South East London Integrated Care System

NHS South East London

SEL and Southwark Chronic Pain Update

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Dr Nancy Kuchemann - Clinical and Care Professional Lead, Partnership Southwark
Dr Tom Smith - Consultant in Pain Medicine, Serivce Lead, Guy's and St Thomas'
Rashida Pickford - Consultant Physiotherapist, Guy's and St Thomas'
Russell Don – Programme Manager, Partnership Southwark

Chronic Musculo-skeletal (MSK) pain

This slide introduces chronic MSK pain. It is recognised that there is some debate regarding that the language and definitions for chronic pain. These definitions are taken from the NICE NG193 guidance.

Chronic MSK pain	• Also known as long term or persistent pain, usually refers to pain that has been there for **more than three months**. • Chronic **primary pain** has no clear underlying condition or is where the impact of the pain is out of proportion to the injury/ disease. This includes fibromyalgia. • Chronic **secondary pain** is whereby pain is regarded as a symptom of a, injury/ disease. • Chronic primary and secondary pain can coexist. • **High-impact pain** is moderate to severely disabling pain.
Why is this a priority?	• **34%** of adults in England reported experiencing chronic pain, **84%** is likely to be MSK • **5.5 million** people in England are affected by moderate to severely disabling pain, preventing them from activities that includes work and carrying out household tasks • **Early intervention** for MSK pain can reduce incidence of chronic MSK pain • **Healthy weight** and **increasing physical activity** can help reduce incidence of chronic MSK pain • If poorly managed, chronic MSK pain can result in **obesity.** • Chronic pain can also have adverse effects on a person's **mental health**[3]. **Depression is four times more prevalent** in people with chronic pain
Health inequalities	• **Age** - affects people more as people get older. This is likely to be as some MSK conditions are more prevalent as people age • **Ethnic minority** – black people are more likely to have chronic pain, people who describe themselves as Asian are more likely to report high-impact pain • **Deprivation** - chronic pain drives people into poverty and isolation and impacts relationships with family and friends. People with high-impact chronic pain are also half as likely to be in paid work

Understanding the local population

Chronic MSK pain affects people differently. It is important to understand our local population so we can ensure the most appropriate care is provided. Below looks at the demographics across SEL and Southwark and what this might mean for the provision of care.

Age
In Southwark over 7,400 people are on pain medications, of these 62% are under 70 years old (Southwark Multiple LTC JSNA 2018)

Possible impact – younger populations may need a more targeted approach and the impact this has on working age adults

Deprivation
In SEL, Southwark Greenwich, Lambeth, Lewisham and have higher levels of deprivation

Possible impact – where there are higher levels of deprivation there may be a greater need for support for chronic MSK pain, particular for social prescribing and supporting people to work.

Ethnic diversity
Compared to regional and national averages Southwark, Lambeth, Lewisham and Greenwich have more people from ethnic minorities

Possible impact – where there is a higher proportion from an ethnic minority there may be a greater need for support for chronic MSK pain, or further exploration as to whether there is an unmet need.

Obesity and inactivity
Southwark and Greenwich have a more inactive population. Bexley, Bromley and Greenwich have a more overweight population.

Possible impact – to support people with chronic MSK pain, where the population is more overweight and there are higher levels of inactivity, a targeted approach may be needed for weight management and increased activity.

