By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee – 8 October 2010

Subject: Pain Management Services

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1. Key Definitions

(a) One commonly used definition of pain is that produced by The International Association for the Study of Pain:

1. "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage….
Pain is always subjective. Each individual learns the application of the word through experiences related to injury in early life".[1]

(b) Chronic pain is further defined as:

1. "Pain that persists or recurs for more than three months."[2]

(c) A common source of pain is musculoskeletal such as back pain and arthritis, but there are others such as headache, angina and neuropathic pain. About 5-10% of people will have chronic pain with no formal diagnosis[3].

(d) The definitions of the following two types of pain have been produced by NHS Quality Improvement Scotland[4]:

1. **"Nociceptive pain (tissue damage pain)** arises from mechanical, chemical or thermal stimulation of nociceptors (eg after surgery, trauma or associated with degenerative processes such as osteoarthritis). It is important to realise that pain may persist long after the nociceptive process has ended and that other factors e.g. psychosocial features may need to be considered."

2. **"Neuropathic pain (nerve damage pain)** is initiated or caused by a primary lesion or dysfunction in the nervous system (e.g. in conditions such as diabetic neuropathy or spinal cord injury). It

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[1] The International Association for the Study of Pain, http://www.iasp-pain.org/AM/Template.cfm?Section=Pain_Definitions&Template=/CM/HTMLDisplay.cfm&ContentID=1728#Pain

[2] The International Association for the Study of Pain, http://www.iasp-pain.org/AM/Template.cfm?Section=Home&section=2004_2005_Right_to_Pain_Relief&template=/CM/ContentDisplay.cfm&ContentFileID=311

[3] NHS Quality Improvement Scotland, *Management of chronic pain in adults*, p.xii, http://www.nhshealthquality.org/nhsqis/files/PAINCHRONIC_BPS_FEB06.pdf

[4] Ibid., p.xiv.

has quite different clinical features from nociceptive pain. It is less well localised and often is described as burning or shooting. It can occur in areas that are numb and where there is no tissue damage."

3. Table showing types of pain[5]:

Nociceptive (tissue damage) pain	Neuropathic (nerve damage) pain
• Well localised • May be more diffuse if visceral structures involved • Sharp • Stabbing • Ache • Gripping Examples of nociceptive pain • Arthritis • Trauma • Acute Post Operative	• Persistent • Burning • Paroxsysmal/spontaneous • "Electric Shocks" • Pain in the absence of ongoing tissue damage • Allodynia – painful response to stimuli that would not normally cause pain • Hyperalgesia – increased pain in response to pain stimulus • Dysaesthesia – unpleasant abnormal sensations Examples of neuropathic pain • Trigeminal neuralgia • Diabetic neuropathy • Post-herpetic neuralgia • Complex regional pain syndromes I & II • Peripheral Neuropathy

2. Recent Policy Developments

(a) Much recent discussion on pain management services refers to the Chief Medical Officer's Annual Report in 2008[6]. One chapter was specifically devoted to pain and made a number of recommendations. This chapter is included in its entirety as an Appendix to this background note[7].

[5] Ibid., p.xiv.
[6] Chief Medical Officers Report 2008, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/AnnualReports/DH_096206
[7] Sourced from the Department of Health website, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096233.pdf

(b) One of the recommended actions asked for the feasibility of a national network of rapid-access pain clinics to be explored. In the United Kingdom, pain clinics have developed since the 1960s when they were often run by "single-handed enthusiasts to the current multi-disciplinary clinics."[8] They are generally staffed by pain management specialists (usually anaesthetic-trained) who work alongside professions allied to health and the focus of services tends to be managing symptoms rather than curing pain.

(c) There are different models of pain-palliative care across the country, including different levels of integration between pain and palliative services.

(d) Although there are overlaps between palliative care and broader pain management services, they are not the same. For reference, the following definition of palliative care has been taken from the National Institute for Health and Clinical Excellence (NICE):

1. "…the active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments."[9]

(e) One of the key responses to the Chief Medical Officer's report by the previous Government was to agree funding for a national pain audit. This is being continued by the current Government:

1. "We are maintaining support for this initiative, which is led by the British Pain Society in collaboration with Dr Foster. More than 200 pain clinics are already signed up to provide data. The work is being piloted and data collection will begin later this year. We are expecting a report in the early part of 2012. The audit will not only assess the organisation of local services-location, staffing and equipment-but also assess the quality of patient care across NHS providers by measuring activities and outcomes."[10]

   Earl Howe, Parliamentary Under-Secretary of State, Department of Health.

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[8] NHS Evidence, *Knowledge outline: The role of the pain clinic*, http://www.library.nhs.uk/PALLIATIVE/ViewResource.aspx?resID=259097&tabID=290

[9] NICE, *Improving Supportive and Palliative Care for Adults with Cancer*, p.20, http://www.nice.org.uk/nicemedia/live/10893/28816/28816.pdf

[10] House of Lords Hansard, 7 July 2010, http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/100707-0002.htm#10070774000280

(f) Amongst the aims of the national pain audit will be to use the brief pain inventory scale as a way of measuring patient outcomes. There are a number of different pain assessment tools available. An example of a Brief Pain Inventory is appended to the background note[11].

[11] NHS Quality Improvement Scotland, *Management of chronic pain in adults*, pp.45-46, http://www.nhshealthquality.org/nhsqis/files/PAINCHRONIC_BPS_FEB06.pdf