



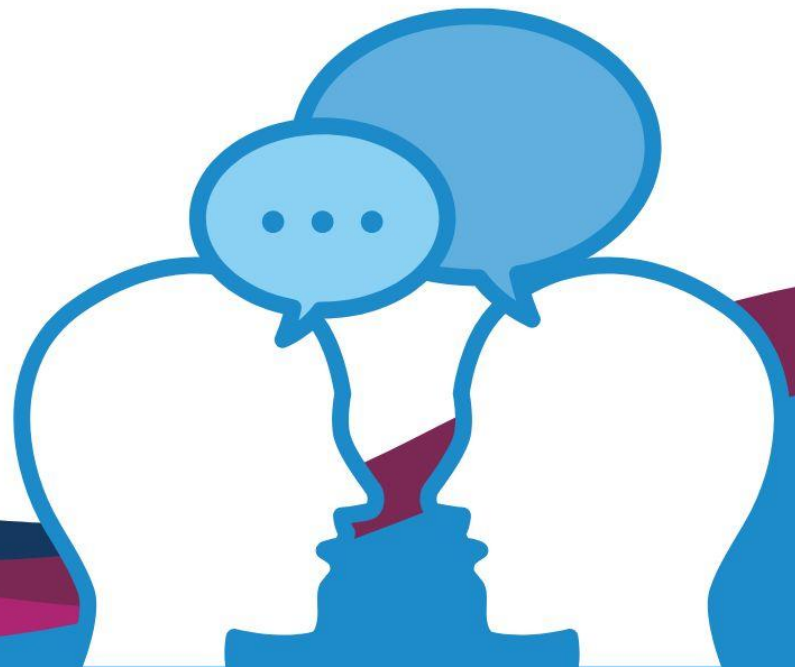
Lancashire and
South Cumbria
Integrated Care Board



Pain management services Listening to communities report

April 2026

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Introduction

Pain management represents one of the greatest challenges to the health service. A review of current guidance and best policy for pain management has shown that there is a need to improve the quality of care by reducing unnecessary treatments and focusing on what is the best way to manage people's pain according to the best and most recent research findings.

Current research evidence tells us the most effective way to manage pain is for patients to receive an all-round 'multidisciplinary' approach to their care, which looks not just at the pain being experienced but at the factors that cause it. Services should consider not just the physical issues being experienced, but also psychological and even social factors. This model of care will ensure patients receive the right treatment at the right time.

Upon reviewing this guidance, it was been determined that Ramsay Healthcare only offered a limited part of this pathway. Therefore, referrals to Ramsay Healthcare to provide NHS pain management services in Lancashire and South Cumbria were stopped by the end of December 2025. All existing patients were transferred to the most appropriate service for ongoing management of their condition.

As part of the communications to patients, they were invited to take part in a survey to provide feedback on the services they had received and also to comment on how the removal of the Ramsay service may impact them in the future. The results of this will feed into ICB commissioning considerations going forward.

Below is a report of the feedback received during the survey.

Executive summary

This report presents feedback from 88 respondents who accessed NHS-funded pain management services delivered by Ramsay Healthcare in Lancashire and South Cumbria, following the decision to cease referrals to this provider from December 2025. The feedback was gathered to inform future commissioning considerations and to understand the impact of this decision on patients.

Respondents predominantly described long-standing, complex and often degenerative pain conditions, frequently affecting the spine, nerves and joints. Many had experienced chronic pain for several years or decades and had been referred to pain management services only after exhausting other treatment options, including physiotherapy, medication, psychological therapies and, where appropriate, surgery. For a significant proportion, pain management injections were accessed as a last resort.

The feedback demonstrates that injection-based pain management was viewed by the majority of respondents as highly effective and essential. While most acknowledged that injections were not curative and often provided time-limited relief, they were consistently described as life-changing. Patients reported that injections enabled them to function day to day, maintain independence, continue working, care for dependants, exercise, sleep, and reduce reliance on oral pain medication. In many cases, injections were the key intervention that allowed other supportive measures, such as physiotherapy or lifestyle changes, to be effective.

