

'Bringing people together'

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Chair: Chronic Pain Policy Coalition

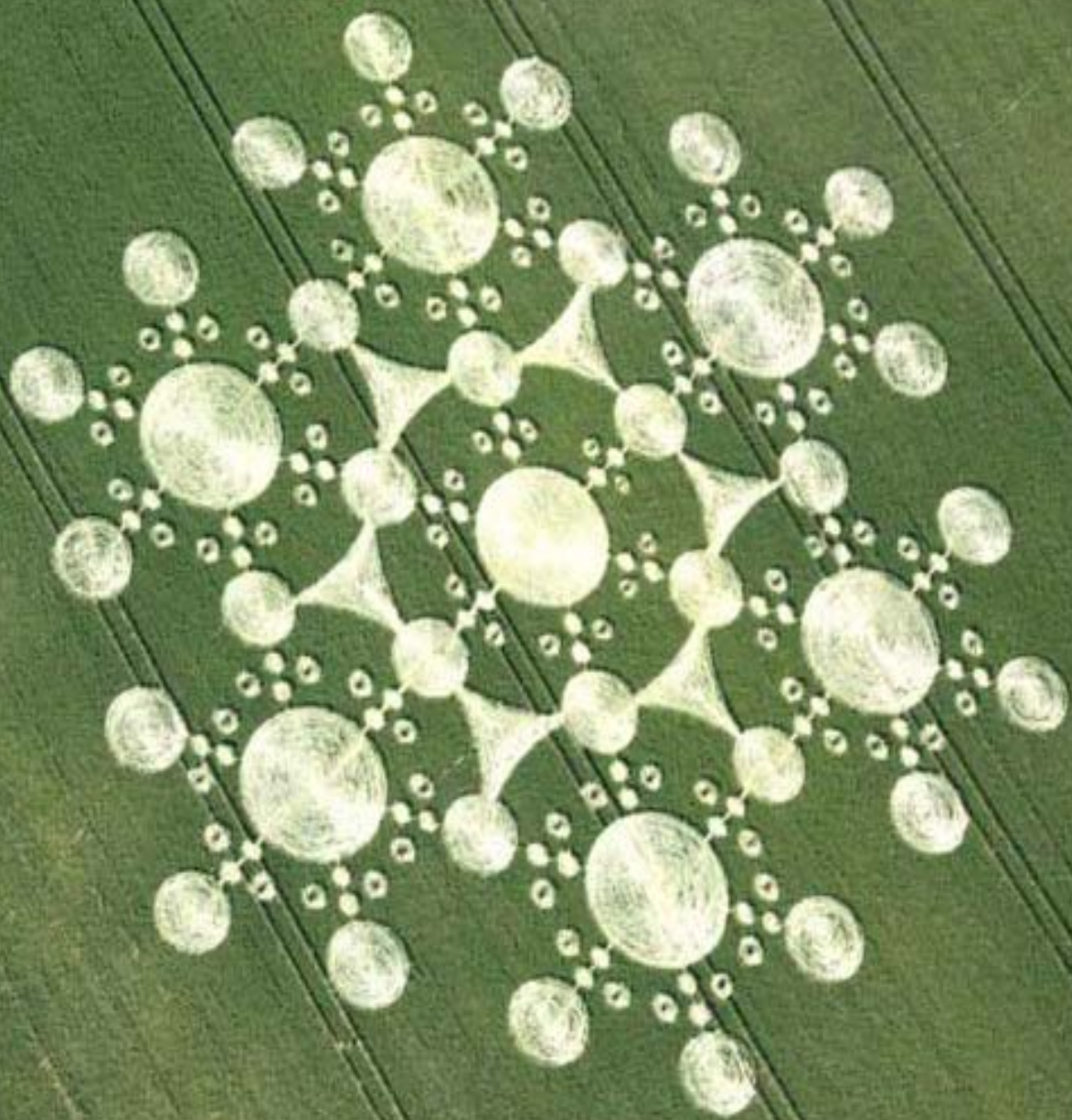
IASP: Past Treasurer and Council member

Disclosure Statement of conflict of interest in the context of the subject of this presentation

Within the past 12 months, I have had following financial interest/arrangement(s) or affiliation(s) below.

**Support for travel, Honoraria for lectures,
Honoraria for advisory board activities from:
Astellas, Grunenthal, Pfizer, Lilly, NAPP,
Mundipharma**





chronicpain
Policy Coalition



- The Chronic Pain Policy Coalition promotes policy solutions that contribute towards the improvement of the quality of life of those affected by chronic pain.
- The Coalition works to achieve this by linking representatives of people living with pain, policymakers, parliamentarians and professionals, creating an expert forum to increase awareness and understanding of the issues surrounding pain and to influence and facilitate positive action that will reduce the impact of pain on individuals and society.

