



Forum Report

Health Improvement Unit

Statewide Persistent Pain Management Clinical Network Report

Wednesday 19 March 2017



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Executive summary

The Statewide Persistent Pain Management (SPPM) Clinical Network Forum was held at the Clinical Skills Centre at the Royal Brisbane Hospital on 19 March 2017. The aim of the SPPM Clinical Network inaugural forum and planning day was to focus on building a sustainable, goal driven network across a broad spectrum of multidisciplinary clinicians, private and public health providers and non-government agencies and consumers across Queensland.

The forum was held to provide key stakeholders with relevant information pertaining to the national and state healthcare agenda; information to inform decision making in relation to Persistent Pain management services at the local level; opportunities to raise issues and concerns, identify key priority areas and strategies to improve the delivery of Persistent Pain management services in Queensland and network with colleagues.

Session 1; Welcome

The forum was opened by Dr John Wakefield, Deputy Director General Clinical Excellence Division who formally released the Statewide Persistent Pain: Service Action Plan 2016-19.

The Statewide Persistent Pain Service Action Plan 2016-19 outlines seven action points that this forum will focus on:

1. Establishment of a Clinical Services Capability Framework for persistent pain management services to address current and future clinical needs; and, guide and support service delivery in Queensland.
2. Development of a broader collaborative Queensland Persistent Pain Management Framework for the full sector involved in care of individuals with persistent pain, linking the Persistent Pain Management Services Network to other Queensland Health and external bodies, including: mental health, alcohol and other drug services; aged care; children's services; cancer care, palliative care, rehabilitation services, chronic disease services; Primary Health Networks; consumer support agencies; and, other NGOs.
3. Promotion of improved resources in those locations without any PPMS in their HHS, or where the location is a long distance from PPMS, to: facilitate referral and discharge planning; enable provision of pain management programs for remote and rural consumers; and coordinate telehealth services with PPMSs.
4. Support for the new established CHQ Multidisciplinary—service implementation based at LCCH, to optimize sustainability of urban, regional and rural children's persistent pain services, including training for pediatric pain medicine physicians, nurses and allied health staff at the major centre and regional facilities.
5. Improvement of education around persistent pain and its management, by collaboration with universities, specialist colleges and other training bodies; instruction in persistent pain management for medical staff in-training, allied health and nurses in our hospitals; and, establishment of centralized on-line educational resources for primary care providers, consumers and carers.
6. Work towards improvements in service delivery for patients with persistent pain in Queensland, with promotion of innovation, quality improvement and clinical research in PPMSs. Priority to improving the availability of PPMS clinical activity data will assist quality assurance and benchmarking.

Dr Wakefield welcomed the guest speakers Professor Michael Nicholas who is Co Clinical Chair of the NSW Pain Clinical Network and the Director of Pain Education & Pain Management Programs at the Pain Management Research Institute at the University of Sydney, and Jenni Johnson the NSW Agency for Clinical Innovation Pain Network coordinator.

Session 1:2

Dr Julia Fleming and Dr Tania Morris, Co-Chairs of the SPPM Clinical Network then outlined and acknowledged the work and support received to establish this network.

Some highlights included:

- The Statewide Persistent Pain Management Clinical Network should continue to build on the work and goals set out by the National Pain Strategy 2007-2009 and Statewide Persistent Pain Health Services Strategy, 2010-15.
- The seven-point Statewide Persistent Pain Service Action Plan 2016–19 aims to reduce the negative impact of persistent pain and its consequences on patients, carers, the community and the healthcare system in Queensland.
- It also aims to restore the hope offered to persistent pain sufferers in 2010, when the Queensland Government first recognized persistent pain as a serious and debilitating disease in its own right

Session 1:3 Guest Speaker

Title “Long term outcomes of those presenting with major work trauma”

Presenter; Prof. Michael Nicholas, Co-Chair Pain Management Network. ACI NSW, Director, Pain Education & Pain Management Programs, Pain Management Research Institute, Sydney Medical School – Northern University of Sydney

The highlights included:

- Repeated acknowledgement that psychological and social factors can influence outcomes from injury.
- Focus tends to be on a worker’s injury and treatment but in practice psychological and social factors are often seen as secondary to the injury
- Nature of injury repeatedly shown not to predict RTW
- Resolution is likely to require a system-wide approach
- Suggested clinicians use the **Orebro Musculoskeletal Pain Screening Questionnaire (OMPSQ)–24 items** much earlier at 4- 12 weeks to measure the psychological and social factors.

