

Anna Walker CB  
Chief Executive  
Healthcare Commission  
Finsbury Tower  
103-105 Bunhill Row  
London EC1Y 8TG

23<sup>rd</sup> January 2009

Dear Ms Walker,

### **Pain Management in Accident and Emergency**

We are writing on behalf of the British Pain Society and Chronic Pain Policy Coalition (CPPC). The CPPC is an organisation uniting patients, professionals and parliamentarians in order to develop a strategy for improving the prevention, management and treatment of chronic pain in England. The Coalition works closely with the British Pain Society to promote these aims.

We were most interested to read about the results of the Accident and Emergency patient survey published earlier this month. It is encouraging to note that the overall quality of care in NHS A&E departments is improving, and indeed that some progress has been made in terms of their management of pain. However, we were concerned that a significant proportion of the respondents surveyed were not satisfied with the degree of care they received for their pain, or the information given regarding their medication and rehabilitation on leaving the hospital.

Since its inception in 2006, the CPPC has been actively seeking to raise the profile and awareness of chronic pain as a national issue. Some 7.8 million people in the UK live with chronic pain, which has considerable impact both on individuals' socially but also on the greater economy. The Coalition has been promoting our [PAIN: 5<sup>th</sup> Vital Sign] campaign which advocates that pain should be measured on a regular basis and at the earliest opportunity by all healthcare professionals. We believe that if pain is routinely measured; patients would be more likely to gain timely diagnosis and access to appropriate treatment from the outset. Better management of acute pain at the earliest stage of a patients' treatment may prevent chronic pain becoming entrenched.

It is important that healthcare professionals are provided with adequate training to enable them to assess the severity of pain, to diagnose the causes of pain and then to prescribe appropriate medication to a patient at the earliest opportunity. Difficulty in assessing pain is one common

barrier to effective treatment, particularly when the patient's first language is not English. The British Pain Society has published pain scales which are available in seventeen languages to assist the practitioner in establishing the severity of a patient's pain. These are freely available and can be printed from the British Pain Society's web-site on [http://www.britishpainsociety.org/pub\\_pain\\_scales.htm](http://www.britishpainsociety.org/pub_pain_scales.htm)

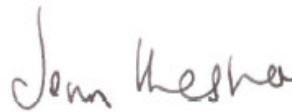
Such scales could be routinely used in Accident and Emergency to improve the assessment of pain, particularly if communication is difficult.

We and our colleagues would be very happy to meet with you at your convenience to discuss our proposals further. We can be contacted via Melanie Jones on 020 7202 8580 or [melanie.jones@paincoalition.org.uk](mailto:melanie.jones@paincoalition.org.uk)

Yours sincerely,



Dr Beverly Collett  
Chair, Chronic Pain Policy Coalition



Dr Joan Hester  
President, British Pain Society

*cc. Sir Ian Kennedy, Chair*