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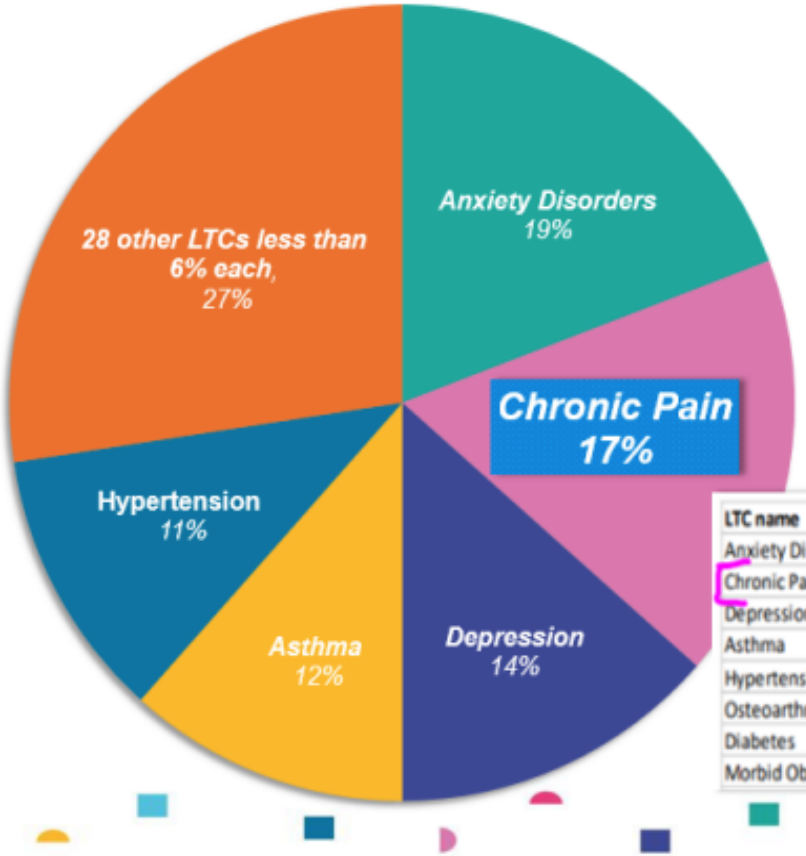
Chronic Pain – Inequalities, 2022

Pie Chart 1. Prevalence of 'Top 12' Long Term Conditions in all adults registered at GP practices in Lambeth; data for whole adult population:



Black Females (34.4%) are the most impacted population for chronic pain

- x2 rates in the general adult population;
- almost double the rate when compared to black male (18.3%) & white female (19.8%) populations in Lambeth

Table 1. Extract of the raw data *(Lambeth Data Net, n = 344,937)* detailing the prevalence and health inequalities impact of Long Term Conditions in Lambeth

LTC name	Prevalence	White	Black	Asian	Male	Female	Most dep	Least dep	Black Male	Black Female	White Male	White Female
Anxiety Disorders	19.2	21.4	19.2	15.3	14.3	24.3	20.4	18.6	12.4	25.6	16.7	26.2
Chronic Pain	17.3	16.1	26.5	17.0	12.8	21.9	21.7	14.6	18.3	34.4	12.5	19.8
Depression	13.5	15.1	13.7	9.9	10.6	16.5	14.9	12.1	9.7	17.6	12.4	17.9
Asthma	11.6	12.4	12.3	11.0	11.2	12.1	12.0	11.4	10.8	13.8	12.3	12.6
Hypertension	11.0	8.4	22.7	13.0	10.5	11.4	13.4	9.8	20.2	25.0	8.9	7.8
Osteoarthritis	5.6	4.9	9.8	6.0	3.8	7.4	6.7	5.0	5.8	13.5	3.8	6.1
Diabetes	5.6	3.5	11.9	11.1	5.7	5.5	7.3	4.5	11.5	12.3	3.9	3.0
Morbid Obesity	3.5	2.9	7.1	2.0	2.1	5.0	5.0	2.5	3.1	10.9	2.2	3.6

Feedback on current provision

In breakout groups, participants including people living with chronic pain, were asked to consider what they think works well with the current care for people with chronic MSK pain and where they think there are opportunities for improvement. Themes that emerged are shown below.

What works well?

- Increase in primary care workforce to support patients and provide holistic care, including, first contact practioners (FCP), health coaches, care co-ordinators and social prescribers
- Effective MSK Single Point of Access pathways are in place to ensure patients access the right care first time
- Although there is variation across SEL, there is a need to increase in services available to support people with chronic MSK pain including peer support groups and online support and ‘getubetter’ app
- In some areas, there is evidence of multi-disciplinary working to support patient care, e.g. pain management programmes and multi-disciplinary team meetings

What are the challenges/ barriers?

