



The Australian Prevention
Partnership Centre
Systems and solutions for better health

Review of the Primary Health Networks Needs Assessments

Improving the prevention and
management of chronic pain in primary
care

September 2018

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Executive summary

Chronic Pain Project

The Chronic Pain Project¹ at The Australian Prevention Partnership Centre is funded by the Medical Research Future Fund Boosting Preventive Health Research Program. Additional funding to support this project has been provided by the Sydney Medical School Foundation, University of Sydney.

The Chronic Pain Project focusses on the role of Primary Health Networks in improving the prevention and management of chronic pain in primary care including:

- a) Early intervention of acute pain to prevent the progression to chronic pain (for example, post-operative and post-trauma pain)
- b) Management of chronic pain to prevent chronic disabling pain.

Role of the Primary Health Networks (PHNs)

The Primary Health Networks Program (PHN Program) commenced in 2015 with the establishment of 31 Primary Health Networks (PHNs). PHNs replaced the previous Medicare Local system of 61 regions.

Individual PHNs are responsible for identifying and addressing the primary health needs in their region through strategic planning, commissioning services, supporting general practices and other health care providers and supporting the integration of local health care services. PHNs are expected to respond to the health needs of their region while being guided by the priority areas for targeted work and National priorities as decided by the Government.²

PHNs conduct annual Needs Assessments to understand their health and service needs. The Needs Assessments are informed by local, state and national data and consultations with community, health professionals and other stakeholders. In the context of commissioning, the annual Needs Assessments is part of the cycle of evidence-based planning, priority setting, commissioning, decommissioning and outcome appraisal.^{3,4}

Aims of the review of the PHN Needs Assessments

The aims of the review are to:

- Describe the number/percentage of PHNs that identified chronic pain as a health and/or service need (or as a key health and/or service issue) in their Needs Assessments⁵ (across PHNs, across regional and metropolitan PHNs and across state jurisdictions)
- Describe the number/percentage of PHNs that identified chronic pain as a priority in their Needs Assessments (across PHNs, across regional and metropolitan PHNs and across state jurisdictions)
- Describe the supporting evidence related to chronic pain in PHNs Needs Assessments
- Describe the range of health and service needs and issues related to chronic pain described in PHNs Needs Assessments

¹ The Australian Prevention Partnership Centre: Strategies and models for preventing or reducing the risk of the development of chronic pain in primary care (2018–2020)

² PHN Program Performance and Quality Framework Australian Government September 2018

³ Department of Health. PHN needs assessment guide. 2015. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHNNeeds_Assessment_Guide [June 2016].

⁴ Anstey M, Burgess P, Angus L. Realising the potential of health needs assessments. Australian Health Review. 2018 Aug 17;42(4):370-3.

⁵ Publicly available Needs Assessments only have been included in this review

- Describe the priorities, and proposed options to address these priorities, related to chronic pain described in PHNs Needs Assessments
- Describe the number/percentage of PHNs that have a separate Alcohol and other Drug Needs Assessment⁶
- Describe the number/percentage of PHNs who identified pain, prevention or codeine/opioids in their Alcohol and other Drug Needs Assessments
- Describe the range of issues related to pain, prevention or codeine/opioids identified in Alcohol and other Drug Needs Assessments

Method

The following method was undertaken:

- The recent Needs Assessments (core) of PHNs (available on PHN websites) relevant to the 2017-18 period were searched for 'pain'. Information was identified relevant to a) *Prevention of chronic pain* i.e. early intervention of acute pain to prevent chronic pain (e.g. post-operative and post-trauma pain); and b) *Management of chronic pain*. Information related to dental pain, chest pain/angina, cancer pain or pain related to palliative care were excluded from the results. There was no attempt to search for the causal conditions of pain as the review aimed to assess the extent to which *pain* was identified as a health or service need or priority in PHNs Needs Assessments. Information was synthesised using quantitative and qualitative analysis.
- The recent Alcohol and Other Drug (AOD) Needs Assessments of PHNs (available on PHN websites) were searched for 'pain', 'prevention' and 'codeine'/'opioid'. Information was synthesised using quantitative and qualitative analysis.

Results

Description of the PHN Needs Assessments (core)

- The majority of PHN Needs Assessments (2017-18) were in the standard template provided to PHNs. However, only approximately half of the Needs Assessments (16 out of 31) included an *Opportunities, priorities and options* section included in the standard template.
- In addition to the standard Needs Assessments, two PHNs developed Needs Assessment Summaries (summaries of specific areas of need identified in the Needs Assessments) related to chronic pain (Gold Coast, QLD and ACT).

Chronic pain identified as a health and/or service need

- Approximately two-thirds of PHNs (21 of 31 PHNs; 67.7%) identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence) in their recent Needs Assessments.
- All states and territories in Australia apart from Northern Territory identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence) in at least one PHN.
- Of the PHNs that identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence), approximately seventy percent were metropolitan PHNs

⁶ Publicly available Needs Assessments only have been included in this review

(11 from 15 metropolitan PHNs; 73.3%) and approximately sixty percent were regional PHNs (10 from 16 regional PHNs; 62.5%).⁷

- All PHNs who identified chronic pain as a health and/or service need (or a key health and/or service issue) in their recent Needs Assessments described *the management of chronic pain*. Only two PHNs, in addition to the information provided about the management of chronic pain explicitly mentioned the need for *prevention of chronic pain*.
- PHNs (N=4) in the following regions identified chronic pain as a health and/or service need: Nepean Blue Mountains (NSW); Gold Coast (QLD); Adelaide (SA); and ACT.
- PHNs that identified chronic pain as a key health and/or service issue included chronic pain within the following health and service needs:
 - Chronic disease/chronic and preventative conditions/complex care services
 - Older persons/people over 65 years/people over 60 years/at risk population/aged care
 - AOD services
 - Musculoskeletal conditions
 - Adolescents and young adult health issues
 - Continuing professional development
 - High rates of morbidity and mortality among Aboriginal and Torres Strait Islander peoples
 - Need to improve health system efficiencies (Health Pathways).

Chronic pain identified as a priority

- Four of the 16 PHNs that included an *Opportunities, priorities and options* section in their Needs Assessments identified chronic pain as a separate priority including PHNs in Western Sydney (NSW), Gold Coast (QLD), Adelaide (SA) and ACT.
- In the Darling Downs and West Moreton PHN (QLD) pain management is proposed as a strategy to address the priority of drug and alcohol use.
- Brisbane South PHN (QLD) describes chronic pain as a priority within chronic conditions.

Description of the evidence that informed Needs Assessments

- Stakeholder consultation and local, state and national data informed PHNs about their health and/or service needs related to chronic pain

Summary of the health and service needs of PHNs related to chronic pain

The health needs related to chronic pain reported by PHNs included the following, with the majority of these needs reported by multiple PHNs:

- High prevalence/high burden of chronic pain
- High cost of chronic pain to the economy
- Lack of understanding of chronic pain (among consumers, general community and health professionals)
- The impact of chronic pain on sufferer's mental and physical health and social connectivity
- The social and economic disadvantage associated with chronic pain
- Poor management of chronic pain
- Misuse of, and addiction to, opioids and other pain medication

⁷ 'Metropolitan PHN areas' have 85% or more of the population in 'major cities', as defined by the Australian Bureau of Statistics. All other PHN areas are classified as 'regional PHN areas' (see **Appendix 2**)

The service needs related to chronic pain reported by PHNs included the following, with the majority of these needs reported by multiple PHNs:

- Poor diagnosis, assessment and management of chronic pain in primary care
- Inadequate education and training for primary health care providers about chronic pain including assessment and management of chronic pain and awareness of relevant community programs
- Poor co-ordination of care between primary care and specialist services (including public and private hospital services)
- Limited access to self-management programs in the community
- Poor access to specialist services (due to workforce shortages and increasing demand) with long wait times and often high cost. The current specialist focused model of care was reported as unsustainable.
- Barriers to accessing Allied Health services included cost and travel/transport (due to Allied Health workforce shortages in some areas)
- The potential impact of changes in opioid prescribing on demand for general practice and specialist services
- Inadequate integration of Alcohol and Other Drug (AOD) services and chronic pain management services
- Lack of quality local data about health and service needs related to pain

Summary of the possible options to address health and service needs related to chronic pain

Some of the possible options reported by PHNs to address health and service needs related to chronic pain included:

- Develop more sustainable models of care that are suitable to the local context
- Focus on multidisciplinary care
- Better integration and care coordination for people with chronic pain
- Additional education and training of primary care providers (GPs, nurses and Allied Health practitioners)
- Better diagnosis and assessment of chronic pain (and physical, mental and social functioning) particularly in older persons
- Increase access to specialists for regional areas through Telehealth
- Implement more chronic pain management programs in primary care and community settings. In particular, improve early access to tailored self-management programs
- Improve consumer (and their carers) health literacy about chronic pain and management strategies and provide support to help consumers navigate services
- Monitor and address the impact of opioid prescribing changes
- Greater focus on the prevention of chronic pain through effective and timely treatment of acute pain

See the main body of the review for more information about the health and service needs related to chronic pain and the possible options to address these needs.

Description of the PHN Alcohol and Other Drug (AOD) Needs Assessments

- More than half of PHNs (17 out of 31 PHNs; 54.8%) had a separate AOD Needs Assessment for 2017-18. More than half of PHNs with a separate AOD Needs Assessment were from metropolitan PHNs (10 out of 17; 58.8%).

Pain identified as a key issue related to Alcohol and Other Drug issues

- Recent AOD Needs Assessments recognised the issue of increasing rates of opioid use, dependency and overdose and the potential impact of the up-scheduling of codeine on primary care. The AOD Needs Assessments described the need for greater access to AOD services including opioid treatment services and greater GP health capacity building so that GPs can better identify, manage and refer people appropriately with opioid dependency. However, very few AOD Needs Assessments explicitly identified pain as one of the major reasons for opioid use. Also, very few AOD Needs Assessments explicitly identified the need for better management of pain including the need for non-pharmacological options and health professional training in this area.
- Three of the 17 PHNs (17.6%) who had a separate AOD Needs Assessments identified pain as an issue including PHNs in Western Victoria, Central and Eastern Sydney (NSW) and Nepean Blue Mountains (NSW). The issues highlighted by these PHNs included:
 - “Education programs supporting pain management and communicating guidelines for management of codeine misuse will be delivered as a priority.”
 - “It is anticipated by stakeholders that there will be a rise in people accessing general practice settings for pain management who meet the criteria for codeine dependency due to the up-scheduling of codeine.”
 - “There is a need to establish referral links with Allied Health providers, including pain management specialists.”
 - “There is a need to provide continuing professional development which spans to other sectors including pain management.”
 - “Service provider consultations identified there was a lack of support services for pain management which can result in prescription misuse.”

Limitations of the review

- Publicly available Needs Assessments only were reviewed in this project. It is noted that only approximately half of the Needs Assessments (core) (16 out of 31) included an *Opportunities, priorities and options* section included in the standard template. Therefore, it is not possible to establish to what extent chronic pain is a separate priority for PHNs through the review of the Needs Assessments only. This review focussed on whether chronic pain is a health and/or service need (or key issue) identified by PHNs and the range of needs and key issues identified by PHNs.
- In addition, PHNs may not have *explicitly* mentioned pain as a health and/or service need (or key issue) in their Needs Assessments (core), however pain may be embedded in needs and issues related to, for example, chronic disease, mental health or Alcohol and Other Drug (AOD). Similarly, PHNs may not have *explicitly* mentioned pain as an issue in the AOD Needs Assessments, however pain may be embedded in the health and service needs and issues described in the AOD Needs Assessments.

Further research

The results of the review will be further explored in a survey and interviews with PHNs to more comprehensively understand the health and service needs and priorities of PHNs in relation to chronic pain prevention and management.

The awareness of PHNs of chronic pain initiatives implemented by other PHNs and/or described in the literature will also be explored as well as the barriers and enablers for PHNs to implementing and sustaining chronic pain initiatives.

Review of the Primary Health Networks Needs Assessments

Background

Chronic Pain Project

This project aims to improve the prevention and management of chronic pain in primary care, with a focus on the role of Primary Health Networks (PHNs). The project is part of the Boosting Prevention Program at The Australian Prevention Partnership Centre and is funded by the Medical Research Future Fund (MRFF). Additional funding to support this project has also been granted by the Sydney Medical School Foundation, University of Sydney.

A key component of the project is to undertake a review of the PHN Needs Assessments. Subsequently, a survey and interviews with each PHN will be undertaken to more comprehensively understand the health and service needs and priorities of PHNs in relation to chronic pain prevention and management.

Role of the Primary Health Networks (PHNs)

The Primary Health Networks Program (PHN Program) commenced in 2015 with the establishment of 31 Primary Health Networks (PHNs). PHNs replaced the previous Medicare Local system of 61 regions (*see Appendix 1 for a map of PHNs in Australia*). Individual PHNs are responsible for identifying and addressing the primary health needs in their region through strategic planning, commissioning services, supporting general practices and other health care providers and supporting the integration of local health care services.

