2021

Persistent Pain

Needs Assessment

phn GOLD COAST

An Australian Government Initiative

Persistent Pain

Local health needs and service issues

- High rates of musculoskeletal conditions in Southport, Coolangatta, Ormeau-Oxenford, and Gold Coast-North.
- Pain management frequently focusses on medication.
- High levels of opioid dispensing across Gold Coast Primary Health Network region, particularly in Southport.
- Limited awareness and support for prevention and self-management of persistent pain.
- Suboptimal focus on multidisciplinary and coordinated care.
- Concerns for potentially ineffective and unnecessary treatments for persistent pain.

Key findings

- Gold Coast Primary Health Network (GCPHN) region's rate of people with musculoskeletal system diseases is slightly below the national rate.
- Close to one third of GCPHN region population with a musculoskeletal condition had a management plan in the last year with their general practitioner (GP).
- Rate of Pharmaceutical Benefits Scheme prescriptions dispensed for opioid medicines is above the national rate on the GCPHN region and has been increasing in recent years.
- People aged 30 to 39 and 40 to 49 are presenting to Gold Coast Emergency Department (ED) the most for low back pain among all age cohorts.
- GCPHN region's rate for MBS-funded services for CT imaging of the lumbar spine above the national and Queensland rate.

Persistent Pain

Persistent pain is pain that lasts beyond normal healing time after injury or illness—generally three to six months. It is a common and complex condition, and the pain experienced can be anything from mild to severe. The defining characteristic of chronic pain is that it is ongoing and experienced on most days of the week.

While prevalence data on persistent pain at a regional level is limited, it was estimated that around one in five Australians aged 45 years and over reported having persistent pain. Persistent pain is often linked to chronic musculoskeletal conditions, which have a slightly lower prevalence in the GCPHN region compared to national rates. However, an ageing population combined with predictions that the prevalence of musculoskeletal conditions will rise in Australia over the next few decades means that there is likely to be increasing cases of persistent pain in the GCPHN region.

Persistent pain has a large effect on a persons' life and on the Australian economy more broadly. The financial cost of persistent pain in 2018 was an estimated $73.2 billion[1]. This included:

- $48.3 billion (66 per cent) for productivity costs, reflecting the impact on a person's ability to work, work performance and employment outcomes.
- $12.2 billion (17 per cent) for direct health system costs (where known cause and unknown cause of chronic pain estimates are the same).

1 Painaustralia 2019c. The cost of pain in Australia. Canberra: Deloitte Access Economics. 2019.

There are increasing concerns about the trend in prescribing opioid medications, dependency, and addiction issues and possible long-term adverse effects. Rates of opioid medication prescriptions in the GCPHN region are slightly higher than the national average.

Recommended treatment for persistent pain promotes self-management and involves an integrated multidisciplinary approach. There are several specialist pain clinics and a range of primary care providers in the GCPHN region, but consultation indicates issues exist with service access and coordination.

An initiative delivered by GCPHN found that an integrated self-management model of care can lead to improved perceptions on pain, health service access, safe and effective medication use, ability to perform everyday activities and coping, as well as a reduction in hospitalisations.

Prevalence

Measuring how many people have chronic pain in Australia is difficult[2]. Pain is a subjective experience, and the few national data sources that include measures of chronic pain use different definitions.

In 2016, it was estimated that around one in five Australians aged 45 years and over reported having persistent pain[3]. Persistent pain increased with increasing age, to almost one in four adults (24 per cent) aged 85 and over. If this rate were to remain stable today, a crude estimate would be that 51, residents of the GCPHN region aged 45 and over have reported having persistent pain based on 2016 census population.

According to the Bettering the Evaluation and Care of Health (BEACH) study, more people are seeing GPs for persistent pain. Between 2006-2007 and 2015-2016, the rate of GP visits for chronic back pain or unspecified chronic pain were managed during the visit increased 67 per cent, representing about 400,000 more encounters for both conditions[4].

