The Royal College of
Chiropractors

Chiropractic Quality Standard

Chronic Pain

About the Royal College of Chiropractor's Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards should encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors' quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, or clinic promotion, perhaps when tendering for NHS contracts, or even at a national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

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Contents

Quality Statements		4
Scope of Quality Standard		5
Quality Measures		5
Chiropractic Quality Statement 1:	Identification	6
Chiropractic Quality Statement 2:	History and Examination	7
Chiropractic Quality Statement 3:	Psychosocial Assessment	8
Chiropractic Quality Statement 4:	Education	9
Chiropractic Quality Statement 5:	Patient-Centred Care	10
Chiropractic Quality Statement 6:	Plan of Care	11
Chiropractic Quality Statement 7:	Package of Care	12
Chiropractic Quality Statement 8:	Psychosocial Interventions	13
Chiropractic Quality Statement 9:	Supportive Self-Management	14
Chiropractic Quality Statement 10:	Monitoring and Reassessment	15
Chiropractic Quality Statement 11:	Intergration of Service	16
List of Sources		17

Quality Statements

1. **Identification:** Patients with a history of pain ongoing for more than 3 months (and which persists beyond the time that tissue healing would normally be expected) are identified, assessed and managed with chronic pain as a distinct component of their diagnosis.
2. **History and Examination:** A thorough history and examination should be conducted on all patients presenting with chronic pain. Assessments are multidimensional, including a biomedical pain assessment, a functional assessment and a psychological evaluation.
3. **Psychosocial Assessment:** The assessment of patients with chronic pain includes the identification of psychosocial risk factors relating to attitudes and beliefs, behaviours, compensation, diagnosis, emotions, family, and work. This is assessed by collaborative history taking, the use of questionnaires, and screening or stratification tools.
4. **Education:** Patients with chronic pain should be given information relating to pain physiology, the relationship between psychology and pain (including fear and avoidance, stress, distress, and depression), safety and risk in relation to increased activity, and the importance of self-management approaches and lifestyle changes.
5. **Patient-Centred Care:** Patients with chronic pain have the opportunity to discuss their health beliefs, concerns and preferences to inform their care. Patients are given the best available evidence, are actively involved in shared decision-making, and are supported to make fully informed choices about investigations, treatment and care that reflect what is important to them.
6. **Plan of Care:** Patients with chronic pain are active participants in the development of individualised care plans aimed at changing pain behaviour and improving function, as well as seeking pain relief. The plan should include goal setting that is patient driven and realistic, with return to work a priority (if appropriate).
7. **Package of Care:** Patients with chronic pain are treated with an individualised package of care, which includes advice and information, exercises and psychosocial interventions. Treatment may also include manual therapies, rehabilitation, and acupuncture.
8. **Psychological Interventions:** Patients with chronic pain are managed with a broad range of cognitive and behavioural interventions to address the impact of distressing, misleading, or restricting thoughts and beliefs. Goal-orientated techniques are used with the aim of changing thinking, mood and behaviour to increase control over pain.
9. **Supportive Self-Management:** Patients with chronic pain are given information and support to engage in self-management strategies that may include exercise, relaxation, coping strategies, biofeedback techniques, pacing, sleep management, self-help resources, and graded exposure to social and physical activities guided by agreed goals.
10. **Monitoring and Reassessment:** The needs of patients with chronic pain are continually kept under review and their care plans amended as necessary. Regular formal reassessments are carried out, at least every six months, with the use of validated outcome measures to assess pain, functional disability, psychosocial factors, and quality of life.
11. **Integration of Service:** When managing patients with chronic pain, chiropractors are attentive to the involvement of other health professionals, the medications that patients are taking, and write detailed reports on their findings and management to the patient's GP. Chiropractors recognise their own limitations in pain management, and refer to other healthcare professionals, or specialist interdisciplinary pain management teams, as appropriate.

Scope of Quality Standard

This quality standard covers the chiropractic management of patients with chronic pain. As defined by the British Pain Society, this document uses the term chronic pain to mean persistent pain beyond the time that tissue healing would normally be expected, taken as beyond 3 months. This is the most widely used and recognised term, although it is acknowledged that this is not the only term and there are sound arguments to justify the use of alternative terms such as long-term pain, persistent pain and complex pain (1).

Chronic Pain is a long-term condition where patients have ongoing persistent or episodic pain. An estimated 14 million people in the UK suffer with chronic pain. Of all people consulting in primary care, approximately 30% of them attend for help with pain. Half of these contacts relate to chronic or recurring pain, and two thirds are about musculoskeletal conditions (38).

