

Multidisciplinary pain clinics in NSW offer effective alternatives to reliance on opioids for chronic pain. The clinics reduce hospital and emergency department presentations due to overuse of opioids – an increasingly critical problem around the world. They offer effective treatments to minimise pain-related chronic disability and depression, as well as providing programs that allow people to self-manage their pain so that they can return to their normal lives. The clinics also provide return to work support for injured workers whose pain is persistent. Currently 80 per cent of those who have not returned to work within six months of their injury attribute this to unresolved pain.

Tier 2 services (multidisciplinary services offering secondary or intermediate care) are publicly run pain management teams led by pain medicine and/or other appropriate specialists. The teams provide services to appropriately triaged patients with low to moderate disability and medium complexity. These are step-up or step-down services between primary health care and tertiary-level multidisciplinary pain teams. Patients may be referred from private medical specialists, GPs or primary health care multidisciplinary teams. Tier 2 multidisciplinary teams will ideally be co-located in hospital outpatient departments, ambulatory/community care centres or in co-located consulting rooms.

Tier 3 services (tertiary care) are multidisciplinary pain services located in major teaching hospitals led by a pain medicine specialist and offering access to the full range of disciplines. There are 11 existing multidisciplinary pain services in NSW, nine for adults and two for children. Services provided include multidisciplinary assessment and treatment, pain management programs, procedural interventions and inpatient admission where needed. A Tier 3 centre must have Faculty of Pain Medicine accreditation.

Foreword



All of us, at some time, suffer pain. Sometimes that pain is merely irritating, passing and inconvenient. At other times it may be excruciating, persistent and debilitating.

All too often our own response, and that of others (including the medical profession) is that we should “grin and bear it”, suffering quietly and hoping that it will go away.

As a response to chronic severe pain, that approach is no longer acceptable.

My own experiences talking to patients, their families and carers across the state, as well as my direct observation of the enormous benefits that clinicians specialising in pain management can provide to their patients, has driven a personal commitment on my part to address this long neglected impact upon people’s lives and wellbeing.

It was this that led to the key election commitment to develop a state-wide NSW Pain Management Plan to ease the burden of chronic pain, improve quality of life for people with pain, and help people with chronic pain re-enter the workforce.

Upon election a Pain Management Taskforce was established and asked to recommend strategies to develop and support a state-wide system of pain management services. The Taskforce undertook its own research and integrated into its recommendations the previous work of the Australian National Pain Summit (March 2010), the International Pain Summit (September 2010) and Australia’s National Pain Strategy. The prioritisation of education and training in pain management for all healthcare professionals clearly reflects the advice of these earlier deliberations.

This document outlines the NSW Government’s response to the Taskforce Report and I am delighted to be able to endorse all of its key recommendations and to announce funding for their implementation.

The resources required to achieve the implementation of the Plan will be formidable. They will include increased specialist training positions; securing the funding for the existing 11 multidisciplinary Tier 3 pain centres; enhanced funding and dedicated positions for those Tier 3 centres that will act as ‘support centres’ for each of the 5 new Tier 2 pain centres; and establishment of a ‘lead centre’ responsible for coordinating pain research and clinical training.

The additional funding, \$26 million over the next 4 years, demonstrates the NSW Government’s commitment to improved access to pain management services for all NSW residents. This funding includes commitments to research, the importance of which was recognised with the Government’s recent release of its response to the NSW Health and Medical Research Strategic Review.

This Plan will harness the expertise that exists in this state, and the good work already being done here, and translate this expertise into practical health outcomes for the people of NSW. It enhances our commitment to provide access to timely, quality health care.

I offer most sincere thanks to the Taskforce Chair Professor Richard Chye, the members of the Taskforce, Professor Michael Cousins, Ms Fiona Hodson, Dr Milana Votrubec, the Agency for Clinical Innovation’s Pain Management Network and the support staff in the Ministry of Health.

A handwritten signature in black ink that reads "Jillian Skinner". The signature is written in a cursive, flowing style.

