



Llywodraeth Cymru
Welsh Government

Welsh Government Integrated Impact Assessment for Living with Persistent Pain in Wales

April 2019

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

WELSH GOVERNMENT INTEGRATED IMPACT ASSESSMENT

Title of proposal:	Living with Persistent Pain in Wales Guidance
Official(s) completing the Integrated Impact Assessment (name(s) and name of team):	Kevin Francis Major Health Conditions Population Healthcare Division
Department:	Population Health Directorate
Head of Division/SRO (name):	Prof Chris Jones, Deputy Chief Medical Officer
Cabinet Secretary/Minister responsible:	Vaughan Gething AM, Minister for Health and Social Services
Start Date:	December 2017

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SECTION 1. WHAT ACTION IS THE WELSH GOVERNMENT CONSIDERING AND WHY?

In narrative form, please describe the issue and the action proposed by the Welsh Government. How have you applied / will you apply the five ways of working in the Well-being of Future Generations (Wales) Act 2015 to the proposed action, throughout the policy and delivery cycle?

The aim of this work is to produce guidance for the management of non malignant persistent pain which will include information and advice for NHS staff and people living with persistent pain in Wales. The guidance will provide suggestions of good practice and examples from across Wales to support moving the pain agenda forward. The guidance will also provide effective methods of self-management for personal living with persistent pain.

The aims will be achieved via a steering group which consists of a Reader from Cardiff University, clinical leads in pain management from Health Boards across Wales, Public Health Wales and Welsh Government officials. The measure of success will be that more people are managing their own pain and having an improved quality of life, rather than relying on pain medication.

Persistent pain can affect anyone of any age, at any time and is a significant health problem for a substantial proportion of the population. It is estimated that between 11% and 20% of adults are affected, with symptoms ranging from mild discomfort to debilitating pain.

Although it was not a manifesto commitment to produce the framework, it is a government commitment and we need to honour that commitment.

Waiting lists to access chronic pain services are currently very long and we need to look at ways of reducing those lists and reducing the impact of pain on people's lives.

In 2016 the BMJ Open published a piece of research on the prevalence of chronic pain in the UK. Information has been taken from this study to provide evidence for this impact assessment

We have also taken information from: "Diseases and impairments as risk factors for onset of disability in the older population in England and Wales: findings from the Medical Research Council Cognitive Function and Ageing Study", as well as the British Journal of Learning Disabilities.

We also took information from a study by King's College London, Institute of Psychiatry, Department of Psychological Medicine 2016, into mental health and chronic pain, and a study which was carried out for Warwick University by Choudhury, Yasmin, Bremner, Stephen A., Ali, Anwara, Eldridge, Sandra, Griffiths, Chris J., Hussain, I. (Iqbal), Parsons, Suzanne, Rahman, A. (Anisur) and Underwood, M. (Martin), M.D. into chronic pain and ethnicity.

Much of the above evidence could be considered strong, however there are gaps in the information in as much as no research can be found to evidence whether some groups of people with protected characteristics tend to suffer more with chronic pain than any other – for example religious beliefs (or lack of the same) marriage status or sexuality. However, the aims of this policy are to treat everyone with chronic pain according to their needs – irrespective of whether or not they have a protected characteristic. The policy will not discriminate against anyone, regardless of their status.

It is possible that the policy will promote equality in certain areas. For example, research suggests that older people suffer with chronic pain more than other age groups – helping them to better deal with their pain could mean reducing some of the inequalities they may face as a result.

We have been conducting engagement events with service users and clinicians and using the information they have given us to form part of our impact assessment process.

The guidance supports a widening of treatments. If the new approach results in the desired effect of helping people living with pain learn skills to self-manage and understand their pain, this will go some way to improving poor health outcomes. It also encourages people to interact with local services, encouraging more social and community inclusion.