There was overwhelming opposition to the withdrawal of injection-based services. Respondents repeatedly stated that alternative approaches proposed within a multidisciplinary model had already been tried without success. Many felt that the

replacement of injections with predominantly non-interventional services failed to recognise the physical causes of their pain, particularly where these were clearly evidenced by MRI scans or X-rays. The decision was widely perceived as cost-driven rather than patient-centred.

A strong and consistent theme was concern about deterioration in quality-of-life following withdrawal of treatment. Patients described fear of returning to constant, severe pain, loss of independence, inability to work, increased reliance on strong pain medication and worsening mental health. A number of respondents reported significant distress, anxiety and depression linked to unmanaged pain. Respondents also raised concerns about the wider system impact. Many believed that withdrawing injections would increase pressure on NHS services through higher GP attendances, A&E presentations, hospital referrals, use of opioid medication and mental health services. Several patients reported turning to private care out of desperation, while others stated this was not financially possible.

The loss of continuity of care was a major issue. Patients were distressed at being discharged without a clear alternative pathway and advised to return to their GP for re-referral, often into services with long waiting times. This was viewed as inequitable and disruptive, particularly for those with established treatment plans and long-standing therapeutic relationships with consultants. Waiting periods of six to 18 months for NHS pain services were commonly cited.

Concerns about equity featured prominently. Respondents described a perceived postcode lottery, noting that patients in neighbouring areas continue to access injection-based treatments while Lancashire and South Cumbria residents are disproportionately affected. Overall, the feedback indicates profound dissatisfaction with the withdrawal of injection-based pain management services, alongside fears of worsening health outcomes, increased service demand, and reduced quality of life. Many respondents expressed a desire for transitional arrangements, including phased withdrawal, continued injections alongside other services, or automatic transfer to alternative providers, and reported frustration at the lack of prior consultation with existing patients.

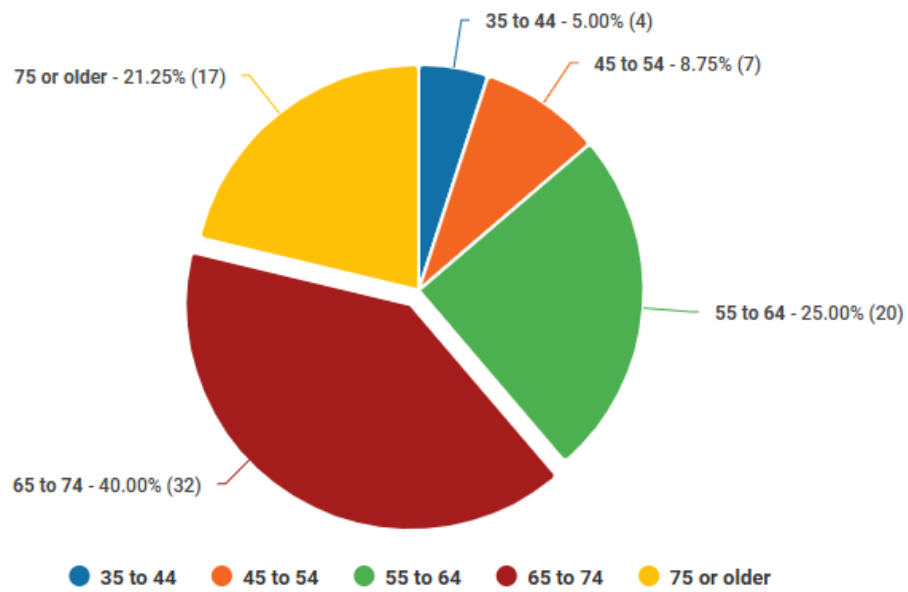
Who have we heard from?



