

Chronic Pain Services

Dr Joan Hester
Consultant in Pain Medicine
King's College Hospital, London

joan.hester@kch.nhs.uk

Strengths

- Chronic pain services do improve outcomes and reduce use of healthcare resources
- Multidisciplinary team
 - Doctor, specialist nurse, physio, psychologist, occupational therapist, admin staff
- Out-patient based with small proportion requiring day-case procedures/more complex interventions
- Holistic approach; suitable for shift to primary care if delivered in the right way, with specialist pain service available for more complex cases

Weaknesses

- Unlimited supply of referrals; 21% prevalence of chronic pain in the population
- No quick fixes
- Requires training and expertise
- Difficult
- Many patients with chronic pain have complex biopsychosocial problems

Opportunities

- Can really improve quality of life
- Can reduce referrals to orthopaedics, rheumatology, neurosciences
- Training opportunities for healthcare professionals
- Can lead the field in chronic illness management
- Self help/self management programmes

Threats

- “Cinderella” service
- Perceived as being low turnover and unimportant
- Lack of understanding
- Can be done very badly if personnel not properly trained
- Poor management
- “Burn out” of staff/overwhelmed by numbers of referrals

Best practice 2007:primary care

- Trained GPswiSI; established competencies
- Consultant input into the service (weekly presence)
- Careful assessment which includes psychosocial
- Training programme
- Trained specialist nurses and physios, psychologist
- Patient support groups
- Can offer a wide range of therapies
 - TENS, acupuncture, drugs, simple injections, exercise programmes, relaxation, pain management programmes, education classes

When to refer to specialist pain service

- Clear guidelines for GPs and specialist nurses in primary care
- Complex cases with multiple problems
- Neuropathic pain not easily treated
- Acute sciatic or nerve root pain
- Psychological morbidity
- Second opinion
- Problem drug use (opioids)
- Specialist investigation required (MRI)

When to refer to regional pain service

- Complex Neuropathic Pain
- Central Pain (e.g. after stroke, spinal cord injury)
- Severe cancer pain
- Complex co-morbidities
- Pain Management Programmes
- Spinal drug therapies
- Neurosurgical procedures/blocks

18 week Commissioning Pathway for Chronic Pain: DH

- In early stage of development
- Lists assessment, diagnostic possibilities, and treatments that can be expected in primary care, specialist pain services and supra specialist (regional) pain services

Chronic Pain Policy Coalition

- [www. paincoalition.org.uk](http://www.paincoalition.org.uk)
- **PAIN [the 5th vital sign]** is designed to raise **awareness** and encourage **early assessment** of pain in order to help improve the **prevention, management** and **treatment** of chronic pain in the UK.