PROGRESS REPORT

NSW Pain Plan Implementation report for the first 6 months ending

July 30th 2013

Date submitted: 30th August 2013

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@aci.health.nsw">Jenni.johnson@aci.health.nsw</a></td>
</tr>
</tbody>
</table>
Executive Summary

Background
Preventing and managing chronic pain are key priorities in healthcare. Research indicates that a multi-faceted, multi-disciplinary approach to pain management is the most effective way to treat chronic pain. This requires an integrated service system striving to improve the outcomes for individual patients.

In response, a NSW Pain Management Plan 2012-2016 was released in 2012. The plan outlines strategies to develop a comprehensive and integrated service system across NSW to ease the burden of chronic pain, through better management across the spectrum of care. The plan focuses on enhancement of existing pain management clinics, establishment of new clinics, and integration with the primary healthcare system. The plan is underpinned by additional research capacity and data collection systems. This infrastructure will facilitate monitoring and continual evolution towards a best practice model with subsequent improvement in patient outcomes.

The NSW Government has provided funds for the rollout of the Plan as outlined in NSW Pain management Plan 2012-2016, NSW Government Response to the Pain Management Taskforce Report. Implementation of the Plan commenced in late 2012 following funding allocation, and is continuing in 2013.

Whilst the long term impact of the plan on reducing the burden of chronic pain, improving quality of life and improving workforce productivity have been identified as priorities, these will not be demonstrable in this or the subsequent few reporting periods, as this will require consistent system wide and cultural change over time. The ACI pain network is developing a long term evaluation structure and plan to measure the impact over a 5 year period.

This progress report will demonstrate how the new integrated pain management service system has commenced altering structure and process to meet the long term objectives, particularly efforts to offer best practice or consensus-driven treatments, to promote early management to minimise pain related disability, and to provide services and programs that enable people to self-manage their pain, returning to a functional life.

Following the first six months of funding, the ACI pain network in partnership with Local Health Districts (LHDs) and Medicare Locals, have demonstrated achievements in all aspects of implementation of the pain plan, thereby providing the foundations for the new Model of Care.

Tier 3
All eleven Tier 3 centres have current accreditation status with the Faculty of Pain Medicine. With enhancement funding, these centres have been able to add service capacity to their in-house activity and offer more proactive support to the surrounding primary care clinicians. Several centres are offering innovative clinical and triage services designed to provide earlier access to information and specialised care, and provision of necessary support to individuals and their treating clinicians.

Tier 2
Five new Tier 2 pain services have opened in regional NSW. These pain clinics offer assessment, treatment and educational programmes for patients, as well as provide
support for the primary care clinicians. They have been assisted in their establishment through support from the ACI, but also through a partnership with a nominated Tier 3 hospital. This partnership has been, and will continue to be a key element in the success of the implementation of the pain plan. Telehealth support has been explored and successfully implemented at all five sites and provides a communication and support tool, building the capacity of the regional centre.

Tier 1
The capacity of the primary care sector to undertake evidence based pain management has been historically restricted for a number of reasons, not least of which is the lack of an appropriate reimbursement model for complex care delivered through a multi-disciplinary approach. Also underpinning the problem, is the lack of understanding of the need for early identification and execution of management options for primary care clinicians. Led by ACI, over the past five months, in excess of 380 primary care clinicians of varying backgrounds have been provided with education and an opportunity to explore options in pain management through partnerships between LHDs and Medicare Locals across metropolitan and rural NSW. To date, eight of the pain clinics have entered into a relationship with the Medicare Locals demonstrating the commitment to a long term supportive partnership. Statewide tools have been developed through the pain network. These are being distributed and promoted widely. More resources and tools for primary care will follow as they are developed in the year to come.

Primary Care resources
One off funding allocation from the Ministry has enabled the network to develop a new website. Following extensive consultation with consumers and primary care clinicians, this website will provide ready access to self-management information, access to seven new consumer videos on pain management, and seven interactive learning modules for adolescents. Endorsed assessment and management tools for health professionals in primary care, are also provided to assist practice. This website will be launched by the end of 2013.

Database
Negotiations with the Australian Health Services Research Institute (AHSRI) at University of Wollongong have resulted in a four year contract to design and build a database ultimately facilitating national benchmarking of pain services. The minimum dataset has been agreed by the network and in August 2013, a pilot of the database will be hosted by eleven of the NSW pain clinics. This database has attracted national interest, and several sites from other states and New Zealand are participating in the pilot at a negotiated price.

