



FACULTY OF
PAIN MEDICINE
of the Royal College of Anaesthetists



**THE BRITISH
PAIN SOCIETY**
EXPERTISE WHERE IT MATTERS



OCTOBER'S PARLIAMENTARY RECEPTION A SUMMARY FOR MEMBERS

On 25 October 2017, the Faculty of Pain Medicine (FPM) and the British Pain Society (BPS) held a reception at Portcullis House, kindly arranged and publicised by the Chronic Pain Policy Coalition. The previous two Parliamentary Receptions focussed on areas around primary care and the multiprofessional pain management team, so it was therefore decided to focus 2017's reception around the specialist and specialised areas of chronic (also known as persistent or longer term) pain.

The day was introduced and chaired by Lord Luce, a constant champion of patients with pain in Parliament and we are thankful to him for making this day possible, and for Helen Whately MP for sponsoring the room. Representatives from charities, organisations and interest groups across the broad spectrum of pain issues came to the reception and took part in the question and answer session that followed the presentations.

SUFFERING IN SILENCE: CHRONIC PAIN WILL AFFECT SOMEONE YOU KNOW

The first speaker, Dr Peter Cole (a Pain Medicine Consultant and the FPM Workforce Lead), introduced the room to a series of statements from patients about how pain has affected the enjoyment of their lives and their relationships with friends, family and work. He noted that **8 million people live with Chronic Pain** of at least moderate intensity, with the prevalence **doubling over the age of 65**. A study found that of all chronic diseases, pain related conditions had the biggest impact on quality of life – more so than cancer, chronic respiratory diseases or psychiatric disorders.

There is a significant impact on costs both in and outside of healthcare. Patients with chronic pain have **healthcare costs around 2.6 times higher than patients** with little or no pain. Yet effective treatment can be available and can bring major improvements to the quality of life of people with chronic pain conditions, including allowing patients with severe pain to have the freedom to return to work and look after their families. A 50% pain intensity reduction can bring functionality and quality of life back to normal. However, **the longer the wait for treatment, the poorer those potential outcomes**. Dr Cole presented slides that demonstrated the loss of the brain's grey matter after years of exposure to chronic pain.

A recent FPM census established that there were **only 461 pain medicine consultants in the UK – a number that would fit comfortably on a single tennis court**. The majority of these specialists also work as anaesthesia consultants and therefore can only dedicate half of their time to patients with chronic pain.

FINDING HELP: THE RIGHT TREATMENT CAN MAKE A BIG DIFFERENCE

Dr John Hughes (a Pain Medicine Consultant and the FPM Vice Dean) explained the role of specialist services. **Chronic pain specialists can see patients with complex problems and discuss realistic aims and solutions**. They can act as an important connection between a multidisciplinary team, primary care and hospital services (including advanced interventions). They can also **optimise drug treatment and provide self-management and psychological therapies**.

The vast majority of patients with pain conditions can be successfully treated in primary and community care. However, **a number of patients will need to referral to specialist services**, which are small in number. From a recent audit, **patients stated that they were, on average, in pain for six years before referral to a pain clinic**. This situation is likely to worsen rather than improve as these services are currently decreasing as not all Clinical Commissioning Groups (CCGs) are continuing to commission these vital services. **Most CCGs and Sustainability and Transformation Partnerships (STPs) have no input from pain services**. This has led to a short-term view of cost saving, neglecting both the patients who require these treatments and the wider cost burden that chronic pain has on the wider economy. It has unfortunately led to a new kind of postcode lottery, where **patients in some regions are unable to access essential services that are available to patients elsewhere in the country**. The current maze of commissioning has brought about multiple confusing pathways for patients and risks a fragmentation of services.

In 2015 the FPM, in conjunction with multiple stakeholder organisations across the pain community, produced **Core Standards for Pain Management Services, which clearly details to commissioners the minimum standards that need to be provided for patients with pain**. Dr Hughes encouraged those present to work with their commissioners to ensure these standards are kept at the forefront of their deliberations.

Education was also key. **A whole NHS approach is needed to ensure basic education in managing patients with pain is brought into undergraduate curricula, core educational teaching at hospitals and in postgraduate specialist programmes**. The FPM was working with local leads to introduce Essential Pain Management UK, a half day of foundation principles in pain education, into medical schools.

COMMISSIONING ON THE GROUND IN THE UK

Dr Zoey Malpus (a Consultant Clinical Psychologist and BPS Council Member) reported on the finding of a recent BPS survey which found that a number of NHS pain services were being decommissioned, reducing access for those patients with the most complex needs. **31 English Pain Services have been contacted by the CCG to decommission or recommission services**. Where recommissioned, services were moving into community venues which had led to **a reduction in access to treatments like intensive Pain Management Programmes, injection therapy and psychology**. Recommissioning at lower intensity was focussing only on mild-moderate needs, reducing access to specialists and multidisciplinary treatment, including psychology. This has **significant negative impact upon patients, who can often be vulnerable, especially to mental health problems**.

Good practice for commissioning decisions would look like this: appropriate consultation by the CCG of those involved with these services, focussing on a patient-first approach with emphasis on self-care early on. Improving the management of complex pain has very clear benefits and specialist services can ensure good networks with substance misuse and mental health services. However, there was **normally no communication between the CCG and pain management providers**. As well as the impact on patients, this had led to significant impact on staff well-being, increasing **stress and anxiety among staff as they live in an uncertain environment**, unsure if they will be able to continue to serve their patients well.

Throughout Dr Malpus's talk ran the core story of one of her patients, a young mum working in the NHS who was off sick from work and struggling to care for her young son. She had developed depression and her marital relationship was at risk. **After she completed a Pain Management Programme she is now back to work, feels like "a good mum again" and her depression and marriage have improved**. She no longer has to attend the GP or the hospital in crisis and, through the Programme, has learned self-management techniques.

ACCESS TO PAIN MANAGEMENT IS A FUNDAMENTAL HUMAN RIGHT

Dr Paul Wilkinson (a Pain Medicine Consultant and BPS Vice President) discussed how 'making pain visible' was a key pillar of the BPS. He asked those present to close their eyes and imagine being in the worst kind of pain imaginable. Then to **imagine that pain continuing without relief for weeks, months and even years**.

Pain affects so many people from **children to cancer survivors, from the elderly suffering in isolation to pain in amputees and war veterans**. Those with the most severe pain may also suffer long-term unemployment as a result of their condition.

Pain was identified way back in 2008 by the Chief Medical Officer as **a major public health issue with a devastating impact on the lives of sufferers**. His annual report stated that "A major initiative to widen access to high quality pain services would improve the lives of millions of people". However, the 2010-2012 National Pain Audit found "there was clear variation in provision of services and no agreed standards of care."

Again education was key. **Patients need to be educated so they were aware how to access care**. The health professions needed education to be aware of pain as a long term condition in its own right and to be aware of the correct treatments and options for referral. Finally providers and governmental organisations needed education to ensure they **commission the best care, utilising guidelines and standards that were supported by the pain community**.

Dr Wilkinson finished his talk by encouraging all those present to **leave this meeting as Pain Champions**.