In conclusion he observed:

- From the moment of injury, psychological and social factors can influence outcomes
- Most can be identified within days of the injury
- While biomedical treatments are already provided early, psychosocial interventions are not
- Targeted, early psychosocial interventions for these cases yields better outcomes than usual care
- But, it is dependent on the key stakeholders, the employer, the insurer, the treatment providers cooperating and adhering to a protocol
- To succeed, there needs to be top-down support.

Session 2.1 Successful Networks

Title: Changing pain practice in the real world!!

Presenter; Jenni Johnson, Pain Management Network Manager, NSW Agency for Clinical Innovation

The highlights and outcomes presented were

- Encouraged to follow NSW and evolve from inward looking pain clinics that were struggling for survival to flexible delivery pain services who are working to support people in the community with pain from low to moderate complexity.
- Become more focused on the person

- More services with better access and wait times
- More consistency with evidence
- More support to primary care
- More attention to vulnerable groups
- Know our outcomes and can aim to improve them through benchmarking

Pain Management Network NSW Agency for Clinical Innovation Plan for 2012-2020

2012-2015	2015	2016-.....
6 million per annum recurrent	460 000 recurrent	4 million recurrent
72 new positions 19 pain clinics	New service Gosford	Additional 2 tier 2 services in metro Sydney~ \$450 000
5 new rural services	Telehealth and outreach model funded to remote LHDs	Primary care liaison positions
Website	Bedding down for ePPOC	Telehealth
ePPOC	Supporting primary care Community programmes	Multicultural: Aboriginal

Session 2.2-3

Title: Successful Networks

Presenters: Prof. Tim Geraghty, Co-Clinical Chair and Dr Ivan Rapchuck

These Clinical Network Chairs discussed the merits of a good network from the perspective of a new network Statewide Rehabilitation Clinical Network established for 12 months and a well-established network SWAPNET of over 7 years.

The highlights included:

Network model principles (platform for the development of high-impact projects)

Overall finding was the belief that networks that embraced the principles of multidisciplinary membership and collaboration, and engagement with health system innovation, were those that were more successful in initiating and executing projects with high-level impacts.

Leadership

Including both clinical and strategic leadership by the network chair (particularly in the early stages of the networks development) and day-to-day management by the network manager/coordinator were seen as a critical success factor and were also thought to be more important than resources: ‘The right people are more important than financial resources’. The research also established that ‘new networks need good leadership but eventually the network has to have a strength of its own in order to be successful’.

Formal organizational structures and processes

General consensus was that successful networks are strengthened by formal organizational structures and processes and having ‘solid systems’ in place that facilitated effective planning and communication. These systems included project workgroups focused on project planning and implementation, with broad clinical and consumer representation and meetings with structured agendas and minutes: ‘Not chat-fests that result in nothing’.

Nature of network projects

The characteristics of the network projects that are most likely to result in a positive impact.

These characteristics included:

- those that addressed systematically identified patient health needs
- those that aligned to the state-based Ministry of Health strategic plans.
- As well as being targeted and achievable, successful projects were those that were:
 - Easy to think through with a defined group involved and which have something in it for everyone.

External relationships

Establish links to academic, professional, policy and clinical organizations external to the network were seen as critical for network success..

Profile and creditability of the network

This was seen as highly important for engaging clinicians and policymakers, attracting funding and enabling the establishment of strategic external relationships. (Some believed that the most successful networks had built their credibility and enhanced their profile by achieving a number of minor successes in the early stages of the network's development. These minor successes of 'quick wins' were believed to establish the network's legitimacy and reputation, attracting interest in the network's initiatives amongst clinicians and at the level of the health department).

Session 2.4

Title: Opioid Management and other topical prescribing issues

Presenter: Dr Susan Ballantyne, Medications Regulation & Quality

Highlights include

.Australian Trends: International Narcotics Control Board

- Opioid use has quadrupled in Australia in the last decade (2001-2013)
- 22 million doses annually to 106 million doses annually
- Increase in morphine, fentanyl, oxycodone, tramadol
- Increase in misuse of pharmaceutical drugs

The role of the SPPM Clinical Network with the new Codeine prescribing guidelines and the current legislation on medicinal cannabis.

