Pain Management
Service Specification
Tier 2

September 2024

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### 1. Status

It is compulsory to use this nationwide service specification when purchasing this service.

### MANDATORY ☑ RECOMMENDED 図

### 2. Review History

Review History	Date
Published on NSF Library	December 2013
Minor Correction to Unit of Measure in PC0019 and PC0022	January 2015
Consideration for next Service Specification Review	within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site here

### 3. Introduction

#### PAIN MANAGEMENT SERVICE-

### SPECIALIST MEDICAL AND SURGICAL SERVICES

#### **TIER TWO**

#### SERVICE SPECIFICATION

PC0001, PC0003, PC0007, PC0010, PC0014, PC0015, PC0016, PC0017, PC0019, PC0020, PC0021, PC0022,

This Tier Two Service Specification specifies the particular content detail and principles for the Pain Management Service (the Service). It is used in conjunction with the overarching Tier One Specialist Medical and Surgical Services and Tier One Services for Children and Young People service specifications that contain generic principles and content in the following Sections:

- Philosophy of Integrated Service Delivery
- Māori Health
- Access
- Service Components
- Support Services
- Service Linkages
- Elective Services
- Pacific Health and Health for other Ethnic Groups.

In addition, where appropriate, the Pain Management Service specification will be used in conjunction with the Tier One Community Health, Transitional and Support Services and, in particular, the Allied Health Services (non-inpatient) service specification.

### 3.1 Background

Approximately 16% of New Zealanders suffer from persistent pain<sup>1</sup>. Not all of these people need a persistent pain service. Cure of any underlying problem may or may not be possible. As such, the model for care of this common chronic problem once it is beyond the scope of primary care is of expert assessment, diagnosis and treatment, supported by Service User education in self-management. Once a Service User is stabilised, the aim is for them to return to self-care management within the primary health care setting.

The complexity of managing persistent pain conditions requires the collaborative interaction of an interdisciplinary team with expertise in Pain Management. Each District will provide access to a Pain Management Interdisciplinary Team (IDT).

<sup>1</sup> Blythe, NZ Medical Journal (NZMJ) 24 June 2011, Vol 124 No 1337; ISSN 1175 8716 Page 63 URL: <a href="http://www.nzma.org.nz/journal/124-1337/4730/">http://www.nzma.org.nz/journal/124-1337/4730/</a>

### 4. Service Definition

The Service provides a coordinated interdisciplinary service that is customised to meet the complexity of biopsychosocial<sup>2</sup> and functional needs of people referred with chronic or acute persistent pain problems. The delivery of this Service supports the continuum of care.

There are two Service Levels (See Section 8.4 below).

A glossary of terms used in this service specification is provided below.

### 5. Service objectives

#### 5.1.1 General

Key objectives for the Service include:

- supporting referrers' early identification of individuals who would benefit from treatment by the Service
- commitment/ ability to manage or improve a Service User's response to persistent pain, within established clinical guidelines, to ensure that they receive the necessary range of services, care and support within the timeframes set in their management plan.
- optimising Service User's social rehabilitation, occupational, and educational performance by maximising their functioning, enhancing their quality of life where possible, and minimising the impact of pain
- enhancing the Service User's development of personal and biopsychosocial skills, and physical abilities by collaborating with Service User to develop appropriate and effective self-management strategies for pain management
- using pharmacological and /or other interventions where appropriate
- collaborating with other disciplines to develop appropriate and effective selfmanagement strategies for pain management
- collaborating with other health professionals to educate, identify and promote the appropriate use of health care services to minimise over-medicalisation and overinvestigation
- (for inpatients) earlier discharge of the Service User with appropriate follow up care in the community using pharmacological and other interventions to reduce the pain intensity, where possible.

### 5.2 Māori Health

Refer to Tier One Specialist Medical and Surgical Services or Tier One Children and Young Peoples Services service specifications, as age appropriate.

### 6. Service Users

Service Users are Eligible<sup>3</sup> people of any age who meet the entry criteria in Section 7.1 below.

<sup>1. &</sup>lt;sup>2</sup> en.wikipedia.org/wiki/Biopsychosocial model

<sup>&</sup>lt;sup>3</sup> https://www.tewhatuora.govt.nz/corporate-information/our-health-system/eligibility-for-publicly-funded-health-services

Where appropriate the Service User's family / whānau / carer are included - this is particularly important for children and young people.

