

A. Service Specification

Service Specification No:	170135S
Service	Adult Highly Specialist Pain Management Services
Commissioner Lead	<i>For local completion</i>
Provider Lead	<i>For local completion</i>

1. Scope

1.1 Prescribed Specialised Service

This service specification covers the provision of adult highly specialist pain management services, but there are significant overlaps in relation to young people and the transition from children to adult services. There is a separate service specification for paediatric chronic pain (under the remit of specialised surgery in children).

1.2 Description

Adult highly specialist pain management services are delivered, as part of a networked service model, by multi-disciplinary teams working in tertiary settings to manage patients where locally commissioned pain services have not achieved adequate symptom control. They include the tertiary level management of condition-specific presentations, as well as complex cases of a more generic nature. Adult highly specialist interventions include pain-specific psychological interventions, inpatient care, complex medicines optimisation, follow up and rehabilitation. Patients may be treated either within the tertiary setting or via a networked approach with adjacent providers.

1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners

NHS England commissions adult highly specialist pain management services delivered by Specialised Centres working alone or as part of a network with adjacent providers. Networks comprise the following Tiers of service:

Tier I: GP and primary care services and CCG-commissioned community pain management services

Tier II: Specialist pain management services provided in secondary care (commissioned by CCGs)

Tier III: Adult highly specialist pain management (tertiary) services (commissioned by NHS England)

2. Care Pathway and Clinical Dependencies

This service specification relates to Tier III services known as adult highly specialist pain management services, commissioned by NHS England. It should be used to inform the commissioning of other pain management services in the community and in secondary care, so that services work together to provide integrated pathways of care for patients.

It is unlikely that any single specialised pain centre will be able to provide all areas of intervention for the treatment of chronic pain. They will need to work closely with local specialist pain management services (in a network arrangement) to provide the range of pain management services to meet the needs of their local (catchment) populations.

2.1 Service Description

Tier III services are known as 'highly specialist' pain management services because of the level of multidisciplinary team expertise that they provide for the small number of patients that need them. These services can be provided in a standalone centre, or in a network setting when adult highly specialist pain management is required as part of a specialised pathway. It

is an expectation of specialised pain centres that they will be actively engaged in audit and research as detailed in 4.1.

Tier II services are known as specialist pain management services and are provided locally, often within a secondary care setting. Tier II services provide chronic and acute pain management, including spinal cord stimulation and must have appropriate pathways in place for the referral of patients to Tier III services when highly specialist expertise/opinion is required. Tier II services must be staffed by a multidisciplinary team trained in pain management (as set out in the Core Standards for Pain Management Services published by the Faculty of Pain Medicine).

Tier I services are delivered and managed in primary care and/or the community. They are the first point of contact for patients with chronic pain.

Access to adult highly specialist pain management services (Tier III)

Referrals to adult highly specialist pain management services for assessment and treatment will be primarily for the following reasons:

- A second opinion when requested by a specialist pain management consultant (Tier II)
- Specific multidisciplinary assessment and management of patients who have a realistic potential for improvement, but who have not responded to treatment or interventions provided by specialist pain management services in secondary care
- Neuromodulation where specialised clinical commissioning policies govern access to treatment
- Inpatient drug optimisation (including opioid management programs)
- When a Consultant child and/or adolescent pain physician discharges their patient as part of a specific transitional care arrangement
- When pain management forms part of a specialised pathway associated with another condition.
- Cordotomy for specific cancer pain (Note: this procedure is usually carried out percutaneously by highly specialist pain consultants. 'Open cordotomy' must be undertaken by a Neurosurgeon).
- Access to treatment in adult highly specialist pain management services will be in line with national clinical commissioning policies published by NHS England Specialised Commissioning.

Commissioning arrangements will need to be sufficiently robust to ensure funding for the following types of activity:

- Multidisciplinary Team (MDT) meetings to coordinate the assessment, management and review of patients referred to adult highly specialist pain management services
- Joint clinics (interdisciplinary and/or with other specialties) in line with the associated pain conditions being treated
- Involvement in the ongoing management of patients in line with the need for regular review and MDT assessment of patients receiving long term treatment. This will include device implantation when part of a highly specialist (specialised) pain management episode.
- Psychological and behavioural interventions (as outpatients, inpatients or on a residential basis)
- Inpatient / day case episodes (both medical and surgical)
- The provision of advice to and liaison with the referring specialist pain management centre (Tier II).

