A MODEL FOR PAIN TREATMENT SERVICES
MENTAL HEALTH NATIONAL SERVICE FRAMEWORK (NSF)

The NSF listed certain criteria that should be met:

Standard three

Any individual with a common mental health problem should:

- be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care
- be able to use NHS Direct, as it develops, for first-level advice and referral on to specialist help lines or to local services.

Standard four

All mental health service users on Care Programme Approach (CPA) should:

- receive care which optimises engagement, anticipates or prevents a crisis, and reduces risk
- have a copy of a written care plan which:
- includes the action to be taken in a crisis by the service user, their carer, and their care co-ordinator
- advises their GP how they should respond if the service user needs additional help
- is regularly reviewed by their care co-ordinator
- be able to access services 24 hours a day, 365 days a year.

IMPLEMENTATION OF NSF (National Service Framework)

A "new Duty of Quality will drive the quality agenda, underpinned by clinical governance, the National Institute of Clinical Excellence and the Commission for Health Improvement"

This has been achieved via the National Mental Health Implementation Group and the National Mental Health Implementation Team.

The NSF proposed a Learning Zone containing a national database of Service Delivery and Practice and a Mental health learning network was planned.

"National support for local action"

This incorporated criteria of vital core functions to provide comprehensive services including:

- agreed protocols between primary care and specialist services to ensure speedy access
- agreed protocols to guide referrals for specialised services
- a range of services to respond effectively to a crisis
- multi-professional teams to assess, plan and offer effective interventions through individual care packages, including home-based treatments
- early, effective interventions for people with severe illness

AIMS OF NSF

- Agree clear inter-agency workforce plans
- Create workforces that represent the communities they serve
- Ensure that education and training emphasise team, inter-disciplinary and inter-agency working
- Provide professional development for staff:
- National Training Organisation

- Enable strong leadership

All of these aims would be just as appropriate for patients with pain.

- Medication: the team is responsible for prescribing, administering and monitoring, as well as side effect monitoring.
- Basics of daily living, including practical help should be addressed.
- Patients may need help accessing work/education opportunities.
- Emotional support should be offered.
- Family and carer support & help
- Relapse prevention: is a vital part of the team remit. Individualised plans should be agreed with CMHT, ward, GP, carer etc. & kept on file. Stressors that precipitate relapse are identified and reduced.
- Liaison with other health professionals and other agencies is of great importance: inpatient care; discharge; PHCT, Social Workers, Local Authority services, voluntary bodies.

The NSF Mental Health specified Staffing levels for 350 patients, half with severe mental illness as: 8 Care Co-ordinators (each with max. caseload of 35), of these:
3-4 CPNs; 2-3 Social Workers, 1-1.5 Occupational Therapists*; 1-1.5 Psychologists; 1 Consultant, 1-1.5 non-consultant med. Staff, 1-3 Mental Health support workers; admin.

Staff

Team leader one of above (30-50% caseload?)

Users of service should be provided with written information on the service provided; contact numbers, care plan, disorder and its treatment, relapse plan and crisis plan, contingency plans, support networks etc.

Community Psychiatric Nurses (CPNs)

DOH figures for 2001/2:

- First contacts: 559,000
- First contacts 11 per 1,000 population
- Average duration of CPN episode: 9 months
- Initial contacts: 322,000
- 27% referrals from hospital staff