### 7. Access

### 7.1 Entry Criteria

People of any age who are:

experiencing persistent pain <sup>4</sup>that cannot be managed by other health services, and likely to benefit from specialist pain assessment, management and treatment.

#### 7.2 Referral to the Service

Referral to the Service will be from Registered Medical Practitioners or Registered Allied Health Professionals as detailed in Service User's care pathway.

Eligible people who will benefit from provision of pain management services have often had a number of procedures and investigations carried out to establish a clinical need for referral to the Service.

### 7.3 Exit Criteria

The Service User exits the Service when they:

- no longer have pain, or
- have successfully completed their pain management plan, or
- are clinically assessed as having their pain under better control, or
- no longer benefiting from receiving the Service, or
- are discharged / transferred, with a management plan, to a Primary Health Care Provider or another service, or
- voluntarily exit the Service, or
- are deceased.

### 8. Service Components

### 8.1 General

Principles applied to the service components below are detailed in the Tier One Specialist Medical and Surgical Services and Services for Children and Young People service specifications.

<sup>&</sup>lt;sup>4</sup> See Glossary for definition of persistent pain.

Service Component	Description
Referral management	All referrals will be reviewed and triaged by designated member(s) of the IDT to:  • evaluate the priority of the referral and  • allocate an appropriate response time required for each referral, based on the person's clinical condition as assessed from the information given with the referral.  The Service provider will operate an effective and efficient system to receive and prioritise all service referrals.
Assessment, monitoring and evaluation	<ul> <li>Assessment of biopsychosocial and functional aspects of persistent pain to develop a management plan.</li> <li>Monitoring and evaluation, of the Service User's progress against their management plan.</li> <li>Where progress is different from expected, make changes to the Service User's management plan and update referrer</li> <li>Undertake and document a formal reassessment against the care plan or treatment goals, based on evidence and within the Management Plan, time frame, using assessment tools referenced in the common dataset (see Appendix1) as appropriate</li> <li>Document demonstration of achievement of the desired outcomes.</li> <li>The range of assessment services provided by the Pain Service are listed in Appendix 2.</li> </ul>
Planning and Provision	Having determined the Service User's needs (and that of the family and whanau (where appropriate) the Service will develop an outcome orientated Management Plan that is agreed with the Service User (and family/ whānau), that identifies and documents outcomes and timeframes for achieving management of their persistent pain.  The range of treatment services provided by the Pain Service are listed in Appendix 2.
Information, Education and Advice	Provision of education of and advice for:  • referring clinicians on the importance of early intervention, for types of persistent pain symptoms that can best treated by the Service  • other health professionals to educate, identify and promote the appropriate use of health care services to minimise over-medicalisation and over-investigation of people with chronic pain  • GP / Primary Health Care Teams on the ongoing management of Service Users according to the Management Plan.
Consultation Services	Inpatient <sup>5</sup> consultation services by pain management specialists for people who have severe pain requiring admission, as an inpatient, because of complex medical and / or psychological factors which require close observation, assessment and / or intensive treatment as an inpatient.

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<sup>&</sup>lt;sup>5</sup> Note: Pain Management inpatient episodes of care are funded as an input into the inpatient purchase units according to each hospital speciality as a Diagnosis Related Group (DRG) WIESNZ Discharge.

Service Component	Description
	Pain consultation services are also provided for outpatient and community patients with acute or persistent pain.
Discharge	Discharge Planning
Planning and Transfer of Care	Discharge the Service User from the Service when, on formal assessment, the Service User has obtained identified outcomes, or is not receiving clinical or functional benefit from the Service.
	Plan discharge in consultation with the Service User, their family and whānau, carers and agencies as appropriate.  Make a written discharge report available to the Service User, the referrer and the Service User's GP / Primary Health Care Team (if they have not been the referrer).
	Transfer of Care
	Refer the Service User to other services as required and notify the GP / Primary Health Care Team of the referrals.
	Ensure that transition of responsibility of care for the Service User to other providers has occurred to support the continuum of care.
	Liaise, and share information, with the Service User's GP / Primary Health Care Team.

#### 8.2 Processes

The Service will include all or a number of the procedures listed in Appendix 2.

### 8.3 Settings

The Service will be provided in and across a range of clinical and District settings (inpatient, outpatient and community).

#### 8.4 Service Level Provision

The Service is provided at two levels that are based on their catchment area and the specialist services available within that area. The level of interdisciplinary care provided by the Service may vary according to the level of clinical support available, the presence of other speciality or tertiary services, and qualifications, training and skill of medical staff.

