

British Pain Society Council response to Appendix 41 of the Do Once and Share pain assessment project

This project has raised considerable concerns within Council and amongst members of the society. There is widespread opinion that the brief and deliverables of the project include patient groups that are too widely disparate and that the timeframe for the project is too short. We do, however, understand that a significant component of the project is identification of chronic pain in primary care.

There are concerns with regard to the effectiveness and evidence base for the proposals in Appendix 41. In fairness, the brief was to identify best practice and we accept that evidence is lacking in many areas.

We are pleased to see that the document reflects a balanced and step-wise approach to the conundrum of assessment of chronic pain across the tiers of health services. However, guidance on the use of the DOL protocol would be helpful. As presented, it is felt to be complicated and difficult to use. A particular comment is that there are no timescales suggested. Concern exists that new pains and serious pathologies will, in practice, get lost amidst a process of assessing chronic pain. There is some surprise that the protocol drifts from the use of pain assessment tools into specific investigations. It is surprising and very concerning to us that the DOL protocol is being recommended without trial or validation.

There is one major inaccuracy within the document.

4.6.3.2.1. Faces scales for children are not a behavioural tool. Faces scales are a self-report tool. Observation of facial expression is a part of some behavioural pain assessments, but these have only been validated in acute pain settings. There is unfortunately not a reliable behavioural tool for the assessment of chronic pain in children. Baeyer CL. Pain 2007;127:140-150.

Also, it is not clear which faces scale the document refers to. It might be a good idea to refer to the Faces Pain Scale - Revised by that name or as FPS-R. The term FACES (all capitals) refers to a different scale, namely the Wong-Baker FACES Pain Rating Scale.

With regard to the adult tools in 4.6.3.2. The British Pain Society/British Geriatrics Society/Royal College of Physicians national guidelines for the assessment of pain in older people recommend the Abbey Pain Scale as do the Australian pain society guidelines for pain in residential care. As the Abbey scale is arguably easier to use than DOLPLUS 2 or DiSDAT, we wonder why this appears in 4.8.4.5. and not 4.6.3.2.

Some minor comments are:

4.2., 4.6.2.1.3., 4.8.11.2. Chronic pain coalition is actually Chronic pain **policy** coalition

4.6.2.2. Many patients with these conditions e.g. Diabetes and Osteoporosis, are not seen by a healthcare professional on a weekly basis.

Summary

The British Pain Society has reservations about the recommendations of this project and believes that further time and work would likely produce an improved outcome. The Society would not wish to endorse the recommendations in their current form.

NB. Appendix 41 acknowledges detailed engagement with the British Pain Society. We would not wish this to be interpretable as endorsement.