This guidance is in line with Welsh Government's National Strategy, *Prosperity for All* and the principles set out in the Well-being of Future Generation Act. *Prosperity for All* focuses on working collaboratively across boundaries to deliver real improvements in health and wellbeing for the population of Wales. To do this, we must further develop and strengthen relationships with key partners involved in the provision of high quality care, namely social services, other local authority provision, the third sector and community organisations.

We will engage relevant partners to collaborate and coproduce this guidance. This includes pain groups, relevant third sector organisations and a wide range of staff from NHS and social services settings. All views will be taken into consideration to develop a guidance which is purposeful for all parties.

This project does not require funding as it will advise health boards of good practice in dealing with patients with chronic pain. No programmes will be running as part of it.

No additional financial burden will be placed on health boards as they are already expected to have processes in place to treat persistent pain and this framework will simply set out the best possible ways of doing this. Indeed, Health boards and academic colleagues (Cardiff University) are part of the project without cost to the Welsh Government, which reflects the level of engagement by health boards and importance placed on the project.

SECTION 2. WHAT WILL BE THE EFFECT ON SOCIAL WELL-BEING?

2.1 People and Communities

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal affect people and communities?

When implemented by health boards, the proposal should have a moderately positive impact on people living with pain, their carers and their families. They should feel more equipped to understand their conditions and the services available to them.

This should have no impact on any specific community.

2.2 Children's Rights

Completed – Annex A

2.3 Equality

Completed – Annex B

2.4 Rural Proofing

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal impact on rural individuals and communities?

Completed – Annex C

2.5 Health

2.5a How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal impact health determinants?

The guidance will aim to improve health positively in a significant way by considering numerous health determinants.

With improved understanding of pain, patients and their healthcare provider will be able to focus on the issues that matter to the individual. This includes targeting goals determined in collaboration with the patient and encouraging a more active lifestyle, helping to avoid further co-morbidities. We also anticipate that mental wellbeing and physical pain will play an important factor in this guidance. We expect to conclude that the more control someone has over their pain, the stronger their ability to deal with mental health issues.

The guidance will also reflect on current services to ensure they are fit for purpose and easy for patients to navigate.

Many people who live with persistent pain find themselves unable to work as a result of their pain. Enabling them to better manage their pain through medical and non medical routes can help them to improve their quality of life and help them back into work or maintain their jobs if they are employed.

The guidance will promote methods for managing persistent pain, with an increased emphasis on the health and well being of our communities, thus benefiting all communities and protected groups.

2.5b. Could there be a differential health impact on particular groups?

The policy will promote equality. Research suggests that older people suffer with chronic pain more than other age groups – helping them to better deal with their pain could mean reducing some of the inequalities they may face as a result.

2.6 Privacy

Will the proposal involve processing information that could be used to identify individuals?

No.

SECTION 3. WHAT WILL BE THE EFFECT ON CULTURAL WELL-BEING AND THE WELSH LANGUAGE?

3.1 Cultural Well-being

3.1a How can the proposal actively contribute to the goal to promote and protect culture and heritage and encourage people to participate in the arts sports and recreation? (for Welsh Language see section 3.2)

N/A

3.1b Is it possible that the proposal might have a negative effect on the promotion and protection of culture and heritage, or the ability of people to participate in arts, sport and recreation? If so, what action can you take to avoid or reduce that effect (for example by providing alternative opportunities)?

No.

3.2 Welsh Language

Completed – Annex D

There are no direct links to the guidance but we will ensure people can communicate in Welsh if they wish to do so in consultation events.

The key principles of 'Cymraeg 2050' have been taken into account, that all people and organisations involved in the delivery of services must have regard to the right of people to communicate in Welsh.

The Welsh Government's Welsh Language Standards Compliance Notice requires that an assessment of the impacts of the Act on the Welsh Language be carried out in an Explanatory Memorandum.

The Welsh language will be considered at all stages of policy development. Specific questions regarding the Welsh language will be asked in the consultation. All documents and correspondence will be produced bilingually including the final document, the consultation document, and questionnaires for our engagement events as well as any public facing correspondence. At all stages the Welsh language will be given equal status with English.