The PHN Program has two objectives:

- To increase the efficiency and effectiveness of medical services, particularly for patients at risk of poor health outcomes.
- To improve coordination of care to ensure patients receive the right care in the right place at the right time

The PHN Program has seven priority areas for targeted work:

1. Mental Health
2. Aboriginal and Torres Strait Islander Health
3. Population Health
4. Workforce
5. Digital Health
6. Aged Care
7. Alcohol and Other Drugs

PHNs respond to the health needs of their region while being guided by the priority areas for targeted work and National priorities as decided by the Government. PHNs have skills-based boards, which are informed by clinical councils and community advisory committees.

PHNs receive funding from the Australian Government for a range of activities and functions⁸:

- **Commissioning health services to meet local service needs** – this includes analysing relevant health data; prioritising local health needs; working with providers, clinicians and communities to co-design services to

⁸ PHN Program Performance and Quality Framework (September 2018)

meet those needs; and monitoring and evaluating service delivery to inform future needs. PHNs are provided with specific funding to commission services for core primary health care activities, as well as mental health treatment services, drug and alcohol treatment services, and Indigenous-specific health services.

- **Health systems improvement** – with the alignment of PHN and Local Hospital Networks (LHN) boundaries, PHNs can support joint planning, collaborative commissioning and health service integration between Commonwealth and state and territory funded health services. PHNs work with service providers to agree referral pathways and support secure sharing of patient information.
- **Sector support activities** – PHNs provide support to general practice, as a key part of strengthening the primary health care system. PHNs' work in this area includes supporting general practice and other health care providers with quality improvement and accreditation; cultural awareness and competency; workforce development; digital health systems; and patient centred care and best practice service delivery models.
- **Operational functions** – including the administration, governance (including the establishment and maintenance of Clinical Councils and Community Advisory Committees) and core functions of PHNs.

The PHN Program Performance and Quality Framework outlines how the activities and functions delivered by PHNs contribute towards achieving the Program's objectives. PHNs determine where to direct their activities and resources as a result of the needs assessment of their region (see **Appendix 3** for an outline of the link between the Needs Assessments, Activity Work Plans and performance reporting and **Appendix 4** for Indicator Specifications for the PHN Program Performance and Quality Framework).

PHN Needs Assessments

PHNs conduct Needs Assessments to understand their health and service needs and to develop their priorities.⁹ The Needs Assessments are informed by local, state and national data and consultations with community, health professionals and other stakeholders. See **Appendix 5** for an outline of how the Needs Assessments are developed and structured.

Aims

The aims of the review are to:

- Describe the number/percentage of PHNs that identified chronic pain as a health and/or service need (or as a key health and/or service issue) in their Needs Assessments¹⁰ (across PHNs, across regional and metropolitan PHNs and across state jurisdictions)
- Describe the number/percentage of PHNs that identified chronic pain as a priority in their Needs Assessments (across PHNs, across regional and metropolitan PHNs and across state jurisdictions)
- Describe the supporting evidence related to chronic pain in PHNs Needs Assessments
- Describe the range of health and service needs and issues related to chronic pain described in PHNs Needs Assessments
- Describe the priorities, and proposed options to address these priorities, related to chronic pain described in PHNs Needs Assessments
- Describe the number/percentage of PHNs that have a separate Alcohol and other Drug Needs Assessment¹¹

⁹ Australian Government Department of Health *Needs Assessment Guide (December 2015)*

¹⁰ Publicly available Needs Assessments only have been included in this review

¹¹ Publicly available Needs Assessments only have been included in this review

- Describe the number/percentage of PHNs who identified pain, prevention or codeine/opioids in the Alcohol and other Drug Needs Assessments
- Describe the range of issues related to pain, prevention or codeine/opioids in the Alcohol and other Drug Needs Assessments

Method

The following method was undertaken:

- The recent Needs Assessments (core) of PHNs (available on PHN websites) relevant to the 2017-18 period were searched for 'pain'. Information was identified relevant to a) *Prevention of chronic pain* i.e. early intervention of acute pain to prevent chronic pain (e.g. post-operative and post-trauma pain); and b) *Management of chronic pain*. Information related to dental pain, chest pain/angina, cancer pain or pain related to palliative care were excluded from the results. There was no attempt to search for the causal conditions of pain as the review aimed to assess the extent to which *pain* was identified as a health or service need or priority in PHNs Needs Assessments. Information was synthesised using quantitative and qualitative analysis.
- The recent Alcohol and Other Drug (AOD) Needs Assessments of PHNs (available on PHN websites) were searched for 'pain', 'prevention' and 'codeine'/'opioid(s)'. Information was synthesised using quantitative and qualitative analysis.

Results

Description of the PHN Needs Assessments

- The majority of the recent PHN Needs Assessments were published in Nov-Dec 2017 and relevant to the 2017-18 period.
- The majority of recent Needs Assessments were in the standard template provided to PHNs. However, only approximately half of the Needs Assessments (16 out of 31) included an *Opportunities, priorities and options* section.
- In addition to the standard Needs Assessments, two PHNs developed Needs Assessment Summaries (summaries of specific areas of need identified in the Needs Assessments) and included a summary related to chronic pain (Gold Coast PHN and ACT Health PHN).

See **Table 2** for more information about the date and format of the Needs Assessments in each PHN.

Chronic pain identified as a health and/or service need

- All states and territories in Australia apart from Northern Territory identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence) in at least one PHN, as shown in **Figure 1**
- Of the PHNs that identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence), approximately seventy percent were metropolitan PHNs (11 from 15 metropolitan PHNs; 73.3%) and approximately sixty percent were regional PHNs (10 from 16 regional PHNs; 62.5%)¹², as shown in **Figure 2**.
- All PHNs who identified chronic pain as a health and/or service need (or a key health and/or service issue) in their recent Needs Assessments described *the management of chronic pain*. Only two PHNs, in addition

¹² 'Metropolitan PHN areas' have 85% or more of the population in 'major cities', as defined by the Australian Bureau of Statistics. All other PHN areas are classified as 'regional PHN areas' (see **Appendix 2**)

to the information provided about the management of chronic pain explicitly mentioned the need for *prevention of chronic pain*.

- PHNs (N=4) in the following regions identified chronic pain as a health and/or service need: Nepean Blue Mountains (NSW); Gold Coast (QLD); Adelaide (SA); and ACT.
- PHNs that identified chronic pain as a key health and/or service issue included chronic pain within the following health and service needs:
 - Chronic disease/chronic and preventative conditions/complex care services
 - Older persons/people over 65 years/people over 60 years/at risk population/aged care
 - AOD services
 - Musculoskeletal conditions
 - Adolescents and young adult health issues
 - Continuing professional development
 - High rates of morbidity and mortality among Aboriginal and Torres Strait Islander peoples
 - Need to improve health system efficiencies (Health Pathways).

Chronic pain identified as a priority

- Four of the 16 PHNs that included an *Opportunities, priorities and options* section in their Needs Assessments identified chronic pain as a separate priority including PHNs in Western Sydney (NSW), Gold Coast (QLD), Adelaide (SA) and ACT, as shown in **Table 1**.
- In the Darling Downs and West Moreton PHN (QLD) pain management is proposed as a strategy to address the priority of drug and alcohol use.
- Brisbane South PHN (QLD) describes chronic pain as a priority within chronic conditions.

Table 1: PHNs that identified chronic pain as a need and/or priority in their recent Needs Assessments

PHN	Metropolitan or regional PHN	Year of Needs Assessment	Chronic pain as a health and/or service need (or key health and/or service issue)	Included in the description of the evidence to support key issues	Chronic pain as a priority
New South Wales					
Central and Eastern Sydney	Metro	Year 17/18 Published: Dec 2017	No	-	No
North Sydney	Metro	Year 17/18 Not standard template format	No	-	This section not included in Plan
Western Sydney	Metro	Year 17/18 Published: Nov 2017	Yes (key service issue) Service need: Chronic disease	-	Yes
Nepean Blue Mountains	Metro	Year 17/18 Published: Nov 2017	Yes (health and service need) Themes: Chronic and preventative conditions; and older persons	-	This section not included in Plan

South Western Sydney	Metro	Year 16/17 ¹³ Published Nov 2016	No	-	This section not included in Plan
South Eastern NSW	Regional	Year 17/18 Published: Nov 2017	Yes (key health issue) Health need: Chronic disease	Yes (service needs)	This section not included in Plan
Western NSW	Regional	Year 17/18 Published: Nov 2017	No	Yes (health needs) Key issue: Gaps in chronic disease and complex care services	No
Hunter New England and Central Coast	Regional	1 July 2016-30 June 2018	No	-	No
North Coast	Regional	Year 17/18 Published: Nov 2017	No	-	This section not included in Plan
Murrumbidgee	Regional	Year 17/18 Published: Nov 2017	No	-	No
Victoria					
North Western Melbourne	Metro	Year 17/18 Published: Nov 2017	Yes (key health sub-issue) Key issue: Musculoskeletal disease Health Needs: Major diseases- all age groups	-	No
Eastern Melbourne	Metro	Year 17/18 Published: Nov 2017	Yes (key service issue) Service need: service design-service integration (AOD services)	-	This section not included in Plan
South Eastern Melbourne	Metro	Year 16/17 ¹⁴ Published Nov 2016	Yes (key health issue) Health need: At risk population (People over 65 years)	-	This section not included in Plan
Gippsland	Regional	Year 17/18 Published: Nov 2017	Yes (key health issue) Health need: Population over 60 years	-	This section not included in Plan

¹³ The Needs Assessment Plan for 2017-18 to be completed in November 2018

¹⁴ The Needs Assessment Plan for 2017-18 to be completed in November 2018

Murray	Regional	Year 17/18 Not standard template format	Yes (key health and service issue) Health need: Aged care Service need: Access to specialist providers	-	This section not included in Plan
Western Victoria	Regional	Year 2017	No (see PHN AOD Needs Assessment)	-	This section not included in Plan
Queensland					
Brisbane North	Metro	<ul style="list-style-type: none"> Brisbane North PHN health priorities 18/19 Health Needs Assessment Brisbane North PHN and Metro North Hospital and Health Service 2016-17 (Published Feb 2017)¹⁵ 	No		No
Brisbane South	Metro	Year 17/18 Published: April 2018 Not standard template format	Yes (key health and service issue) Health need: specific health challenges that are common to the region including musculoskeletal conditions Service need: Chronic conditions	-	Yes (within chronic conditions)
Gold Coast	Metro	<ul style="list-style-type: none"> Needs Assessment Plan Year 17/18 Published: Nov 2017 Needs Assessment Summary: Persistent Pain (17/18) 	Yes (health and service need)	-	Yes (Multidisciplinary and coordinated care for persistent pain)
Darling Downs and West Moreton	Regional	Year 17/18 Not standard template format	Not described (However, included in priorities)	-	Yes (within Drug and Alcohol Use)

¹⁵ The Needs Assessment Plan for 2017-18 not completed

Western QLD	Regional	Year 17/18 Not standard template format	Yes (key health issue) Health need: Health issues- Adolescents and Young adults	-	No
Central Queensland, Wide Bay, Sunshine Coast	Regional	Year 17/18	No	Yes (back pain) Key issue: Aboriginal and Torres Strait Islander people have poorer health outcomes and high prevalence of chronic disease	No
Northern QLD	Regional	Year 17/18 Published: Nov 2017	No	Yes (back pain, chronic pain) Key issue: Need to improve health system efficiencies (Health Pathways)	No
South Australia					
Adelaide	Metro	<ul style="list-style-type: none"> Year 15/16 Published March 2016¹⁶ Year 16/17 Published Nov 2016 Year 17/18 Published: Nov 2017 	Yes (health need)	Yes (service need)	Yes
Country SA	Regional	Year 17/18 Published: Nov 2017	Yes (key issue mentioned in narrative only)	-	This section not included in Plan
Western Australia					
Perth North	Metro	Year 17/18 Published February 2018	No	Yes (back pain) Key issue: issues for people living with chronic conditions	This section not included in Plan
Perth South	Metro	Year 17/18 Published February 2018 ¹⁷	No	Yes (back pain) Key issue: issues for people living	This section not included in Plan

¹⁶ Priorities identified in the APHN Baseline Needs Assessment Update (APHN BNA Update) submitted in November 2016 relating to Core Flexible Needs Assessment. No new priorities since 2016.