There are many conditions that cause persistent pain, with most being chronic musculoskeletal conditions such as osteoarthritis, back and neck pain, osteoporosis, and fibromyalgia. In Australia, the burden of disease attributed to musculoskeletal conditions is ranked second amongst all chronic health conditions in terms of years of healthy life lost due to disability. Modelling conducted by Arthritis and Osteoporosis Victoria[5] in 2013, predicated the prevalence of arthritis and other musculoskeletal conditions in Australia:

- As Australia's population ages over the next two decades, the prevalence of musculoskeletal conditions will rise significantly.
- By 2032, it is projected that the number of cases of arthritis and other musculoskeletal conditions will increase by 43 per cent to 8.7 million, affecting 30.2 per cent of the population.
- The number of people with osteoarthritis and osteoporosis is projected to increase the fastest (58 per cent and 50 per cent growth respectively), however back problems will remain the most prevalent condition.
- The age group with the most cases of arthritis and other musculoskeletal conditions is currently 55-64 years, however this will change to the 75+ age group by 2032.

2 Pain Australia 2019b. National Pain Strategy. Canberra: Pain Australia. Viewed 25 November 2019.
3 ABS 2017. Survey of Health Care, Australia 2016. ABS cat. No. 4343.0. Canberra: ABS. Findings based on AIHW analysis of ABS microdata.
4 Britt H, et al. (2016) A decade of Australian general practice activity 2006–07 to 2015–16. General practice series no. 41.
5 Arthritis and Osteoporosis Victoria (2013). A problem worth solving.

Musculoskeletal conditions

In 2014-2015, 166,059 adult residents in the GCPHN region were living with a musculoskeletal condition at a rate of 29.1 per 100 people, slightly lower than the national rate of 29.9. A regional breakdown of the number and rate of people living with musculoskeletal condition can be seen in table 1.

Table 1. Estimated number of people with musculoskeletal system diseases, 2014-2015.

Region	Number	Age-standardised rate per 100 people
Gold Coast	166,059	29.1
National	6,858,779	29.9
Broadbeach-Burleigh	19,542	28.4
Coolangatta	17,306	29.6
Gold Coast- North	21,655	29.5
Gold Coast Hinterland	5,847	28.2
Mudgeeraba-Tallebudgera	9,537	29.4
Nerang	19,378	29.4
Ormeau-Oxenford	29,715	29.6
Robina	14,332	29.3
Southport	16,718	29.9
Surfers Paradise	12,029	28.2

Source: Public Health Information Development Unit (PHIDU), Torrens University. Social Health Atlas of Australia: Primary Health Networks (online). Extracted 17-07-19.

Of the 166,059 residents in the GCPHN region living with a musculoskeletal condition, 72,906 or about 44 per cent of cases have a form of arthritis. Due to the complex nature of persistent pain, it is often unclear whether persistent pain is the cause or the result of socioeconomic disadvantage. In the GCPHN region, there is a relatively older age profile compared to the national average, which could indicate that levels of persistent pain could increase in the GCPHN region in the coming years.

Persistent pain has a significant negative effect on quality of life and contributes to wide economic costs. Financial modelling conducted in 2007 estimated that the total cost of persistent pain was $10,846 per person with chronic pain. It is reasonable to assume these costs have increased over the last decade due to the increase in the average age of the population. Around 20 per cent of costs impact the health system, including inpatient or outpatient hospital services, primary care, pharmaceuticals, and residential aged care[6].

Over half of the cost of chronic pain is borne by individuals and their families and friends, with loss of productivity being a significant contributory factor. Over 90 per cent of people with severe pain report some level of interference with the ability to work in both paid employment and housework.

6 MBF Foundation (2007) the high price of pain: the economic impact of persistent pain in Australia. Report conducted by Access Economics in collaboration with the Pain Management Research Institute - The University of Sydney/Royal North Shore Hospital.

Rates of paid employment for people with arthritis and other musculoskeletal conditions are 3.5 per cent lower than the general population. Back pain and arthritis are the most common causes for people aged 45-64 years to leave the workforce, accounting for around 40 per cent of forced retirements[7].

Persistent pain has been shown to lead to depression, anxiety spectrum disorders and suicide. The nature of persistent pain means that it can restrict self-management, particularly a person's capacity to manage their weight through physical activity. This can lead to comorbidities such as type 2 diabetes and cardiovascular problems. Older people experiencing persistent pain with comorbidities are likely to be taking multiple medications, which places them at a greater risk of an adverse drug event[8].