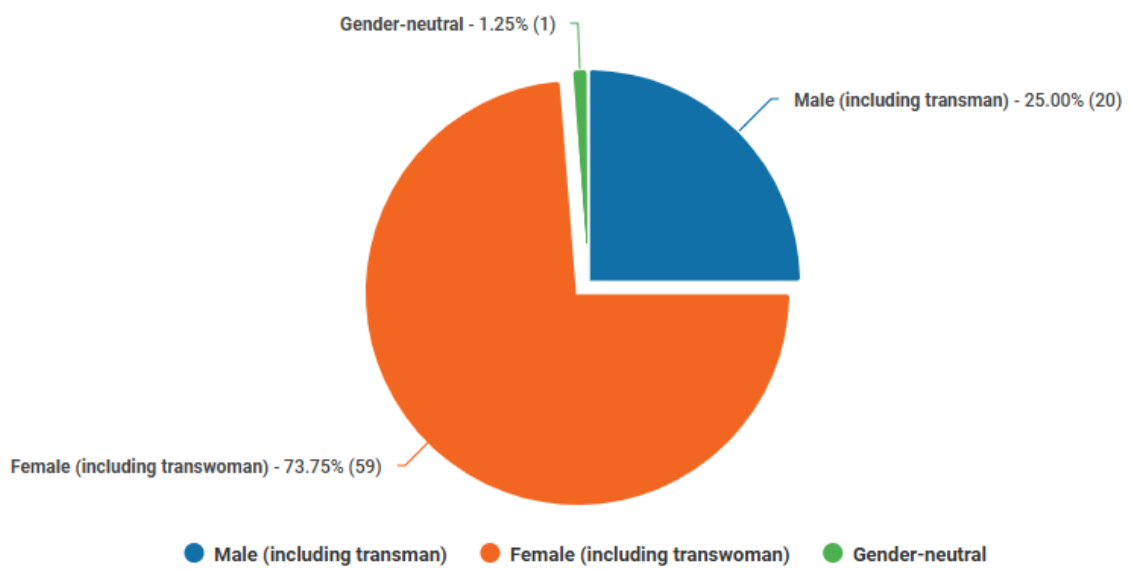
88 completed responses to the survey were received.

As part of the survey, demographic data was captured. Around 91 per cent (80) of respondents agreed to provide this data. The responses, detailing who responded to the survey, are below:

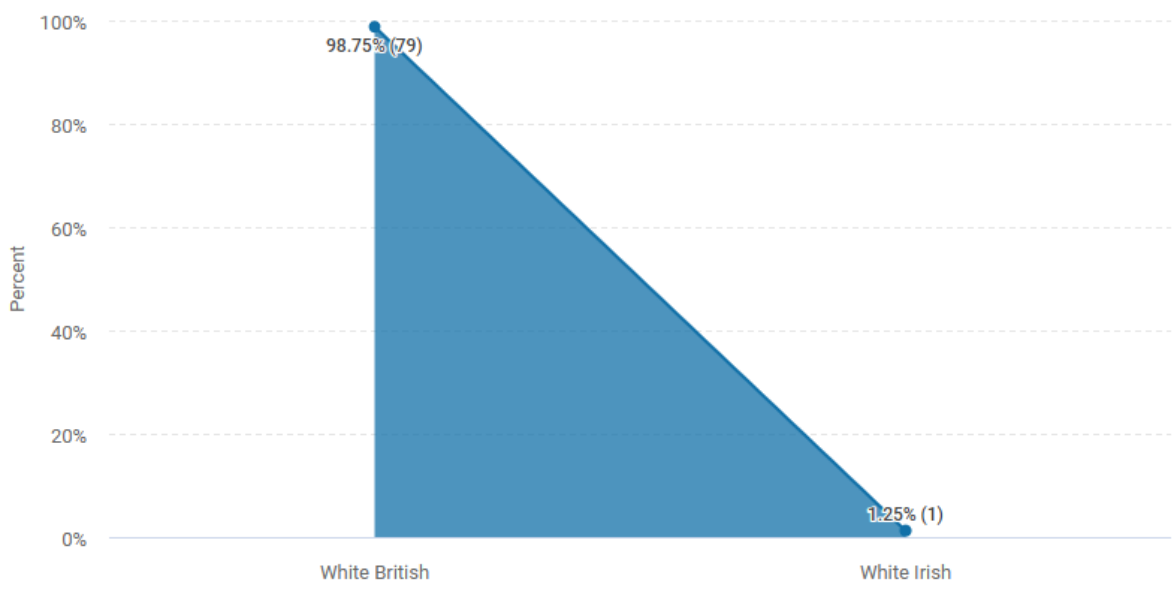
Age



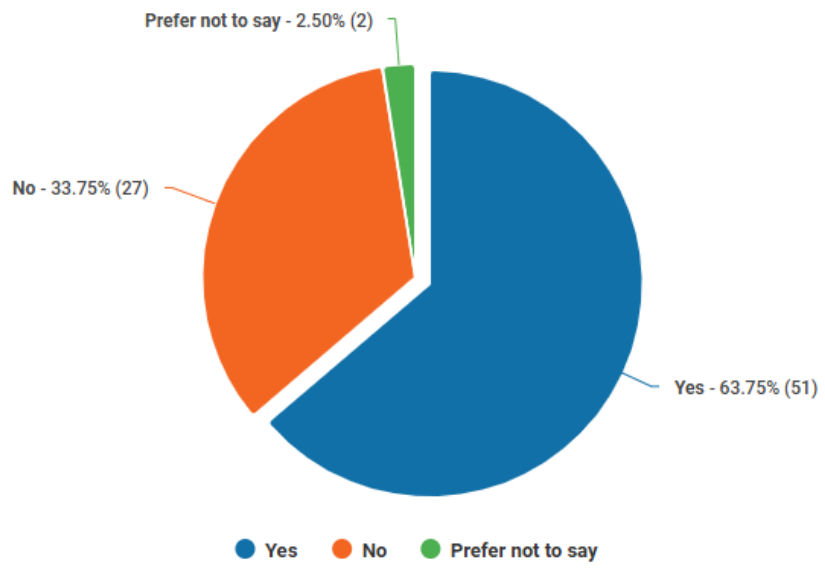
Gender



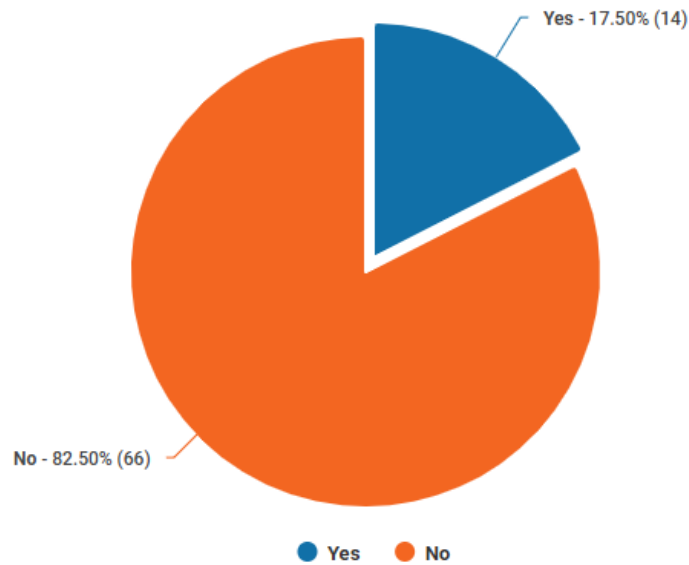
Ethnicity



Disability



Carer



What did we hear?



Please briefly tell us what prompted you to seek support from the pain management service

Referral by specialists and GPs

Most respondents accessed pain management following referral from:

- Orthopaedic or spinal consultants.
- GPs.
- Physiotherapists who recognised pain management as more appropriate.

Chronic and degenerative conditions

Many respondents access pain management due to long-standing, progressive conditions, particularly:

- Degenerative disc disease, spinal stenosis, spondylosis, scoliosis and arthritis.
- Herniated or bulging discs, nerve impingement and sciatica.
- Hypermobility syndromes, Scheuermann's disease, Modic changes and Schmorl's nodes.