¹⁷ Information provided in the Needs Assessment is the same as the information in Perth North Needs Assessment

				with chronic conditions	
Country WA	Regional	Year 17/18 Published February 2018	No	-	This section not included in Plan
Australian Capital Territory					
ACT	Metro	<ul style="list-style-type: none"> Needs Assessment Plan Year 17/18 Published: Nov 2017 Needs Assessment Chronic disease: Chronic pain (January 2018) 	Yes (health and service need)	-	Yes (chronic pain and pain management)
Tasmania					
Tasmania	Regional	Needs Assessment Health Intelligence Report 2017/18 Published: Sept 2017 Not standard template format	Yes (key issue for continuing professional development)	-	This section not included in Plan
Northern Territory					
NT	Regional	Year 17/18 Published: Nov 2017	No	-	No

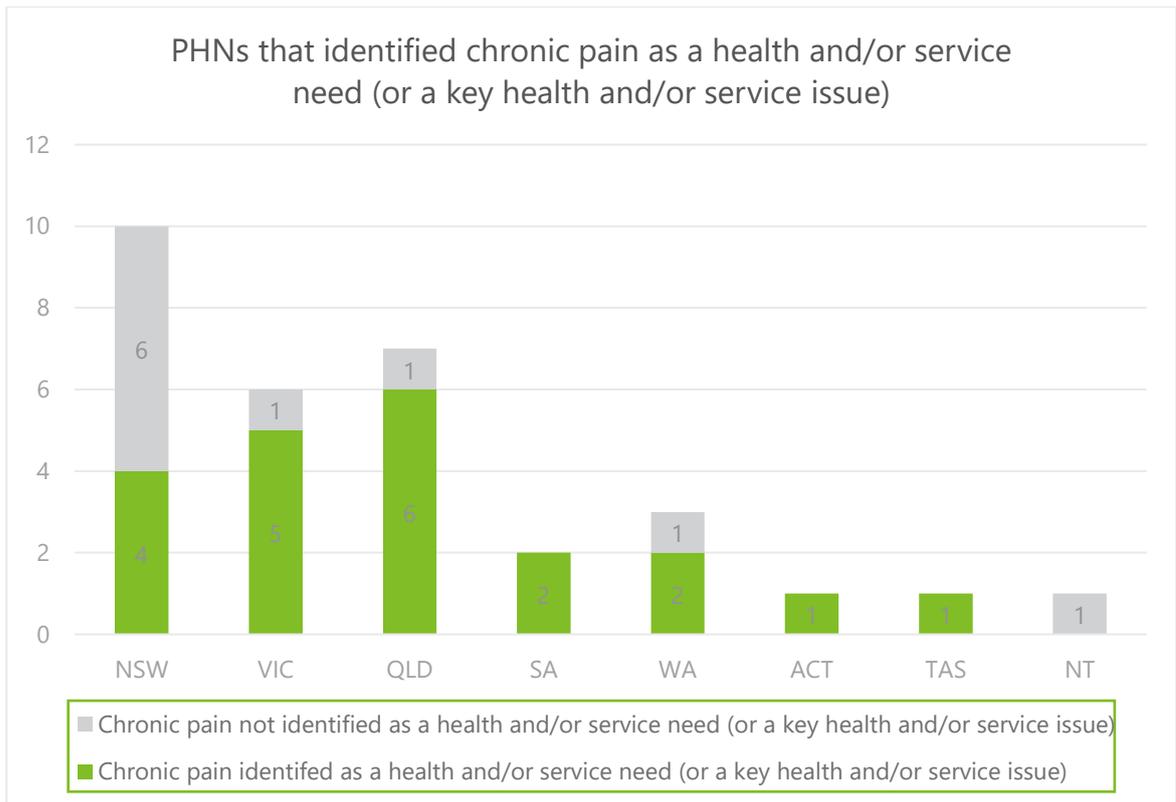


Figure 1: PHNs that identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence) in their recent Needs Assessments

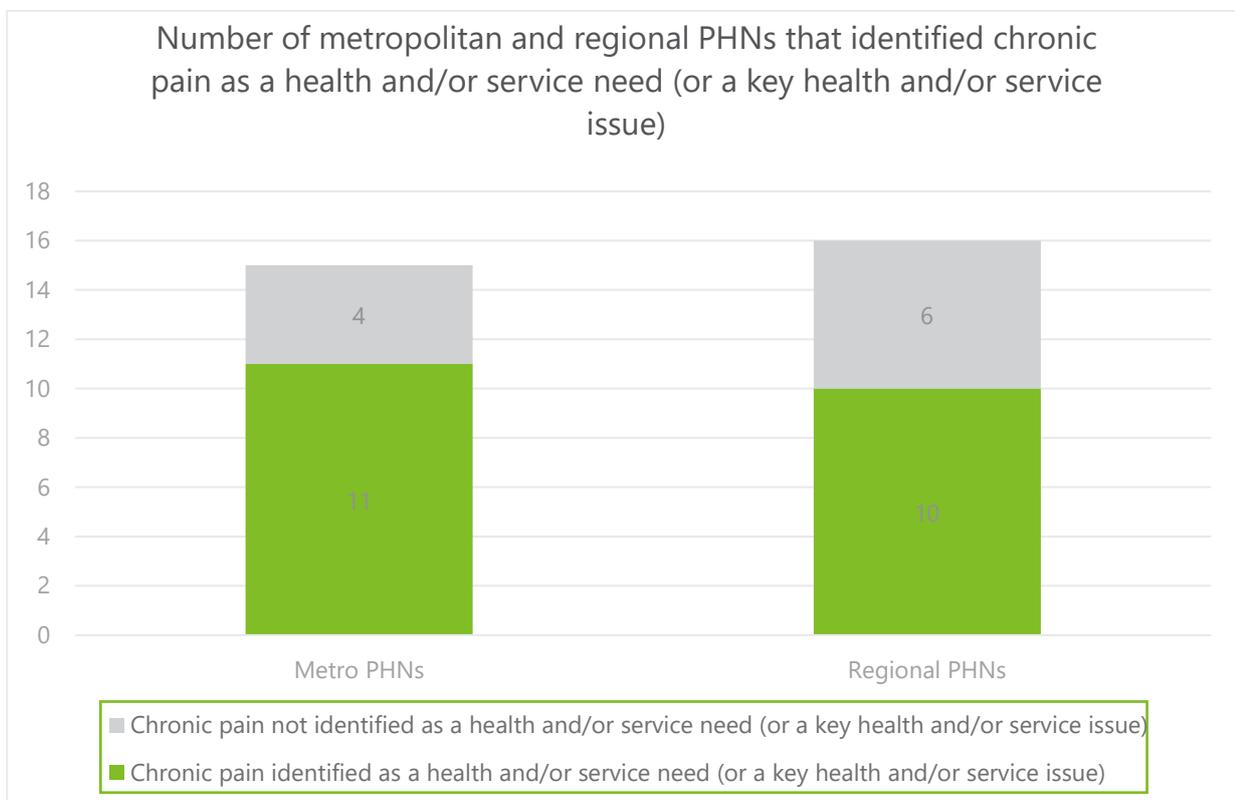


Figure 2: Number of metropolitan and regional PHNs that identified chronic pain as a health and/or service need (or a key health and/or service issue or identified it in the supporting evidence) in their recent Needs Assessments

Prevention and/or management of chronic pain

- All PHNs who identified chronic pain as a health or service need or priority in their recent Needs Assessments described the management of chronic pain. Only two PHNs, in addition to the information provided about the management of chronic pain explicitly mentioned the need for prevention of chronic pain.

See **Appendix 6** for information about how PHNs described their health and service needs related to chronic pain and the possible options to address these needs.

Description of the evidence

- Stakeholder consultation and local, state and national data informed PHNs about their health and/or service needs related to chronic pain.

See **Appendix 6** for information about the evidence that informed the identification of the health and/or service needs related to chronic pain reported in each PHN.

Summary of the health and service needs of PHNs related to chronic pain

Table 2 summarises the health and service needs related to chronic pain reported by PHNs, with the majority of these needs reported by multiple PHNs.

Table 2: The health and service needs reported by PHNs related to chronic pain

Health needs related to chronic pain reported by PHNs	Identified issues
<ul style="list-style-type: none"> High prevalence/high burden of chronic pain 	<ul style="list-style-type: none"> High prevalence/high burden of chronic pain mainly due to musculoskeletal conditions e.g. arthritis and chronic back pain High risk population is over 65 years due to musculoskeletal conditions Ageing population will result in increased prevalence of musculoskeletal conditions and associated chronic pain High levels of related hip and knee replacement procedure hospitalisation rates in some areas
<ul style="list-style-type: none"> High cost of chronic pain to the economy 	<ul style="list-style-type: none"> Productivity costs Burden of disease Health system costs including hospitalisation, GP visits and Emergency Department presentations The opportunity cost of informal care Other indirect costs such as aids and modifications
<ul style="list-style-type: none"> Lack of understanding of chronic pain 	<ul style="list-style-type: none"> Lack of understanding of chronic pain among consumers and the general community Lack of understanding of chronic pain among health professionals
<ul style="list-style-type: none"> The impact of chronic pain on sufferer's mental and physical health and social connectivity 	<ul style="list-style-type: none"> Chronic pain impacts overall health and wellbeing and interferes with daily activities, social interactions and personal relationships Strong link between chronic pain and anxiety and depression

<ul style="list-style-type: none"> The social and economic disadvantage associated with chronic pain 	<ul style="list-style-type: none"> Chronic pain can lead to financial stress Chronic pain is associated with markers of disadvantage e.g. lower levels of education, being unemployed for health reasons, in receipt of a disability or unemployment benefit, and no private health insurance Management options for chronic pain need to be affordable
<ul style="list-style-type: none"> Poor management of chronic pain 	<ul style="list-style-type: none"> Poor management of chronic pain particularly among older persons waiting for services /surgery A lack of community-based chronic pain programs
<ul style="list-style-type: none"> Misuse of, and addiction to, opioids and other pain medication 	<ul style="list-style-type: none"> High rates of opioid prescription in some areas Inadvertent overdose of pain medication including codeine and paracetamol
Service needs related to chronic pain reported by PHNs	Identified issues
<ul style="list-style-type: none"> Poor diagnosis, assessment and management of chronic pain in primary care 	<ul style="list-style-type: none"> Inadequate assessment of chronic pain particularly in older persons Better management of chronic pain in primary care would decrease potentially-preventable hospitalisations and decrease demand on specialist services GPs have limited time to consult with people with chronic conditions (including chronic pain)
<ul style="list-style-type: none"> Inadequate education and training for primary care providers about chronic pain 	<ul style="list-style-type: none"> Inadequate education and training for primary care providers about chronic pain including assessment and management of chronic pain and awareness of relevant consumer resources and community programs GPs frequently focus on prescribing medication for chronic pain rather than adopting a biopsychosocial approach Over-reliance on prescribing pain medication by GPs could lead to increased risk of addiction GPs want professional development opportunities related to chronic pain
<ul style="list-style-type: none"> Poor co-ordination of care between primary care and specialist services (including public and private hospital services) 	<ul style="list-style-type: none"> Lack of integration, pathways and care coordination along the health continuum for people with chronic pain particularly for older persons and complex cases
<ul style="list-style-type: none"> Limited access to self-management programs in the community 	<ul style="list-style-type: none"> Lack of community based chronic pain programs particularly for older people Chronic pain requires a multidisciplinary approach, focussed on holistic care of the patient including mental health
<ul style="list-style-type: none"> Poor access to specialist services (due to workforce shortages and increasing demand) with long wait times and often high cost. 	<ul style="list-style-type: none"> Pain specialists and other specialists are an important component of any multidisciplinary team and there are limited number of specialists. The longer people wait for pain management the more likely they will become permanently disabled and unable to return to work

	The current specialist focused model of care was reported as unsustainable.	
•	Barriers to accessing Allied Health services include cost and travel/transport (due to shortage of the Allied Health workforce in some areas)	<ul style="list-style-type: none"> ○ People who suffer chronic pain are more likely to have a lower income ○ Allied Health workforce shortages in some areas
•	The potential impact of changes in opioid prescribing on demand for general practice and specialist services	<ul style="list-style-type: none"> ○ From February 2018 medicines that contain codeine were no longer available without a prescription. Chronic pain sufferers who are self-medicating need to consult with their GP to be prescribed codeine. This may lead to an increased demand on both general practice and specialist services (with GPs referring to specialists for expertise on pain management) ○ Requiring a prescription for codeine from GPs could lead to better overall management for people with chronic pain ○ There is limited IT systems to provide GPs with information about people who are potentially 'doctor shopping' and being prescribed high doses of pain medication
•	Inadequate integration of Alcohol and Other Drug (AOD) services and chronic pain management services	
•	Lack of quality local data about health and service needs related to pain	

Summary of the possible options to address health and service needs related to chronic pain

Table 3 outlines some of the possible options reported by PHNs to address health and service needs related to chronic pain.

