

**NHS BOLTON CLINICAL COMMISSIONING GROUP  
Public Board Meeting**

**AGENDA ITEM NO:** .....11(i).....

**Date of Meeting:** .....26<sup>th</sup> January 2018.....

<b>TITLE OF REPORT:</b>	Pain Management Services – Performance Update and CCG Executive Recommendation	
<b>AUTHOR:</b>	Abigail Fox, Project Support Officer Jen Riley, Senior Commissioning Manager	
<b>PRESENTED BY:</b>	Melissa Laskey, Director of Service Transformation	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	<p>To provide the CCG Board with an update on service performance against Pain Management Service Specification Key Performance Indicators for Bolton FT and BMI Beaumont.</p> <p>To highlight BMI Beaumont areas of non-compliance against service specification, specifically relating to the lack of Clinical Psychology within the service model</p> <p>For Board to consider the recommendation from CCG Executive to decommission the BMI Pain Management service</p>	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver Year 2 of the Bolton Locality Plan.</b>	X
	<b>Ensure compliance with the NHS statutory duties and NHS Constitution.</b>	X
	<b>Deliver financial balance.</b>	
	<b>Regulatory Requirement.</b>	
<b>Standing Item.</b>		
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	Board to consider the endorsement of CCG Executive recommendation to decommission BMI Beaumont Pain Management service	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	CCG Executive	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	N/a	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	Patient views and feedback are sought as part of ongoing commissioning of services	

## **Pain Management Services – Performance Update January 2018**

### **1. Background**

NHS Bolton CCG commissions a pain management service from two Bolton based providers; Bolton NHS Foundation Trust (BFT) and the Beaumont Hospital (BMI). In November 2016 an update was shared with the CCG Board members on the newly commissioned Pain Management Services and the providers' performance against Key Performance Indicators (KPIs) as set out in the service specification. At this time the Board requested that a further update be provided in 12 months to provide assurances on the delivery of the new service model at both BFT and BMI.

### **2. Summary**

#### *2.1 Bolton NHS FT*

BFT implemented the service specification from 1<sup>st</sup> September 2016, and the service is achieving the KPIs as set out in the service specification. The Trust has continued to make improvements for the pain patient pathway which has been fully implemented over the past 12 months.

Bolton FT is providing the staffing model as detailed in the specification and the Pain Management team has identified that additional clinical psychology capacity may be required to support individual needs and the increasing complexity of patients requiring psychological support.

#### *2.2 BMI Beaumont*

BMI Beaumont implemented the service specification from 1<sup>st</sup> October 2016, including a new 12 week pain pathway. The service is non-compliant in 3 key areas (measured by Key Performance Indicators [KPIs]) as set out in Appendix A, namely:

- Multi-Disciplinary Team (MDT) approach, to include a Clinical Psychologist
- All patients to be provided with the opportunity to see a Clinical Psychologist where appropriate
- New to follow up ratio to be within the national average (currently 1:2)

#### Clinical Psychology

The Pain Management service specification was developed with the explicit intention of:

- Providing a biopsychosocial approach to Pain Management, supported by a comprehensive MDT, as outlined in national guidance and best practice
- Ensuring compliance with EUR policies
- Monitoring compliance with GMMMG formulary

As such, the mandatory inclusion of a Clinical Psychologist within the service specification was based on recognised best practice and national guidance.

The CCG has recently discovered that the BMI staffing model does not include a Clinical Psychologist. Until November 2017, BMI Beaumont was incorrectly reporting that they had a Clinical Psychologist within the MDT but it has since been identified that a psychotherapist is employed by the BMI Beaumont to support the Pain Service and deliver therapeutic

intervention. Discussions with the BMI to date have not confirmed what the reasoning was behind this decision. There is very limited evidence available on the role of psychotherapists within Pain MDTs in direct comparison to the strong evidence base on the role of a Clinical Psychologist.

It is for this reason that the CCG Executive has recommended that the BMI service be decommissioned (with 6 months' notice).

#### New to follow up ratio

At a recent meeting, BMI Beaumont clarified that the reason for the new to follow up ratio being higher than the national average is due to the cohort of legacy patients who have not yet transferred onto the new 12 week MDT pathway. This is also contributing to the continued high level of interventional activity highlighted in activity analysis. BMI has created a patient transfer plan, which will see patients either transferred to the new pathway or, if no longer clinically appropriate for the service, discharged back to their GP. This will be complete by the end of March 2018.

### **3. Recommendation**

The CCG Executive reviewed the KPI Performance Reports in January 2018, and noted the non-compliance of BMI with the required Clinical Psychology staffing model. Given the clear requirement within the service specification to include a Clinical Psychologist within the MDT and the incorrect reporting for 12 months from the BMI that this was in place, the CCG Executive has recommended that the CCG Board decommission the Pain Management service at the BMI, and serve notice on this service within the contract.

