NHS BOLTON CLINICAL COMMISSIONING GROUP  
Public Board Meeting  

AGENDA ITEM NO: ........7.................  

Date of Meeting: ......24th June 2016...........................

<table>
<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>Pain Management</th>
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</thead>
<tbody>
<tr>
<td>AUTHOR:</td>
<td>Jennifer Riley, Senior Commissioning Manager</td>
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<tr>
<td>PRESENTED BY:</td>
<td>Barry Silvert, Clinical Director Commissioning</td>
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<tr>
<td>PURPOSE OF PAPER: (Linking to Strategic Objectives)</td>
<td>Following the development of a new, evidence-based service specification for Pain Management services, both BMI Beaumont and Bolton NHS Foundation Trust were required to provide their responses to this specification, with information on how their service complied with this. Following review of responses, BMI Beaumont were requested to provide further assurance regarding their service delivery model. This has now been received. This paper presents provides recommendations on the process for assuring the Board that the services from both providers meet the specification. This is in response to the Board requirement that failure to deliver key milestones should trigger immediate commissioning review.</td>
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<table>
<thead>
<tr>
<th>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</th>
<th>Delivery of Year 1 Locality Plan.</th>
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<tr>
<td></td>
<td>Joint collaborative working with Bolton FT and the Council.</td>
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<td></td>
<td>Supporting people in their home and community.</td>
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<td>Shared health care records across Bolton.</td>
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<td>Regulatory Requirement</td>
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| RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting) | Board are asked to approve the continued commissioning of Pain Management services from BMI Beaumont and Bolton NHS FT, subject to receipt of action plans and achievement of key milestones in year |

<table>
<thead>
<tr>
<th>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</th>
<th>CCG Executive</th>
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<tbody>
<tr>
<td></td>
<td>CCG Board</td>
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<tr>
<td>REVIEW OF CONFLICTS OF INTEREST:</td>
<td>No CCG conflicts identified in commissioning process</td>
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<tr>
<td>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</td>
<td>Public engagement undertaken on service specification, with support of Health Watch Bolton</td>
</tr>
<tr>
<td>EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED &amp; OUTCOME OF ASSESSMENT:</td>
<td>EIA completed</td>
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Background
NHS Bolton CCG currently commissions Pain Management services from two providers, Bolton NHS Foundation Trust and BMI Beaumont Hospital, with patients requiring tertiary level input being referred to Salford Royal NHS Foundation Trust. There has not historically been a Pain Management service specification in place, and it has been difficult for commissioners to monitor the quality and outcomes of the services. As such, a Pain Management service specification was developed in Summer 2015, with the main aims 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

Please see Appendix 1 for the service specification.

BMI Beaumont response to service specification
In September 2015, BMI Beaumont and Bolton NHS Foundation Trust were asked to review the new service specification, and to complete a service delivery model template detailing their compliance with key aspects of the specification. Following receipt of these responses, and review by the CCG Executive and Board in November 2015, concerns were raised regarding the ability of BMI Beaumont to deliver this specification. In particular, additional assurance was required regarding the establishment of a multidisciplinary team offering a biopsychosocial approach to Pain Management, and the provision of Clinical Psychologist support as part of the core team. While decommissioning of the service was considered at this point, it was determined that further opportunity should be given to the BMI Beaumont to consider their delivery model, and whether they were in fact able to provide the specification as defined by the CCG.

A final deadline for submission from BMI Beaumont was given as 20th May 2016 with notice to be served on this service if the assurance was not received. The delivery model has now been provided to the CCG Commissioning team but this longer lead in time has caused there to be more actions for BMI Beaumont to complete to assure commissioners of the service readiness.
Update of service delivery model

The full service delivery model provided by BMI Beaumont has been reviewed. The model does now incorporate clinical psychology input, and seeks to evidence a biopsychosocial approach. Following review by the Commissioning and Quality teams, it is considered that the response provided offers sufficient initial assurance that the model being developed will meet the minimum requirements of the service specification.