Table 3: Possible options to address health and service needs related to chronic pain reported by PHNs

Possible options to address health and service needs related to chronic pain reported by PHNs	Related issues
<ul style="list-style-type: none"> • Develop more sustainable models of care that are suitable to the local context 	<ul style="list-style-type: none"> ○ The current model of care (is predominantly specialist focused with pain management) is unsustainable and consideration should be given to alternative Primary Health Care and community-based approaches, integrated and team-based models of care (e.g. shared care) ○ Develop greater partnerships with key stakeholders to develop a model of care that emphasises the primary care and community setting ○ Pain management could be enhanced with input from specialised GPs, community pain education and educators, courses and good team-based care

<ul style="list-style-type: none"> • Focus on multidisciplinary care 	<ul style="list-style-type: none"> ○ Utilise a multidisciplinary team e.g. GPs, practice nurses, physiotherapists, exercise physiologists, psychologists, podiatrists, dietitians, pharmacist and pain specialists ○ Focus on holistic care of the patient including mental health as there is a strong link between depression and pain ○ Provide more publicly available and affordable Allied Health services for people with chronic pain
<ul style="list-style-type: none"> • Better integration and care coordination for people with chronic pain 	<ul style="list-style-type: none"> ○ Better integration, pathways and care coordination for people with chronic pain particularly older persons and complex cases ○ Statewide coordination of referral pathways in primary care and into the acute sector ○ Health Pathways could potentially improve co-ordination of care by informing clinical decision making, enhance the quality of referrals and accelerate referral processes
<ul style="list-style-type: none"> • Additional education and training of primary care providers (GPs, nurses and Allied Health practitioners) 	<ul style="list-style-type: none"> ○ Undertake a needs assessment of the primary health care workforce in the diagnosis and management of chronic pain and map the range of educational programs and resources available ○ Greater education and training to improve primary care providers' knowledge of chronic pain and management of chronic pain (using a biopsychosocial approach) ○ Improve primary care provider awareness about consumer resources for chronic pain (including online resources, telephone and face-to-face education and support opportunities) ○ Improve GP knowledge of Medicare items to increase consumer access to Allied Health services, to develop mental health treatment plans and to review medication ○ Improve GP awareness of Health Pathways
<ul style="list-style-type: none"> • Better diagnosis and assessment of chronic pain (and physical, mental and social functioning) particularly in older persons 	<ul style="list-style-type: none"> ○ Individual patient assessment needed particularly in older persons
<ul style="list-style-type: none"> • Increase access to specialists for regional areas through Telehealth 	<ul style="list-style-type: none"> ○ Increased access through Telehealth to specialists to help address problems around the financial burden and transport barriers of accessing specialists
<ul style="list-style-type: none"> • Implement more chronic pain management programs in primary care and community settings <p>Improve early access to tailored self-management programs</p>	<ul style="list-style-type: none"> ○ Scope the availability of pain management programs in primary care and community settings ○ Need for greater awareness and support for self-management. Early access to tailored self-management programs is crucial to the success of pain management. While specialist services (both public and private) run self-management programs (with potentially considerable waiting times) there are limited primary intervention self-management programs available in the community. ○ Community programs include pain educator run programs and peer to peer support groups lead by previous participants

		<ul style="list-style-type: none"> ○ Refresher workshops for consumers should be available post program
<ul style="list-style-type: none"> ● Improve consumer (and their carers) health literacy about chronic pain and management strategies and provide support to help consumers navigate services 		<ul style="list-style-type: none"> ○ Improve consumer awareness about chronic pain resources (including online resources, telephone and face-to-face education and support opportunities) ○ Provide support to help consumers navigate services
<ul style="list-style-type: none"> ● Monitor and address the impact of opioid prescribing changes 		<ul style="list-style-type: none"> ○ Monitor and address the impact of opioid prescribing changes on demand for GP and specialist pain management services ○ Ensure GPs are aware of the opioid prescribing changes
<ul style="list-style-type: none"> ● Greater focus on the prevention of chronic pain through effective and timely treatment of acute pain 		<ul style="list-style-type: none"> ○ Effective and timely treatment of acute pain (e.g. post-surgery rehabilitation)

Description of the PHN AOD Needs Assessments

- More than half of PHNs (17 out of 31 PHNs; 54.8%) had a separate AOD Needs Assessment for 2017-18. More than half of PHNs with a separate AOD Needs Assessment were from metropolitan PHNs (10 out of 17; 58.8%), as outlined in **Table 4**.

Pain identified as a key issue related to Alcohol and Other Drug issues

- Recent AOD Needs Assessments recognised the issue of increasing rates of opioid use, dependency and overdose and the potential impact of the up-scheduling of codeine on primary care. The AOD Needs Assessments described the need for greater access to AOD services including opioid treatment services and greater GP health capacity building so that GPs can better identify, manage and refer people appropriately with opioid dependency. However, very few AOD Needs Assessments explicitly identified pain as one of the major reasons for opioid use. Also, very few AOD Needs Assessments explicitly identified the need for better management of pain including the need for non-pharmacological options and health professional training in this area.
- Three of the 17 PHNs (17.6%) who had a separate AOD Needs Assessments identified pain as an issue including PHNs in Western Victoria, Central and Eastern Sydney (NSW) and Nepean Blue Mountains (NSW).
- The issues highlighted by the three PHNs that identified pain as an issue in their AOD Needs Assessments included:
 - "Education programs supporting pain management and communicating guidelines for management of codeine misuse will be delivered as a priority."
 - "It is anticipated by stakeholders that there will be a rise in people accessing general practice settings for pain management who meet the criteria for codeine dependency due to the up-scheduling of codeine."
 - "There is a need to establish referral links with Allied Health providers, including pain management specialists."
 - "There is a need to provide continuing professional development which spans to other sectors including pain management."
 - "Service provider consultations identified there was a lack of support services for pain management which can result in prescription misuse."

Table 4: PHNs that had a separate AOD Needs Assessments (2017-18) (publicly available)

PHN	Metropolitan or regional PHN	Separate AOD Needs Assessment
New South Wales		
Central and Eastern Sydney	Metro	Yes
North Sydney	Metro	No
Western Sydney	Metro	Yes
Nepean Blue Mountains	Metro	Yes
South Western Sydney	Metro	Yes
South Eastern NSW	Regional	No
Western NSW	Regional	Yes
Hunter New England and Central Coast	Regional	Yes
North Coast	Regional	Yes
Murrumbidgee	Regional	No
Victoria		
North Western Melbourne	Metro	No
Eastern Melbourne	Metro	No
South Eastern Melbourne	Metro	Yes
Gippsland	Regional	No
Murray	Regional	No
Western Victoria	Regional	Yes
Queensland		
Brisbane North	Metro	No
Brisbane South	Metro	No
Gold Coast	Metro	Yes (summary)
Darling Downs and West Moreton	Regional	No
Western QLD	Regional	Yes

Central Queensland, Wide Bay, Sunshine Coast	Regional	No (only 15/16)
Northern QLD	Regional	Yes
South Australia		
Adelaide	Metro	Yes
Country SA	Regional	No
Western Australia		
Perth North	Metro	Yes
Perth South	Metro	Yes
Country WA	Regional	Yes
Australian Capital Territory		
ACT	Metro	Yes
Tasmania		
Tasmania	Regional	No
Northern Territory		
NT	Regional	Yes

See **Appendix 7** for information the information in the PHN AOD Needs Assessments related to pain, prevention and/or opioids/codeine.

Limitations of the review

- Publicly available Needs Assessments only were reviewed in this project. It is noted that only approximately half of the Needs Assessments (core) (16 out of 31) included an *Opportunities, priorities and options* section included in the standard template. Therefore, it is not possible to establish to what extent chronic pain is a separate priority for PHNs through the review of the Needs Assessments only. This review focussed on whether chronic pain is a health and/or service need (or key issue) identified by PHNs and the range of needs and key issues identified by PHNs.
- In addition, PHNs may not have *explicitly* mentioned pain as a health and/or service need (or key issue) in their Needs Assessments (core), however pain may be embedded in needs and issues related to, for example, chronic disease, mental health or Alcohol and Other Drug (AOD). Similarly, PHNs may not have *explicitly* mentioned pain as an issue in the AOD Needs Assessments, however pain may be embedded in the health and service needs and issues described in the AOD Needs Assessments.

Further research

The results of the review will be further explored in a survey and interviews with PHNs to more comprehensively understand the health and service needs and priorities of PHNs in relation to chronic pain prevention and management.

The awareness of PHNs of chronic pain initiatives implemented by other PHNs and/or described in the literature will also be explored as well as the barriers and enablers for PHNs to implementing and sustaining chronic pain initiatives.

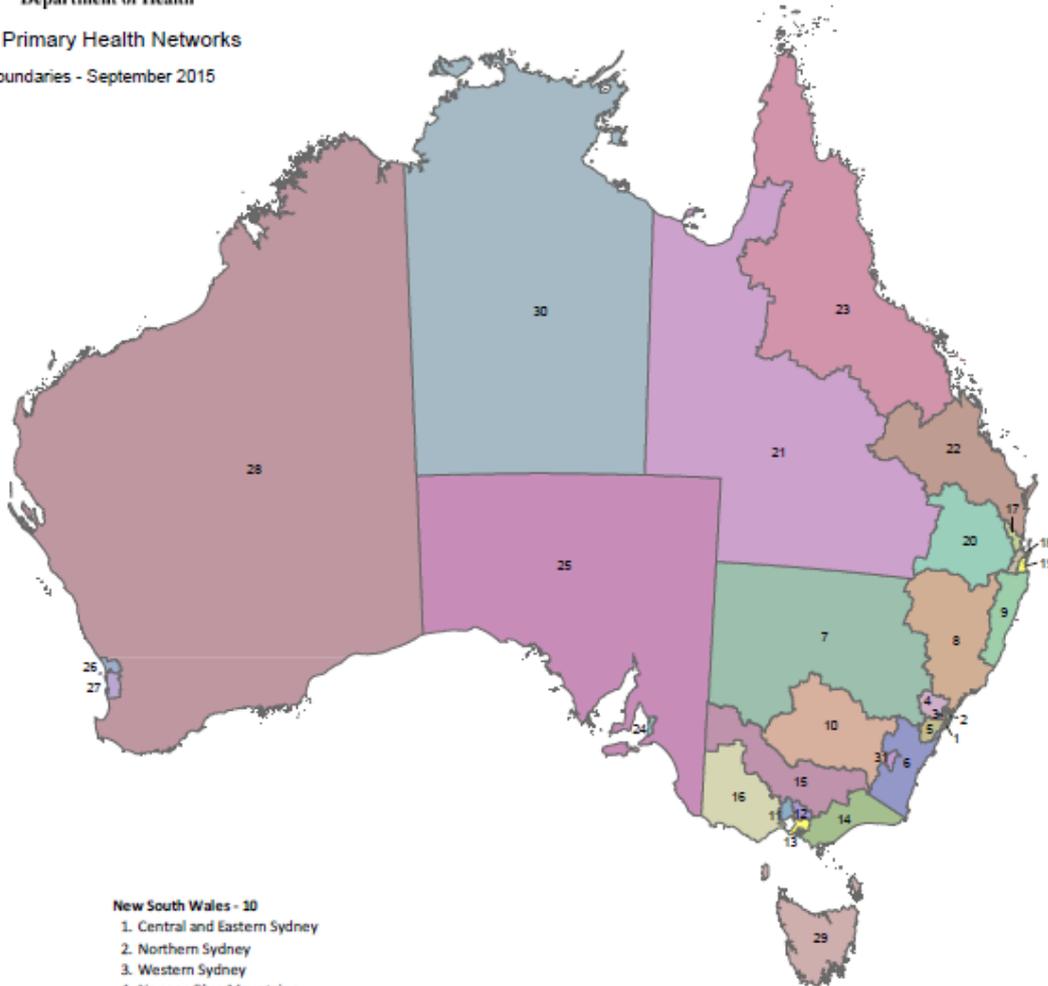
Appendix 1

Map of PHNs in Australia



Australian Government
Department of Health

31 Primary Health Networks
Boundaries - September 2015



New South Wales - 10

- 1. Central and Eastern Sydney
- 2. Northern Sydney
- 3. Western Sydney
- 4. Nepean Blue Mountains
- 5. South Western Sydney
- 6. South Eastern NSW
- 7. Western NSW
- 8. Hunter New England and Central Coast
- 9. North Coast
- 10. Murrumbidgee

Victoria - 6

- 11. North Western Melbourne
- 12. Eastern Melbourne
- 13. South Eastern Melbourne
- 14. Gippsland
- 15. Murray
- 16. Western Victoria

Queensland - 7

- 17. Brisbane North
- 18. Brisbane South
- 19. Gold Coast
- 20. Darling Downs and West Moreton
- 21. Western Queensland
- 22. Central Queensland, Wide Bay, Sunshine Coast
- 23. Northern Queensland