Hon Jillian Skinner MP
Minister for Health
Minister for Medical Research



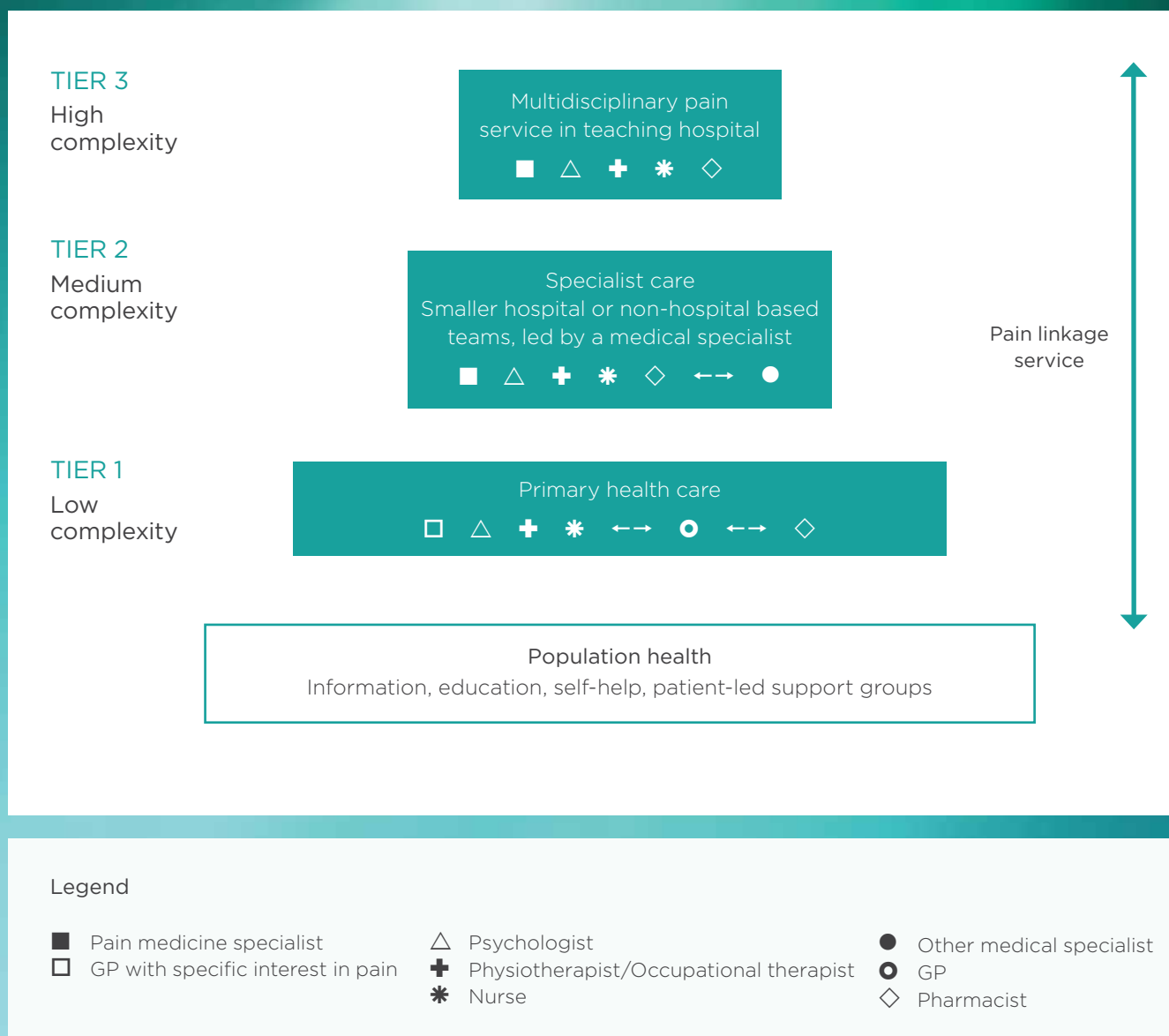
“...I participated in a three-week intensive pain management program at Royal North Shore Hospital called ADAPT. Through my hard work and the support of the facilitators, I was weaned off all medication within the first week. At the same time, I was given the understanding and tools to manage my pain in a different way. Today, I manage my pain through regular meditation, plenty of stretches, and daily walks. For me ADAPT was a God-send; my enthusiasm for life is back.”

Peter – Back Pain

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Figure 1: Proposed model of care



Key Highlights

NSW Pain Management Taskforce Report

Australia, in particular NSW, has provided worldwide leadership in the area of pain management. In March 2010 the Australian National Pain Summit, led by Professor Michael Cousins, a senior NSW Pain Medicine Specialist, produced the National Pain Strategy. The International Pain Summit in September 2010, also chaired by Professor Cousins, drew strongly upon Australia's National Pain Strategy.

The NSW Pain Management Plan responds to the National Pain Strategy, the International Pain Summit's prioritisation of education and training in pain management for all healthcare professionals, and the NSW Pain Management Taskforce's Report. The Plan references the 62 Taskforce recommendations and provides strategic direction for chronic pain services now and into the future.

The NSW Pain Management Taskforce, chaired by Professor Richard Chye and supported by the Agency for Clinical Innovation's Pain Management Network, was appointed and commissioned by the Minister for Health (Hon Jillian Skinner MP) following an election commitment made by the incoming government to give priority attention to the question of improving pain management services in NSW. Its remit was to provide key recommendations for a state-wide pain management service. These recommendations were submitted in the form of a NSW Pain Management Taskforce Report with a literature review providing supporting evidence for the proposed model of care.

The aims of the NSW Pain Management Taskforce Report were to:

- ease the burden of chronic pain
- improve quality of life for people with pain
- help people with chronic pain re-enter the workforce

The recommendations contained in the Report focus on integrating multidisciplinary care across primary, secondary and tertiary care; education, training and workforce development for health professionals in all disciplines; research; community-wide strategies to reduce the stigma of chronic pain; and better access to early

intervention. The Report will help drive a cohesive, consistent, state-wide approach to pain management and identifies areas for potential future development.

