

Policy Matrix – Chronic Pain

This Matrix provides an overview of various policies that are related to the treatment of patients with Chronic Pain. Key themes were identified from each of these documents which were used to inform the left-hand column.

Shared decision making is important in the treatment of patients with chronic pain as chronic pain is a complex condition, often requiring input from a range of services, and shared decision making could lead to the best possible outcomes for patients. Services should aim to reduce unwanted harm, waste and variation in care and the Quality Performance Indicators (developed through the National Outcomes project) aims to facilitate this standardisation of care. Patients should receive a personalised approach when it comes to the treatment of chronic pain, being involved in the decision making in relation to their care and treatment. Early assessment can allow patients to be triaged to the most appropriate service for their needs. Enhancing the availability of appropriate information for relevant parties can allow services to share common issues and examples of good practice which can inform decisions on service delivery, performance and improvement. Services need to be reflective of the population they serve and changes to this population should be taken account of. Financial considerations are important as services need to ensure they are delivering services within their capacity. Finally cluster working and collaboration between services allows for improved communication between services which can benefit patients which chronic pain.

All health policies were taken from 2012-2018. Each of these policies cover a wide range of themes, often overlapping with each other. Chronic pain fits into a wide range of policies and presenting it in this way can aid policy makers in identifying the gaps in current policy documents.

	Realising Realistic Medicine [1]	Quality Prescribing for Chronic Pain. A Guide for Improvement. 2017-2020 [2]	eHealth Strategy 2014-2017 [3]	Effective Prescribing [4]	National Clinical Strategy [5]	AHP Delivery Plan [6]	Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland [7]	Improving together: A National Framework for Quality and GP Clusters in Scotland [8]	Allied Health Professions Co-creating Wellbeing with the People of Scotland The Active and Independent Living Programme in Scotland [9]	Health and Social Care Delivery Plan [10]	Targets and Indicators in Health and Social Care in Scotland A Review [11]
Shared Decision Making.	✓		✓					✓	✓	✓	✓
Reducing Harm, Waste and Variation in Care.	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Personalised Approach to Care.	✓		✓		✓	✓	✓		✓	✓	
Early Assessment		✓									
Ongoing Review		✓		✓							
To enhance the availability of appropriate information for relevant parties to inform decisions on service delivery, performance			✓	✓	✓	✓	✓	✓	✓		

	Realising Realistic Medicine [1]	Quality Prescribing for Chronic Pain. A Guide for Improvement. 2017-2020 [2]	eHealth Strategy 2014-2017 [3]	Effective Prescribing [4]	National Clinical Strategy [5]	AHP Delivery Plan [6]	Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland [7]	Improving together: A National Framework for Quality and GP Clusters in Scotland [8]	Allied Health Professions Co-creating Wellbeing with the People of Scotland The Active and Independent Living Programme in Scotland [9]	Health and Social Care Delivery Plan [10]	Targets and Indicators in Health and Social Care in Scotland A Review [11]
and improvement.											
Demographic changes in our population.					✓		✓	✓	✓		✓
Financial considerations.			✓	✓	✓			✓		✓	✓
Cluster working and collaboration between services.	✓		✓			✓	✓	✓	✓	✓	✓

References

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10. The Scottish Government, *Health and Social Care Delivery Plan*. 2016. <http://www.gov.scot/Topics/Health/Policy/HSC-DeliveryPlan>
11. Burns, H., *Targets and Indicators in Health and Social Care in Scotland. A Review*. The Scottish Government 2017. <http://www.gov.scot/Publications/2017/11/4782>

Quality Performance Indicators (QPIs) and Core Minimum Dataset (CMD)

Key Milestones and Future Plans

Pilot Phase Summary:

- Accessed routine clinical data from the Pain Services in 3 health boards (NHS Tayside, Lothian and Fife) from 2014-2016.
- Examined what data was being collected, how they were being collected and what they were being used for.
- Liaised with NHS Librarians regarding the licensing costs of outcome measures.
- This information was used to inform the development of the Core Minimum Dataset (CMD).
- An optimum dataset was also established which contains validated measures that clinicians can add for research or clinical purposes.
- The Quality Performance Indicators (QPIs) were developed in accordance with the Scottish Service Model for Chronic Pain taking into account the best quality evidence such as SIGN 136.
- **23/10/17-06/11/17:** Pre-pilot of the Core Minimum Dataset in NHS Tayside.
- **27/10/17-24/11/17:** Consultation on the Quality Performance Indicators and Core Minimum Dataset.

Over the next 6-12 months:

1. **March 2018:** Submission of Caldicott application (for the validation phase of the project).
2. **February-March 2018:** Devise a data collection form for the Quality Performance Indicators (QPIs).
3. **Timing dependent on Caldicott approval:** Validation of the Core Minimum Dataset in Level 3 Pain Services in NHS Tayside, Lothian and Fife.
4. **April 2018:** Trial run of the Quality Performance Indicators (QPIs) in one Pain Service.
5. **August 2018:** In light of consultation and pre-pilot feedback, develop the Quality Performance Indicators for wider pilot testing.
6. **2018:** Pilot testing of the Quality Performance Indicators (timing to be discussed with the DCMO).
7. **2018:** Identification and development of digital approach to data collection for the CMD.

