PROGRESS REPORT

NSW Pain Plan Implementation report

July 30th 2014

Date submitted: April 2015

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

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 second 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 two year period.

The most significant benefits of the enhancement 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

2013-2014 Outputs

1. Education and training

With the Model of Care now established in all centres, there has been increased focus in 2013-2014 towards training and education. Training, professional development and educational opportunities including skill development in pain management have been made available through a number of mechanisms described below:

- Pain services have taken a leadership role in providing full or half day workshops to clinicians working both internal and external to the hospital in which the service is located eg 2 day workshop on pain management facilitated through Liverpool Hospital Pain Service
- The skill base available through the newly established Tier 2 pain clinics has been enhanced through the mentoring and support arrangements within and across disciplines established between the Tier 2 and Supporting Tier 3 services. This means that staff are operating with more confidence and are now able to modify programmes etc to meet the needs of the local and varying populations
- Pain clinic staff have been offered and have attended training offered through the Pain Management Research Institute (PMRI) both face to face and via webinar
- The PMRI has taken on a strong leadership role in developing learning modules for any clinician (in tertiary or primary care of any discipline) wanting to improve their skills. A series of 6 webinars can be completed in the evenings. These have been offered through Medicare Locals, ACI and other organisations who are funding the activity. The two week course has also been attended by several of the staff at pain clinics
- Some hospitals are offering opportunities to upskill rural staff in collaboration with Medicare Locals eg St Vincent’ Pain Service is providing on-site training to primary care clinicians from Sothern NSW in an observation and experiential learning capacity
- In paediatrics, a Pain symposium was held in March of 2014 sponsored through the Children’s Hospital Westmead, as well as some educational options made available through the International Diploma in Child Health. Kaleidoscope at the John Hunter Children’s Hospital initiated an education day on paediatric pain and the Sydney Children’s Hospital hosted a conference targeting paediatricians
2. New equipment and space
Unspent money from previous years has been invested in equipment including telehealth, computers, ipads for consumers to use in waiting areas, educational resources, accessible radiofrequency equipment, ultrasound resulting in lower demand on theatre time. Concord has developed new clinic space providing greater proximity for clinicians in the one area and facilitating more collaboration and communication.

3. Primary care – promotion of evidence based pain management
Activity in primary care has been varied and consistent across most LHDs including:
- Lunchtime education visits to large GP practices- St Vincent’s, Orange
- Distribution of resources across primary care – all Medicare Locals
- GP telephone support and management, post discharge follow up
- Partnerships in the development of referral pathways and resources through Healthpathways or similar – Port Macquarie, Westmead, POWH, St Vincents, RPAH
- Publication of articles for GP and Family Practice Journals
- Newsletters through Medicare Locals (ML) and professional organisations
- Full and half day forums and education sessions in partnership with Medicare Locals-Nepean, Orange, St Vincent’s, POW, RPAH, Concord, Children’s Hospital Westmead, Sydney Children’s Hospital John Hunter Children’s Hospital,
- The development of ‘train the trainer’ approaches for physiotherapists- Lismore, Orange
- Over 3000 primary care clinicians from medical, nursing and allied health background have attended education provided through pain services, ACI and Medicare Locals.
- Pain management website has been heavily promoted through all LHDs

4. Consistent Model of care facilitated by increased staffing
- All positions have now been finalised enabling multi and interdisciplinary team assessment and management as routine practice. The increased capacity of allied health and nursing staffing has assisted greatly with succession planning and less reliance on medical staff who in many cases were the only discipline available.
- Some centres, for example Liverpool, Children’s services and St Vincent’s have doubled capacity to see patients in their pain programmes.
- POWH and Westmead are now offering pain programmes as part of their suite of services. Previously this was not possible due to resource restrictions. Port Kembla are offering a new pain programme and attending the Shoalhaven clinic weekly
- Nursing positions have enabled liaison support to occur in many centres that was previously not possible.
- The average waiting time across NSW for clinic appointment is 18 weeks.

