Organisation of Acute and Chronic Pain Services in the UK

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How did Pain Services begin in UK?

- 1970s
- Keen anaesthetists performed injections for pain in their spare time
- Realisation that cutting nerves did not abolish pain
- Development of the palliative care movement
- Awareness that pain relief was inadequate in hospitals
- Movers and shakers

John Bonica 1917-1994

- Introduced regional anaesthesia 1944
- Author of the “Management of Pain” 1953
- Founded first multidisciplinary pain clinic in Seattle 1978
- Founded IASP

Patrick D Wall 1925-2001

- 1965: “Pain mechanisms: a new theory”
- Original thinker
- Co-editor of the Textbook of Pain
- Founding editor of the journal “Pain”
- Much loved charismatic man

Dame Cicely Saunders 1918-2005

- Founder of the hospice movement
- Initiator of regular administration of opiates
- Introduced idea of “total body Pain”
- Established culture of palliative care

Sam Lipton

- Founder of the Pain Relief Foundation in Liverpool UK, Sampson Lipton died aged 72 on December 6th, 1994. Sam was a pioneer in the treatment of chronic pain, an international figure in the pain world and a teacher and mentor to many pain doctors.

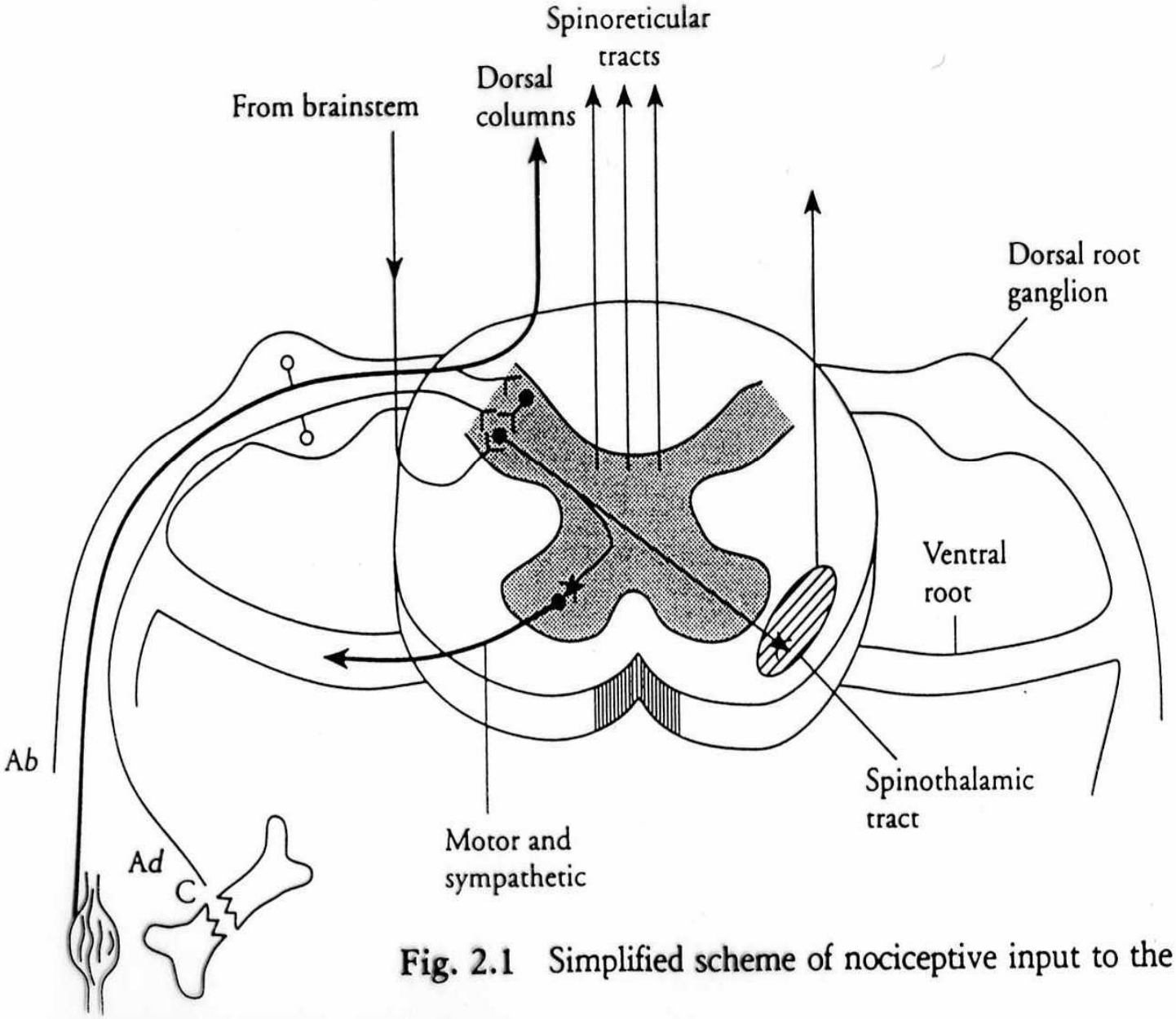
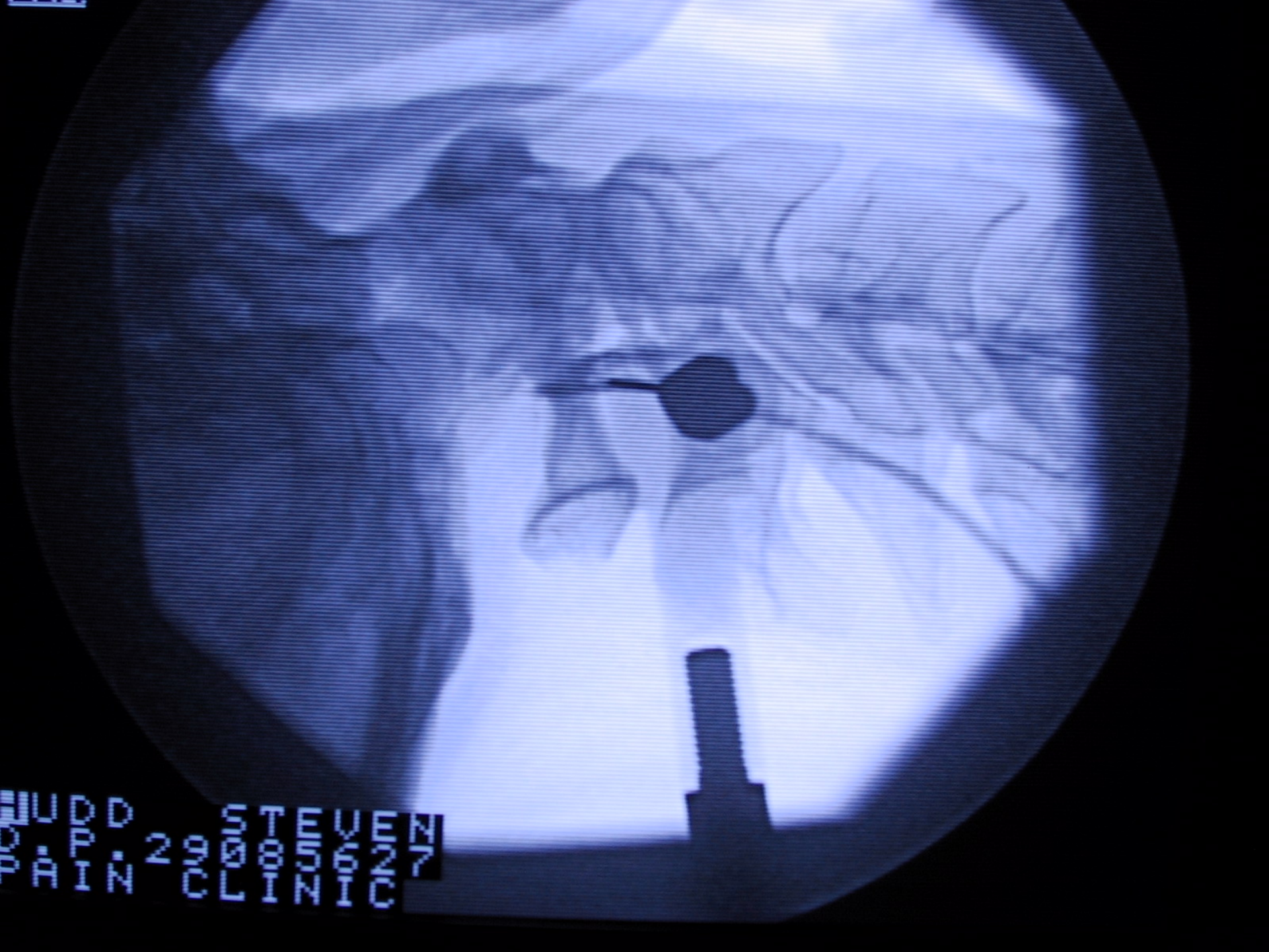