- Waiting times can be long
- Limited use of clinical / patient reported outcomes in chronic MSK pain to inform service delivery
- There are too many options ensuring patients able to access the right services first time
- Due to resource and capacity constraints sometimes, there is limited flexibility of services, e.g. locations and hours
- There have been challenges in recruiting to chronic MSK pain workforce e.g. clinical psychologists

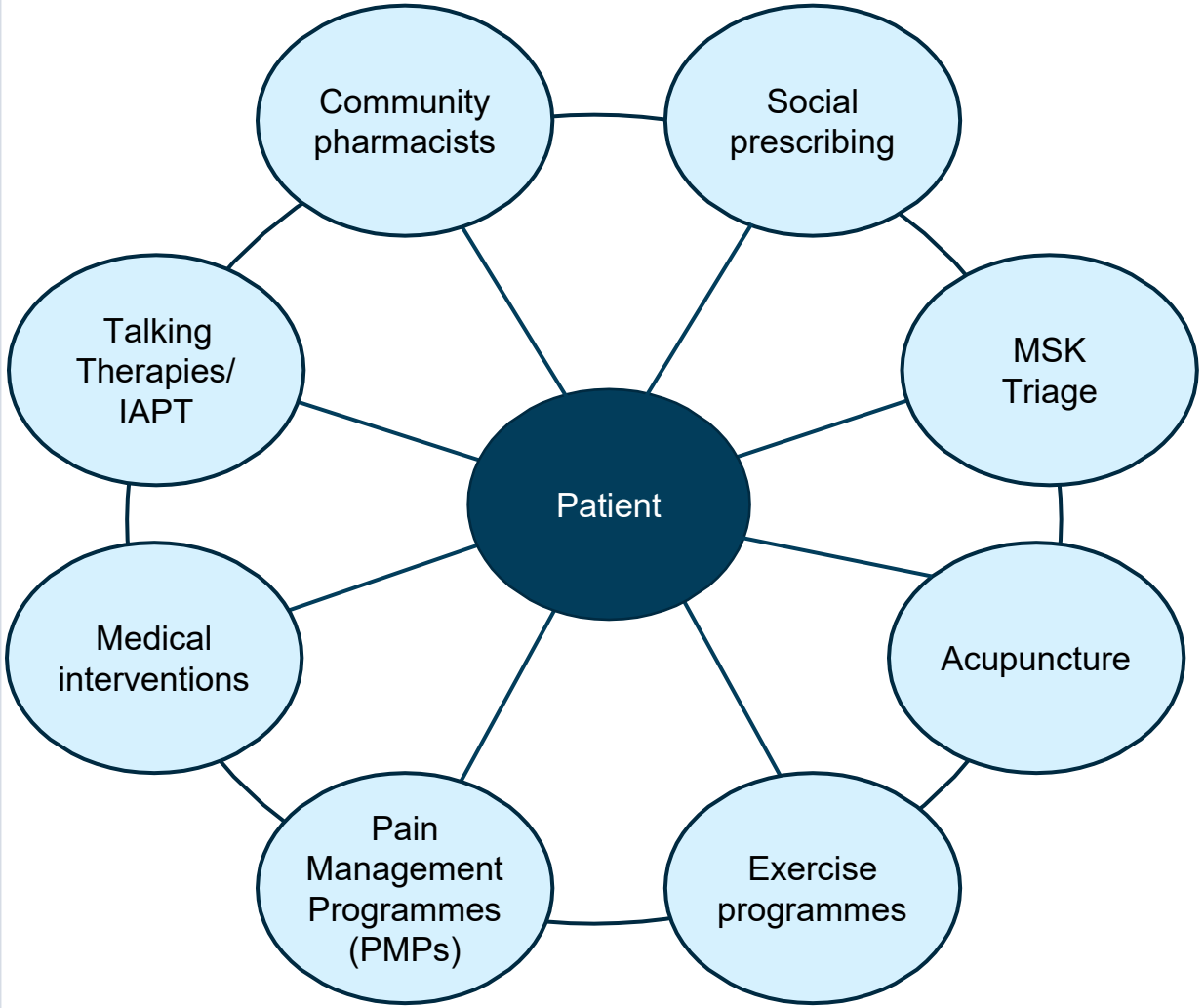
National recommendations

National guidance is for health services to provide a pain network to enable people with chronic MSK pain to be channelled to the most appropriate service for their need.

Only 2-3% of patents need to be seen in a specialist pain serivce

The diagram on the right hand side outlines a proposed high level model of what this network might include, with **overarching principles** detailed below.

