

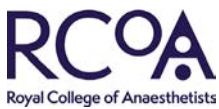


FACULTY OF  
**PAIN MEDICINE**  
of the Royal College of Anaesthetists



# Four Nation Strategy for Pain Management

2022



THE BRITISH  
PAIN SOCIETY  
EXPERTISE WHERE IT MATTERS



Endorsed by  
**ROYAL  
PHARMACEUTICAL  
SOCIETY**





Dr John Hughes  
FPM Dean

## Introduction

The document has developed in response to the changes occurring in health care across all four nations and increasing awareness of the importance of pain management. All those supporting and endorsing the document have been involved with its evolution. It is intended to be a high level document providing an overarching framework to deliver improved pain management across the whole healthcare sector including support to live well with pain, onto which can be placed the detail.

It outlines a delivery system with national standards but incorporates regional and local implementation making best use of current facilities whilst ensuring equality of care for all, wherever they may live.

The strategy is patient focused from point of first contact including, self-help signposting, personalised care and shared decision making.

It suggests opportunities for service integration, new ways of working, best use of funds with the patient at the centre of the process at both individual and population levels. It includes opportunities for health prevention and health promotion, social care, support to live with pain and support networks for those living in pain.

## Background

Pain is a universal experience. The management of all pain is a human right. Frequently it is clear and understandable as to its reasons, and how to manage it. For some the pain persists beyond the time expected and indeed the pain may be a condition on its own.

Almost 8 million people in the UK live with pain of at least moderate intensity. Half have severe pain preventing activities such as the ability to work or look after their families. There are inequalities in pain prevalence, being higher in women, those of black ethnicity and people living in more deprived areas. The prevalence doubles over the age of 65 years.

Pain impacts significantly on society especially in terms of health-related quality of life changes, days off work, provision of social care (private or state provided), health care utilisation and thus imposes a significant financial burden on society (reaching into billions of pounds).

Pain presents in all health care settings from community, primary and secondary care to highly specialised services, involving all genders and all ages. Pain presents within all specialties.

Pain may be described as, nociceptive (from tissue injury), neuropathic (from nerve injury), or nociplastic (from a sensitised nervous system), but is often a complex combination of these elements which may change if the condition remains unmanaged. Pain has biological, psychological and social components that are not independent and all require assessment and treatment or management.

The biology of pain is complex and not fully understood. There is no single intervention that works for all. More commonly management strategies need to be individualised for the best outcomes, frequently with elements involving the spectrum of biological, psychological and social interventions.

Many people living with pain can and should be managed in community or primary care but specialist pain management services or shared care is required for some. Specialist pain services are required where pain persists, does not respond as expected to management or is more complex across any or all components of the biopsychosocial spectrum. Such specialist pain services also serve to support and work in a multidisciplinary way across services (e.g., primary and community care, musculoskeletal services, palliative care, orofacial pain, headache, complex endometriosis) or within specialist pain services providing complex, individualised interventions across the physical, psychological, and social domains.

Pain management services are therefore a cornerstone service as pain is expressed across all areas of clinical practice as well as being a condition in its own right. Pain medicine has developed over the last 40 years and in many countries is a recognised specialty.

In view of the nature of pain, its impact on individuals and society and the development of effective management strategies, there is a need to integrate services to deliver these opportunities effectively across the whole population. Thus, removing inequalities of access, improving quality and the breadth of available interventions be that, peer support, self-help or the more individualised and complex.

This document aims to provide a strategy to improve pain management across all four nations of the UK, providing benefit to patients, healthcare services and society in general. It does not intend to reinvent the wheel but to use services already present and have them better integrated so providing improved high-quality care. These fit within the broader frameworks of the NHS Long Term Plan, the principles of the Personalised Care Model, the Welsh Government's Impact Assessment for Living with Persistent Pain in Wales, and the Scottish Government's programme for Scotland 2020-21. These include Health Promotion and Prevention, Primary and Community care assessment, triage and management, long-term condition management and Planned Specialist Care.

