Bristol Health Partners

Chronic Pain Health Integration Team

Chronic Pain Health Integration Team
Strategy Document 2020-2023

This document, generated by members of the Bristol Health Partners Chronic Pain Health Integration Team (CP HIT), sets out the focus for our HIT for the next three years (2020-23) based on past and present strengths, and emerging opportunities.

For the purpose of this document we adopt the International Association for the Study of Pain (IASP) 2020 definition of pain:
"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage,"[1]

Pain can be classified as acute (duration less than 3 months), or chronic (pain that persists or recurs for longer than 3 months[2]). It is chronic pain that our HIT is focused on.

Chronic pain
Chronic Pain (CP) affects around 1 in 5 of the adult population[3] and represents a major global burden in terms of years lived with disability and the economic impact due to health resources used and work absenteeism[4]. The most common clinical presentations causing CP are non-specific low back pain, regional joint pain, neuropathic pain and widespread musculoskeletal pain/fibromyalgia. From a public health perspective, the challenge is to prevent the development and/or progression of disabling CP[5]. Significantly, the prevalence of CP is increasing as predisposing conditions (such as obesity, diabetes mellitus and malignancy) become more common and as a consequence of the ageing population, with people living much longer, often with multiple long-term conditions including CP. GP attendances for CP equates to 4.6 million per annum and ~£584 million for prescription pain medications[6,7]. People with CP commonly experience poor response to current treatments, may be very disabled, and their care is primarily focused on self-management of persistent pain.

In 2020 the World Health Organisation (WHO) and IASP published a new classification for CP as part of the 11th revision of the International Classification of Diseases (ICD)[8,9]. CP is now recognised as a disease in its own right and within the classification framework CP sits as the 'parent' diagnosis with seven categories within it:

- Chronic cancer related pain
- Chronic post-surgical or post traumatic pain
- Chronic secondary musculoskeletal pain
- Chronic neuropathic pain
- Chronic secondary headache or orofacial pain
- Chronic visceral pain
- Chronic primary pain

This new classification of CP provides opportunities for all of the CP HIT's activities, including the potential for more accurate coding of patients, tailored pathways of care and research interventions, as well as raising the public profile of CP and influencing policy makers. We aim to make an impact in these areas.

Chronic Pain Health Integration Team
Under the leadership of Professor David Wynick, the formerly named Integrated Pain Management (IPM) HIT was established in 2014. The focus of the HIT was on promoting a fully integrated, multidisciplinary, life span clinical service for people with CP. It brought together senior clinicians, researchers, local and national health commissioners, and service users across Bristol and Bath.

This HIT has always greatly benefited from the multidisciplinary research programmes and international expertise in the management of CP that our members provide. The first five years of the HIT were focused on ensuring these resources were directly integrated into our clinical services to support improvements in performance, productivity and efficiency in the management of CP. An interdisciplinary training programme, delivered via face to face events, shared best practice to improve the uniformity of clinical services and to train the next generation of outstanding clinicians who deliver our pain services. Included within this programme of work was a specific 18-month project to improve the delivery model of the pain pathway by improving the integration between primary and secondary care providers across the Bristol Health Partners' region. This work was part of the wider redesign of musculoskeletal services by Healthier Together - the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership (BNSSG STP). This latter piece of work is still ongoing.

In 2019 there was a brief suspension of HIT activities due to changes in the leadership, and in October 2019 Prof Candy McCabe took over as the new Director. This change in leadership provided a timely opportunity to review and 'refresh' the work of the HIT and develop a new three-year strategy that builds upon the HIT's achievements to date. Consistent with these changes the name of the HIT has been modified and simplified to Chronic Pain Health Integration Team. Other personnel changes included the appointment of a new HIT Project Manager and HIT Administrator. These personnel have been key in the drafting and finalisation of the new strategy and will support its delivery over the next three years.

Vision

Everyone living with chronic pain in our community has access to the support they need.

Mission

To ensure that people living with chronic pain in our region will have equal access to timely, evidence-based information and support from appropriately trained health and social practitioners, and access to participate in research studies that further build the evidence base; and that people outside of our HIT, including commissioners and policy makers will be aware of the personal and societal impact of chronic pain and the work of our HIT.

