

Chronic Pain – a Pressing Problem

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NHS England Chronic Pain
Stakeholder Group

Why me?

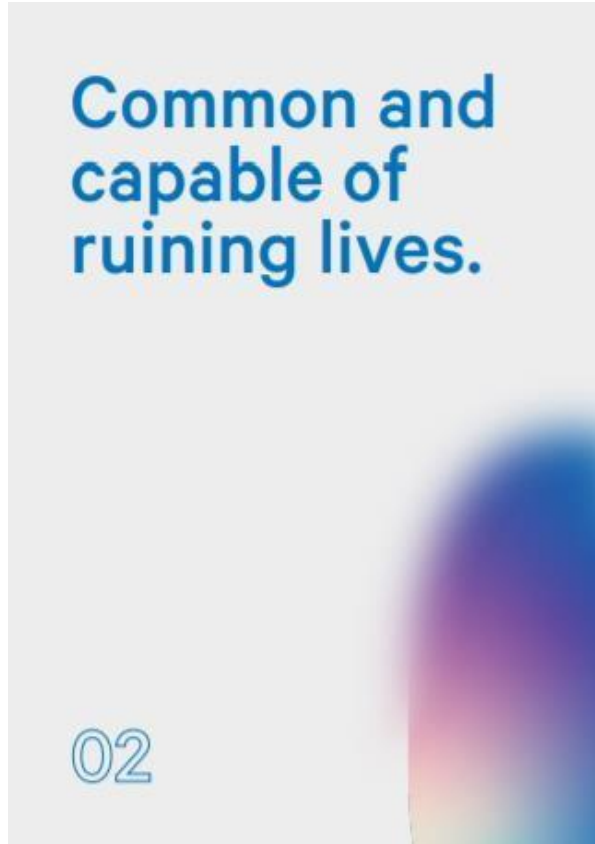
- ▶ Worked on NICE guidelines on:
 - ▶ Chronic Pain
 - ▶ Safe Use & Management of Controlled Drugs
 - ▶ Medicines Associated with Dependence or Withdrawal Symptoms: Safe Prescribing and Withdrawal Management for Adults
- ▶ Helped write Versus Arthritis' Research Roadmap for Pain
- ▶ Advanced Pain Discovery Platform International Strategic Advisory Board
- ▶ Chair, Consortium Public Advisory Group, Consortium to Research Individual, Interpersonal and Social Influences on Pain
- ▶ Trial Steering Committee member, RAPID2 (Swansea)

Chronic Pain

- ▶ Chronic pain is pain which has been constant or intermittent for more than 12 weeks. It is common and often life-changing for those affected.
- ▶ Primary chronic pain has no underlying biological cause where the pain is felt. Chronic pain is the condition.
- ▶ Secondary chronic pain has an underlying biological condition or cause driving it where the pain is felt – inflammation or damage.
- ▶ All types can coexist.

Types of Chronic Pain

- ▶ **Nociplastic** – thought to be caused by alterations to the way normal pain signals are transmitted from the peripheral nerves, or by the central nervous system becoming “sensitised” –detecting things that aren’t there
- ▶ **Nociceptive** – caused by injury or inflammation to the body
- ▶ **Neuropathic** – caused by injury or inflammation to the nerves
- ▶ Chronic pain can occur anywhere in the body, but the majority of all chronic pain is in the muscles, bones and joints
- ▶ Pain is understood through the “biopsychosocial” model



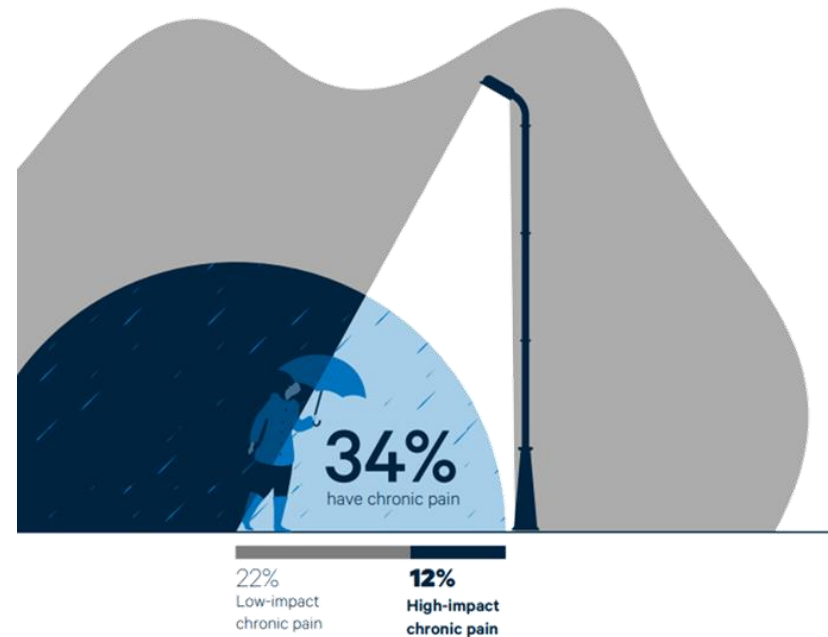
The impact of
chronic pain
cannot be
ignored.