## Strategy

To develop an overarching framework where pain management integrates across other stakeholder sectors of both health and social care, be they community, primary care, specialist services or pain specific services, including psychological, mental health, social services and peer support. Secure environments, disability services, paediatric and transition services along with other special groups (e.g., non-English speaking, learning disability, non-communicating, dementia) should have equal access to pain management services.

This framework should be used to coordinate, deliver and further develop care using the resources and pathways already available whilst supporting future quality service developments.

## Key components

- ▶ A collaborative, multidisciplinary framework encompassing community, primary, specialist, mental health, peer and social care services with a common goal to
  - ▶ Support and develop measures to prevent chronic pain.
  - ▶ Comprehensively manage pain wherever it presents.
  - ▶ Ensure equitable and early access.
- ▶ An integrated network for communication between services to ensure
  - ▶ Signposting to appropriate community and peer resources.
  - ▶ Triage to appropriate care.
  - ▶ Escalation of management for serious illness, high risk and vulnerable patients or those struggling to progress or not responding to care.
  - ▶ De-escalation of management to primary, community-based support, peer support and support to live well with pain where appropriate.
- ▶ Recognition that pain is a complex biopsychosocial experience and unique to each individual. That it presents across the whole healthcare environment and may become a long-term condition in its own right.
- ▶ That a personalised approach is required with shared decision making including an understanding of the individual's circumstances, goals, beliefs, and strengths to manage a long-term condition.
- ▶ Use the current research evidence, informed guidance, clinical expertise and lived experience to ensure high quality, safe and personalised management with high patient satisfaction.
- ▶ Outcome measures are incorporated at both clinical and service levels to demonstrate meaningful metrics of effectiveness.
- ▶ Resources are used to ensure equality of care across the population irrespective of the complexity of the patient.
- ▶ Facilitate sustainable ways of working across all levels of care including, community, primary, specialist, psychological, pharmacy, physiotherapy, occupational therapy, mental health and social services to maintain high quality, skills, knowledge and understanding of available management options.
- ▶ Support ongoing
  - ▶ Education for clinical service delivery for all health care professionals.
  - ▶ Research including mapping the complexity of pain.
  - ▶ Service development across all levels of care.
- ▶ Development of sustainable contracting arrangements that facilitate best patient care, incorporating new ways of working and ensuring equitable access to all levels of care (including specialist and specialised).





## Facilitation of key components

- ▶ National oversight of the overall strategy and integration for pain management across all centrally managed or governed policies and services.
- ▶ Local and regional leadership with specialist knowledge of chronic pain, expert understanding of local demand, availability of services and current resource utilisation. Clinical networks would facilitate this.
- ▶ Arrangements for sharing information and facilitating cross services communication to enable effective overall service delivery and learning from others.
- ▶ Enable integrated digital resources to facilitate sharing of information, increased use of digital consultation where appropriate and outcome monitoring.
- ▶ Coordinate cross-framework solutions including digital to promote multidisciplinary meetings (virtual or otherwise).
- ▶ Develop a professional development strategy encompassing clinical, shared learning and service development including all health care professionals involved in supporting pain patients. A national stakeholder group would facilitate this.
- ▶ Incorporate existing standards, guidance, patient pathways, outcome measures including patient recorded outcome measures (PROMS) across the framework to ensure equity of both quality and access to care.

## Enablers for delivery

### National level

- ▶ Named lead for integrating pain across frameworks and policy developments as they relate to each of the devolved nations.
- ▶ Collaboration across the domains of: health promotion and prevention, primary care, long-term conditions and secondary care.
- ▶ Develop a national stakeholder group including lived experience / patient voice to ensure the overarching framework is fit for purpose, deliverable and agile to respond to changing circumstances.
- ▶ Develop a public health strategy to support people to live well with pain.
- ▶ Support regional teams in the development of a framework coordinating pain services.
- ▶ Support mapping of pain complexities by setting up national registries and gathering evidence through collaborative research with various national research bodies.
- ▶ Promote communication between research bodies to deliver meaningful research.