Education and training
The Pain Management Research Institute courses have continued attracting clinicians around the state. The Visiting Scholars Programme is offered monthly and profiles key note speakers focussing on different aspects of research and understanding in pain management. Webinars have been developed and offered to assist clinical skills training. In addition, videos are being developed to promote skills development amongst clinicians.
Five new pain fellows will be appointed every year building the medical workforce capacity.
New allied health and nursing positions resulting from enhancement funding in pain management have been filled, and training, mentoring and succession planning
commenced at a number of sites.
Education regarding holistic management of pain has been provided by Tier 3 centres and the ACI to the primary care sector.

Consistent systems in Statewide services
A statewide flyer and service directory have been developed assisting consumers and clinicians to choose an appropriate and local service. Guides to establishing a pain programme have been developed achieving consensus of the clinical community. A statewide referral form has now been trialled and embedded in five of the Medicare Locals. These system based tools ensure greater consistency of approach across the service sector

Research
The PMRI has been involved with extensive planning for the enhancement of research capacity in NSW. The PMRI is the nominated lead centre conducting basic research and providing leadership in clinical trials and translational research investigating the role of physical, psychological and environmental factors in chronic pain.

Conclusion
Several significant milestones have been achieved in the implementation of the statewide pain plan in the seven months following allocation of funds. Education, training of clinicians, improved support in self-management for consumers, and support for the primary care sector are key outcomes for the first year, and have helped people with chronic pain to gain improved access to the right care in the most appropriate location.

Implementation of a strategic cohesive statewide plan provide the beginnings of an opportunity for system wide change to address the burden of chronic pain management in NSW
Table of Contents

Introduction

Model of Care

Theme 1: An integrated Model
Objective 1: Ensure Consumer Consultation
Objective 2: Build Partnerships with all Tiers of the System
Objective 3: Support Transition across the Continuum of Care

Theme 2: Multi-Disciplinary Pain Services
Objective 1: Ensure the Sustainability of existing Tier 3 Services against Minimal Service Standards
Objective 2: Recruit Multi-Disciplinary Staff across the System
Objective 3: Ensure each Tier 3 Hospital has Tier 3 Accreditation from the Faculty of Pain Medicine
Objective 4: Enhance the Service Capacity of the System
Objective 5: Increase access to Pain Programmes
Objective 6: Ensure all Services Commence building Capacity in Primary Care
Objective 7: Facilitate the Establishment of new Regional Centres aligned with the Model of Care
Objective 8: Establish 5 new Tier 2 Centres in Regional Areas promoting improved Equity of Access

Theme 3 Development of a Service System to support Pain Management and Reduce Clinical Variation
Objective 1: Increase Consistency in Service Delivery Models at each Pain Clinic
Objective 2: Establish Benchmarking of Services thereby Enabling Comparative Analysis

Theme 4 Training, Workforce Development and Sustainability
Objective 1: Build Regional Workforce Capacity
Objective 2: Explore Telehealth as a means of Building Capacity
Objective 3: Build the Medical Workforce- five new Pain Fellowships
Objective 4: Develop Competencies in Allied Health and Nursing
Objective 5: Build Capacity in Primary Care

Theme 5 Clinical practice education
Objective 1: Provide Opportunities for Clinical Staff to build Knowledge and Skills

Theme 6 Research Programme
Objective 1: Build a 4 year Collaborative Research Plan
Objective 2: Recruitment aligned with Priorities

Network priorities 2013-2014

Appendices
Introduction

The NSW pain plan implementation strategy represents a comprehensive approach to ensuring a consistent, collaborative and statewide approach to adopting the Model of Care as proposed by the NSW Taskforce on chronic pain.

The purpose of this first ACI report is to reflect and report upon the effectiveness of the strategies and the fund allocation that has supported the activity for the first six month period.

The ACI pain network is pleased to report that progress against all deliverables has been significant in each of the aspects of the plan, and that the first year of implementation has laid important foundations for further developments in coming years.

The most significant benefits of the recent enhancement (to be supported with data in the report) are as follows:

- There is greater capacity of the system to meet demand
- There is greater consistency in services provided across the state
- There is greater equity of access to expertise in rural and regional areas
- There has been significant support provided to the primary care sector
- There is capacity to measure and benchmark the effectiveness of each clinic’s approach
- There is greater access to information and self–management support for consumers

(See Appendix 1 – Summary Outcomes 2012-2013)

Model of Care

The Model of Care proposed by the Taskforce is indicated at Fig 1.for reference. (Further details are available at http://www0.health.nsw.gov.au/pubs/2012/nsw_pain_management_plan_.html)

The attached report outlines achievements in each of the tiers of the system against the key themes, deliverables and objectives established in the state plan, as well as against the intent of the principles identified in the Taskforce Report.