Aims and objectives for 2020-23

Aim 1: To have an integrated and consistently adopted regional delivery model of the pain pathway that utilises WHO ICD-11 diagnostic criteria and multidisciplinary triage practices.

Objectives

1. Promote the use of WHO ICD 11 throughout all pain practice in our region.

2. Actively participate in, and where appropriate lead, the system work to improve and evaluate a delivery model that integrates the pain pathway across our community, with a focus on early, blended multi-professional triage within current clinical pathways.

3. Be proactive in identifying and addressing health inequalities in access to pain services and promote inclusivity in design and delivery.

4. Capture changes to service delivery, and service resources for managing pain in light of COVID-19 and map current care against published best practice.

Aim 2: To create and test one or more regional Chronic Pain information resource centres that deliver timely, evidence-based information and support for people with chronic pain, and for health and social care professionals.

Objectives

1. Describe the content, contribution and location (virtual or otherwise), of one or more Chronic Pain resource centres that are tailored to the needs of our population, and utilise existing resources and systems.

2. Develop, implement and evaluate new educational resources that model excellent communication and consultation skills for healthcare professionals working with people with chronic pain.

3. Pilot and evaluate this work in practice.

4. Secure resources to support the long-term implementation of this initiative.

Aim 3: To conduct and collate research that informs evidence-based practice, for the benefit of those with chronic pain

Objectives

1. Bring together ARC West and other regional NIHR organisations and charities, ensuring we network effectively, build research collaborations, and identify joint research opportunities.

2. Promote collaborative research opportunities via timely communication with HIT membership.

3. Lead and contribute to collaborative funding applications relevant to the HIT.

4. Maintain HIT specific Patient and Public Involvement and Engagement group and work with this group, and other PPIE groups as relevant, to support grant applications and funded grants.

Aim 4: To bring together HIT members' clinical, education and research activities, making them available to each other and using them to influence commissioners and policy makers

Objectives

1. Collate information from Aims 1 and 3 on clinical and research activities that can be hosted on a shareable e-platform and inform the content of Aim 2.

2. Use the above information to describe the HIT's areas of expertise and resources available across the BNSSG and BSW STPs to identify knowledge gaps and barriers, and identify potential collaborators.

3. Increase the impact of our HIT by raising our profile via public engagement activities.

4. Use the resources and skills within our HIT to actively influence commissioners and policy makers for the benefit of people with chronic pain.

HIT membership and management
At the time of drafting this strategy, the HIT comprised approximately 80 members.
The Executive Committee is as below and will meet quarterly.

An annual work plan will describe how the objectives in the strategy will be delivered. The HIT Director and Project Manager are responsible for developing the plan for endorsement by the Executive committee. Delivery will be co-ordinated by the HIT Director and Project Manager with individual tasks delegated to HIT members.

Patient and Public Involvement and Engagement is considered an essential component of ALL of our activities. We will follow best practice guidance and use local and national education and training resources (INVOLVE, People in Health West of England, Bristol Health Partners Digital Health Training) to equip our research partners to be integral members of our research teams.

The CP HIT is committed to promoting and developing equality and diversity, and will follow best practice to support inclusivity in all of its activities.