However, there are some outstanding areas within the response which need to be addressed via a robust provider-led action plan, in order to deliver the full service specification. Given the delays evidenced in responding to this process so far, it is recommended that this is formalised via a contractual route, to ensure delivery of required actions and timescales.

In summary, the areas which require further addressing are:

- Specification of timescales for full implementation of the multi-disciplinary team, service model and clinical pathway detailed within the response, with an expectation that this will be in place by end of September 2016 at the latest.
- At present the service response states that clinical psychologists “will be available to accept and provide treatment pathways if onward referral is the pathway decision”. Detail is required on how clinical psychology input will form a core part of the MDT – with evidence of named individuals, and how psychological therapy is at the forefront of any treatment decisions, as per the service specification.
- Agreement of a formal action plan monitoring process, to include CCG clinical commissioning, Quality and Governance directorate, and the Contracting team.
- Confirmation and agreement of appropriate outcome measures and establishment of an audit programme to evidence achievement of these.

It is recommended that a similar process be established with Bolton NHS Foundation Trust in order to monitor progress against the service specification. Bolton NHS FT provided assurance to the CCG in September 2015 regarding their ability to meet the service specification, and the full response has been considered and approved at CCG Executive and Board in November 2015. This included the multidisciplinary team structure (including named and dedicated clinical psychologist) already in place; adoption of a biopsychosocial approach to pain management; and development of local pain management programmes.

However, while Bolton NHS FT have evidenced their ability to deliver the service specification and have the following elements already in place:

- Multidisciplinary team structure, incorporating wider nursing and therapies staff with specific training and qualifications in Pain Management
- Named and dedicated clinical psychologist, as a core part of the MDT
- Biopsychosocial approach established from first assessment, including:
  o Joint assessment clinics with Consultants in Pain Medicine, Specialist Physiotherapists and Clinical Nurse Specialists
  o Range of biopsychosocial interventions available, including Pain Management Programmes, physiotherapy, psychological therapy, medication and injection therapy
- Agreed care planning process with patients, including documented goal setting and reviews
- Outcome measures used in line with British Pain Society Pain Management Programme guidance (2013)

Some further work is required from the service in order to progress the service, with a particular focus on:

- New to follow-up ratios, which require bringing in line with benchmarked services
- A cost-benefit analysis of locally delivered Pain Management Programmes, which are currently being provided on an unfunded basis
- The development of a comprehensive and sustainable staffing model, to include named pharmacist, and a review of the Clinical Psychology capacity in place
- Further development of the service, to offer a tiered approach to Pain Management, with a community offer to be considered

As such, it is proposed that an action planning process and contractual management route is also agreed with Bolton NHS FT, in order to address the above points.