2.2 Care Pathway

Referrals will be from Tier II specialist (secondary care) pain management services or other specialised services as part of a pathway of treatment (e.g. cancer, spinal cord injury), when a patient has been assessed as having chronic refractory pain requiring highly specialist advice and/or intervention.

Where referral for adult highly specialist pain management takes place within another specialised service, the pain management element will form part of specialised pain service provision.

Assessment will be interdisciplinary and multidisciplinary as required, leading to specific investigations, interventions, (psychological and pharmacological) resulting in the development of a pain management plan.

The core multidisciplinary team (MDT) will include the following, all of whom must be trained and experienced in the appropriate area of chronic pain management:

- specialist consultants;
- specialist nurses;
- psychologists;
- physiotherapists;
- occupational therapists

Pharmacists should be included as appropriate.

Other members of the MDT will be governed by the area of adult highly specialist pain management on which the MDT meeting is focused (e.g. the involvement of neurology specialists for the treatment of complex headache).

Along with patient participation in the planning of their care, MDT meetings are a vital component of assessment, review and long-term pain management, with the expectation that patients will ultimately be discharged back to the referring centre. The purpose of the MDT meetings will depend on the structure of the pain management unit and the position of the patient in the care pathway. The MDT meeting may be conducted in the presence of the patient, or it can be notes-based. It can also be a combination of both.

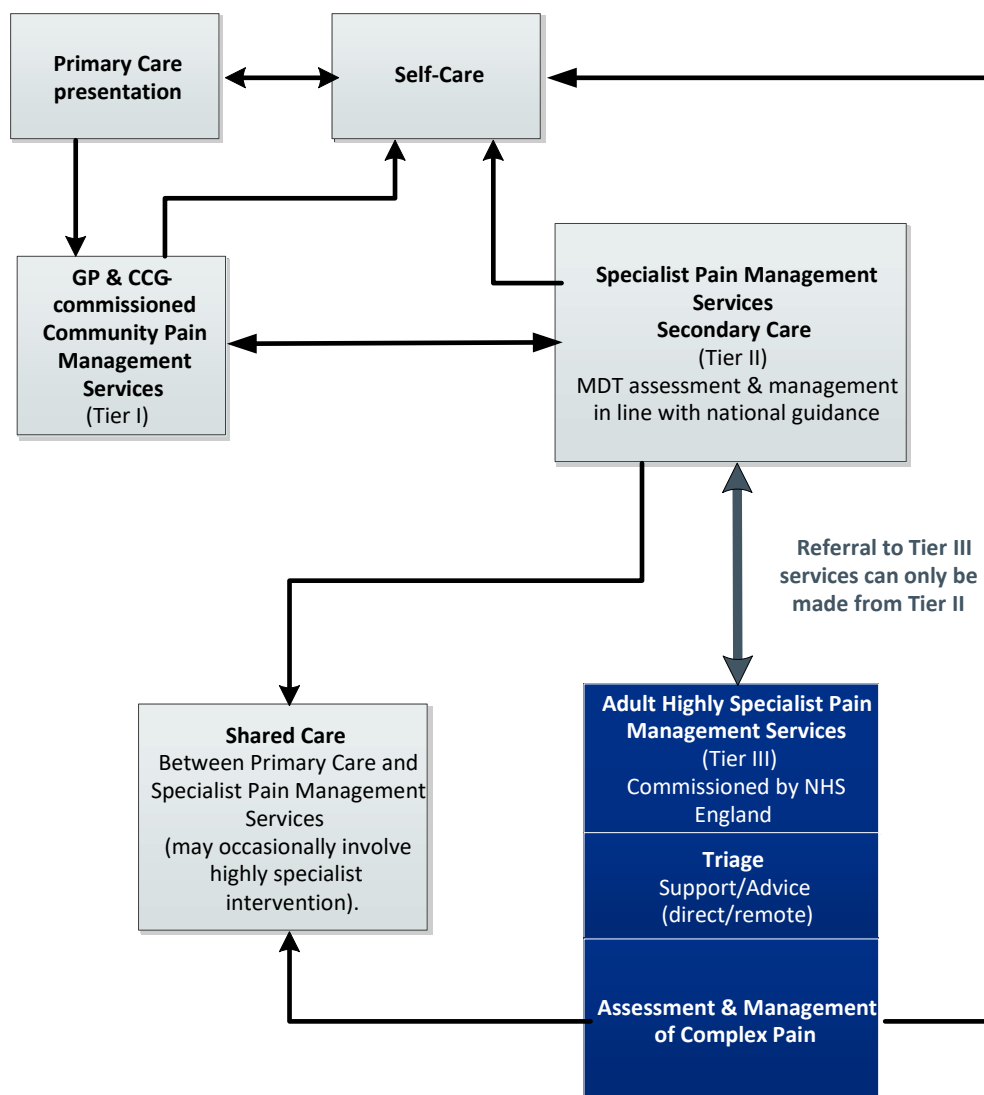
In the case of those patients requiring review in the longer term, a formal plan must be in place to ensure that patients are assessed every 6 months in relation to their requirement to remain under the care of the highly specialist pain management service. Advice and support may be given without taking over the care of the patient from the referring service. This advice may be provided remotely, with members of the MDT contributing via telephone or internet.