Executive Committee Chronic Pain Policy Coalition

Chair: Dr Beverly Collett
Vice-Chair: Neil Betteridge

Affiliates

Pain Charities & Industry

Executive Committee

- Benjamin Ellis
- Martin Johnson
- Richard Langford
- Celia Manson
- Beatrix Maynard
- David Rowbotham
- Cathy Price
- Cathy Stannard
- Ann Taylor
- David Taylor
- Heather Wallace
- Paul Watson
- (Andrew Moore)

Administration

Rachel Downing
Lynva Russell
Douglas Eaton

Affiliates

The CPPC is supported by the following organisations:

- [Action for ME](#)
- [Action on Pain](#)
- [BackCare](#)
- [Derbyshire Chronic Pain Support Group \(COPING\)](#)
- [empower](#)
- [Endometriosis SHE Trust](#)
- [FibroAction](#)
- [Fibromyalgia Association UK](#)
- [National Lichen Sclerosus Support Group](#)
- [Pain Association Scotland](#)
- [Pain Concern](#)
- [Pain Relief Foundation](#)
- [Pelvic Pain Support Network](#)
- [Poole Endometriosis Support Group](#)
- [Scleroderma Society](#)
- [Shingles Support Society](#)
- [Spinal Injuries Association](#)
- [The British Polio Fellowship](#)
- [The Migraine Trust](#)
- [Vulval Pain Society](#)
- [The British Medical Acupuncture Society](#)
- [The British Pain Society](#)
- [British Society for Rheumatology](#)
- [The Faculty of Occupational Medicine](#)
- [The Royal College of Anaesthetists](#)
- [The Royal College of General Practitioners](#)
- [The Royal College of Nursing](#)
- [Royal College of Obstetricians and Gynaecologists](#)
- [The Royal College of Physicians](#)

Corporate Members

- Astellas
- Grunenthal
- Lilly
- Medtronic
- NAPP
- Pfizer
- Sanofi Pasteur

All-Party Parliamentary
chronicpain
Group

- Chair: Linda Riordan



- Treasurer /Secretary: Baroness Masham of Ilton



To raise awareness of chronic pain in children and adults and to provide a forum for discussion and debate amongst parliamentarians on those issues relating to the prevention, treatment and management of chronic pain and its associated conditions

Activities within Parliament and Government

- Parliamentary Questions (oral and written)
- Westminster Hall /House of Lords debate
- APPG meetings
- Constant dialogue with MPs and Lords
- Good liaison with Department of Health
- Good liaison with Long Term Conditions
- Good liaison with NICE

Pain
Summit

2011

- RCGP, BPS, FPM, CPPC, DH + rep of people with pain
Nov 22nd Central Hall Westminster
- Aimed at Clinical Commissioning Groups & Cluster PCTs
- Develop consensus on way forward
- Raise awareness of pain in Commissioners minds
- Support Quality Standard in Pain Management
- Publicise BPS Patient Pathway & Dr Foster/ BPS Audit
- Report of the Summit <http://www.painsummit.org/uk>
- Launch Final Report Parliament 4th July 2012.

Threats

- People don't believe the epidemiology
- 'All pain patients are mad'
- 'All pain patients are neurotic'
- 'All pain patients are malingerers'
- Patient with pain should self-manage
- Pain does not kill you
- 'Pain patients need to pull themselves together and get on with it'
- Children with pain are avoiding school
- Children with pain are attention-seeking
- GPs can manage chronic pain and pain clinics are not needed

