FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

Pain Practice Post COVID-19

Triage

Conducting Quality Consultations

18 June 2020

INTRODUCTION

The patient-clinician consultation is a core component of delivering effective clinical care. This interaction between patient and clinician underpins assessment and management and so has a significant impact on healthcare outcome.[1]

COVID-19 has transformed the landscape in which pain doctors work. Previously the FPM emphasised that key considerations in reopening are the systematic prioritisation and triage of cases, preferential use of remote consultations and reintroduction of face-to-face consultations where unavoidable.[2,3] The ongoing restoration of services to levels before COVID-19 will be followed by a period in which medical practice will be radically different. Importantly, the preference for remote, non-face-to-face consultations will likely continue at least in the immediate future.

There are significant risks resulting from these changes in working. In response, this document defines the specific considerations to optimise specialist pain consultations post COVID-19, building on previous Faculty publications.[3] Pain doctors must strive to continue providing the high quality of safe, effective care for all our patients as defined in Core Standards for Pain Management Services in the UK[4] in a new working environment.

This guidance is structured under the following headings:

- Consultation and Triage for Pain Services
- Principles of Standards of Care during Consultations

- Challenges of Assessment
- Personal Protective Equipment (PPE)
- Supportive professional activities and education relating to consultation

CONSULTATION AND TRIAGE FOR PAIN SERVICES

Patients referred with pain related problems typically have complex presentations which require a thorough understanding of the consultation process.

The consultation typically proceeds within a biopsychosocial framework:[1]

> *The pain specialist must assess the patient, taking into account the medical, psychological, cultural, ethnic and social influences on the experience of pain. He/she organises and reviews appropriate investigations and devises an individualised management plan, (if appropriate, in consultation with other team members).*

Building on recent advice regarding the resumption of pain services,[3] the following recommendations should be followed going forward.

1. Remote consultations should be undertaken wherever possible.

2. Pain units should put in place a triage process to recognise patients who may be unsuitable for remote consultations.

3. Remote consultations are less likely to be appropriate for patients with the most complex needs, where examination is required, when medical records are unavailable or access to all relevant information may be difficult, where there are issues over patient capacity to manage or process information or for high risk procedures (see GMC flowchart[5]).

4. The key considerations for triage during immediate reopening have been defined previously.[3]

5. The central aim of triage going forward is to allow safe and appropriate scheduling of patients post-COVID. How this is organised is a matter for local decision-making.

6. As services evolve, key triage considerations should include:

    a. recognising patients who may be unsuitable for remote consultations for example, those with hearing difficulty or lack of access to required technology
    b. selection for face-to-face consultations where appropriate – this is particularly challenging in new patients
    c. identifying language barriers and the need for translation services
    d. identifying urgent patients or those where treatment effect may be greatest
    e. identifying and supporting patients with significant mental health issues
    f. recognising patients who may have safeguarding issues including those with learning disabilities
    g. recognising some patients may have concerns about maintaining confidentiality in a remote consultation
    h. where face to face consultation is to be considered, determining the risk of face to face consultations. Ethnic groups or patients with associated health conditions may be predisposed to increased risk from COVID-19
    i. continuing to consider the issue of health and ethnicity vulnerabilities and co-morbidities in practitioners within the pain team when allocating roles
    j. considering paediatric patients as a group requiring specific attention
    k. considering patient choice
    l. avoiding prioritisation based on technological know-how rather than medical needs
    m. liaising with Commissioners to develop interim referral guidance.

7. Gathering information to help triage in advance, e.g. through proformas, will facilitate the triage process and enable best practice.

8. Pain units must ensure effective signposting to mode of contact (telephone or video-linked).

9. The need for clinical examination should be considered carefully.

10. Other types of practice may be considered if permitted locally, e.g. GP supported practice, patient initiated consultations and self-supported care.[6]

11. Triage processes should be determined by local need and resources. It is recognised that this can be paper triage at the outset or involve use of remote consultations as a central triage step to subsequent face-to-face consultations or a combination of both.