As well as identifying the need for more research in the field of chronic pain and its management, the Report also identifies key system components recognised internationally as requirements for better pain management services. These components include the redesign of health services to enable integration across stepped levels of care; workforce development and education; multidisciplinary care at all levels; and public health initiatives to encourage early intervention and the understanding of chronic pain.

Many of the Report's recommendations focus on the implementation of the proposed model of care (Figure 1) - enhancing existing pain services, establishing new services in areas which currently have no access to pain management services, developing consistent triage and referral processes, developing consensus on the optimal components and duration of pain management programs, and supporting workforce development to enable effective implementation. Model of care approaches have proved remarkably effective in many areas of health delivery and implementation and in this instance will require leadership and collaboration at all levels of the health system, across public, private and not-for-profit organisations.

It is acknowledged that much good work has and is already being done in NSW in the area of pain management. However, without the guidance of a cohesive state-wide Plan for current and future service demand, this work is done in isolation without being able to effect lasting, system-wide change.

Professor Chye and the Taskforce are to be congratulated on a comprehensive Report which encapsulates a vision for pain management services in NSW - from preventive health to tertiary care, and from education and training to clinical research.



“On behalf of Painaustralia members, I would like to thank Minister Jillian Skinner for recognising the need for improved access to pain services for people in NSW. This is a welcome step towards implementation of the National Pain Strategy”.

**Mr James Strong AO,
Chairman Painaustralia**

Key Highlights of The NSW Pain Management Plan 2012-2016

The NSW Government endorses the Report’s mission:

“To provide equitable and evidence-based pain services that improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community”.

To achieve this mission it is recognised that not only are additional resources required, but also transformation in the way health services work together, and the way in which health professionals and the broader community understand and deal with pain.

NSW Health supports the key initiatives promoted in the Report and has used these as the basis of the NSW Pain Management Plan 2012 - 2016 as outlined in this document:

Enhanced funding for community and acute-based chronic pain services to support implementation of the proposed model of care for chronic pain services across NSW

- Provide \$2.1 million per year towards new, dedicated medical, nursing and allied health positions to enhance Tier 3 services to meet service and training requirements.
- Provide an additional \$1.7 million per year to establish four to five new Tier 2 services in Local Health Districts (LHDs) that currently have no chronic pain services. Sites identified include



Tamworth, Orange, Port Kembla (with support to Nowra) and Port Macquarie. The existing Tier 2 service at Lismore will also be enhanced.

- Provide an additional \$620,000 per year to enhance five of the existing Tier 3 pain services (to become supporting Tier 3 services) to enable support, training, development and local implementation of new Tier 2 services and the proposed model of care. Sites identified include John Hunter, Royal Prince Alfred, Prince of Wales, Royal North Shore Hospitals and The Children's Hospital Westmead.
- Provide \$200,000 per year to enhance regional paediatric service capacity at John Hunter Hospital.
- Provide \$337,500 to integrate evidence-based clinical resources for pain management into primary health care information systems.

Additional resourcing for chronic pain research

- Provide an additional \$735,000 per year to enhance the role of the Pain Management Research Institute at Royal North Shore Hospital in providing leadership and coordination of pain research and training across NSW.
- Provide \$300,000 per year to enable systematic collection and evaluation of data on key pain outcome measures across all established Tier 3 services and Tier 2 services.
- Provide \$70,000 to support the Concord Hospital Early Intervention Trial for injured workers.

Greater investment in training, education and workforce development

- Provide \$745,000 per year to establish five new Pain Medicine Specialist training positions at the nominated supporting Tier 3 services to enable training and workforce development and sustainability. Supporting Tier 3 services will be located at John Hunter, Royal Prince Alfred, Prince of Wales, Children's Hospital Westmead, and Royal North Shore Hospitals.
- Establish partnerships with training institutions to develop and embed clinical training tools in the management of pain for undergraduates and post graduates.

Greater consistency of pain services across NSW to reduce clinical variation

- Establish state-wide triage and referral criteria and implement agreed best practice waiting times across all Tier 3 services.
- Develop and implement state-wide clinical tools e.g. referral forms, patient information documents.
- Establish agreed core components of pain management programs to ensure equitable service provision across Tier 2 and Tier 3 services.

The NSW Government's response to each of the Report's recommendations is outlined in the following section and in partnership with the Agency for Clinical Innovation's Pain Management Network, the NSW Ministry of Health will work to implement the NSW Pain Management Plan.



“As a person who supports desperate rural folk through life crises caused by chronic pain, often magnified by little or no access to expert advice and treatment for their condition, I applaud any improvement to NSW regional pain services.”