South Australia - 2

- 24. Adelaide
- 25. Country SA

Western Australia - 3

- 26. Perth North
- 27. Perth South
- 28. Country WA

Tasmania - 1

- 29. Tasmania

Northern Territory - 1

- 30. Northern Territory

Australian Capital Territory - 1

- 31. Australian Capital Territory

Appendix 2

Metropolitan and regional PHN areas

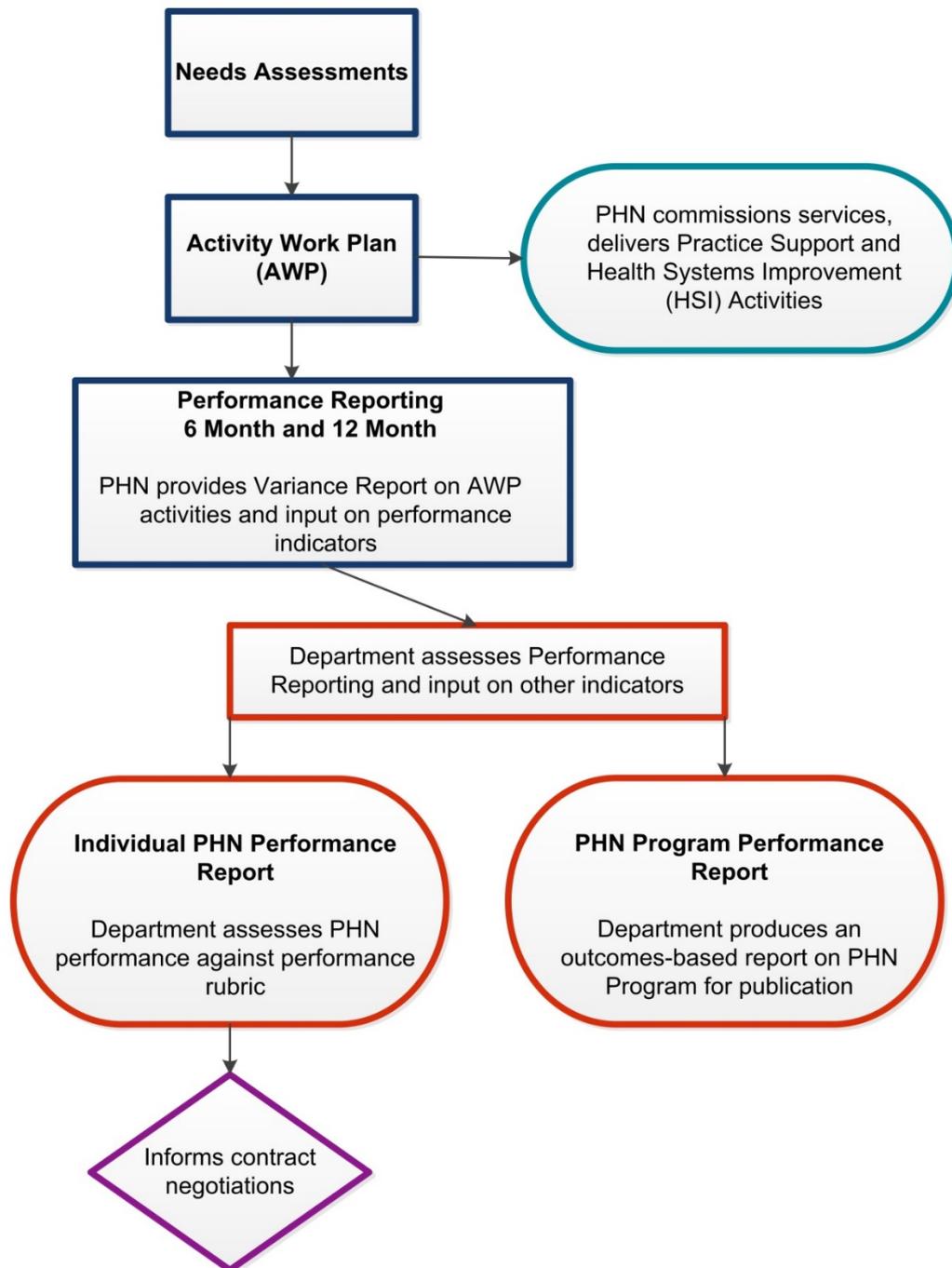
Metropolitan PHN areas' have $\geq 85\%$ of the population in 'major cities', as defined by the Australian Bureau of Statistics. All other PHN areas are classified as 'regional PHN areas'.

State	PHN	PHN type
NSW	Central and Eastern Sydney	Metropolitan
NSW	Northern Sydney	Metropolitan
NSW	Western Sydney	Metropolitan
NSW	Nepean Blue Mountains	Metropolitan
NSW	South Western Sydney	Metropolitan
NSW	South Eastern NSW	Regional
NSW	Western NSW	Regional
NSW	Hunter New England and Central Coast	Regional
NSW	North Coast	Regional
NSW	Murrumbidgee	Regional
VIC	North Western Melbourne	Metropolitan
VIC	Eastern Melbourne	Metropolitan
VIC	South Eastern Melbourne	Metropolitan
VIC	Gippsland	Regional
VIC	Murray	Regional
VIC	Western Victoria	Regional

State	PHN	PHN type
QLD	Brisbane North	Metropolitan
QLD	Brisbane South	Metropolitan
QLD	Gold Coast	Metropolitan
QLD	Darling Downs and West Moreton	Regional
QLD	Western Queensland	Regional
QLD	Central Queensland, Wide Bay and Sunshine Coast	Regional
QLD	Northern Queensland	Regional
SA	Adelaide	Metropolitan
SA	Country SA	Regional
WA	Perth North	Metropolitan
WA	Perth South	Metropolitan
WA	Country WA	Regional
TAS	Tasmania	Regional
NT	Northern Territory	Regional
ACT	Australian Capital Territory	Metropolitan

Appendix 3

PHN Program Performance and Quality Framework



Appendix 4

Indicator Specifications for the PHN Program Performance and Quality Framework (September 2018)

- Pain has been identified in the Program indicators related to GP team care arrangements and case conferences (see below).
- Pain has not been identified in other indicator description including Mental Health indicators, Aboriginal and Torres Strait Islander Health indicators, Population Health indicators, Workforce indicators, Digital Health indicators, Aged Care indicators, Alcohol and Other Drugs indicators and Organisational indicators.

P1: Rate of GP team care arrangements / case conferences

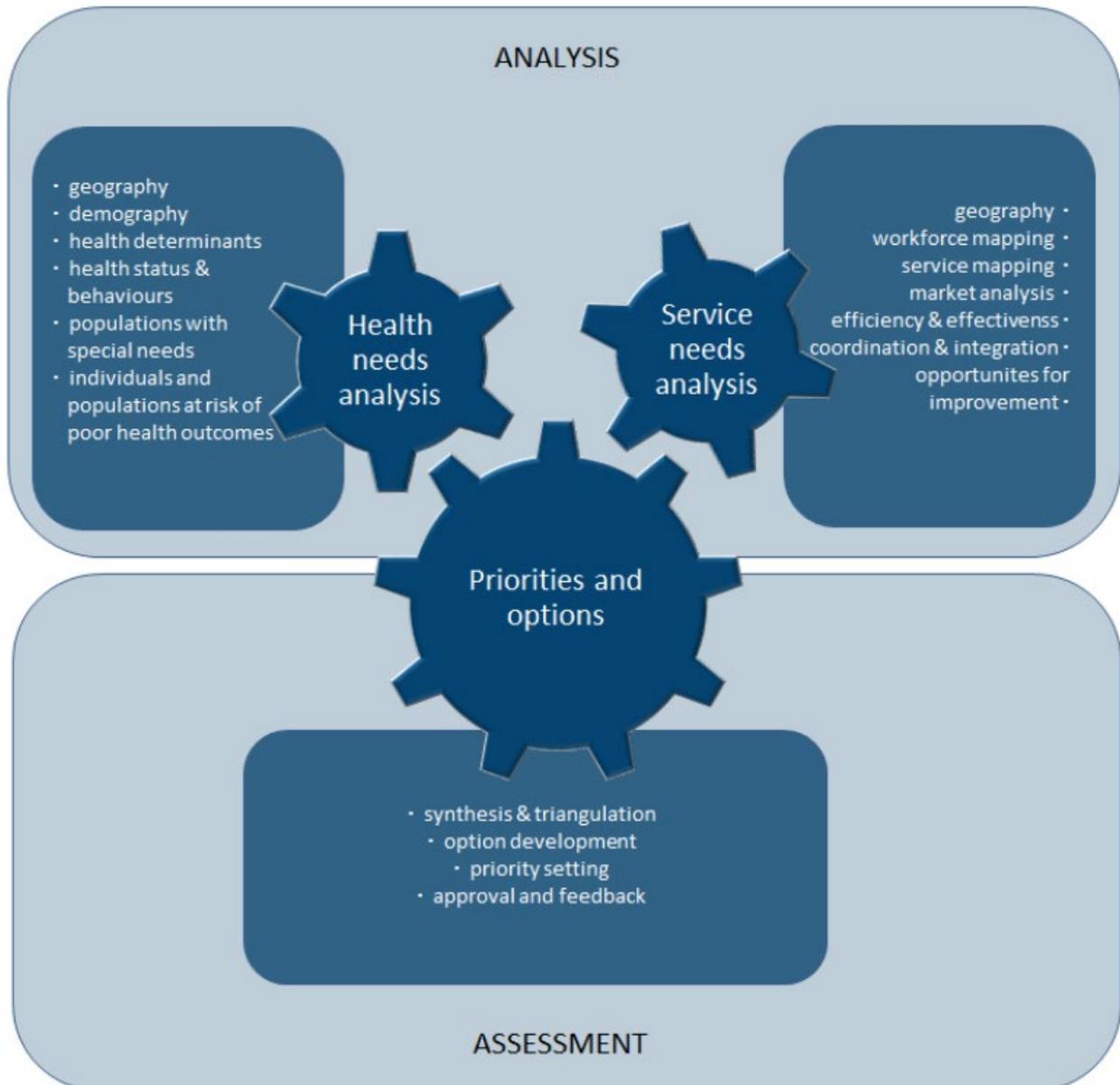
Item	Description
Assessment	PHN Program
Reporting	DoH - Twelve monthly by Department of Health
Definition	<p>Number of GP team care arrangements and case conferences as a proportion of patients with diagnosed chronic conditions</p> <p>Chronic conditions are defined according to Australian Institute of Health and Welfare's (AIHW) 'prominent conditions', as those including: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes or mental health conditions</p>
Purpose	<p>The team care arrangements provide patients with access to Medicare Benefits for relevant allied health services. This therefore provides both access to services and improves continuity of care. While PHNs would not commission the team care arrangements, they have capacity to influence GPs to consider their use, and capacity to improve linkages and communications to facilitate their use</p> <p>Case conferencing brings together a range of clinics skills to plan and co-ordinate care for patients with chronic and complex conditions, and materially adds to the benefits of patients beyond conventional consultations. PHNs have the capacity to facilitate case conferencing directly, and have capacity to influence GPs to consider their use, and to improve linkages and communications to facilitate their use</p>
Outcome Theme: Coordinated Care	<p>Outcome:</p> <p>People in the PHN region receive coordinated, culturally appropriate services from local health care providers</p> <p>Aboriginal and Torres Strait Islander people with chronic conditions receive coordinated care</p>
Performance Criteria	<p>Increase in the rate of people diagnosed with chronic conditions who receive GP team care arrangement and case conferences*</p> <p>*Assessment of this performance criteria will take into account the Health Care Homes trial where relevant</p>
Data Source	<p>MBS - number of MBS services</p> <p>ABS Australian Health Survey - number of patients</p>

Item	Description
Calculation	<p>Numerator: Number of MBS services for item numbers 723, 732, 735 and 758.</p> <p>Denominator: Number of patients with diagnosed chronic conditions in the PHN from the most recent Australian Health Survey</p> <p>Computation: $100 \times (\text{numerator} / \text{denominator})$ presented as a percentage in PHN region</p> <p>Disaggregation: Aboriginal and Torres Strait Islander status</p>
Limitations	Some disaggregation may result in numbers too small for publication. National disaggregation by Indigenous status will be based on data from jurisdictions where quality of Indigenous identification in the dataset is considered acceptable
Additional information	<p>Data from this indicator will be used to interpret and provide context to other indicators including P12</p> <p>This indicator will also draw information from the Health Care Homes trial</p>

Appendix 5

Structure of the PHN Needs Assessments

Australian Government Department of Health *Needs Assessment Guide (December 2015)*



Appendix 6

Relevant information in PHN Needs Assessments

The table below identifies the relevant information in the PHN Needs Assessments (2017-18) that identified chronic pain as a health and/or service need and/or priority.

