The Future for People with Chronic Pain

A briefing document for commissioners, politicians and national stakeholders

Part of the ‘Right Patient Right Professionals Right Time’ initiative

**KEY MESSAGES**

A. Chronic (long-term) pain creates a significant socioeconomic burden for the UK.

B. Patients require trained specialists to successfully manage their chronic pain.

C. Currently one quarter of the population experience chronic pain and this will increase in prevalence as the population ages.

D. Patients with chronic pain must have access to specialist pain management services.

E. This document lays out a number of ways you can help the profession improve patient care.
WHAT IS THE PERSONAL COST OF CHRONIC PAIN?

People with pain that exists beyond the normal period of time expected for healing, often termed chronic pain, find themselves in an increasingly complex health service, where they can struggle to find both the pathways of care and the specialists who can manage their pain care. Pain is a common symptom of many diseases, but for a proportion of patients it may be the only symptom and so chronic pain is recognised as a condition in its own right. Pain is not only a physical condition. Though pain may be localised, severe unremitting pain impacts on social functioning, workplace roles and drains mental performance to such an extent that patients often feel depressed and isolated. Patients can become suicidal from the burden of their symptoms. Severe chronic pain shortens life expectancy. It is estimated that 14 million people live with chronic pain in England alone — a quarter of these people stated that their pain had kept them from their usual activities, including missing more than 2 weeks of work in 3 months. The prevalence of chronic pain increases with age. The UK population is getting older and we anticipate that chronic pain will become a greater problem for patients, families and society. However, chronic pain is not just a disease of old age, the majority of patients with chronic pain are of working age, yet 25% will lose their jobs and half will need time off because of their symptoms.

WHAT IS THE SOCIOECONOMIC BURDEN OF CHRONIC PAIN?

Chronic pain causes severe personal suffering to patients and their families but also brings additional costs to society:
- Pain is second most common reason given by claimants of welfare benefit.
- £584 million is spent on prescriptions for painkillers in the UK.
- The economic cost of pain is up to 10% of GDP.
- 41% of patients reported that their pain prevented them from working.

Patients with chronic pain make significant demands on healthcare resources:
- They consult their GPs up to five times more frequently than other patients. This translates to 4.6 million GP appointments per year or an estimated financial cost of £69 million.
- They are hospitalised nearly three times as often as the general population.

The burden of chronic pain is increasing as the population ages and the UK is poorly placed to manage this problem.
HOW IS CHRONIC PAIN CURRENTLY MANAGED?

The majority of chronic pain is usually managed at a community or primary care level. However, when symptom control is not achieved in a timely way, patients with chronic pain need to access specialist (secondary) and specialised (tertiary) pain centres, where higher intensity and complex treatment options are available. Chronic pain should not be left untreated. It is a progressive condition that will not resolve spontaneously. Thus it is imperative that ‘the right patient should see the right professionals at the right time,’ with minimal delay between healthcare systems.

“The successful management of chronic pain requires seamless integration between primary, secondary and tertiary care. Patients should not be left on their own to navigate the spaghetti junction of providers, assessment, treatment and support.”

Earl Howe, 2011 Pain Summit

WHAT NEEDS TO CHANGE?

The Faculty of Pain Medicine (FPM) of the Royal College of Anaesthetists is the professional body responsible for the training, assessment, practice and continuing professional development of specialist medical practitioners in the management of pain in the UK. It supports a multi-disciplinary approach to pain management informed by evidence-based practice and research and wishes to highlight the following problem areas:

1. **Inadequate undergraduate teaching of pain management.**
   The UK has the smallest amount of pain education in Europe, only 11 hours within a 5 year average medical curriculum. Therefore non-specialists are poorly placed to support patients with complex chronic pain.

2. **Insufficient staffing of current pain management services in England and Wales.**
   Services cannot meet national standards and manage complex pain well without multidisciplinary working to address the complex biological, social and psychological sequelae of pain; ongoing recruitment and retention of specialist staff is essential.

3. **Pain Services are poorly represented within current clinical commissioning frameworks.**
   Funding for pain services is often split between several medical directorates, this can be a barrier to service development. Clinical commissioning groups must prioritise chronic pain service development regionally and link strategically to coordinate access to tertiary services.

4. **Shortfalls in specialist pain workforce training.**
   The UK has only around 0.4 WTE (whole time equivalent) trained pain specialists per 100,000 population. Workforce planning suggests specialist output will be insufficient to replace expected retirements and meet increasing service demands.
The FPM, which has developed a number of educational and guideline resources designed to improve pain management provision in the UK, is committed to supporting better quality pain management and has:

- Piloted Essential Pain Management Lite, a foundation in understanding pain, in two medical schools. **We would like to ensure this is rolled out to all undergraduate trainees.** Page 5 of https://www.rcoa.ac.uk/document-store/transmitter-autumn-2015
- Produced **Core Standards for Pain Management Services**, which represents a benchmark for the delivery of pain management within the UK. **We would like to ensure it is the foundation of all Pain Management commissioning.** http://www.rcoa.ac.uk/faculty-of-pain-medicine/standards
- Piloted ASK2QUESTIONS as a tool to facilitate quicker screening and identification of patients with chronic pain. **We would like to see this validated across primary care.**
- Engaged with national workforce planning submissions. **We would like to ensure there are enough Pain Medicine specialists to meet the needs of patients.**

The Faculty would encourage you to support these initiatives to help give people with chronic pain the best healthcare we can provide. We will be encouraging patients, relatives and carers to engage with you on these important areas.

**SUMMARY**

The mistaken perception that there are no immediate health consequences from deficiencies in chronic pain service delivery has led to chronic pain provision falling behind acute care specialities, cancer care management and other long-term conditions. As outlined in this document the long-term consequences of poorly managed chronic pain are substantial; in patient terms these include reduced life expectancy and prolonged suffering with physical and psychological disability. To society, chronic pain generates an enormous financial burden from additional healthcare usage and loss of work.

Therefore, we cannot afford not to treat chronic pain. We must ensure that adequate service provision exists across community, primary, specialist and specialised care with timely and seamless movement between levels of care. If CCGs fail to prioritise this then political oversight will be needed to drive forward the necessary changes.

Ongoing education and training in pain medicine at both an undergraduate and postgraduate level is required to ensure the UK has sufficiently trained professionals in place to manage chronic pain effectively and to ensure that:

**The right patient** is seen by the **right professionals** at the **right time**.
REFERENCES

14. FPM Workforce Analysis: http://www.rcoa.ac.uk/faculty-of-pain-medicine/workforce

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