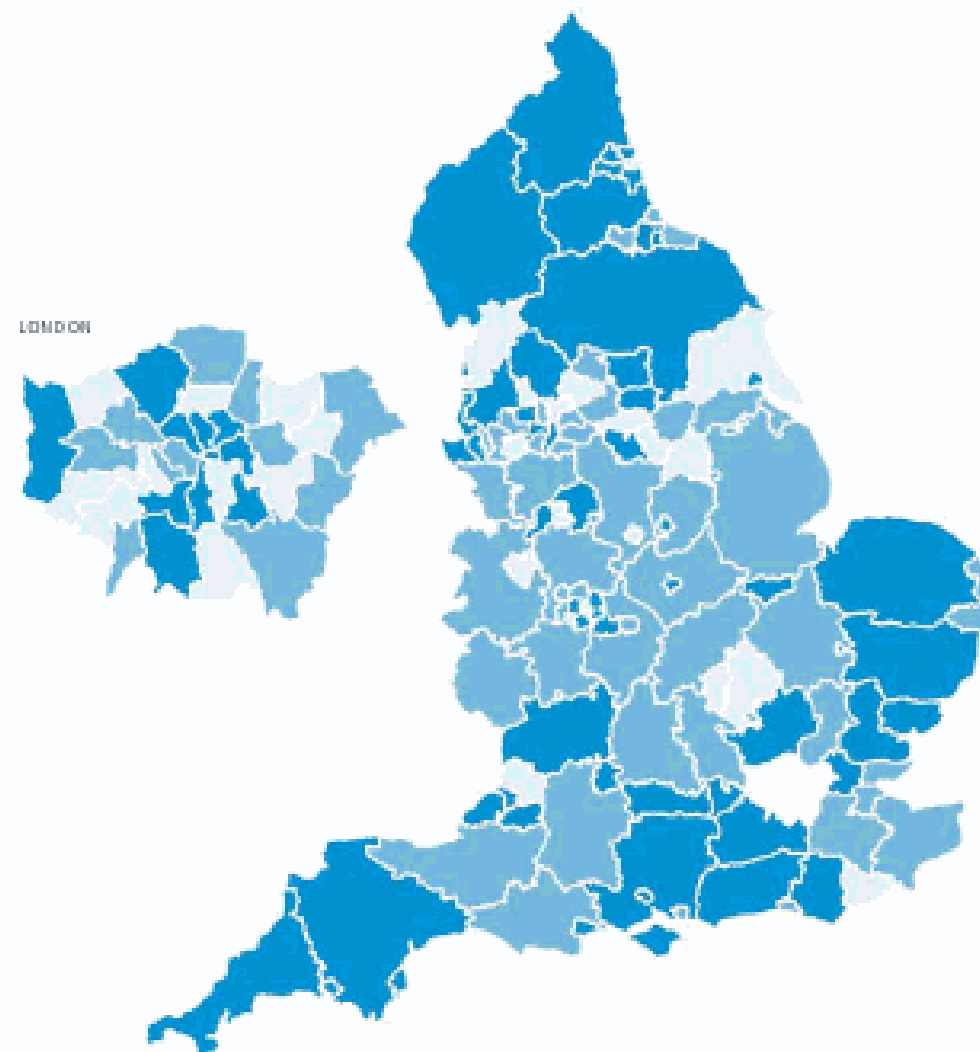
Five crises in Pain Management

1. Lack of evidence for outcomes
2. Inadequate education of primary care providers about pain and how to treat
3. Unknown value of opioids for CNMP
4. Funding for the providers of pain management
5. Access to multidisciplinary care

Pain Management is plagued by factionalism

main service in use

- limited priority service
- not limited priority service
- no service



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NICE Pathways

Quality standards

Into practice

QOF



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News

123 new quality standards announced

Musculoskeletal

- Low back pain
- Seronegative arthropathies
- Elective joint replacement (hip, knees and shoulder)

Other/cross-cutting

- Urgent & emergency care
- Perioperative care
- Long-term conditions, people with comorbidities, complex needs
- Pain management (young people and adults)
- Medicines adherence
- Nutrition in hospital, including young people
- Managing symptoms with an uncertain cause
- Diagnosis and management of drug allergy
- Challenging behaviour in learning disability
- Mental health problems with learning disability
- End of life care for infants, children and young people
- Intravenous fluids in children

21 March 2012

A condition in its own right?

'...the Scottish Government recognises that chronic pain is a condition in its own right'

Nicola Sturgeon Deputy First Minister and Cabinet Secretary

The Department recognises chronic pain as a long-term condition, either in its own right, or as a component of other long-term conditions. Everyone who suffers persistent pain should have a timely assessment in order to determine the cause - if a cause can be determined- and to advise on options for treatment, including self-help.

Paul Burstow in response to a PQ from Linda Riordan Feb 2012

"the most important modern insight is that chronic pain, however, it begins, can also become a disease in and of itself. Changes in the brain and elsewhere in the nervous system can cause pain to [persist long after any adaptive value'

US Senate. Deputy Director of NIH March 2012

Sir Liam Donaldson

5 point plan

1. Undertake a burden of disease analysis to describe the scale of the problem
2. Ensure that in the eyes of the public and the media, pain is a high street disease
3. Embed chronic pain within an NHS performance framework (preferably >1)
4. Showcase centres of excellence
5. Achieve universal use of pain as a clinical metric

November 2011

The Future

- Commissioning pathways across Primary / Secondary / Community / Occupational Health/Work care in all specialities
- Improved education health care professionals, patients, media, general public
- Involvement of patient
'Nothing about us, without us'