

The British Pain Society & Dr Foster Intelligence Joint Press Release

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The final report of the National Pain Audit finds that safety protocols need to be reviewed in many services.

A British Pain Society and Dr Foster Intelligence joint Audit has found that safety protocols need to be reviewed in many specialist pain services to ensure that mental health risk assessment and full case reviews of missed diagnoses are routinely performed. The report recommended that specialist training is given to staff so they can better identify and manage those at risk.

The first ever National Pain Audit, carried out by the British Pain Society and Dr Foster Intelligence, was used to measure the availability and activity of NHS specialist centres for the diagnosis and management of complex chronic pain disorders in England and Wales. This four year study was commissioned by the Health Quality Improvement Partnership (HQIP) in September 2009 in response to the Chief Medical Officer's report in 2008 "*Pain: Breaking through the barrier*" which expressed concern that the needs of people with chronic pain were being poorly served by the NHS and wider society.

The final report from the audit, published today, has produced the following recommendations for the future development and management of specialist pain services in England and Wales:

- A model service specification for specialist services (i.e. community and secondary care hospital services) is urgently needed. The service specification needs to be setting independent and integrated with other specialties and providers, with clear treatment protocols in place. The Faculty of Pain Medicine is currently revising its recommendations and it would be helpful to include this.
- Safety protocols need to be reviewed in many services to ensure that mental health risk assessment and a full case review of missed diagnoses are included; staff training is required to identify and manage those at risk. This requires discussion with the National Health Service Special Commissioning Board as Patient Safety now falls within their remit.

Non-medical healthcare professionals such as Physiotherapy, Nursing and Psychology should develop National Occupational Competencies with Skills for Health. The British Pain Society could usefully co-ordinate this development.

- Specialised pain services (tertiary level hospital specialised pain services) need to work in an integrated fashion across a wide geographical area as virtually no single provider has the capability to manage the more distressed and disabled patient presenting with complex needs. This is currently being addressed through the Specialised Services Clinical Reference Group.

- There needs to be clearer linkage of Level of services to patient need. A classification of services such as that described for neuro-rehabilitation services may be useful.
- Clinics need to continually audit either formally or informally whether patients are beginning to understand persistent pain concepts. This could be included in the Royal College of Anaesthetists Audit Recipe Book.
- Services should link with vocational rehabilitation experts and occupational health physicians to develop new ways of working that would return people to work - the Chronic Pain Policy Coalition are currently developing this subsequent to the first English National Pain Summit.

Dr Cathy Price, Clinical Lead for the National Pain Audit, said *“this audit highlights the need for greater training and support for staff at specialist clinics and more significant emphasis being placed on safety at key moments in the patient journey. The National Pain Audit has provided an impressively comprehensive survey of the provision of pain services. It has explored the organisational structure and processes as well as the fundamental requirement of evaluating patient outcomes. The feedback will inform patients, clinicians and policy makers, of the current provision and limitations of services. The National Pain Audit will thus help evolve improved standards in the clinical management, safety and efficiency of specialist pain services”*.

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Notes to Editors:

1. The final report of the National Pain Audit is being launched on the 29th of October at The House of Lords, Committee Room G. between 12:30-and 14:00.

2. People with long-term, persistent or chronic pain that is refractory to usual pain care are seen in outpatient facilities by specialist pain services. This type of pain can significantly disrupt lives. Patients attending an English Pain Summit held in October 2011 highlighted the impact that pain had on their lives as exemplified by Keira Jones, a student:

“Everything I do now has a price in pain...it’s not really the pain itself that’s the problem. It’s the consequences of the pain that have the biggest disruption on my life.”

3. The Faculty of Pain Medicine is the professional body responsible for the training, assessment, on-going practice and educational development of specialist medical practitioners dealing with pain issues in the United Kingdom. Its core mission is to serve the community by promoting professional excellence. Advancing high quality pain practice is thus fully integrated with optimising patient care.

4. The Chronic Pain Policy Coalition brings together a wide range of professional bodies, patient organisations, parliamentarians and industry representatives, with the aim of working together to improve the lives of people living with pain and their families. Since its inception in 2006, the Chronic Pain Policy Coalition has been campaigning for improved pain management services in England.

5. The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK. Our membership comprises medical pain specialists, nurses, physiotherapists, scientists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients.

6. Dr Foster Intelligence is the UK’s market-leading provider of information, analysis and targeted communications to health and social care organisations. An independent organisation, Dr Foster Intelligence was launched in 2006 and is a joint venture between Dr Foster Holdings LLP and the Department of Health. Dr Foster aims to set a new standard in information for health and social care providers and their users and is legally required to follow a code of conduct that prohibits political bias and requires it to act in the public interest

7. Dr Foster can be followed on Twitter @DrFosterIntel for regular updates on hospital data, other data analysis, and news

8. A copy of the report can be downloaded from www.nationalpinaudit.org and http://www.britishpainsociety.org/members_articles.htm

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