Providers of adult highly specialist pain management services will need to establish robust protocols with referring clinicians to ensure patients are assessed and discharged appropriately.

Discharge from adult highly specialist pain management services will follow one of the following routes:

- Back to the referring team (responsible for providing ongoing support), with a copy of the discharge letter/summary provided to the patient and sent to the GP
- Where specialist care is not required, then the patient can be discharged back to the GP, with a copy of the discharge letter/summary provided to the patient and sent to the referring centre
- If the patient is discharged to ongoing 'self-care' a copy of the discharge letter/summary must be provided to the GP, the patient and to the referring centre.

The care pathway can be illustrated as follows:



2.3 Interdependence with other Services

In accordance with relevant specialised commissioning policies relating to device implantation, adult highly specialist pain management services must have immediate access to specialised neuroscience services.

Access to adult highly specialist pain management services

With the knowledge and involvement of local pain management services, clear pathways must be in place for patients who are referred to adult highly specialist pain management services from other specialities, including:

- palliative care & cancer services
- gynaecology & urogynaecology
- paediatrics
- rheumatology
- spinal injuries
- neurosciences

3. Population Covered and Population Needs

3.1 Population Covered by this specification

The service outlined in this specification is for adult patients ordinarily resident in England*; or otherwise the commissioning responsibility of the NHS in England (as defined in 'Who Pays?' Establishing the responsible commissioner and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges).

*Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a General Practitioner (GP) Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England.

3.2 Population Needs

Chronic pain is recognised as a long-term condition in its own right, or as a component of other long-term conditions. It is estimated that around eight million people in the UK suffer with moderate to severely disabling chronic pain. The routine assessment and management of pain is a required competency of all healthcare professionals, as well as being an important component of health care planning. Most patients with chronic pain can be well-managed in community or specialist pain management (secondary care) services by appropriately trained members of an interdisciplinary pain management team. It is envisaged that only a small number of patients with more complex pain problems, such as those defined in section 2, will require treatment in adult highly specialist pain management centres.

3.3 Expected Significant Future Demographic Changes

Alongside the increased demand for pain management services as the result of an ageing population, it is anticipated that there will be an increased need for cancer-related pain management (including post-surgical and chemotherapy-induced neuropathic pain) due to increased cancer survival rates.

3.4 Evidence Base

The service description and requirements are based on the Core Standards for Pain Management Services published by the Faculty of Pain Medicine (FPM) which sets out the guidelines for delivering pain management services in England; documents published by British Pain Society (BPS); and current NICE guidance.

