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9(2)(a)

RE Official information request CDHB 10428

I refer to your email dated 22 September 2020 requesting the following information under the Official Information Act from Canterbury DHB regarding chronic pain services. Specifically:

This request is related to the proposed budget review for the Burwood pain management service for 2021/22 and out years. The Australian and New Zealand College of Anaesthetists (ANZCA) Faculty of Pain Medicine (FPM) is seeking:

Any documentation (emails, reports and executive and board briefings and planning papers) that consider:

- 1. The Board and management decision-making and prioritisation in their consideration of budget changes as they relate to the pain management service at Burwood hospital.**
- 2. Details of the proposed budget review including any timelines, cost benefit analysis, staffing plans and communications plans.**
- 3. The impact it will have on the pain management service at Burwood Hospital.**
- 4. How CDHB will maintain the current service levels with such significant financial changes.**
- 5. Whether pain management services are considered mandatory by the CDHB.**
- 6. What steps is the DHB taking to improve chronic pain services.**

The Canterbury DHB's deficit reduction work started last year when we established a number of Taskforces to look at how we could significantly reduce our costs to improve our financial position. At the end of June 2020, we had already saved \$12.9m million for the 2019/20 financial year. Much of this was achieved without significant disruption to how we carry out our day to day work.

The Canterbury DHB's Accelerating Our Future programme of work builds on this and is based on our most recent draft 2020/21 annual plan and looks at how the DHB can operate more sustainably for the long term and achieve the \$56.9m savings plan approved by the Board in August this year. It looks at a range of options available to the DHB to improve operational efficiency and is focused on initiatives that will deliver both a quality and sustainable health service. This plan has been structured to achieve targeted savings with the least possible impact on patient care in one year, with a broader three-year plan to break even.

As has already been released to media and reported on, the way the pain management centre service is delivered was considered as part of the savings plan approved by the Board.

However, there is an expectation that some projects would contribute enough towards the savings goal set out in the plan and would prevent the Canterbury DHB from undertaking less desirable options, such as the pain management centre. Therefore, the way this service is delivered by the DHB remains unchanged currently.

If this were to be considered at any point in the future as part of the Accelerating Our Future programme of work, the DHB would need to engage with a range of stakeholders, from people using the service, through to referrers including general practice teams and other stakeholders before it would then have to be agreed to by the Board and the Ministry for it to proceed. Discussions have been had with the service to explain this and about ways of innovating and improving access for patients, in keeping with our approach of continuous service improvement.

It is an absolute priority of the DHB to ensure that any decisions regarding service delivery do not impact on our ability to continue to provide services in an integrated health system that allows the Canterbury community to continue to access the care they need, when and where they need it.

Material that has gone to the Canterbury DHB Board in relation to the above is:

The Burwood Pain Centre/Clinic was mentioned in a presentation to the Board on 16th July 2020 Item 5 2020/21 Planning Update Presentation. (see excerpt below). This is the only mention of the Burwood Pain Clinic/Centre in the document.

Rip Cord

Projects that are inconsistent with the strategic direction, create future risk and will only be implemented if required to meet savings targets

Clinical Resourcing	2R1	Service removal-Pain Clinic
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Task Force

ID	Type	Description	Year 1	Year 2
2R1	Rip Cord	Service removal -Pain Clinic	\$650,000	\$1,560,000

The Pain Management Centre implemented a multidisciplinary day education program, the “Burwood Advancement Screening Education” (BASE) to enable more individuals to access information and support around chronic pain. In response to the COVID pandemic work has been carried out to allow for telehealth provision of this education program.

We continue to review our clinical pathways and how we provide treatment to continue to improve access to services and address waiting times, this was a key point of discussion within the Burwood Pain Management Centre Vision and Planning Day held on the 9th of December 2019. To enable this development to be progressed we have carried out a review of SIPICS (patient management system) processes, this included implementing of wait listing processes and utilization of tags and staff teams to more clearly identify work flows.

It was also identified that better visibility was required of PMC data from the Anaesthesia data set this has been achieved by moving PICS data to sub specialty code of S05B (from July 2020). We are now engaging with Decision Support and Signals From Noise team developing the current workflow within their systems to track flow and constraints to enable more detailed production planning discussions to take place.

We have been working on improving the links between community and chronic pain speciality service through the development of Pain Pathways as part of Health Pathways for the CDHB both at a community and Tertiary level, and also for low back pain on a Community level. We are re-engaging with Canterbury Initiative to further explore this

Your response will also update figures provided to FPM in your response dated 19 December 2019. To update this information please provide data on:

7. Budgeted and actual expenditure in 2019/20

	2019/2020
Budgeted Expenditure	1,890,752
Actual Expenditure	1,565,082

8. Number of pain specialists/consultants employed by the DHB

The Burwood Pain Management Centre has 2.5 Senior Medical Officer FTEs (including 4 Specialist Pain Medicine Physicians and 2 Muscular-Skeletal Physician). Also working in association with the Pain Management Centre team is a Psychiatrist and Neurosurgeon.

9. Number of patients (both non-ACC and ACC patients) who received services in 2019/2020.

	2019/20
ACC	81
non-ACC	286
Grand Total	367

10. Average waiting times for an appointment following referral from a GP, or other health practitioner in 2019/2020.

	2019/20
ACC	288.2 (days)
non-ACC	214.3 (days)

11. Makeup and dedicated FTE of the multidisciplinary team workforce as at 1 September 2020.

- Clinical Co-ordinator – 0.6 FTE
- Clinical Psychologists - 3.8 FTE
- Physiotherapists - 3.4 FTE
- Occupational Therapists - 1.9 FTE
- Nurses - 1.8 FTE
- Social Worker - 0.5 FTE

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support