Response to Report of Appraisal Committee- D Dickson

General Comment: Although at the meeting I attended everything was very fairly represented, the summary seems to contain some inaccuracies- and a misunderstanding appears to have arisen regarding the process of pain management in general and a Pain Management Program in particular.

With regards to the questions to which I have been asked to respond- I do so as follows.

i) Do you consider that all of the relevant evidence has been taken into account?

Response: While I believe that all the relevant evidence in terms of clinical trials has been considered, I also believe that **patients with other forms of neuropathic pain** (whose pain would be equally responsive to SCS as the neuropathic pain of FBSS), **will, as a result of the absence of evidence concerning their pain, be relatively disenfranchised** if this absence of evidence is taken to indicate that SCS is not effective in neuropathic pain of other origin.

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?

Response: As far as I am able to interpret the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence.

As far as I could see there was no real view on the future resource impact and implications for the NHS. This reflects the difficulty of assessing alternative expenditure. What is certain is that patients will continue to request that something is done and the medical fraternity will continue to attempt to do something even if it not implantation of SCS. Some of the things they will do may be more expensive and have greater morbidity than the implantation of SCS (eg Coronary angioplasty).

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

Response: I believe that the provisional recommendations of the Appraisal Committee are sound with regard to SCS in FBSS. I believe that the failure to approve SCS for use in CRPS will disadvantage a vulnerable group of patients. A better solution would be to allow its use provided that yearly outcome data was collected on all the patients in whom SCS was used. At the same time other research projects could be set up.

While I appreciate that NICE does not have the funds to support research projects on other uses of SCS, the NICE recommendation that research is

undertaken on the use of SCS in CRPS, Refractory angina and ischaemic limb pain should carry the same weight as the positive NICE recommendation for the use of SCS in FBSS.

iii) Are there any equality related issues that may need special consideration?

Response: The ACD does touch on certain aspects of inequality especially regarding a patient's ability to communicate.

I can only add that a significant number of chronic pain patients are poorly able to represent their interests even where they are not from ethnic minorities. In some cases this appears to be related to their socio-economic status. In addition in some patients there are psychological problems.

Diana E Dickson

30.6.2008