Pain following surgery or injury

A significant number of people reported ongoing pain:

- After spinal surgery, hip or knee replacements, or multiple operations.
- Following road traffic accidents or other traumatic injuries.
- Due to scar tissue or nerve damage after surgical procedures.

When other treatments have failed

Pain management is frequently described as a last resort after:

- Physiotherapy, exercise programmes, CBT, acupuncture, TENS machines and holistic therapies.
- Long periods of trialling medications that were ineffective or caused severe side effects, such as vomiting, rashes, dizziness, interactions with other conditions.
- Limited effectiveness of oral painkillers.
- Repeat referrals within MSK pathways without improvement.

Many respondents described years of trying multiple approaches before being referred.

Limited or no surgical options

Many people are referred to pain management because:

- Surgery is not clinically appropriate, too high-risk, or unlikely to help
- They have been explicitly told their condition is inoperable
- Managing symptoms is the only realistic option

Severe impact on daily life and independence

Respondents consistently described pain that:

- Prevents sleep, sitting, walking, lifting or driving
- Affects ability to work, sometimes forcing people to give up employment or businesses
- Limits caring responsibilities, family life and social participation

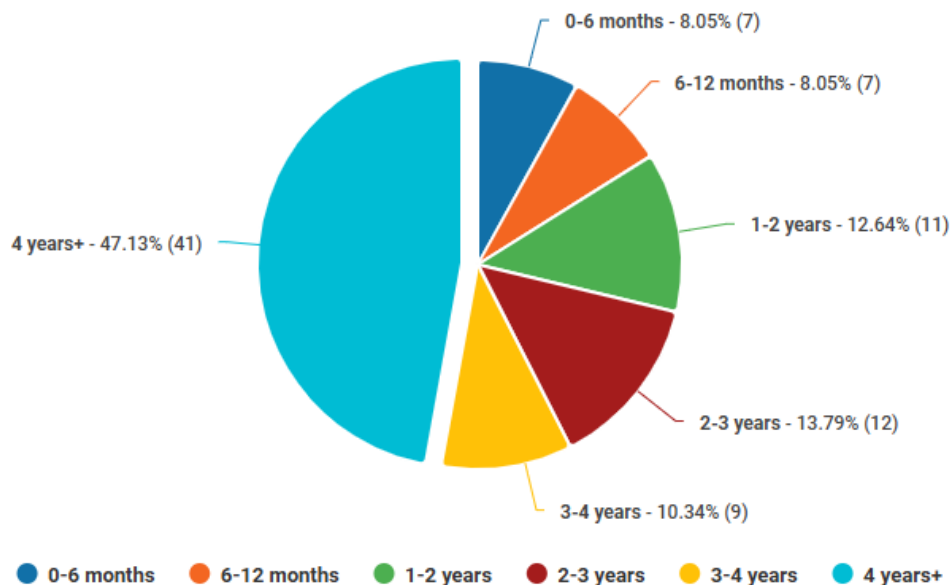
Pain management treatments were often said to restore basic function and independence.

