Dorset County Hospital NHS

NHS Foundation Trust

Council of Governors Meeting, 27 October 2011
Chronic pain clinic briefing paper

1. Background

The chronic pain service has experienced severe capacity issues since 2007. The PCT were made aware of these issues in 2007 and in particular the capacity constraints leading to long waits for both outpatient attendances and interventions such as injections. A steering group was established in 2008 and has met monthly since its implementation. However attendance from NHS Dorset was often inconsistent which led to challenges in agreeing a way forward in terms of commissioning plans for the service. Nicky Cleave, Deputy Director for Public Health, was assigned to lead on commissioning for this service some months ago, resulting a revised back pain pathway being agreed and subsequently commissioned. Implementation of the agreed pathway commenced at Dorset County Hospital in January 2011.

A significant number of patients were overdue for a repeat injection prior to the new policy. Additional lists took place in April this year; this has led to over performance against the contract to the value of £30K YTD.

2. Contractual position

The backlog position for injections at the beginning of the contractual year, April 2011, was 1475 (including scheduled follow up injections which would be due in 2011/12). In addition to the backlog the Trust receives around 54 referrals per month of which around 46% are then added to an injection pathway. This translates to a further 25 patients being added to the waiting list each month that will require treatment during this year. If no changes had been made to commissioning policy the demand for the service during 2011/12 would have been 1895 injections. In comparison the contracted activity levels purchased by NHS Dorset were 1606 injections and during the first six months of the year up to 30th September the Trust had delivered activity levels of 864 against a plan of 835. It should be noted that this additional activity has been achieved through additional lists, some in April and two additional lists per month thereafter. The core capacity the service has to offer in any given year without any additional lists is 1520.

The table below shows the contractual plan against the actual activity delivered over the last three years.

	2009/2010	2010/11	2011/12 as at 30th Sept	2011/12 Full year
Actual procedures	1598	1726	865	
Contractual plan	1918	1586	834	1606

3. Current position

The PCT committed to clearing the backlog by end September 2011. At this point the backlog clearance will mean in real terms that no patient is overdue by more than 6 months for their treatment, **not that** all patients treatment will be delivered on time.

In August it was calculated that to clear the remaining backlog of patients only; £129K additional funding would have been required. Additional funding of £80k was provided by NHS Dorset during September 2011. However, in reality, as the Trust was already over performing against its agreed activity levels by £30k, additional funding provided was £50k. As due to the capacity constraints identified above, much of this additional work cannot be carried out within hospital capacity and will therefore need to be subcontracted to another provider, this additional funding could provide an additional 75 procedures and the current backlog equates to 342.

4. Capacity Constraints in meeting future demand

In assessing the capacity required to meet ongoing demand the following should be noted.

4.1 Funding provided thus far is not sufficient to treat the remaining backlog.

4.2 The Trust does not have the capacity to undertake this work internally.

4.3 One of the two doctors currently providing the pain service has recently indicated that he no longer wishes to continue working in this service. His contract will end on 31st March 2011.

4.4 Patients on injection pathways are, once reviewed, asked to complete a 'pain diary' which will provide the team with an indication as whether or not injection therapy is effective in controlling their pain. On completion after 12 weeks, this diary is then reviewed to determine if this patient should remain on this treatment or move to an alternative or self management programme. As the capacity within the service is limited, not all patients who have completed the diary exercise have been evaluated by the multidisciplinary team.

4.5 It is unclear at present how many of the patients evaluated against the new policy will remain on an injection pathway. However it is unlikely, given current indications from diaries and the reduced capacity within the hospital that the Trust will be able to meet this ongoing demand.