SECTION 4. WHAT WILL BE THE EFFECT ON ECONOMIC WELL-BEING?

4.1 Business, the general public and individuals

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal impact business and the public?

N/A

4.2 Public Sector including local government and other public bodies

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal impact the public sector?

The guidance will include actions and recommendations for health boards. This should help health boards consider the service they provide and consider alternative methods of treatment provided. There should no negative outcome as health boards are already expected to have processes in place to treat persistent pain and this guidance will simply help set out the best possible ways of doing this.

4.3 Third Sector

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal impact third sector organisations and what they do?

The steering group will consider the role third sector organisations play when considering methods of providing advice and support to those living with pain. Chronic pain does not have a recognised third sector partner, but we will engage with relevant organisations and societies with expertise in this area.

4.4 Justice Impact

Please answer the following in relation to your proposal:

Are you bringing forward new primary legislation?

No

Are you creating, removing or amending an offence?

No

Could your proposal result in any other impact on the justice system e.g. through increased litigation, need for legal aid, appeal against a decision of a public body?

No

SECTION 5. WHAT WILL BE THE EFFECT ON ENVIRONMENTAL WELL-BEING?

Under Section 9 of the Environment (Wales) Act 2016, the Welsh Ministers are required to prepare, publish and implement a natural resources policy and to take all reasonable steps to implement it and to encourage others to take such steps. The [Natural Resources Policy](#) was published in August 2017.

5.1 Natural Resources

5.1a How will the proposal deliver one or more of the National Priorities in the Natural Resources Policy (NRP)?

N/A

5.1b Does the proposal help tackle the following national challenges and opportunities for the sustainable management of natural resources?

No

5.2 Biodiversity

Completed - Annex D

5.3 Climate Change

Climate change has been identified as one of the biggest threats facing our future generations. We need to reduce our emissions through decarbonisation action (5.3a) and to adapt to the impacts of climate change by increasing our resilience (5.3b).

5.3a Decarbonisation

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal affect emissions in Wales?

N/A

5.3 b Adaptation

How (either positively or negatively), and to what extent (significant/moderate/minimal impact), will the proposal affect ability to adapt to the effects of climate change?

N/A

5.4 Strategic Environmental Assessment (SEA)

This is not required as persistent pain guidance will have no impact on the environment

5.5 Habitats Regulations Assessment (HRA)

This is not required as persistent pain guidance will have no impact on the environment.

5.6 Environmental Impact Assessment (EIA)

This is not required as persistent pain guidance will have no impact on the environment.

SECTION 6. RECORD OF FULL IMPACT ASSESSMENTS REQUIRED

Impact Assessment	Yes/No	Section/Annex
Children's rights	Yes	Annex A
Equality	Yes*	Annex B
Rural Proofing	Yes	Annex C
Health	Yes	Section 2.5
Privacy	No	
Welsh Language	Yes*	Annex D
Economic / RIA	No	Refer to the Integrated Impact Assessment Guidance
Justice	No	
Biodiversity	Yes*	Annex E
Climate Change	No	
Strategic Environmental Assessment	No	
Habitat Regulations Assessment	No	
Environmental Impact Assessment	No	

* Mandatory for all proposals in order to meet statutory obligations.

SECTION 7. CONCLUSION

7.1 How have people most likely to be affected by the proposal been involved in developing it?

We will engage relevant partners to collaborate and coproduce this guidance. This includes pain groups, relevant third sector organisations and a wide range of staff from NHS and social services settings. All views will be taken into consideration to develop a guidance which is purposeful for all parties.

7.2 What are the most significant impacts, positive and negative?

- i) Increased awareness and knowledge of persistent pain amongst non-specialist staff
- ii) Specialist staff will be able to promote their services to patients who require them the most
- iii) People living with pain will be provided information regarding the healthcare and treatment they should receive.

