

BPS Council response to DOaS pain assessment draft report

Some members of Council felt this was a helpful report. Other members of Council were disappointed that the draft report consists mainly of process, with only two of nineteen pages addressing pain assessment. Some members were surprised that the report recommends a protocol (Detect Observe Long-term), when the focus of meetings and discussion had been around specific measures of assessment. Appendix 41, which presumably will recommend some measures, is still not available.

There is concern that the report does not emphasise the pivotal role of primary care in managing the majority of patients. There is also concern that the report stresses the importance of education of health professionals in pain assessment, but does not particularly identify how this will be achieved.

With regard to the protocol on pages 14 and 15 of the report, a few specific points were made.

1. The term “generalist teams” is preferred to “generic staff”
2. In the OBSERVE section, suggestions are:
 - a. “psychological well being” is a better term than “psychological functioning”
 - b. “further investigations may be requested” rather than being specific about imaging modalities
 - c. Helpful additions would be:
 - i) “The initial focus should be to confirm the diagnosis of chronic pain”
 - ii) “Examination should include an assessment of areas of deconditioning, evidence of fear of movement, confirmation of areas of neuropathic pain”