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Letter to the Editor

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Dear Editor

The most recent issue of the *British Journal of Pain* is probably the most unusual one yet. A fascinating, sometimes disturbing, read which I plan to re-visit several times over future weeks. The confidence and innovation of the editors and contributors to focus on pain and the interaction between nature and nurture is to be

welcomed and commended. I look forward to even more unusual themes in 2014.

Yours sincerely
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Chronic pain: Are we commissioning the RIGHT pain service?

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Despite costing the National Health Service (NHS) £1 billion, with 4.5 million general practitioner (GP) appointments being utilised for chronic pain patients annually, under current service provision, 3.3 million people who develop back pain every year do not recover from their first episode, instead descending into the downward spiral of chronicity.

Are we commissioning the right pain service or are we shutting the proverbial barn door after the horse has bolted? Considerable clinical time, energy and public monies are devoted to working with people *after* they have developed full-fledged chronic pain, both in temporal and experiential terms. By virtue of the organisation of our clinical pathways, patients have to wait years for sequential referrals to investigations, consultations and eventually to specialist pain teams, longer than in European countries, by which time neurobiological plasticity is all but lost and the task of effecting changes to disability, depression and drug misuse is Herculean.

Thousands of papers have established the validity of yellow flags, but services are not sufficiently joined up to offer biopsychosocial interventions in a timely manner to deal with identified risk factors. Instead of continuing with business as usual, we should be redeploying our resources by looking at a two-tier model:

1. The traditional arm, offering interventions to help manage the suffering of people already struggling under the yoke of pain.
2. Early intervention, directed at people at the sub-acute phase, or even earlier for those identified as

being at risk. Person-specific vulnerabilities can be dealt with through multi-modal involvement: occupational therapy support and advice for employment retention, psychological therapy to deal with past/present trauma and reduce predisposing factors, physical therapy for advice on exercise and movement and medical input to optimise use of medication, investigations and interventions. Generic pain management advice could be offered to all, thereby helping people develop appropriate pain cognitions and management styles earlier in their journey with pain, reducing the risk of impending chronicity.

Based on service user recommendations, the STOP! Chronic Back Pain Project team consisting of clinicians service users, and commissioners at the Dorset Pain Management Unit, with the support of The Health Foundation, trialled this early intervention multi-disciplinary pain management approach, and preliminary results indicate promising outcomes.

It's time to stop accepting chronic pain as given. In order to protect generations of patients from years of suffering, the NHS from being over-burdened and dedicated staff from burnout, whether we are based in community or hospital settings, we need to reach our patients early and stop preventable pain.

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