7.3 In light of the impacts identified, how will the proposal:

- **maximise contribution to our well-being objectives and the seven well-being goals; and/or,**
- **avoid, reduce or mitigate any negative impacts?**

The guidance will contribute to the wellbeing goal of “a healthier Wales”. It aims to encourage a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.

It will aim to reduce frustrations amongst health and social care professionals who wish to understand persistent pain and provide treatment to their patients. The approach also aims to help citizens in Wales understand the approach to their healthcare and empower them to live happier, healthier lives.

7.4 How will the impact of the proposal be monitored and evaluated as it progresses and when it concludes?

The steering group will determine how to monitor and evaluate the potential actions and recommendations within the guidance. Once concluded, the expectation is for an advisory group to be set up to consider any points within, and those outside the scope, of the guidance.

SECTION 8. DECLARATION

Declaration

I am satisfied that the impact of the proposed action has been adequately assessed and recorded.

Name of Senior Responsible Officer / Deputy Director: Professor Chris Jones

Department: Health and Social Services

Date: 8th February 2019

FULL IMPACT ASSESSMENTS

A. CHILDREN'S RIGHTS IMPACT ASSESSMENT

1. Describe and explain the impact of the proposal on children and young people.

The document is aimed at NHS staff and adults living with persistent pain.

We do not need to engage with children and young people or produce a 'child-friendly' version of the document as the intended audience is healthcare professionals/clinicians and adults who suffer with chronic pain. There are no specific links to the Child Poverty Strategy for Wales.

2. Explain how the proposal is likely to impact on children's rights.

This work will not specifically maximise the outcomes of the UNCRC as it is not aimed at children and young people. Although it is not specifically aimed at children, the work has been considered in the light of children's rights and no clashes with an UNCRC articles have been identified.

B. EQUALITY IMPACT ASSESSMENT

1. Describe and explain the impact of the proposal on people with protected characteristics as described in the Equality Act 2010.

The proposal aims to provide care in a uniformed approach across Wales. This guidance will be published on a national basis and all health and social care staff will be expected to adopt the guidance and provide the highest level of care, regardless of the characteristics or geography of their patients.

The steering group will be made up of, amongst others, clinicians from Health Boards across Wales and a representative from Public Health Wales. This guidance is being produced on a co-productive basis. Events are planned involving clinicians and service users.

Record of Impacts by protected characteristic:

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate Impacts?
Age (think about different age groups)	Positive impact mainly on older patients	<p>In a study carried out by BMJ Open in 2016, it emerged that older people were more likely to suffer from chronic pain:</p> <p>Within studies, chronic pain prevalence increased steadily with age from a low of 14.3% in 18–25 years old²⁴ to as high as 62% in the over 75 age group.¹¹ A single exception to this trend was observed in one instance where reported pain prevalence among 50–64 years old was higher than that reported in the older age strata.²⁸ Two of the five articles presenting data in the youngest age strata (18–39 years old) reported prevalence estimates >30%.^{11, 29} Similar patterns of increasing prevalence with age were demonstrated in studies looking at</p>	The guidance will positively impact the age group

		<p>chronic widespread pain and neuropathic pain, with one single exception where the prevalence of chronic widespread pain in 65–74 years old was lower than the prevalence in the 55–64-year-old bracket; stratification by gender in this study demonstrates that this drop is due to reduced pain reporting by male participants in the 65–74-year-old age bracket.²⁷ The prevalence of chronic widespread pain ranged from 6.8% in 18–32 years old³² to a peak of 21% in the over 75 age group.²⁷ Neuropathic pain prevalence by age was reported in a single study demonstrating increasing pain prevalence: 6.3%, 9.7% and 10.4% in 18–39, 40–59 and over 60 years old, respectively.</p> <p>It is therefore hoped that this work will have a positive impact on the lives of older people by reducing the impact of pain in their lives.</p>	
Disability (think about different types of disability)	Positive impact on physical disabilities by reducing pain	<p>It has been reported that arthritis and musculoskeletal problems are powerful predictors of significant disability¹. As a pointer to those who are the most severely disabled are data on those who are eligible to receive a disability living allowance (DLA). This is a benefit for people who are so disabled, have personal care needs, mobility needs or both and who claim before their 65th birthday. The most common condition resulting in people receiving DLA is ‘arthritis’ representing 18% of all recipients equivalent to half a million people aged under 65. A further 7% of people receive DLA for muscle/bone/joint disease. (Spiers NA, Matthews RJ, Jagger C, Matthews FE, Boulton C, Robinson TG et al. Diseases and impairments as risk factors for onset of disability in the older population in England and Wales: findings from the Medical Research</p>	The guidance will positively impact those with disabilities