Primary Health Network	
NSW	
1. Western Sydney PHN	
Outcomes of the service needs analysis	<p>Identified service need: Chronic disease</p> <p>Key service issue: Need to <u>understand pain and better pain management</u> for people suffering persistent pain (Dr Coralie Wales, Chronic Pain Australia President, WSLHD)</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u> Dr Coralie Wales, Chronic Pain Australia President, WSLHD</p> <p><u>Local, state and national data:</u> More than four million Australians suffer from <u>chronic pain</u> or pain that lasts longer than three months. The pain can be associated with chronic disease or injury like arthritis, lupus or cancer, and even ongoing infection post-injury.</p>
Opportunities, priorities and options	<p>Priority: <u>Chronic pain</u></p> <p>Possible options:</p> <ul style="list-style-type: none"> Stronger partnerships with GPs and other clinicians so that they, along with people in pain, are better able to manage pain closer to home <p>Expected outcomes:</p> <ul style="list-style-type: none"> More flexible pathways for managing persistent pain Improved Patient satisfaction Improved Provider satisfaction <p>Possible Performance Measurement:</p> <ul style="list-style-type: none"> Number of preventable hospitalisations Number of patient satisfaction surveys <p>Potential lead: WSPHN, WSLHD, SCHN, Health Consumers, Local councils</p>
2. Nepean Blue Mountains PHN	
Narrative	<p>The priority needs identified in this updated needs assessment continue to build upon the initial themes identified from the previous Needs Assessments submitted in 30 March 2016. A summary of themes and high-level needs identified for primary care in the NBM region are listed below:</p>

	<ul style="list-style-type: none"> • Chronic and preventative conditions (High prevalence compared to state average rates: including Diabetes; Cardiovascular disease; Obesity and overweight; Respiratory disease; Asthma; COPD; and <u>Chronic pain</u>) • Influenza and pneumonia. • Older persons • Palliative care • Cancer care • Access to health services • Cultural and demographic factors influencing health status
<p>Outcomes of the health needs analysis</p>	<p>Priority theme: Chronic and preventable conditions</p> <p>Identified need: <u>Chronic pain</u></p> <p>Key issues:</p> <ul style="list-style-type: none"> • Prevalence of chronic pain • High cost of chronic pain to the economy • Hip and knee replacement procedure hospitalisation rates of NBMLHD males and females hospitalisations were significantly higher than NSW rates with NBMLHD females having the highest rate among the 15 NSW LHDs • Variation in prescribing of opioids across NBM region. <p>Description of the evidence:</p> <p><u>Local, state and national data</u></p> <ul style="list-style-type: none"> • In NSW around 1 in 5 people experience chronic pain (defined as greater than 3 months duration). Primary care interventions to impact chronic pain management include prompt and targeted care, screening and appropriate referral, multimodal therapies including cognitive based programs and high intensity instead of low intensity care processes. Chronic pain should be acknowledged as a chronic disease and evidence-based information about pain prevention and early intervention, pain medicines, multidisciplinary treatment, pain management programs and procedural interventions should be in place and encouraged to reduce the incidence of chronic pain and prevent the misuse of pharmaceuticals. (<i>NSW Ministry of Health Pain Management Taskforce Report</i>) • The cost of chronic pain to the Australian economy is estimated at \$34b per annum. (<i>The high price of pain 2007</i>) • Hip and knee replacement procedure hospitalisation rates of NBMLHD males and females in 2013/14 (353.9 and 470.7 hospitalisations per 100,000 population) were significantly higher than NSW males and females. NBMLHD females had the highest rate among the 15 NSW LHDs. (<i>Epidemiological Profile of Local Government Areas populations in NBMLHD 2017</i>) • In 2013–14, nearly 14 million prescriptions were dispensed through the PBS for opioids – medicines that relieve moderate to severe pain. These medicines are very effective in relieving acute pain and cancer pain, and in palliative care. However, studies have shown they are also being prescribed for chronic non-cancer pain. Current evidence does not support the long-term efficacy and safety of opioid therapy for chronic non-cancer pain.

	<ul style="list-style-type: none"> • <i>The Australian Atlas of Healthcare Variation (2015)</i> identified concerns regarding opioid dispensing and has recommended that PHNs work in partnership to implement systems for real-time monitoring of opioid dispensing. • Preliminary analysis of variation in opioid prescribing for NBM region indicate the prescribing levels are most likely within the normal range of Australian practice with minimal variation across the region. The highest age standardised rates per 100,000 were observed in Lithgow-Mudgee SLA3 at 63,974 and the lowest for Blue Mountains SLA3 (<i>The Australian Atlas of Healthcare Variation 2015</i>)
<p>Outcomes of the service needs analysis</p>	<p>Priority theme: Older persons</p> <p>Identified need: <u>Chronic pain</u></p> <p>Key issue: Indications that there is a lack of community based chronic pain programs and poor management of chronic pain for older persons.</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Consultations and review of chronic pain services indicate:</p> <ul style="list-style-type: none"> • Lack of community based chronic pain management programs specific to older persons • Poor management of older persons with chronic pain particularly those waiting for services /surgery <p><u>Local, state and national data:</u></p> <p>There is a high prevalence of chronic pain in the NBMLHD. <i>The Australian Atlas of Healthcare Variation (2015)</i> identified concerns regarding opioid dispensing and has recommended that PHNs work in partnership to implement systems for real time monitoring of opioid dispensing. In NSW around 1 in 5 people experience chronic pain (defined as greater than 3 months duration).</p> <p>Further research is needed to explore the approaches to and options for assessment and management across primary care providers.</p> <p>(NBMLL comprehensive needs assessments 2014; Ministry of Health Pain Management Taskforce Report 2012; and <i>The First Australian Atlas of Healthcare Variation 2015</i>)</p>
<p>Opportunities, priorities and options</p>	<p>This section not included in the Needs Assessments</p>
<p>3. South Eastern NSW PHN</p>	
<p>Outcomes of the health needs analysis</p>	<p>Identified need: Chronic disease</p> <p>Key issue: High burden of <u>chronic pain</u> due to long-term musculoskeletal conditions</p> <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <ul style="list-style-type: none"> • Prevalence figures of long-term musculoskeletal conditions was higher than the estimated burden figures of some key major long-term conditions such as mental/behavioural disorders and circulatory system disorders • Significantly high rates of opioid prescription for the region. In particular the South Coast area was reported to have exceptionally high opioid prescription rates and was placed in the 2nd highest Australian decile for opioid prescription rates

Outcomes of the service needs analysis	<p>Identified need: Chronic disease management</p> <p>Key issue: Poor coordination of care and lack of associated affordable timely services to refer onto</p> <p>Description of the evidence:</p> <ul style="list-style-type: none"> • Low SIP payment levels for completed cycles of care in Type 2 diabetes indicates this as an area for further work in a general practice setting • PPH for chronic category of conditions higher than NSW state average • Service providers report a lack of support for medical, oncology, palliation specialists, and <u>pain management</u> specialists • Primary care systems not well linked with specialist and allied workforce shortages and extensive travel and wait times often required to access services and often high cost involved • Lack of resources to provide care coordination services to disadvantaged groups
Opportunities, priorities and options	This section not included in the Needs Assessments
4. Western NSW PHN	
Outcomes of the health needs analysis	<p>Identified need: Access to services- specific service challenges and gaps aligned to priority health service needs</p> <p>Key issue: Gaps in chronic disease and complex care services</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Stakeholder consultation conducted by FWML, Lower Murray (LM) ML and WML identified a need to improve the integration of chronic care service management, particularly diabetic and <u>chronic pain care</u>, and a need to upskill health providers. A need for locally delivered services including palliative care and diabetic education.</p>
Opportunities, priorities and options	No identified opportunity or priority related to pain
Victoria	
5. Eastern Melbourne PHN	
Outcomes of the service needs analysis	<p>Identified need: System design-service integration</p> <p>Key issue: Survey respondents from the allied health sector reported the need for improved service coordination between Alcohol and Other Drugs (AOD) and mental health services. They also highlighted the need for integration of AOD services and <u>chronic pain clinics</u>.</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>EMPHN Allied Health Survey (October 2016)</p>

Opportunities, priorities and options	This section not included in the Needs Assessments
6. North Western Melbourne PHN	
Outcome of the health needs analysis	<p>Identified need: Major diseases – all age groups</p> <p>Key issue:</p> <ul style="list-style-type: none"> • Musculoskeletal disease <p>The severity of impact of musculoskeletal disease may be as high as other chronic diseases, and as a comorbidity, musculoskeletal disease can also negatively impact mental health through persistent low-level chronic pain.</p> <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <p>Victorian Burden of Disease Study 2001 reported in Victorian Health Information Surveillance System 2016</p>
Opportunities, priorities and options	No identified opportunity or priority related to pain
7. South Eastern Melbourne PHN	
Outcomes of the health needs analysis	<p>Identified need: At risk population</p> <p>Key issue: Healthy Ageing leading health issues for over 65</p> <p>Leading causes of disability in Australia for people over 65:</p> <ul style="list-style-type: none"> • Musculoskeletal conditions (arthritis & chronic back pain) • Circulatory system diseases (heart disease, stroke, hypertension) • Respiratory conditions (Asthma & COPD) • Diabetes • Dementia • Mental illness <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <p>Victorian Department of Health, Victorian Admitted Episode Dataset accessed with POLAR explorer tool. October 2016</p>
Opportunities, priorities and options	This section not included in the Needs Assessments
8. Gippsland PHN	
Outcomes of the health needs analysis	<p>Identified need: Population > 60 years</p> <p>Key issue: The proportion of Gippsland's population aged 60 years and older is high and is also increasing at a very high rate. Gippsland has a high proportion of people with dementia. A high proportion of Gippsland's older population is on an age pension and/or HACC clients. Almost two thirds of potentially preventable hospitalisations are for people</p>

	<p>aged 60 or above and the top conditions leading to these hospitalisations were diabetes complications and hypertension. Stakeholders identified some existing service gaps related to the ageing population and identified the challenge to provide services to this growing population. Community input from older people noted access to GPs, specialist and mental health services as main gaps with transport an important barrier for access. Mental health issues and <u>pain</u> were noted as issues not well managed.</p> <p>Description of the evidence (relating to pain):</p> <p><u>Stakeholder consultation and review:</u></p> <p>Pain management was identified as a service gap in stakeholder analysis (interviews with 69 key stakeholders) as well as by the Gippsland PHN Clinical Council. The most common health issues that had not been well managed reported by older people were mental health issues, followed by <u>pain</u> and a range of other less frequent issues.</p>
Opportunities, priorities and options	This section not included in the Needs Assessments
9. Murray PHN	
Outcomes of the health needs analysis	<p>Identified need: Aged care</p> <p>Key issue: A need to support general practice to accommodate types of patient care required by older persons such as simple structured assessment and attention to underlying frailties i.e. mobility, undernutrition, <u>pain</u>, incontinence, and cognitive and sensory impairments that limit ability and independence.</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Community consultation has been undertaken through the Murray PHN regional team – community interaction (Nov 2016-July 2017); and the Murray PHN Clinical, Community and Indigenous health councils (Nov 2016-July 2017)</p> <p>Identified need: Drug and other drugs (AOD)</p> <p>Key issue: Better access to addiction specialists and <u>pain management</u> services is required.</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Murray PHN community consultation – needs assessment planning Sept–Oct 2017</p>
Outcomes of the service needs analysis	<p>Identified need: Access to specialist providers</p> <p>Key issue: Specific specialties identified as having relative impacts across most of the catchment are rheumatology, gerontology, dermatology, endocrinology, speech pathology, <u>pain management specialists</u> and psychiatry including:</p> <ul style="list-style-type: none"> • A need for increased access through telehealth to specialists and addressing problems around • Financial burden and transport barriers, especially with non-bulk billing facilities. <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <p>Rate of referral to medical specialists rose from 5.6 per 100 problems managed in 2005–06 to 6.2 per 100 in 2014-15. No data reported specifically for pain management specialists.</p>

	<p>Identified need: Access to allied health practitioners</p> <p>Key issues: None reported relating to pain</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Shortages of access to specific practitioners or specialists related to chronic disease management (CDM) identified through regional consultations:</p> <ul style="list-style-type: none"> • <u>Pain management</u> specialist services (all regions) (one of 17 identified shortages) <p>Identified need: Effective and efficient chronic disease management systems</p> <p>Key issues: None reported relating to pain</p> <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <p>BEACH: consultation rates – as a proportion of all MBS/DVA-claimable recorded consultations; short surgery consultations, chronic disease management items, health assessments, and GP mental health care all increased significantly while standard surgery consultations decreased significantly</p> <p>Increased management rates occurred for depressive disorders, oesophageal disease, atrial fibrillation/flutter, <u>chronic back pain</u> and <u>unspecified chronic pain</u>.</p>
Opportunities, priorities and options	This section not included in the Needs Assessments
Queensland	
10. Brisbane South PHN	
Outcomes of the health needs analysis	<p>Identified need: The needs assessment process has identified specific health challenges that are common to the region including:</p> <ul style="list-style-type: none"> • Chronic conditions cardiovascular conditions (such as heart disease and stroke) • Chronic respiratory conditions (such as chronic obstructive pulmonary disease and asthma) • Diabetes • Musculoskeletal conditions (such as arthritis and <u>chronic pain</u>) • Cancers • Mental health, alcohol and other drugs, and suicide • End-of-life care <p>Community representatives raised the need to address health determinants, such as: recognition of the role of addiction within adults, stemming from perceived over use of opioids relating to ageing and chronic conditions (<u>including pain</u>).</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>The consultation process focused on the perspectives of different population groups. This included consumers (for example, residents and community representatives), health service providers (including GPs, specialists, allied health professionals, pharmacists, and hospitals),</p>

