

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 College of Physicians and Surgeons of Glasgow		
<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>		Dr Richard Hull, Honorary Secretary with the help of experts within the field		
<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	We are concerned that this recommendation may imply that .....
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because .....
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
Example 4	Guideline	37	16	This rationale states that...
Example 5	Evidence review C	57	32	There is evidence that ...
Example 6	Methods	34	10	The inclusion criteria ...
Example 7	Algorithm	General	General	The algorithm seems to imply that ...
1	Guideline	General	General	<p>The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow has a membership of 15,000 and represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.</p> <p>The College recognises the area of Chronic Pain is difficult to assess. As defined, patients with chronic pain have various and variable symptoms with different precipitants and diverse aetiologies. It is a symptom complex and not a defined disease. The pathology of chronic pain has a wide spectrum. Potential management strategies are also numerous. Patients may seek help from many specialities of medicine, surgery and dentistry. All these specialities bring an expertise in managing these challenging patients.</p> <p>Therefore, in reviewing this area, it is difficult to survey the whole clinical experience. In developing a strategy, it is possible to generalise where generalisation is not relevant to the individual. Likewise, studies related to one form of chronic pain may not relate to the generality or the individual.</p> <p>In an area where there is a paucity of evidence, review of what evidence available may not be relevant to the real-life management of patients with the condition. The surrogate when the evidence base is poor will be custom and practice by acknowledge experts in the field.</p>

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				As stated above many specialists and other health professionals may be involved. Some of this expertise may not have been utilised in the review of this subject. There was for instance no anaesthetists with an interest in pain management who provide the majority of pain services in the UK, neurologists or surgeons on the Committee. There appears over-representation of psychological expertise.  These difficulties should be discussed and acknowledged in any review of the subject.
2	Guidance	5	17	There is no mention of Fibromyalgia, Reflex Sympathetic Dystrophy (Complex Regional Pain Syndrome) or Chronic Facial Pain and whether this guidance is relevant or not. Page 11.1 does mention some of these specific diagnoses but does not mention fibromyalgia. CRPS1 has some specific treatments which can be very helpful, but which were not discussed.
3	Guidance	10	13	Many patients consider the word chronic to mean severe and not long term (lasting three months). As this document will be read by patients, this needs to be stated
4	Guidance	25	7	It is unclear how the committee came to the view that NSAIDS were unhelpful. This may be related to literature search bias as discussed above. GI Bleeding risk can be addressed by the use of PPIs. There is no discussion of potential cardiac risks (low) of NSAIDS.
5	Guidance	General	General	It is disappointing that the conclusions of the committee suggest many treatment strategies are not helpful. It would be helpful if the committee produced a simple model treatment strategy in the form of a table or flow diagram.
6				

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.**

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- **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.**

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.

For more information about how we process your data, please see our [privacy notice](#).

**Chronic Pain: assessment and management**

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