

CHRONIC PAIN

POLICY POSITION PAPER

EXECUTIVE SUMMARY



ARMA, the Arthritis and Musculoskeletal Alliance, is an alliance of charities, health professions and research organisations for the musculoskeletal community. Our member organisations are:

<p>Arthritis Action BackCare British Association of Sport and Exercise Medicine (BASEM) The British Association of Sport Rehabilitators (BASRaT) British Chiropractic Association (BCA) British Dietetic Association British Orthopaedic Association (BOA) British Society of Rehabilitation Medicine (BSRM) CCAA Kids with Arthritis Chartered Society of Physiotherapy (CSP) Ehlers-Danlos Support UK (EDS UK) Faculty of Sport & Exercise Medicine (FSEM) Fibromyalgia Action UK (FMA UK) Hypermobility Syndromes Association (HMSA) UK Institute of Osteopathy (iO) McTimoney Chiropractic Association (MCA) Musculoskeletal Association of Chartered Physiotherapists (MACP)</p>	<p>National Ankylosing Spondylitis Society (NASS) National Rheumatoid Arthritis Society (NRAS) Physio First Physiotherapy Pain Association Podiatry Rheumatic Care Association (PRCA) Polymyalgia Rheumatica & Giant Cell Arteritis UK (PMRGCA UK) Primary Care Rheumatology Musculoskeletal Medicine Society (PCRS) Psoriasis Association Rheumatology Pharmacists UK Royal College of Chiropractors (RCC) Royal College of Nursing (RCN) Rheumatology Forum Royal College of Podiatry Royal Osteoporosis Society Scleroderma & Raynaud's UK (SRUK) The Society of Musculoskeletal Medicine (SOMM) The Society of Sports Therapists (SST) UK Gout Society Versus Arthritis</p>
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EXECUTIVE SUMMARY

1. WHY PAIN IS IMPORTANT

Chronic (persistent or long-lasting or recurrent) pain is life-changing; It can significantly impact individuals, their families, and carers. Chronic pain affects all parts of life. Pain often goes hand in hand with other symptoms - low mood, fatigue, and memory impairment. Chronic pain is linked to deprivation and health inequalities.

2. FACTS AND FIGURES

The Public Health England, *Chronic pain in adults 2017*, Health Survey for England reported:

- 34% of adults in England reported chronic pain in 2017¹, that's around 15.5 million people².
- 81% of people with a musculoskeletal condition report being in chronic pain³.

3. CHRONIC PAIN LINKS TO HEALTH INEQUALITIES AND DEPRIVATION

There is clear evidence that persons with chronic widespread pain experience excess mortality^{49,50}. There are links between chronic pain and health inequalities. Some differences result from gender, age, geography, income, racism, also conscious and unconscious bias play a part. To make a difference, health inequalities need to be understood, discussed and we need to rapidly implement levers for change. Systems

and services should allow equity in access, experience of using NHS services and equity of outcomes for all groups. Systems and services should be inclusive and culturally sensitive.

4. IMPACT OF PAIN

The impact of chronic pain is huge, affecting daily living, reducing quality of life, hampered by lack of clear guidance and where to seek help. It affects:

- Family relationships, intimacy and sexual relationships, socially - leading to social isolation, people worry about impact on children
- Sleep
- Finances and work/education
- Physically – difficulty in travelling and moving; fatigue
- Emotional wellbeing – mood, suicidal thoughts, poorer self-image.

5. UNDERSTANDING PAIN

Specific reasons for people’s dissatisfaction with support for chronic pain include:

- Pain being undervalued and seen as a symptom of something else, such as arthritis.
- Healthcare professionals do not always appreciate the severity, duration or impact pain can have⁴.
- People living with chronic pain not being offered specific, proactive or the right information and support for chronic pain; for example, what the pain is, what they can do about it, treatment options, long-term implications and the time to discuss this with the healthcare professional.⁵
- This can result in long term reliance on health services and people’s inability to manage their own health.⁶

Pain and the emotional impact

There is currently a **lack of mental health support** for people dealing with chronic pain conditions. The provision of support on the psychological aspects of physical illness often do not meet people’s needs.

People with chronic pain would like to have more time with health care professionals and would like to be asked more explicitly about their mental health and well-being, being referred to additional support services earlier on.


6. PREVENTING PAIN

While most people are aware of the benefits of physical activity and want to be active, many people with pain and long-term conditions find physical activity hard to do. Pain, fear, fatigue and a lack of time are some of the barriers that prevent people from incorporating physical activity into their lives. How a person feels from day to day can change, and so staying active can be a real struggle.

Treating underlying conditions associated with pain

Many cases of chronic pain are related to an underlying condition such as rheumatoid arthritis, osteoarthritis or axial spondyloarthritis. Treating the underlying condition is therefore important.

For instance, for people with severe osteoarthritis, joint replacement surgery is usually very effective at reducing pain and restoring independence. A delay in surgery may result in people living with daily pain,



plus barriers to mobility and independence, compromising their wellbeing and quality of life. Delays to treatment can lead to worse outcomes for people. The COVID-19 pandemic has resulted in significant lengthening in waiting times for joint replacement surgery from an already long waiting list. Reducing waiting times is therefore important as is actively supporting people on waiting lists to help with the pain.

Pharmacological treatments (e.g. biologics) that could help chronic pain are not always accessible to all people due to their cost against a background of a restricted health care budget.

7. SUPPORTING PEOPLE WITH CHRONIC PAIN

People with chronic pain consult their GP around five times more frequently than those without, and chronic pain is a presenting condition in around 22% of primary care consultations. Other people with chronic pain might see a private practitioner, or self-care. GPs face hurdles at almost every stage of treating and managing chronic pain and there is huge variation by patient presentations and comorbidities.