Executive Committee
Professor Candy McCabe – BHP Chronic Pain HIT Director, Florence Nightingale Foundation Clinical Professor in Nursing University of the West of England, Bristol & Head of Research, Dorothy House Hospice Care, Winsley
Dr Ali Llewellyn – BHP Chronic Pain HIT Project Manager, Senior Research Fellow, Centre for Health & Clinical Research, University of the West of England
Charlotte Spence – BHP Chronic Pain HIT Administrator, Research Team Co-ordinator, Dorothy House Hospice Care, Winsley
Shass Blake – Patient Partner and Public Education and Information
James Byron – Director of Marketing and Engagement, Dorothy House Hospice
Dr Jeremy Gauntlett-Gilbert – Principal Clinical Psychologist, Bath Centre for Pain Services, RNHRD, RUH NHS FT
Rachel Goodwin – Lead Physiotherapist in Pain Management, UHBW NHS FT
Professor Edmund Keogh – Professor in Psychology, Deputy Director of Bath Centre for Pain Research, University of Bath
Dr Jenny Lewis – Clinical Research Occupational Therapist, RNHRD, RUH NHS FT & Senior Lecturer, Dept. of Allied Health Professionals, University of the West of England
Dr Sarah Love-Jones – Pain Consultant, North Bristol NHS FT, Pain Clinic
Dr David Porteous – GP and Clinical Director FABB Primary Care Network, Fishponds Family Practice
Dr Tomas Welsh – Consultant Geriatrician, RUH NHS FT, Research Fellow, Research Institute for the Care of Older People (RICE), University of Bristol
Elizabeth Williams – Transformation Manager for Planned Care**,** NHS Bristol, North Somerset & South Gloucestershire CCG
Professor David Wynick – Professor of Molecular Medicine, University of Bristol. Honorary Consultant in Pain Medicine, UHBW NHS FT

Institutional affiliations
The Bristol Health Partners Chronic Pain HIT recognises that partnership working is fundamental to its success. Our primary partners, identified at the time of drafting this strategy document, are listed here:

- Avon and Wiltshire Mental Health Partnership NHS Trust
- BANES, Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP)

- Bristol, North Somerset, South Gloucestershire Sustainability and Transformation Partnership (BNSSG STP)
- North Bristol NHS Trust (NBT)
- Royal United Hospitals Bath NHS Foundation Trust (RUH)
- University of Bath (UoBath)
- University of Bristol (UoB)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)
- University of the West of England, Bristol (UWE)
- Vita Health Group

Document review: August 2023

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2. Merskey H, Albe Fessard D, Bonica JJ, Carmon A, Dubner R, Kerr FWL, Lindblom U, Mumford JM, Nathan PW, Noordenbos W, Pagni CA, Renaer MJ, Sternbach RA, Sunderland S. Pain terms: a list with definitions and notes on usage. Recommended by the IASP subcommittee on taxonomy. Pain 1979;6:249–52
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5. Blyth FM, Van Der Windt DA, Croft PR. Chronic Disabling Pain: A Significant Public Health Problem. Am J Prev Med, 2015; 49(1): 98-101.
6. Belsey J. Primary care workload in the management of chronic pain: a retrospective cohort study using a GP database to identify resource implications for UK primary care. J Med Econ.2002; 5:39-52
7. Maniadakis N, Gray A. The economic burden of back pain in the UK. Pain 2000; Jan;84(1):95-103.
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9. ICD-11. International Classification of Diseases 11th Revision. https://icd.who.int/en (accessed May 2020)

Appendix 1

Strategy development process

The first draft of this strategy document was compiled by the HIT management team in Spring 2020 and considered by the CP HIT Executive Committee in May prior to inviting feedback from the membership. The final strategy was agreed in August 2020.

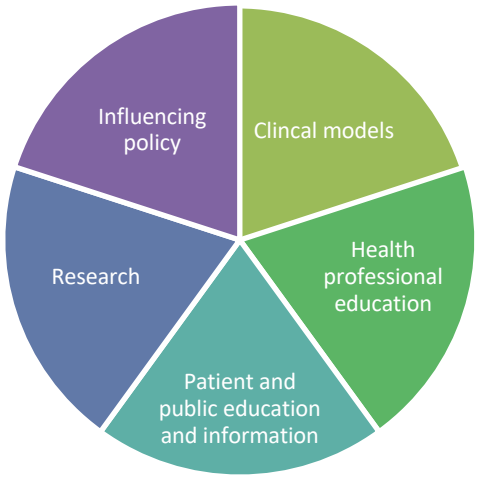
Strategy development workshop

A half day workshop, held in January 2020, was attended by 46 people who represented health and social care services and commissioning relevant to CP across the Bristol and Bath region; and 15 people with a wide range of CP conditions and their carers.