Session 2.5

Title: The Role of the GPLO in Metro North HHS

Presenter: Dr Mike Hamilton, GPLO Brisbane North PHN and MNHHS

The role of the GPLO was explained

- Medical officers with many years general practice experience
- Experienced in health care promotion
- Experienced in committees
- Varied clinical experience
- Good communicators
- Confident working in primary and secondary care settings.
- Non clinical role
- Helps to facilitate timely access to SOPD services
- Aids in the development of better communication between the primary and secondary sectors
- Advises and assist in the development of innovative models of patient care involving Primary Care
- Advises on the best use of resources

The role of the GPLO in the Statewide Persistent Pain Management Clinical Network

- Better communication
- Community based care models (Patient centered)
- Innovation
- Education (esp. opioid use)
- Health Pathways
- Data gathering and mining
- Primary care
- Secondary care

Session 2.6

Title: Pain Medicine training and network opportunities

Presenter: Assoc Prof. Paul Gray, Director PTCMPC RBWH, Supervisor of SOTs FPMANZCA

Challenges

- Attracting Trainees to the 2 year program (but interestingly hasn't been a great issue to date)
- Finding worthwhile PDS placements for Trainees
- Keeping new Fellows in the public system at an FTE level that is valuable to their Department

Opportunities

- Rotational training programs giving Trainees a broad training experience
- Statewide Trainee collaboration and teaching programs
- West End HQ ideal
- Education officer on QRC of FPM
- Encourage Trainees during PDS to seek employ in non-accredited pain units – Gold Coast and QCH
- Develop specific PDS programs
 - Cancer pain
 - Interventional pain procedures
 - Pediatrics

Session 3; World Café themes

1. Clinical Services Capability Framework

- a. Capabilities of facilities to provide safe services

2. Improving the Consumer Journey

- a. Improve acute hospital and community interface for discharge planning
- b. Collaborations with ED network to improve management of Persistent Pain
- c. Support for GP and patient pre-referral
- d. Special populations.
 - i. Remote, rural and regional areas, ATSI, NESB etc

3. Post discharge community services

- a. Framework to be developed with a significant focus on transitioning back to community supports.

4. Pediatrics: Support for the new CHQ Multidisciplinary service based at LCCH

- a. CHQ service based at LCCH leads the Pediatric PP strategy in Qld via collaboration with established adult PP services and existing Qld paediatric services.

5. Improvement of education around persistent pain and its management

- a. State-wide research co-ordination
- b. Education strategy for all undergraduates, hospital clinicians, patients, NGOs and general population.
- c. Strategy for workforce education about Persistent Pain

6. Measuring, reporting and benchmarking outcomes

- a. Clinical outcomes benchmarking (ePPOC)
- b. Data Collection and reporting to be consistent to compare and provide strategies.
- c. HHS performance in providing service delivery to PP patients.

7. Clinical Process Improvement

- a. Quality Improvement and Innovation to review
 - wait lists
 - clinical pathways
 - workforce utilization
 - communication
 - technology

Evaluation

There were 31 evaluations completed at the end of the forum from a number of disciplines and various HHSs. While the number of evaluations submitted was small the feedback they provided was positive. Some of the comments include:

- Great meeting and opportunity to catch up with regional colleagues
- Thank you for a well put together and informative day. Having presenters from across the range of facilities including rural and remote was valuable
- A lot to cram in but I would not nominate anything I would have not included
- First attendance at a SOPHCN forum and thought it was very well planned and informative
- A most excellent day with interesting and outstanding presentations
- Speakers were excellent. Well done. Couldn't be improved.

There were also suggestions made on how the day could be improved including:

- Perhaps more time for networking
- Structure workshop opportunities to allow cross collaboration
- More opportunity to discuss issues in details – perhaps a panel session on one topic
- Longer time for discussion group sessions

Conclusion

Title: Where to from here?"

Presenters: Dr Julia Fleming and Dr Tania Morris, Co-Chairs

A summary of the discussions and major priorities was presented. Future work would involve collation of the feedback from the world café themes and early priorities discussed. The steering committee will review the competing priorities and develop strategy to address these priorities. It is planned to have further engagement from members of the network to assist continuous improvement for the PPM Clinical network.

Forum Evaluation

PERSISTENT PAIN NETWORK FORUM

15-Mar-17

Participants 68
 Respondents 27 38%