8. **2018:** Further development of the Optimum Dataset, incorporating potential suggestions from the consultation and pilot testing.
9. **2018:** Further dissemination of the Policy Matrix for Chronic Pain to the National Advisory Committee for Chronic Pain (NACCP).

Data and Measurement for Chronic Pain Services.

A Project to Inform National Pain Service improvement.

Draft Progress Report



Executive Summary

This project was established to address the lack of standardised measurement of chronic pain in Scotland, and of services provided to manage chronic pain. This is an important issue as there is no clear way of measuring the prevalence of chronic pain nationally, understanding the demographics and needs of the patient group, the impact chronic pain has on them, or the effectiveness of any service provision or service improvement initiatives which often presents a problem when funding services and treatments for patients.

One of the key aims of this project is to develop, test and implement a Core Minimum Dataset for Chronic Pain, collected by all Pain Services, which will assess key areas such as Age, Gender, Pain Duration, Pain Severity, Emotional Impact, Functional Impact, Health-Related Quality of Life, Pain Site and Underlying Diagnosis. An optimum dataset has also been established detailing a range of measures in key domains such as Emotional Impact, Functional Impact and Health-Related Quality of Life. This purpose of this dataset is to allow clinicians to incorporate additional measures, to the core dataset, for clinical or research purposes.

A second key aim is the development of Quality Performance Indicators (QPIs) for Chronic Pain Services. These QPIs are a set of standards used to measure and monitor chronic pain service provision in Scotland. QPIs are designed to capture quality of care and outcomes for patients, rather than solely measuring access to services. This allows measures used to be integrated with indicators to demonstrate improvement, and quality of care.

A third key aim of this project is to develop a Policy Matrix for Chronic Pain. This Matrix provides an overview of the principal policies relevant to health and social care provision in Scotland, identifying the key themes that will be addressed by good management of chronic pain. The over-arching policy is Realistic Medicine.

Key Findings

1. There is currently a wide range of breadth and depth of data being collected to evaluate this and no unified approach.
2. The timing of data collection varied across health board - for example, Fife and the Lothian PMP provide pre and post outcome data whereas Tayside focus on data collection at initial assessment.
3. Data across all three health boards are used in planning individual care.
4. Fife and Lothian also utilise pain data in service audits, yet 50% of sampled clinicians indicated there a lack of clarity in regards to the usefulness of the collected data.
5. All three health boards are either currently using or moving over to TRAK.
6. The speed of I.T. Systems was rated by clinicians as the most poorly rated feature of their clinical databases, with 'lack of time' rated the most significant barrier to data entry.
7. Development of a draft CMD, with changes and responses to a national consultation exercise.
8. Development of an Optimum Dataset, to allow clinicians to incorporate additional measures to the core dataset.
9. Iterative development of a draft set of QPIs, through an ongoing national consultation process.
10. The creation of the Policy Matrix for Chronic Pain demonstrated that the management of chronic pain is central to a wide range of policies and presenting it in this way can aid policy makers in identifying the gaps in current health and social care strategies.

Next Steps

1. **March 2018:** Submission of Caldicott application (for the validation phase of the project).
2. **February-March 2018:** Devise a data collection form for the Quality Performance Indicators (QPIs).
3. **Timing dependent on Caldicott approval:** Validation of the Core Minimum Dataset in Level 3 Pain Services in NHS Tayside, Lothian and Fife (see Appendix 1 for more information).
4. **April 2018:** Trial run of the Quality Performance Indicators (QPIs) in one Pain Service.
5. **August 2018:** In light of consultation and pre-pilot feedback, develop the Quality Performance Indicators for wider pilot testing.
6. **2018:** Pilot testing of the Quality Performance Indicators (timing to be discussed with the DCMO).

7. **2018:** Identification and development of digital approach to data collection for the CMD.
8. **2018:** Further development of the Optimum Dataset, incorporating potential suggestions from the consultation and pilot testing.
9. **2018:** Further dissemination of the Policy Matrix for Chronic Pain to the National Advisory Committee for Chronic Pain (NACCP).

To be completed by the end of the funding period (August 2019)

1. A validated Core Minimum Dataset ready for implementation in Pain Services across Scotland.
2. An agreed set of Quality Performance Indicators (QPIs) ready for implementation in Pain Services across Scotland.
3. Dissemination and initial evaluation of The Management of Chronic Pain in Children and Young People: A National Clinical Guideline.

