

**SERVICE DEVELOPMENT AND COMMISSIONING DIRECTIVE
– CHRONIC NON MALIGNANT PAIN**

STATUS: For Discussion / For Decision / For Information

Members are asked to:

- Note the commissioning remit of HCW in respect of pain management techniques.

1.0 PURPOSE OF PAPER

This paper clarifies the commissioning responsibility of HCW for pain management techniques and cognitive behavioural therapy following the recent publication of the Service Development and Commissioning Directives for Chronic Non-Malignant Pain.

2.0 INTRODUCTION

Under WHC (2003) 63, identifies Health Commission Wales as having responsibility for commissioning pain management as set out in the highlighted sections of the following definitions:

Orthopaedic

Surgery for spinal injury or deformity, tumours of the spinal column, **management of difficult back pain and instability**, spinal infections, pelvic osteotomy, major limb deformities, bone tumours, complex or difficult fractures, specialised revision arthroplasty.

Pain management

Specialised referral centre facility; advanced pain management techniques in adult palliative care, assessment and management of patients with complex intractable non malignant pain, neuromodulatory techniques, neurodestructive techniques, drug delivery systems and intensive inter-disciplinary cognitive behavioral therapy.

Rheumatology

Key conditions that require specialised treatment include: juvenile idiopathic arthritis; inflammatory connective tissue disease; primary vasculitis; severe cases of infection (in conjunction with the orthopaedic surgeons) - e.g. septic Arthritis, osteomyelitis; **complex chronic fatigue and chronic pain syndromes**

3.0 CURRENT POSITION

Orthopaedic

Whilst orthopaedics services in Wales have never been resource mapped to Health Commission Wales, HCW does hold a contract with Royal Orthopaedic Hospital for specialised orthopaedics, which would include the management of difficult back pain and instability. However, in view of the existing casemix for neurosurgery, a proportion of cases that fall within this category are also managed by neurosurgeons.

Rheumatology

Rheumatology services were not resource mapped to HCW, and as a consequence it does not hold any SLAs with providers of rheumatology services, although a small number of highly complex cases are referred to the IPC panel, a sizeable proportion of which are for chronic pain syndromes.

Pain management

With regard to the aspects identified within the Pain Management definition, HCW commissions neuromodulatory (i.e. Spinal Cord Stimulator), neurodestructive (i.e. Gamma Knife), and drug delivery systems (i.e. intrathecal pumps) through its contracts with neurosciences services. At present there is only one residential cognitive behavioural pain management programme based within Wales. This service is based at Bronllys Hospital and is commissioned by a number of Local Health Boards in South Wales. This service has not been commissioned by Local Health Boards in North Wales, and in the absence of this secondary care provision, clinicians have referred patients to the tertiary care pain management programme at the Walton Centre. HCW has historically dealt with these referrals on an IPC basis, and has only approved referrals to the service when there is evidence that the local secondary care pain management teams have been involved with the management of the patient.

4.0 SERVICE DEVELOPMENT AND COMMISSIONING DIRECTIVE – CHRONIC NON MALIGNANT PAIN

On the 19th June 2008, the Welsh Assembly Government published the Service Development and Commissioning Directives for Chronic Non-Malignant Pain (CNMP). This clearly identifies that the Local Health Boards are responsible for the commissioning and planning of pain management services for patients with Chronic Non-Malignant Pain. It specifically identifies a key action for Local Health Boards to ensure the provision of in-patient and day case facilities are provided for patients with CNMP by March 2009. The directives also state that the majority of people living with CNMP can be appropriately managed within primary care, although some patients may require in-patient programmes such as the residential pain management programme provided at Bronllys which is commissioned by Local Health Boards in South Wales.

5.0 HCW/LHB Interface Group

HCW presented a draft commissioning position on its responsibility for pain management services to the HCW/LHB interface on the 23rd July 2008. It was agreed that HCW would work together with the Local Health Boards to agree a collective position on the commissioning of pain management services.

6.0 FINANCIAL CONSEQUENCES

The tertiary care pain management programmes provided by tertiary care providers in England are significantly more expensive than the secondary care service provided by Powys LHB.

7.0 EQUITY BETWEEN REGIONS IN WALES

The absence of a residential pain management programme in North Wales means that there is inequitable provision across Wales.

8.0 IMPACT ON OTHER SERVICES

There is concern that the demand for cognitive behavioural pain management programmes at centres such as Bronllys and Walton are a consequence of inadequate primary and secondary care provision.

9.0 HUMAN RIGHTS AND WELSH LANGUAGE ACT

The subject of this report has been checked for compliance with the Human Rights Act, the Race Relations Acts and Welsh Language Acts.

There is full compliance with the Acts.

10.0 ACTION PLANNED

HCW will continue to commission neuromodulatory, neurodestructive and drug delivery systems within the criteria of existing commissioning policies (e.g. Stereotactic Radio Surgery).

HCW will continue the work agreed with Local Health Boards at the interface group to ensure that there is clarity about the respective role of each organisation in the commissioning of pain management services. A commissioning policy will be finalised before the 1st April 2009.

In the interim HCW will redirect all funding requests received for cognitive behavioural management programmes, for patients with CNMP, to Local Health Boards as part of their responsibility to provide in-patient and day case facilities are provided for patients with CNMP by March 2009.

11.0 RECOMMENDATIONS

Members of the NCAB Board are recommended to:-

- Approve the proposed action plan.

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