Margaret Knight,
ACI Pain Network Consumer Representative

Response to Recommendations



Key strategies:

Foster development of pain management services across NSW

THEME 1:

Development of an integrated model of care for pain management in NSW

THEME 2:

Development of a continuum of pain management services across NSW

THEME 3:

Development of a service system to support pain management and reduce clinical variation

Build and support workforce, research, education and training to support pain management services across NSW

THEME 4:

Training, workforce development and sustainability

THEME 5:

Clinical practice education

THEME 6:

Supporting a research program for pain management

THEME 7:

Supporting data collection and evaluation

THEME 1:

Development of an integrated model of care for pain management in NSW

Recommendations

1. NSW Health supports the development of an evidence-based clinical resource for pain management similar to the eviQ online resource for cancer treatments, available via Medical Director and similar software for ease of use by primary health care clinicians.
2. Existing resourcing to the 11 accredited multidisciplinary pain services in NSW be quarantined to ensure that the current level and standard of service is maintained.
3. LHD Boards review decisions that have reduced chronic pain service capacity, particularly noting the recommendations of this Plan in relation to the optimal delivery of chronic pain services.
4. An Implementation Plan be developed to progressively implement the model of care in all LHDs across NSW, as appropriate to local needs and clinical capabilities.
5. The establishment of additional pain services required to conform to the model of care be prioritised in future health system enhancements.
6. Pain services at all levels involve consumers in service design and governance, including continued consumer participation in the ACI Pain Management Network.
7. NSW Health establishes a dedicated office or body to advise the Minister and implement the Pain Management Report.

RESPONSE

The NSW Government supports the development of an integrated, stepped model of care for pain management in NSW, and is investing in the management of pain across the spectrum – from prevention in community-based services to complex tertiary care. Service agreements with LHDs currently providing multidisciplinary pain services will reflect that funding is specifically targeted at development and enhancement of pain services. Service agreements will identify recommendations contained within the NSW Pain Management Plan.

An initial implementation plan has been developed to progress the model of care across the new and enhanced Tier 2 and Tier 3 pain services. System tools have been developed and are on trial or in progress, including a state-wide referral form, a state-wide questionnaire and state-wide patient information leaflet.

The NSW Ministry of Health has identified sites for future enhancement according to need, with improvement in clinical capacity in these areas required prior to further service development.

The ACI has led consumer involvement in the design and governance of pain management services. Consumers have been involved in every working group and a consumer reference group has been formed.

The ACI will advise the Minister on service and system model design as well as clinical management issues relating to chronic pain.

THEME 2:

Development of a continuum of pain management services across NSW

Recommendations

Tier 3: Multidisciplinary pain services

8. NSW Health sets a target to reduce the maximum waiting time for individual assessment by appropriate team members to three months.
9. The Minister for Health and Medical Research takes a recommendation to Australian Health Ministers Advisory Council (AHMAC) to hold discussions with insurers re coverage of hospital-based cognitive-behavioural programs for people with severe chronic pain.
10. The admission criteria for paediatric pain services be reviewed to enable access for children aged 16–18 years (following children's guidelines or establishing adolescent services).
11. Paediatric services be reviewed from a state-wide planning perspective, and the model of care adapted if necessary.
12. Any new government-funded pain services in metropolitan tertiary hospitals comply with Faculty of Pain Medicine accreditation standards.

Tier 2: Multidisciplinary pain teams and medical specialists

13. NSW Health progressively establishes Tier 2 services in regional/rural LHDs (where tier 3 services are not available), so that each LHD has at least one pain service.
14. NSW Health develops arrangements to facilitate shared care between medical specialists, General Practitioners (GPs) and hospital-based pain services.



Tier 1: Primary health care

15. NSW Health formally recognises chronic pain as a chronic disease.
16. LHDs work with Medicare Locals or other bodies to develop coordinated primary health care arrangements for pain management, with clinical and educational support from hospital-based pain services and/or pain linkage services.
17. NSW Health encourages enrolment in the NSW Chronic Disease Management Program for people with chronic pain and a co-existing eligible condition.
18. NSW Health provides access to elements of the NSW Chronic Disease Management Program for all people with chronic pain, including telephone-based health coaching, contact centres, and real-time flags patients with pain to 'opt in' to the Personally Controlled Electronic Health Record (PCEHR), such as creating a script for staff at the patient's entry point to the service.
20. The Minister for Health and Medical Research takes a recommendation to AHMAC that Medicare Benefits Schedule (MBS) item numbers be reviewed to improve outcomes for pain management in primary health care.
21. The Minister for Health and Medical Research takes a recommendation to AHMAC that specialists, as well as GPs, have access to MBS enhanced primary health care items for pain management.
22. The Minister for Health and Medical Research takes a recommendation to AHMAC that a national real-time monitoring and auditing system for opioid prescriptions and codeine-containing products be linked with pain service records.

RESPONSE

New and enhanced pain services

The NSW Government is committed to developing a continuum of pain management services across NSW, and is committing \$1.7 million per year to establish new Tier 2 pain services across four to five LHDs which currently have no access to chronic pain services. Sites identified include Tamworth, Orange, Port Kembla (with support to Nowra) and Port Macquarie. The existing Tier 2 service at Lismore will also be enhanced.

