



The British Pain Society Patient Liaison Committee Voluntary Sector Seminar

Living Well Despite Pain- Practical Ways of Coping with Musculoskeletal Pain

Monday 26th October 2009

How should the patient liaison committee of the BPS fulfil its remit of "providing a channel of communication between patients and the British Pain Society" and of "improving communication between patients and professionals, to encourage patients to be better informed and involved in decisions about their care"?

Not an easy task, but the annual seminar aimed at the voluntary sector, patient groups and individual patients, is one way in which we seek to facilitate such a dialogue.

This year, taking the IASP Global Year theme of musculoskeletal pain as the focus, we teamed up with Arthritis Care to offer a day that combined educational content, patient experiences and workshops. The day was well attended by 52 delegates from a variety of backgrounds.

Prof. Paul Watson introduced the day with an outline of the IASP aims for the year as well as a summary of the highlights of the chapter on pain in Chief Medical Officer's annual report for 2008.

We wanted the day to be of practical benefit and chose subjects for the morning presentations related to the everyday experiences of people living with pain:

- work
- activity and exercise
- the impact on family and friends

Dr Nick Kendall, Dr George Peat and Dr Amanda C de C Williams spoke on these 3 topics from their professional perspectives. They were joined by John Simpson, Training Services Supervisor for Arthritis Care, who spoke of his journey from an accident at work, which left him paralysed, to his current employment; and 'double act' Enid and Paul Quest, who spoke openly and movingly of the issues faced by partners when one of them is living with a long-term, disabling condition.

After lunch we split into three groups to try to answer three questions raised by the recommendations in the CMO report:

1. *What do you think are the 5 key features of a "model pain service"?*
2. *What are the barriers or problems that patients might encounter in trying to access a model pain service?*
3. *How can we get involved in the process of developing better pain services in our local community?*

The five key features of a model pain service agreed on by delegates were:

1. accessibility: public information about the best services available
2. triage, by informed GPs, to identify what a pain patient needs to manage their condition

3. direct access to community based and/or specialist multidisciplinary services as appropriate, including exercise, education in self-management, physiotherapy, etc
4. flexibility
5. adequate funding

The main barriers for patients in accessing such services were perceived to be:

1. fear of admitting a problem, especially for those fearing loss of employment
2. lack of knowledge of where to look for help
3. difficulty of communicating pain
4. reluctance on part of health professionals to involve patients in decisions about treatment and encourage self-management
5. ignorance by GPs of specialist services available
6. reluctance by GPs to refer – feeling that they should be able to deal with patients in pain themselves
7. services not being joined up
8. focus on pharmacological solutions at expense of other strategies

Ideas for ways of developing better pain services included:

1. publicising local services and organisations offering help
2. asking patients what they want
3. involving partners and family members in the treatment of pain
4. bringing different organisations with a role in pain management to work together
5. lobbying local PCT to put information about local services on their website
6. naming and shaming inadequate services or poor providers of information
7. publicising the results of the HQIP pain audit
8. lobbying for more on pain in the training of health professionals
9. more research

It was encouraging that the ideas of what is needed are very much in line with the priorities that the British Pain Society is working on; my hope is that the day will have encouraged some of those who attended to lobby locally for this to happen.

I would like to thank all the speakers and facilitators and everyone who helped to make the day a success, especially Rikke Susgaard-Vigon, Paul Watson, Rachel Haynes of Arthritis Care and the members of the PLC.

Nia Taylor, Chair BPS PLC
29/10/09