Organisations represented are listed below:

Bristol, North Somerset, South Gloucestershire CCG	University of the West of England, Bristol	Royal United Hospitals Bath NHS Foundation Trust
Fishponds Family Practice	University of Bristol	University Hospitals Bristol NHS Foundation Trust
Dorothy House Hospice	University of Bath	North Bristol NHS Trust
Hartwood Healthcare	VITA Minds	North Somerset Community Partnership
Virgin Care	Addaction	Institute for the Care of Older People (RICE)
Wellspring Healthy Living Centre	Royds Withy King Solicitors	Bristol Fibromyalgia ME/CFS Support Group

Via a range of interactive and collaborative activities conducted over the course of the workshop, the participants worked across disciplines, organisations, and interest areas under five key themes that represent Bristol Health Partners' primary activities:



Within each theme, participants were asked to define what their 'burning issues' were and which one of these was a priority area for our HIT over the next three years. Taking their priority area they described:

- What excellence would look like,
- What the current state is, and
- What work is needed to be achieved in the next 3 years to work towards excellence.

Workshop outcomes

Messages from the workshop were remarkably consistent across the five themes about what were considered the future priority areas for our HIT. In summary, participants stated they wanted to work towards:

1. The creation of one or more CP 'hubs'/information resource centre/s (name to be finalised), that is a central repository of evidence-based information and resources for people with CP, their families and carers, and healthcare professionals. HIT members wanted this hub to be accessible, non-judgemental and tailored to the communities' needs. The need for **consistent** information **early** in the chronic pain pathway was considered essential for patients and Primary Care services.

2. Advocating the use of the new WHO ICD 11 diagnostic criteria for CP by healthcare professionals, and to develop online resources for healthcare professionals that provide exemplars of how to communicate effectively and supportively with people with CP. A case study, role play approach was considered an option to model such conversations.

3. Developing an "early blended, multidisciplinary triage" for all people given a diagnosis of CP so that **early** in the pathway people are effectively and efficiently signposted to the relevant services, and provided with tailored resources to optimise their quality of life and management of their pain. It was proposed this is fed into the work on the revision and redesign of the CP patient pathway in BNSSG STP.

4. Having a better understanding of what expertise is available, and what research is currently being undertaken across our HIT region in order to improve knowledge, understanding and patient experience. Mapping techniques, evidence synthesis and ARC West resources were suggested as means to elicit this information. To then consider the relevance and application of this expertise and research to the local population and identify where the knowledge gaps and barriers to implementation lie in the context of published literature, national and international guidelines. There was a desire to re-visit the previous HIT work on the use of a common outcome measure set across the HIT region.

5. Having the required information to hand, in a central location, in order to help influence policy makers and commissioners. To consider using 'citizen science' alongside more traditional research activities in order to expedite change and ensure we are focused on our populations' health and well-being.

6. Renaming the HIT as the 'Chronic Pain HIT'.

Appendix 2

Section C: Strengths, Weaknesses, Opportunities and Threats

Strengths

- People with chronic pain, and those who provide care are active members of our HIT
- Membership is truly multi-disciplinary with representation from health and social care providers, commissioners and academic institutions across our region
- The membership is enthusiastic and committed to see change in the delivery and management of chronic pain
- Research active membership with strong national and international profiles.
- Excellent breadth of different service providers for chronic pain in our region from community and Primary care services, through to District General Hospitals and highly specialised national services
- Well networked membership to relevant professional bodies, Charities and funding organisations
- Support from Bristol Health Partners and knowledge sharing opportunities across HITs

Weaknesses

- Dispersed nature of membership
- Virtual organisation that relies on members good will to advance strategy.
- Limited financial resources
- Other demands on members' time that are likely to have higher priority than HIT activities
- Large geographical region

Threats

- Maintaining momentum
- Current pandemic and impact on all aspects of healthcare delivery and face to face meetings of large groups e.g. workshop type activities
- Members perceiving that HIT activities are not relevant or useful to them

Opportunities

- A large number of new members with an excellent breadth of knowledge, skills and networks
- New strategic plan to re-energise the HIT
- Large geographical region
- New STPs in Bristol and Bath region and their plans for service re-design
- NIHR Applied Research Collaboration West
- Successful renewal of NIHR School for Primary Care Research, Bristol
- New designation of NIHR/NHSE Academic Health Science Centre, Bristol Health Partners
- COVID-19 and the management of chronic pain post-virus