### 8.4.1 Level One Provision – Interdisciplinary Pain Centres

Level One Services are designed to manage more complex Service Users who have a number of contributing problems including biomedical and psychosocial problems.

In addition to Level Two Services provision (see below) Level One Services provide:

- a full interdisciplinary assessment, development and execution of individual management plans
- day and/ or outpatient pain management programmes

- a wide range of procedural and invasive interventions that may require access to operating theatres or recovery wards
- interventions for the more complex Service Users who have a number of contributing factors including biomedical and psychosocial problems.

Staff will be actively engaged in research that contributes to the evidence base for the treatment and management of pain and further research.

### 8.4.2 Level Two Provision – Interdisciplinary Pain Clinics

Level Two Services can be provided for Service Users in their District of Domicile.

Level Two Services include:

- an IDT who will individually and collectively manage the care of the Service User and their family / whānau
- a number of specialist staff who provide a consultative service and run a number of medical / psychosocial / functional assessment services.
- provision of simple procedures, such as single peripheral nerve blocks but not more complex interventions.

Level Two teams will collaborate / consult with and use the expertise of the Level One services which are more individually focused.

### 8.5 Support Services

Refer to Tier One Specialist Medical and Surgical Services and Tier One Children and Young Peoples Services service specifications.

### 8.6 Key inputs

The District will ensure that there is sufficient, appropriately qualified Pain Management staff available to safely meet the assessed needs of the Service Users within the timeframes set.

Services caring for children / young people should have an appropriate level of training and / or qualification in paediatric care and conduct these services in close liaison with local paediatric providers.

The Pain Management Interdisciplinary Team (IDT)

The IDT encompasses a wide range of health disciplines that have qualifications in and /or extensive experience, skills and knowledge in pain management strategies and programmes.

A Pain Medicine Specialist holding a Fellowship from the Australian and New Zealand Faculty of Pain Medicine whose vocational scope of Pain Medicine is recognised by the Medical Council of New Zealand, will be a member of the IDT.

The coordinated approach offered by the Service's IDT uses a number of different modalities from biopsychosocial and functional viewpoints.

The IDT staff will demonstrate the following competencies:

- assessing and treating physical, psychological, medical, vocational and social and rehabilitative aspects of pain.
- maintaining adequate records so that treatment outcomes and overall programme effectiveness can be evaluated
- supporting the collection and use of the New Zealand Australia Common Data Set (Appendix 1.)

### 9. Service Linkages

The Service must be well integrated with other health services and ensure that there is effective consultation, liaison and referral between services and sub-specialties. Providers are required to establish working arrangements or protocols that reflect the size and scope of each organisation and the degree of cooperation required between them.

The linkages include, but are not limited to the following:

- Accident Compensation Corporation (ACC)
- Other hospital services
- GPs / Primary Health Care Teams and other primary health providers
- Specialist and community Palliative Care services
- Non-Governmental Organisations (NGOs) eg. Cancer Society of New Zealand, Arthritis New Zealand
- Residential support services providers for people with intellectual, physical or sensory disabilities, and / or mental illness or drug and alcohol issues and / or chronic health conditions
- Aged Residential Care contracted service providers
- Community mental health and / or crisis services
- Social workers and counsellors
- Specialist Community Nursing services
- Consumer advocacy services.

### 10. Exclusions

Funding for this Service will not duplicate services already funded by the District, Health New Zealand or where the responsibility for funding is with the Accident Compensation Corporation (ACC).

### 11. Quality Requirements

### 11.1 General

The Provider must comply with the Provider Quality Standards described in the Operational Policy Framework<sup>6</sup> of the Crown Funding Agreement.

The Service will:

- have a process for effective resolution of disputes over the level of service delivery
- report as required to the funder on the development and implementation of the quality improvement plan and compliance with standards
- undertake regular evidence based outcome monitoring, process review, clinical and process audits and peer review relevant to the Service
- participate in an evidence based quality improvement programme that is able to measure and report the service performance and progress.

### 11.2 Acceptability to the Service Users

Provide access to advocacy and support services, as required, to ensure Service Users have their health and disability related support needs met in a manner that respects and acknowledges their individual and cultural values and beliefs.

Consider and meet the age appropriate needs of the Service Users, and their family and whānau, and / or carers where applicable.

### 11.3 Pacific Health and Health for other Ethnic Groups

Refer to the Tier One Specialist Medical and Surgical Services and Tier One Services for Children and Young People service specifications.