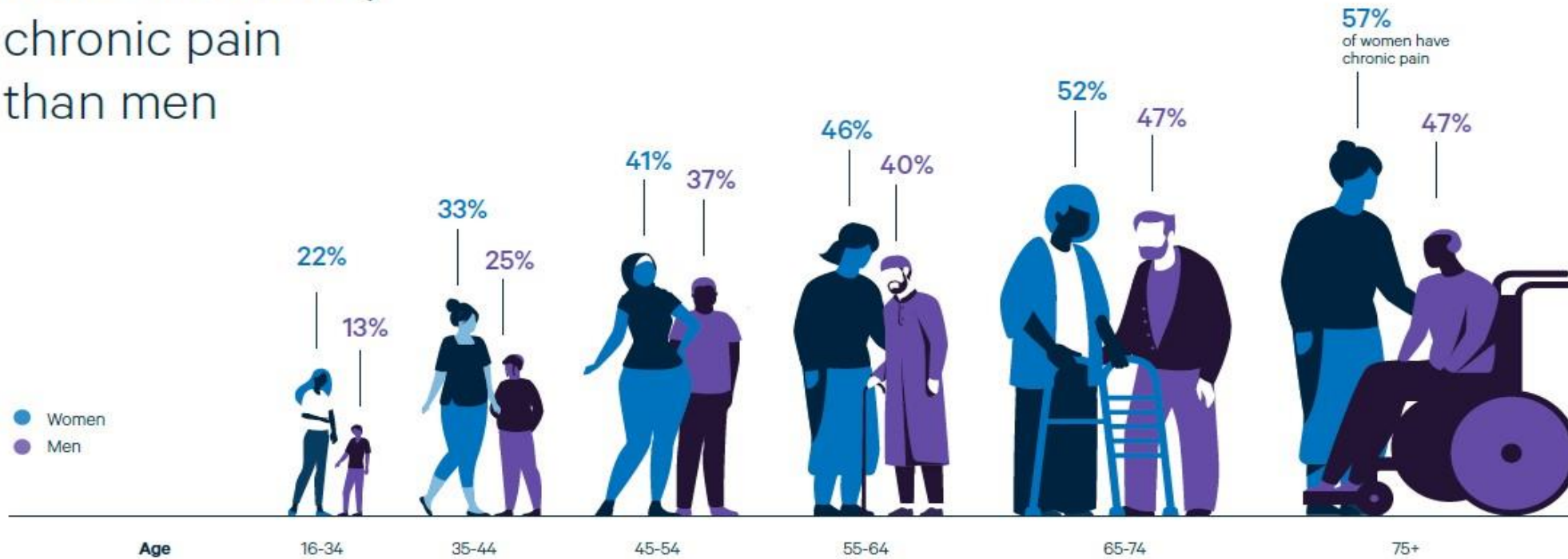
**VERSUS
ARTHRITIS**

How Common?

- ▶ 34% of people live with chronic pain
- ▶ 22% of people aged 16+ live with low-impact chronic pain
- ▶ 12% of people aged 16+ live with high-impact chronic pain
- ▶ More women than men
- ▶ More common in deprived areas

