

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

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RE Official Information Act request CDHB 10233

I refer to your email, dated 26 November 2019 requesting the following information under the Official Information Act from Canterbury DHB regarding chronic pain services for the population of our district health board. Specifically:

- **Are chronic pain services separately funded by the DHB? If so please provided data on:**
 - **Budgeted and actual expenditure in 2017/2018 and 2018/2019**

Please refer to **Table one** (below) for the budgeted expenditure and the actual expenditure for chronic pain services.

Table one:

	2017/2018	2018/2019
Budgeted Expenditure	1,826,040	1,826,026
Actual Expenditure	1,742,380	1,782,335

- **Number of pain specialists/consultants employed by the DHB**

The Burwood Pain Management Centre has 2.5 FTE Senior Medical Officer (including four Specialist Pain Medicine Physicians and two Muscular-Skeletal Physicians). Also associated to the Pain Management Centre team is a Psychiatrist and a Neurosurgeon

- **Number of patients (both non-ACC and ACC patients) who received services in 2017/2018 and 2018/2019**

Please refer to **Table two** (below) for the number of patients (both ACC and non-ACC) who received services.

Table two:

	2017/18	2018/19
ACC	109	143
non-ACC	389	671
Total	498	814

- **Average waiting times for an appointment following referral from a GP or other health practitioner**

Please refer to **Table three** (below) for the average waiting times for an appointment following referral from a GP or other health practitioner.

Table three: Average waiting time for appointment (days)

	2017/18	2018/19
ACC	85.5	86.2
non-ACC	129.1	131.1

- **Makeup and dedicated FTE of the multidisciplinary team workforce.**

Clinical Psychologists	-	3.3 FTE
Physiotherapists	-	3.4 FTE
Occupational Therapists	-	1.1 FTE
Nurses	-	1.8 FTE
Social Worker	-	0.5 FTE

- **What steps is the DHB taking to improve chronic pain services?**

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. We continue to review our clinical pathways and how we provide treatment to continue to improve access to services and address waiting times.

We have been working on improving the links between community and the chronic pain speciality service through the development of Pain Pathways as part of Health Pathways for the Canterbury DHB both at a community and Tertiary level, and also for low back pain on a Community level.

I trust that 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



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support