Theme 1: An Integrated Model

Objective 1: Ensure Consumer Consultation
The NSW Model of Care for pain management has strategically considered and integrated all aspects of the service system. Implementation over the last six months has resulted in key improvements in service delivery at the specialist metropolitan tertiary clinics, in rural service delivery, and in the support offered to the primary care sector. Core community and consumer interests and concerns identified locally, and in the National Pain Strategy have been addressed in all aspects of implementation.

Consumer consultation has underpinned the implementation of the Model of Care. Consumers are present on each of the ACI working groups. There is representation from Non-Government Organisations, and individual consumers on the ACI Executive.

Much of the work that has been undertaken in relation to development of the new ACI Pain Management Network website has been informed through a process of consumer consultation. Surveys and focus groups have been conducted across NSW in order to seek advice regarding what resources are required by consumers and how they are best delivered (http://www.aci.health.nsw.gov.au/publications). Fifty three people who live with chronic pain were individually consulted as part of this process. Key messages and topic areas have been identified by consumers and incorporated into a film series to be available shortly on the website.

Objective 2: Build Partnerships with all Tiers of the System
Partnerships in Primary Care have been forged with Medicare Locals, the Australian College of Rural and Remote Medicine, the Royal Australian College of General Practice, the
Australian Physiotherapy Association, the Australian Practice Nurses Association, and the Australian Psychological Society in order to increase the profile of chronic pain. These partnerships have provided opportunities to deliver key messages to primary care.

Twelve of the seventeen Medicare Locals in NSW have been engaged in direct discussions with the nominated (LHD) pain service. This has been facilitated through ACI involvement and resulted in many opportunities for education and collaborative projects.

Tier 3 and Tier 2 service activity and priorities are linked and communicated through the ACI pain networks’ Service Enhancement and Primary Care Working Groups. The Model of Care is discussed and developed through the activity of these groups. Consensus has been reached as tools, guidelines and protocols are developed for local modification or adaptation.

Objective 3: Support Transition across the Continuum of Care

A number of tools and leaflets assisting navigation of the system have been developed in response to identified areas of need.

A statewide referral form has been developed and endorsed for use both in paediatrics and adult pain services. This form defines criteria for referral, as well as priorities for clinical review (see Appendix 2). It has been implemented in several hospitals, and embedded and promoted through six Medicare Locals, with the outcome that GPs can now access the referral form directly from the software programmes available in general practice.

A statewide consumer information leaflet has been developed. This leaflet describes what a pain service will do to manage chronic pain, and where they are located in NSW with contact details provided. (Appendix 3)

A Service Directory providing greater detail regarding the types of services available at each hospital, will be available on the ACI website, and consumers can search services by geographic location.

Based on the available evidence, the pain network has developed a ‘Guide to Implementing Pain Programmes’ that has been distributed nationally. This guide has assisted new Tier 2 services to establish a pain programme, and achieved greater consistency in service provision. The network is now better prepared to compare and communicate the types of interventions provided through pain services, and then reflect on the outcomes achieved (Appendix 4)

One of the main areas of activity across the network has been a focus on developing an ACI Pain Website. The website will provide a mechanism to address some gaps in the service system, particularly focussed at the community level. This website is the result of consumer and clinician (from primary and tertiary system) input, and has three inter-related components. The first component is a series of seven films for consumers with pain. These films target key areas identified by consumers as being important, and encourage the consumer to complete a health plan, identifying lifestyle and health issues which may need to be modified. The second component is a series of seven interactive learning modules targeting adolescents with chronic pain. In addition, there are links and resources which complement the modules. The Sydney Children’s Hospital has led the content development of this work with significant input from John Hunter Children’s Hospital, The Children’s Hospital Westmead and the ACI Project Officer. The final section is a suite of resources that have been validated through clinician focus groups, assisting primary care doctors, nurses and allied health workers to identify earlier, and improve management of patients with chronic pain independently, or while they wait for assessment at a pain clinic. This website will continue to be evaluated over the next 12 month period. The website has been heavily promoted through Medical Locals and professional organisations, as well as across the community through libraries, and appropriate linked websites.

