

Efforts in England to Improve the Management of Pain: Report to IASP

In the UK there has long been the recognition of the importance of managing pain well. This includes early pain, especially that in hospitals, with trauma and of low back pain, cancer pain with UK leading the way in the establishment of hospices and more recently with persistent pain. Now in the UK healthcare is devolved to the individual countries so this report will focus on efforts in England. However, it is important to mention that both Wales and Scotland have made significant attempts to develop national strategies for the management of pain with the Service Framework for pain in Wales launched in 2009 and the appointment of a Pain Tsar in Scotland in the same year.

Important milestones in the development of a policy on pain have included, in 1990 Pain after surgery, in 1997 the Audit Commission report on Anaesthesia and an HTA report on outpatient services for pain concluded that they offered reasonable value for money. In 2002 the Clinical Services Advisory Group reported as key issues the lack of individual budgets for departments, the lack of opportunity for patients to attend self care programmes and the lack of data as key barriers to effective management of pain. In 2009 the Chief Medical Officer for England, Sir Liam Donaldson, in his 150th annual report included a chapter on chronic pain that highlighted a number of areas that, if improved could have a significant impact on the situation. Dame Carol Black's report on health and well being in the working population highlighted pain as the key healthcare issue affecting people's ability to work. The key change in policy as a result of this report has been the introduction of the Fitnote system whereby GPs are asked instead of signing people off sick to inform the employer of what level of work the employee is fit to do. The national End of Life Strategy published in 2008 highlights the need for unnecessary pain to be eliminated. This is accompanied by an End of Life implementation programme. However the Darzi report on quality of care in the NHS hardly mentioned pain and the Care Quality Commission which oversees standards of care pays little attention to it. Therefore whilst there have been many individual areas that have had attention there has been a lack of a joined up strategy to manage pain in general despite its impact on the health of the nation.

The National Institute for Clinical Excellence (NICE) which advises purchasers of health care on areas of health where it believes interventions offer best value for money for the tax payer has included several aspects of pain management. Since the publication of the Chief Medical Officer's report there has been significant support from the Department of Health through his office to improve the situation for people with chronic pain. This has included:

1. Submission to the National Quality Board for prioritisation of pain.
2. Release of funding by the National Clinical Audit group for money to support a 3-year National Pain Audit in England and Wales (this is currently being run by the British Pain Society and Dr Foster research.) The aim of this is to develop indicators for the standards of care in pain services.
3. Submission to the Quality and Outcomes Framework for pain as an indicator in primary care performance.
4. Derivation of Essence of Care standards in Pain Management - this has been in draft stage for some time now however.
5. Agreement of the Royal College of General Practitioners to make pain a priority area for development for the next 3 years.
6. The British Pain Society has published a survey of university curricula on the management of pain. This has spurred universities to examine their teaching of pain. The British Pain Society and Faculty of Pain Medicine have submitted a bid for e-learning funding to the Department of Health.
7. Funding has been obtained for specific questions on pain to be included in the Health Survey for England next year.

The Faculty of Pain Medicine which is a statutory body has issued standards for pain services that have been used to inform the national Pain Audit. The preliminary findings from this indicate that commissioners of health care are unaware of the many pain services that exist particularly out of hospital and have no relationship with them. The Faculty have also highlighted Acute Pain: Scientific basis.

The recommendations that have proved hard to implement from the CMO's report have been the formation of regional pain networks, a regional champion and consensus agreement on pathways of care, the latter have been achieved in both Wales and Scotland, and a framework agreed through the Department of Health elective Care programme. We are therefore looking at the possibility of a summit to inform the development of regional pain networks. This has been somewhat hampered by the intention of the new coalition government to reorganize the regional structure (again!) but we hope to move forwards on this as soon as the beginnings of a structure become apparent.