Fig. 2.1 Simplified scheme of nociceptive input to the spinal cord.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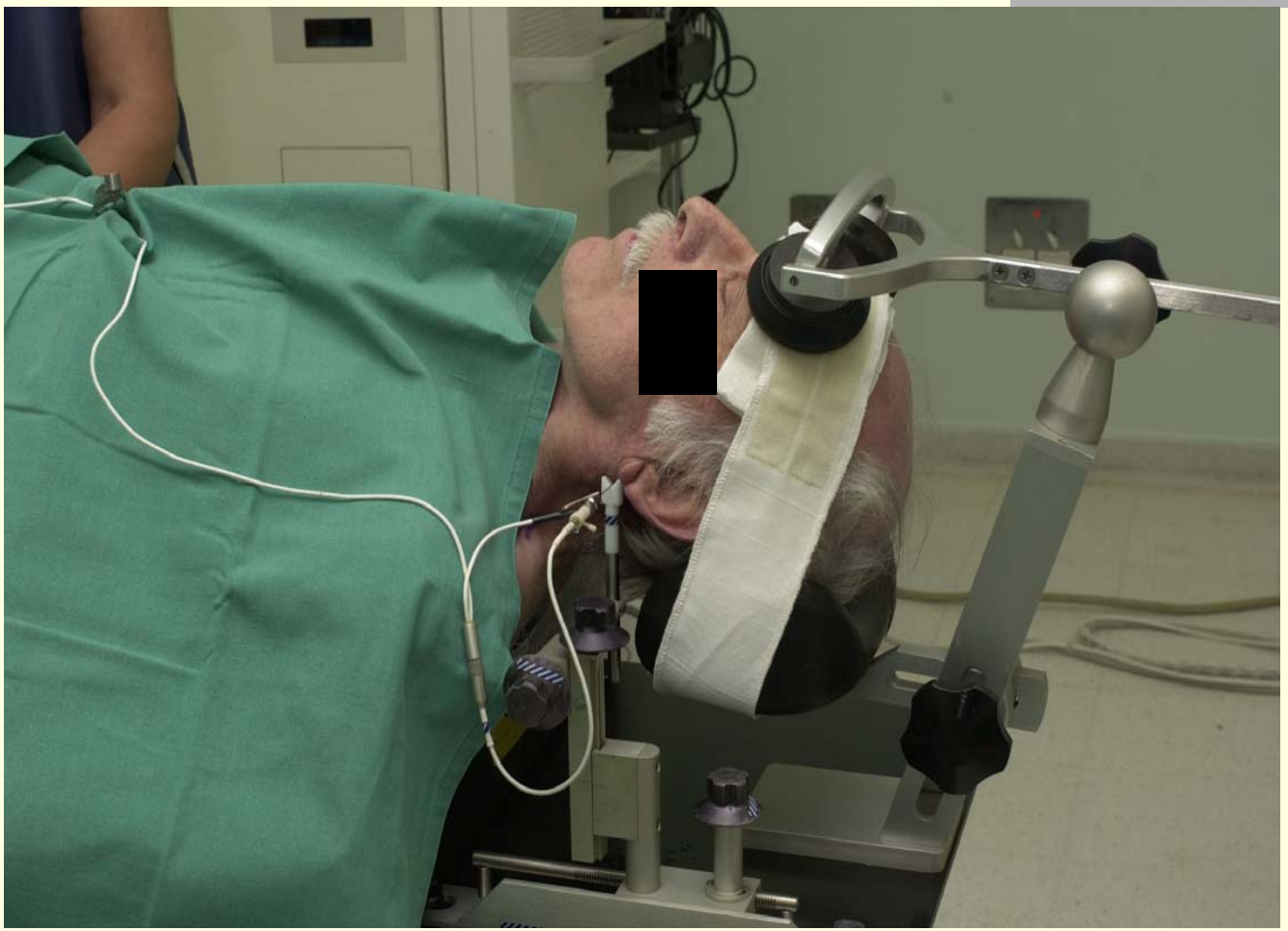
PAIN CLINIC