Chronic pain is often an integral component of a range of different musculoskeletal conditions that present to chiropractors. These quality statements are therefore general but nevertheless provide aspirational but achievable markers of high-quality, cost effective patient care.

Quality Measures

The quality measures accompanying each quality standard aim to improve the structure, process and outcomes of care. They are not a new set of targets or mandatory indicators for performance management, but might be used to form the basis of future audit. They also specify what each statement means to each stakeholder (provider, commissioners, patients).

Chiropractic Quality Statement 1: Identification

Quality Statement	**Patients with a history of pain ongoing for more than 3 months (and which persists beyond the time that tissue healing would normally be expected) are identified, assessed and managed with chronic pain as a distinct component of their diagnosis.**
Quality Measure	**Structure:** Evidence of practice policy relating to patients with a history of pain ongoing for more than 3 months, that chronic pain is identified and noted as a distinct component of their diagnosis. **Process:** Proportion of patients presenting with a history of pain ongoing for more than 3 months in which chronic pain is recoded in their clinical notes as a distinct component of their diagnosis. **Numerator:** the number of patients in the denominator in which chronic pain is recoded in their clinical notes as a distinct component of their diagnosis. **Denominator:** the total number of patients presenting with a history of pain ongoing for more than 3 months.
Description of what the quality statement means for each audience	**Service Providers** should ensure that they identify patients who have had pain ongoing for more than 3 months, and that chronic pain is included as a distinct component of their diagnosis. **Commissioners** should seek evidence that chiropractors are identifying chronic pain as a distinct component of their diagnosis in patients presenting with a history of pain ongoing for more than 3 months. **Patients** with a history of pain ongoing for more than 3 months should expect chronic pain to be identified as a distinct component of their diagnosis.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 14. Specialised Services for Pain Management (Adult), NHS Standard Contract for Specialised Pain – NHS England (2013) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 18. Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010 Apr;122(4):810-33 (April 2010) 19. ACPA Resource Guide to Chronic Pain Medication and Treatment, 2015 Edition – American Chronic Pain Association (2015) 21. Intervention Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. MV Boswell et al. Pain Physician 2007;10:7-111 (January 2007) 26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15) 28. Care of People with Chronic Pain, Quality Standards - West Midlands Quality Review Service (August 2014) 30. Guidance on the Provision of Anaesthetic Services for Chronic Pain Management 2014 - Royal College of Anaesthetists (2014) 31. Local Commissioning of Specialist Services for Pain - Recommendation of the Faculty of Pain Medicine of the Royal College of Anaesthetists (February 2013) 34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014) 38. Health Survey for England 2011: Health, Social Care and Lifestyles - The Health and Social Care Information Centre (December 2012) 39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015) 40. Pain Management Services: Planning for the Future - Royal College of General Practitioners (November 2013)

Chiropractic Quality Statement 2: History and Examination

Quality Statement

A thorough history and examination should be conducted on all patients presenting with chronic pain. Assessments are multidimensional, including a biomedical pain assessment, a functional assessment and a psychological evaluation.

Quality Measure

Structure: Evidence of practice policy regarding history taking and clinical examination procedures for patients with chronic pain, including biomedical pain assessment, functional assessment and psychological evaluation.

Process: Proportion of patients presenting with chronic pain having a record in their clinical notes that a multidimensional history and examination has taken place (including biomedical pain assessment, functional assessment and psychological evaluation).

Numerator: the number of patients in the denominator in which a multidimensional history and examination (including biomedical pain assessment, functional assessment and psychological evaluation) has been recorded in their notes.

Denominator: the total number of patients presenting with chronic pain.

Description of what the quality statement means for each audience

Service Providers should ensure that they are taking the appropriate history and performing the necessary examination (which should include a biomedical pain assessment, functional assessment and psychological evaluation) for all patients presenting with chronic pain.

Commissioners should ensure that the necessary policies and infrastructure are in place to carry out and record a history and examination of patients presenting with chronic pain (which should including biomedical pain assessment, functional assessment and psychological evaluation).

Patients with chronic pain should expect to have a detailed history taken (which will include psychological evaluation) and undergo a thorough examination.

Source

11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014)
16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013)
17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013)
18. Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010 Apr;122(4):810-33
26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15)
29. Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015)
34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014)
39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015)

Chiropractic Quality Statement 3: Psychosocial Assessment

Quality Statement

The assessment of patients with chronic pain includes the identification of psychosocial risk factors relating to attitudes and beliefs, behaviours, compensation, diagnosis, emotions, family, and work. This is assessed by collaborative history taking, the use of questionnaires, and screening or stratification tools.

