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LETTER TO THE EDITOR

"Response to Letter to the Editor Regarding: Managing Intrathecal Drug Delivery Devices in a Global Pandemic": A Correction

To the Editor:

We read with great interest the submission from Dr. Dario regarding the Italian experience with the management of intrathecal drug delivery patients amid the ongoing COVID-19 pandemic (1). We noted correspondence in response to this piece from Dr. Philip Kim (2) that referenced our own publication last year regarding our experience in managing an intrathecal pump service in the early stages of the pandemic in the Spring of 2020 (3). Albeit unintentionally, but unfortunately rather confusingly, Dr. Kim infers that our experience is from clinical practice in the United Kingdom (UK). We would like to clarify for your readers that our center is located in Dublin, Ireland, and consequently is not located in the UK.

The importance of this distinction lies in the fact that there are significant differences in the way intrathecal baclofen (ITB) therapies are funded and organized in the UK compared to Ireland. The NHS issued a clinical commissioning policy for ITB therapies in the UK in 2013 (4). The purpose of this was to support the use of ITB for the groups for which it is the most cost effective. It provided guidance on inclusion criteria for treatment and patient pathways. There are now several dedicated ITB pump services located throughout the UK. While Narenden et al. noted in 2015 that while there are still many patients who have not been able to access this therapy (5), there is dedicated funding, staff, and organizational structures around the country in place. Ireland unfortunately does not have these same levels of infrastructure; it is well documented that Ireland has the worst access to specialist medical care in the European Union. Nationally we have 0.55 chronic pain specialists (consultants) per 100,000 of population. This compares to 0.92 chronic pain specialists (consultants) per 100,000 of population in the UK.

When the COVID-19 pandemic arrived on our shores in March 2020, there was real concern in our department that staff shortages due to COVID-19 related illness and redeployment to acute/critical care settings would put the ITB pump service on a significant hiatus. Our ITB pump patient population was in a potentially precarious situation given they are managed entirely by a single chronic pain consultant and a chronic pain ANP. The urgency to establish an effective pathway was borne out of recognition of our limited resources, and concerns about continuity of care and patient safety; if even one of our team members could not be available to the service for the previously alluded to reasons, it would grind to a halt. Anecdotally, we were aware of scenarios from colleagues in the UK where continuity of care of ITB pump patients was ensured despite COVID-related staff absences owing to their relatively increased staff numbers and resources and the flexibility to cross cover as needed. This level of redundancy is not built into the Irish system and hence we could scarce afford to leave patients exposed. Consequently, there existed a pressure and urgency in Ireland to develop and implement an effective protocol without delay that would reduce the risk of service disruption to our ITB pump patient cohort. This urgency is less likely to exist in the UK to the same extent as in Ireland and hence why our experience could be considered unique to theirs. For these reasons, we feel it is important to clarify to readers that our experience is an Irish one alone, and not from the UK.

Authorship Statement

Andrew Purcell prepared the initial draft manuscript. Andrew Purcell and David Moore reviewed and edited the final version prior to submission.

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REFERENCES

1. Dario A. Response to: managing intrathecal drug delivery devices in a global pandemic. *Neuromodulation* 2020;23:1224–1225. https://doi.org/10.1111/ner.13308.
2. Kim P, Deer T. Response to letter to the editor regarding: managing intrathecal drug delivery devices in a global pandemic. *Neuromodulation* 2020;23:1226. https://doi.org/10.1111/ner.13310.
3. Patel AK, Dowling M, Purcell A, O'Brien J, Moore DM. Managing a National Intrathecal Pump Service during the COVID-19 pandemic. *Neuromodulation* 2020;23: 922–925. https://doi.org/10.1111/ner.13225.
4. NHS Commissioning Board. Clinical commissioning policy: intrathecal baclofen (ITB); 2013. https://www.england.nhs.uk/wp-content/uploads/2013/04/d04-p-c.pdf
5. Narendran C, Duarte RV, Valyi A, Eldabe S. The need for and provision of intrathecal baclofen therapy for the management of spasticity in England: an assessment of the Hospital Episode Statistics database. *BMJOpen* 2015;5:e007517. https://doi.org/10.1136/bmjopen-2014-007517.

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