12. The newly developed triage processes should be regularly reviewed and refined.

13. Consultants should be aware of the key issues and problems with remote consultations. NHS England has produced an extensive toolkit designed for primary care which may be helpful.[7] These include considerations such as the need for doctor and patient to be available at the same time, problems with the technology, and the need for the right equipment and IT infrastructure. Patients also may need to download an app and use some of their data allowance to undertake a video consultation, and for some this may not be possible.[7]

PRINCIPLES OF STANDARDS OF CARE DURING CONSULTATIONS

Consultations in patients with pain can be highly challenging, often requiring considerable clinical and communication skills. Nevertheless, you must provide the best possible overall standard of care to your patients. Based on previous GMC and FPM publications,[4-5] **during remote consultations you must:**

1. manage the consultation with care, sensitivity and integrity
2. treat patients as individuals and be respectful of their dignity and privacy
3. recognise and work within limits of knowledge and competence despite using less familiar working methods
4. maintain confidentiality
5. not discriminate against patients whatever their life choices and belief system
6. consider the needs of disabled patients
7. keep up to date with COVID-19 guidelines and developments relevant to the speciality of pain

8. seek help from colleagues of an appropriate discipline when a problem arises outside your area of competence

9. regularly evaluate and seek to improve the quality of your pain consultations.

Importantly, as outlined in the FPM guidance on resumption of pain services:[3]

10. Assessment should be conducted in line with Core Standards for Pain Management Services in the UK[4] and FPM guidance on conducting quality consultations.[1]

11. Remote assessment in line with relevant GMC guidance should be used, including video and telephone.[5] Pain doctors will need to adapt and learn from their experiences gaining an understanding of the limitations and benefits.

12. It is imperative to remember that remote consultations have limitations and may lead to incomplete pain assessments. Medicolegal risks should be considered, as an incomplete assessment remotely may lead to decision errors with implications for future care and prognosis.

CHALLENGES OF ASSESSMENT

Consultation content

You must adequately assess the patient using remote consultations adapting previous principles.[1] You must:

1. correctly identify the patient and confirm your own identity, e.g. hospital ID card for video conferences

2. ensure confidentiality

3. manage any difficulty in establishing rapport with patient and building up a therapeutic relationship due to remote consultations

4. ensure the complexity of each clinical presentation is considered in remote consultations

5. ensure the duration of the consultation allows the medical, psychological and social influences on the experience of pain to be evaluated where appropriate

6. ensure the patient's narrative is captured accurately early in the interview process whatever the type of consultation

7. consider the patient's individualised needs and perspectives including their ideas, concerns and expectations

8. undertake a comprehensive medical history as for all consultations and a basic psychosocial assessment based on patient needs. The necessary tasks are summarised below in Table 1.

9. assess for suicide risk when appropriate, acknowledging that some cues to determine the need for this assessment may not be as easily recognisable in remote consultations (such as affect and demeanour)

10. assess the patients' level of function. This may need to be done verbally (activities of daily living, pacing limits) rather than visually for remote consultations

11. form hypotheses about key interactions between different elements of the history.

12. examine the patient when it is clinically indicated and recognise when this is required later for remote examinations

13. arrange examination in a timely way if deferred

14. regardless of the type of consultation, identify any possible under-investigated or untreated underlying medical conditions and, where necessary, make adequate provision either through appropriate referral or action. Weaknesses of the chosen type of consultation must be considered carefully

15. be attentive to other health care needs and manage or signpost appropriately recognising and managing any problems of access that the patient may experience.

Table 1

Tasks of a comprehensive assessment[1]	
Medical history	
Pain history Pain treatment history Current medications Associated medical conditions	Mental health history Alcohol and illicit drug use Allergies Reason for attendance
Psychosocial history	
Home environment and support structure Other social support including carers Relevant educational and employment details Finance and benefit support	Social and leisure interests or activities Emotional and psychological distress factors including legal issues Impact of pain on quality of life Other pre-existing risk factors for the development of chronic pain

Consultation process

1. You must minimise any negative impact of remote consultations on the consultation and strive to overcome inherent problems. You should:

    1.1. recognise the negative impact of COVID-19 on psychological and social well-being of patients

    1.2. adopt helpful (evidence-based) interview behaviours e.g. asking about overall well-being relating to COVID-19 as well as using traditional techniques such as summarising, elaborating, and hypothesis forming

    1.3. strive to recognise and manage difficulties that arise within the consultation, which may include anger, bad news, collusion, guilt and denial. Recognise that these emergent difficulties may be less visible or present differently in a remote setting

    1.4. be aware that non-verbal cues that arise within the consultation may be less easily detectable in remote consultations

    1.5. strive to adopt a shared decision making approach

1.6. appropriately manage sensitive questions

1.7. ensure that patient care is only delegated to colleagues who have appropriate qualifications and competence, recognising that tasks within consultations may be more difficult and complex when undertaken remotely and with new COVID-19 considerations regarding treatment and consent

1.8. keep patients informed about the progress of their care

1.9. ensure that members of the multidisciplinary team are aware of the management plan for relevant patients where appropriate

1.10. ensure adequate 'safety netting' provision within your management plan in COVID-19 environment

1.11. ensure patients safety is a priority despite new ways of working. An example would be managing possible problems with the recognition and assessment of an adverse drug event

1.12. plan for necessary completion of assessments by face-to-face appointment where required

1.13. consider safeguarding issues

1.14. ensure that documentation reflects the reason for choice of assessment type

1.15. manage potential failure of technology without impacting on patient care. This may include rescheduling consultation or considering alternative consultation methods if needed.