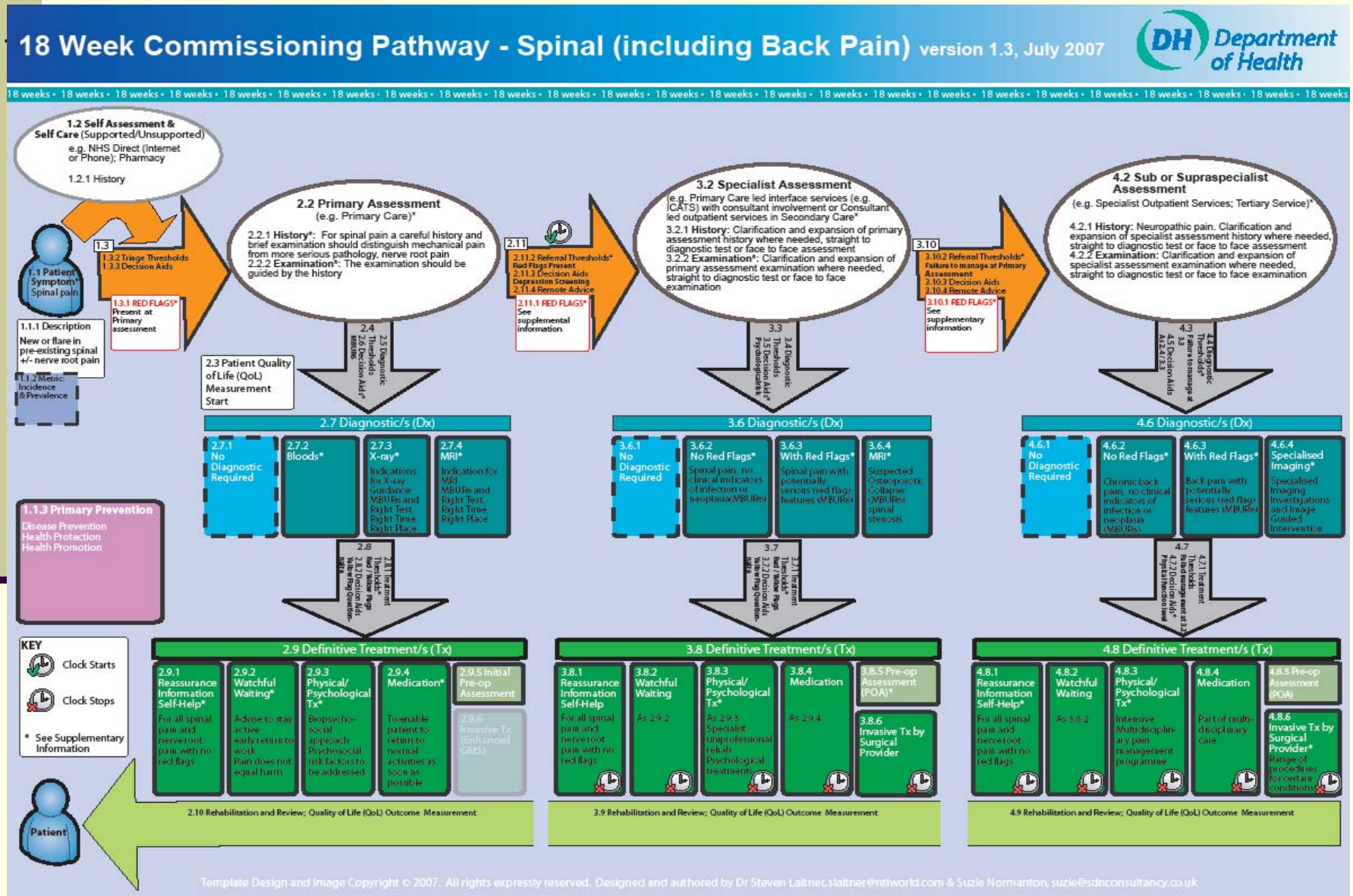
Cordotomy (Derek Pounder, Portsmouth)