- Data driven approaches to meet the need of the local population
- Biopsychosocial approach with multidisciplinary workforce
- Appropriate use of medicines.
- Emphasis on self-management strategies and education
- Personalised care embedded throughout with clear support plan
- Provide support for work and education
- Access to peer support either virtually or face to face.
- Social, emotional, expectations and beliefs, mental health and biological factors should be considered when assessing chronic MSK pain
- Offer re-assessment if a person has a flare up



Local provision (1/2)

The next two slides detail the current care for people with chronic MSK pain in SEL compared to the national recommendations Throughout patient pathway there should be links with non-healthcare services to enhance self-management and the promotion of living well with a long-term conditions. This includes but is not limited to voluntary sector and groups in the community, peer suppport, social prescribers.

Primary care provision

	Good awareness for what is available	Able to refer to Talking Therapies/ IAPT	MSK FCP provision	Social prescribers with knowledge of pain
Bexley	Unknown	✓	×	Partly known –
Bromley		✓	Partial	
Greenwich		✓	Partial	
Lambeth		✓	Partial	
Lewisham		✓	✓	
Southwark		✓	✓	

Community MSK services provision

	MSK SPOA triage including pain	Secondary prevention groups	**Tier 1:** Pain management services (incl. clinical psychology)	Integration with secondary care E.g. MDT meetings	Acupuncture
Oxleas & KCH (Bexley)	✓	✓	✓	✓	✓
Vita (Bromley)	✓	✓	×	×	×
Circle (Greenwich)	✓	✓	×	×	?
GSTT (Lambeth/ Southwark)	✓	✓	×	✓	✓
LGT (Lewisham)	×	✓	✓	✓	✓
KCH (Southwark)	✓	✓	×	✓	✓

Discussion summary

Primary care provision

- Agreed the importance of linking with social prescribers
- A practice level pain register can help target patients that may benefit from a referral to social prescribers and referrals to MSK FCP provision
- Consider referral to Talking Therapies i for patients with chronic MSK pain

Secondary care provision (next slide)

- Pain clinics are included

General comments

- Most patient don't need to be medicalised
- There is a wide variety of presentations, not one size fits all

Local provision (2/2)

As a continuation from the previous slide, below details chronic MSK pain services in secondary care and the provision of Pain Management Programmes (PMPs) in SEL.

Secondary care provision

	Tier 2: Multi-disciplinary pain management services	MDT meetings	Pain clinics, including medical interventions e.g. neuromodulation	**Ability to access Tier 3**: Adult Highly Specialist Pain Management Services
GSTT	Medical Consultants, Pain Nurse Specialist, Physiotherapists and Clinical Psychologist.	Ortho/ Spine/ Pain MDT	✓	✓
KCH	Medical consultant	Spine MDT	✓	Unknown
LGT	Medical Consultants, Pain Nurse Specialist, and Clinical Psychologist.	Pain MDT	✓	Ability to refer onwards

Pain Management Programmes

	Below provides an overview of PMPs provided in each borough.
Oxleas & KCH (Bexley)	MSK Pain Pathway - Consultant nurse led team as non-interventional service, including MDT PMP
Vita Health Group (Bromley)	Back skills programme – six weeks, physiotherapy led (back pain)
Circle (Greenwich)	Pathway to pain – online pain programme iBEST – online, 6 week programme (back pain)
GSTT (Lambeth/ Southwark)	Physiotherapy led back pain group INPUT (tertiary care)
LGT (Lewisham)	CALM service – includes 1:1 and MDT PMP, only secondary care referrals
KCH (Southwark)	Physiotherapy led back pain group. Fibromyalgia “FAME” - physio led with pain nurse and expert patient

Training and education

Ensure there is provision of training and education for clinicians working with people with chronic MSK pain

Background:

Feedback from people with lived experience of chronic MSK pain is that they hear different messages from different clinicians. There is a need to ensure care is consistent as per best practices across SEL. A sub-group has met and agreed the initial focus will be as follows:

1. **Primary care staff** – three one-hour webinars that discuss key topics in chronic MSK pain and links with the resource pack, for all roles in primary care. (See opposite).
2. **Staff in specialist pain roles** – create a SEL community of practice. A survey will be circulated to establish interest for the group.