Quality Measure

Structure: Evidence of practice policy relating to the identification of psychosocial risk factors for patients presenting with chronic pain, together with the use of questionnaires, and screening or stratification tools.

Process: Proportion of patients with chronic pain who have been assessed for psychosocial risk factors, including by the use of questionnaires, and screening or stratification tools.

Numerator: the number of patients in the denominator whose psychosocial risk factors have been assessed, and for who questionnaires, and screening or stratification tools have been used.

Denominator: the total number of patients presenting with chronic pain.

Description of what the quality statement means for each audience

Service Providers should assess for psychosocial risk factors (include the use of questionnaires, and screening or stratification tools) in patients presenting with chronic pain.

Commissioners should seek evidence that patients presenting with chronic pain are assessed for psychosocial risk factors, and that questionnaires, and screening or stratification tools are utilised.

Patients with chronic pain should expect to be asked questions (including the use of questionnaires) relating to their attitudes and beliefs, as well as their behaviours, emotions, work and social life.

Source

2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013)
3. Low Back Pain - General Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014)
4. Low Back Pain - Specialist Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014)
8. A Primary Care Back Pain Screening Tool: Identifying Patient Subgroups for Initial Treatment - JC Hill et al. Arthritis Rheum 2008 May 15;59(5):632-41
11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014)
16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013)
17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013)
18. Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010 Apr;122(4):810-33
25. Chronic Pain Management: Measurement-Based Step Care Solutions. D Tauben. International Association for the Study of Pain - Clinical Updates 2012;20:8 (Dec 2012)
26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15)
29. Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015)
33. Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 (2014)
35. Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss - NA Kendall et al. ARCIC of New Zealand and the National Health Committee (January 1997)
37. Role of Psychology in Pain Management - C Eccleston British Journal of Anaesthesia 87 (1): 144-52 (2001)
39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015)

Chiropractic Quality Statement 4: Education

Quality Statement	**Patients with chronic pain should be given information relating to pain physiology, the relationship between psychology and pain (including fear and avoidance, stress, distress, and depression), safety and risk in relation to increased activity, and the importance of self-management approaches and lifestyle changes.**
Quality Measure	**Structure:** Evidence of practice polices or procedures with regard to the provision of information relating to understanding pain mechanisms and pain management strategies, including the importance of self-management approaches and lifestyle changes. **Process:** Proportion of patients with chronic pain who are provided with information relating to understanding pain mechanisms and pain management strategies, including the importance of self-management approaches and lifestyle changes. **Numerator:** the number of patients in the denominator who are provided with information relating to understanding pain mechanisms and pain management strategies, including the importance of self-management approaches and lifestyle changes. **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should provide information to patients with chronic pain, explaining pain mechanisms and pain management strategies, including the importance of self-management approaches and lifestyle changes. **Commissioners** should expect to see policies in place that patients with chronic pain are provided with information relating to understanding pain mechanisms and pain management strategies, including the importance of self-management approaches and lifestyle changes. **Patients** with chronic pain should expect to be provided with information about understanding pain and how to manage it, including self-management approaches and lifestyle changes.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013) 3. Low Back Pain - General Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 4. Low Back Pain - Specialist Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013) 19. ACPA Resource Guilde to Chronic Pain Medication and Treatment, 2015 Edition – American Chronic Pain Association (2015) 33. Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 (2014) 34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014) 37. Role of Psychology in Pain Management - C Eccleston British Journal of Anaesthesia 87 (1): 144-52 (2001) 39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015) 40. Pain Management Services: Planning for the Future - Royal College of General Practitioners (November 2013) 41. The Hidden Suffering of Chronic Pain - Chronic Pain Policy Coalition (November 2015)

Chiropractic Quality Statement 5: Patient-Centred Care

Quality Statement

Patients with chronic pain have the opportunity to discuss their health beliefs, concerns and preferences to inform their care. Patients are given the best available evidence, are actively involved in shared decision-making, and are supported to make fully informed choices about investigations, treatment and care that reflect what is important to them.

Quality Measure

Structure: Evidence of practice policies and procedures with regard to patient-centred care, including giving patients the opportunity to discuss their health beliefs, concerns and preferences, before involving them in shared decision-making about care that reflects what is important to them.

Process: Proportion of patients with chronic pain who have had the opportunity to discuss their health beliefs, concerns and preferences, before being actively involved in shared decision-making about care that reflects what is important to them.