Musculoskeletal conditions – local data

Analysing data extracted from GCPHN's PATCAT system[9] as of March 2021[10], of the 566,828 active patients (three visits in the past two years) 16 per cent (n=88,098) had coded musculoskeletal condition. Of the 88,098 patients, 42 per cent were males while 58 per cent were females. People aged 60 to 79 made up 53 per cent of all people in the GCPHN region with a coded musculoskeletal condition. Table 2 breakdowns the different types of musculoskeletal conditions include inflammatory arthritis, bone disease, osteoporosis, and osteoarthritis of all active patients.

Table 2. Active population with coded musculoskeletal condition as of March 2021.

	Number	Rate
Active population	566,828	
Active population with a coded musculoskeletal condition	88,098	16%
Active population with a coded Inflammatory arthritis	11,454	13%
Active population with a coded musculoskeletal other	20,216	23%
Active population with a coded bone disease	68,759	78%
Active population with a coded osteoporosis	29,283	33%
Active population with a coded osteoarthritis	50,615	57%

Source. Gold Coast Primary Health Network PATCAT tool, Includes active patients with a coded diagnosis of at least one, inflammatory arthritis, musculoskeletal other, bone disease, osteoporosis and/or osteoarthritis.

Musculoskeletal conditions - Risk factors

There are several risk factors associated with the onset and management of chronic musculoskeletal conditions that cause persistent pain. These include age, obesity, physical inactivity, smoking and co-morbidities such as cardiovascular disease and mental health conditions. Persistent pain is also more likely to be experienced by people in low socioeconomic groups.

Based on GCPHN's PATCAT System, Table 3 highlights risk factors for musculoskeletal condition as of March 2021 among general practices in the GCPHN region. Please note, not all risk factors are recorded in general practices medical software.

7 Schofield et al. (2012) Quantifying the productivity impacts of poor health and health interventions, Health Economics, University of Sydney.
8 National Health Survey. Australian Bureau of Statistics, 2017-2018.
9 PAT CAT is a web-based interface that aggregates de-identified General Practice data for population health management and research programs.
10 Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), the data is still able to provide valuable insights into population cohorts that access primary care in the GCPHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple practices.

Table 3. Active population risk factors for musculoskeletal condition as of March 2021.

	Number	Rate
Active population	566,828	
Low BMI	59,281	10%
Vitamin D deficiency	9,274	1.62%
Smoking	63,465	11%
High alcohol intake	65,399	12%
Calcium deficiency	59	0.01%
Fracture (minimal trauma)	6,080	1.07%
Chronic kidney disease	7,332	1.28%
Multiple myeloma	314	0.06%

Source. GCPHN PATCAT

Service utilisation

Pain Australia, the peak advocacy body for pain-related conditions in Australia, estimates that less than 10 per cent of people with persistent non-cancer pain gain access to effective care, even though current knowledge would allow 80 per cent to be treated effectively if there was adequate access to pain services[11].

Data from the BEACH study of general practice in Australia found that persistent pain affects around one in five patients attending GP consultations and increases with age, which is consistent with broader population estimates. Around 86 per cent of patients managed persistent pain with at least one medication, with that rate increasing to 93.4 per cent of patients in the 65 years and over age group. In this age group, about a third of those prescribed medications for management of persistent pain included opioids (including low dose combination products).

Opioids such as codeine and oxycodone are often prescribed to relieve and treat pain symptoms. According to a report published by Australian Commission on Safety and Quality in Health Care[12] into the prescribing and dispensing of opioid medicines:

- Current evidence does not support using opioid therapy for chronic pain.
- The prescribing of opioids for chronic pain is increasing.
- Evidence is growing of the adverse effects of long-term use of opioids.

This report found considerable variation in the levels of prescribing opioids across regions of Australia with no apparent explanation for the cause. A 2016 report by the Alcohol and Drug Foundation[13] stated that the number of fatalities from drug overdoses by pharmaceutical opioids in Australia has risen significantly over the past decade. The report suggests that opioids are overused and overprescribed and is causing increases in the rates of drug dependency, injury, and death.