These new services, and any subsequent services, will be supported by enhancing five supporting Tier 3 services. These Tier 3 centres will have a role in training and supporting all disciplines in nominated Tier 2 services by way of mentoring, telehealth, case conference support, development of medium intensity pain programs and other aspects to be determined via the ACI's Pain Management Network. Additional funding of \$620,000 per year will be provided to support Tier 3 centres in this role.

A further \$2.1 million per year will be provided for new dedicated medical, nursing and allied health positions in Tier 3 services to meet clinical and training requirements, as well as \$200,000 per year to enhance capacity for service provision for children in pain at John Hunter Hospital paediatric service.

The commitment to these new and enhanced pain services is a significant step towards the goal of ensuring

individual assessment waiting times of three months. Sydney Children's Hospital Network, with support from the ACI Pain Management Network and LHDs, will review admission criteria and model of care for paediatric clients.

Any new government funded pain services in metropolitan tertiary hospitals will need to comply with the Faculty of Pain Medicine accreditation standards as part of service agreements.

NSW Health's ACI and LHDs have commenced work with established Medicare Locals to develop coordinated primary health care arrangements. NSW Health has committed \$337,500 to the development of educational resources for primary care clinicians including free-to-user on-line learning modules and fact sheets to improve access to specialty information in their practices.

People with chronic pain who also have one of the target conditions for the NSW Chronic Disease Management Program (diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension) are eligible to access care coordination and self management support services provided by this program.

Recommendations to Australian Health Ministers Advisory Council (AHMAC)

Progression of several recommendations contained within the NSW Pain Taskforce Report - including recognition of chronic pain as a chronic disease at national level; revision of MBS items; and implementation of national real time monitoring and auditing for opioid and codeine prescriptions - requires significant consultation with all states and territories for the development of a discussion paper to present to AHMAC.

NSW Ministry of Health will consult with relevant jurisdictions and develop a discussion paper regarding these recommendations to present to AHMAC.

Areas supported in principle for future development

- Waiting times have been agreed through consensus, and further resourcing is required to bring waiting times to the target three month period.
- Admission criteria and state-wide planning for paediatric pain services are identified as major priority areas and will require further work with LHDs.
- In the future, chronic pain may be included as a target condition for the NSW Chronic Disease Management Program.
- Further work is required following the launch of the PCEHR.

Recommendations

Population health

23. NSW Health supports the development of population health programs for prevention and early intervention in chronic pain (such as mass media and social marketing campaigns, online information and group programs).
24. NSW Health and other agencies integrate pain prevention messages into broader health promotion and chronic disease prevention initiatives.
25. NSW Health and Medicare Locals collaborate with the National Prescribing Service to develop resources educating consumers about quality use of pain medicines, and encouraging consumers to approach community pharmacists for medicines information and advice.
26. NSW Health works with insurers and employers to raise awareness of prevention, early intervention and pain management in the workplace.



Pain linkage services

27. NSW Health supports a demonstration project to collaboratively develop a service model for pain linkage services, with an inbuilt evaluation component.
28. The Minister for Health and Medical Research takes a recommendation to AHMAC that MBS item numbers be reviewed to encourage allied health involvement in the management of complex pain.

Access to pain medicines

29. The Minister for Health and Medical Research takes a recommendation to AHMAC to pursue negotiations with the Pharmaceutical Benefits Scheme (PBS) to list all medicines with approved indications for pain.

Resourcing of hospital-based services

30. NSW Health undertakes or commissions a study to identify the drivers of cost of chronic pain management service models in the relevant service settings (acute, subacute, emergency departments and outpatients).
31. NSW Health investigates appropriate resourcing models for chronic pain services.
32. NSW Health prepares a submission to the Interim Independent Hospital Pricing Authority requesting that the provision of chronic pain management be included in the process of refining the proxy classification systems relating to AR-DRGs, AN-SNAP, URGs and Tier 2 Outpatient Clinics.

RESPONSE

Consultations with states and territories in relation to reviewing MBS item numbers to encourage allied health involvement in the management of complex pain and negotiating with the PBS to list all medicines with approved indications for pain will be undertaken as part of work to develop the discussion paper to be presented to AHMAC.

The other recommendations are supported in principle, and these will form part of a longer-term approach to addressing chronic pain. The exploration of pain linkage services, drivers of cost of chronic pain management and resourcing models for chronic pain services are identified as areas for future work.

The ACI has already commenced working collaboratively with non-government organisations to disseminate and integrate pain prevention concepts into broader messages regarding health promotion and chronic disease prevention.

The NSW Government is providing \$70,000 to support an early intervention research trial to be conducted in Illawarra Shoalhaven and Western Sydney LHDs for workers that have sustained soft tissue injuries. This trial is being conducted in conjunction with Workcover and Employers Mutual Limited.



“In June I was admitted to the ADAPT program at the Royal North Shore Hospital in Sydney, and I finally learned to deal with my pain. By understanding chronic pain, I learned to cope with it. I learned that exercise is good for me, and I learned to take my focus off the pain; I learned to have hope. Within a week of starting ADAPT, I was off painkillers and within two weeks I was able to walk without crutches. By the end of the third week I was happier than I’d been in years. I still have chronic pain, but today I accept my pain, I don’t fight it, and I put my energy into managing it. I am now on my way to completing the HSC equivalent at TAFE and have found a part-time job – something I never thought I would be capable of doing.”