## Appendix A

### KPI Performance Report – November 17 Submission (October 17 Data)

KPI	Threshold	Bolton FT	Bolton FT Compliant Status	BMI	BMI Compliant Status
<b>The service will use an MDT approach, with the MDT to include the following roles as a minimum: specialist in pain medicine, specialist nurse, clinical psychologist, physiotherapist and pharmacist.</b>	<b>MDT to include specified roles, with identified members of staff</b>	Bolton FT has confirmed clinical and therapy staff for all areas. A copy of the staffing model has been submitted to Bolton CCG for assurances, with all roles recruited to: <ul style="list-style-type: none"> <li>- Specialist in Pain Medicine</li> <li>- Specialist Nurse</li> <li>- Clinical Psychologist</li> <li>- Physiotherapist – Rotational basis</li> <li>- Pharmacist</li> </ul>	Compliant - all roles in place	BMI has submitted a copy of the staffing model to Bolton CCG for assurances, with the following roles recruited to: <ul style="list-style-type: none"> <li>- Specialist in Pain Medicine</li> <li>- Specialist Nurse</li> <li>- Physiotherapist</li> <li>- Pharmacist</li> </ul>	Non-Compliant – BMI currently employ a Psychotherapist (although previous performance reports incorrectly confirmed a clinical psychologist was in place).  Discussions to confirm the reasoning behind this have taken place, with no clear rationale provided by the BMI for employing a psychotherapist rather than psychologist.
<b>The service will use an MDT approach, with all</b>	<b>All clinically appropriate</b>	Bolton FT has confirmed that all patients are given the opportunity to	Compliant – 23/67 (34%)	BMI confirm that all patients are seen through a face to face assessment	BMI have reported

<p><b>patients provided with the opportunity to see a clinical psychologist where appropriate.</b></p>	<p><b>patients offered an appointment with the Clinical Psychologist</b></p>	<p>be seen by the clinical psychologist, where clinically appropriate. The outcomes of the MDT pathway are shared with the CCG in each performance report.</p> <p>Not all patients that are deemed as clinically appropriate agree to see the psychologist.</p>	<p>Discussions with the service have highlighted that there may be a need to review the capacity available from clinical psychology to see appropriate patients and support a PMP approach. Further discussion is taking place with the service to confirm the detail of this.</p>	<p>and a course of treatment will be decided by clinical reasoning, supported by the best practice pathway and signposting document, incorporating outcome measures as specified.</p>	<p>compliance against this KPI, but there is no clinical psychologist in place.</p>
<p><b>Percentage of patients entering multidisciplinary treatment pathways within 12 weeks following assessment</b></p>	<p><b>90%</b></p>	<p>Admitted – 91.7% Non-Admitted – 91.7%</p> <p>The Board are asked to note that along with increasing RTT pressures across the Trust as a whole, this service accesses therapy teams as part of the pathway (physio, psych). The RTT performance standard would not normally apply for therapies, however as this service is consultant led, the RTT clock continues.</p> <p>On occasion, the service does not meet the target, which is usually due to access/waits to therapies. Bolton CCG and Bolton FT are working</p>	<p>Compliant</p>	<p>93% BMI submit a patient tracker on a monthly basis to support their performance report. The tracker shows the patient appointments through the service.</p>	<p>Compliant</p>

		together to understand demand and ensure there is appropriate capacity in the pathway.			
<b>Patients experiencing a positive outcome in either their physical, psychological or social needs.</b>	<b>75% (of a sample size which must =&gt;50% of referral activity)</b>	<p>Bolton FT has developed a (auditable) patient questionnaire which all review patients are asked to complete prior to being discharged. The questions have been re-developed to fit in line with the multiple answer KPI.</p> <p>The majority of patients complete the questionnaire, but not all patients complete all questions. Bolton CCG is assured that of those patients that complete the questionnaire, on average, a high percentage report improvements in this area. For the patients that do not report an improvement, the team are working to understand the reasons.</p> <p>The BFT also submit a quarterly Pain Management Programme (PMP) Data as supporting evidence.</p>	<p><b>Compliant</b> 76% improvement in wellbeing. 67% improvement in routine &amp; activity.</p>	<p>BMI ensure that patients are provided with outcome measures (submitted to the CCG as evidence) at their triage appointment. The document follows the patient through their pathway journey, which will assist in decision making and discharge from the service. This will determine whether the outcome is positive for their identified problems. An evaluation form and friends and family questionnaire will also be provided to assess patients experience and outcomes.</p> <p>BMI confirm the amount of patients (that have been successfully discharged per month) that have reported improvement in this area as evidence.</p>	<b>Compliant 100% (3/3)</b>