### Whole Population (First Access – point of first contact)

- ▶ Develop self-referral pathways, risk stratification and support to live well with pain.
- ▶ Implement health promotion and prevention opportunities.
- ▶ Include shared decision making and social prescribing.
- ▶ Collaborate with primary and specialist pain services to fast-track patients with potential serious illness, complex pain or failing to progress.
- ▶ Work collaboratively with primary and specialist pain services, developing multidisciplinary working to optimise patient management opportunities.
- ▶ Formalise communication and sharing of information between services to provide best patient management planning and delivery.

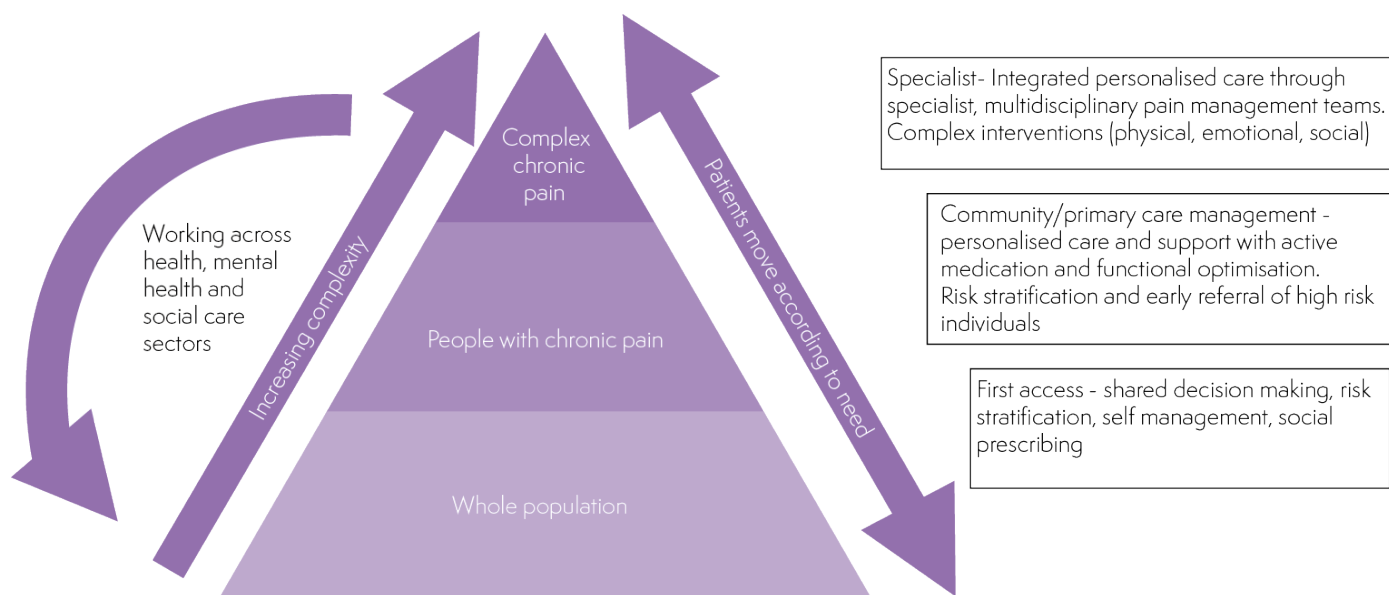
### People with Chronic Pain (Primary Care, community services)

- ▶ Triage patients for known conditions, complex and high-risk patients for urgent or rapid referral.
- ▶ Work collaboratively with community and specialist pain services developing multidisciplinary working to optimise patient management opportunities.
- ▶ Support the development of advice and guidance services if referral may not be required.
- ▶ Support the development of medication optimisation pathways.
- ▶ Education is key to engage and support GPs, nurses, pharmacists, physiotherapists and other allied health practitioners to effectively use referral structures as well as support them to manage patients nearest to their locality where appropriate.

