainability of services requires that output (discharges) match input (referrals), despite the incurability of much persistent pain.

The demand for persistent pain care in Queensland continues to exceed existing service provision, despite increased delivery of services by clinicians in primary through tertiary care.

Case study

LCCH pain service gets netballer back on her feet

Twelve-year-old Georgia was diagnosed with Complex Regional Pain Syndrome (CRPS) in her right foot after hurting her ankle in a netball fall earlier this year. She was in hospital for two weeks while a team of physiotherapists, occupational therapists and pain specialists supported her through a functional pain rehabilitation program, which enabled her to walk again. Georgia is now back home in Brisbane but still attends regular outpatient appointments with the rehab team as part of her ongoing recovery.

“At first, the pain was so bad even putting a cotton wool ball on my ankle was unbearable,” Georgia said. ‘It felt like someone was sticking a knife in my foot.’

Georgia’s mum Jeanine said she simply would not have improved without the hospital’s pain team: “They really turned her life around. We cannot thank the specialists and pain team enough for their care of Georgia.”



Feedback



Significant progress has been made since 2010 in the delivery of persistent pain management services in Queensland. Implementation of new services was based on the Statewide Persistent Pain Health Services Strategy 2010 Summary after stakeholder consultation in 2008–09 and implementation project steering committee feedback in 2010.

Focus groups of staff from the five existing PPMSs in 2015 reported that implementation, since 2010, had resulted in:

- improved regional access to services, with five PPMSs in 2015 rather than a single statewide service and limited local services in 2010
- decreased wait lists and wait times to see the PPMS pain medicine specialists, allied health and nursing staff who form the multidisciplinary team. However, GP and community awareness of improved access has resulted in a rapid increase in demand, again pressuring wait lists
- defined catchment areas, with all services continuing to treat patients external to their designated catchments, including northern NSW.

Feedback from stakeholders across the state also indicated that while existing PPMSs provide effective and essential services, the volume and range of services and providers remains insufficient to meet patient needs. Further, not all consumers are able to access appropriately trained, resourced and experienced clinicians or access available, affordable, safe and effective pain treatments.

There was also general agreement from stakeholders that the persistent pain service delivery model proposed in 2010 could be refined to further benefit patients. In practice, stakeholders found the current ‘hub and spoke’ model in Queensland could be clarified and made more efficient. A new statewide ‘network’ of services is required to replace the current concept for services, with clearer definition of the scope, support for, and geographic location of PPMSs, particularly where services cross HHSs or have large population catchments.

Efficiency would also be increased by improved operational guidelines and HHS understanding of the links between PPMSs, HHSs and community, and limitations on services that can be effectively provided from a distance.

Services to remote and regional areas remain inefficient, with unequal access to persistent pain services remaining a key issue. Many patients continue to travel long distances for services, have poor access to extended outpatient pain management programs and limited local resources to support discharge from specialist care. Some healthcare providers also travel long distances to provide outreach care.

There is also apparent over-reliance on the PPMSs in Queensland, as many HHSs only provide limited treatment options for individuals with persistent pain within their regions.

The demand for persistent pain care in Queensland continues to grow and as referrals for assessment and management of persistent pain increase, sustainability of services requires that output (discharges) match input (referrals), despite the incurability of much persistent pain. While GPs efficiently and effectively manage the bulk of persistent pain care in the community, they are under resourced for the burden of persistent pain. They also require improved access to specialist persistent pain services for more complex patients.



Actions to address current service gaps and issues

The Queensland Government has provided Queensland Health with the opportunity to re-evaluate and redirect the manner in which services are provided to a significant proportion of the population who suffer from persistent pain. These actions seize on this opportunity to develop a sustainable model of care embedding comprehensive clinical services, efficient systems, ongoing education, research and quality improvement. Each of the seven actions listed below addresses an existing service gap, issue or opportunity for improvement.

Improving the support network

Current PPMS services and the planned paediatric services require central support to: promote advocacy for PPMSs across the state; facilitate the maintenance and benchmarking of statewide and individual services; promote equity of patient access to centralised and local services; facilitate communications between HHSs; and address barriers to discharge. The ability to perform these functions remains unequal across Queensland, with significant gaps identified in HHS infrastructure to support persistent pain services and hospital clinical services.

Action 1

Implement a formal Persistent Pain Management Services Clinical Network within Queensland Health to provide expertise, direction and review of clinical services, education and research; to liaise with external bodies to facilitate development of a Clinical Services Capability Framework; and to work towards improvements in service delivery to patients with persistent pain in Queensland.