Through the consumer focus groups, it was identified that 50% of the population access information through their local library rather than the internet. In recognition of this community
reality, a collection of books appropriate to the needs of consumers young and old, with chronic pain have been identified, reinforcing the key messages on the website. This 'book pack' will be distributed in a partnership agreement through the NSW State Library to 103 libraries across the state, providing ready access to information. A promotional postcard referencing the website will be inserted into each of the books. (See Appendix 5)

The transition from acute to chronic pain is insidious and often goes unrecognised. It can begin in the hospital environment post-surgery or trauma, or in the community following a whiplash injury, for example. The evidence suggests that there are several flags that may assist in predicting those people who are likely to transition. ACI has commenced work in both the hospital setting and the community to develop a Model of Care, and some tools providing guidance and recommendations to clinicians in early identification and management of these patients.

In response to this, several hospitals have developed service systems to meet the needs of the in-hospital group of patients eg Prince of Wales Hospital, Royal Prince Alfred Hospital and Liverpool have all established **sub-acute pain clinics** providing ongoing support to GPs in rationalising and monitoring medications, particularly for those patients continuing on high dose opiates post discharge. The clinic also provides a mechanism for direct referral to the pain clinic if the person is identified as high risk.

All new Tier 2 services have directly linked the new chronic pain service with the acute pain service providing opportunity for greater collaboration and improved identification of this high risk group as a result.

**Paediatric transition** has been well documented as an area of need in the plan, although the numbers of patients are small. Some efforts have been made over the last six months, however further work must be done in collaboration with Transition Network at the ACI, describing the most appropriate pathways and support for children aged between 16-18 years of age. Prince of Wales Hospital, Royal Prince Alfred Hospital and John Hunter Children’s Hospital have all commenced defining and providing a service for this group of patients. All Tier 2 services have made provision for adolescents who are transitioning into adult services, however, a more comprehensive and evidence based model will be pursued in the next twelve months as part of a network initiative.

As a result of the range of activity undertaken within this theme, the profile of chronic pain in NSW has increased, with greater transparency regarding service location and provision, assisting clinicians and consumers to better navigate the system, and to gain access to information and support as they do this. There is a growing trend towards consistency across service models and philosophies between services. Benchmarking services through the database described below will facilitate greater consensus about the effectiveness of various strategies. In coming months, we hope to receive feedback on the improved patient journey to reflect these improvements.

**Theme 2 Multi-Disciplinary Pain Services**

**Objective 1: Ensure the Sustainability of Existing Tier 3 services against Minimal Service Standards**

Through the recent funding enhancement, every Tier 3 hospital providing a multi-disciplinary pain service has been allocated funds to secure their services, ensure alignment and implement specific aspects of a new evidence based Model of Care. In addition, the intent is to improve access to the service for the community by addressing waiting list issues which were estimated to be 18 months - 2 years prior to the pain plan. This has been achieved in part by increasing service activity or throughput, increasing access to pain programmes (in some cases pain programmes are available where they were not previously
Objective 2: Recruit Multi-Disciplinary Staff across the system
All Tier 3 hospitals have fully recruited and appointed staff from various clinical disciplines to achieve the objectives. ACI has provided recommendations regarding appropriate award allocations for each discipline. This has resulted in significant growth in the ‘pain workforce’ with 72 new positions advertised recently statewide. There are now 11 new nursing positions, 26 new allied health positions, 16 medical staff positions and 11 administrative and support roles.

Objective 3: Ensure each Tier 3 Hospital has Tier 3 Accreditation from the Faculty of Pain Medicine
Funding and governance arrangements have assisted several hospitals to achieve the Tier 3 accreditation status required of them. Maintenance of existing services has also been reinforced through LHD service agreements.

Objective 4: Enhance the Service Capacity of the System
Due to administrative delays in recruitment and appointment, real improvements in service capacity will not be truly demonstrable till 2013-2014. Some hospitals have experienced significant delays in administrative process and are only just becoming able to demonstrate improved capacity. In the next reporting period, all NSW pain centres are required to demonstrate growth in service activity. This may be represented through increases in occasions of service, or access to pain programmes.
In spite of data collection reflecting at best 3 months activity relating to enhancement funds, anecdotally St Vincent’s’ has reported an increased throughput of twenty percent, and Liverpool have reported a doubling of their capacity since the enhancements. This has halved waiting lists in some cases.