		<p>Council Cognitive Function and Ageing Study. J Gerontol A Biol Sci Med Sci 2005; 60(2):248-54.)</p> <p>It is therefore hoped that this work will have a positive impact on the lives of physically disabled people by reducing the impact of pain in their lives.</p> <p>Statistics cannot be found to suggest that people with a visual impairment suffer more or less with chronic pain than any other sector of the population. However, it is hoped that the policy will have a positive impact on those who suffer with chronic pain irrespective of their sight status.</p>	
Gender Reassignment (the act of transitioning and Transgender people)	Not Applicable	The guidance aims to have a positive impact on the lives of those living with chronic pain, regardless of their gender	N/A
Pregnancy and maternity	Not Applicable	The guidance aims to have a positive impact on the lives of those living with chronic pain, regardless of their maternity or pregnancy status.	N/A
Race (include different ethnic minorities, Gypsies and Travellers and Migrants, Asylum seekers and Refugees)	Not Applicable	<p>The framework aims to have a positive impact on the lives of those living with chronic pain, regardless of their background.</p> <p>A study was carried out for Warwick University by Choudhury, Yasmin, Bremner, Stephen A., Ali, Anwara, Eldridge, Sandra, Griffiths, Chris J., Hussain, I. (Iqbal), Parsons, Suzanne, Rahman, A. (Anisur) and Underwood, M. (Martin), M.D. (2013) The study found that the prevalence</p>	N/A

		<p>and impact of chronic pain differs between ethnic groups. They reported a study of the comparative prevalence and impact of chronic pain in Bangladeshi, British Bangladeshi and White British/Irish people. They posted a short questionnaire to a random sample of 4,480 patients registered with 16 general practices in the London Borough of Tower Hamlets and conducted a longer questionnaire with patients in the waiting areas at those practices. They distinguished between Bangladeshi participants who were born in the UK or had arrived in the UK at the age of 14 or under (British Bangladeshi) and those who arrived in UK at the age of over 14 (Bangladeshi). They obtained 1,223/4,480 (27 %) responses to the short survey and 600/637 (94 %) to the long survey. From the former, the prevalence of chronic pain in the White, British Bangladeshi and Bangladeshi groups was 55, 54 and 72 %, respectively. The corresponding figures from the long survey were 49, 45 and 70 %. Chronic widespread pain was commoner in the Bangladeshi (16 %) than in the White (10 %) or British Bangladeshi (9 %) groups. Therefore this work will have a positive impact on the lives of those ethnic minorities who suffer from chronic pain.</p>	
Religion, belief and non-belief	Not Applicable	<p>Statistics cannot be found to suggest that people with no beliefs suffer more or less with chronic pain than any other sector of the population. However, it is hoped that the guidance will have a positive impact on those who suffer with chronic pain irrespective of their beliefs.</p>	N/A
Sex / Gender	Positive for all who live	<p>Published in the journal BMJ Open by a team of UK scientists, research, part funded by the</p>	N/A