Jacqueline – Hip pain



“Funding for clinical resources will allow patients in metropolitan and regional NSW much better access to pain management services. The emphasis on research and education will enable the development of much needed new treatments and rapid passage of new knowledge to all levels of the health service.”

Professor Michael Cousins AM,
Director Pain Management Research Institute,
University of Sydney, Royal North Shore Hospital;
Director PainAustralia



THEME 3: Development of a service system to support pain management and reduce clinical variation

Recommendations

33. NSW Health supports a project to analyse gaps in existing pain services and map current patient flows in order to determine areas of greatest need, the optimal number and length of pain management programs statewide, and appropriate geographic links between Tier 3 pain services, Tier 2 pain teams and LHDs.
34. NSW Health supports development of an evaluation framework for pain management programs, and pilots programs for populations with particular needs, including the elderly, burns patients, Aboriginal people, those with spinal cord injury, and Culturally and Linguistically Diverse (CALD) communities.
35. NSW Health and pain management services foster partnerships with insurers to develop collaborative strategies for early intervention and improved outcomes for compensable patients.
36. NSW Health supports the creation of a quality framework for acute and chronic pain management and implement system-wide ongoing quality improvement processes, with input from other agencies as needed.
37. NSW Health provides ongoing support to the ACI Pain Management Network to develop ways of addressing clinical variation, including:
 - > an agreed set of referral and triage criteria for pain services at each level (Tier 3 multidisciplinary pain service, Tier 2 pain team, pain linkage services and primary health care).
 - > a screening tool/ triage instrument to prioritise referrals across the system.
 - > a process for transitioning children into adult services.
 - > consensus recommendations on the optimal components and duration of pain management programs, based on the needs of the population they serve.
 - > processes to enhance safe use of pain medicines, such as monitoring of appropriate medication use and guidelines for medicine use in persistent pain.
 - > a system to address other areas of clinical variation over time as identified.
 - > the full-time ACI Pain Management Network Manager position be maintained in order to support multidisciplinary clinician and consumer engagement and ongoing transformational change.
38. NSW Health encourages Memorandums of Understanding (MOUs) between chronic pain, acute pain, aged care, cancer and palliative care services, and develop mechanisms to link pain and other clinical services such as rehabilitation, musculoskeletal, neurology, addiction medicine and mental health (mechanisms might include cross-disciplinary meetings and shared education events).
39. NSW Health and Justice Health develop a funding model for pain services at an appropriate level to provide liaison and consultation services to Justice Health clients.
40. LHDs work together with Justice Health to develop MOUs regarding provision of pain management services at an appropriate level to Justice Health clients.



RESPONSE

The development of a service system to support pain management and reduce clinical variation is essential to the implementation of new and enhanced pain services across NSW.

The ACI has conducted a gap analysis to determine areas of greatest need for pain management services across NSW, and the Pain Management Network has completed work to address clinical variation by:

- *Determining an agreed set of referral and triage criteria for pain services at each tier;*
- *Developing a screening tool;*
- *Identifying a process for transitioning children into adult services;*
- *Reaching consensus on optimal components and duration of pain management programs based on population needs; and*
- *Identifying future work including development of processes to enhance safe use of pain medicines. Future work will include development of partnerships and linkages between pain services and other clinical services such as palliative*

care and mental health. The need for future collaboration between NSW Health and Justice Health in developing funding models and service provision models for pain management services for Justice Health clients has also been acknowledged.

THEME 4: Training, workforce development and sustainability

Recommendations

41. NSW Health increases the number of training positions for medical specialists in pain.
42. NSW Health supports a project to determine workforce needs in pain management in the future (numbers of practitioners and skills required).
43. NSW Health resources training programs for clinicians of all health professions wishing to develop skills and knowledge in pain management (e.g. a program like the Program of Experience in the Palliative Approach, which provides resources for clinical workforce placements or workshops for all health professionals).
44. NSW Health creates a single pain training hospital network, providing a centralised point of application for registrars.

45. NSW Health provides additional resources at each accredited Tier 3 pain service to meet service and training requirements.
46. NSW Health resources clinical academic appointments in relevant specialties to support these training programs.
47. NSW Health encourages providers of health and medical training to include pain management in undergraduate and postgraduate curricula.

RESPONSE

A sum of \$745,000 per year will be provided to fund 5 new Pain Medicine Specialist training positions, established in nominated supporting Tier 3 pain services to enable training and workforce sustainability.

Supporting Tier 3 services will be those at John Hunter, Royal Prince Alfred, Prince of Wales, Children's Hospital Westmead and Royal North Shore Hospitals.

An additional \$2.1 million per year will be provided by the NSW Government to fund new dedicated medical, nursing and allied health positions to enhance Tier 3 services to meet clinical and training requirements. Further advice about how these positions will be apportioned across existing Tier 3 services will be determined by the ACI Pain Management Network.