- The Children’s Hospital Westmead now have a four week waiting list reduced from thirteen weeks in the previous year
- Nepean has reduced its waiting list down to three months from eighteen months in the previous year
- Royal Prince Alfred has reported that it now has capacity to assess an additional five new patients per week and twenty reviews. Waiting lists have been reduced to four months from eight.
- Prince of Wales Hospital has added Addiction Medicine and Psychiatry to its service profile and now provides access to these services for patients from Port Kembla and Shoalhaven. This has created the ability to deal with more complex patients at the interface of mental health, addiction and pain from a coordinated multi-disciplinary approach
- Concord hospital has reduced its waiting list from 18 months to 12 months
- Westmead will double its capacity to assess new patients on a weekly basis
- John Hunter Children’s Hospital can now offer multi-disciplinary assessment routinely, and provides inter-disciplinary support to parents. They offer five clinic sessions appointments weekly, compared to two previously. Priority 1 patients are seen in less than three weeks.
- A multi-disciplinary pain service has been initiated in the Shoalhaven as an offshoot of the Port Kembla service

Full details of activity profile over the January to July period for this year are attached in Appendix 6. It must be noted however that, due to delays in recruitment over the Christmas period, most services have only just begun to realise the benefit of additional staffing.
Objective 5: Increase Access to Pain Programmes

Prior to the recent enhancement funding, pain programmes have been limited and varied in the mechanism and frequency of delivery, content and key principles. Many of the Tier 3 centres were insufficiently resourced to provide a multi-disciplinary service. Pain programmes require inputs of at least 24 contact hours presented by all disciplines to facilitate adequate skill development for the patient, and only some hospitals were able to provide this service, with the result that only small numbers of consumers could access pain programmes.

With enhancement funding, all Tier 3 and 2 services are required to provide a pain programme. This has encouraged innovation across the system.

- Nepean, Royal Prince Alfred, Liverpool, Port Kembla, Concord and John Hunter Hospitals have initiated a pre-assessment education series to provide earlier access to information, resources and knowledge for consumers regarding what will be provided at a pain clinic. This also serves to assist with waiting list management. At Royal Prince Alfred, 115 people have already been offered this programme.
- Several centres are offering more than 1 programme eg Port Kembla offer for example a high intensity programme for people with complex issues and high levels of disability, and a medium or low intensity programme for people who are less complex.
- Nepean has initiated a triage process enabling reduced waiting times, efficiency and reduction in numbers of people failing to attend appointments.
- Royal North Shore Hospital has commenced a medium intensity programme suitable for the aged population with chronic pain and is evaluating the results. They have also added capacity to the ADAPT programme, so that now greater numbers of Medicare patients can access the service.
- The Children’s Hospital Westmead have commenced planning a Day Programme for children with chronic pain, complementing the inpatient programme offered through the Sydney Children’s Hospital
- St Vincent’s’ have doubled capacity through their ‘Reboot’ programme
- Greenwich hospital has commenced a new medium intensity programme increasing access to pain management services on the North Shore
- John Hunter Hospital has redesigned its pain programme to provide a series of programmes. This approach has improved patient throughput and clinical outcomes. Tamworth will be offering a similar series.
- Westmead and Prince of wales will now offer a medium intensity programme which was previously unavailable

Objective 6: Ensure all Services commence Building Capacity in Primary Care

All Tier 3 hospitals have commenced work in the primary care sector to build capacity in Tier 1 of the service system. Traditionally, this activity has been ad hoc and sponsored by Pharmaceutical companies and targeted towards GPs. Recently, it has become apparent that the target audience must be multi-disciplinary, and ideally should not hold any conflicts of interest.

The recent activity conducted by each of the pain clinics has varied but includes hospital based education, GP and specialist education days (Nepean, The Children’s Hospital Westmead, Lismore), community education forums, GP and allied health education through Medicare Locals, newsletter articles and editorials, primary care consultation clinics and phone support.

- Liverpool has recently appointed a Clinical Nurse Consultant in a primary care liaison role to facilitate improved linkage with primary care.
- Lismore hospital has been offering discipline specific education within primary care
The children’s services have focussed on providing support to their specialist referral base. This has been achieved through symposiums and hospital based education.

John Hunter Hospital in collaboration with Hunter Medicare Local are developing two further u-tube videos for consumers and clinicians that will be available later this year.

St Vincent’s have provided a number of public lectures in pain management.

All new Tier 2 services have commenced work offering consultation, education and advice to the primary care sector.

- The Orange pain clinic has been conducting face to face visits with GPs in the surrounding towns of Cowra, Blayney and Canowindra, and providing phone support in patient management.
- The Port Macquarie Chronic Pain Centre have provided education through the Medicare Local with a further event planned in Kempsey, and GPs have been invited and attended the multi-disciplinary case conference.
- Port Kembla and Shoalhaven have commenced providing education to both practice nurses and GPs through the Medicare Local in Port Kembla and Shoalhaven.

