Key Pain Management Standards for CQC inspection frameworks

A. **Urgent and emergency care**

1. All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.

2. All in-patients with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines for communication with the APS.

B. **Medical care**

1. All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.

2. All in-patients with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines for communication with the APS.

C. **Surgery**

1. Acute pain management must be supervised by consultants and specialist nurses with appropriate training and competencies.

2. All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.

3. All in-patients with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines for communication with the APS.

D. **Critical Care**

1. Acute pain management must be supervised by consultants and specialist nurses with appropriate training and competencies.

2. All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.

3. All in-patients with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines for communication with the APS.

4. Patients with complex pain must be referred to the APS and reviewed in a timely fashion.

E. **Maternity and Gynaecology**

1. All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.
2. All in-patients with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines for communication with the APS.

F. **Services for children and young people, neonates and transition**

1. Children’s pain management must be supervised by consultants and specialist nurses with appropriate training and competencies.

2. All children with a complex pain problem should receive multidisciplinary pain assessment and management which addresses the biological, psychological and social components of their pain.

G. **Outpatients and Diagnostics**

1. A specialist pain management service will have at least two consultants who have achieved competencies and experience in advanced pain medicine, as defined by the Faculty of Pain Medicine of the Royal College of Anaesthetists, and undergo successful annual appraisal.

2. No sole practitioner acting in isolation, whatever their profession, can claim to run a pain management clinic or service.

3. Specialist pain management services will involve nursing, physiotherapy, occupational therapy and clinical psychology staff. These specialists will have dedicated sessional time in the pain management service and attend multidisciplinary team (MDTs) meetings.

4. Specialist pain management services must have access to dedicated pharmacy input.

5. Input from other local specialists, e.g. psychiatry, palliative medicine, surgical and medical specialities, gynaecology, paediatrics, neurology and rehabilitation medicine must be available as needed to manage the patient case mix.

H. **End of life care**

1. Patients with cancer-related pain must receive a pain assessment when seen by a healthcare professional, which at a minimum establishes aetiology, intensity and the impact of any pain that they report.

2. Access to analgesia must be available within 24 hours following a pain assessment which directs the need for analgesia. This must include access to a prescriber as well as access to a dispensed prescription.

3. Patients and carers must receive adequate information on the use of analgesics, especially strong opioids (in accordance with NICE guidance on *Opioids in Palliative Care*). This must cover how to take analgesia, the likely effectiveness of this, how to monitor side effects, plans for further follow-up, and how to get help - especially out of hours.