Service Development and Commissioning Directives

Chronic Non-Malignant Pain

Key Consultation Questions

The following key questions are provided to help structure responses to the consultation on the Service Development and Commissioning Directives for Chronic Non-Malignant Pain. More detailed information about the content of this document can be accessed at http://www.wales.gov.uk and http://wales.nhs.uk

Please return your response by 31st October 2007 to:-

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Your Details
If you are responding on behalf of an organisation or group please give the name of the organisation here and your contact details below.

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The College of Occupational Therapists (COT) is pleased to provide a response to this Welsh Assembly Government document, which has been assisted by members throughout Wales.

The COT represents over 28,000 occupational therapists, support staff and students who are either working or studying across the United Kingdom, of which around 1,500 are either working or studying in Wales. Occupational therapists (OTs) work in the NHS, Local Authority Social Services and Housing Departments, schools, primary care settings, and a wide range of vocational and employment rehabilitation services.

Occupational Therapists work with individuals of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept of occupation as a crucial element of health and wellbeing. Practice is based on holistic, person-centred care.

Questions

1. Are you satisfied with the scope and vision of the Service Development and Commissioning Directives for Chronic Non-Malignant Pain?

Not entirely

Comments
It is very pleasing to see the clear recognition of the impact pain has on people's everyday occupations. Loss of role, work and leisure activities are common for people with chronic pain and occupational therapists work to ensure that people are enabled to continue as much activity as possible. Chapter 5 contains principles which would be better integrated with other parts of the vision and key aims. The College supports the vision to design services around the service user and the drive to develop community based services. Multi professional and multi agency services, functioning across health and social care will be essential if these service directives are to be achieved. It will be important for the directives to recognise that not all people with chronic pain access services via the GP, and other professionals such as occupational therapists in community or occupational health services and physiotherapists may be the lead professionals and first point of contact. The key principles and aims need promote early action in acute episodes of pain, for example by occupational therapists able to help people continue to work rather than being signed off sick as a routine response. Assessment of work environment and processes can alleviate many acute pain episodes and prevent chronic pain for some. There is no vision of improved occupational health and occupationally based rehabilitation supporting secondary services in this document. This could be a key action for employers as partners.

2. Do you agree that the Directives are helpful in setting out the actions needed to help modernise and improve health and social care services for people living with chronic non-malignant pain in Wales?

Not entirely

Comments
Much good work has been done. Yet much more remains. The work of the pathways to work initiative has been excellent and the Welsh Assembly Government needs to ensure that when private and other providers roll this out across Wales that the key elements of condition management are not lost. The College draws attention to the fact that in each of the four programmes currently running in Wales occupational therapists are the clinical leaders and the majority of the team members have

occupational therapy backgrounds, closely followed by those with physiotherapy backgrounds.

The preventative actions need to include clearer links to wider healthy lifestyle issues than just exercise. Maintaining normal activities and routines and keeping in work have been shown to be effective. Yet we in Wales do little to assess the impact of activities in work when a person has an acute episode of pain before signing sick notes: neither do we ensure that someone who has recovered is not returning to a job that causes the pain to return.

The key actions need timescales and identified leads for delivery. It is also stated that commissioners are to ensure secondary care provides chronic pain services. Yet there is no requirement to commission primary and community based services other than prevention. This will not support the development of community services supporting people at home and work to live well with chronic pain.

In the key actions for Assessment and Diagnosis (9) care needs to be taken not to develop another tranch of "chronic non malignant pain teams" without reference to the services already in existence which are not so named.

In the key actions for Facilitating and Managing Independence there needs to be an action for commissioning occupational therapy services. Both in return to work services and in services which retain people in work before they lose their jobs.

3. Is the document comprehensive, accurate, and applicable to the key issues that face people with chronic non-malignant pain, service providers, planners and commissioners in Wales?