<p><b>Patients improving their perception of pain management and gaining knowledge about how to undertake effective self-management and return to function e.g. work or education.</b></p>	<p><b>75% (of a sample size which must =&gt;50% of referral activity)</b></p>	<p>Bolton FT has developed a (auditable) patient questionnaire which all review patients are asked to complete prior to being discharged from the pathway. The questions have been re-developed to fit with the KPI's.</p> <p>The majority of patients complete the questionnaire, but not all patients complete all questions. Bolton CCG is assured that of those patients that complete the questionnaire, a high percentage report improvements in this area.</p>	<p><b>Compliant 81% (99pts) reported improvements in this area.</b></p>	<p>BMI provide a survey and request that this is completed by the patients at the conclusion of the MDT program.</p>	<p><b>Compliant 75% (1x patient left the pathway prior to completing the full pathway)</b></p>
<p><b>Patients with an agreed management plan and identified goals following first appointment.</b></p>	<p><b>100%</b></p>	<p>Bolton FT ensures that the clinician/consultant completes a management plan with the patient at the first appointment. This plan then supports the patient throughout the pathway. Each plan is documented in the 1st clinic letter in which the GP and patient receives a copy.</p>	<p><b>Compliant 100%</b></p>	<p>A notes audit in completed each month to ensure that a plan is completed at the start of each pathway.</p> <p>Data is shared on a monthly basis.</p>	<p><b>Compliant 75% (1x patient left the pathway prior to completing)</b></p>
<p><b>Patients undergoing review of identified goals at subsequent follow-up appointment.</b></p>	<p><b>100%</b></p>	<p>The service work with the patients to review their management plan at their review appointment. Each plan is documented in the clinic letter in which the GP and patient receives a copy.</p>	<p><b>Compliant 100%</b></p>	<p>A notes audit is completed each month to ensure that a plan is completed at the start of each pathway.</p>	<p><b>Compliant 75% (1x patient left the pathway prior to completing the full pathway)</b></p>

<b>Patients achieving identified goals at point of discharge</b>	<b>75%</b>	<p>Bolton FT has developed a (auditable) patient questionnaire which all review patients are asked to complete prior to being discharged from the pathway. The questions have been re-developed to fit with the KPI's.</p> <p>The board are asked to note that Bolton FT have achieved this area consecutively.</p>	<p><b>Compliant</b></p> <p>BFT review PMP data on a quarterly basis (as agreed by the CCG). The outcomes of the PMP are submitted to the CCG, and next report is due Jan 18.</p>	A notes audit is completed each month to ensure that a plan is completed at the start of each pathway.	<b>Compliant</b> 75% (1x patient left the pathway prior to completing the full pathway)
<b>Percentage of drugs used as per agreed GM formulary</b>	<b>80%</b>	Bolton FT submits a patient medication tracker each month to support the KPI.	<b>Compliant</b> 100%	BMI submits a patient medication tracker each month to support the KPI.	<b>Compliant</b> 100%
<b>Patients should feel more in control in the use of medication, and are compliant in its use.</b>	<b>75% (of a sample size which must =&gt;50% of referral activity)</b>	Bolton FT has developed a (auditable) patient questionnaire which all review patients are asked to complete prior to being discharged from the pathway. The questions have been re-developed to fit with the KPI's.	<b>Compliant</b> 97% (90 pts) reported improvements in this area.	The patient will complete an evaluation form, following the conclusion of MDT Program.	<b>Compliant</b> 75% (1x patient left the pathway prior to completing the full pathway)
<b>Outpatient follow-up ratios to be below/within the national average.</b>	<b>National average new to follow up ration 2015/16 = 2.2</b>	<p><u>Previous N:FU Ratios</u></p> <p>May 2:4 June 1:8 July 1:7 August 1:8 September 2:3 October 1:5</p> <p>Septembers figure is internally in dispute from the service. BFT BI Team have been asked to investigate.</p>	<b>Compliant - at or below national average (2:2)</b>	<p><u>Previous N:FU Ratios</u></p> <p>May 2:6 June 4:73 July 2:1 August 2:73 September 3:35 October 2:89</p> <p>The Board are asked to note that there are legacy pain patients in BMI that remain on a previous pain pathway, which are yet to be</p>	<p><b>Non-compliant - above national average (2:2)</b></p> <p>BMI Beaumont have clarified that this is due to the cohort of legacy patients who have not yet transferred onto the new 12</p>

		<p>The Board are asked to note that due to the pressures in service, particular due to therapies, some of the appointments have been converted to other appointments which have affected the N:FU ratio.</p>		<p>transferred onto the new pathway. This has been affecting the N:FU ratio.</p>	<p>week MDT pathway. This is also contributing to the continued high level of interventional activity highlighted in activity analysis. BMI have created a patient transfer plan, which will see patients either transfer onto the improved pathway or, if no longer clinically appropriate for the service, be discharged back to their GP. This is expected to be completed within the next quarter.</p>
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