Disjointed services and delays

People can feel they are passed between services or fall between services e.g. they may not be able to access a psychologist until they have been to the pain clinic, adding delay. Specialists in pain management are commonly frustrated by delays in accessing them, the level of coordination between services and a **lack of a multidisciplinary approach**.⁷ A joined-up approach is needed.

Support options

Pain is individual, no single treatment works for everyone. It is therefore important to have **a range of different treatment and therapy options** and combinations that will best meet the needs of people with chronic pain. Choice of treatment will depend partly on what pain management works for the person and also partly on any underlying causes of the chronic pain. A person's specific needs, preferences and abilities should be taken into account. For chronic secondary pain, the relevant NICE guideline appropriate for the condition should be followed.

Good communication and shared decision making

The complexity of chronic pain and the significant distress and disability associated with it can influence clinical interactions.⁸ There is evidence of shortcomings in people's experience of consultations with healthcare professionals⁹. People often expect a clear diagnosis and effective treatment, but these are rarely available.¹⁰ There needs to be honesty about the uncertainty of the prognosis¹¹. For chronic pain, there are often treatment options without a clear best choice.

Community pain services

Only a very small percentage of the population currently access specialist pain services, whereas the need for pain services in the population is much higher, with millions in chronic pain. Currently, people with chronic pain tend to be passed between the wrong services for their need until they eventually reach the right service for their need.

There are opportunities in primary care for everyone to be offered a holistic assessment of the symptoms, including a review of the impact on their physical and mental health. Easy to access community pain services with specialist input (where needed), mental health, peer support, support from social prescribing link workers and connecting people with chronic pain to local healthy lifestyles, would all help people with chronic pain get the right treatment earlier.



Peer support and patient organisations

There are many patient organisations offering a range of support from local groups, helplines, self-management programmes and online resources. Every patient should be signposted to the patient organisations relevant to their condition.

Everyone should have access to peer support, with a choice of virtual and in person groups. In the case of children and young people, parents and siblings may also benefit from peer support. Local systems need to support these groups as needed, which may include funding, access to meeting spaces or staff time. Everyone should be signposted to appropriate voluntary organisations and patient groups both national and local.

RECOMMENDATIONS

1. Develop **multidisciplinary, networked, personalised approaches to pain as standard.**
2. **Develop more community-based approaches to pain. Everyone with chronic pain should be offered a holistic assessment of their symptoms in primary care reviewing the impact on their physical and mental health, their activities of daily living and their wellbeing, including the ability to work/study, and explore any underlying causes of or contributors to their pain.**
3. A public health approach is needed based on community need to design and target effective public health interventions to support those who have chronic pain to improve their health and their quality of life.
4. Take a strategic, integrated population health approach to **commissioning** pain services ensuring money transcends organisational boundaries, focussed on the provision of a range of chronic pain support options and intervention allowing for personalisation
5. There should be early access to treatment for painful conditions to minimise pain becoming chronic, including rapid diagnosis, which is important to people.
6. **Integrated physical and mental health support for people with MSK pain conditions should be available and every CCG should include MSK chronic pain in IAPT for Long Term Conditions with staff who have joint expertise in both physical and mental health and understanding of chronic pain.**
7. Understand health inequalities, discuss and implement levers for change. Systems and services should allow equity in access, experience of using NHS services and equity of outcomes for all groups. Systems and services should be inclusive and culturally sensitivity.
8. **Social prescribing** to provide supported self-management at scale.
9. Every person with chronic pain should have access to peer support and be signposted to the patient organisations relevant to them.
10. Healthcare professionals **education and training** to include understanding and management of pain and emphasise the personalised biopsychosocial approach and communications skills training to support them to have good conversations.
11. Public education – including employers, public attitudes to increase health literacy and understanding of pain.

REFERENCES

¹ NHS Digital. Health Survey for England 2017 Adult Health. Health and Social Care Information Centre, 2018.

² Versus Arthritis, Chronic pain in England, Unseen, unequal, unfair, 2021, p16

³Chronic pain in adults 2017, Health survey for England,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940129/Chronic_Pain_Report.pdf

⁴ Chronic Pain – This Is How It Feels. Oct 2019 http://arma.uk.net/wp-content/uploads/2019/10/Chronic_Pain_Report_V8_APPROVED-07102019.pdf page 12

⁵ Chronic Pain – This Is How It Feels. Oct 2019 http://arma.uk.net/wp-content/uploads/2019/10/Chronic_Pain_Report_V8_APPROVED-07102019.pdf page 21

⁶ Steventon A, Thorlby R & Deeny S (2018), Reducing emergency admissions: Unlocking the potential of people to better manage their long-term conditions, The Health Foundation, <https://www.health.org.uk/publications/reducing-emergency-admissions-unlocking-the-potential-of-people-to-better-manage-their-long-term-conditions>.

⁷ Chronic Pain – This Is How It Feels. Oct 2019 http://arma.uk.net/wp-content/uploads/2019/10/Chronic_Pain_Report_V8_APPROVED-07102019.pdf

⁸ <https://www.nice.org.uk/guidance/gid-ng10069/documents/final-scope> p.3

⁹ Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain NICE guideline; 7 April 2021, page 22-23; www.nice.org.uk/guidance/ng193

¹⁰<https://www.nice.org.uk/guidance/gid-ng10069/documents/final-scope> p.3

¹¹ Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain NICE guideline; 7 April 2021, page 23; www.nice.org.uk/guidance/ng193