Data from GCPHN's PATCAT system shows that as of March 2021, of the 88,098 patients with a coded musculoskeletal condition, over 50 per cent had been prescribed pain relief medication. Table 4 gives a breakdown of medications prescribed and uptake of GP Management Plan (GPMP) and Team Care Arrangements (TCA) care plans in the past 12 months.

11 Pain Australia (2016). Prevalence and the Human and Social Cost of Pain, Pain Australia Fact Sheet 2.
12 Australian Commission on Safety and Quality in Healthcare, the First Australian Atlas of Healthcare Variation.
13 Alcohol and Drug Foundation (2016) Is there a pill for that? The increasing harms from opioid and benzodiazepine medication, Prevention Research.

Table 4. Active population with a coded musculoskeletal condition, medication prescribed and management, March 2021.

	Number	Rate
Active population	566,828	
Active population with a coded Musculoskeletal condition	88,098	16%
Active population with a coded Musculoskeletal condition and prescribed mental health medication	31,887	36%
Active population with a coded Musculoskeletal condition and prescribed pain relief medication	47,204	54%
Active population with a coded Musculoskeletal condition and prescribed Musculoskeletal medication	28,561	32%
Active population with a coded Musculoskeletal condition and GPMP in the last year	28,409	32%
Active population with a coded Musculoskeletal condition and TCA in the last year	25,631	29%

Source. GCPHN PATCAT, mental health medication includes and Antipsychotic, Antidepressants, Anxiolytic, Mood Stabilisers and Stimulants. Pain relief medication includes NSAIDs, COX 2, Narcotics / Opioids, Paracetamol. Musculoskeletal medication includes Gout preparations, Osteoporosis, DMARDS.

Pharmaceutical Benefits Scheme

Statistics from the Pharmaceutical Benefits Scheme (PBS) indicate that 65,681 prescriptions for opioids were filled across the GCPHN region in 2016-2017 per 100,000, up from 59,939 prescriptions in 2013-2014, an increase of over nine per cent. The rate was higher in the GCPHN region compared to national rate. Table 5 below provides a breakdown of opioid prescriptions dispensed across GCPHN's sub-regions. The sub-region with the highest rates of opioid per 100,000 people use was Southport.

Table 5. Age-standardised rate of PBS prescriptions dispensed for opioid medicines per 100,000 people, by SA3 region, 2013–2014 to 2016-2017.

Region	Age-standardised rate per 100,000 people, 2016-2017	Age-standardised rate per 100,000 people, 2013-2014
Gold Coast	65,681	59,939
National	58,595	55,123
Broadbeach-Burleigh	61,740	55,050
Coolangatta	64,090	59,592
Gold Coast- North	69,981	64,000
Gold Coast Hinterland	68,729	60,279
Mudgeeraba-Tallebudgera	66,132	60,082
Nerang	68,019	59,844
Ormeau-Oxenford	69,950	62,761
Robina	54,078	51,875
Southport	77,673	73,571
Surfers Paradise	58,214	52,337

Source: ACSQHC, Australian Atlas of Healthcare Variation

Unnecessary treatments

Concerns have also been raised about potentially ineffective and unnecessary treatments, such as medical imaging for chronic back pain and surgical interventions for osteoarthritis. Table 6 shows the rate of CT scans performed for low back pain was higher in all GCPHN sub-regions than Queensland and Australian averages.

Table 6. Age-standardised rate of MBS-funded services for CT imaging of the lumbar spine per 100,000 people, by SA3 region, 2013–2014.

Region	Age-standardised rate per 100,000 people
Queensland	1,381
National	1,282
Broadbeach-Burleigh	1,597
Coolangatta	1,786
Gold Coast-North	1,879
Gold Coast Hinterland	1,798
Mudgeeraba - Tallebudgera	1,641
Nerang	1,683
Ormeau - Oxenford	1,841
Robina	1,598
Southport	1,935
Surfers Paradise	1,584

Source: ACSQHC, Australian Atlas of Healthcare Variation

The Australian Commission on Safety and Quality in Health Care (ACSQHC) suggests that the rate at which GPs refer patients with low back pain for diagnostic imaging, particularly CT scans, may be excessive based on current guidelines and potentially exposing patients to radiation unnecessarily. Modelling done by PricewaterhouseCooper (PWC) predicted annual savings to the MBS because of disincentivising unnecessary imaging for chronic low back pain to be over $100 million.