Objective 7: Facilitate the Establishment of New Regional Centres aligned with the Model of Care through Supporting Tier 3 Centres

Establishing new regional Tier 2 centres was identified as a priority in the plan, however it was also recognised that this could not occur effectively without the support of a metropolitan centre offering the full suite of services required to manage chronic pain. Five Tier 3 centres were identified and funded to support the development of new Tier 2 centres. Recruitment has followed to build each Supporting Tier 3 service so that they can provide mentoring across the four disciplines of physiotherapy, psychology, nursing and medicine. This requirement is in addition to achieving or working towards the objectives above required of all Tier 3 services. Each of the Supporting Tier 3 was allocated and has appointed an additional pain fellow.

Supporting Tier 3 centres have assisted Tier 2 centres with creating job descriptions, interview panels, training and induction, developing service guidelines and developing clinical protocols.

Objective 8: Establish 5 new Tier 2 Centres in Regional areas Promoting Improved Equity of Access

Over the past 4 months each of the five new Tier 2 centres has progressed and finalised recruitment. Accommodation and cost centres have been established under local governance structures. Service planning, recognising local demographics, has been undertaken.

Each of the new services has appointed the minimum complement of a multi-disciplinary team and commenced appointments for people in their community with chronic pain. Pain programmes have been commenced at Port Kembla and Port Macquarie with good initial results. The Minister has met and congratulated the teams from three of the five services. All Tier 2 centres have approached their Medicare Local to discuss the needs of primary care and several education events have already been held or are in the planning phase. Telehealth has been established at all new centres, and four of the five sites will be participating in the electronic Persistent Pain Outcome Collaboration pilot to commence in August.

Theme 3 Develop a Service System to Support Pain Management and reduce Clinical Variation

Objective 1: Increase Consistency in Service Delivery Models at each Pain Clinic
A Statewide service system has been established with implementation plans localised for each of the LHDs providing services through a pain clinic. Through the LHD service agreements, specific deliverables are required from each centre, and these focus on achieving the objectives of the Model of Care. Specifically the expectations of all centres are to increase access to pain services to the community, and increase support to the primary care sector.

**Objective 2: Establish Benchmarking of Services thereby enabling Comparative Analysis**

One of the major objectives identified by the network was to establish a mechanism to **benchmark services across the state**. This required expertise from a service provider with a history of success in developing a data system capable of providing the required level of analysis and reporting. With the allocated funding, the University of Wollongong has been procured to provide a benchmarking and reporting service which will allow all NSW publicly funded pain services to participate in quality review of their own data, and compare to other similar centres. This activity has received national attention.

A pilot of the data collection system for eleven NSW sites with representation from Tier 3, Tier 2, and paediatric services has commenced in August and attracted participation from Victoria, Queensland and New Zealand. The results will begin to be available from early next year, after which time, the remaining NSW sites will be invited and assisted to participate.

Through the ACI Outcomes and Database working group, a **minimum dataset** for benchmarking has been agreed to for both adults and children. This dataset includes demographics, outcome measures as well as capacity to report service inputs. (See Appendix 7) Results from this work will assist the network in addressing clinical variation across the services.

**Theme 4 Training Workforce Development and Sustainability**

**Objective 1: Build Regional Workforce Capacity**

Prior to the NSW pain plan, workforce development through training and mentoring had proven difficult. The pain services across the state had experienced gradual erosion of budgets, and workforce had declined accordingly. Several services were in jeopardy.

The recent announcements, with funding support from the NSW government, have resulted in skills development and growth in the capacity of the workforce across all disciplines.

The partnership arrangement between Tier 3 and new Tier 2 services provides an ideal opportunity to examine the effectiveness of mentoring in building capacity.

**Induction and onsite training** has occurred at the five Supporting Tier 3 centres. Mentors have been appointed within each discipline and support has been offered through email, telehealth, case conference discussion and joint consultations. Staff from Tier 2 services are spending a concentrated periods of time training at the Tier 3 site at periodic intervals. Joint expertise is being provided in Port Macquarie and Orange for example, to the primary care sector through combined education events with Medicare Locals.

This structured support allows less experienced staff to be appointed in rural areas, and then supported in their knowledge development by experts having a strong understanding of the Model of Care. It has resulted in successful recruitment to historically ‘difficult to fill’ positions. This arrangement will continue over the next few years.

**Objective 2: Explore Telehealth as a means of Building Capacity**

Telehealth provides a mechanism of increasing access to specialist pain services. This is being pursued by the network as a whole, from a number of different perspectives.
With support from the ACI, all ten new Tier 2 services and supporting Tier 3 services have the equipment, infrastructure and local process to support site-to-site telehealth. This has enabled the partnership arrangement between Tier 3 and Tier 2 sites to function in a regular (fortnightly) and practical manner, facilitating and supporting knowledge and skills development.