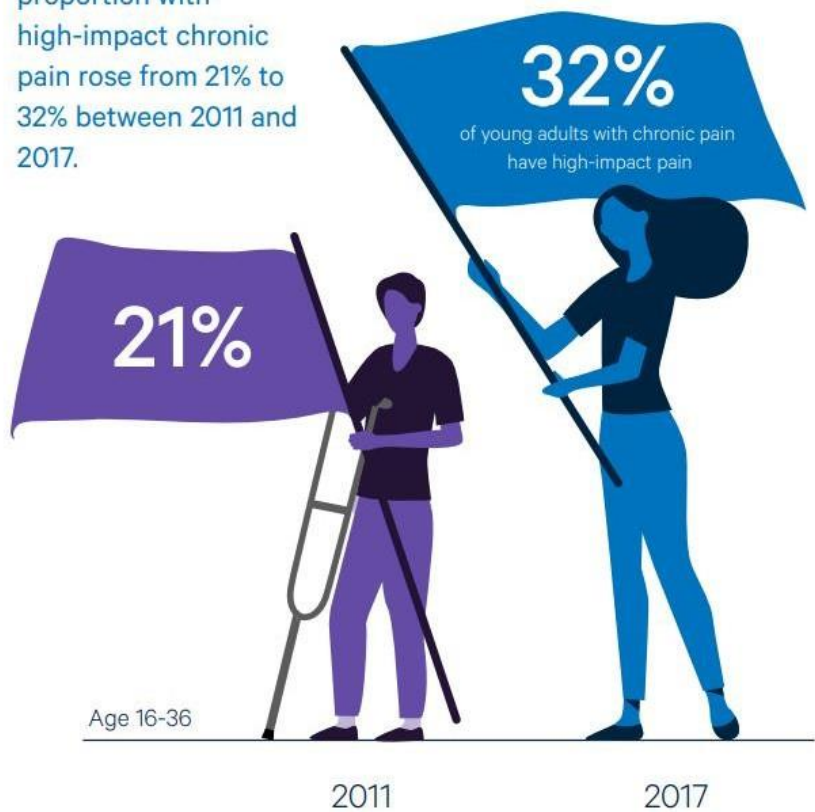


more affected by
chronic pain
than men

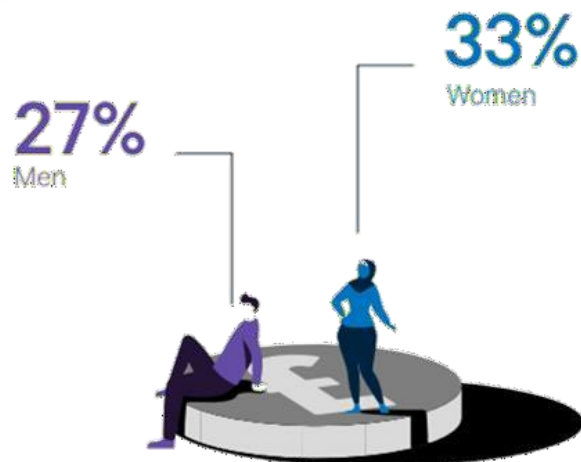


Chronic pain becomes more common with rising age

Among young adults with chronic pain, the proportion with high-impact chronic pain rose from 21% to 32% between 2011 and 2017.



Social disadvantage and psychological stress increase people's risk of developing chronic pain in the first place.



VERSUS ARTHRITIS

Less deprived

More deprived

What's it like?

- ▶ General practitioners often don't have the tools, skills or time to help someone live well with chronic pain.
- ▶ Medications are rarely effective, especially in primary pain, and never the whole answer.
- ▶ Repeat referrals, and the quest for a quick fix cause more problems.
- ▶ Distract from learning to live well with pain.
- ▶ Long waits for the things that do help
- ▶ Patchy provision of many programmes

What works?

- ▶ Treat underlying condition after correct diagnosis
- ▶ Having the right kind of conversations with clinicians & those around us
- ▶ Supportive clinicians responding to our priorities who listen, believe & validate
- ▶ Physical activity
- ▶ CBT for chronic pain
- ▶ Integrated services
- ▶ Physical activity
- ▶ Positive attitude and productive activity/distraction
- ▶ BUT people's needs change over time - external factors (e.g. bereavement, loss of job) can drastically change coping/living well ability and underlying conditions can change, as can impacts of treatments

What support do people need?

- ▶ Support with everyday activities (e.g. housework, gardening, laundry)
- ▶ Getting around (public transport, supported travel)
- ▶ Social isolation (e.g. befriending)
- ▶ Peer support (from others living with pain)
- ▶ Mental health and emotional wellbeing
- ▶ Sleep
- ▶ Employment
- ▶ Finances (support managing finances)
- ▶ Carers and carer support
- ▶ Long, but incomplete list. Important thing is what people want.

NHS England Toolkit Approach

- ▶ Pull together a partnership
- ▶ Find out who has chronic pain
- ▶ What services might help?
- ▶ Who can help? (especially health coaches and social prescribing link workers in primary care)
- ▶ Co-ordinated approach at practice, PCN, area or Integrated Care Partnership level
- ▶ It may be possible to have ‘layered’ co-ordination, but beware overcomplication.

Partnership

- ▶ Not predetermined who should be in it.
- ▶ Should bring together all health services, social services, local authority, voluntary orgs
- ▶ Co-produce a plan with partners and people who live well with pain
- ▶ Find services and organisations that can help, then identify people who need help
- ▶ Involve people in the partnership through co-production and conduct research to find out what the wider community of people living with pain think

Afterwards.....

- ▶ Partnerships have regularly updated lists of services/organisations in their area that can provide support to people living with pain
- ▶ Health services, social care and voluntary sector staff feel equipped with the skills to support people living with chronic pain
- ▶ People living with pain receive holistic assessments
- ▶ They can access a wide range of services to help them after conversations with their GP and/or social prescribing link workers
- ▶ Regular reviews take place for each person living with chronic pain
- ▶ Arrangements are reviewed regularly to check they work for all