**Next steps**

*Key milestones highlighted below*

<table>
<thead>
<tr>
<th>Action</th>
<th>Timescale</th>
<th>Lead</th>
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<tbody>
<tr>
<td>Commissioning team to meet with BMI Beaumont to discuss action plan and timescales</td>
<td>4th July 2016</td>
<td>CCG</td>
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<tr>
<td>Confirmation of outcome measures against which service will be monitored</td>
<td>4th July 2016</td>
<td>CCG</td>
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<td>CCG and Provider BI and Contracting teams to confirm KPI reporting formats</td>
<td>18th July 2016</td>
<td>CCG / BMI</td>
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<tr>
<td>Formal action plan including timescales for recruitment, implementation of new pathway, and development of audit programme, to be submitted to the CCG</td>
<td>18th July 2016</td>
<td>BMI</td>
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<tr>
<td>Formal action plan including timescales for review of N:FU ratios; PMP cost benefit analysis; and staffing review to be submitted to the CCG</td>
<td>18th July 2016</td>
<td>BFT</td>
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<tr>
<td>Event Description</td>
<td>Date</td>
<td>Responsible Party</td>
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<td>Contractual monitoring and escalation process to be confirmed</td>
<td>1st August 2016</td>
<td>CCG</td>
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<tr>
<td>Evidence of MDT structure, including named Clinical Psychologist, to be in place</td>
<td>29th August 2016</td>
<td>BMI</td>
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<td>Submission of first KPI reports</td>
<td>29th August 2016*</td>
<td>BMI / BFT</td>
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<td>Review of service performance according to progress of action plans and KPI reports</td>
<td>12th September 2016</td>
<td>CCG</td>
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<td>Submission of second KPI reports</td>
<td>26th September 2016*</td>
<td>BMI / BFT</td>
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<tr>
<td>Review of service performance according to progress of action plans and KPI reports</td>
<td>10th October 2016</td>
<td>CCG</td>
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<tr>
<td>Submission of:</td>
<td>31st October 2016*</td>
<td>BMI / BFT</td>
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<tr>
<td>- Third KPI report</td>
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<td>- Patient survey information as required in the service specification</td>
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<tr>
<td>- Detailed performance information against agreed outcomes (in agreed format, following audit process)</td>
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<tr>
<td>Formal review of service performance according to progress against action plans, initial KPI reports and audit of outcomes over 3 month reporting period</td>
<td>14th November 2016</td>
<td>CCG</td>
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<tr>
<td>Commissioning and Quality teams to meet with BMI Beaumont to discuss outcome of review and agree further actions</td>
<td>21st November 2016</td>
<td>CCG</td>
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<tr>
<td>Commissioning and Quality teams to meet with Bolton NHS FT to discuss outcome of review and agree further actions</td>
<td>21st November 2016</td>
<td>CCG</td>
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<tr>
<td>Commissioning and Quality team report back to Executive on progress, and recommendations for commissioning intentions</td>
<td>28th November 2016</td>
<td>CCG</td>
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<tr>
<td>Board update on progress, and confirmation of 2017/18 commissioning intentions for Pain Management services</td>
<td>December 2016</td>
<td>CCG</td>
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*To be confirmed in line with nearest reporting timescales

**Monitoring**

Priority KPIs have been identified from the service specification, which will inform commissioners of the quality and performance of the service provided, in addition to any improving or deteriorating trends. These KPIs have been detailed below:
<table>
<thead>
<tr>
<th>Description</th>
<th>Threshold</th>
<th>Method of measurement</th>
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<tr>
<td>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</td>
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<td>Staffing report (named member of staff)</td>
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<td>The service will use an MDT approach, with all patients provided with the opportunity to see a clinical psychologist where appropriate</td>
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<td>Monthly provider performance report / patients responding to survey question</td>
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<td>Patients experiencing a positive outcome in either their physical, psychological or social needs</td>
<td>75% (of a sample size which must =&gt;50%of referral activity)</td>
<td>Patients responding to survey question</td>
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<td>Performance against agreed outcome measures, potentially including: • Brief pain inventory (short form) • SF-12– Quality of Life measures pain related functional health and wellbeing • PHQ-9 – well used measure of depression • Employment, educational or training status • Patient Global Impression of Change</td>
<td></td>
<td>Joint CCG and provider audit</td>
</tr>
<tr>
<td>Patient with an agreed management plan and identified goals following first appointment</td>
<td>100%</td>
<td>Patients responding to survey question Joint CCG and provider audit</td>
</tr>
<tr>
<td>Patients achieving identified goals at point of discharge</td>
<td>75%</td>
<td>Patients responding to survey question Joint CCG and provider audit</td>
</tr>
<tr>
<td>Activity reports for the services should demonstrate a reduced intervention rate, and a move towards more time limited pathways of care that reflect specification</td>
<td>Threshold to be set for each provider</td>
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Recommendations
It is recommended that the BMI Pain Management and Bolton NHS FT services continue to be commissioned for 2016/17, subject to the above points relating to the BMI Beaumont service delivery model being clarified and agreed with commissioners, and contractually formalised.

The Board is recommended to approve the key milestones above and delegate monitoring of these to the CCG Executive. Any failure to meet a key milestone as highlighted above will prompt immediate evaluation of service ahead of the formal evaluation in November and December 2016.

