NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Pain Relief Services

Date:	November 2000	Date of Last Review:	New Policy

Policy: **It is the responsibility of referring and treating clinicians to ensure compliance with this policy.**

Services for pain relief need to be able to offer a wide range of therapies and are normally provided under the NHS. However, interventions where there is no evidence of effectiveness or of uncertain benefit, and 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 here to access the funding request form.

Definition:	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.
Estimated number of people affected:	The prevalence of pain in the general population is estimated to be between 7% to 10%. Furthermore, it is estimated that around 3.5% of the population are unable to lead a normal life because of pain and about 1% of the population is severely disabled. **Examples of Interventions where evidence is weak:** • Spinal cord stimulation. • Intravenous regional sympathetic blockade with guanethidine.
Resource implications:	This policy does not change current practice, therefore the resource implications remain unchanged.
Health benefits:	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.
Risks:	There is a chance of complications associated with, either during or following, surgical interventions. In addition, adverse reactions may follow drug treatment.
Priority:	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.

GLOSSARY (ref 3)

Transcutaneous:	across the skin.
Spinal cord stimulation:	technique using surgically implanted electrodes to activate mechanisms to inhibit pain.
Sympathetic nervous system:	part of the autonomic nervous system which regulates the functions of some of the internal organs independently of the will power.
Intravenous regional sympathetic blockade:	technique designed to block the sympathetic nervous system by injecting a high local concentration of a drug.
Guanethidine:	a drug that acts by inhibiting the action of the sympathetic nervous system.

REFERENCES:

1. Halliday S. Services for Pain Relief. ACET report. April 1998.
2. McQuay, H et al. Systematic Review of Outpatient Services for Chronic Pain Control. Health Technology Assessment. Vol 1: No 6, Winchester, National Co-ordinating Centre for Health Technology Assessment 1997.
3. Black's Medical Dictionary. 38th Edition. A & C Black. London. 1997.