NHS NWL CCGs will fund outpatient pain management programmes (of at least 25-30 hours) for those meeting the following criteria (Grade B recommendation).

Inclusion criteria:

1. Clinical staff from the pain management programme has assessed the patient and agreed that they would benefit from the programme;
2. The patient has chronic non-malignant pain of least 3 months duration, which is causing significant disability and/or distress, and a negative impact on quality of life. Patients satisfying these criteria do not have to wait until other treatments have failed before referral to PMP.
3. The patient is able to communicate in the language in which the PMP is conducted (a trained independent interpreter may facilitate successful participation);

This policy does not apply to pain clinic referrals, which are routinely funded.

Exclusion criteria:

1. The patient has a limited life expectancy or rapidly deteriorating disease or condition;
2. The patient has active psychological or psychiatric problems which require urgent attention, or which preclude the use of cognitive and behavioural methods in a group (including severe cognitive impairment);
3. The patient has current primary drug or alcohol problems;
4. The patient has severe disability or significant medical condition such that the basic requirements of attending treatment exceed the patient's current capacity.

These policies have been approved by the eight Clinical Commissioning Groups in North West London (NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith and Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG and NHS West London CCG).

Background

Chronic pain is continuous, long-term pain of more than 12 weeks or after the time that healing would have been thought to have occurred in pain after trauma or surgery (British Pain Society). There are several different treatments available for chronic pain, including pain management programmes.

A pain management programme (PMP) is a psychologically-based rehabilitative treatment for people with chronic pain which remains unresolved by other treatments currently available (British Pain Society). It is delivered in a group setting by a multidisciplinary team, either on an outpatient or inpatient basis.

There is good evidence that PMPs improve pain and function compared to non-multidisciplinary treatments (Flor 1992, Thomson 2002, Guzman 2002, British Pain Society). A systematic review of ten trials found strong evidence for improved function, good evidence for decreased pain, but contradictory evidence for improved return to work (Guzman 2002). There is some evidence for reduced demand on healthcare after participation in PMPs, including reduced use of analgesics, reduced consultations, and reduced surgical interventions (Flor 1992, Turk 2001, Gatchel 2006).

Although both outpatient programmes of at least 25-30 hours are effective, more intensive inpatient programmes produce better outcomes (Bendix 1995, Williams 1996, Guzmán 2002, British Pain Society). This difference was maintained at one year in one randomised controlled trial (Williams 1996). Less intensive outpatient programmes did not improve pain, function or work readiness when compared with non-multidisciplinary outpatient therapy or usual care (Guzmán 2002). However, inpatient programmes are four times as expensive as outpatient programmes (Bedfordshire & Hertfordshire policy).

Latest version of the policy is available at: http://www.hounslowccg.nhs.uk/what-we-do/individual-funding-requests.aspx
Version 3.3 (November 2014)
National and regional guidelines recommend PMPs for lower back pain (NICE CG88, Airaksinen 2006). Clinical guidelines recommend assessment by one or more members of the PMP clinical staff before acceptance onto a PMP, in order to gauge potential benefit (British Pain Society). Common exclusion criteria include: a limited life expectancy or rapidly progressive disorder; active psychiatric problems or drug/alcohol misuse; inability to speak or write in the language used by the PMP; or severe disability which would preclude attendance in the PMP (British Pain Society, comparative policies).

Summary

Pain management programmes are effective in improving pain and function in chronic pain, and can lead to return to work (level 1a)

Pain management programmes can reduce healthcare costs for these patients (level 1b)

Inpatient programmes produce better outcomes than outpatient programmes, but are much more expensive (level 1b)

Patients who meet certain criteria are more likely to benefit from these programmes (level 5)

References


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