In the case that action plans are progressed as per agreement with Commissioning and Contracting teams, the development of both services will be reported back to CCG Executive and Board in December 2016, with a view to determining whether redesign with existing providers under the new specification has been successful – or whether procurement of a new service should be considered. Key measures of success will be defined within the action plans agreed with both providers, and achievement of the KPIs defined within the service specification.
1. Population Needs

Context
Chronic pain is recurrent or persistent pain that persists beyond the usual course of an acute disease or trauma, occurs in conditions that cannot be treated, or without clear causation. It can be considered as a condition in its own right or as a component of other long term conditions. Chronic pain encompasses a wide array of conditions, including musculoskeletal, neuropathic, and visceral pain. Cancer pain encompasses any pain in patients with cancer that is caused by the cancer or associated with treatment (e.g. surgery, chemotherapy, radiotherapy) or cancer related debility.

Many people with acute and chronic pain can be satisfactorily managed by their General Practitioner. However, some patients with persistent pain will need additional assessment and multidisciplinary management - either due to the intensity of their pain, significant distress and impact on functioning and substantial co-morbidities. These patients may require management by specialist, interdisciplinary, secondary care Pain Management Services. This service specification seeks to define service provision for this cohort of patients.

[Faculty of Pain Medicine, Royal College of Anaesthetists, 2013. Local Commissioning of Specialist Services for Pain: Recommendations of the Faculty of Pain Medicine, Royal College of Anaesthetists, 2-3]

Population need
The National Pain Audit (2012) identified that 11% of adults suffer severe pain, representing 7.8m people in the UK.

With an adult population of approximately 216,000 in Bolton, there are therefore likely to be around 24,000 adults suffering with persistent/chronic pain.

The Bolton Health Survey (2010) also highlighted the proportion of the population reporting issues with pain, with:
- 11.6% of the population reported having severe bodily pain in the previous 4 weeks
- 38.9% of the population had suffered constant or recurring backache in the last 12 months
- 54.9% of the population had suffered with pain or stiffness of the joints in the last year

Service aims
The Pain Management Service will provide patients with persistent disabling pain a timely...
service that delivers skilled multidisciplinary interventions to reduce or remove the cause(s) of pain and/or to enable patients to manage their pain with psychological, behavioural and pharmacological support that aids functional rehabilitation.

[Faculty of Pain Medicine, Royal College of Anaesthetists, 2013. Local Commissioning of Specialist Services for Pain: Recommendations of the Faculty of Pain Medicine, Royal College of Anaesthetists, 4]

National guidance emphasises the importance of a multidisciplinary approach to managing pain for these patients, with multidisciplinary management shown to “alleviate pain and suffering [and] aid functional restoration” (RCOA, 2014). The International Association for the Study of Pain emphasises the need for multiple skills and knowledge in diagnosing and managing patients with chronic pain, and the RCOA recommends that a pain management service will incorporate:

- Specialists in pain medicine
- Specialist nurses
- Clinical psychologists
- Physiotherapists
- Occupational therapists

[RCOA, 2014. Guidance on the provision of anaesthesia services for chronic pain management. 1-5]

As such, the service will be expected to provide a comprehensive multidisciplinary pain management service, developing management plans for patients which encompass a range of patient education and self-management strategies, psychological interventions, pharmacological treatments, and interventional techniques, where appropriate.

Evidence Base
- Bolton Health Survey (2010)
- British Pain Society & Map of Medicine Patient Pathways:
  - Initial assessment and early management of pain
  - Chronic widespread pain, including fibromyalgia
  - Chronic pelvic pain (for men and women)
  - Low back and radicular pain
  - Neuropathic pain
- National Pain Audit (2012)

http://www.nice.org.uk/Guidance/CG173
- NICE guidance for Lower Back Pain http://www.nice.org.uk/Guidance/Conditions-and-diseases/Musculoskeletal-conditions/Low-back-pain
- NICE guidance for diagnosis and management of headaches in young people and adults: http://publications.nice.org.uk/headaches-cg150/guidance