Surgical interventions

Similarly, ACSQHC has identified that the rates at which some surgical interventions are being used to treat conditions associated with persistent pain vary widely across locations, indicating possible over-reliance in lieu of conservative treatments. Such interventions include lumbar spinal fusion and spinal decompression for low back pain, and knee arthroscopy or replacement for osteoarthritis. Table 7 below shows that rates of hospitalisations for these procedures are generally higher than national averages across the GCPHN region.

Table 7. Age and sex-standardised rate of hospitalisations for selected surgical interventions per 100,000 people aged 18 years and over, by SA3 region, all data 2014-15 except knee arthroscopy (2012-2013)

Region	Knee arthroscopy (55 years and over)	Knee replacement	Lumbar spinal decompression	Lumbar spinal fusion
Queensland	496	266	75	30
National	560	257	81	26
Broadbeach - Burleigh	562	217	67	37
Coolangatta	663	268	67	37
Gold Coast - North	578	293	70	43
Gold Coast Hinterland	501	238	104	38
Mudgeeraba - Tallebudgera	685	267	70	37
Nerang	460	293	74	48
Ormeau - Oxenford	573	298	73	43
Robina	511	285	70	35
Southport	604	252	62	37
Surfers Paradise	589	257	71	43

Source: ACSQHC, Australian Atlas of Healthcare Variation

Low back pain

Estimates from the Australian Bureau of Statistics 2017-2018 National Health Survey estimate four million Australians (16 per cent of the population) have back problems. It is estimated that 70-90 per cent of people will suffer from lower back pain in some form at some point in their life[14] . Back problems include a range of conditions linked to the bones, joints, connective tissues, muscles, and nerves of the back.

From July 2019 to June 2020 there were 1,115 presentations to Emergency Departments (EDs) at public hospitals in the GCPHN region for low back pain of which females consisted of 53 per cent of patients while male presentations were 47 per cent. The age group with the largest rate of presentations to public EDs in the GCPHN region for low back pain was 30-39 years olds (17 per cent) and 40-49-year-olds (17 per cent).

Table 8. Presentations to Gold Coast Public Hospitals Emergency Departments with back issues, July 2019 to June 2020.

Age cohort	Number of ED presentations with low back issues	Rate of ED presentations among age cohorts for low back pain
0-19	54	5%
20-29	162	15%
30-39	194	17%
40-49	190	17%
50-59	180	11%
60-69	128	11%
70-79	120	11%
80+	87	8%

Source: Queensland Emergency data, January 2018 to July 2019.

14 Back problems, Australian Institute of Health and Welfare, 2019.

Opioid prescriptions for persistent pain

Codeine has historically been Australia's most used opioid[15]. From February 2018, Australians can only purchase codeine in Australia with a prescription, before then, Australians could buy low strength (up to 15mg per tablet) in combination with paracetamol, ibuprofen and aspirin over the counter at pharmacies. Higher strength codeine has always required a prescription.

One in five in five Australians aged 45 years and older had chronic pain in 2016. During the two past decades, opioids have been pushed to treat chronic pain, expanding the patient base from palliative care and cancer patient. In Australia, dispensing of these opioids rise 15-fold between 1992 and 2014, with around 16 per cent of the Australian population prescribed an opioid annually as of 2019[16] [17]. For further information on opioids please see the Alcohol and other drugs needs assessment.

Data extracted through GCPHN's Primary Sense data extraction and Population Health Management Clinical Audit Tool identified that the GCPHN region's rate of increasing opioid prescriptions mirrors national trends of the 81 general practices submitting data through the tool[18].

Clients may present to a pain management program for assistance for opioid reduction to support their GPs recommendation. Feedback from providers in the GCPHN region has indicated these clients did not want to attend alcohol and other drug services and preferred to consider a pain program as their primary reason for being on high dose opioids was due to underlying chronic pain conditions.