The next steps include developing the process, procedures and equipment knowledge to facilitate hospital to primary care support through telehealth. St Vincent's' hospital pain service has already commenced work in this area enabling specialist pain support to all areas of rural NSW, including Bega, Moruya, Griffith and Kempsey. We will use the experience of St Vincent’s’ pain clinic to further develop the ACI pain network’s understanding over the next twelve months

**Objective 3: Build the Medical Workforce- five new Pain Fellowships**

The lack of medical workforce to support the needs of the pain population was recognised as significant issue in the NSW pain plan.

Funding has been provided for five additional pain fellowships. These have been allocated to the five Supporting Tier 3 centres and filled successfully. The benefits to the system are that every year, the specialist medical workforce for pain management will grow by five and additionally, new staff specialist positions have been made possible within public facilities, enhancing access to specialist services for the community.

**Objective 4: Develop Competencies in Allied Health and Nursing**

It has become evident through induction and mentoring that applying a consistent competency based learning approach within and across disciplines is a critical element to ensuring knowledge acquisition is achieved in a progressive and comprehensive manner. The ACI has identified this as a priority area for the next twelve months.

**Objective 5: Build Capacity in Primary Care**

Since the opening of the new Tier 2 services, education events for primary care delivering key messages regarding opiate use in chronic pain, and the need for a bio psychosocial and multi-disciplinary framework, have been delivered across the state in partnership with LHDs, ACI and Medicare locals. This has been achieved without pharmaceutical sponsorship, receiving positive feedback. In addition, the new tools, referral process and statewide forms have been promoted. The following regions have been targeted with a total of over 300 clinicians attending primary care education in the last four months. Further activities are planned over the next few months.

Table1 Education events March - June 2013

<table>
<thead>
<tr>
<th>Region</th>
<th>Disciplines</th>
<th>Approximate attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Coast all</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Port Macquarie GPs, pharmacists, psychologists, Practice nurses</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Central Sydney (RACGP) GPs</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Western Sydney GPs, Practice nurses, physiotherapists, psychologists, residential care workers</td>
<td>48</td>
<td></td>
</tr>
</tbody>
</table>
Coff’s harbour | GPs, practice nurses | 30
Lismore | GPs, physiotherapists, pharmacists, exercise physiologists | 45
Australian College Rural and Remote Medicine | GPs | 35
Total | | 311

Planned Future Events
Illawarra - 4 events planned | Practice nurses and GPs | 120 expected
Orange- date TBA
Kempsey- date set
Northern Sydney- date set
South Western Sydney- Date TBA
Central Sydney

In addition, through an extensive survey process in partnership with Australian Physiotherapy Association, the Australian Practice Nurses Association and the Australian Psychological Society, 180 Primary care clinicians have been consulted regarding their needs for chronic pain education. This will assist in planning future education events.

**Theme 5 Clinical Practice Education**

**Objective 1: Provide Opportunities for Clinical Staff to build Knowledge and Skills**

Much work has been undertaken in this area by the Pain Management Research Institute (PMRI) at Royal north Shore Hospital. The ACI supports and endorses this focus, providing a stronger educational structure to underpin clinical practice.

The PMRI has provided extensive educational support under the leadership of Professor Michael Nicholas and team. The Institute has continued to offer and promote the Sydney University post graduate programmes including the Masters in Pain Management course

The 2 week short course has also provided opportunities for medical, nursing and allied health staff recently employed throughout the state with new funds, to quickly build knowledge and practical skills in this specialist area. New Tier 2 staff requiring rapid upskilling have benefited from the availability of this option particularly.

Symposiums and a Visiting Scholars’ Programme have provided regular updates in specialty areas of pain management. These have been widely promoted to the network and received positive feedback.

A series of webinars have been offered through PMRI with more to come. The webinar skills training program consists of five webinar sessions of 90 minutes duration conducted over a ten week timeframe. In each session, there is an opportunity to explore and practise clinical skills in pain management. The topics are as follows:

**Session 1:** Patient Assessment & Case Formulation

**Session 2:** Explaining Case Formulation

**Session 3:** Identifying SMART Goals

**Session 4:** Planning for Implementation
Session 5: Review of Progress & Maintenance

Additional funding from the Motor Accident Authority and the federal government has, and will continue to support this activity over the next 12 months.

Skills training videos for clinicians are also currently being developed by PMRI and will be freely available on the ACI website. This will provide a structured approach for clinicians of all backgrounds to acquire skills in pain assessment and management strategies. The topic areas for these are as follows: conducting an assessment through interview, explaining acute and chronic pain to a patient, explaining activity pacing, goal setting, and using relaxation strategies.

