Integrated Pain and Spinal Service (IPASS)

Innovative, integrated and collaborative approach to persistent pain management

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Size of the Price

Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016


Lancet 2018; 392: 1647–61
Neck and Shoulder Pain

GP -> MSK-CAS
- Physiotherapist X 2
- Acupuncturist

Spinal Orthopaedic
- Osteopath
  - I thought it would have sorted out the problem

Rheumatology
- X-rays
- MRI
- CT
- Bloods
- Pain Clinic

Shoulder Clinic

Lower Limb Team

Neurology

I was in extreme pain
I was told it was muscular
I have gone from one person to another
15 Months Time in Circulation

Neurology
Working Together and Building Strong Partnerships
Ideas creation
Neck and Shoulder Pain

Rheumatology

Shoulder Clinic

Neurology

Spinal Orthopaedic

MSK-CAS

GP

Physiotherapist

X 2

Acupuncturist

Rheumatology

What makes this the best

Who and what else needs to be in this pathway

Physiotherapist

Massage Therapist

Osteopath

Right place, Right person, Right time

Right person, Right place, Right time

Rapid Access

Early intervention

Rapid Access

Integrated Service

MDT Approach

Lower Limb Team

Shoulder Clinic

Pain Clinic

Neurology

Signposting and triage
Traditional Patient Pathway vs Integrated Pathway
CSS to IPASS: A Patient’s Pathway

- 33 year old lady, Episode of Lower Back Pain 4 weeks prior

**GP**
- Via DXS – self help resources
- Via simple one page referral to IPASS

**IPASS**
- Triage and treat function
- Explain/empower/enhance/engage

**advanced**
- Referred to surgeon for surgery if needed
- Referred to complex pain clinic if criteria met

Is usually completed within 6-12 weeks
IPASS Spinal Pathway

Primary Care

- GP
  - Physiotherapy +/- Acupuncture
    - see separate pathway
  - Community Spinal Service Assessment
    - Pain Service Assessment
      - see separate pathway
  - GP medications review/ Neuropathic pain guidelines
    - Talking therapies

Secondary Care

- T&O
  - Nerve root bock/Epidural direct listing
  - Neurology
    - Rheumatology
    - Pain Clinic
  - Mentoring
    - Back Rehabilitation
      - IPASS Pain Assessment *
        - Community Spinal Service Follow-up
          - self management and D/C

* see separate process map for IPASS - pain arm
IPASS Pain Pathway

**Primary Care**
- **UGENT/RED FLAGS**
- **GP**
- **IPASS Pain Triage**
  - **1:1 Physio Assessment**
  - **1:2 Physio/Psych assessment**
  - **1:1 Psych**
- **Spinal Service Assessment**
  - see Spinal pathway

**Secondary Care**
- **IPASS - Pain Arm**
  - Case mentoring with pain consultant
  - One off education
  - 1:1 Psychology or Pain physio
  - Pain Programme
  - Pain Programme Level 2
  - Consultant MDT clinic
  - Fibromyalgia Programme
  - Investigations
  - Back Rehabilitation group
  - Guided self Help (Psych assist led 1-1 CBT)

**Future services to be planned**
- **Consultant MDT clinic**
- **1:1 Psych**
- **1:1 Physio/Psych assessment**
- **IPASS Pain Triage**
- **IPASS Pain Triage**
- **GP**
- **MSK Physiotherapy +/- Acupuncture**
- **IAPTS**

* see separate process map for IPASS - spinal arm

Future services to be planned
Group Programmes

- Pain Management Programme
- Fibromyalgia Programme
- Bodyworks
- Back to Fitness
- Explain Pain

IPASS
IPASS Pain Outcomes

Outcomes for all patients in IPASS pain September 2016 to September 2017

- Patient Self Efficacy: Assessment (15), Discharge (25)
- Patient Specific Functional Scale: Assessment (5), Discharge (10)
- Patient Specific Functional Scale: Assessment (0), Discharge (10)
- Flourishing scale: Assessment (0), Discharge (35)
IPASS Financial Performance

Total Savings so far = £344,877
Spreading Good Practice and Collaborative Working

- IPASS was introduced prior to November 2016 release of NG59 NICE Guidance for Lower Back Pain
- Disseminated through regional and national networks
- IPASS Toolkit (BSR)
  - used within other areas of the UK
  - a template for Berkshire West ICS
- System working prior to first wave ICS
Challenges

- Short up and running time
- Recruiting adequately trained specialist staff
- Scheduling
- Space for staff

Benefits > Challenges
Our patients views
The patient story

https://www.youtube.com/watch?v=TwaDCprvU2A
Berkshire West Integrated Care System (ICS)

Royal Berkshire HFT:
Provider of acute services

Berkshire Health FT:
Provider of mental health and community services

North and West Reading CCG:
• GP practices = 10
• Population in 2016/17 = 110,197

South Reading CCG:
• GP practices = 20
• Population in 2016/17 = 138,635

Wokingham CCG:
• GP practices = 14
• Population in 2016/17 = 161,251

Newbury and District CCG:
• GP practices = 11
• Population in 2016/17 = 118,043

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Thank you

British Society for Rheumatology

Best Practice Award Winner

HSJ AWARDS FINALIST