Developing future clinical service delivery

There is a high incidence of persistent pain in Queenslanders of all ages and an increasing demand for services by these patients. Despite increases in the delivery of services by clinicians in primary through tertiary care, the incidence of persistent pain continues to grow. The impact of persistent pain is significant, and there is currently no framework to guide clinical pain management services.

Stronger collaboration

A need exists for formal partnerships and collaboration with the primary healthcare sector, patient support services, and non-government organisations to promote coordinated and integrated care. Collaborative partnerships will increase service capacity, education and resources required to manage persistent pain in the community using a multidisciplinary rehabilitative focus of care rather than overreliance on analgesic medications.

Expanding access

There is unequal access to pain treatment services throughout Queensland, notably for outpatient services in regional, remote and rural Queensland. PPMSs experience difficulties discharging patients and referring patients for local care.

Action 2

Establish a Clinical Services Capability Framework for persistent pain management services to address current and future clinical needs; and, guide and support service delivery in Queensland.

Action 3

Develop a collaborative Queensland Persistent Pain Management Framework for the full sector involved in care of individuals with persistent pain, linking the proposed Persistent Pain Management Services Network to other Queensland Health and external bodies, including: mental health alcohol and other drug services; aged care; children's services; cancer care, palliative care, rehabilitation services, chronic disease services; Primary Health Networks; consumer support agencies; and, other NGOs.

Action 4

Locations without any PPMS in their HHS, or with the HHS PPMS a long distance from the location, should support PPMSs with local resources to facilitate referral and discharge planning; enable provision of pain management programs for remote and rural consumers; and to coordinate telehealth service with PPMSs. Ideally, these resources should consist of multidisciplinary allied health teams, nurse coordinators, and administrative support.

Paediatric persistent pain resourcing

Resources to support multidisciplinary paediatric persistent pain services with a network model based at LCCH are limited, with clinical expertise restricted to a core group of clinicians.

Persistent pain education

Clinician education and training are critical elements in all contemporary health services, and effective education strategies improve patient safety and health service performance, and support development of the future healthcare workforce. Pain medicine is a relatively new specialty, and requires targeted training to improve medication management, for both acute and persistent pain, the monitoring of medication misuse and dependency, and prescribing and administration practices in hospitals and primary care that place patients at potential risk. Patient education on all pain management modalities will also assist with improving the success of multidisciplinary pain care.

Research and data

Into the future, support for an increased focus on research, data collection and quality improvement is required to optimise clinical outcomes and embed financially sustainable practices. Benchmarking of clinical outcomes against other service providers should be supported.

Action 5

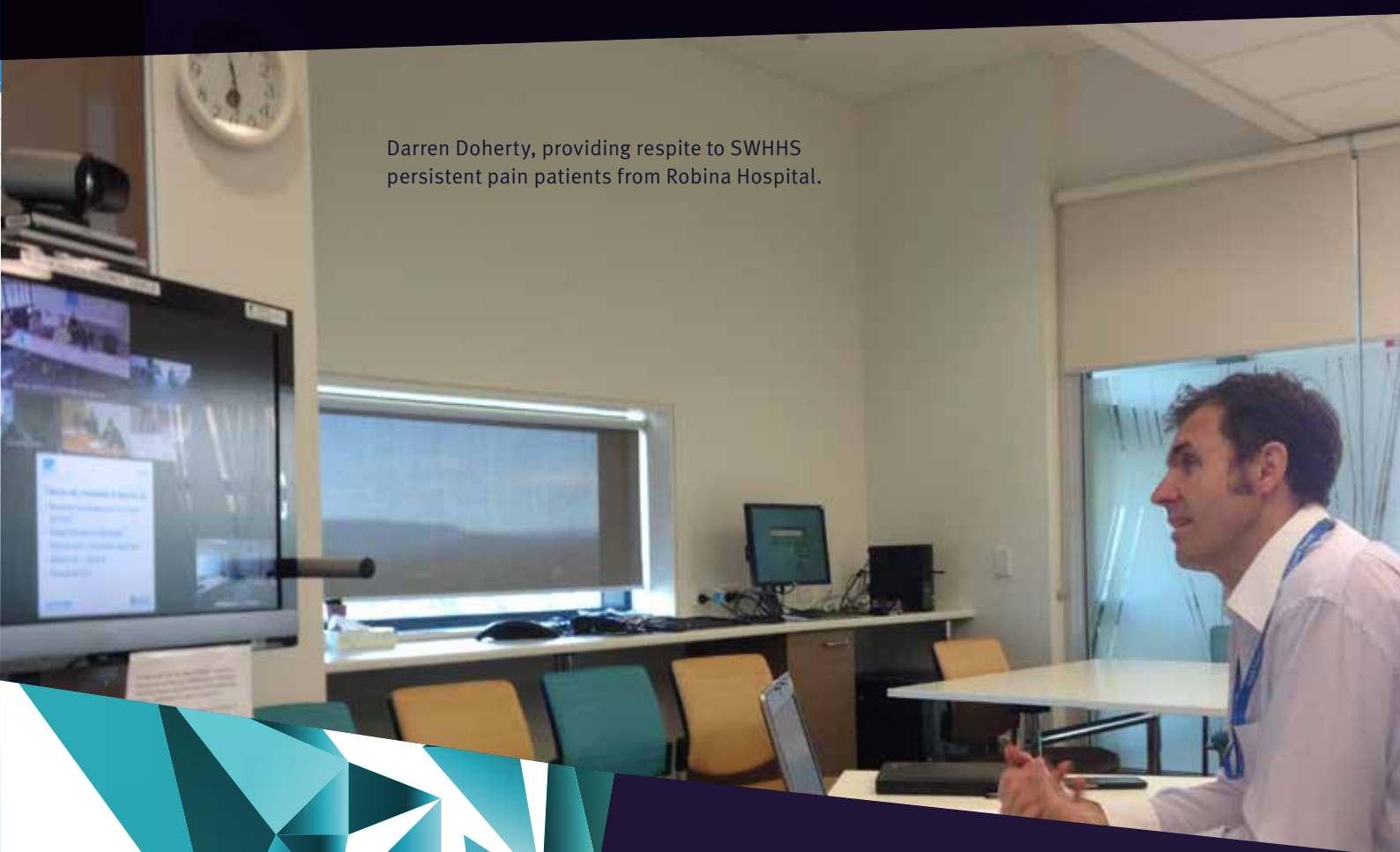
Multidisciplinary—service implementation at LCCH to work towards sustainability of urban, regional and rural children’s persistent pain services, including training for paediatric pain medicine physicians, nurses and allied health staff at the major centre and regional facilities.