An additional \$735,000 per year will enhance the Pain Management Research Network Institute at Royal North Shore Hospital, to provide leadership and coordination of pain research and support workforce development and training across NSW.

To date, ACI has been working with colleges and training institutions to develop and embed clinical training tools for undergraduates and postgraduates. Further training programs for clinicians for pain management will form part of a longer-term approach to developing pain management services across NSW.

THEME 5: Clinical practice education

Recommendations

48. NSW Health facilitates the review of existing clinical practice resources, their distribution as appropriate, and development, production and maintenance of new resources as needed.
49. NSW Health supports development and production of a set of pain management factsheets (print and online) for primary health care clinicians, consumers and carers.
50. NSW Health and Medicare Locals support implementation and uptake of the Royal Australian College of General Practitioners' (RACGP) new online training program in pain management, when it is available.
51. NSW Health collaborates with insurers and employers to develop education resources in pain management for assessors and case managers.
52. Pain services and consumers be involved in developing materials.

RESPONSE

NSW Health will provide \$337,500 to procure free-to-user educational resources, on-line learning modules and fact sheets to improve access to specialty information for primary care clinicians. ACI will lead the review of existing and future resources, with input from pain services and consumers.

NSW Health will support the Royal Australian College of General Practitioner's online training program in pain management, once available.

Collaboration has commenced with insurers and employers in the development of resources for assessors and case managers.

THEME 6: Supporting a research program for pain management

Recommendations

53. The Minister for Health and Medical Research establishes a dedicated pain management research program for NSW, including academic appointments across disciplines and research clinicians in clinical services.
54. One Tier 3 multidisciplinary pain service be resourced to provide leadership and coordination for research across NSW, collaborating with other services.
55. The Minister for Health and Medical Research advocates at the Commonwealth level for recognition of pain management as a category in National Health and Medical Research Council funding and as a priority research area.

RESPONSE

An additional \$735,000 will be provided annually to enhance the Pain Management Research Network Institute at Royal North Shore Hospital. This new funding will enable this Tier 3 pain service to provide leadership and coordination of pain research and training across NSW.

The funding will be used to support a suite of research positions, including a Director of Research, a Post-Doctoral Researcher, Research Assistant, Molecular Biologist, Epidemiologist and Clinical Projects Coordinator.

THEME 7: Supporting data collection and evaluation

Recommendations

56. NSW Health supports studies to estimate chronic pain prevalence in children, aged care residents, CALD populations, Aboriginal populations, and Justice Health clients in NSW.

57. NSW Health supports a modelling project to develop a population-based assessment of future demand for pain management services.
58. NSW Health delegates responsibility for creating a minimum dataset for pain management to an appropriate authority.
59. NSW Health facilitates the development, implementation and operational support of a state-wide database for pain management to enable systematic collection and evaluation of data on key pain outcome measures in adults and children, as described above (it is desirable that this development be coordinated with the establishment of a National Pain Outcome Collaboration).
60. NSW Health resources a state wide database manager and nominated data entry staff for ongoing development and maintenance.
61. The Minister for Health and Medical Research puts forward a recommendation to the Australian Health Minister's Advisory Committee (AHMAC) that a National Pain Outcome Collaboration be supported and aligned with developments in NSW.
62. NSW Health supports consistent coding of pain nationally, which is crucial to quantify the burden of pain in NSW and Australia.