How are services organised now?

- Acute pain
  - May be separate service from chronic pain
  - Present in all major hospitals in UK
  - May be an integrated service
- Chronic pain
  - Hospital based
  - Community based
  - Multidisciplinary teams
- Cancer pain
  - Largely in palliative care
  - Increasing input from chronic pain services

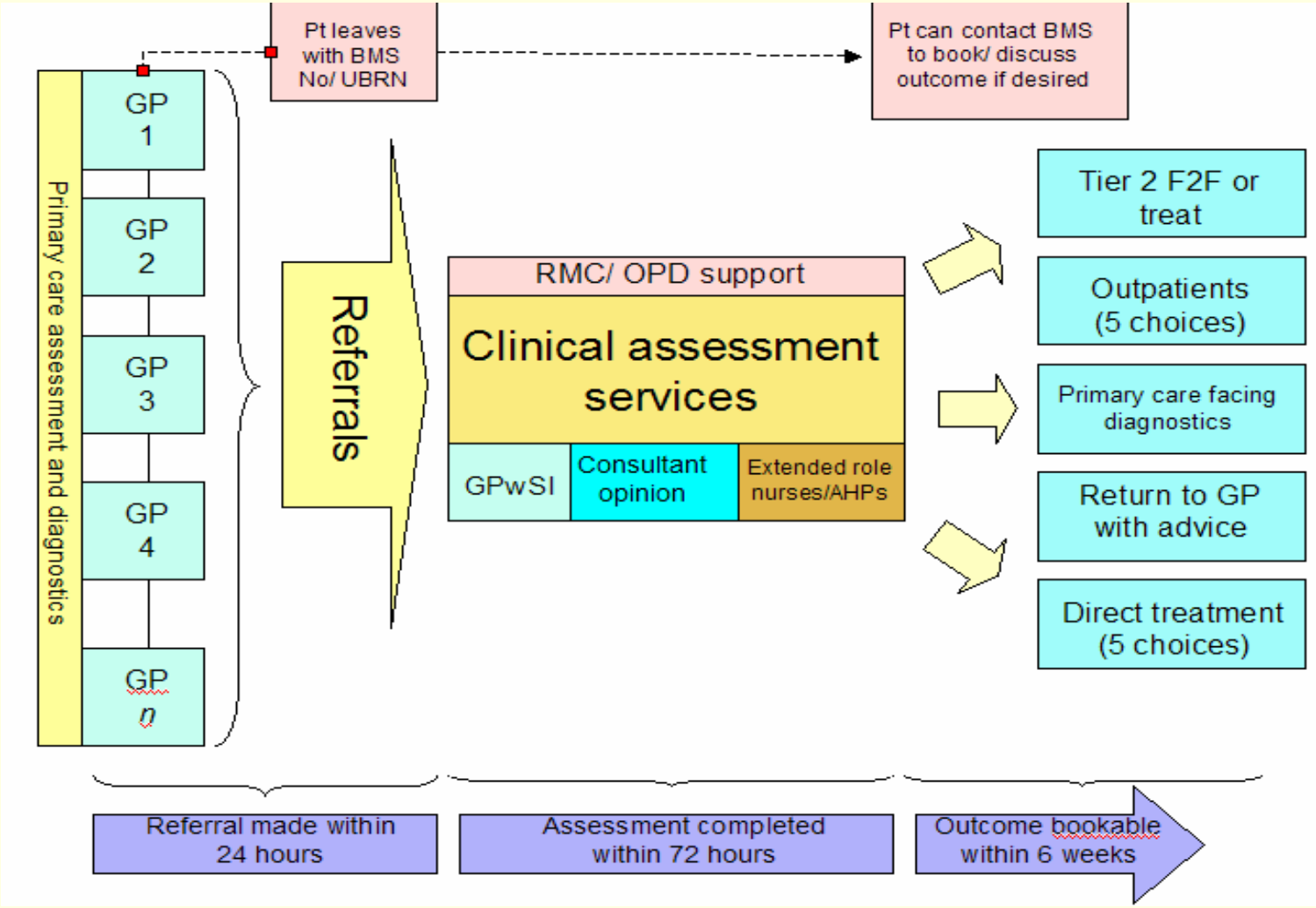
Department of Health



Primary Care initiatives

- GPs with a Special Interest in Pain Medicine
- Nurses, physiotherapists and trained in assessment and management of pain
- Triage (1727; the action of assorting according to quality OED)
- Pain Specialists working in Primary Care
- ICATS, Polyclinics

Integrated Clinical Assessment and Treatment Services



Secondary Care: Pain Clinics

- Consultant(s), trainee doctors, “other” doctors, specialist nurses, physiotherapist, occupational therapist, clinical psychologist, secretaries, manager

- Out patient clinics, theatre lists with XRay facilities, ward rounds, team meetings, business meetings, audit, teaching and research.


CLEAN HANDS
REDUCE CROSS INFECTION

Range of services provided

- Assessment
  - Holistic, includes psychological assessment
  - Often multidisciplinary
  - Simple pain management advice: pacing, goal setting etc
- TENS, acupuncture
- Drugs
  - Non opioids, opioids
  - Adjuncts eg gabapentin, amitriptyline
- Simple injections
- Cognitive Behavioural Therapy
- Education classes, pain management classes
- Day case injections/ radio frequency lesioning
- More complex interventions

Tertiary Referrals

- Specialist Techniques
  - Spinal Cord Stimulation
  - Intensive Patient Management Programmes
  - Intrathecal Drug Delivery
- Joint Clinics
  - Pelvic pain
  - Neurolgy/ headache
  - Maxillo-facial

Pain Management services 2008

- Scotland, Wales and Northern Ireland have their own directives