2. Outcomes

**NHS Outcomes Framework Domains & Indicators**

<p>| Domain 1                  | Preventing people from dying prematurely |</p>
<table>
<thead>
<tr>
<th>Domain 2</th>
<th>Enhancing quality of life for people with long-term conditions</th>
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</thead>
<tbody>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
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<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
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<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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Locally defined outcomes
- To improve health and wellbeing outcomes for the population of Bolton aged 18 and over
- To prevent avoidable A&E attendances, acute admissions, outpatient attendances and GP appointments
- To prevent unplanned readmission of adults to hospital
- To ensure provision of high quality individual-centred care for adults with clinically appropriate intervention, including psychological treatment and provide them with the information and support to continue their on-going self care and independence in the community
- Improving the patient experience

3. **Scope**

The service will provide a multi-disciplinary team, including psychological, physical and pharmacological support to patients, adopting a biopsychosocial approach to managing patients with complex multidimensional chronic pain problems.

The multidisciplinary management team will include specialist pain doctors and specialist nurses with appropriate training and competencies, along with other healthcare professionals with specialist pain medicine knowledge and interest: including specialist nurses, clinical psychologists, physiotherapists, pharmacists, and occupational therapists. It is noted that the prevalence of co-morbid mental health disorders in patients presenting to pain services is high. As such, defined links with psychiatric services are needed to deliver appropriate pain management for these patients and to support clinical staff.

The service will operate as part of a clinical network across primary, community, secondary and tertiary care - with shared care arrangements forming a vital part of the care pathway. As such, robust protocols must be established with referring clinicians to ensure that the service is able to discharge patients appropriately back to Primary Care. Where appropriate, the service would also be required to work with the CCG in developing training and education materials for GPs in managing chronic pain.

Services will also need to link with other specialists within secondary care e.g. psychiatry, neuro/spinal surgery, rehabilitation, neurology, elderly care, gynaecology, surgery, radiology, gastroenterology, oncology, and palliative care. There should also be links with other sectors including social services, employment advisors and ‘back to work’ schemes.

In addition, the pain service will be expected to work with commissioners to develop primary care guidance and GP educational sessions on pain management, and what services / interventions are available for patients with chronic pain.

**Service objectives**
- Provide a multi-professional patient specific assessment of the patient’s pain and put in place an individual management plan, with psychological therapy at the forefront of any treatment decisions
- Provide psychological and behavioural interventions that support patients and their carers in managing the pain, enabling patients to lead more normal lives with reduced disabilities
• Provide appropriate pharmacological management for pain
• Rationalise medication to optimise pain relief and avoid inappropriate use
• Provide evidence-based treatment interventions to reduce, eradicate or manage pain.
• Provide out-patient care particularly around the management of pain problems of high medical and psychological complexity, and around the use of controlled drugs
• Increase social and physical functioning, supporting a return to employment where appropriate
• Promote independence and wellbeing for patients through the provision of structured self-management support, with concomitant benefits of fewer inappropriate medical appointments and readmissions
• Demonstrate reduction in patients’ overall experience of pain including physical, psychological, social and behavioural components
• Maximise capacity and clinical pathways within the service to deliver the 18 weeks RTT and reduce follow up waiting times to improve the patient experience
• Maintain follow-up ratios within agreed national parameters, discharging patients where possible with a clear pain management plan.
• Ensure that lessons are learned from incidents and complaints or PALS and acted upon to improve systems, providing full and comprehensive feedback to the CCG as required
• Continually undertake Patient Satisfaction surveys to ensure patient views of the service are captured and subsequent improvements made where necessary

[Based on Faculty of Pain Medicine, Royal College of Anaesthetists, 2013. *Local Commissioning of Specialist Services for Pain: Recommendations of the Faculty of Pain Medicine, Royal College of Anaesthetists*, 5]

**Referral and discharge procedures**
The Pain Management Service will adhere to the CCG referral and discharge policies, and establish lines of communication with Primary Care and relevant Secondary and Tertiary care Services.

