

National Clinical Audit and Patient Outcomes Programme

Project Summary

National Pain Database Audit

Purpose

The purpose of this audit is to provide for the first time an authoritative overview of the scope of pain management services across England. The audit seeks to identify providers across both primary and secondary care, assess the equity of service provision, analyse the types of patients seen and measure the treatment outcomes of such patients. The outcome will assist with effective commissioning of pain management services at all levels of care.

Methodology

The audit will effectively engage providers across all levels of care (from SHA Chief Executives down) to identify the number and nature of pain services provided, and this will form the basis for the development of a bespoke online data collection tool (allowing providers to record their casemix and anonymised details of individual patients). A pilot stage is then planned, in which a representative sample of providers will 'roll out' use of the tool into a live setting. Results will be analysed by the Dr Foster Unit at Imperial College who will risk adjust data to form the basis of 'benchmarking' for individual units. As the project moves into the final year, DFR will measure and analyse patient outcomes.

Key Quality Indicators

Key quality indicators will be derived from the first year pilot of the audit, and will be adjusted over time across the piece. Quality indicators benchmarked will include: skill mix (multi-disciplinary care available), casemix and most pertinently, patient outcomes. The third year of the audit will measure patient outcomes using the accepted 'Brief Pain Inventory' scale, and will assess patient experience making for a comprehensive review of service quality. DFR can also risk adjust based on salient patient outcomes data factors to ensure key quality indicators are not misleading.

Data Collection Schedule

Year One (September 2009 – September 2010) will see the audit collect data on the availability, type and location of services and will the launch of a small pilot collection of casemix data at selected clinics.

Year Two (Sep 2010-2011) sees the casemix data collection rolled out to all participating clinics and a pilot stage for data collection of patient outcomes.

Patient outcomes and experience data collection will be primarily undertaken in Year Three (Sep 2011- Sep 2012)

Is the Audit process or outcomes focused?

By focusing on both process and outcome, the audit is able to effectively compare gathered evidence against established requirements. The first two years of the project are process focused, collecting data on where patients receive specialist treatment, the case mix of patients treated and the types of treatments and diagnosis' involved. The third year will see a move towards an outcomes focus, measuring patient experience through the 'Brief Pain Inventory' scale amongst others.

Who is involved in the audit?

The audit has been commissioned by the Healthcare Quality Improvement Partnership (HQIP), and the principal contractor is Dr Foster Research. Expert consultancy and guidance is provided by the British Pain Society, and expert statistical analysis will be provided by the Dr Foster Unit at Imperial College. Data will be collected from a variety of provider organisations across all levels of patient care, including (but not exclusively): Strategic Health Authorities, Primary Care Trusts, Hospital Trusts and Foundation Trusts and identified community providers. Individual providers will include: clinics based at hospitals, single-handed GPs running pain services, multi-disciplinary teams (including physiotherapists, occupational therapists etc) and selected expert patients, amongst others.

Main Stakeholders

The principal stakeholders, who form the audit's project board are HQIP, Dr Foster Research, and Board Members of the BPS, Dr Stephen Ward and Dr Cathy Price. Other major stakeholders include: patients and patient groups, Dr Foster Unit at Imperial College, BPS Regional Committee Members and pilot clinics.

Next Annual Report and outline content

Publication of the first annual report is set for August/September 2011. It will be a comprehensive review of all the data collected, analysed in a national and regional context and detailing benchmarking measures and identifying best practice as well as gaps in service provision. It will be distributed to all key stakeholders listed above, as well as being made available through the DFR and BPS websites.