

FREEDOM OF INFORMATION REQUEST

RF23-788

Request:

I am writing to all hospitals in UK and Ireland which provide intrathecal therapy services to enquire about their practice or policy for managing patients with pumps, when they cannot attend the clinic for a refill. This situation usually occurs because of intercurrent acute illness or pressure sores, but sometimes because of inadequate hospital transport services.

To help you identify the appropriate people to answer these questions, intrathecal pumps are usually managed by the neurorehabilitation clinic / spinal injuries service/ pain management service/ neurosurgery or neurology. Alternatively, you could ask your procurement team who has ordered Medtronic Synchromed intrathecal pumps or Medtronic 8551 refill kits.

1. What is the address of your base refill clinic, with postcode?
2. How many adults with pumps for spasticity/dystonia do you manage with intrathecal baclofen?
3. How many adults with pumps for pain do you manage with intrathecal opioids?
4. How many children under the age of 18 with pumps for spasticity/dystonia do you manage with intrathecal baclofen?
5. How many children under the age of 18 with pumps for pain do you manage with intrathecal opioids?
6. Approximately how many pump refills does your service do each month at your usual locations?
7. Do you accept people attending on a stretcher for refills?
8. How often do you refill pumps away from your base hospital clinic? E.g. Once/month, once/year, once in 5 years
9. What is the furthest you have travelled from your clinics to refill a pump, in miles or time, in the past 3 years?
10. For the first time, a patient is unable to attend the clinic by wheelchair or stretcher for a planned refill, because of acute illness or transport failure. They are expected to recover and be fit to attend refill clinics in the future. They are 90 minutes' drive from your usual refill service base and there is no more local service which could refill the pump before it runs out. Would you plan:
 - a. No refill and when pump runs dry advise local doctors to manage withdrawal symptoms with medication by another route.
 - b. Staff from base clinic travels to refill pump at patient's home or local hospital, before it runs dry.
 - I. Who would travel? Doctor who runs the service? Doctor in training who is rotating through the service? Nurse who refills pumps in clinic?
 - II. Do you arrange second person to travel to chaperone, check procedure or open vials to maintain sterility? If yes, then who? Or a video call to check procedure/programming?
 - III. When refilling away from usual clinic, would you ask pharmacy to prepare a sterile syringe with the total drug to be injected into the pump, or would you aspirate from separate vials at their home, as is usually done in clinics?
 - c. Patient transferred to your hospital for in-patient management and refill
 - d. Other, please explain

11. If you have refilled it once while they are acutely unwell, but subsequently the patient is unable to attend the out-patient clinic by wheelchair or stretcher for any future refills, and resides 90 minutes' drive from your usual refill service base, and there is no more local service which does home refills to take over long term management, would you plan:
- a. No visits for further refills or dose reduction
 - b. No further refills but home visits to reduce ITB dose in stages before pump runs dry.
 - c. Regular home visits to refill pump until end of battery life, but pump not replaced.
 - d. Regular home visits to refill pump indefinitely and pump replacement at end of battery life.
 - e. Patient travels by stretcher ambulance, admitted overnight for regular refills
 - f. Other, please explain

Response:

We can confirm East Kent Hospitals University NHS Foundation Trust (EKHUFT) holds the information you have requested.

1. Kent and Canterbury Hospital, Canterbury, Kent CT1 3NG
2. Three for refills
3. Two
4. None
5. None
6. Three
7. Yes
8. Once in five years
9. Zero
10.
 - a. Yes. If pain management patient receiving Intrathecal (IT) opioids. For morphine IT pump patients, we would arrange a suitable alternative date for them to attend and prescribe rescue opioid as needed.
 - b. No
 - i. N/A
 - ii. N/A
 - iii. N/A
 - c. Yes, if intrathecal baclofen (ITB) our baclofen pumps are managed in Orpington, so we would urgently liaise with them regarding a management plan. We would always try to help locally to provide refill and if needed, arrange hospital transport. If admitted to our Trust, then we would liaise with Orpington and refill locally if possible.
 - d. N/A
11.
 - a. See below answer to 'e'
 - b. No

- c. No
- d. No
- e. For ITB we would urgently refer back to Orpington and arrange refill locally if required for reducing plan in the future. We do not have inpatient beds, so these patients would attend our outpatient service or be admitted under a parent team/Neurology. For IT Morphine, then we would book hospital transport in order to arrange a reducing program, if the patient is unable to attend then we would manage withdrawal symptoms.
- f. N/A

(DATE OF RESPONSE: 15 JANUARY 2024)