Health Education England Call for Evidence: Faculty of Pain Medicine Submission

In August 2014, the Faculty of Pain Medicine responded to Health Education England’s Call for Evidence with a detailed submission. The annual Call for Evidence is part of HEE’s plan of action to receive multiple data sources for accuracy in their demand forecasts. You can read more about it here: [https://hee.nhs.uk/work-programmes/workforce-planning/hee-workforce-planning-201415-call-for-evidence/](https://hee.nhs.uk/work-programmes/workforce-planning/hee-workforce-planning-201415-call-for-evidence/)

Please find as below a summary of our submission:

Drivers of Future Service

  - Specialist pain services can make a small but significant improvement on the quality of life of chronic pain sufferers, reducing the burden of care in this population who are heavy users of healthcare services.
  - Many existing pain management services fell well below national standards laid down by the IASP and FPM minimum requirements; only 40-60% of the clinics surveyed in England and Wales respectively, were sufficiently staffed for multi-disciplinary working.


→ Improved quality and better staffing of existing chronic pain services is necessary prior to/in-conjunction with service redesign. Ring-fenced funding or financial links between anaesthesia and allied health professions (psychology, physiotherapy) needs to occur to on a regional basis to achieve this.

- Research in the British Journal of Anaesthesia ‘Chronic pain epidemiology and it’s clinical relevance’ suggested that Chronic Pain is estimated to affect around 20% of the population and is higher in females, the elderly and deprived populations.

- Research from the Lancet in 2011 ‘Health and economic burden of the projected obesity trends in the USA and the UK’ and the World Health Organization (WHO) Chronic Disease Report highlight the impact that the increasing trend in obesity with a subsequent increase in stroke, diabetes, cardiovascular and cancer disease will have on future population morbidity.

→ This expanding, elderly population with significant co-morbidities is likely to increase demand for chronic pain services.
Future Service Models

- Currently CCGs are working on reduced health budgets and therefore are looking at cutting costs. Our response went on to summarise some of the risks.

→The current trend to cost-saving and out-sourcing (private or community service models) is detrimental to existing pain services and is contrary to the guidance laid down by both the British Pain Society and National Pain Audit.

→Uncertainty and regional variability from these workforce changes may impact on retention and recruitment of specialist staff.

→Outsourcing of pain services to AHP and community services is not supported within existing Faculty of Pain Medicine frameworks. Anaesthetic trainees who require pain-training experience may need to go to other regions/Trusts to achieve this training (under supervision of specialists accredited by the FPM), which will create workforce gaps locally.

→The FPM plans to survey CCG leads to monitor these issues.

Service demands

- We provided a breakdown of the data published in two Transmitter articles on workforce and AAC data.

- 22% of the existing chronic pain workforce is female. There has been an increased intake of female medical students across the country which may have an impact on the future workforce e.g. locum cover for maternity leave and less than full time working patterns over the next 10-15yrs. For more information please visit The King’s Fund: Medical Workforce

- England & Wales currently have less chronic pain consultants/100,000 population than Scotland and NI. There are therefore regions of the country that are currently understaffed relative to the national average; an additional 118 chronic pain specialists are required across England and Wales to redress this deficit.

→Increased training of pain specialists to CCT to adjust for these trends is needed in prior to any service expansion or development.

- The government expects a 50-100% increase in those aged >65yrs over the next 15-35yrs. This ageing population will increase demand on chronic pain services in the coming decades from chronic pain secondary to cancer, musculoskeletal disease, diabetes and increased post-operative surgical complications. For more information, please visit Parliament.uk: The Ageing Population

→In the absence of service redesign, planned increases/expansion in training of chronic pain specialists should commence now to adjust for these coming trends.
Skill mix/new roles/productivity

- 24/7 consultant working target will impact less on chronic pain specialists than anaesthesia; chronic pain is primarily scheduled work in outpatient areas in daytime, however there may be increased need for evening or weekend clinic work to improve patient access to services in some areas. This would have a financial impact on trusts and a secondary loss of sessional activity to anaesthesia or pain during the rest of the week.

- Community led pain services (jointly with primary care), nurse or AHP (physiotherapist) triage and assessment in secondary care and non-consultant grade staffing of pain clinics may mediate expansion of consultant workforce.

→ There is currently no recognised training structure or national governance system to manage this altered working pattern safely. Ad hoc development of these changes to facilitate waiting targets may occur on a regional basis, but happen without the support of the Faculty of Pain Medicine i.e. no overarching quality framework.

- Drug, interventional devices and injection therapies advances may improve pain management techniques, enabling faster recovery and reducing chronic pain severity.

← Overall prevalence is unlikely to change over next few decades. Any benefit from new techniques will take subsequent decades to trend through to impact upon clinical services.