

Consultation on draft guideline – deadline for comments 5pm on Monday 14 September 2020 email: [Chronicpain@nice.org.uk](mailto:Chronicpain@nice.org.uk)

**Please read the checklist for submitting comments at the end of this form.** We cannot accept forms that are not filled in correctly.

We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.

In addition to your comments below on our guideline documents, we would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
4. The recommendations in this guideline were developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication.

See [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):		Royal Pharmaceutical Society			
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		None			
<b>Name of commentator person completing form:</b>		Heidi Wright			
<b>Type</b>		[office use only]			
<b>Comment number</b>	<b>Document</b> [guideline, evidence review A, B, C etc., methods or other (please specify which)]	<b>Page number</b> Or <b>'general'</b> for comments on whole document	<b>Line number</b> Or <b>'general'</b> for comments on whole document	<b>Comments</b>	
				Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.	

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Example 1	Guideline	16	45	
Example 2	Guideline	17	23	
Example 3	Guideline	23	5	
Example 4	Guideline	37	16	
Example 5	Evidence review C	57	32	
Example 6	Methods	34	10	
Example 7	Algorithm	General	General	
1	Guideline	General	General	<p>There is some concern amongst our members about the use of the term ‘chronic primary pain’. We recognise that chronic primary pain is an internationally agreed definition, however is not yet widely recognised or used in pain circles, let alone generalist services. We suggest improved clarity and information about the diagnostic terminology and the need to clearly differentiate between chronic primary pain and other pain conditions. We would suggest a change in title that reflects the contents of the guideline more accurately.</p> <p>We agree that it is good to tackle pain management but to focus so much on a certain type of pain, that is not yet well recognised, and may not be present alone is perhaps too soon and potentially unhelpful. Currently the guidance does not differentiate clearly enough between the chronic pain due to a known cause, which affects 30-50% of the U.K. population and the target group of patients with chronic primary pain with no known diagnosis which affects only about 5% of the population. It fails to acknowledge that chronic pains of both known and unknown cause may co-exist in the same person. Because of this lack of clarity, we are concerned that a large proportion of the population, who have chronic pain from a specific cause, will be denied appropriate analgesics as a result of non-specialists who may be under the erroneous impression that the guidelines apply to all chronic pain. We suggest improved clarity or information about the diagnostic terminology and the need to clearly differentiate between chronic primary pain and other pain conditions is included in the guideline.</p>
2	Guideline	General	General	Chronic primary pain may not always exist in isolation; there could be acute injury or flare ups, additional secondary chronic pain that may require additional medicines and this guideline does not recognise this. There is

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				a lack of clarity on the range of conditions that are covered by the guideline. Some additional defining of the guidelines would be useful
3	Guideline	General	General	<p>The fundamental principle of good health care is person centred care and shared decision making. The guidance as is could lead to medicines that have not passed the evidence test being stopped which goes against the personalised care principle. Some people may be currently benefiting from these medicines, so each case needs to be assessed individually and that needs to be made clearer in the guidance.</p> <p>The statement referring to reviewing people currently using these medicines should be strengthened by adding that practitioners should ensure patients are continuing to gain benefit (functional improvement being the primary outcome). We would recommend strengthening the wording around the need to individualise care, ensuring that medicines are only offered as a trial with the need to have a functional goal and that where medicines are not shown to be beneficial in respect of reducing pain intensity AND allowing increases in function, that they should be carefully withdrawn to avoid causing unnecessary harm.</p> <p>As medicines experts, we advocate for the safe, rational and evidence-based use of medicines. We welcome regular medication reviews and the safe withdrawal of ineffective medicines or those that are demonstrating harm to the patient. However more emphasis should be placed on a potential withdrawal of medication being patient centred and with consideration to the Individual circumstances.</p>
4	Guideline	General	General	The guidelines don't lay out how patients should be treated pre-diagnosis. Should chronic pain be treated as chronic primary pain until otherwise diagnosed? If it is suspected that they have a condition like endometriosis or IBS, should they be treated as having chronic primary pain until the diagnosis is confirmed, or should they be treated as they would be once diagnosed? We would recommend that NICE includes a statement that investigations should be offered/completed, to rule out causation before the diagnosis of chronic primary pain is made.
5	Guideline	General	General	In terms of framing the recommendations it might be easier to frame as 'we recommend that prescribers do not initiate the following medicines for chronic primary pain'
6	Guideline	General	General	We do welcome the use of counselling, acupuncture and exercise, as part of the management of chronic pain. All of these have the potential to be a valuable part of an individual's treatment. Other alternative therapies such as EMDR are already being used by the NHS in conditions such as PTSD and post-natal psychosis, and it is starting to be used successfully to assist chronic pain patients for whom talking therapies are not suited. We would like to see NICE giving guidance that includes a wider range of approaches so that patients and doctors can find an

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				approach that suits each individual. If evidence is not available for a wider range of approaches we would recommend that the guidance identify additional areas that would benefit from research of their use in chronic primary pain.
7	Guideline	General	General	It is good to see the issue of chronic primary pain being addressed.

Insert extra rows as needed

### Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

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You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

#### **Data protection**

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

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