**Referrals**
• Only referrals from the Patient’s own GP (or the Palliative Care Cancer Service for cancer-related pain) will be accepted
• GPs will follow the relevant Pathway prior to referring and will use the Bolton CCG standard referral template
• The Pain Management Service must feedback to the patients GP if the referral letter does not have the following information:
  o Patients condition / nature of pain / diagnostic results / impact on ‘life’
  o Length of time they have experienced pain (usually more than 3 months)
  o Previous treatments and investigations which have been effective/ineffective/not tolerated
  o Patient actions
  o Related / relevant medical and drug history
  o Copies of reports of relevant investigations performed
  o Patient demographics including NHS number

**Discharge**
The Pain Management Service will discharge patients back to their own GP with a clear pain management plan which will include:
• Description of the interventions given
• Ongoing prescriptions
• Self management techniques for patients, and strategies for the management of flare ups
• A timeframe for management
• Expected outcomes
• Details of how to contact pain specialists for any further advice

While the patient remains under the care of the pain management service, the service must ensure the GP receives regular information relating to the patient’s care, including their pain management plan and information on any interventions undertaken.

Inclusion criteria
• Patients aged 18 years and over
• Persistent or episodic pain of greater than three months duration that has been appropriately and comprehensively investigated by the GP and/or a specialist
• All specific curative treatment options aimed at the pathology underlying the pain have either been excluded or attempted without benefit

Exclusion criteria
• Cancer related pain unless referred by the Palliative Care Cancer Service (with the exception of cancer survivors with persistent pain, who may be referred by their GP)
• A hospital inpatient
• The patient has currently been referred to or is being seen by another Chronic Pain Service or another service regarding the same complaint
• Housebound/unable to attend clinic

Medicines management
The pain service is expected to adhere to the Greater Manchester Pain Pathway algorithm/pain chapter, which can be found at http://gmmmg.nhs.uk/docs/formulary/ch/Ch4-7.pdf. It is acknowledged as part of the guidelines developed by GMMMG that recommended adherence to formularies is 80%, and therefore there will be a proportion of medications used outside GMMMG formulary. Where this is the case, the service will be expected to clarify to prescribers why this medication has been chosen, giving a clear rationale for use, dose and review process, with expected outcomes for the patient.

The use of medication classified as RED by GMMMG will remain under the control of the pain management service.

The use of medication classified as AMBER by GMMMG may be managed by primary care GPs, provided that the relevant information and shared care protocols are provided to the GP. These must clearly describe the monitoring requirements and circumstances that would require the pain management service to be notified.

The service will support the CCG Medicines Optimisation team in identifying areas for improvement in referral practice, to support the appropriate prescribing within primary care for patients with pain. The pain service will work alongside the CCG Medicines Optimisation team in reviewing GMMMG advice, providing information on service compliance with GMMMG recommendations, or explanation as to why the service is working outside of this.

4. Applicable Service Standards

Applicable national standards
As the profile of NICE Quality Standards are published, it is expected that services will be delivered with those in mind. Adherence with quality standards will be subject to commissioner assurance. The service is expected to comply with all national recommendations, e.g. NICE guidelines and quality standards, where applicable. Compliance with relevant NICE Guidance is a contractual requirement.

NICE guidance

**Applicable standards set out in Guidance and/or issued by a competent body**
- All NICE and Royal College Applicable Quality Standards, Frameworks and Guidance.

**The service will be expected to adhere to the following guidelines and EUR policies:**
Greater Manchester EUR Policy for Non-Specific Lower Back Pain
Greater Manchester EUR Policy for Hyaluronic Acid Injections for Osteoarthritis

**Applicable local standards**
The pain service is expected to adhere to the Greater Manchester Pain Pathway algorithm/pain chapter (within expected 80% threshold), which can be found at [http://gmmmg.nhs.uk/docs/formulary/ch/Ch4-7.pdf](http://gmmmg.nhs.uk/docs/formulary/ch/Ch4-7.pdf).