Numerator: the number of patients in the denominator who have had the opportunity to discuss their health beliefs, concerns and preferences, before being actively involved in shared decision-making about care that reflects what is important to them.

Denominator: the total number of patients presenting with chronic pain.

Description of what the quality statement means for each audience

Service Providers should ensure that patients with chronic pain are provided with care that reflects what is important to them by actively involving them in shared decision-making, having provided the best available evidence and the opportunity to discuss their health beliefs, concerns and preferences.

Commissioners should seek evidence from Service Providers that patients with chronic pain are actively involved in shared decision-making, providing care that reflects what is important to them, after receiving the best available evidence and being able to discuss their health beliefs, concerns and preferences.

Patients with chronic pain should expect to be actively involved in shared decision-making about care that reflects what is important to them, after having the best available evidence explained, and having had the opportunity to discuss their own health beliefs, concerns and preferences.

Source

12. NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012)
15. Recommendations for Pain Treatment Services - International Association for the Study of Pain (May 2009)
16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013)
26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15)
27. Supporting People with Long Term Conditions, Commissioning Personal Care Planning, A Guide for Commissioners - Department of Health (January 2009)
29. Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015)
33. Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 (2014)
40. Pain Management Services: Planning for the Future - Royal College of General Practitioners (November 2013)
41. The Hidden Suffering of Chronic Pain - Chronic Pain Policy Coalition (November 2015)

Chiropractic Quality Statement 6: Plan of Care

Quality Statement	**Patients with chronic pain are active participants in the development of individualised care plans aimed at changing pain behaviour and improving function, as well as seeking pain relief. The plan should include goal setting that is patient driven and realistic, with return to work a priority (if appropriate).**
Quality Measure	**Structure:** Evidence of practice policies and procedures with regard to individualised care plans that include goal setting and are aimed at changing pain behaviour, improving function, and return to work, as well as seeking pain relief. **Process:** Proportion of patients with chronic pain who have received individualised care plans that include goal setting, as well as aims to change pain behaviour, improve function, and return to work (if appropriate)**.** **Numerator:** the number of patients in the denominator who have received individualised care plans that include goal setting, as well as aims to change pain behaviour, improve function, and return to work (if appropriate). **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should have the systems in place to ensure that patients with chronic pain are provided with individualised care plans that include goal setting, and with aims that include changing pain behaviour, improving function, and return to work (if appropriate). **Commissioners** should expect to see evidence that patients with chronic pain are provided with individualised care plans that include goal setting, and well as aims that include changing pain behaviour, improving function, and return to work (if appropriate). **Patients** with chronic pain should expect to have individualised care plans with strategies that are realistic and meet their own priorities but, in addition to reducing levels of pain, also include aims to change pain behaviour, improve function, and return to work (if appropriate)..
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013) 11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014) 15. Recommendations for Pain Treatment Services - International Association for the Study of Pain (May 2009) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013) 27. Supporting People with Long Term Conditions, Commissioning Personal Care Planning, A Guide for Commissioners - Department of Health (January 2009) 28. Care of People with Chronic Pain, Quality Standards - West Midlands Quality Review Service (August 2014) 29. Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015)

Chiropractic Quality Statement 7: Package of Care

Quality Statement	**Patients with chronic pain are treated with an individualised package of care, which includes advice and information, exercises and psychosocial interventions. Treatment may also include manual therapies, rehabilitation, and acupuncture.**
Quality Measure	**Structure:** Evidence of practice policy on the provision of a package of care for the treatment of chronic pain which may include manual therapies, rehabilitation, and acupuncture, in addition to advice and information, exercises and psychosocial interventions. **Process:** Proportion of patients with chronic pain who are treated with a package of care, which includes advice and information, exercises and psychosocial interventions. **Numerator:** the number of patients in the denominator who receive a package of care, which which includes advice and information, exercises and psychosocial interventions. **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should provide a package of care for the treatment of chronic pain incorporating advice and information, exercises and psychosocial interventions, and may also include manual therapies, rehabilitation, and acupuncture. **Commissioners** should seek evidence that chronic pain patients are treated with a package of care which may include manual therapies, rehabilitation, and acupuncture, in addition to advice and information, exercises and psychosocial interventions. **Patients** with chronic pain should expect to be treated with a number of different techniques, which should include advice and information, exercises, and addressing the psychological and social implications associated with chronic pain. Treatment may also include manual therapies, rehabilitation, and acupuncture.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 9. The Pain Toolkit - Pain Self-Management Tools Resource 11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013) 18. Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010 Apr;122(4):810-33 19. ACPA Resource Guide to Chronic Pain Medication and Treatment, 2015 Edition – American Chronic Pain Association (2015) 22. An Update of Comprehensive Evidence-based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part I: Introduction and General Considerations. L Manchikanti et al. Pain Physician 2013;16:S1-S48 (April 2013) 23. An Update of Comprehensive Evidence-based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations. L Manchikanti et al. Pain Physician 2013;16:S49-S283 (April 2013) 26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15) 28. Care of People with Chronic Pain, Quality Standards - West Midlands Quality Review Service (August 2014) 39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015)

