We must not forget acute pain when improving pain services

The chief medical officer’s recommendations to improve services for chronic pain management are long overdue but we must not forget acute pain, says Sharon Wood.

At last the poor provision of effective pain management for people with chronic pain is being recognised as a national problem. The chief medical officer (CMO) for England’s report recognises that an estimated 7.8 million people in the UK experience moderate to severe pain that has lasted for more than six months (Donaldson, 2009). This number is steadily rising and, given the ageing population, it is likely to escalate rapidly.

It is timely, then, that this report sets out vital recommendations to improve coherent chronic pain management across primary and acute care.

The CMO’s recommendations include:

- Training in chronic pain in the curricula of all healthcare professionals;
- Considering inclusion of pain assessment in the GP Quality and Outcomes Framework;
- Exploring the feasibility of a national network of rapid-access pain clinics;
- Exploring a model pain service or pathway of care.

Training in chronic pain for healthcare staff is imperative but not available equitably across the UK. Undergraduate training programmes should incorporate acute and chronic pain management as compulsory elements and should be aligned with summative assessment strategies. Postgraduate education could then build on this.

Routine assessment and documentation of chronic pain in primary and acute care is essential if it is to be recognised and managed appropriately. Nurses may be the first to identify chronic pain as a problem. A systematic approach to assessment, supported with appropriate training, will enable nurses to implement a pain assessment strategy immediately. This would enable referrals to an appropriate pain management service, care pathway or rapid-access pain clinic.

Patients first report pain to their GP, so access to high-quality pain services in the community makes sense. The composition of multidisciplinary primary care teams is not prescriptive and the area a team would cover is unclear in the report.

A national network of rapid-access pain clinics would raise the profile of chronic pain, not only for patients but within the health service. They would provide much-needed rapid referral to appropriate specialists and prompt treatment strategies. Where pain is not well managed, then referral to specialist pain services would provide complex pain management.

However, the CMO’s report does not provide guidance for managing chronic pain and acute-on-chronic pain in hospital. This is often a neglected area and if hospital pain services focus on complex pain referrals this group of patients may be missed.

The provision of acute pain management remains poor and patients still experience moderate to severe pain. This should not be forgotten or have resources reduced in order to implement the CMO’s chronic pain recommendations.

The report also discusses the incidence of chronic pain in children but does not provide any distinct recommendations for its future management. This is a long overdue report that recognises the suffering of millions of people. The change of focus of pain services from acute to primary care may have a profound impact on some patients.

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