### Complex Chronic Pain (Specialist pain services)

- ▶ Collaborate with primary and community care providers.
- ▶ Optimise referral pathways across the framework including rapid access and complex inpatient referrals.
- ▶ Support the development of advice and guidance services including virtual solutions.
- ▶ Support the development of medication optimisation pathways.
- ▶ Engage with multidisciplinary working across primary, secondary, and tertiary services at a regional level (see above).

## Pain Management - going forward



- ▶ Engage with the professional development strategy encompassing clinical, shared learning and service development.
- ▶ Provide integrated personalised care through specialist multidisciplinary pain management teams including complex interventions (physical, emotional and social).
- ▶ Support mapping of pain complexities by setting up national registries and gathering evidence through collaborative research with various national research bodies.
- ▶ Facilitate cross specialty integration to enable multidisciplinary working particularly in complex patient groups (e.g. pain and dependency, people who use drugs, pain in the elderly).

### Measures of effectiveness

Services require monitoring for effectiveness at a patient and system level which will inform future improvements. They should cover areas of clinical outcomes, patient reported outcomes and experience, economic impact and staff satisfaction. They should include:

- ▶ Patient outcomes, including functional capacity and quality of life.
- ▶ Coding of pain classification as per ICD-11.
- ▶ Patient experience and satisfaction.
- ▶ Audit / evaluation of medication optimisation.
- ▶ Patient referrals audited for appropriateness at all levels of service.
- ▶ Wait for first appointment, intervention, and completion of management strategy.
- ▶ Patient management plan evaluation / audit of development and delivery.
- ▶ Percentage of patients discharged from specialist care following completion of comprehensive management plan.
- ▶ Staff experience.
- ▶ Percentage of re-entrant patients- to measure effectiveness of tiered care to reduce revolving door scenario.
- ▶ Measures of Shared Decision Making.
- ▶ Monitor variations in practice.

## Appendix

Resources currently available regarding service development and delivery

### International

- ▶ ICD-11 – the international standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data. Pain is now incorporated into this system. <https://icd.who.int/en>
- ▶ Global Alliance of Partners for Pain Advocacy (GAPPA) <https://www.iasp-pain.org/advocacy/global-alliance-of-partners-for-pain-advocacy-gappa/>

### National

#### Faculty of Pain medicine

- ▶ Core Standards for Pain Management Services (CSPMS) 2021. <https://fpm.ac.uk/standards-guidelines/core-standards>
- ▶ Outcome Measures. 2019. <https://fpm.ac.uk/sites/fpm/files/documents/2019-07/Outcome%20measures%202019.pdf>
- ▶ Improving the Lives of People with Complex Chronic Pain: How to Commission Effective Pain Management Services in England. 2020. [https://fpm.ac.uk/sites/fpm/files/documents/2020-06/Commissioning%20guidance%20draft%20design%20FINAL\\_0.pdf](https://fpm.ac.uk/sites/fpm/files/documents/2020-06/Commissioning%20guidance%20draft%20design%20FINAL_0.pdf)
- ▶ Commissioning of Chronic Pain Services and Covid-19 (March 2021). Addendum to Improving the Lives of People with Complex Pain: How to Commission Effective Pain Management Services in England. <https://fpm.ac.uk/sites/fpm/files/documents/2021-03/commissioning-and-covid-19.pdf>
- ▶ Framework for Pain Services for Cancer and Life-Limiting Disease. 2019. [https://fpm.ac.uk/sites/fpm/files/documents/2019-07/Framework for pain services cancer and life limiting disease 2019.pdf](https://fpm.ac.uk/sites/fpm/files/documents/2019-07/Framework%20for%20pain%20services%20cancer%20and%20life%20limiting%20disease%202019.pdf)
- ▶ Practical Pain Management in Specialist Care: How to help people with chronic pain when population based national guidance fails to help. 2022. [https://fpm.ac.uk/sites/fpm/files/documents/2022-02/Practical%20Pain%20Management%202022\\_0.pdf](https://fpm.ac.uk/sites/fpm/files/documents/2022-02/Practical%20Pain%20Management%202022_0.pdf)