Chiropractic Quality Statement 8: Psychosocial Interventions

Quality Statement	**Patients with chronic pain are managed with a broad range of cognitive and behavioural interventions to address the impact of distressing, misleading, or restricting thoughts and beliefs. Goal-orientated techniques are used with the aim of changing thinking, mood and behaviour to increase control over pain.**
Quality Measure	**Structure:** Evidence of practice polices or procedures for the management of chronic pain with the use of cognitive and behavioural interventions, including goal-orientated techniques. **Process:** Proportion of patients with chronic pain who are managed with a range of cognitive and behavioural interventions, including goal-orientated techniques. **Numerator:** the number of patients in the denominator who are managed with a range of cognitive and behavioural interventions, including goal-orientated techniques. **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should manage patents with chronic pain by utilising a broad range of cognitive and behavioural interventions, including goal-orientated techniques, to address the impact of psychosocial barriers to recovery, and to improve control over pain. **Commissioners** should expect to see evidence that patients with chronic pain are being managed with a broad range of cognitive and behavioural interventions, including goal-orientated techniques, to address the impact of psychosocial barriers to recovery, and to improve control over pain. **Patients** with chronic pain should expect to have their thoughts and beliefs about pain challenged, and the use of goal-orientated techniques to address their thinking, mood and behaviours to increase control over pain.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013) 3. Low Back Pain - General Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 4. Low Back Pain - Specialist Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 9. The Pain Toolkit - Pain Self-Management Tools Resource 11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014) 14. Specialised Services for Pain Management (Adult), NHS Standard Contract for Specialised Pain – NHS England (2013) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013) 19. ACPA Resource Guide to Chronic Pain Medication and Treatment, 2015 Edition – American Chronic Pain Association (2015) 26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15) 28. Care of People with Chronic Pain, Quality Standards - West Midlands Quality Review Service (August 2014) 34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014) 37. Role of Psychology in Pain Management - C Eccleston British Journal of Anaesthesia 87 (1): 144-52 (2001) 39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015)

Chiropractic Quality Statement 9: Supportive Self-Management

Quality Statement	**Patients with chronic pain are given information and support to engage in self-management strategies that may include exercise, relaxation, coping strategies, biofeedback techniques, pacing, sleep management, self-help resources, and graded exposure to social and physical activities guided by agreed goals.**
Quality Measure	**Structure:** Evidence of practice polices or procedures in supporting patients with chronic pain to engage in self-management strategies that may include a wide range of different techniques. **Process:** Proportion of patients with chronic pain who are encouraged and supported to engage in self-management strategies that may include a wide range of different techniques. **Numerator:** the number of patients in the denominator who are encouraged and supported to engage in self-management strategies. **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should provide information and support to encourage patients with chronic pain to engage in a range of self-management strategies. **Commissioners** should seek evidence that chronic pain patients are provide with information and support to engage in a range of self-management strategies. **Patients** with chronic pain should expect to be given information and support to engage in self-management strategies that may include exercise, relaxation, coping strategies, biofeedback techniques, pacing, sleep management, self-help resources, and graded exposure to social and physical activities guided by agreed goals.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013) 3. Low Back Pain - General Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 4. Low Back Pain - Specialist Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 9. The Pain Toolkit - Pain Self-Management Tools Resource 11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014) 14. Specialised Services for Pain Management (Adult), NHS Standard Contract for Specialised Pain – NHS England (2013) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 17. Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013) 19. ACPA Resource Guide to Chronic Pain Medication and Treatment, 2015 Edition – American Chronic Pain Association (2015) 26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15) 29. Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015) 33. Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 (2014) 34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014) 39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015) 40. Pain Management Services: Planning for the Future - Royal College of General Practitioners (November 2013) 41. The Hidden Suffering of Chronic Pain - Chronic Pain Policy Coalition (November 2015)