Core Minimum Dataset and Optimum Dataset

The purpose of these datasets is to allow for a more accurate picture of Chronic Pain in Scotland, to enhance service improvement needs assessment and evaluation of the delivery of services. The aim is to identify a Core Minimum Dataset (CMD), to be collected by all Pain Services in NHS Scotland, and an Optimum Dataset from which Pain Services may select additional data collection instruments, compatibly with other services

The CMD will be implemented in level 3 services in the first instance. Version 1.0 has undergone a pre-pilot testing in NHS Tayside, and a national consultation exercise. The consequent revised version (2.0) will be subjected to validity testing against the current measures used in NHS Tayside, Lothian and Fife.

Core Minimum Dataset

Below are the recommendations for a core minimum dataset for Level 3 and 4 Pain Services across Scotland. The primary objectives of a 'minimum' dataset are to provide sufficient data that will allow measurement of baseline and outcomes among patients attending each service, and direct comparisons between services and time periods.

The priority is for this dataset to serve clinical rather than research purposes. Thereby, practicalities for clinical use were the principal consideration in the selection of questionnaire items and data collection.

The following seven domains are recommended for inclusion in the CMD: Pain Site(s), Pain Duration, Pain Severity, Underlying Diagnosis, Emotional Impact, Functional Impact and Health-Related Quality of Life. Suggested items pertaining to each domain are as follows:

- a. CHI Number
- b. Age
- c. Gender
- d. Postcode
- e. Pain Site(s): List of Body Parts.
- f. Pain Duration: Categorised list
- g. Pain Severity: Question 1 of the Chronic Pain Grade Questionnaire (CPG) [1].
- h. Underlying Diagnosis: Map to ICD-11 (develop Read code/SNOMED)
- i. Emotional Impact: Patient Health Questionnaire-2 (PHQ-2) [2].
- j. Functional Impact: Question 5 of the Chronic Pain Grade Questionnaire (CPG) [1].
No conclusive evidence exists regarding a single self-report physical activity questionnaire [3].
- k. Health-Related Quality of Life: Question 1 of the Short Form Health Survey (SF-36) [4].

See Appendix 2 for dataset in full.

Optimum Dataset

An optimum dataset (in addition to the core minimum) may include some or all of, but is not restricted to, the following domains/measures:

- **Emotional Impact:**
 - The Hospital Anxiety and Depression Scale (HADS) [5]
 - Patient Health Questionnaire (PHQ-9) [6]
 - General Anxiety Disorder Questionnaire (GAD-7) [7]
 - The Profile of Mood States (POMS) [8]
 - Cognitive Fusion Questionnaire (CFQ) [9]
 - Clinical Outcomes in Routine Evaluation (CORE-10) [10]

- Self-Compassion Scale (SCS) [11]

- **Functional Impact:**
 - The Brief Pain Inventory (BPI) [12]
 - The Multidimensional Pain Inventory (MPI) [13]
 - Oswestry Low Back Pain Disability Questionnaire [14]
 - Roland and Morris Back Pain Disability Questionnaire (RDQ) [15]

- **Health-Related Quality of Life:**
 - The EuroQol Dimension Questionnaire (EQ-5D) [16]
 - Short Form Health Survey (SF-36) [4]
 - PSYCHLOPS [17]
 - Work and Social Adjustment Scale (WSAS) [18]
 - Short Form Health Survey (SF-36) [4]

- **The NHS Friends and Family Test (FFT) [19]**
 - Would you recommend this service to your friends and family? (Extremely likely – Extremely Unlikely or I Don't Know)

We cannot recommend a definitive common optimum dataset based on current evidence but we should work towards this based on national consensus.

Quality Performance Indicators (QPIs)

Background

Targets can be described as ‘a way of expressing the priority of the organisation’. Furthermore, indicators illustrate ‘how an organisation is progressing in pursuit of its aim’ [20]. Both targets and indicators are central in improving many aspects of health and social care. The recent review conducted by Burns [1] states that ‘the present system of targets and indicators is fragmented and many of the indicators do not lend themselves to effective improvement interventions’. Most importantly, this report provides us with guidelines on how the indicators and targets should be developed in order to improve health, reduce inequalities and provide high quality services in Scotland. The main objective of this summary is to describe how these key recommendations relate to the current project, which involves the development of QPI for treatment of chronic pain across primary, secondary, and tertiary services.

As suggested by Burns [20], there is need for a more collaborative approach (which involves staff that deliver the indicators as well as the recipients of the service) in order to develop better indicators of progress. This approach is likely to lead to better outcomes. The current project (on the development of the QPIs) addresses this issue by engaging patients as well as NHS staff (NHS boards) in the process of developing QPIs and targets, for people that suffer from chronic pain. In summary, our targets and QPIs are consistent with the person-centred approach to care. They are also important to patients. Both of these elements are emphasised in the review conducted by Burns [20].

In addition, the new approach to targets and indicators should ideally focus on patients’ outcomes. However, it needs to be kept in mind that this is not always possible to achieve (e.g. ‘outcome measures are not always available in a meaningful form’ [21]). Therefore, a pragmatic approach should be adopted ‘where the processes are essential to the delivery of desired outcomes’ [20]. The current project incorporated both result as well as