

## **An update from the Faculty of Pain Medicine (FPM) and British Pain Society (BPS) to those waiting to access pain management therapy in NHS Pain Services across the UK**

**October 2020**

The Faculty of Pain Medicine, in collaboration with the British Pain Society, would like to acknowledge those who have been unable to access pain services during the pandemic and assure you that we are working hard to ensure these services can safely resume.

In the past six months it has become apparent that due to the COVID-19 pandemic many pain services across the UK have been severely disrupted. This has partly arisen because many pain service staff were temporarily redeployed to help manage patients admitted to hospital with severe COVID-19 symptoms, in particular those who were critically ill.

Although a survey run by the Faculty of Pain Medicine (FPM) in May showed that the majority of pain services continued to provide some aspects of pain management during the peak of the pandemic, we do recognise that the pandemic has had a very significant impact on the ability of most services to provide multidisciplinary pain management. The majority of pain services have been unable to offer face to face consultations with all members of pain teams, including doctors, nurses, psychologists, physiotherapists and occupational therapists. Therapies including attendances by groups of patients have been impacted, and many services have significantly reduced access to pain intervention procedures other than for cancer patients and emergencies.

We are very aware that as a result many people have been unable to access pain services and we would like you to know that you have not been forgotten. We would like to assure the public and in particular all persons living with and suffering from long term pain that we have not been idle in the meantime. The Faculty of Pain Medicine, responsible for training pain doctors and setting professional standards for pain services, and The British Pain Society, representing most specialists working in multidisciplinary pain management teams, have been regularly collaborating with NHS England through the Faculty's parent college, the Royal College of Anaesthetists, and other allied professional associations respectively. Both the FPM and BPS have issued guidance to their members on safely providing treatments and resuming services in the current circumstances and continue to provide regular updates to ensure that this guidance remains up to date as the pandemic evolves and the pressures on the NHS changes.

### **We thought it would be useful to answer some of your frequently asked questions:**

**1. Are pain clinics still seeing patients?**

Throughout the pandemic over three quarters of pain clinics across the UK have continued to support and manage patients' pain as best as possible. However, the type of services provided have had to be adjusted to allow for minimising patient risk as much as possible by reducing hospital visits and patient-clinician contact.

**2. Will I still be able to have face to face consultations?**

All clinicians within pain clinics are assessing each patient's individual needs and wherever possible trying to arrange remote consultations in order to minimise risk of COVID-19 virus transmission. Remote consultations are usually held over the telephone at a pre-arranged time or via a video assisted consultation using a platform such as NHS-Attend Anywhere. This allows you to see and speak to your pain clinician on your computer.

3. **What happens if I need to see a physiotherapist, nurse, occupational therapist or clinical psychologist in my pain team?**

You are also able to see all members of the pain team via telephone or video, or possibly face to face. After risk assessment, each member of the pain team will decide the best way to communicate with each individual patient depending on need.

4. **What happens if I do not have access to a computer or internet?**

The pain team will try to arrange a telephone consultation if possible. However, if it is important that your clinician sees you or needs to examine you, then a face to face consultation will be arranged instead as soon as possible depending on the local COVID-19 guidelines.

5. **Is it safe for me to attend for a face to face consultation?**

All NHS hospitals and their clinicians take patient safety very seriously. Pain clinics will take all the appropriate steps required in line with the established guidelines to minimise your risks of contracting the COVID-19 virus to an absolute minimum if you need to attend. If you have any concerns during your visit please speak to a member of staff. You will be required to wear a face mask in hospital or clinic premises, and you will be asked screening questions (e.g. Do you have a temperature? Do you have a cough?) when you report to the hospital reception desk.

6. **What happens if I need to have investigations done?**

Although at the height of the pandemic most hospitals had limited radiology services (e.g. MRI scans, X-Rays, bone density scans), most have now resumed routine scanning. Unfortunately, there is likely to be a backlog of patients waiting and therefore the waiting times are likely to be longer. Your doctor is still able to request blood tests if required, and most hospitals have developed ways of ensuring social distancing in their waiting areas to minimise risk of virus transmission. Any investigations that are deemed urgent are prioritised so that patient care is not compromised.