Chiropractic Quality Statement 10: Monitoring and Reassessment

Quality Statement	**The needs of patients with chronic pain are continually kept under review and their care plans amended as necessary. Regular formal reassessments are carried out, at least every six months, with the use of validated outcome measures to assess pain, functional disability, psychosocial factors, and quality of life.**
Quality Measure	**Structure:** Evidence of practice policy with regard to the regular reassessment of patients, the use of outcome measures, and the modification of care plans. **Process:** Proportion of patients with chronic pain who are reassessed on a regularly basis (at least every six months), including the use of outcome measures. **Numerator:** the number of patients in the denominator who have been reassessed on a regular basis (at least every six months), including the use of outcome measures. **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should continually review patients with chronic pain and carry out regular formal reassessments (at least every six months), amending care plans as necessary. Outcome measures should be used to assess pain, functional disability, psychosocial factors, and quality of life. **Commissioners** should expect to see evidence of regular formal reassessments of patients with chronic pain (at least every six months), and the use of validated outcome measures. **Patients** with chronic pain should expect to be continually kept under review, with regular formal reassessments (at least every six months) and the use of patient-reported outcome measures, and have their care plans amended as necessary.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013) 11. National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014) 15. Recommendations for Pain Treatment Services - International Association for the Study of Pain (May 2009) 18. Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010 Apr;122(4):810-33 27. Supporting People with Long Term Conditions, Commissioning Personal Care Planning, A Guide for Commissioners - Department of Health (January 2009) 28. Care of People with Chronic Pain, Quality Standards - West Midlands Quality Review Service (August 2014) 31. Local Commissioning of Specialist Services for Pain - Recommendation of the Faculty of Pain Medicine of the Royal College of Anaesthetists (February 2013) 32. Core Outcome Measures for Chronic Pain Clinic Trials: IMMPACT Recommendations - RH Dworkin et al. Pain 2005; 113:9-19 33. Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 (2014) 34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014) 35. Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss - NA Kendall et al. ARCIC of New Zealand and the National Health Committee (January 1997) 36. Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain - DL Gourlay et al. Pain Medicine 6 (2): 107-112 (2005)

Chiropractic Quality Statement 11: Intergration of Service

Quality Statement	**When managing patients with chronic pain, chiropractors are attentive to the involvement of other health professionals, the medications that patients are taking, and write detailed reports on their findings and management to the patient's GP. Chiropractors recognise their own limitations in pain management, and refer to other healthcare professionals, or specialist interdisciplinary pain management teams, as appropriate.**
Quality Measure	**Structure:** Evidence of practice policy with regard to recognising the involvement of other health professionals and the management that they are providing, keeping them informed of assessment and care, and the need for appropriate referrals**.** **Process:** Proportion of patients with chronic pain who have had reports written to their GP detailing their findings and management. **Numerator:** the number of patients in the denominator who have had reports written to their GP detailing their findings and management. **Denominator:** the total number of patients presenting with chronic pain.
Description of what the quality statement means for each audience	**Service Providers** should be attentive to the involvement of other health professionals, the medications that patients are taking, and write detailed reports on their findings and management to the patient's GP. They should recognise their own limitations in pain management, and refer to other healthcare professionals, or specialist interdisciplinary pain management teams, as appropriate. **Commissioners** should seek evidence of chiropractors providing multi-disciplinary care by seeking information and collaborating with other healthcare professionals for the benefit of patients, as well as reporting and referring patients as appropriate. **Patients** with chronic pain should expect their chiropractor to be aware of the involvement of other health professionals and what care they are receiving (including medications). They should also expect their chiropractor to write to their GP and also to refer them to another healthcare profession if they feel that is in their best interest.
Source	1. Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013) 2. Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013) 4. Low Back Pain - Specialist Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014) 14. Specialised Services for Pain Management (Adult), NHS Standard Contract for Specialised Pain – NHS England (2013) 15. Recommendations for Pain Treatment Services - International Association for the Study of Pain (May 2009) 16. Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013) 26. Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15) 29. Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015) 33. Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 2014) 34. Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014) 39. Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015) 40. Pain Management Services: Planning for the Future - Royal College of General Practitioners (November 2013)

List of Sources

1. **Guidelines for Pain Management Programmes for Adults - The British Pain Society (November 2013)**
[https://www.britishpainsociety.org/static/uploads/resources/files/pmp2013_main_FINAL_v6.pdf]

2. **Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society – J.Lee et al. British Journal of Anaesthesia 111 (1): 112-20 (2013)**
[http://www.ncbi.nlm.nih.gov/pubmed/23794653]