COVID-19 and persistent pain

Throughout the outbreak of COVID-19, many Gold Coast Health patients who had previously been attending the Persistent Pain Centre at Robina used virtual consultations to help manage their persistent pain. The virtual clinics improve the consultation experience for both patients and the medical teams overseeing their care by allowing patients to wait for the telehealth video conference appointment in the own home without having to worry about getting to clinic. An additional benefit of the telehealth model is the medical team can see the patient within their home environment and watch them do everyday task. As of the 12 June 2021, the persistent pain clinic at Gold Coast Health had over 700 telehealth consultations since the COVID-19 pandemic began.

15 Degenhardt L, Gisev N, Cama E, Nielsen S, Larance B, Bruno R. The extent and correlates of community-based pharmaceutical opioid utilisation in Australia. Pharmacoepidemiol Drug Saf. 2016;25(5):521-538. doi:10.1002/pds.3931.

16 Blanch B, Pearson SA, Haber PS. An overview of the patterns of prescription opioid use, costs and related harms in Australia. Br J Clin Pharmacol. 2014; 78(5):1159-1166. doi:10.1111/bcp.12446.

17 Lalic S, Ilomäki J, Bell JS, Korhonen MJ, Gisev N. Prevalence and incidence of prescription opioid analgesic use in Australia. Br J Clin Pharmacol. 2019; 85(1):202-215. doi:10.1111/bcp.13792.

18 GCPHN Primary Sense is a highly advanced IT tool that will support general practices to make timely decisions for better health care for their respective populations. Primary Sense is loaded onto the practice's server and de-identified data is exacted and securely transferred to the Primary Sense database in Azure for analysis. Patient information is provided back via an app on practices desktop based on practices selections. Primary Sense enhances the level and detail of service planning that PHNs can do based on historic and current de-identified patient level, practice level, and regional level data, enabling predictive modelling and tracking outcomes over time. Currently 81 General Practices submit data to the Primary Sense tool and this data is coded by the Clinician at the point of information input.

Service system

Services	Number in GCPHN region	Distribution	Capacity discussion
General Practice	206	Clinics are generally distributed across GCPHN region, with the majority located in coastal and central areas.	• 859 GPs in the GCPHN region. • Average number of GPs per general practice: 4.2.
Turning Pain into Gain program, Gold Coast PHN	1	Physical service at Varsity Lakes. Education sessions mobile across various locations including Southport, Robina and Kirra.	• No cost but limited places in each program. • Must be referred by a GP. • Previous increases in funding led to an increase in patients able to access program and decreased cost per person. • 292 Clients referred, enrolled and received the service in 2018-2019. • There is currently a wait time of around 4-5 weeks. • Increasing demand—more GPs referring into the program each year. • 2015-2016 evaluation shows positive outcomes in ability to perform everyday activities and self-management, and 78 per cent reduction in hospitalisations. The 2016-2017 data showed a statistically significant reduction in morphine equivalent use.
Interdisciplinary Persistent Pain Centre, Gold Coast Health	1	Physically located at Robina.	• No cost to access. • Eligibility criteria include impairment, no ongoing investigations or claims, no acute psychiatric condition and residing within catchment area • Gold Coast Health specialist wait list is long and approximately eight – twelve months.
Persistent Pain and Rehabilitation Clinic, Griffith University	1	Physically located at Southport.	• Fee-for-service, rebate available through private health or chronic disease management plan. • Multi-disciplinary team care approach involving physiotherapy, exercise physiology, dietetics, and psychology.