	<p>NGOs, and PHN system partners. In recognition of consultation fatigue, an outreach approach was adopted with many stakeholders. The qualitative data was supplemented by a structured survey using an online engagement tool. The online survey <i>About you</i> was used to capture respondent demographics and views on their top three health priorities.</p> <p><u>Local, state and national data:</u></p> <ul style="list-style-type: none"> • AIHW data • Census data • ABS data • Australian government, Department of Health data
<p>Outcomes of the service needs analysis</p>	<p>Identified need: Chronic conditions</p> <p>Health service providers and partners (such as GPs and representatives of Metro South Health) consistently raised chronic conditions as a high priority. GPs were concerned with their ability to spend sufficient time in supporting people with chronic conditions, particularly those with more than one condition. Representatives from Metro South Health highlighted the significant cost to the health system from hospital care that arises due to chronic conditions. When these conditions are not being addressed and managed optimally, they may lead to potentially-preventable hospitalisations.</p> <p>Examples of specific conditions mentioned included type 2 diabetes, chronic obstructive pulmonary disease (COPD), and <u>chronic pain</u>. It was suggested by service provider representatives that these conditions offer a good opportunity for improvements in integration and coordination of care, especially for complex care cases, and better self-management within the community. There was also acknowledgement of the relationship between individual behaviour and many chronic conditions, including the need to do more to address this aspect. Examples discussed include the relationships between nutrition, exercise, and diabetes; smoking, chronic obstructive pulmonary disease, and lung cancer; and cancer screening and cancer progression.</p>
<p>Opportunities, priorities and options</p>	<p>Four perspectives are identified including People; Places; Health; and System.</p> <p>Within Health, the priority health challenges identified are:</p> <ul style="list-style-type: none"> • Chronic conditions, with a focus on: Cardiovascular conditions (such as heart disease and stroke); Chronic respiratory conditions (such as chronic obstructive pulmonary disease and asthma); Diabetes; Musculoskeletal conditions (such as arthritis and <u>chronic pain</u>); Cancer; Mental health, alcohol and other drugs and suicide prevention; and end-of-life care.
<p>11. Gold Coast PHN</p>	
<p>Information below is sourced from the Needs Assessment Plan (17/18) and the Needs Assessment Summary: Persistent Pain (17/18)</p>	
<p>Outcomes of the health and service needs analysis and priorities</p>	<p>Identified need: <u>Persistent pain</u></p> <ul style="list-style-type: none"> • Local health needs and service issues • High rates of musculoskeletal conditions in Gold Coast North and Coolangatta • Ageing population means more musculoskeletal conditions projected • Pain-related GP treatments frequently focus on prescribing medication • High levels of opioid dispensing across region, particularly Southport • Need for more awareness and support for prevention and self-management

	<ul style="list-style-type: none"> • Focus on multidisciplinary and coordinated care <p>Description of the evidence: <u>Local, state and national data:</u></p> <ul style="list-style-type: none"> • BEACH study • Public Health Information Development Unit (PHIDU), Torrens University. Social Health Atlas of Australia: Primary Health Networks (online). Extracted 26/08/17 • ABS data • Pharmaceutical Benefits Scheme (PBS) data • ACSQHC, Australian Atlas of Healthcare Variation <p><u>Stakeholder consultation and review:</u></p> <p>The GCPHN Clinical Council (Oct 2017) provided the following feedback:</p> <ul style="list-style-type: none"> • 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 <p>The GCPHN Community Advisory Council (Oct 2017) provided the following feedback:</p> <ul style="list-style-type: none"> • Confirmed persistent pain is seen as a significant issue • There is a perception general practitioners 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, focussed 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, episodic) • Importance of existing programs like Active and Healthy and other exercise options • Long wait times for some services and limited benefit once seen
<p>Opportunities, priorities and options</p>	<p>Priority:</p> <p>Multidisciplinary and coordinated care for persistent pain</p> <p>Possible Options:</p> <p>Continuation of <i>Turning Pain Into Gain</i> (Persistent Pain) program with the following service components included:</p>

	<ul style="list-style-type: none"> • Patient self-management education program • Individual patient assessment including support to navigate service providers and recommendations to patient's GP • Access to additional allied health services where required • GP and allied health services education • Peer to peer support group lead by previous participants • Refresher workshops for participants at 6 months, 9 months and 12 months' post program <p>Evaluation using validated tools</p> <p>Expected outcome: Improved self-management of pain</p> <p>Possible Performance Measurement:</p> <ul style="list-style-type: none"> • Quality of life • Reduced /optimised rates of pain medication • Improved confidence to self-manage <p>Potential lead: GCPHN and subcontractor</p>
12. Central Queensland, Wide Bay, Sunshine Coast PHN	
<p>Outcomes of the health needs analysis</p>	<p>Identified need: High rates of morbidity and mortality among Aboriginal and Torres Strait Islander Peoples</p> <p>Key issue: Aboriginal and Torres Strait Islander people have poorer health outcomes and higher prevalence of chronic conditions compared to non- Indigenous Australians. The PHN includes locations with high proportions of Aboriginal and Torres Strait Islander people. The varied distribution of population within the PHN means management of chronic disease requires a focus on equitable distribution of resources. Consistently higher rates of chronic diseases and mortality associated with these among Aboriginal and Torres Strait Islander populations is a key issue of concern within the PHN catchment.</p> <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <p>The AIHW report, Australia's health 2016, reports that:</p> <ul style="list-style-type: none"> • In 2012-13, two-thirds (67%) of Aboriginal and Torres Strait people aged 15 years and over reported at least one chronic health condition and 33% reported three or more. • In 2013-14, the most common chronic health conditions amongst Aboriginal and Torres Strait people were mental health conditions (29.3%), <u>back pain</u> or back problems (22.4%), problems with eyes or eyesight (19.3%) and asthma (19.2%).
<p>Opportunities, priorities and options</p>	<p>No identified opportunity or priority related to pain</p>
13. Darling Downs and West Moreton PHN	
<p>Priorities</p>	<p>Priority: Drug and Alcohol Use (1 of 9 priorities)</p> <p>Evidence: Lack of clarity regarding access to drug and alcohol primary health services in the Darling Downs and West Moreton PHN region.</p>

	<ul style="list-style-type: none"> • Service provision gaps, along with capacity and capability limitations in accessing interventions. • Potential misuse of analgesic medications. <p>Strategy: Improving pathways and services across the region to access diagnosis, support and treatment, with alignment to service availability in high priority areas including:</p> <ul style="list-style-type: none"> • Alcohol and other Drugs • Chronic Disease • Mental Health • <u>Pain Management</u> • National Screening <p>Create and integrate Client Centered Alcohol & Other Drug Services in areas of highest need.</p>
14. Northern Queensland	
Outcomes of the service needs analysis	<p>Improve health system efficiencies</p> <p>Identified need: Health Pathways</p> <p>Key issue: Within the NQPHN region there is a great need to improve health system efficiencies due to a wide range of reasons, including the geography of the region, the composition of the workforce, and the complexity of health and social issues. The NQPHN Health Pathways Program aims to achieve integrated patient pathways across the system and improvements to the patient journey by addressing gaps. It is based on a model of care that ensures a consistent approach on health planning around patient’s care; the right treatment at the right time and with the most appropriate resources.</p> <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <p>Health service provider requests for Mackay Health Pathways referrals include: childhood development assessment, physio/<u>back pain</u>/musculoskeletal assessment, ENT and asthma, management of food allergies and allergic rhinitis/chronic blocked nose, aged care, children with chronic diseases transferring to adult care, Indigenous health – chronic kidney disease, osteoporosis, thyroid disease, sleep medicine, depression, Asperger’s Syndrome management in adults, acute chest pain management, palliative health, <u>chronic pain</u>, obesity, dermatology, Carpel Tunnel symptom assessment.</p>
Opportunities, priorities and options	No identified opportunity or priority related to pain
15. Western Queensland PHN	
Outcomes of the health needs analysis	<p>Identified need: Health issues –Adolescents and Young adults</p> <p>The leading burden of disease by broad cause in 2011 for adolescents and young people aged 15-29 years (years lost due to disability-YLD) are mental (44.7%), respiratory (11.8%) and musculoskeletal (11.8%) disease. Top five specific broad causes were anxiety disorders, depressive disorders, alcohol use disorder, asthma and <u>back pain</u>. The distribution was higher in females (51%) than males (49%).</p> <p><u>Local, state and national data:</u></p>

	<ul style="list-style-type: none"> • AIHW data
Opportunities, priorities and options	No identified opportunity or priority related to pain
South Australia	
16. Adelaide PHN	
Information below is sourced from the Needs Assessment Plan (March 2016), Update (Nov 2016) and the Needs Assessment Plan (Nov 2017)	
Outcomes of the health needs analysis	<p>Identified need: <u>Persistent Pain</u></p> <p>Key issue: Due to the subjective nature of pain, it is difficult to diagnose the actual prevalence of (persistent) pain in the population. Persistent pain however impacts on overall health and wellbeing, including management of existing chronic conditions and medications to treat them. The most recent reported prevalence rate for persistent pain in Adelaide was 18%. SA Health acknowledges the waiting time to access tertiary pain services are the longest in the country. This means around 80% of South Australians living with persistent pain are not receiving treatment and support to improve their health and quality of life. According to the BEACH study, the APHN had a higher percentage (31.6) of new back complaint management (with imaging test request) when compared to Other Capital cities (25.0) and nationally (26.2).</p> <p>Description of the evidence:</p> <p><u>Local, state and national data:</u></p> <ul style="list-style-type: none"> • Evidence from NPHA analysis of PBS prescription medicines and previous stakeholder consultations from Medicare Locals CNA, • Currow DC, Agar M, Plummer JL, Blyth FM, Abernethy AP. Chronic pain in South Australia—population levels that interfere extremely with activities of daily living. Australian and New Zealand journal of public health. 2010 Jun;34(3):232-9. • BEACH data (2011-2015) for the APHN region
Outcomes of the service needs analysis	<p>Identified need: Lack of integration, pathways and care coordination along the health continuum for people in our community and particularly vulnerable population groups.</p> <p>Key issue: Care coordination, integration and navigation</p> <p>Description of the evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Clinical Councils: The priority setting workshops with our Central Adelaide CC identified system integration (–development of improved and standardised access and integration processes between primary care and both public and private hospital services), as a priority need for (improving) care coordination, integration and navigation. The Southern Adelaide CC prioritised increasing integration through coordination and communication between services and practitioners. Similarly, the Northern Adelaide CC prioritised integrated approach as the key need for (improving) care coordination, integration and navigation. The Northern Adelaide Clinical Council reported that there was limited knowledge of what services are available for people experiencing <u>chronic pain</u>. They also reported a lack of coordination and integration of these services.</p>

Priorities identified	<p>Priorities identified in the APHN Baseline Needs Assessment Update (APHN BNA Update) submitted in November 2016 relating to Core Flexible Needs Assessment. No new priorities identified.</p> <p>Priority: Services for people living with persistent pain are limited with long delays to access hospital-based services (from 28 priorities)</p> <p>Possible options:</p> <ul style="list-style-type: none"> • Implementing persistent pain management programs and strategies in primary care settings • Statewide coordination of referral pathways in primary care and into the acute sector <p>Expected outcome:</p> <ul style="list-style-type: none"> • Improved access to persistent pain management in primary care • Improved health provider understanding of options for primary care management of persistent pain <p>Possible performance measurement:</p> <ul style="list-style-type: none"> • Participants of primary care pain management programs report increased understanding, skills and ability to address their pain • Health providers report increased awareness of referral options for persistent pain management
17. Country SA PHN	
Narrative	<p>The needs assessment process highlighted the importance of investigating chronic conditions and risk factors beyond the national priority health areas to fully realise opportunities for primary and secondary prevention in future CSAPHN work. Conditions such as Chronic Kidney Disease (CKD) which shares common risk factors and is associated with type 2 diabetes and cardiovascular disease, and <u>chronic pain</u> which can relate to a wide range of other chronic diseases including the two afore mentioned, arthritis, cancer and depression or result from another unresolved issues or injury. However, the magnitude of these two disease burdens and service needs are likely to be underestimated owing in part to the difficulty of timely diagnosis along with difficult to obtain, accurate statistics, especially at the small area level.</p>
Opportunities, priorities and options	<p>This section not included in the Needs Assessments</p>
Western Australia	
18. Perth North PHN	
Outcome of the health needs analysis	<p>Identified need: There is a need to access relevant primary care for people living with chronic conditions. Prevalence of chronic conditions are evident across Perth North PHN. Some sub-regions have large numbers of people living with one or more chronic condition.</p> <p>Key issues: People living with chronic conditions are at risk of developing secondary conditions (comorbidities) and more likely to die prematurely. People living with multiple chronic conditions have higher levels of health care needs, and experience poorer long-term health outcomes.</p> <p>Description of the evidence:</p>