#### GIRFT

- ▶ Spinal Services GIRFT Programme National Specialty Report. January 2019. <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/01/Spinal-Services-Report-Mar19-L1.pdf>
- ▶ Rheumatology GIRFT Programme National Specialty Report. <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/08/Rheumatology-Jul21h-NEW.pdf>

#### NICE

- ▶ National Institute for Health Care Excellence. Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. NICE Guideline [NG193]. 2021 <https://www.nice.org.uk/guidance/ng193>
- ▶ National Institute for Health Care Excellence. Low back pain and sciatica in over 16s: assessment and management. NICE Guideline [NG59]. 2016. Available from <https://www.nice.org.uk/guidance/ng59>
- ▶ Trauma Programme of Care: NHS England National Low Back Pain and Radicular Pain pathway 2017. Including Implementation of NICE Guideline NG59. Available from [https://www.ukssb.com/\\_files/ugd/dd7c8a\\_caf17c305a5f4321a6fca249dea75ebe.pdf](https://www.ukssb.com/_files/ugd/dd7c8a_caf17c305a5f4321a6fca249dea75ebe.pdf)
- ▶ National Institute for Health Care Excellence. Endometriosis: diagnosis and management. NICE Guideline [NG73].



2017. Available from <https://www.nice.org.uk/guidance/ng73>

- ▶ National Institute for Health Care Excellence. Neuropathic pain in adults: pharmacological management in non-specialist settings. NICE Clinical Guidance [CG173]. 2020. Available from <https://www.nice.org.uk/guidance/cg173>
- ▶ National Institute for Health Care Excellence. SCS for treatment for chronic pain of neuropathic or visceral origin. NICE Technology Appraisal Guidance [TA159]. 2008. Available from <https://www.nice.org.uk/guidance/ta159>

## **SIGN**

- ▶ SIGN 136 Management of chronic pain [https://www.sign.ac.uk/media/1108/sign136\\_2019.pdf](https://www.sign.ac.uk/media/1108/sign136_2019.pdf)

## **NHSE**

- ▶ Adult Specialised Pain Service specification. <https://www.england.nhs.uk/wp-content/uploads/2019/08/Adult-Specialised-Pain-Service-Specification.pdf>
- ▶ Designing integrated care systems in England. <https://www.england.nhs.uk/wp-content/uploads/2019/08/Adult-Specialised-Pain-Service-Specification.pdf>

**British Pain Society** <https://www.britishpainsociety.org/british-pain-society-publications/professional-publications/>

**Physiotherapy Pain Association** <https://ppa.csp.org.uk/>

**Chartered Society of Physiotherapy** <https://www.csp.org.uk/conditions/managing-pain-home>

**Personalised Care Institute** <https://www.personalisedcareinstitute.org.uk/>

**Social Care Institute for Excellence** <https://www.scie.org.uk/integrated-care>

## **Arthritis and Musculoskeletal Alliance (ARMA)**

- ▶ Pain and musculoskeletal conditions <http://arma.uk.net/pain-and-msk/>

## **Versus Arthritis**

- ▶ Chronic pain in England unseen unequal unfair. 2021. <https://www.versusarthritis.org/media/23739/chronic-pain-report-june2021.pdf>

**Live Well with Pain** <https://livewellwithpain.co.uk/>

**Flippin Pain** <https://www.flippinpain.co.uk/>



[www.fpm.ac.uk](http://www.fpm.ac.uk)

[@FacultyPainMed](https://twitter.com/FacultyPainMed)

[contact@fpm.ac.uk](mailto:contact@fpm.ac.uk)

0207 092 1682

Churchill House  
35 Red Lion Square  
London WC1R 4SG

©2022 Faculty of Pain Medicine of the Royal College of Anaesthetists