The Pain Centre of Excellence, based at Spendelove Private Hospital	1	Physically located at Southport.	• Multi-disciplinary approach including pain and rehab specialists, OTs, pharmacists, and physios. • Treatment available as either a day patient or inpatient. • Program completed over two weeks with outpatient follow up for up to three months • Cost fully covered by private insurance • Anyone experiencing pain for more than three months can apply
Chronic Pain Rehabilitation Unit, Pindara Private Hospital	1	Located at Benowa. Also, services John Flynn Private Hospital (Tugun) and Gold Coast Private Hospital (Southport).	• 11-bed chronic pain inpatient service • Pain specialists and rehabilitation consultants work with allied health services including physio, OT and exercise physiology.
Arthritis Queensland Infoline	State- wide	Phone service	• Free call—Mon-Fri, 8.30am-4pm. • Can arrange free, individualised information pack for self or family.
Precision Brain, Spine and Pain Centre	1	Southport	• Focus on the treatment of spinal problems and other pain-causing conditions.
Anglicare Better Health with Self-Management	1	Delivered at Southport and Robina	• Self-referral or a GP referral. • Free to any HACC eligible individuals/or their partner or carer. • Course teaches participants skills in day-to-day management of chronic conditions. • Two- and half-hour workshops run once a week, over a period of six weeks. • Not specific to persistent pain.
Pain Management Network, NSW Agency for Clinical Innovation	National	Online resource	• Focus on self-management for chronic pain. • Tailored content for youth and spinal cord injury pain. • Information available for health professionals.
Supporting Kids in Pain (SKIP) program	1	Not-for-profit organisation Based in Brisbane with outreach held on Gold Coast.	• Free program for children under 14. • Requires GP or pediatrician referral. • Self-management program involving assessment, education, and follow-up. • Multidisciplinary approach including pediatricians, psychologists, physios, OTs.

Consultation

Attendees at the Collaborating for Better Pain Management event for GPs and allied health professional held by GCPHN in June 2017 expressed a desire for more training related to pain, specifically:

- developing integrated care systems in primary care.
- referral pathways.
- back pain.
- role specific evidence-based treatment practices.

The GCPHN Clinical Council (Oct 2017) provided the following feedback:

- Wait time for the Gold Coast Health multidisciplinary service and private service is very long.
- Pain specialists are an important component of any multidisciplinary team and there are limited specialists.
- People who feel they have run out of options to manage chronic pain often present to the emergency department and, if admitted, as chronic pain does not ever fully resolve, patients are reluctant to be discharged.
- Changes to make codeine prescription only is likely to increase demand for primary care which could lead to better overall management for people.
- Inadvertent overdose for pain relief medication including codeine and paracetamol are quite regular presentations at emergency department.
- Limited system infrastructure to feed back to general practice of people who are potentially doctor shopping and being prescribed high doses of pain relief medication.

The GCPHN Community Advisory Council (October 2017) provided the following feedback:

- Confirmed persistent pain is seen as a significant issue.
- There is a perception GP focus a lot on medication to manage persistent pain, rather than a more holistic approach. This was seen to pose significant risks of addiction to medications for people with persistent pain.
- Persistent pain required a multidisciplinary approach, focused on holistic care of the patient including mental health as there is a strong link between depression and pain.
- Complex and perhaps inconsistent language across different service providers leads to confusion for consumers (what is chronic, acute, persistent).
- Importance of existing programs like Active and Healthy and other exercise options.
- Long wait times for some services and limited benefit once seen.

Feedback from stakeholders indicated

- A barrier to services is transport for patients, socio economic factors and the ability to manage pain while accessing public transport.
- Concern on waitlist for people with persistent pain to access services with patients reporting that they remain on the list having waited at least six months.
- Changes to medication availability has created concern and inconvenience for some people with persistent pain.

- Increase in information request reported by provider for people with sub-acute pain, early intervention services may provide value for money.
- Need to include a family-based model i.e., family and patient holiday programs.

Feedback from service providers indicated

- Extra services required in Southport - high-rate area for persistent pain client.
- Better links and access options for people living with persistent pain to mental health services including assistance in applying to the NDIS.
- Common barriers experienced by this cohort are increased levels of depression and anxiety, isolation, limited access to community supports and links and issues with transport to access services.
- This cohort requires robust referral pathways that provide flexible options for access to services and epically assistance with NDIS applications.
- High referral numbers are indicative of significant need with pain management programs in the region.
- Service demand for chronic pain management remains high. Sub-acute pain program has also experienced good service uptake.

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Gold Coast Primary Health Network

"Building one world class health system for the Gold Coast."

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230

P: 07 5635 2455 | F: 07 5635 2466 | E: info@gcphn.com.au | www.gcphn.org.au

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