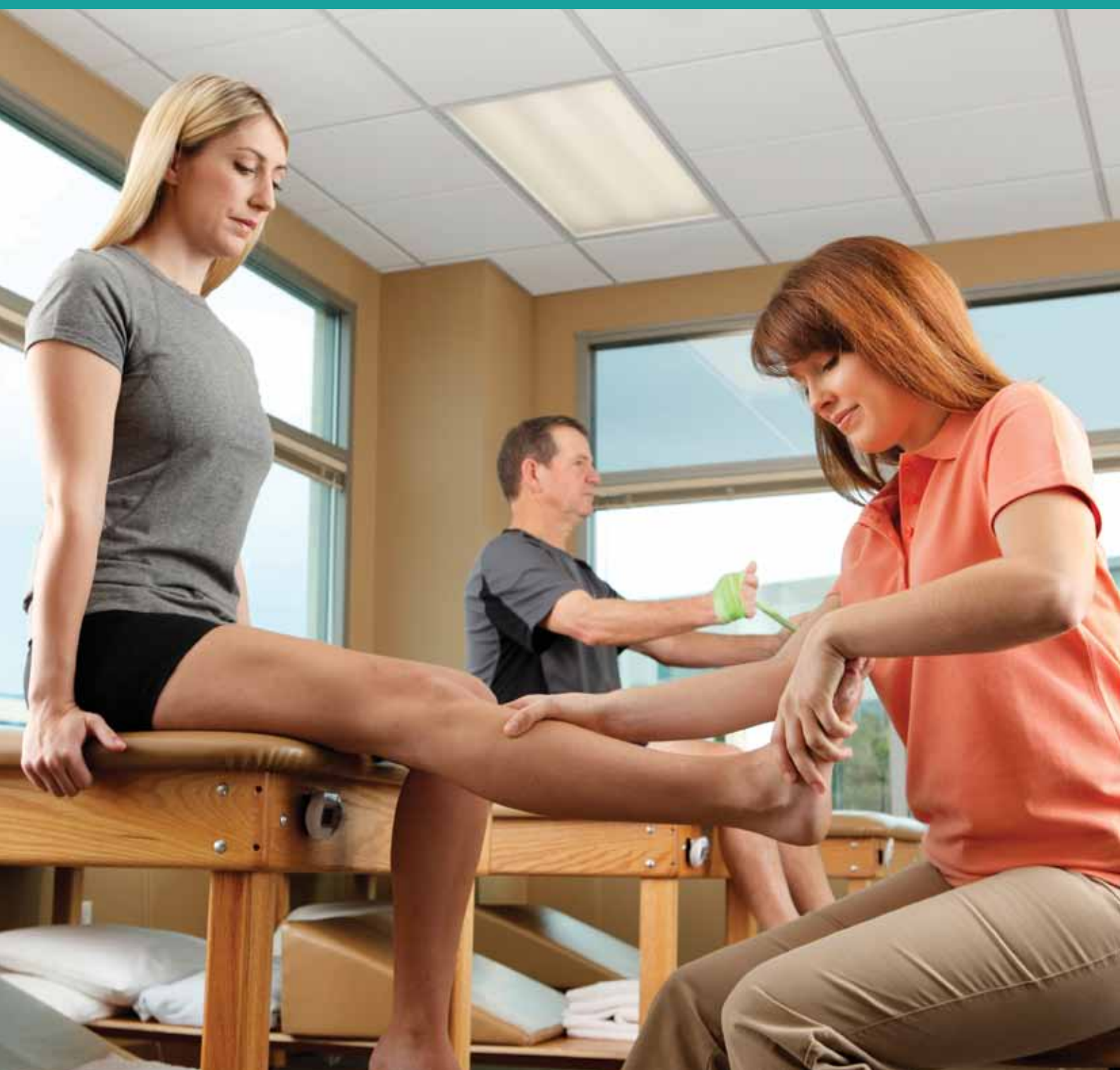
RESPONSE

Consultations with states and territories in relation to supporting a National Pain Outcome Collaboration will be included in the discussion paper to be presented to AHMAC.

The NSW Government is providing \$300,000 on a recurrent basis to support outcome data collection and evaluation for Tier 2 and Tier 3 services. This will enable measurement of effectiveness of services.

The ACI will provide oversight for the development of this data collection, and has already completed work on a minimum dataset for pain management. The minimum dataset has been endorsed nationally and by the ACI Pain Management Network.

Glossary



GLOSSARY

Accredited pain service

An accredited pain service is one that meets the requirements for pain medicine specialty training set by the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists

Acute pain

Pain immediately following surgery or injury, which is expected to be of relatively short duration.

Cancer pain

Pain associated with cancer, either during the treatment phase, as a complication of treatment, or in cancer survivors.

Chronic pain

Constant daily pain for a period of three months or more in the last six months (sometimes the term 'persistent pain' is also used).

Multidisciplinary

A number of different health care disciplines available at one clinic.

Opioids

Medicines with actions similar to those of morphine, including substances derived from the opium poppy (morphine, heroin, codeine and thebaine) and synthetic and semi-synthetic medicines (such as pethidine, hydromorphone, fentanyl, methadone, buprenorphine, oxycodone, dextropropoxyphene, dextromoramide, pentazocine, tramadol and others).

Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Primary health care

The first level of care or point of entry to the health care system for consumers. It includes (but is not limited to) services delivered by GPs, practice nurses, nurse practitioners, community nurses, allied health providers, Aboriginal health workers, pharmacists and dentists.

Recurrent pain

Pain that occurs on a recurrent or cyclical basis, for example migraine or recurrent abdominal pain.

Secondary health care

Services provided by practitioners who don't normally have first contact with a patient, such as medical specialists; intermediate between primary health care and that available at a tertiary facility.

Subacute pain

Pain that is progressing towards chronic pain, but this progression may be prevented.

Tertiary health care

Care provided in a service that has the personnel and facilities required for specialist investigation and treatment, such as within a teaching hospital.

Tier 2 pain service/team

A multidisciplinary public pain service led by pain medicine and/or other appropriate specialists, treating patients with low to moderate disability and medium complexity and located in hospital outpatient departments, ambulatory/community care centres or in co-located consulting rooms.

Tier 3 Multidisciplinary pain service (multidisciplinary pain centre)

A pain service located in major teaching hospitals, which provides comprehensive multidisciplinary care and procedural interventions, and is able to manage the most complex cases. Clinicians work in an interdisciplinary mode.

A Tier 3 centre must have Faculty of Pain Medicine accreditation.