As New Zealand is made up of culturally diverse communities, the Provider will take into account the particular cultural and linguistic needs of the groups within the community it serves.

<sup>&</sup>lt;sup>6</sup> Ministry of Health Accountability Documents are published on: https://www.health.govt.nz/about-us/new-zealands-health-system/overview-and-statutory-framework/accountability-arrangements

# 12. Purchase Units and Reporting Requirements

### 12.1 Purchase units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The Service must comply with the requirements of Health New Zealand national data collections. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure	National Collections
PC0001	Pain Medicine 1st Specialist Assessment	First attendance to a Pain Medicine medical practitioner or medical officer at registrar level or above or Nurse Practitioner for specialist assessment.	Attendance	National Non Admitted Patient Collection (NNPAC)
PC0003	Pain Medicine Assessment – Follow-up	Follow Up attendance for a pain assessment to a Pain Medicine medical practitioner, medical officer at registrar level or above or Nurse Practitioner for specialist assessment.	Attendance	NNPAC
PC0007	Pain IDT Assessment	Attendance for a pain assessment by at least three members of the Pain Interdisciplinary Team (IDT) to make recommendations for further treatment and management of persistent pain.	Attendance	NNPAC
PC0010	Pain Psychosocial 1 <sup>st</sup> assessment	First attendance for assessment by a Clinical / Health Psychologist, Occupational Therapist or Nurse Practitioner trained in psychosocial assessments.	Attendance	NNPAC
PC0016	Pain Psychosocial  – Follow up	Follow up attendance to a psychiatrist, medical officer at registrar level or above, or Clinical / Health Psychologist, Occupational Therapist, Social Worker or Nurse Practitioner trained in psychosocial assessments.	Attendance	NNPAC
PC0020	Pain Functional Assessment	Attendance for assessment of the Service User's current functional abilities/ limitations, engagement in life activities.by a Physiotherapist and/ or Occupational Therapist.	Attendance	NNPAC
PC0021	Physical Assessment	Attendance for assessment of physical capacity and Kinesiophobia (fear avoidance) by a pain physiotherapist.	Attendance	NNPAC
PC0014	Pain Interventional	A biomedical intervention performed by a Pain Medicine Specialist in a procedure room, not requiring an operating room.	Attendance	NNPAC

PU Code	PU Description	PU Definition	Unit of Measure	National Collections
	procedures – non Operating room			
PC0015	Pain Interventional Procedures – Operating Room	A biomedical intervention performed by a Pain Medicine Specialist, in the operating room, requiring operating theatre and/or radiology assistance (for non-admitted patients only).	Attendance	NNPAC
PC0017	Pain individual therapy session	Attendance to individual pain therapy sessions with a member of the pain interdisciplinary team.	Attendance	NNPAC
PC0019	Pain Management Group Day Programme	A pain management group day programme based on a cognitive/ behavioural model to assist individuals to achieve the key objectives of their pain management plan. (previously PC0009). Includes follow-up session after completion of the group day programme, (previously PC0013).	Day Attendance	NNPAC
PC0022	Pain Activity Individualised Programme	An individualised multi week programme provided by the pain interdisciplinary team based on a cognitive / behavioural model.	Day Attendance	NNPAC
M00010	Medical non contact First Specialist Assessment - Any health specialty	A review is undertaken by a Registered Medical Practitioner of Registrar level or above, or a Registered Nurse Practitioner, of patient records and any diagnostic test. The original referral should only be generated after a face to face contact by the referrer. A written plan of care is developed for the patient and provision of that plan and other necessary advice is sent to the referring clinician and the patient. The non contact FSA does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care	NNPAC

Refer to Appendix 2 for detail of procedures included in these purchase units.

Unit of measure (UoM)	UoM definitions
Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.
Day Attendance	Number of attendances to a day session lasting 3 hours or more.
Written plan of care	Written plan of care provided by the specialist to the referring GP

# **12.2 Reporting Requirements**

The Service will work towards having an agreed core set of information that will be collected and provided on request to the Funder. This information is for the purpose of monitoring service provision and to support national consistency for service development and benchmarking.

