FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

Commissioning of Chronic Pain Services and Covid-19

Introduction

The Faculty of Pain Medicine introduced the guideline "Improving the Lives of People with Complex Chronic Pain and how to Commission Effective Pain Management Services in England". (1)
This document provided guidance for Clinical Commissioning Groups that emphasised self-management strategies and clinical input tailored to the individual complexity of pain as outlined in Core Standards for Pain Management Services in the UK. (2)

Implementation of frameworks of care based on the commissioning guide and attention to its key messages would help deliver the best standards of cost-effective care.

This document was written before the impact of the COVID-19 pandemic. Since then, there have been substantial changes in UK healthcare, indisputably necessary to respond to this pandemic. These include expansion of intensive care capacity, provision of COVID-19-related treatment activity, increased supply of necessary equipment and re-prioritisation of healthcare resources towards the treatment of people ill with COVID-19, often leading to a reduction of non-urgent surgical and other services.

This addendum to the commissioning guidelines highlights some issues related to COVID-19 but emphasises that the substance of the advice offered in the initial guidance document is largely unchanged.

Mangement of Chronic Pain

Chronic pain is a very common disease and it seems likely, while yet unproven, that an additional load to chronic pain clinics will result from the Covid disease process itself (widespread muscular pain, post-interventional pain from intensive care, post-stroke pain and pain from deep venous thrombosis). (3,4)

Although most people adapt well to pain and manage it successfully, post-COVID-19 there are increased inhibitory factors upon people's ability to cope and manage. These involve restriction on exercise and socialisation as well as the psychological impact of COVID-19 in families including bereavement, potential delays in care, absence from work, disturbance to routines, increased risk of unemployment and domestic abuse. (5,6) Many people with pain are likely to have reduced their levels of physical activity. The social threats of the COVID-19 pandemic are postulated to impact most severely on people with chronic pain. (7)

Commissioning needs to reflect different ways of working during the various stages of the COVID-19 pandemic response, including support for remote consultations by telephone and video, safe and prudent planning and provision of pain interventions, as well as access to self-management strategies that, will for the most part, not be undertaken face-to-face. Treatment should be tailored to individual patient need as well as demographic factors and undertaken in a timely way if possible. In addition, obstacles to effective treatment through digital poverty need consideration including provision of on-line hardware to enable self-management. Wellbeing services should offer enhanced support to

isolated people social including consideration of social prescribing link workers and wellbeing services. (8,9,10)

The impact of COVID-19 varies across different socioeconomic and ethnic groups. Adverse outcomes from COVID-19 are also more likely to occur in individuals that have other associated medical conditions which is greater in the chronic pain group. It is likely that the overall outcomes from COVID-19 will be worse in people with chronic pain and commissioning should reflect these issues.

Patients with chronic pain conditions

An integrated multidisciplinary approach must be provided for people with complex pain who are at more risk of poor outcome. Given that early biopsychosocial intervention in the lower risk groups may be associated with better outcome, it is likely that COVID-19 will adversely affect access to treatment people with chronic pain.

Throughout the COVID-19 crisis, measures should be put in place to enable these people to continue to be identified and treated early as far as possible. Reliable access to specialist secondary care support is required for the more severely affected patients. GPs require rapid access to advice on management and medications through e-referral advice. (11,12) Referrers should make best use of community services to support patients before referral. This may include local innovation of community services (eg 13) Guidance for prioritisation should be transparent with established care pathways with appropriate waiting times.

It is clear that the significant impact of the pandemic on General Practice provision will inevitably have a knock-on effect on the care of people with pain as a whole e.g. through reduced identification of high-risk individuals, impaired early intervention, and late diagnosis. Commissioning for pain management must aim at limiting this impact and reflect optimal ways of working. This may include systems changes such as rapid on-line advice, e-referrals for support and changes in medicine management.

Specialist Pain Management Services

A requirement for onward referral to secondary care pain services is that no underlying cause can be identified to treat a person with pain on a condition specific basis. The interference from COVID-19, leading to disrupted or delayed access to investigation and subsequent diagnosis will impede this process of forward referral to specialist pain services. Despite complex issues, referral to specialist pain services should continue. There is no evidence that suspension of referrals is beneficial. With the reprioritisation of pain specialists to other duties including intensive care, Trusts must have active mechanisms to preserve pain services as chronic pain may be at the lower end of reopening priorities compared with other more acute services. Grading and prioiritisation of referrals is even more important and triage with cancer pain being most urgent (1).

Summary

This addendum to the initial commissioning document highlights some of the key challenges that exist with the commissioning and the provision of care for people with pain in the COVID-19 pandemic and signposts some of the themes that need to be considered in commissioning processes during the COVID-19 pandemic. This addendum should be considered alongside the primary commissioning document and other FPM pain documents on the COVID-19 pandemic. It is inevitable that many of the solutions to problems highlighted will inevitably involve effective local commissioning and successful implementation of frameworks of care, retaining individualised treatment and not a one size fits all prescription.

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