Treatment Plan

You should formulate an individualised management plan based on the best available evidence and considering all COVID-19 related constraints. These constraints include potential increased risks relating to the use of certain medicines and injections (including the use of steroids) as well as reduced access to the multidisciplinary team. See the FPM website for most up-to-date guidance.[14]

Consent

You must put in place processes to manage consent for pain intervention procedures and recognise this will need careful reconsideration, in particular to ensure that patients receive appropriate counselling regarding 'standard' and additional potential risks (e.g. steroids), appropriate information and a two-stage consent process.

Investigation

You must recognise and manage problems of investigation may arise including:

1. reduced access and availability of investigations in hospitals
2. increased risks of transmission of COVID-19 to patients and staff as a result of conducting investigations in a hospital setting.

COMMUNICATION

The patient clinic letter should report the mode of consultation and comment on limitations. Copying the letter to the patient, enclosing patient information leaflets and referencing trusted internet resources will help to promote patient understanding.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. PPE for pain services should be guided by local and national policy.[8]
2. As well as considering the health of patients, consideration should be made for the safety of staff with existing health conditions and/or vulnerability to COVID-19.

SUPPORTIVE PROFESSIONAL ACTIVITIES AND EDUCATION RELATING TO CONSULTATION

1. Reinstatement of training should be arranged for core and intermediate trainees[9] as well as for higher and advanced pain trainees.[10,11]

2. Structures of team support should be in place to enable psychological wellbeing in a new working environment and new opportunities for learning sought.[12]

3. Home-working should be undertaken where possible especially for supporting professional activities.[13]

References

1. FPM. Conducting Quality Consultations in Pain Medicine. https://fpm.ac.uk/media/286
2. NHS England. Second phase of NHS response to COVID-19: Letter from Sir Simon Stevens and Amanda Pritchard. 29 April 2020. https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/
3. FPM guidance on resumption of pain services following disruption by the COVID-19 pandemic. 15 May 2020 https://fpm.ac.uk/sites/fpm/files/documents/2020-05/COVID-Reset-Guidance-on-Resumption-of-Pain-Services-May-2020.pdf
4. FPM. Core Standards for Pain Management Services in the UK. 2015. https://fpm.ac.uk/standards-publications-workforce/core-standards
5. GMC. Remote consultations. https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations
6. NHS England. Supported self-management: the evidence base. https://www.england.nhs.uk/personalisedcare/supported-self-management/evidence/
7. NHS England. Using Online Consultations In Primary Care Implementation Toolkit. 2020. https://www.england.nhs.uk/wp-content/uploads/2020/01/online-consultations-implementation-toolkit-v1.1-updated.pdf
8. NHS England. Guidance on supply and use of Personal Protective Equipment (PPE) and other supplies. https://www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/
9. FPM. COVID-19: FPM guidelines on core and intermediate training in pain medicine. 7 May 2020. https://fpm.ac.uk/covid-19-fpm-guidelines-core-and-intermediate-training-pain-medicine
10. FPM. COVID-19: FPM guidelines on higher and advanced pain training. 15 May 2020. https://fpm.ac.uk/covid-19-fpm-guidelines-higher-and-advanced-training-pain-medicine
11. FPM. COVID-19: FPM statement regarding impacts on training and trainee wellbeing. 25 March 2020. https://fpm.ac.uk/covid-19-fpm-statement-regarding-impacts-training-and-trainee-wellbeing
12. FPM. COVID-19: Publication of practical steps to support team wellbeing. 14 April 2020. https://fpm.ac.uk/covid-19-publication-practical-steps-support-team-wellbeing
13. NHS Employers. Enabling and supporting staff to work from home. 2 April 2020. https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/enabling-and-supporting-staff-to-work-from-home
14. FPM. Evolving challenges in delivering a pain service during the COVID-19 pandemic. https://fpm.ac.uk/evolving-challenges-delivering-pain-service-during-covid-19-pandemic

Other useful resources

1. FPM. Patient Information Leaflets. https://fpm.ac.uk/about-pain-medicine-patients-relatives/patient-information-leaflets
2. NSUKI. Recommendations for the management of Implanted Neurostimulation & Intrathecal Drug Delivery Devices During the COVID-19 Pandemic. https://nsuki.memberclicks.net/