3. **Low Back Pain - General Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014)**
[http://bps.mapofmedicine.com/evidence/bps/low_back_and_radicular_pain1.html]

4. **Low Back Pain - Specialist Management - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014)**
[http://bps.mapofmedicine.com/evidence/bps/low_back_and_radicular_pain2.html]

5. **Low Back and Radicular Pain - Pain Assessment and Management Pathway, The British Pain Society and the Map of Medicine (April 2014)**
[http://bps.mapofmedicine.com/evidence/bps/low_back_and_radicular_pain3.html]

6. **Standards of Good Practice for Spinal Interventional Procedures in Pain Medicine - The British Pain Society and Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015)**
[http://www.fpm.ac.uk/system/files/FPM-STDS-SPINAL-INTERVENTION.pdf]

7. **Managing Persistent Pain in Secure Settings - Faculty of Pain Medicine of the Royal College of Anaesthetists, Royal College of General Practitioners and The British Pain Society (July 2013)**
[http://www.nta.nhs.uk/uploads/persistentpain.pdf]

8. **A Primary Care Back Pain Screening Tool: Identifying Patient Subgroups for Initial Treatment – JC Hill et al. Arthritis Rheum 2008 May 15;59(5):632-41**
[http://onlinelibrary.wiley.com/doi/10.1002/art.23563/epdf]

9. **The Pain Toolkit - Pain Self-Management Tools Resource**
[http://www.paintoolkit.org]

10. **Guidance on the Management of Pain in Older People - The British Pain Society and the British Geriatric Society (2013) - Age and Aging 2013; 42: i1-i57 doi: 10.1093/ageing/afs200**
[http://ageing.oxfordjournals.org/content/42/suppl_1/i1.full.pdf]

11. **National Pathway of Care for Low Back and Radicular Pain - NHS England Pathfinder Projects, Report if the Clinical Group (December 2014)**
[http://rcc-uk.org/wp-content/uploads/2015/01/Pathfinder-Low-back-and-Radicular-Pain.pdf]

12. **NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012)**
[http://www.nice.org.uk/guidance/cg138]

13. **Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society - R Chou et al. Ann Intern Med. 2007;147:478-491 (2007)**
[http://annals.org/article.aspx?articleid=736814]

14. **Specialised Services for Pain Management (Adult), NHS Standard Contract for Specialised Pain – NHS England (2013)**
[http://www.england.nhs.uk/wp-content/uploads/2013/06/d08-spec-serv-pain-mgt.pdf]

15. **Recommendations for Pain Treatment Services - International Association for the Study of Pain (May 2009)**
[http://www.iasp-pain.org/Education/Content.aspx?ItemNumber=1381]

16. **Management of Chronic Pain - Scottish Intercollegiate Guidelines Network - SIGN (December 2013)**
[http://www.sign.ac.uk/pdf/SIGN136.pdf]

17. **Assessment and Management of Chronic Pain, Sixth Edition - Institute for Clinical Systems Improvement (November 2013)**
[https://www.icsi.org/_asset/bw798b/ChronicPain.pdf]

18. **Practice Guidelines for Chronic Pain Management. An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology 2010 Apr;122(4):810-33**
[http://www.asahq.org/~/media/sites/asahq/files/public/resources/standards-guidelines/practice-guidelines-for-chronic-pain-management.pdf]

19. **ACPA Resource Guide to Chronic Pain Medication and Treatment, 2015 Edition - American Chronic Pain Association (2015)**
[http://www.theacpa.org/uploads/documents/ACPA_Resource_Guide_2015_Final edited (3).pdf]

20. **The Assessment of Pain in Older People, National Guidelines, Concise Guidance to Good Practice No 8 - Royal College of Physicians, British Geriatrics Society and The British Pain Society (October 2007)**
[https://www.britishpainsociety.org/static/uploads/resources/files/book_pain_older_people.pdf]

21. **Intervention Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. MV Boswell et al. Pain Physician 2007;10:7-111 (January 2007)**
[http://www.painphysicianjournal.com/linkout?issn=1533-3159&vol=10&page=7

22. **An Update of Comprehensive Evidence-based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part I: Introduction and General Considerations. L Manchikanti et al. Pain Physician 2013;16:S1-S48 (April 2013)**
[http://www.painphysicianjournal.com/linkout?issn=1533-3159&vol=16&page=S1