4. Outcomes and Applicable Quality Standards

4.1 Quality Statement – Aim of Service

Adult highly specialist pain management services aim to deliver timely, skilled multidisciplinary assessment and management for patients with chronic disabling pain by reducing the impact of pain on quality of life and improving health outcomes.

The overarching objective of an adult highly specialist pain management service is to provide multidisciplinary and multispecialty assessment and management for patients who have not responded to treatment provided by specialist pain management services and who have a realistic potential for further benefit. This will likely include:

- supporting clinicians in managing the pain element of the conditions of patients in their care;
- delivering direct interventions to reduce, eradicate or manage pain;
- providing psychological and behavioural interventions that support patients and carers to enable them to manage their pain and improve their quality of life;
- actively promoting and delivering research, audit, teaching, and training in the area of adult highly specialist pain management with which they are involved.

Adult highly specialist pain management services will collect appropriate key performance indicators, including those related to patient outcome measures and patient satisfaction. Each service will take part in clinical audit and national registries where they exist. Each adult highly specialised pain management service will carry out collaborative research supported by the Research and Development services within the provider network.

NHS Outcomes Framework Domains

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√

Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

4.2 Indicators Include:

Number	Indicator	Data Source	Outcome Framework Domain	CQC Key question
Clinical Outcomes				
101	Proportion of patients with neuromodulatory/ITDD devices submitted to National Neuromodulation Registry. To Include new, revisions and explantation.	Registry / SSQD	2,3	safe effective
102	Proportion of cordotomy patients entered in to the National Cordotomy Registry	Registry / SSQD	2,3	safe effective
103	Mean time from referral to treatment for non-cancer patients	Provider SSQD	2,3	safe effective
104	Mean time from referral to treatment for cancer patients	Provider SSQD	2,3	safe effective
105	Proportion of patients having explantation of neuromodulation / ITDD devices due to infection within 12 months of implant	Registry / SSQD	2,3	safe effective
106	Proportion of patients completing a pain management programme	Provider SSQD	2,3	safe effective
107	Proportion of neuromodulation / ITDD patients with recorded outcome measures. Using EQ5D-5L	Registry / SSQD	2,4	safe effective
108	Proportion of neuromodulation / ITDD patients with EQ5DL-5L outcome improvement on discharge.	Provider SSQD	2,3	safe effective
109	Proportion of all patients with recorded QoL outcomes in line with national guidance.	Provider SSQD	2,3	safe effective
110	Proportion of patients with QoL improvement on discharge.	Provider SSQD	2,3	safe effective
Patient Experience				
201	There is information for patients on their condition and treatment	Self-declaration	4	responsive, caring
202	Patients are given a personalised care plan	Self-declaration	4	responsive, caring
203	There is a mechanism in place to obtain feedback from patients and families	Self-declaration	4	responsive, caring

204	Proportion of patients who were given a personalised care plan	Provider SSQD	4	responsive, caring
205	Proportion of patients or carers specifying they received helpful information about their condition and treatment	Provider SSQD	4	responsive, caring
Structure and Process				
001	There is a specialist multidisciplinary team	Self-declaration	1,3,5	Effective
002	There is a multidisciplinary assessment of patients	Self-declaration	1,3,5	Effective
003	There are clinical guidelines in place	Self-declaration	1,3,5	effective, safe
004	There are patient pathways in place	Self-declaration	1,3,5	effective, safe
005	The AHSPMS is providing advice, support and training to referring organisations	Self-declaration	1,3,5	effective, safe
006	The AHSPMS is actively participating in audit and research	Self-declaration	1,3,5	effective, safe
007	There is a quarterly education and governance meeting	Self-declaration	1,3,6	effective, safe

- 4.3 Commissioned providers are required to participate in annual quality assurance and collect and submit data to support the assessment of compliance with the service specification as set out in Schedule 4A-C

5. Applicable Service Standards

Minimum Standards include those defined by the:

- Faculty of Pain Medicine of the Royal College of Anaesthetists (FPM). <https://www.rcoa.ac.uk/faculty-of-pain-medicine>
- British Pain Society (BPS) <https://www.britishpainsociety.org/british-pain-society-publications/>
- International Association for the Study of Pain (IASP). <https://www.iasp-pain.org>
- Service specific competencies for nursing, psychology and other staff working in the adult highly specialist pain management service.