	with pain, but women are proportionally more likely to experience conditions than men.	British Pain Society , involved a review of 19 studies conducted since 1990 involving a total of nearly 140,000 people in the UK. The authors found that women were more likely to experience chronic pain than men, while prevalence was generally found to increase with age. Therefore by introducing this framework we hope to have a positive impact on people's lives by increasing their capacity to manage their pain.	
Sexual orientation (Lesbian, Gay and Bisexual)	Not Applicable	The guidance aims to have a positive impact on the lives of those living with chronic pain, regardless of their sexual orientation	N/A
Marriage and civil partnership	Not Applicable	The guidance aims to have a positive impact on the lives of those living with chronic pain, regardless of their marital status	N/A
Children and young people up to the age of 18	Not Applicable	This policy will not impact on the lives of younger people.	N/A
Low-income households	Positive	Many people who live with persistent pain find themselves unable to work as a result of their pain. Enabling them to better manage their pain through medical and non medical routes can help them to improve their quality of life and help them back into work or maintain their jobs if they are employed	N/A

Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people's human rights?
(Please refer to point 1.4 of the EIA Guidance for further information about Human Rights and the UN Conventions).

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative Impacts?
	Not Applicable	The framework does not discriminate against any protected groups or impact negatively on people's human rights.	N/A

C. RURAL PROOFING IMPACT ASSESSMENT

1. Describe and explain the impact of the proposal on rural people, businesses and communities.

We will be engaging pain groups across Wales, paying particular attention to rural areas where services may not be as abundant as in urban areas. We will be visiting north, west and mid Wales to gain better understanding of the challenges facing these communities when considering pain services.

However, there is already an expectation that health boards have processes in place to treat persistent pain and take into consideration their rural areas. This guidance will simply set out the best possible ways of doing this.

D. WELSH LANGUAGE IMPACT ASSESSMENT

1. **Welsh Language Impact Assessment reference number (completed by the Welsh Language Standards Team, email: Safonau.Standards@gov.wales):**

01/02/2019

2. **Does the proposal demonstrate a clear link with the Welsh Government's strategy for the Welsh language and the related Work Programme for 2017-2021?**

There are no direct links to the Strategy but we will ensure people can communicate in Welsh if they wish to do so in consultation events.

The key principles have been embedded into the policy, that all people and organisations involved in the delivery of the pathway must have regard to the right of people to communicate in Welsh.

3. **Describe and explain the impact of the proposal on the Welsh language, and explain how you will address these impacts in order to improve outcomes for the Welsh language**

The Welsh Government's Welsh Language Standards Compliance Notice requires that an assessment of the impacts of the Act on the Welsh Language be carried out in an Explanatory Memorandum.

The Welsh language was considered at all stages of policy development. Specific questions regarding the Welsh language was asked in the consultation. All documents and correspondence were and will be produced bilingually including the final document, the consultation document, questionnaires for our engagement events as well as any public facing correspondence. At all stages the Welsh language will be given equal status with English.

We ensured that people were able to use the language of their choice when reading or responding to any documents. It is unlikely that Welsh Language groups will have a particular interest in these proposals above any other group.

Health boards will provide any advice that results from this guidance bilingually. This guidance will provide multiple methods of treatment for people living with pain. Health boards are responsible for providing services in Welsh and English and nothing proposed would either undermine this, require English only services or dissuade people from using Welsh.

E. BIODIVERSITY IMPACT ASSESSMENT

Embedding biodiversity

1. How will your proposal integrate biodiversity into decision making?

N/A

2. Has your proposal ensured biodiversity is accounted for in business decisions?

N/A

3. How does your proposal improve understanding and raise awareness of the importance of biodiversity, encouraging others to act?

N/A

Improving our evidence, understanding and monitoring

4. Have you used the best available evidence of biodiversity to inform your proposal and this assessment?

N/A

5. Have you used up to date knowledge of the key impacts on biodiversity to make evidence-based decisions?

N/A

6. Can your proposal contribute to our body of knowledge for biodiversity?

No

Governance and support for delivery of biodiversity action

7. Can your proposal support biodiversity action in any way?

No

8. Can your proposal help to build capacity for biodiversity action?

No

9. Have you recorded decisions and actions to maintain and enhance biodiversity?

N/A