SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Mandatory headings 1-4. Mandatory but detail for local determination and agreement
Optional heading 5-7.Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	04_MSKT_17
Service	Provision of Caudal Epidural Service for Pain of Spinal Origin
Commissioner Lead	MSKT_CCP
Provider Lead	
Period	1ST April 2014 to 31th March 2015
Date of Review	30 Sept 2014

1. Population Needs

1.1 National/local context and evidence base

In the UK, approximately 8 out of 10 people are affected at some point in their lives with non-specific low back pain (NICE Early Management of Persistent non-specific low back pain May 2009). This does not present a problem for most, but for a small number of people their pain continues for longer than 6 weeks. Typically, pain and disability improve rapidly during the first month (58% reduction from initial scores for both pain and disability), with little further improvement being observed after 3 months[1]

Recent studies conclude that there could be a positive effect on short (6 weeks) and intermediate (12 weeks) from epidural local anaesthetic or saline alone. Trond Iversen, Tore K Solbery, Bertil Romner, Tom Wilsgaard et al "Effect of caudal epidural sterioid or saline injection in chronic lumbar radiculopathy: multicentre, blinded, randomised controlled trial" [2]

NHS Dorset Clinical Commissioning Group has recently implemented a pan-Dorset Persistent Pain Service which is provided by Dorset Healthcare NHS Foundation Trust and patients are referred into it if their pain has not improved after 12 weeks.

The caudal epidural service is for provision of caudal epidurals for low back pain of radicular origin which has not responded in the first 4 weeks to other methods of treatment (appropriate analgesia, physiotherapy and exercise advice) but has not yet met the referral criteria for the persistent pain service. It is for adults only (18 or over).

The service is commissioned in accordance with the NHS Dorset Clinical Commissioning Group's "Interventional Procedures in the Management of Spinal Pain Policy" January 2011. Provision of the service takes into account the Faculty of Pain Medicine of the Royal College of Anaesthetists "Recommendations for Good Practice in the use of Epidural Injection for the Management of Pain". These national recommendations form the basis for provision of the service.

The service offers safe and convenient access to caudal epidural provision, where it is clinically appropriate as part of a comprehensive pain management pathway.

[1] Pengel LH, Herbert RD, Maher CG, Refshauge KM. (2003) Acute low back pain: systematic

review of its prognosis. BMJ 327: 323
[2]BMJ 2011; 343: d5278 doi10.1136/bmj.d5278

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	N/A
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

- 100% of patients to have documented consent and provision of full information prior to procedure
- 100% of patients to be asked to give feedback on the service and the outcome of treatment
- Providers to provide outcome activity regarding whether the injection therapy was effective and the patient discharged or whether the patient was later referred to the appropriate next step in the back pain pathway

3. Scope

3.1 Aims and objectives of service

This service applies to patients presenting with acute low back pain ie pain which has persisted for more than 6 weeks but less than 3 months.

The service aims to provide pain relief for the above where the patient has already tried NSAIDS, physiotherapy, exercise under a care management plan.

The patient will either be discharged if the injection is effective or referred into the appropriate next step in the back pain pathway if there is no improvement.

The service should take into account additional factors such as physical or learning disabilities, sight or hearing problems, difficulties with reading or speaking English and the healthcare team should arrange for an advocate or interpreter if needed.

3.2 Service description/care pathway

Provision of therapeutic caudal epidural injection for pain of spinal origin is part of the whole spinal pathway. It should be noted that therapeutic spinal injections are regarded as a procedure of low clinical priority and not routinely funded by Dorset Clinical Commissioning Group except in line with NHS Dorset Clinical Commissioning Group's "Interventional Procedures in the Management of Spinal Pain" policy January 2011.

It is expected that patients will only be referred for such treatment in this service when it is part of a comprehensive pain management pathway and if other techniques have failed. This is as stated in the above policy.

Consent: The patient must be fully informed of the procedure, any adverse outcomes, side effects, complications and technical/therapeutic failure when their consent is being gained. This should be written consent and documented. The patient should be advised of steroids being 'beyond licence' therapy and any 'off label' use of corticosteroid to be recorded in the medical records.

Preparation: Where epidurals are undertaken using local anaesthetic patients should be fasted in line with local policy (2 hrs water, 6 hrs food) and have an IV cannula.