	<p><u>Local, state and national data:</u></p> <p>Chronic conditions vary in severity but can impact on a person’s functional capacity and quality of life. Half of all Australians are living with a chronic condition (arthritis; asthma; <u>back pain</u> and problems; cancer; cardiovascular disease; chronic obstructive pulmonary disease; diabetes; and mental health conditions), with nearly a quarter of Australians suffering from two or more of these chronic conditions. Those living with at least one chronic condition are more likely to die prematurely, and those living with multiple long-term conditions (comorbidities) have poorer overall health outcomes and higher rates of engagement with health services and healthcare costs, including potentially preventable hospitalisations.</p>
Opportunities, priorities and options	This section not included in the Needs Assessments
19. Perth South PHN (same information as in Perth North Needs Assessment Plan)	
Australian Capital Territory	
20. Australian Capital Territory PHN	
Information below is sourced from the Needs Assessments (17/18) and the Needs Assessment Chronic disease: Chronic pain (January 2018)	
Narrative	We have included a number of supplementary focus areas not explored in the 2016-2017 NA. These focus areas include disability (transition to the NDIS) and the interface between the NDIS and primary health care; further exploration of early childhood (in particular vulnerable children), ‘middle years’ (8-12 years) and youth (12-25 years); carers (in particular carers’ health and wellbeing); families with complex health and social care needs (in particular, coordination of services/agencies dealing with families with multiple diagnoses); digital health, people exiting prison; people living with blood borne viruses (HIV and Hepatitis B and C) and <u>chronic pain management</u> .
Introduction ¹⁸	<p><i>Preventative factors:</i></p> <ul style="list-style-type: none"> • Effective and timely (early) treatment of acute pain (e.g. post-surgery rehabilitation) • Exercise, graded as appropriate • Balanced diet • Stress reduction • Professional help, if your pain persists longer than expected <p><i>Early intervention:</i></p> <ul style="list-style-type: none"> • Early access to primary care • Effective timely treatment of acute pain –within first 3 months • Self-management strategies • Exercise (need the correct advice)

¹⁸ ACT PHN Needs Assessment Chronic disease: Chronic pain (January 2018)

<p>Outcomes of the health & service needs analysis (combined in Plan)</p>	<p>Priority area: <u>Chronic pain and pain management</u></p> <p>Key issue: Model of Care</p> <p>Description of evidence:</p> <p><u>Local, state and national data:</u></p> <p>Chronic pain is pain that lasts beyond the time expected for healing following surgery or trauma or other condition. It can also exist without a clear reason at all and is a symptom of an underlying health issue. Approximately one in five Australians suffer chronic pain, with the prevalence rising to one in three in people aged 65 years and over. It is more common with increasing age, with prevalence peaking in the 65-69-year age group for males and in the 80-84 year age group for females. Women are more likely to experience pain than men.</p> <p>Chronic pain is strongly associated with:</p> <ul style="list-style-type: none"> • Increased hospitalisation and a high level of GP visits and ED presentations • Markers of disadvantage – treatment and management options need to be affordable. <p>Some forms of chronic pain (e.g. pain associated with severe osteoarthritis) may be treated with therapy which may include medication or surgery; however, other types of chronic pain, such as neuropathic pain or migraine, may be far more difficult to diagnose and treat.</p> <p>The vast majority of people living with chronic pain can be managed in the community if appropriate and timely diagnostics, services and supports are provided in Primary Health Care (PHC) and community settings.</p> <p><u>Stakeholder consultation and review:</u></p> <p>The current Model of Care is predominantly specialist focused with pain management services centralised on the Canberra Hospital setting. There is currently a significant wait for specialist services (often above the recommended wait times) and an increasing demand for services.</p> <p>Feedback from consultation suggests the current model of care is unsustainable and consideration should be given to alternative PHC and community-based approaches, integrated and team-based models of care.</p>
	<p>Key issue: GP Education and Primary Health Care (PHC) capacity</p> <p>Description of evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>GPs play a fundamental role in the diagnosis and management of chronic pain and practice nurses have a key role in ongoing management and care coordination. Consultation suggests that GPs and PHC practitioners would benefit from enhanced education and capacity building opportunities.</p>
	<p>Key issue: Health Pathways</p> <p>Description of evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>If pain cannot be managed in a PHC setting, specialist services may be warranted. Whilst multiple Health Pathways have been developed consultation suggests: there appears to be limited knowledge and application of these; determining which specialist or service to refer to can often be challenging; however, if applied, Health Pathways could be utilised to inform clinical decision making, enhance the quality of referrals and accelerate referral processes.</p>

	<p>Key issue: Opioid prescribing changes</p> <p>Description of evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>From 1 February 2018 medicines that contain codeine will no longer be available without a prescription. Chronic pain sufferers who are self-medicating will need to consult with their GP to be prescribed codeine. Whilst a warranted patient safety initiative this may lead to an increased demand on both general practice and specialist services and in specialist demand, with GPs referring to specialists for expertise on pain medication management.</p>
	<p>Key issue: Limited access to self-management programs in the community</p>
<p>Opportunities, priorities and options</p>	<p>Description of evidence:</p> <p><u>Stakeholder consultation and review:</u></p> <p>Early access to tailored self-management programs are crucial to the success of pain management. While specialist services (both public and private) run self-management programs (with potentially considerable waiting times) there are limited primary intervention self-management programs available in the community.</p> <hr/> <p>Main priority theme: <u>Chronic pain and pain management</u></p> <p>Priority: Management of chronic pain in the community</p> <p>Possible option: Research alternative PHC and community approaches and integrated/team-based models of care.</p> <p>Expected outcome: Knowledge of alternative models of care</p> <p>Possible performance management: Results and findings contribute to future actions/strategies</p> <p>Potential lead: ACTPHN</p> <p>Possible option:</p> <ul style="list-style-type: none"> • Undertake a needs assessment of the PHC workforce in the diagnosis and management of chronic pain and map the range of educational programs and resources available • Deliver a PHC focused master class in the diagnosis and management of chronic pain <p>Expected outcome: Increased understanding and promotion of educational programs and resources available; and enhanced PHC capability</p> <p>Possible performance measurement:</p> <ul style="list-style-type: none"> • Increased awareness of and access to chronic pain related educational programs and resources • Enhanced clinical capability and increased confidence on the ability to manage chronic pain in the PHC setting <p>Potential lead: ACTPHN</p> <hr/> <p>Priority: Health pathways</p> <p>Possible option: Socialise the adoption of the multiple pain related health pathways</p> <p>Expected outcome: Increased awareness and utilisation of pain related health pathways</p> <p>Possible performance measurement: Quality of referrals</p>

	<p>Priority: Community based pain related self-management programs</p> <p>Possible option: Scope the availability of and alternative approaches to early intervention pain related self-management programs in the PHC/community setting</p> <p>Expected outcome: Increased understanding of the benefits of and approaches to early intervention pain related self-management programs in the PHC/community setting</p> <p>Possible performance measurement: Results and findings contribute to future actions/strategies</p> <p>Possible lead: ACTPHN</p> <hr/> <p>Priority: Opioid prescribing changes</p> <p>Possible option: Monitor the impact of changes on demand for GP and specialist pain management services</p> <p>Expected outcome: Increased understanding on the impact of changes on demand for GP and specialist pain management services</p> <p>Possible performance measurement: Results and findings contribute to future actions/strategies</p> <p>Potential lead: ACT Health</p>
Tasmania	
21. Tasmania PHN	
Outcomes of the health & service needs analysis (combined in Plan)	<p>Workforce</p> <p>The three most frequently requested topics for future continuing professional development (CPD) events were dermatology, chronic pain and child and adolescent health. In terms of preferred methodology for the delivery of CPD events, over half of the GP census respondents indicated they preferred group education events after hours or on weekends, with between a fifth and a third preferring to access eLearning or online webinars. Comments around CPD events included that GPs already spent too much time at work, so events needed to be brief and highly tailored to ensure participation. Occasional weekend events were praised if they were one-day, high value sessions, but most indicated they would not attend multi-day weekend events. There was a range of topics nominated when GPs were asked to nominate events they felt they could not access: these included mental health, medico-legal, hepatitis C, insulin use, sexual health and topics presented by local specialists.</p> <p>Description of the evidence:</p> <p>2016-17 Primary Health Tasmania General Practice Census: Survey of GPs and practice managers in Tasmania</p>
Opportunities, priorities and options	This section not included in the Needs Assessments

Appendix 7

Relevant information in PHN AOD Needs Assessments

More than half of PHNs (17 out of 31 PHNs; 54.8%) had a separate AOD Needs Assessment for 2017-18. The table below identifies the information in the PHN AOD Needs Assessments related to pain, prevention and/or opioids/codeine.

Primary Health Network	
NSW	
1. Nepean Blue Mountains PHN	
Narrative	<p>Harm from misuse of prescription Codeine has become a national priority for drug treatment. AOD treatment guidelines for codeine misuse are in development by relevant state and national authorities and not yet available at the time of this update. NBMPHN is currently discussing appropriate strategies with key advisory bodies and stakeholders. A regional primary health strategy for Codeine misuse will be formulated during 2018.</p> <p><u>Education programs supporting pain management and communicating guidelines for management of codeine misuse will be delivered as a priority commencing early 2018.</u></p> <p>Future developments in Shared Care initiatives will also address codeine misuse and strategies to increase the number of Opioid Treatment Program (OTP) prescribers in NBM region. Current levels both accredited and non-accredited are low and unlikely to meet future demands for OTP supporting codeine misuse.</p>
2. Central and Eastern Sydney PHN	
Narrative, outcomes of the health and service needs analysis, and priorities	<p>Community based treatment will become increasingly important with the rescheduling of codeine from an over-the-counter analgesic to prescription only medication on 1 February 2018. While it is difficult to predict the impacts of the change, it is anticipated by stakeholders that there will be a rise in people accessing general practice settings for <u>pain management</u> who meet the criteria for codeine dependency. As noted in the health needs section, this demographic may have other factors to consider, such as being of an older age and with higher rates of employment.</p> <p>Opportunity, priorities <u>Primary Health:</u></p> <ul style="list-style-type: none"> • Improving the capacity of General Practitioners respond to drug and alcohol concerns within the community • Improve confidence and competence of primary health to engage in the provision of ambulatory withdrawal service. • Provide support, resources and education for General Practitioners to effectively engage in comprehensive treatment plans, develop motivational interviewing skills and use of appropriate language. • GLAD shared care project implemented with GPs across the region • Increase number of General Practitioners engaging in prescribing for OST to meet potential increased need for people presenting with codeine dependency, utilise additional capacity from anticipated OST guideline changes • <u>Education for allied health professionals to engage with General Practice in creating alternative care pathways for people experiencing codeine dependency.</u> • Develop, disseminate and pilot an opioid screening tool for early identification of dependency in primary care settings

	<p><u>Expected Outcomes:</u></p> <ul style="list-style-type: none"> • Increased number of patients supported in primary healthcare setting • Increased integration between primary health and specialist treatment services • Increased awareness and use of HealthPathways and DASAS • <u>Establish referral links with Allied Health providers, including pain management specialists.</u> • Reduce over-prescribing of pharmaceutical opioids <p>Person-centred, quality service delivery</p> <ul style="list-style-type: none"> • Provide continuing professional development which spans to other sectors, including mental health, sexual health, <u>pain management</u> and family and domestic violence. • Expected Outcomes • A cross-sectoral response to meeting holistic support needs
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Victoria

3. Western Victoria PHN

<p>Outcomes of the health and service needs analysis</p>	<p>Increased use of prescription medications. Service provider consultations identified an increase in the misuse of prescription medications. National data indicates that 4.8% have misused a pharmaceutical in the last 12 months in 2016 (NDSHS,2016). Previous data cannot be compared to the 2016 data release due to the question excluding the pain-killers and opioids misuse, this was asked separately in 2016 indicating 14.6% prevalence of AOD use.</p> <p><u>Key Issue</u></p> <p>Description of Evidence</p> <p>All SA3s within Western Victoria PHN have higher opioid prescription rates than Victoria (55,414 per 100,000) and Australia (55,126 per 100,000). Additionally, Maryborough-Pyrenees SA3 is ranked as the eleventh highest dispensing rate within Australia (National Health Performance Authority analysis of Pharmaceutical Benefits Scheme [PBS] statistics 2013–14 [data supplied 11/02/2015] and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.</p> <p>Service provider consultations in the Grampians region identified <u>there was a lack of support services for pain management</u>, which can result in prescription misuse. The highest rate of hospital admissions for poisoning, accidental poisoning and intentional self-poisoning involving pharmaceuticals was in Rural City of Horsham for all people (23.4 per 10,000), and 15-24 year olds (59.4 per 10,000). In both cases this was substantially higher than Victoria</p> <p>Consultation with service providers identified there could be an increase in the number of General Practitioners actively engaging in opioid management, however this is often limited due to stigma in some general practices around these clients resulting in gaps in delivering this within the Barwon region.</p>
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