

Provision of multidisciplinary specialist pain services for people with chronic cancer-related late effects pain across England

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Background: Pain can be a significant problem for cancer survivors. [1]. People presenting with complex pain often benefit from specialist pain management services [2]. Access to specialist pain services in England for those with cancer-related pain is poorly understood [3].

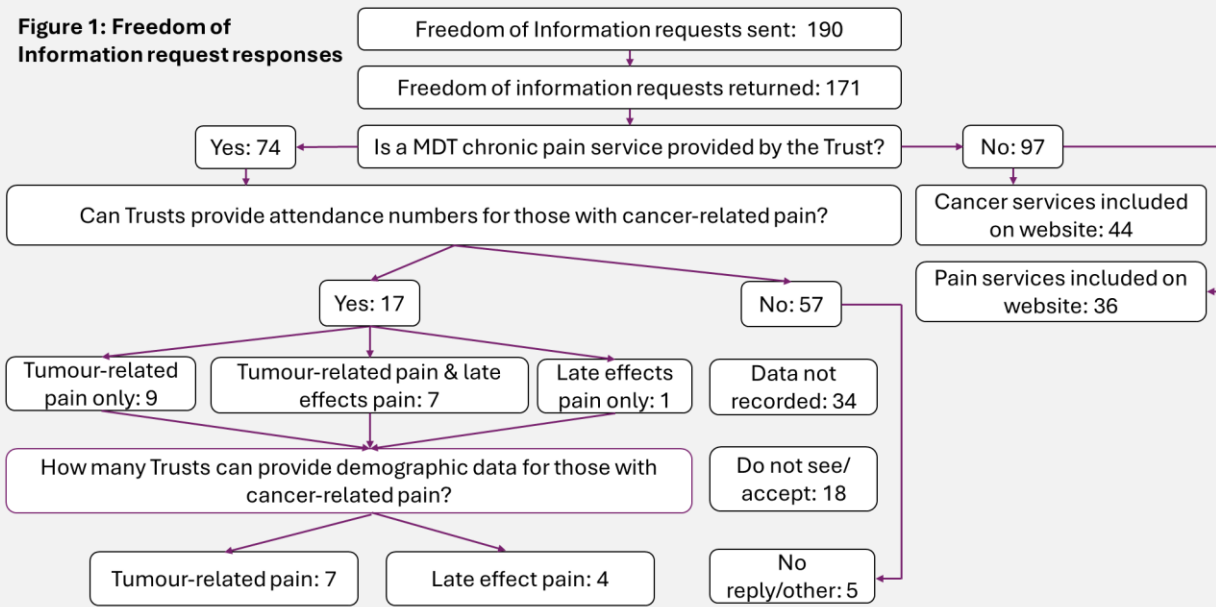
Aim: To identify the provision of pain clinics for those with chronic cancer-related pain across England.

Methods: NHS Trusts in England (n=190) were sent a Freedom of Information request (FOI). The FOI asked if a multi-disciplinary (MDT) chronic pain service was provided by the Trust plus attendance rates for people with tumour-related pain and cancer-related late effects pain within two-year period. If no response, a follow up request was sent three months later.

Results: By February 2025, 171 NHS Trusts had responded.

- Almost half, (n=74, 43.3%) reported they provided a MDT chronic pain service and of these, eight (10.8%) saw people with cancer-related late effects pain (figure 1)
- Attendance data for late effects pain was provided by four Trusts. The two specialist cancer Trusts saw the most (1104 and 299 respectively). The mean attendance for late effects pain across the remaining pain services was 18.5 in the two-year period
- Many Trusts (n=49) reported such data were not routinely collected or recorded
- Respondents expressed late effects pain is ‘*hard to diagnose*’, numbers affected are ‘*relatively low*’, and ‘*the vast majority [of these service users] are effectively cared for by [others]*’.

Figure 1: Freedom of Information request responses



Conclusions: People with cancer-related late effects pain appear to have limited access to chronic pain support in England. However, a lack of a standardised method of coding and recording cancer-related pain, as a reason for attending pain clinics, mean reporting accurate figures is challenging. There is a perception of rarity of cancer-related late effects pain and an assumption of a clear care pathway; this is at odds with reported literature about prevalence and challenges of accessing support services [4]. It is essential there is an accurate NHS reporting system so the scale of cancer-related late effects pain, and any potential care gaps, can be understood.

References: [1] Jiang *et al.*, “Prevalence of Chronic Pain and High-Impact Chronic Pain in Cancer Survivors in the United States,” *JAMA Oncol*, vol. 5, no. 8, pp. 1224–1225, 2019. [2] Faculty of Pain Medicine. Core Standards for Pain Management Services in the UK. 2021; [3] J. Armoogum *et al.*, “Healthcare professionals’ knowledge, understanding and confidence to manage chronic pain after cancer treatment: A UK survey,” *European Journal of Oncology Nursing*, vol. 71, 2024 [4] J. Armoogum *et al.*, “‘I think it affects every aspect of my life, really’: Cancer survivors’ experience of living with chronic pain after curative cancer treatment in England, UK,” *PLoS One*, vol. 18, no. 9. 2023,