# 13. Glossary

Term	Meaning	
Day Programme	An integrated group multi week group rehabilitation programme as specified (for up to 21 days) in the Service User's Pain Management Plan.	
Nurse Practitioner	A Registered Nurse (RN) who has completed an advanced education and training programme in the area of pain medicine and is registered with the Nursing Council of New Zealand as a Nurse Practitioner.	
Pain Management Interdisciplinary Team (IDT)	A team of medical, nursing, psychological and allied health professional staff appropriately qualified and skilled in assessing and treating persistent pain.	
Pain Medicine Specialists (PMSs)	act as comprehensive pain physicians. Their primary purpose is to manage the treatment of patients with acute and persistent pain, using a biopsychosocial approach.  The PMS will hold a Fellowship from the Australian and New Zealand Faculty of Pain Medicine whose vocational scope of Pain Medicine is recognised by the Medical Council of New Zealand.	
Pain Management Plan	Outcome oriented treatment and /or rehabilitation plan for the Service User.	
Persistent pain	Persistent pain is recurrent or chronic pain that persists beyond the expected time of healing, or occurs in a condition that cannot be cured. It can be considered a condition in its own right or as a component of other long term conditions. It encompasses a wide array of conditions, including musculoskeletal, neuropathic and visceral pain. Cancer pain is any pain that is caused by the cancer, cancer treatment or cancer related debility.	

### 14. Appendices

### 14.1 Appendix 1 - Proposed New Zealand - Australia 'Common dataset'

Electronic Persistent Pain Outcomes Collaboration (ePPOC)

An Australian and New Zealand Faculty of Pain Medicine (NZFPM) initiative for a National Pain Outcomes Database has been broadened to include participation of the Australian Pain Society and New Zealand Pain Society. Agreement has been obtained on a minimal data set<sup>7</sup>- see the table below.

Domain	Minimal measure
1. Pain Intensity	Numerical rating scales from Brief Pain Inventory (BPI)
2. Physical	Pain interference scales (BPI)
Disability	Roland Morris disability questionnaire
3. Cognitive	Pain Self Efficacy Questionnaire (PSEQ)
	Pain Catastrophising Scale (PCS)
4. Mood	Depression Anxiety and Stress Scale (DASS 21)
5. Healthcare	Utilisation over 3 months (GP, specialist, other health professional,
utilisation	emergency department, inpatient days)
6. Medication	Daily oral morphine equivalent
	Number of "analgesic" groups (x / 7)
7. Demographics	Postcode, Non English Speaking Background (NESB), indigenous, age, gender, site(s), duration, work status, body mass index, multiple morbidities, sight and hearing impairments, literacy
8. Service activity profile	Referral rate, clinical sessions, telehealth, waiting times (referral to preassessment group or individual clinic assessment), ratio new / review appointments
9. Treatments	Individual, group, inpatient – disciplines, procedures, contact hours

Note: This dataset excludes children, a separate data set is being developed.

Rehabilitation Outcomes Centre and Palliative Care Outcomes Collaboration projects. Professor Kathy Eagar and team at Australian Health Services Research Institute (AHSRI) provides the ePPOC manager, statistical support and also high level strategic input.

<sup>&</sup>lt;sup>7</sup> The NZFPM will work with Professor Kathy Eagar and her team at the University of Wollongong as the central database and analysis provider based on their experience with the Australasian

### **Reporting frequency**

Data will be collected at baseline (referral), at initial clinic assessment, then at 3 and 6 months post assessment. A 'snap shot' capability will allow more detailed analysis for a time limited period eg. a focus on the impact of co-morbidities for 12 months.

### Benchmarking resources

Examples of existing benchmarking systems with relevance to pain medicine include the Palliative Care Outcome Centre (PCOC) and Australian Rehabilitation Outcome Centre (AROC).

# 14.2 Appendix 2 Assessment and Treatment Services Provided by the Pain Management Service

#### Assessment

### First Specialist Assessment (PC0001)

Clinical assessment that includes discussion of care options and alternatives with the Service User and formulation of a Management Plan. This may include referral for further clinical assessments and education surrounding pain and its management.

### Follow-up Medical Assessment (PC0003)

Assessment of effectiveness of the Management Plan and assessment of Service User's education surrounding pain and its management. Review any further investigations ordered at initial assessment.

#### **Interdisciplinary Comprehensive Pain Assessment (PC0007)**

Assessment by at least three IDT members, including medical practitioner trained in Pain Medicine. The interdisciplinary assessment will include biopsychosocial and functioning of a Service User with persistent pain.

Recommendations in the Pain Management Plan, for further treatment and management of persistent pain, will be developed in partnership with the Service User and their family and / or whānau and /or carer.

