

SIP Recommendations for the EXPH Draft Opinion on the organisation of resilient health and social care following the COVID-19 pandemic

SIP thanks the Commission and the EXPH for the opportunity to comment on the Draft Opinion.

SIP Background:

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation (EFIC) and Pain Alliance Europe (PAE). SIP aims to raise awareness of pain and to change pain policies. The scientific framework of the SIP platform is under the responsibility of EFIC, and the strategic direction of the project is defined by both partners.

In Europe¹ there are approximately 740 million people², most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain is chronic pain. In other words, 150 million people are experiencing pain across Europe, approximately equal to the population of France and Germany combined.

In 2018, SIP published its Joint Statement³ which includes recommendations for policy action highlighting opportunities for action and collaboration by the European Commission, Member States, and civil society to reduce the societal impact of pain. These recommendations are based on the findings of the SIP Framing Paper³.

These recommendations form the over-arching and guiding principles for SIP, and are divided into four categories: **health indicators, research, employment, and education**. For this EXPH Opinion, we encourage the EXPH and the Commission to focus on the first of these principles, to include pain as an indicator in health systems performance assessment, particularly in the context of the digitalisation of health systems / services and experiences from COVID-19. Additionally, we encourage the EXPH and Commission to consider chronic pain patients as a distinct group of vulnerable patients in their own right.

Pain as an indicator in health systems performance:

A 2020 survey⁴ by PAE on e-health and m-health, (1789 citizens from 24 European countries), demonstrated that only 575 of the participants currently use e-health and m-health apps. For those who indicated why they do so, 118 use them to better manage their pain condition by themselves. Additionally, according to the results of a 2020 survey⁵ by PAE and EFIC on the impacts of COVID-19 on pain patients (19 countries), 28% of pain patients' appointments were cancelled, 17% rescheduled, and 32% were conducted by phone during the first wave of the pandemic. The findings from these surveys indicate both a risk of discontinuity of care for pain patients during health system shocks such as that from COVID-19, and a potential for greater use of e-health, m-health and telehealth services during shocks to health systems and services.

Pain services are currently evolving immensely due to COVID-19, with digital medicine becoming more central to patient care. Remote consultations as well as remote management will become more important. We therefore need to ensure that chronic pain patients are not

¹ Note: data taking from 37 countries, absent in Andorra, Armenia, Azerbaijan, Belarus, Georgia, Iceland, Liechtenstein, Luxembourg, Malta, Monaco, and the Vatican City.

² Eccleston, C., Wells, C., & Morlion, B. (2017). European Pain Management. Oxford, UK: Oxford University Press, ISBN: 9780198785750.

³ <https://www.sip-platform.eu/resources/details/sip-thematic-network-2018-joint-statement-now-available-in-several-languages>

⁴ <https://pae-eu.eu/wp-content/uploads/2020/10/Short-Report-PAE-2020-Survey-.pdf>

⁵ https://pae-eu.eu/wp-content/uploads/2020/07/First-results-of-the-COVID-19-Survey-2020_.pdf

compromised in this transition. Moreover, as we transition to digital medicine, considering how its infrastructure benefits chronic pain patients is a key question. Electronic Health Records (EHRs), for example, if standardised, should take into account pain measurement. Pain it's ultimately a subjective experience, though as we move towards consensus on pain measurement via certain Pain-Reported Outcomes Measurements (PROMs), this could become a realistic aspect of EHRs. Finally, as stated in Article 8 of Directive 2011/24/EU, prior authorization of cross-border healthcare should be based upon the degree of the patient's pain. Pain measurement is therefore a legal imperative as defined in EU law. Cross-border healthcare may become increasingly important as Europe seeks ways to manage the burden upon their own systems caused by shocks such as COVID-19.

Therefore, based on the aforementioned, establishing pain as a quality indicator as part of this Opinion on the organisation of resilient health and social care following the COVID-19 pandemic will contribute to strengthening the resilience of European health systems. The latter is of particular relevance when health systems are struck by a shock such as COVID-19 pandemic, where digitalisation of health services and systems have demonstrated to be crucial.

Recommendation: SIP recommends establishing pain as a quality indicator for health systems performance assessment, particularly in the context of the digitisation of health systems and services. (p. 43 / section no. 1.2.9. / l. 27, throughout the document in general)

Vulnerable groups and chronic pain patients:

In addition to recommending pain as an indicator, SIP also calls on the Commission and EXPH to include chronic pain patients as vulnerable patient groups. SIP acknowledges the two additional groups suggested by the EXPH as being part of the vulnerable groups, (the psychologically and economically vulnerable). SIP would like to add that these groups, (and the previous three groups of vulnerable people mentioned in the opinion), may all have pain in common. Chronic Pain is often present in many of these groups, their correspondent subgroups, and beyond. SIP believes it is important for chronic pain patients to be recognised as a distinct vulnerable patient group in their own right.

Recommendation: SIP suggests the addition of people living with chronic pain as part of the additional suggested vulnerable groups. (p. 52 / section no. 1.3.1. / l. 41)



For any SIP related enquiries please contact:

Jamie Wilkinson

Project Manager – Societal Impact of Pain (SIP)

European Pain Federation EFIC

Transparency Register no. 3510244568-04

E: jamie.wilkinson@efic.org / website: europeanpainfederation.eu

@EFIC_org