

## Pain Relief Services

<b>Date:</b>	August 2020	<b>Date of Last Review:</b>	November 2000
<b>Policy:</b>	<p>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</p> <p>Services for pain relief need to be able to offer a wide range of therapies and are normally provided under the NHS. However, requests for referral outside the area will not normally be provided under the NHS. Clinicians need to apply to the exceptional cases panel for approval of funding - click <a href="#">here</a> to access the funding request form.</p>		
<b>Note:</b>	<p>1. Interventions recommended in NICE Technology Appraisal Guidance (TAG) will be funded for patients meeting guidance criteria.</p> <p>2. Interventions restricted by CPCCG policies (eg <a href="#">Low Back Pain</a>; <a href="#">Radiofrequency denervation</a>, <a href="#">Complementary and Alternative Therapies</a>, <a href="#">Neurostimulation</a>) will not be funded.</p>		

<b>Definition:</b>	Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”. Chronic pain is common, affecting large numbers of the population. The causes of pain, and chronic pain in particular, are complex. Most patients should receive effective long-term therapy from their GP. Those who have pain that cannot be controlled with routine painkillers (analgesics) should be referred to a pain specialist (pain relief service) after or during appropriate investigations or treatments. Treatment of chronic pain needs to be provided as an integrated service, as there are often multiple causes, and a multidisciplinary approach is considered essential for its management.
<b>Estimated number of people affected:</b>	The prevalence of chronic pain in the UK has been estimated to be 35-51%, with the majority of these people aged over 75 years. <sup>1</sup> The prevalence of moderate to severely disabling pain was estimated to be 10-14%.
<b>Resource implications:</b>	This policy does not change current practice; therefore, the resource implications remain unchanged.
<b>Health benefits:</b>	In most cases a complete cure is unlikely, but treatment is aimed to achieving a reduction in pain and/or an increase in activities and improved quality of life.
<b>Risks:</b>	There is a chance of complications associated with, either during or following, surgical interventions. In addition, adverse reactions may follow drug treatment.
<b>Priority:</b>	Interventions where the evidence suggests ineffectiveness, or the evidence of efficacy is weak, are considered a low priority and will only be provided by the NHS in exceptional circumstances.

### REFERENCES:

1. Fayaz A, Croft P, Langford R M, Donaldson L J, Jones G T. Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies. *BMJ Open* 2016;6:e010364. doi:10.1136/bmjopen-2015-010364