#### Psycho Social First Assessment and Follow up (PC0010 and PC0016)

Assessment or reassessment by a registered health practitioner with appropriate training. Review of mood symptoms or other psychological and social features associated with a pain condition. Includes the review of history, current presentation and may introduce psychological management.

#### Pain Functional Assessment (PC0020)

Assessment of the Service User's current functional abilities / limitations and engagement in life activities, including baseline level of participation in valued life activities across domains of self-care, leisure and work. Factors contributing to current level of function, including approach to activity, pacing, activity management and lifestyle balance are to be addressed.

Physiotherapist and / or Occupational Therapist may both be involved to adequately identify current physical function and participation in life activities, including baseline measurement and to inform formulation of goals for the rehabilitation plan (to optimise Service User's engagement in treatment and to maximise measurable outcomes).

### Pain Physical Assessment (new code PC0021, previously a sub set of PC0011)

Assessment of physical capacity and Kinesiophobia (fear avoidance) by a pain physiotherapist. Formulation of management plan.

#### **Treatment**

### Pain Individual therapy session (PC0017)

#### **Functional therapy sessions**

Functional treatment, according to the Service User's management plan, by physiotherapist and/or occupational therapist.

### **Psycho-Social therapy sessions**

Psychosocial treatment according to the Service user's management plan. Therapy session provided by a psychiatrist, medical officer at registrar level or above, or Clinical/Health Psychologist, Occupational Therapist or Nurse Practitioner trained in psychosocial therapy.

#### Pain Therapy sessions

Individual pain therapy session with a member of the IDT according to the Service User's management plan.

# Pain Management Group Day Programme (PC0019, previously PC0009 including PC0013)

A group day programme based on a cognitive / behavioural model. The programme provides education on pain and lifestyle, physical exercise training and a range of techniques to assist the Service User's management of pain conditions.

Duration of the programme is between 1 and 21 days (including follow up previously PC0013) as specified in the Service user's management plan.

### Pain Activity Individualised Programme (PC0022, previously PC0018)

An individualised programme based on a cognitive / behavioural model (eg, an average of 2 sessions per week for 12 weeks). The programme provides education on pain and lifestyle, physical exercise training and a range of techniques to assist the Service User's management of pain conditions.

#### Pain Interventional Procedures – Non Operating Room (PC0014)

Includes but is not limited to the following procedures:

Procedure	Definition	
Infusions	Infusions such as lignocaine, bisphosphonates, ketamine or other medication.	
Intravenous Medication Assessment	Administration of several drugs, at intervals to assess different drugs' effectiveness on pain, to give an indication of which oral drugs may be most useful	
Peripheral Nerve Blocks	Injection of local anaesthetic, corticosteroids or alpha 2 agonists alongside peripheral nerves.	
PCA Opioid pumps	Administration of opioid analgesia and/or adjuvants such as clonidine and ketamine intravenously and subcutaneously via a patient controlled analgesia pump.	
Corticosteroid Injection	Insertion of Corticosteroids into Joints (except for hip).	

### Pain Interventional Procedures – Operating Room (PC0015)

Pain Management services for day patients, or where it is an input to an inpatient event includes, but is not limited to the following procedures:

Procedure	Definition
Epidurals	Administration of local anaesthetic, corticosteroids or alpha 2 agonists via an epidural. Catheters are placed from hours to days.
Selective Nerve Root sleeve injections	Performed under sterile conditions usually in theatre with the use of image intensification and contrast
Plexus	Administration of local anaesthetics and alpha 2 agonists via a catheter inserted into the brachial plexus or lumbar sacral plexus.
Neural Sheath	Administration of local anaesthetics and alpha 2 agonists via a catheter inserted into neural sheaths. (Occasionally catheters may be inserted into wound sites as well).
Diagnostic sympathetic blockade with local anaesthetic	
Radiofrequency (or Chemical Lumbar Sympathectomy)	Performed using x-ray guidance in the operating theatre.
Intrathecal Drug Pumps	Diagnostic placement followed by implantation of a pump as an inpatient procedure in the operating theatre. This is usually for painful spasticity, in addition to the implantation regular refills being carried out.
Peripheral and Spinal Cord Stimulation	Implantation of a fixing an electrical lead alongside a peripheral nerve or in the epidural space. This is implanted in an operating theatre as an inpatient. Follow-up programming is done in the procedure clinic.

Note: Pain Management inpatient episodes of care are funded as an input into inpatient purchase units according to each hospital speciality as a Diagnosis Related Group (DRG) WIESNZ Discharge).