Group feedback summary:

Primary care staff webinars

- Consider use of language e.g. exercise and holistic
- Important to consider the diagnosis element of chronic pain, whether it is primary or secondary and diagnosis of fibromyalgia
- Consider whether there is an opportunity for post webinar supervision to follow-up

Pain Community of Practice

- There was agreement for a SEL multi-disciplinary community of practice

SEL Chronic MSK Pain webinar series

1. **Introduction to chronic MSK pain and resources in SEL**
   - Introduction to chronic MSK pain
   - Introducing the SEL resource pack
   - Movement/ activity for people with chronic MSK pain
2. **Biopsychosocial approach to support people with chronic MSK pain**
   - Multi-disciplinary holistic approach
   - Mental health/ wellbeing support for people with chronic MSK pain
3. **Confidence and skills to have a conversation about chronic pain**

Triage guidelines

Develop existing SEL MSK triage guidelines to include chronic MSK pain

- We know that people with chronic MSK pain re-attend health services and often “bounce around the system”.
- Each borough in SEL has an MSK triage service that triages MSK referrals.
- There are co-produced SEL MSK triage guidelines. Chronic MSK pain has been added to these guidelines.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Triage Guidelines for Musculoskeletal (MSK) Referral
V2.0

Resource pack

Develop a SEL chronic MSK pain resource pack, building on what is currently available in SEL

Background: It was agreed that there are a range of resources/ services/ pathways available to people with chronic MSK pain, however it is sometimes confusing for clinicians to navigate. The pack is intended for clinicians working in different sectors and the aim is “How to support and guide your patient around the system”. Information for the resource pack has been collated from different stakeholders. A first draft has been shared with stakeholders.

Feedback on the pack:

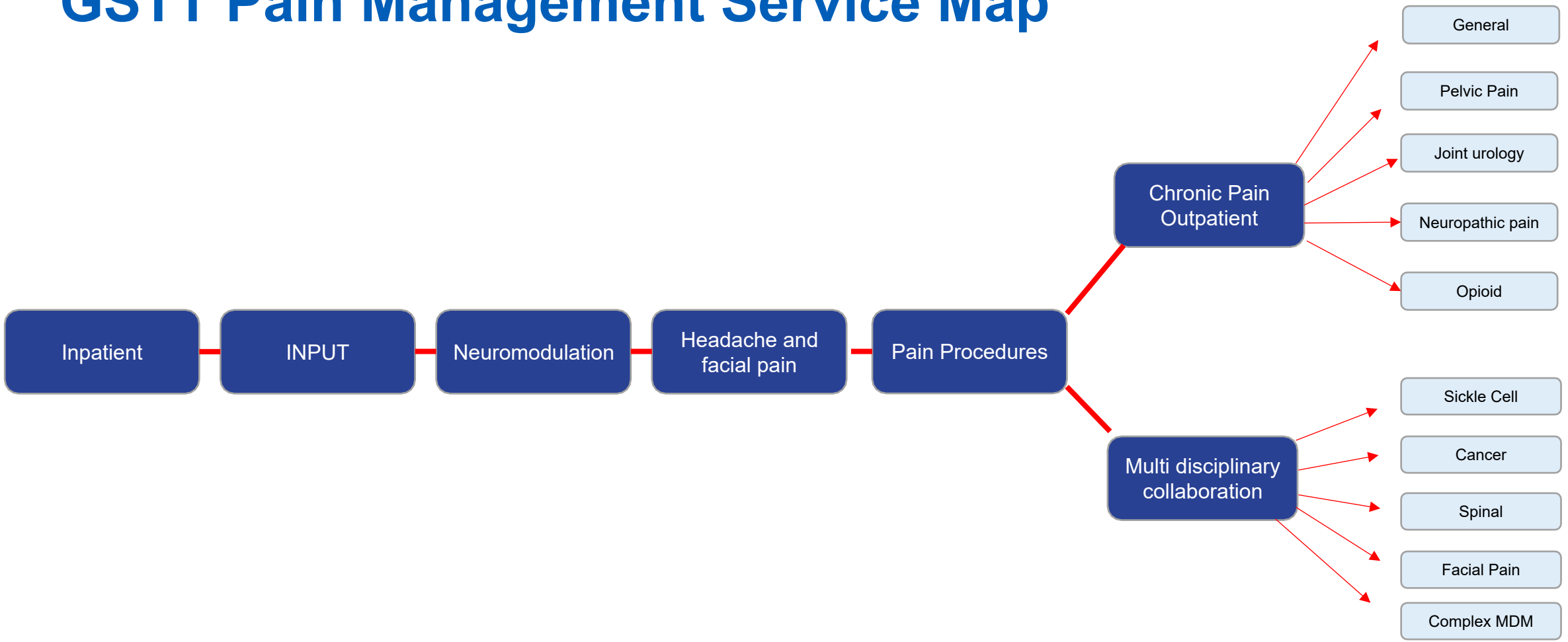
- Overall positive feedback, a useful resource that is easy to navigate
- Suggest amendments to terminology e.g. drivers to factors and exercise to movement/ activity
- Suggestions to consider alternatives for the decision matrix, this included using a scale or a tiered approach, flow diagram and to include how to manage complexity.