Infection control: The procedure should be performed in an environment that is appropriate in terms of infection control, monitoring, imaging, assistance, resuscitation and post procedure care facilities. This does not mean full theatre facilities but there should be a distinction between a Treatment Room (where the procedure is performed and which should adhere to the guidelines) and a Consultation Room. The minimum infection control technique should be the Standard Aseptic Non-Touch Technique (Standard ANTT) with care in skin preparation being particularly important.

Anti-coagulants Providers should exercise particular care for patients with disordered clotting and follow current guidelines for patients taking anti-coagulants or with pre-existing clotting abnormalities.

Fluoroscopy The national guidelines recommend that normally, epidural injection for patients with pain of spinal origin, should be performed under fluoroscopic guidance, in order to confirm the accurate placement of the epidural needle and the spread of the injectate. This is the gold standard technique and is encouraged where possible. Where this has not been used and there is not a good response first time it should not be repeated blind.

Monitoring Appropriate monitoring should follow local policy, including BP and pulse monitored post procedure.

Assistance The provider should ensure that a suitably trained nursing assistant be available to help with patient preparation, care and monitoring as appropriate eg BP

Documentation and Audit Providers should ensure that the details listed in 10.2 of the Faculty of Pain Medicine's Recommendations should be recorded and records audited in accordance with local clinical governance arrangements.

Monitoring and Follow Up The patient should be checked by one of the treating team prior to discharge and admitted if certain symptoms occur. The patient should be provided with a telephone contact on discharge, should a complication occur. Follow up arrangements should be made.

Emergencies The provider should ensure there are procedures in place/access to equipment should an emergency situation occur eg full MRI scanning.

3.3 Any acceptance and exclusion criteria and thresholds

Referrals for caudal epidural are only accepted if patients are a) referred in line with the agreed clinical pathway and b) meet the criteria for inclusion set out in NHS Dorset clinical Commissioning Group's 'Interventional Procedures in the Management of Spinal Pain' Clinical Access Policy and only applies to pain defined in the policy as Acute Spinal Pain ie pain lasting up to 3 months.

3.5 Interdependence with other services/providers

Referrers and providers of early management of back pain (ie pain of between 4 weeks and 12 weeks) should ensure they follow the next appropriate step in the back pain pathway.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Low Back Pain NICE Clinical Guideline May 2009
Sciatica (lumbar radiculopathy) NICE CKA (Clinical Knowledge Summaries) November 2009

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Faculty of Pain Medicine of The Royal College of Anaesthetists "Recommendations for good practice in the use of epidural injection for the management of pain of spinal origin in adults". The service provided should adhere to these as defined in the service description/care pathway Section 3.2

GMC "Consent: patients and doctors making decisions together."

World Health Organisation (WHO) surgical safety checklist for patient preparation and identification.

These recommendations apply both to doctors in training who perform epidural injections under varying levels of supervision and to established practitioners in non-training grades. The competencies expected of doctors who perform epidural injections are defined in the Curriculum for a CCT for Anaesthetics 2010.

4.3 Applicable local standards

Quality standards for this service should be in line with those outlined in the NHS Dorset CCG Primary Care Guideline for Joint Injections

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

Providers of caudal epidurals should provide documentation to the commissioner which demonstrates how they are compliant with the Faculty of Pain Medicine's Recommendations April 2011 and where they are not compliant that they provide justification for this and a risk assessment. This should include the guidelines listed in Section 3.2 above.

Providers should ensure that staff providing the service are suitably qualified and competent and that there are in place appropriate arrangements for maintaining and updating relevant skills and knowledge. This includes clinical supervision.

The provider must ensure that all premises and equipment used for the provision of the service should meet the suitably of a Treatment Room (see 3.2 *Infection Control* above).

Caudal epidural injections should be provided in line with Dorset CCG's Joint Injection Guideline for Primary Care (4.3 above).

Providers must follow infection control policies that are compliant with national and local guidelines. All infection control, decontamination measures and sterilisation of equipment must meet the standards within the Health and Social Care Act (2008) and its associated "Code of Practice for Health and Social Care on the Prevention and Control of Infections and related guidance".

Providers of caudal epidurals should recognise that they may be visited by the Care Quality Commission (CQC) at any time. They may also be visited by the CCG's internal quality team.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement