



SIP 2017 Steering Committee Meeting

From nice meetings to hard work!!!

Final Outcomes

04 October 2017, 10:00 – 17:00

Fondation Universitaire, Rue d'Egmont 11, 1000 Bruxelles, Belgium



On 4 October 2017, the SIP steering committee met in Brussels to align on strategic objectives addressing the Societal Impact of Pain (SIP) in 2018. With 50 participants from all over Europe, the steering committee discussed SIP's past activities in 2017, the outcome of the SIP symposium that took place in Malta and debated SIP's strategies forward for 2018.

After Sam Kynman of the European Pain Federation (EFIC) and Joop van Griensven of Pain Alliance Europe (PAE) provided warm welcoming remarks, the meeting started with a *tour de table* during which all steering committee members shared their expectations for the day. All participants were hoping to recap SIP's recent activities and to find new policy opportunities in the field of pain care in 2018.

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Session 1: SIP in 2017 and SIP 2017 recommendations

What is SIP and how does it achieve success?

The first session of the meeting concentrated on SIP's activities in 2017, its new policy recommendations, an overview of current EU Health Policy as well as a short presentation on the new Expert Group on the Social Impact of Pain on the European Commission's Health Policy Platform.

As a recap for all members, as well as an introduction to new stakeholders, Norbert van Rooij (Grünenthal) briefly elaborated on the origin and key objectives of SIP.

He explained that the "Societal Impact of Pain" (SIP) is an international platform created in 2009 as a joint initiative between the European Pain Federation EFIC® and Grünenthal GmbH and aims at: raising awareness of the relevance of the impact that pain has on our societies, health and economic systems; exchanging information and sharing best-practices across all member states of the European Union; developing and fostering European-wide policy strategies & activities for an improved pain care in Europe (Pain Policy).

Moreover, he highlighted that the goal of SIP is to ensure access to adequate pain treatment for all citizens and to unite all organisations and societies advocating better pain care to jointly address, define and foster pain policies.

SIP activities in 2017

Sam Kynman (EFIC) and Norbert Van Rooij (Grünenthal) gave a presentation on ongoing activities of SIP in the European political landscape - building its work on four blocks for European Policy:

- I. Engagement with national Permanent Representations: In 2017, SIP increased its engagement with national Permanent Representations to the EU and promoted SIP activities to ensure that national governments pay closer attention to (chronic) pain. This



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engagement delivered results: On 15 and 16 June 2017, the Council adopted its Health [Conclusions on 'Encouraging Member States-driven Voluntary Cooperation between Health Systems'](#). The Council included **chronic pain** in the conclusions inviting Member States to evaluate access to treatment. A major step forward for pain patients and addressing the societal impact of pain!

II. European Parliament engagement – Pilot project submission & outreach:

SIP worked with the office of MEP Heinz K. Becker (EPP, Austria) to propose to the European Commission a work stream adjusting the working conditions of chronic pain patients in the European workforce. As a result, the European Parliament submitted a pilot project to the framework of the 2018 budget under the title: **'Training Programme for Employers on Chronic Pain and Brain related health Conditions Management'**. The programme proposed preventive measures for conditions such as musculoskeletal diseases and mental illnesses in the workplace. In addition, it urged for investment in workplace infrastructure and assistance of occupational health professionals (OHPs) as well as the development of extracurricular training offered to OHPs.

III. SIP Meetings:

Under the motto 'Structured Cooperation of Health Care Systems to tackle the Societal Impact of Pain', over 300 European health care stakeholders from more than 20 countries met (8-9 June 2017) in Malta to discuss SIP 2017. During these two days, SIP held working groups gathering policy makers, members of the European Parliament, pain specialities, scientific researchers, patients' associations, advocacy, civil society and other stakeholders to discuss the following key issues on pain:

- Pain as a quality indicator for health care systems
- European and national platforms addressing the societal impact of pain
- Impact of pain on labour and employment
- Challenges, lighthouses, and best practices in pain policy

Each of the working groups produced several policy outcomes addressing the societal impact of pain. Based on these, the SIP partners formulated [five key recommendations](#) directed at the institutions of the EU and national governments:



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1. Establish an EU platform on the societal impact of pain
2. Use instruments to assess the societal impact of pain
3. Initiate policies addressing the impact of pain on employment
4. Prioritise pain within education for health care professionals, patients, and the general public
5. Increase investment in research on the Societal Impact of Pain

IV. Creation of the European Commission Expert Group on the Social Impact of Pain:

As a result of SIP's advocacy and outreach activities toward the European Commission, the Deputy Director General for Health, Martin Seychell, recognised the great importance of pain and the need to learn more about the status of pain's impact across the EU.

With this in mind, the Commission created a network for the new "Social Impact of Pain (SIP) Group", a forum uniting all pain stakeholders and the Commission. The SIP steering committee had the chance to exchange views on the new expert group with the European Commission's project managers of the EU Health Policy Platform Juergen Scheftlein and Abigail Moreno Ginés. The Commission's project managers explained that the platform provides pain experts an environment to exchange, compare and benchmark best practices between member states on pain management and its impact on society.

Mr Scheftlein and Ms Ginés highlighted that the aim of the European Commission is that the expert group is the forum to gather information on the status of pain across the EU and to increase the visibility of pain on the [European Commission's Health Policy Platform](#). Moreover, the Commission highlighted its involvement ahead as an observer and advised the steering committee to report back to the Commission. "It is up to all pain care stakeholders to get the most out of the platform by regularly reporting to the Commission on the developments of the expert group and thus contributing to improved EU policy-making."

Active Citizenship Network is interested in contributing to enrich the EU Health Policy Platform- Expert Group on the Social Impact of Pain with an online database of good practices already collected. The Commission's project managers confirmed that is possible to achieve it, so in the coming months this option will be managed.



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What's happening in Brussels in 2018?

Paloma Temiño (Burson-Marsteller) elaborated on upcoming trends in the European political landscape in the field of health care in 2018. She divided her presentation into three sections following the structure of the EU institutions.

- European Parliament: The Parliament is subject to many changes in 2018. The Brexit aftermath and the preparations for the European elections 2019 will bring a disruptive scenario to the legislative body which might impact our allies' priorities, hence their focus on engaging with SIP. Additionally, world political developments (e.g. the rise of Eurosceptic movements, extreme political parties, upcoming national politics and the calls for new treaties) will give a great deal of political uncertainty in the next 18 months. Overall, the general uncertainty might impact future European Parliament's priorities.
- European Commission: There are constraints being placed on the Commission's health administration resources resulting in the prioritisation of work where there is evidence of EU added-value (e.g. data protection and rare diseases). There is still scope to influence the EU employment, research and the wider social affairs agenda (through the new European Pillar of Social Rights).
- Council of the European Union: Finally, the presenter elaborated on the topics of relevance of the Council in setting the EU agenda. Estonia, which currently holds the Presidency, has chosen to focus on eHealth, reducing alcohol related harm, antimicrobial resistance, medicines, and HIV. In 2018, Bulgaria and Austria will be next to hold the Presidency of the Council.



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Session 2: SIP in 2018: A strategy forward

The second session of the meeting focused on SIP's strategy for 2018. Thomas Tölle (EFIC) opened the debate and encouraged steering committee members to participate. The session was structured under three leading questions:

- *Who is the key audience for SIP to address the societal impact of pain?*
- *What are the critical success factors for strategies addressing the societal impact of pain?*
- *What are the main issues/topics that SIP should address in 2018?*

Who is the key audience to address?

Sam Kynman (EFIC) presented six possible strategies to address key audiences in the debate on pain care in the European political landscape.

1. SIP partners - Continue working as usual, utilising what SIP has achieved so far.
2. European Commission - Liaise with the European Commission in the Health Policy Platform and in face to face meetings
3. European Parliament - Accept the invitation by several European Members of Parliament to organise a meeting in the Parliament
4. Permanent Representations to the EU - Accept the invitation by EU Permanent Representations in Brussels to organise an expert meeting on pain with national governments
5. Member States - Help build national SIP platforms through training sessions, help map out opportunities and help organise national coalitions
6. Council of the European Union - Advocating for the inclusion of SIP in the Austrian agenda in its upcoming Presidency of the Council of the EU (July – Dec 2018)

During the discussion, steering committee members debated whether to focus on the European or national level. Through a vote, all participants overwhelmingly agreed on the idea to move forward SIP at national level. However, several participants presented some areas of key importance at EU level. Rolf-Detlef Treede of the International Association for the Study of Pain (IASP) suggested to continue targeting the European institutions and to advocate for funding for research in pain care. Thomas Isenberg of the Deutsche

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Schmerzgesellschaft e.V. supported this approach and proposed to target the European Commission, and more specifically the different units in Directorate General for Health and Food Safety (DG SANTE) and/or Directorate-General for Research & Innovation (DG RTD) to shape priority areas in European funding.

Norbert van Rooij (Grünenthal) shared the outcome of the meeting with DG RTD officials the previous week, who shared the timeline of the upcoming Framework Programme 9 (FP9), the Commission's research funding programme that will replace H2020. SIP should reach out to local governments to spend money on pain. Participants agreed that SIP should urgently focus on influencing the new framework programme.

Neil Betteridge, Chronic Pain Policy Coalition (CPPC), agreed on the need to continue SIP's advocacy and outreach activities towards the European institutions. Additionally, he suggested a combination of a horizontal (best-practice sharing on member state level) and a vertical (targeting the European institutions) approach.

To highlight best-practice sharing on the national level, Monique Steegers of Radboud University Nijmegen Medical Centre presented her research on pain as a health care indicator.

Laurent Louette of the European Patient Forum (EPF) took the floor to stress the importance of the Council of the European Union in setting the agenda. "Next year will be crucial". He advised SIP to place efforts in the Member States (as representatives in the Council), in the upcoming months. We have a good opportunity to influence the areas of work of the next Commission (after 2019). "If we want the next Commission to work more on health, we should focus on the Council".

Sam Kynman (EFIC) highlighted that ideally SIP would go beyond the EU level and target national governments. He explained that one way to do so would be through the creation of national SIP platforms. Norbert van Rooij took the floor to support this direction.

Further comments:

- David B. Vodušek suggested we concentrate our attention on making the Expert Group a success.
- Serge Perrot suggested that all national ministries be involved, and not just health ministries.



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- Antonella Cardone suggested that the European commission hopes to identify best practices in policy implementation at country level

What are the critical success factors for strategies addressing the Societal Impact of Pain?

Having debated the key audience to address in the European political landscape, the discussion moved forward identifying critical success factors for strategies addressing the Societal Impact of Pain.

As a guideline to the discussion, Norbert van Rooij of Grünenthal presented the success factors of the International Association for the Study of Pain (IASP) and asked whether they could be useful to SIP:

1. Gathering of evidence on the burden of pain to the country
2. Gathering of information on access to care
3. Development of government policy on pain services
4. Formation of a broad coalition of stakeholders
5. A clear plan with timescales to achieve strategic actions

Rolf-Detlef Treede of IASP highlighted that while a useful tool, it would be difficult to apply all IASP factors to SIP.

Wilco Achterberg of the Leids Universitair Medisch Centrum (LUMC) stated that dimensions of pain care management differ among European Member States and thus different success factors will apply to the different Member States.

The Steering Committee agreed on the general usefulness of criteria such as those developed by IASP and considered it important to reflect upon the circumstances per country and the feasibility of having a successful campaign that relates to the existing SIP project.

What are the main issues/topics SIP should address in 2018?

The Steering Committee held a general discussion on issues and topics to be discussed in 2018. Rather than pick a set of 4 workstreams, the group considered it important to think about how the issues and topics relate to the format. Speakers believed that countries wherein SIP activities would take place should be consulted for their priorities. Thomas Isenberg proposed wedding content with format, by grouping member states together around issues of relevance to all of them.



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Nevertheless, there were some calls to focus on specific issues. Stephan Bevan of the Institute for Employment Studies (IES) highlighted that employment policy is a determinant to health and thus essential in the discussion on pain care. He encouraged focussing on policies influencing employment and social policy at national and EU level, as these policies have the opportunity to “narrow health inequalities”. Sam Kynman supported this approach underlining that SIP must identify channels within employment policy to improve pain care in Europe.

Neil Betteridge (CPPC) revisited the importance of research funding and raised the importance of influencing member states to invest more in pain research. “We should highlight with policy makers the need to invest more in research. In some cases, it might be easy, as that investment would revert to national budgets from EU allocation”.

All participants, discussed the importance of topics such as pain and aging, education of healthcare practitioners, hospital facilities for pain treatments, access to medicines and pain treatment, access to patient organisations at the local level, among others.

María Huerta Ruiz, on behalf of the Spanish Association of Patients with Neuropathic Pain, suggested having some support to carry out epidemiological studies about access to certain treatments for chronic benign pain patients. According to Spanish legislation, these studies can be carried out by health workers who are currently volunteers in the Spanish Association of Patients with Neuropathic Pain. María also outlined the current situation in Spain, where difficulties of access to medications to treat pain are immense, even leading to suicide in certain cases.

Rolf-Detlef Treede (IASP) proposed to analyse and benchmark the national policy landscape, by mapping the main dimensions of pain policy (e.g. quality assurance system, access to pain treatment, etc.). This map would be used to rate the national priority dimensions and help to identify the priority areas for SIP. In this way, SIP countries can collaborate and join forces on a specific subject. This idea was met with great approval by the entire steering committee.

Conclusion

Thomas Tölle of the European Pain Federation (EFIC) summarised the current situation as *‘from nice meetings to hard work’* i.e. that we have had some very successful meetings over

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recent years, but that now we must think about where the main centre of policy activity is, and that we must work hard to influence it.

Sam Kynman thanked all participants for their active participation and constructive suggestions. Joop van Griensven of PAE highlighted that it would not only be important to look at the future of SIP but to also look at SIP's strong development in the past reflecting on the major achievements since 2009. Additionally, he stated the importance for patients to focus on the short-term action in order to see tangible and immediate results.

Thomas Tölle continued by saying that the 2017 steering committee meeting has shown that SIP has a clear vision and would now be ready to respond to this and take a clear action forward.

Key conclusions and next actions

- SIP will continue to reach out to the **European institutions**, focusing on the immediate priorities of Research and Employment policies.
- At the same time, SIP will go beyond the European level and start approaching **national governments** by launching local SIP platforms aimed at supporting national advocacy initiatives and, where possible, build on existing national fora to foster policy focus on the societal impact of pain at national level.
- SIP will officially launch the **Expert Group on the Social Impact of Pain** on the European Commission's Health Policy Platform. All pain care stakeholders are invited to share their expertise on pain care and to promote the platform on social media channels.
- SIP will assess the national priorities for SIP. SIP will create a list of the main dimensions in which SIP steering committee members and SIP partners will highlight what the policy priority in their country is.