Suggestions for where to share the pack:

Important to consider all touch points in the MSK pathway and the use of global emails. Suggested options include:

- **Primary care**; GP education days, community pharmacists, Talking Therapies
- **Community MSK**; team lead meetings
- **Secondary care**; audit days and with inpatient teams

GSTT Pain Management Service Map



Inpatient Wait List

- **Total waitlist booked and unbooked = 2007**
  - % Lambeth = 10%
  - % Southwark = 11%
- **Longest waiter as at 04/10/2023 excluding planned patients = 49 weeks**
- **Average wait excluding planned (where procedure has been booked)**
  - All booked: 14 weeks
  - Lambeth = 12 weeks
  - Southwark = 14 weeks
  - Average wait to 04/10/2023 where procedure has not been booked
  - All = 13 weeks
  - Lambeth = 13 weeks
  - Southwark = 13 weeks
- **Longest waiter excluding planned and booked = 49 weeks**

Pain and Input Inpatient / DC wait list as 04/10/2023

	Procedure Booked?		
Service	**N**	**Y**	**Grand Total**
Input	141	57	198
Lambeth	26	8	34
Southwark	19	10	29
Other	96	39	135
Pain Management	1628	181	1809
Lambeth	187	16	203
Southwark	192	26	218
Other	1249	139	1388
Grand Total	1769	238	2007

Outpatient Wait List

New wait list

Count of Patient ID	Appointment Booked?		
Service	Booked	Not booked	Grand Total
14A Pain Management	144	1691	1835
Lambeth	20	295	315
Southwark	25	321	346
Other	99	1075	1174
14B Input	52	156	208
Lambeth	10	28	38
Southwark	11	24	35
Other	31	104	135
Grand Total	196	1847	2043

Follow up wait list

Count of Patient ID	Appointment Booked?		
Service	Booked	Not booked	Grand Total
14A Pain Management	764	4560	5324
Lambeth	87	607	694
Southwark	82	621	703
Other	595	3332	3927
14B Input	40	266	306
Lambeth	4	29	33
Southwark	1	38	39
Other	35	199	234
Grand Total	804	4826	5630

Outpatient Wait List

- **Longest wait:**
  - Pain / New / Unbooked: 73 weeks
  - Input / New / Unbooked: 71 weeks

- **Over 52 weeks =**
  - Pain = 16 (1 x Southwark)
  - INPUT = 1
- **Average wait**
  - Appointment booked = 25 weeks
  - Unbooked = 17 weeks

Wait List Data – KCH

- **Admitted waiting list: 203 patients awaiting intervention; longest waiter 74 weeks; 13 patients >52 weeks and, of these long waiters, 1 has a to come in date booked. Average wait for an intervention is 55 weeks.**
- **Planned waiting list: 228 patients awaiting intervention; longest waiter 83 weeks; 46 patients >52 weeks and, of these long waiters, 4 have a to come in date booked. Average wait for an intervention is 46 weeks.**
- **Non-Admitted waiting list: 214 patients with outpatient department appointments; of these, 176 are first appointments and 38 are follow-up appointments. Longest waiter in terms of when their to come in date for a first appointment is booked is 43 weeks; average being 23 weeks. Longest waiter in terms of when their TCI date for a follow-up appointment is booked is 40 weeks; average being 16.5 weeks.**

Questions