Action 6

Educational needs to be addressed by collaboration with universities; junior hospital staff, allied health and nursing staff education; specialist colleges and other training bodies; and by establishment of centralised on-line educational resources for primary care providers, consumers and carers.

Action 7

Drive innovation and research in persistent pain management and address the quality of PPMS quantitative data issues.



Darren Doherty, providing respite to SWHHS persistent pain patients from Robina Hospital.

Case study

Manage your pain telehealth group (SWHHS)

Patients turning to the South West Hospital and Health Service (SWHHS) Manage Your Pain Telehealth Group say they have learnt to manage pain and improve quality of life during its first year of operation. The group links SWHHS centres by video-conference to the Gold Coast Inter-disciplinary Persistent Pain Centre (IPPC) at Robina Hospital for two-hour sessions over four weeks. Health professionals say positive feedback shows that there is merit in continuing pain management educational treatments through telehealth delivery.

St George Hospital Social Worker Heather Scriven said persistent pain doesn't go away, but our participants, including some with pain for more than 20 years, are learning how to manage it.

"Our feedback is that participants start to move forward after sharing their fears and management plans with others suffering persistent pain," Heather said.



Implementation

Queensland Health's Clinical Excellence Division will lead implementation of these actions for the Department of Health, in conjunction with HHSs, GPs and other primary care providers, persistent pain patients and other stakeholders.

Funding to implement the key action of this plan, that a formal Persistent Pain Management Services Clinical Network be established, has been identified by the Department of Health.

It is expected this network will be established and operational by end-2016 and that it will provide the expertise and strategic direction required to fully implement this plan.

Firm timeframes for delivering on these actions will be set by the network immediately following its inception.



Conclusion

The Statewide Persistent Pain Service Action Plan 2016–19 aims to improve the quality of life for Queenslanders suffering from persistent pain.

This action plan also signifies the second consecutive commitment of a Queensland Labor government to acknowledge and address the severity of persistent pain now and into the future.

Persistent pain sufferers in Queensland need no longer feel stigmatised or misunderstood. This condition now stands alongside obesity, diabetes and other health challenges facing our state in the 21st century.

This plan will help arm clinicians and then patients with the tools they require to actively self-manage their condition and reduce their disability. It will also tackle the growing demand with respect to multidisciplinary and specialist services.

A multidisciplinary and rehabilitative approach will be taken, with the majority of affected individuals to be managed in the community, with specialist support provided to GPs for complex cases.

Finally, between 2016 and 2019, this plan aims to reduce the negative impact of persistent pain and its consequences on patients, carers, the community and the healthcare system.