- In England (60 million people) there are about 200 hospital based pain clinics, perhaps 10 community services
- Referrals from GP or other doctor, new electronic nationwide direct booking initiative: “choose and book” has been a failure
- Patient is treated over a period of time and then discharged back to GP care.

Instigators of Change

- In July 2007, Secretary of State for Health Alan Johnson asked Ara Darzi, Baron Darzi of Denham, to conduct a 'once in a generation review' of the health service in England, consulting with patients and staff in order to set priorities for the next 60 years with a particular focus on questions of access, quality and safety.
- Pain management is becoming more important

The British Pain Society

- 1,700 members
- Multidisciplinary
- Education
  - Annual Scientific meeting
  - Seminars
  - Special Interest Groups
- Publications
- Patient Liaison Committee
- Website
- Forum for exchange of ideas
- Liaises with many other organisations

April 2007
Faculty of Pain Medicine of The Royal College of Anaesthetists Red Lion Square, London

Pain Management recognized as a Speciality in Australia

- Milton Cohen and Roger Goucke Pain Medicine 2006 (7) 473
  - Long and complex process initiated by the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists
  - Criteria
    - Need for specialism had to be defined
    - Based on sound clinical and scientific principles
    - Practitioners appropriately trained and qualified
    - Must define, promote and maintain high standards
    - Development must contribute to improved health care

In Summary….

- Start small and let pain services evolve
- Education is the most important aspect
- Set standards in training
- Think holistically; do not just do injections
- Integrate with cancer pain management
- Recognition comes from effectiveness
- Keep up to date
- Focus on the simple things and allow the patients to speak for you.