5.1 Applicable Obligatory National Standards

- NICE (2008): Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin, NICE Technology Appraisal (TA159) <https://www.nice.org.uk/guidance/ta159>

5.2 Applicable National Standards

- Core Standards for Pain Management Services in the UK. Faculty of Pain Medicine 2015. <http://www.rcoa.ac.uk/document-store/core-standards-pain-management-services-the-uk>
- Pain Management Services: planning for the future - Guiding clinicians in their engagement with commissioners. <https://www.rcoa.ac.uk/node/15468>
- Physiotherapy Pain Association & Chartered Society of Physiotherapy (2014) Physiotherapy Framework. Describing the values, behaviours, knowledge and skills of physiotherapists working with people in pain. CSP, London, UK <http://ppa.csp.org.uk/documents/ppa-physiotherapy-framework-entry-level-graduate-expert-describing-values-behaviours>
- NICE (2013) Neuropathic pain in adults: pharmacological management in non-specialist settings. Clinical Guideline (CG173) (Update Feb 17) <https://www.nice.org.uk/guidance/cg173>
- NICE (2016) Low back pain and sciatica in over 16s: assessment and management" (NG59). <https://www.nice.org.uk/guidance/ng59>
- NICE (2017) Endometriosis: diagnosis and Management (NG73). <https://www.nice.org.uk/guidance/ng73>
- NICE (update Dec 16) Managing Long term sickness and incapacity for work <https://pathways.nice.org.uk/pathways/managing-long-term-sickness-and-incapacity-for-work>

- NICE (2009) Management of long-term sickness and incapacity for work (PH19) <https://www.nice.org.uk/guidance/ph19>
- European Association of Urology. EAU Chronic Pelvic Pain Guidelines (2018). <http://uroweb.org/guideline/chronic-pelvic-pain/>
- Commission on the Provision of Surgical Services: Report of a Working Party on Pain after Surgery. Royal College of Surgeons and College of Anaesthetists (1990). <http://www.rcoa.ac.uk/document-store/commission-the-provision-of-surgical-services-report-of-working-party-pain-after>
- The BPS published 5 Pain Patient Pathway Maps using best evidence where available for the care of pain patients in collaboration with Maps of Medicine. The Pathways are:
 - Primary Assessment and Management (focused on community care)
 - Spinal pain – low back pain and radicular (community and secondary care, leading into specialised care)
 - Musculoskeletal non-inflammatory (community and secondary care, leading into specialised care)
 - Neuropathic Pain (community and secondary care, leading into specialised care)
 - Pelvic pain in both the male and female. (community and secondary care, leading into specialised care)
- NICE (2011) Deep Brain Stimulation for refractory chronic pain syndromes (IPG382). <https://www.nice.org.uk/guidance/ipg382>
- NICE (2012) Headaches in over 12's: diagnosis and management (CG150). <https://www.nice.org.uk/guidance/cg150/chapter/Recommendations#management-2>
- Intrathecal drug delivery for the management of pains and spasticity in adults; recommendations for best clinical practice. British Pain Society (BPS), Dec 2015. https://www.britishpainsociety.org/static/uploads/resources/files/itdd_2015_pro_v3.pdf
- Standards of Good Practice for Spinal Interventional Procedures in Pain Medicine. British Pain Society and Faculty of Pain Medicine of the Royal College of Anaesthetists, April 2015. https://www.britishpainsociety.org/static/uploads/resources/files/spinal_intervention_A5_Final_April_2015_1.pdf

6. Designated Providers (if applicable)

Not Applicable

7. Abbreviation and Acronyms Explained

The following abbreviations and acronyms have been used in this document:

AHSPMS	Adult Highly Specialist Pain Management Service
BPS	British Pain Society
EAU	European Association of Urology
FPM	Faculty of Pain Medicine of the Royal College of Anaesthetists
IASP	International Association for the Study of Pain
ITDD	Intrathecal Drug Delivery
QoL	Quality of Life
RCoA	Royal College of Anaesthetists

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