Not entirely

Comments
The issues are well identified and comprehensive, but solutions related to them tend to be current, medically focussed approaches, at the expense of implementing the evidence provided by condition management and multi professional pain teams for a new way of working. These directives would better support future service development if examples illustrating and offering solutions to the issues raised identify a range of other routes, than only via Doctors and Nurses. The directives need to better support planners, providers and commissioners by demonstrating the contribution of other team members.

4. Does the document provide clear guidance to service planners, commissioners, service providers and health and social care professionals?

some

Comments
Figure 2 needs to identify the different contributions that occupational therapists and physiotherapists make in all four levels of care. Otherwise commissioners and planners will not recognize the range of services that they should be developing.
At 4.6.3 the wide range of support needs to include occupational therapists and other health

professionals in occupational health services to ensure that people are not unnecessarily leaving work with pain which could be reduced or better managed.
Extended scope practitioners, clinical specialists and consultants across the range of professions will be needed as set out in the Welsh Assembly Government's therapy strategy.
Chapter 5 is of critical importance and contains principles and a vision that relate to the opening chapter. This should be placed before the intervening chapters to ensure that these principles underpin all the other work. Without a focus on the social model and a sense of the importance of improving quality of life, other interventions will not achieve their full potential. Section 5.6 is of key importance. The College strongly recommends that care be taken when considering introducing traditional home care. This can, if not carefully integrated into occupational therapy rehabilitation or reablement, lead to a dependence on care and a lowering of activity levels, leading to a loss of role and sense of self worth.
5.8 This is critical and needs to appear far earlier in the directive. This is the principle on which all pain management services should be based, The solution presented here, to liaise with occupational health services is good but not nearly specific enough. If the occupational health is a medical/ nursing service only then it will not be able to deliver the solutions expected of it. It will need to be an occupational therapy service to be able to return people to employment, or other activities.

5. Have any key issues that affect people living with chronic non-malignant pain been missed in the document?

yes

Comments
The need to consider the impact of work and other activities on causing or contributing to pain. Occupational therapists are able to analyse and adapt occupations to minimise the pain and maximize function. Early access to occupational therapists can, for some prevent the escalation of pain and reduce those having to leave work.
There is no reference in the directive to the important role posture, specialist seating and mobility equipment (such as wheelchairs and special cushions) as well as more general independence equipment can play. Effective specialist equipment can help manage pain as well as helping people to conserve energy. There needs to be investment in specialist staff in ALAS to reduce waiting times and assessment times and in resources to meet need as well as maintaining and replacing equipment which may be needed for a long time. Investment in new integrated community equipment services and the staff to assess for such equipment will also be needed. It was pleasing to see early mention of the psychosocial dimension to chronic pain. However, it would be good to ensure that commissioners and planners are given examples of the kind of interventions and services that they might need to commission/ provide if this important part of chronic pain is to be better managed. Currently, occupational therapists are aware of a number of people with chronic pain being referred to secondary mental health services. Such services are important although care must be taken not to use psychiatric labels, and mental health services should not be used as a substitute for appropriate chronic pain services. Occupational therapists are able to offer key psychosocial interventions that would support and improve the quality of life for many people with chronic pain. Such interventions include relaxation techniques, activity scheduling and pacing among many others. It must be emphasized that the active participation of the service user

is key and the pace of return to work must be set by them rather than by benefit agency deadlines, but there is clear evidence of the effectiveness of psychosocial interventions in reducing pain and increasing peoples ability to live with, and control their pain and these services need to be commissioned following the introduction of these directives.

6. Do you have any further comments to make on the document?

Comments
Whilst it is right and proper to focus on responding to issues arising out of chronic pain, it is likely to be more cost effective if the circumstances that produce the conditions that can lead to chronic pain, particularly back pain are robustly addressed. Whilst this response has highlighted the issues regarding adults which appears to be the main focus of the document, consideration should also be given to the needs of children with or likely to develop chronic pain? The preventative agenda with children is significant, as we need to look not just at exercise, activity levels and the obesity issues but also at simple things like their seating in school, their footwear and the weight in books that they have to carry. Children will also need to access services to help them manage and live with pain and this must also be considered in these directives.