5. Innovation
- Pain education sessions for multicultural communities have commenced at Liverpool and Port Kembla
- An acute to chronic pain clinic is offered through Orange, Port Kembla, Tamworth, RPAH and Concord
- Pre assessment education is being provided through 9 of the 19 clinics in NSW. This enables people with pain to access information and understanding about pain management and what is offered through the clinics within 1 month of referral
- Telehealth as a modality to increase access for people living in rural and remote regions is being pursued at St Vincent’s (50 consultations), John Hunter and Greenwich Hospital
- JHH are providing telehealth medical support to Tamworth whilst they are recruiting a new staff specialist
• Orange hospital is now offering ketamine infusions and intrathecal pump filling as part of their service options
• Concord has initiated a triage clinic reducing waiting times
• RNSH has introduced a new pathway for back pain
• A new module has been developed on the ACI Pain Management website: Spinal cord injury and chronic pain
• 2 new U tube videos on pain and opioids have been developed by HNE pain service

6. Eppoc
All sites have now had the patient outcome data benchmarking system (Electronic persistent pain collaboration) installed and training has been undertaken. The second report has been made available which has indicated that whilst initial data entry and compliance is good, follow up data collection is challenging. This will be a focus for improvement over the next 12 month period

Key enablers identified for a Pain service
1. Administrative support has been highlighted as an essential aspect of service delivery. Administrative officers are required to facilitate referral and triage as well as provide access to patient data for eppoc.
2. A consistent and dedicated Medical Director has also been identified as a critical element in order to provide the leadership for the team, to facilitate acceptance of complex patients to the service, and provide primary care support
3. Access to training and support in an ongoing capacity is essential to assist new staff entering services, but also for existing staff to manage a demanding and difficult caseload
4. Rural centres have identified the difficulty of managing a service in a part time capacity (funding restricts, specifically highlighting the issue of annual leave or changeover in staff as particular issues which impede referrals through to the clinic
5. Managerial support to approve and rapidly recruit to positions left vacant will improve the ability to meet deliverables. This is particularly important in rural areas where teams are small
6. A dedicated clinic space is also a key enabler with rooms available for individual consultation. All members of the team need to be accessible in the one place so that integrated care planning and service delivery can be achieved
7. Mentoring is important for services that are in establishment phase. This can take many forms which include team videoconferencing, telephone liaison, joint consultations, site visits etc. Also, it is preferable for any new staff entering a service, that a mentor from the same discipline is appointed for reference and ongoing support
8. Connection of the team to the model of care through participation and contribution to the various working groups of the ACI is critical to advancing the objectives of the model

Network priorities 2015-2016
1. Primary care support remains a major strategic priority, particularly focussing on early identification and translation of key messages. Strategies such as webinars, primary care education, community pain programmes, promotion of the website will support this
2. Pursue understanding of CALD and Aboriginal/Torres Strait Islander issues and develop appropriate resources
3. Gaps in the service model exist in many rural and some metropolitan areas of NSW including Central coast, Far Western NSW, South Coast, Murrumbidgee LHD. The Central Coast is an area of priority. Lobbying needs to continue to address these gaps
4. Using a partnership with Health Direct, ACI pain network will pursue the establishment of a telehealth ‘room’ for piloting the service at 2 sites and commence discussion at the Ministry Of Health regarding funding possibilities for specialty services eg pain and dementia, pain for rural and remote consumers. A GP centred model provides the best supported model.

5. The development of resources and materials to support the model of care for adolescents transitioning to adult services. An appropriate management structure for this population is likely to be one of the most important projects of the ACI to deal with over the next few years. It has flow on effects to all adult services in the state, and if not appropriately dealt with, is likely to have a major negative impact upon the whole pain initiative instituted by the NSW government.

6. Benchmarking workshops to enable NSW pain clinics to explore the data and clinical service variation.