7. **My pain is very severe and I have exhausted all other modes of treatment – I think injections may help. Can I ask my doctor for this treatment?**

As the pandemic remains likely to continue for the coming months and we are all learning to adjust our life to minimise its impact, the Faculty of Pain Medicine and the British Pain Society recognise that timely recommencement of injection treatment may be appropriate for some patients. We have therefore issued guidelines to clinicians that help to minimise the risk of attending hospitals for such procedures, as much as possible.

We also recognise that there is a significant variation in the incidence of COVID-19 across the country, with various regions now showing relatively smaller numbers. In these areas the risk of contracting COVID-19 following injections may be less. Individual Hospital Trusts are also implementing other ways of minimising risks, such as screening for COVID-19 three days prior to procedures and also asking patients to self-isolate for a period of time. This also helps to minimise risk for the hospital staff. *However, we remain quite clear in our advice to patients and clinicians that the risk for each and every individual patient cannot be measured accurately. We continue to advise that patients and their clinicians explore every possible way to minimise risk of any treatment offered and to ensure that patients receive all the information they require to enable them to decide together with their clinician the best way forward.*

8. **I am waiting to have my injection that uses steroids – when is it likely that I will be able to have this treatment?**

The Faculty of Pain Medicine issued guidance to its doctors about the use of steroids for spinal injections. Steroids are commonly used in some but not all pain-relieving injections. Steroids suppress the immune system and therefore may increase the risk of either contracting the virus or having a worse outcome if the virus is contracted within at least six weeks of having steroid injections, or if you have the virus at the time of injection without being aware (it is possible to have the virus without any symptoms and it can take up to two weeks to incubate the virus before symptoms become evident). You may have read that dexamethasone (a type of steroid that can be used in pain relieving injections) can improve outcome for patients ill with

COVID-19 when they require oxygen or artificial ventilation to support breathing. However, the same study shows that the same drug could be harmful if given to patients in the early phases of COVID-19 infection. This is similar to findings on SARS and Middle Eastern Respiratory Virus MERS.

The FPM has therefore issued guidelines to its clinicians that help to minimise the risk as much as possible. We recognise that there is a significant variation in the incidence of COVID-19 across the country. In areas with a low incidence, the risks of contracting COVID-19 following injections is smaller. Individual Hospital Trusts are implementing other ways of minimising risks, such as screening for COVID-19 three days prior to procedures and asking patients to self-isolate for a period of time. This also helps to minimise risk for the hospital staff. *However, we remain quite clear in our advice to our patients and our clinicians that the risk for each and every individual patient cannot be quantified or measured accurately. We continue to advise that patients and their clinicians explore every possible way to minimise risk of any treatment offered and ensure that patients receive all the information they require to enable them to decide together with their clinician the best way forward.*

**9. I was waiting for group sessions – in a pain management programme – or other group sessions run by my pain clinic before the pandemic. When is it likely that I will be able to attend?**

Due to the need for social distancing, all group sessions have been temporarily suspended. However, pain services recognise their importance in helping patients learn to manage their pain. Many services are offering remote sessions through video links or offering the sessions on a one to one basis instead, or exploring how they can do so. We encourage you to consider contacting your own pain team if you are waiting for any form of group therapy to ask what they are providing.

**10. I have a disability and I am concerned as to how I will communicate with my pain clinician**

All members of the pain team will take into consideration any special needs that patients have. For instance, if you are unable to communicate on the telephone due to impaired hearing, your pain clinician will arrange a face to face consultation, and will wear a clear visor rather than a face mask if you normally lip read. If you require an interpreter, we will ensure that one is available even if the pain clinician is seeing you remotely. This will be done in line with the local clinical guidelines on COVID-19.

We hope that the above information helps to answer some of the questions that you have. We are very aware that many pain services now have a long waiting list for most appointments and we appreciate your patience and support during this difficult time as pain clinicians try to catch up. We also kindly ask you to keep in mind that the pandemic situation remains fluid.

We would however like to reassure you that we remain committed to supporting you and all the pain services in the UK to help deliver the highest quality services.