Theme 6 Research Programme

Objective 1: Build a 4 year Collaborative Research Plan (see Appendix 8)
In the NSW pain plan, The Pain Management Research Institute (PMRI) was identified as the lead organisation providing research and coordination of training across NSW. It was identified and endorsed by the Taskforce that in developing meaningful research capacity, a critical mass of skill and a concentration of funding at one location; PMRI, is required to improve the application and implementation of research. $735 000 was allocated in the pain plan to support the work of the PMRI on a recurrent basis.
Nevertheless, collaborations have and continue to be sought and will be expanded across the research community including The Garvan Institute, University of Sydney and Macquarie University. The intent of this collaboration is to foster multi-centre research.
The following themes have been identified and endorsed by the network as a representative of the needs of the larger pain community for the next 4 years:

Basic research
- neurophysiological and neuroplastic change in the spinal cord associated with nerve injury
- the development of new neuromodulation treatment methods
- developing an understanding of neuropathic pain and drug management

Clinical research
- neuromodulation studies
- Pharmacological studies
- Neurosensory testing and brain imaging
- Studies relating to psychological and environmental factors including Cognitive Behaviour Therapy
- Epidemiological studies

The Post-Doctoral Fellow in neuromodulation has carried out initial studies resulting in a workable technique for implanting spinal electrodes for use in small animals. A specialised neurophysiological recording system has been installed and a protocol developed for submission to Ethics for a multi-centre study. All of this work and planning will allow other centres to participate in a landmark study, providing a major opportunity for contributions from other centres, as well as input into study design, site participation, participation of research fellows etc.

Objective 2: Recruitment Aligned with priorities
A recruitment plan best meeting the priorities identified in the four year plan has been articulated. A director is being sought and the following staff appointments planned:

Post-Doctoral Fellow in Neuromodulation research 1 FTE (in e-recruit)
Post-Doctoral Fellow in Epidemiological research 1 FTE (in e-recruit)

Senior Principal Scientific Officer 0.2 FTE (in discussion with Workforce)

Hospital Scientist 1 FTE (in discussion with Workforce)

Health Service Manager 1 FTE (in discussion with Workforce)

Senior Principal Scientific Officer 1 FTE (in discussion with Workforce)

Over the past several months, several position descriptions have been developed, and appropriate individuals identified. Some staff have already commenced work on key projects eg Hospital Scientist and Health Service Manager. In particular, progress has been made in the neuromodulation research. The quality of this work has contributed to the award of an additional grant of $5 million dollars under the Medical Devices Scheme.

**Network priorities 2013-2014**

With much of the foundation work now completed, 2013-2014 will be a year of consolidation for the ACI pain network. Tier 2 services will continue to grow in experience with ongoing support and mentoring from the Supporting Tier 3 clinics. Tier 3 services will be able to continue to demonstrate increases in service activity as they realise the benefit of additional staffing. The ePPOC trial will assist with validation of the minimum dataset and provide the opportunity to begin to explore variation in outcomes across services. The website will be promoted and distributed through a range of outlets.

Accordingly, the activities of the network for the next twelve months will include:

- Continuing to support primary care with key messages, education and practical tools
- Facilitation of partnerships across the sectors
- Developing a paediatric model of care for transition to adult services
- Monitoring the database pilot working towards statewide implementation
- Developing further tools promoting consistency
- Commencing work in developing generic competencies for allied health and nursing staff
- Facilitation of telehealth as a medium to improve access to expertise from primary care
- Working with the Motor Accident Authority and Workcover to develop specific resources for assessors and case managers
- Developing specific tools for consumers and clinicians with spinal cord injury and chronic pain with funding from the Lifetime care and Support Authority
- Ongoing discussion regarding early identification and management of pain in the hospital and community environment
- Reviewing the needs of the multi-cultural and aboriginal community in relation to service delivery models for pain management

**Conclusion**

The ACI pain network is pleased to present this report outlining the key achievements in the first year of the implementation of the NSW pain plan and look forward to the opportunity to provide further updates in the coming years.
ATTACHMENTS

☐ Appendix 1 Summary Outcomes 2012-2013
☐ Appendix 2 Referral form
☐ Appendix 3 Statewide Pain Clinics
☐ Appendix 4 Guide to Pain Programmes
☐ Appendix 5 Website promotional postcards
☐ Appendix 6 Service Activity Profile
☐ Appendix 7 Minimum Dataset
☐ Appendix 8 Research Plan PMRI