PROGRESS REPORT

NSW Pain Plan Implementation report

July 30th 2015

Date: January 18th, 2016

Contact details:

<table>
<thead>
<tr>
<th>Name</th>
<th>Jenni Johnson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td>Network manager, Pain, ACI</td>
</tr>
<tr>
<td>Telephone number</td>
<td>02 9464 4636</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Jenni.johnson@health.nsw.gov.au">Jenni.johnson@health.nsw.gov.au</a></td>
</tr>
</tbody>
</table>
Introduction

In 2015, the NSW pain plan has further progressed in a number of key areas. Primary care liaison, support and education have continued to provide a focus for each chronic pain service, and for the ACI network priority activities. In addition, the ePPOC (electronic persistent Pain Outcome Collaboration) has been established as a routine part of service activity, with annual reports providing the opportunity to reflect on practice between services and states of Australia. Preliminary work has commenced in 2015 to address some of the persisting gaps in the model of care including:

- adolescent transition to adult services, and support for young people who present to adult services for the first time
- Telehealth supporting primary care for rural and remote NSW
- Development of an understanding of the needs for people of multicultural and Aboriginal background in relation to pain management, and the context in which this is understood from a cultural perspective
- Difficulty with uptake of evidence based pain management in primary care

Each of the pain services has contributed to the objectives of the plan in meeting the needs of their local community and in particular, 2015 has seen a modification of programmes and approaches to achieve this.

The objective of this report is to summarise the achievements of the network in relation to the implementation of the model of care, and to identify ongoing work for the network in the period ahead. Service Innovation and primary care support are the two major themes addressed.

June 2016 will see the end of the pain plan as released by the Minister for Health in 2012 and currently, work is underway to develop future directions for the pain network, with Ministerial support.

Service innovation

Innovation has been achieved across a number of services. In particular, the rural pain clinics have been able to modify the existing programmes to provide a more flexible approach.

- **Lismore** has developed and offered medium intensity programmes locally and via an outreach approach to Grafton and Tweed Heads. This has been achieved by reducing the number of high intensity programmes offered during the year. The result will enable twice as many patients to access the service over the next 12 month period

- **The Children's Hospital Westmead** has offered the paediatric Day Programme first trialled in 2014, regularly throughout the year. This has evaluated well and provides an opportunity for rural children and adolescents to have a concentrated learning
opportunity during the school holiday period. This service has also been involved in the telehealth pilot project offered by the ACI pain network. This has enabled the service to provide much needed support to children and families living across NSW, as well as provide support to paediatricians and GPs who are managing these children. The pilot project has been facilitated with the support of Healthdirect Australia, the ACI Pain Network Manager and Telehealth Manager. In addition, a telehealth toolkit, specific to pain has been developed to support the process. Evaluation of the telehealth pilot project is currently underway, but indications are positive resulting in the roll out to additional sites across NSW over the next 12 month period.

- **Prince of Wales Hospital** has been trialling the delivery of pain management education via the internet in collaboration with Macquarie University. They have also increased the range and capacity of pain programmes.

- **Royal Prince Alfred, Orange and Nepean Hospitals** have conducted several pre assessment clinics over the year. RPAH has held one of these sessions in Vietnamese, reflecting the population within their catchment area. In addition a pain programme has been held for Vietnamese people in the community. **Liverpool hospital** has also been working to develop material to cater to the multicultural communities they support.

- **John Hunter Hospital** has further refined its programme and assessment process to enable group assessment planning. A paper has recently been published demonstrating positive outcomes and an increased ability to improve access to the Specialist service. In addition, work has improved formalisation of paediatric transition between John Hunter Children’s Hospital and the adult services.

- **John Hunter Children’s Hospital** has been offering telehealth to patients residing in the northern and western parts of Hunter New England LHD, specifically addressing the needs of Aboriginal children with chronic pain who make up 9% of the referral population.

- **Tamworth** hospital has continued work to integrate the acute and chronic pain services, facilitating early identification, flagging and improved management of high risk subacute patients. They have also initiated a ‘Fine tune Friday’ for staff and patients to follow up on newly acquired self-management skills.

- **Royal North Shore Hospital** has introduced a new programme for back pain assisting with early management and triage. The seniors programme and a moderate intensity programme has also been held over 2015.

- **Sydney Children’s Hospital** has increased their capacity to run group programmes
• **Greenwich Hospital** has continued to provide support to people with Spinal Cord Injury and chronic pain via telehealth combined with onsite visits. This is a unique service development not offered elsewhere in the state.

• **Westmead Hospital** is now offering both a medium and low intensity programme on a regular basis

• **St Vincent’s Hospital** have worked together with the ACI to develop and release a toolkit for conducting fascia iliaca blocks for older people with fractured neck of femur, and has worked across hospital departments to provide education regarding non pharmacological solutions to pain management. They have also introduced a moderate seniors programme, and are actively using telehealth to promote access to patients residing in Southern NSW in collaboration with the Primary health network

• **Port Kembla Hospital** has been able to conduct 9 group programmes through Shoalhaven hospital and has been significantly modifying current programmes to suit the diverse needs of the community

• **Concord Hospital** has recently been engaged to assist with developing programmes for the defence force

**Primary care**

• Telehealth has been pursued as a means of connecting specialist services with primary care at a number of services including Orange, Children’s hospital Westmead, Greenwich, St Vincent’s, John Hunter and John Hunter Children’s Hospital.