23. **An Update of Comprehensive Evidence-based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations. L Manchikanti et al. Pain Physician 2013;16:S49-S283 (April 2013)**
[http://www.painphysicianjournal.com/linkout?issn=1533-3159&vol=16&page=S49]

24. **A Meta-Ethnography of Patients' Experience of Chronic Non-Malignant Musculoskeletal Pain - NHS National institute for Health Research - F Toye et al. Health Services and Delivery Research 2013;1:12 (November 2013)**
[http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0010/94285/FullReport-hsdr01120.pdf]

25. **Chronic Pain Management: Measurement-Based Step Care Solutions. D Tauben. International Association for the Study of Pain - Clinical Updates 2012;20:8 (December 2012)**
[http://iasp.files.cms-plus.com/Content/ContentFolders/Publications2/PainClinicalUpdates/Archives/PCU_20-8_web.pdf]

26. **Chronic Pain - Patient: Evidence Summaries (accessed online 09/09/15)**
[http://patient.info/doctor/chronic-pain]

27. **Supporting People with Long Term Conditions, Commissioning Personal Care Planning, A Guide for Commissioners - Department of Health (January 2009)**
[http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/EOLC-Supporting-People-with-LTC.pdf]

28. **Care of People with Chronic Pain, Quality Standards - West Midlands Quality Review Service (August 2014)**
[http://www.wmqrs.nhs.uk/quality-standards/published-standards]

29. **Conducting Quality Consultations in Pain Medicine - Faculty of Pain Medicine of the Royal College of Anaesthetists (April 2015)**
[http://www.rcoa.ac.uk/document-store/conducting-quality-consultations-pain-medicine]

30. **Guidance on the Provision of Anaesthetic Services for Chronic Pain Management 2014 - Royal College of Anaesthetists (2014)**
[https://www.rcoa.ac.uk/system/files/GPAS-2014-12-CHRONICPAIN.pdf]

31. **Local Commissioning of Specialist Services for Pain - Recommendation of the Faculty of Pain Medicine of the Royal College of Anaesthetists (February 2013)**
[http://www.rcoa.ac.uk/system/files/FPM-Local-Comm-2013_0.pdf]

32. **Core Outcome Measures for Chronic Pain Clinic Trials: IMMPACT Recommendations - RH Dworkin et al. Pain 2005; 113:9-19**
[http://www.immpact.org/static/publications/Dworkin et al., 2005.pdf]

33. **Initial Assessment and Management of Pain: A Pathway for Care Developed by the British Pain Society - C Price et al. British Journal of Anaesthesia 112 (5): 816-23 (2014)**
[http://bja.oxfordjournals.org/content/112/5/816.full.pdf+html]

34. **Chronic Widespread Pain, including Fibromyalgia: A Pathway for Care Developed by the British Pain Society - J Lee et al. British Journal of Anaesthesia 112 (1): 16-24 (2014)**
[http://bja.oxfordjournals.org/content/early/2013/11/05/bja.aet351.full.pdf]

35. **Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss - NA Kendall et al. Accident Rehabilitation and Compensation Insurance Corporation of New Zealand and the National Health Committee (January 1997)**
[http://www.chiro.org/LINKS/GUIDELINES/FULL/NEW/NEW_ZEALAND/Guide_to_Assessing/full_text.html]

36. **Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain - DL Gourlay et al. Pain Medicine 6 (2): 107-112 (2005)**
[http://www.ncbi.nlm.nih.gov/pubmed/15773874]

37. **Role of Psychology in Pain Management - C Eccleston British Journal of Anaesthesia 87 (1): 144-52 (2001)**
[http://bja.oxfordjournals.org/content/87/1/144.full.pdf]

38. **Health Survey for England 2011: Health, Social Care and Lifestyles - The Health and Social Care Information Centre (December 2012)**
[http://www.hscic.gov.uk/catalogue/PUB09300/HSE2011-All-Chapters.pdf]

39. **Core Standards for Pain Management Services - Faculty of Pain Medicine of the Royal College of Anaesthetists (October 2015)**
[http://www.rcoa.ac.uk/system/files/FPM-CSPMS-UK2015.pdf]

40. **Pain Management Services: Planning for the Future - Royal College of General Practitioners (November 2013)**
[https://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/media/Files/CIRC/Chronic-pain/RCGP-Commissioning-Pain-Management-Services-Jan-14.ashx]

41. **The Hidden Suffering of Chronic Pain - Chronic Pain Policy Coalition (November 2015)**
[http://www.policyconnect.org.uk/cppc/research/hidden-suffering-chronic-pain-booklet-parliamentarians]

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