**Information recording**
Patient demographic and clinical data will be captured and recorded on the GP’s clinical system to ensure patients are tracked and monitored whilst receiving treatment. Clinical information from the system will be transcribed onto the patient's care plan, which will be shared with other appropriate health and social care professionals involved in delivering care to that patient (e.g. GP, social services, etc).

Outcomes of the service will be reported and monitored on a regular basis, and outcome measures may include:
- Brief pain inventory (short form)
- SF-12 – Quality of Life measures pain related functional health and wellbeing
- PHQ-9 – well used measure of depression
- Employment, educational or training status
- Patient Global Impression of Change
- Friends and Family Test
- GP feedback

Specific outcome measures will be agreed with the service and commissioners.

**High Level Key Performance Indicators**

<table>
<thead>
<tr>
<th>KPI (title)</th>
<th>Description</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Consequence of Breach</th>
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<tr>
<th>Access and Outcomes</th>
<th>Supporting access</th>
<th>Outcome</th>
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<tbody>
<tr>
<td><strong>Supporting access</strong></td>
<td>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</td>
<td>Patients experiencing a positive outcome in either their physical, psychological or social needs</td>
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<td>MDT to include specified roles, with identified members of staff</td>
<td>75% (of a sample size which must =&gt;50% of referral activity)</td>
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|                              | Monthly provider performance report / patients responding to survey question | Performance against agreed outcome measures, potentially including:  
  - Brief pain inventory (short form)  
  - SF-12– Quality of Life measures  
  - PHQ-9 – well used measure of depression  
  - Employment, educational or training status  
  - Patient Global Impression of Change |
<p>|                              | Contract query                                                 | Contract query |</p>
<table>
<thead>
<tr>
<th>Outcome</th>
<th>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</th>
<th>75% (of a sample size which must =&gt;50% of referral activity)</th>
<th>Patients responding to survey question</th>
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<td>Outcome</td>
<td>Patient with an agreed management plan and identified goals following first appointment</td>
<td>100%</td>
<td>Patients responding to survey question Joint CCG and provider audit</td>
<td>Contract query</td>
</tr>
<tr>
<td>Outcome</td>
<td>Patients undergoing review of identified goals at subsequent follow-up appointments</td>
<td>100%</td>
<td>Patients responding to survey question Joint CCG and provider audit</td>
<td>Contract query</td>
</tr>
<tr>
<td>Outcome</td>
<td>Patients achieving identified goals at point of discharge</td>
<td>75%</td>
<td>Patients responding to survey question Joint CCG and provider audit</td>
<td>Contract query</td>
</tr>
<tr>
<td><strong>Medicines management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td>Percentage of drugs used as per agreed GM formulary</td>
<td>80%</td>
<td>Data to be periodically reviewed by medicines optimisation</td>
<td>Usage outside of threshold will be returned to pain management service for continued prescribing.</td>
</tr>
<tr>
<td>Outcome</td>
<td>Patients should feel more in control in the use of medication, and are compliant in its use</td>
<td>75% (of a sample size which must =&gt;50% of referral activity)</td>
<td>Patients responding to survey question</td>
<td>Contract query</td>
</tr>
<tr>
<td><strong>Contractual KPIs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract KPI</td>
<td>Outpatient follow up ratios to be below/within the national average</td>
<td>[N:FU ratio]</td>
<td>Secondary Care Data (Better Care, Better Value indicators)</td>
<td>Contract query</td>
</tr>
</tbody>
</table>

5. **Applicable quality requirements and CQUIN goals**

**Applicable quality requirements**
Set out in section 4.3.1.
### Applicable CQUIN goals
To be agreed with provider at contractual planning stage.

### 6. Location of Provider Premises

### 7. Individual Service User Placement
Not applicable.

### 8. Prices

<table>
<thead>
<tr>
<th>Basis of Contract</th>
<th>Unit of Measurement</th>
<th>Price</th>
<th>Thresholds</th>
<th>Expected Annual Contract Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost and Volume Arrangement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Quality Payment</td>
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<tr>
<td>Maximum potential penalties</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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