• In 2016, telehealth combined with outreach programmes, will be pursued as a method and model for increasing access to specialist services for people living in Far Western NSW, Southern and Murrumbidgee LHDs. Modest new funding has been allocated in the 2015 to achieve this. Nepean Hospital, St Vincent’s and Greenwich hospitals have been identified as the successful services to conduct this work in a collaborative arrangement between the PHNs, LHDs, the ACI and the Ministry

• Relationships have been re-established in a number of the Primary Health Networks (PHN) since their introduction in July 2015. This has fostered the development and or improvement of Healthpathways in the North Coast, HNE, Central Coast, Wentwest, and South Eastern PHNs, in collaboration with Lismore, Tamworth, Port Macquarie, Prince of Wales, Gosford and JHH pain services. Other joint projects have been initiated and completed, including ongoing primary care education and support.
• In collaboration with the Central Coast Medicare Local, and now PHN, a collaborative pilot programme was trialled and evaluated in 2015 which demonstrated positive outcomes for people with low to moderate complexity living in the community. This approach is available in a toolkit format, and work is currently underway to promote this approach to managing pain in primary care for low cost in other regions.

• The Network has developed guidelines on chronic pain management, opioid weaning and medication prescription, and has promoted them through the website and through education events.

• A ‘Quick Steps’ through chronic pain algorithm for GPs and other primary care clinicians has been developed and will be made available through the website by the end of January 2016.

• The website remains heavily utilised across NSW, Australia and internationally.

• New resources have been placed on the website for people of multi-cultural background, and work is currently underway to develop more resources, as well as those specific to Aboriginal people, and the clinicians and Aboriginal Health Workers who manage them.

• Education of primary care has taken place across the state in 2015. Individual workshops have been held for specific disciplines, e.g. psychologists, physiotherapists, clinicians working with paediatric patients, with the aim of upskilling and transferring knowledge locally. The Lismore team have developed a pain management plan to be used by and guide psychologists working with chronic pain patients in the community.

• GP liaison and lunch time sessions in GP practices, and community education has been provided through several of the pain services including Nepean, RPAH, Orange, POWH and St Vincent’s.

• Pain management in Aboriginal communities is of interest in many of the LHDs across NSW. Three LHDs have been working with the ACI to improve understanding of the issues faced by Aboriginal Peoples and possible solutions. A workshop has been held in Lismore by the pain team to begin providing support to Aboriginal Health Workers. More sessions are planned in 2016, extending to other areas of NSW. The Port Kembla pain team has been working to provide a joint pain clinic held at the Aboriginal medical Service (AMS). This was commenced in 2015. Lismore, Tamworth and St Vincent’s are also building relationships at the AMSs. A report has been made available on the consultation process and next steps.

• The Pain management Research Centre has also continued to provide post graduate training, coursework, webinars and education for a range of primary care and pain
clinic staff. They have provided the network with academic support in the development of the Central Coast programme and other programmes currently under development.

Other ACI activity

In 2015, additional funding was allocated to address remaining gaps in the Model of Care proposed in the Pain plan. Whilst the bulk of new funding allocated was to the rural centres for the telehealth initiative described above, modest funding has been allocated to Gosford Hospital who have employed a staff specialist providing recognition as a Tier 2 service. The service model at Gosford is accordingly being reconfigured to align it with other Tier 2 services provided in NSW.

EPPOC has been fully embedded within all NSW services, including Gosford from January 2016. A successful workshop was held in 2015 with all services. Plans are underway for benchmarking workshops to be held in 2016. The current contract with the University of Wollongong is due to be renewed in June 2016. A further 3 year contract is being sought.

The period of transition between children's and adult services can be difficult for the patient and their family, and the clinicians who are managing the transition period in both adults and children's services. The ACI has developed a toolkit that will be distributed to all pain services in 2016 providing resources and checklists to improve handover, care and support, so that young people aged 14-25 are maintained in the service and receive the tailored support they require.

All Tier 3 services have been able to maintain current accreditation and meet all Key Performance Indicators. Tier 2 hospitals have met all KPIs with the exception of Port Macquarie Hospital, which has faced ongoing challenges of staff recruitment and retention.

The NSW pain plan 2012-2016 will come to close in June of the year. The ACI Pain Network Manager and Co-chairs have met with the Minister seeking guidance regarding future directions and ongoing network priorities. A paper has been commissioned that will be presented to the Minister in March 2016.

Planning is well underway for the Summative Evaluation of the NSW pain plan. A Governance Committee has been formed and the first meeting is due in February. The final report should be available at the end of 2016.

Conclusion

2015 has seen a year of an evolving and maturing model of care. The emphasis on building the capacity of primary care is being pursued by all services but this will continue to provide focus in the coming year, including a new project to improving linkages and pathways for emergency department presentations.