Mental health and wellbeing

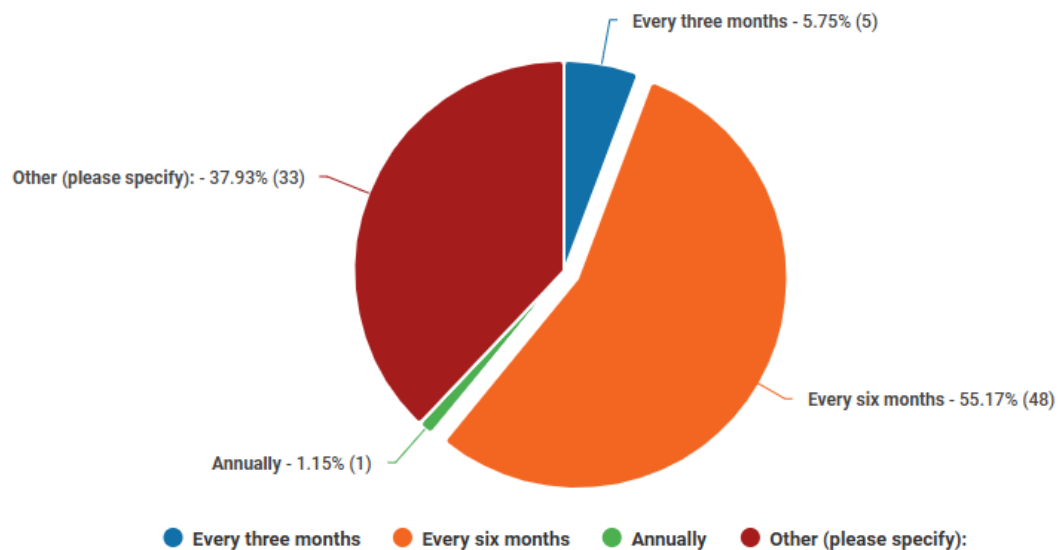
Several accounts referenced:

- Deterioration in mental health linked to uncontrolled pain.
- Feelings of distress, despair and loss of identity when pain is unmanaged.
- Pain management helping people cope, function and avoid crisis.
- Pain control was closely linked to psychological wellbeing and quality of life.

Approximately how long have you been accessing this service?



How often do you receive pain management injections currently?



Of those who selected 'other', three said they hadn't received an injection yet, while 11 said they had only had one treatment to date. Other respondents reported varying intervals between injections, some reporting they received them ad hoc when they needed to relieve symptoms or when advised by their consultant.

Do you feel receiving injections was sufficient to manage your pain in the long term?

Overall, the majority of respondents reported that injections were sufficient to manage their pain, either on their own or as the core component of a broader pain management approach. While many acknowledged that injections were not a permanent cure, they were consistently described as life-changing, essential, and often the only effective intervention.

Injections provided significant and meaningful pain relief

- Significantly reduced pain levels, often from severe to mild or manageable levels.
- Enabled people to function normally in daily life.
- Improved sleep, mobility, mood and overall wellbeing.

Some described injections as 'life-changing', 'the only thing that works' and 'giving me my life back'.

Relief was often time-limited but still highly valuable

Many respondents acknowledged that injections provided temporary relief (commonly six weeks to four to five months) and required repeat treatments to remain effective.

Despite this, respondents emphasised that:

- Periods of relief were crucial for quality of life.
- Even temporary pain reduction was far preferable to constant, severe pain.
- Being able to plan repeat injections made symptoms manageable over time.

Injections reduced reliance on medication

A recurring theme was that injections:

- Reduced or eliminated the need for strong pain medication (e.g. gabapentin, amitriptyline, opioids).
- Helped people avoid medication side effects such as nausea, vomiting, digestive issues or cognitive impairment.

Several respondents stated injections were the only viable option because they could not tolerate oral pain relief.

Injections enable independence, work and caring roles

Respondents frequently linked injections to their ability to:

- Continue working or avoid claiming benefits.
- Carry out daily activities such as walking, driving, housework and exercise.
- Care for partners, family members or dependants.

Without injections, many feared:

- Loss of employment.
- Increased dependence on others.
- Deterioration in physical and mental health.

Injections were sometimes part of a combined approach

Some respondents noted injections were most effective when combined with:

- Radiofrequency ablation / denervation.
- Physiotherapy, pilates, swimming or exercise.
- Lifestyle changes such as weight loss or mindfulness.

However, for many, injections were the central and enabling treatment that made all other approaches possible.

Lack of alternative options

A significant number of respondents said injections were sufficient because:

- Surgery was not possible, too risky, or had already failed.
- Other pain management options had been exhausted.
- Degenerative or nerve conditions were not surgically treatable.

In these cases, injections were described as the only long-term management option, not just one of many choices.

Not effective for everyone, or not yet fully assessed

A smaller number of respondents reported that:

- Injections provided little or no relief.
- Effectiveness varied between treatments.
- They were still early in the treatment pathway and needed further cycles to assess benefit.

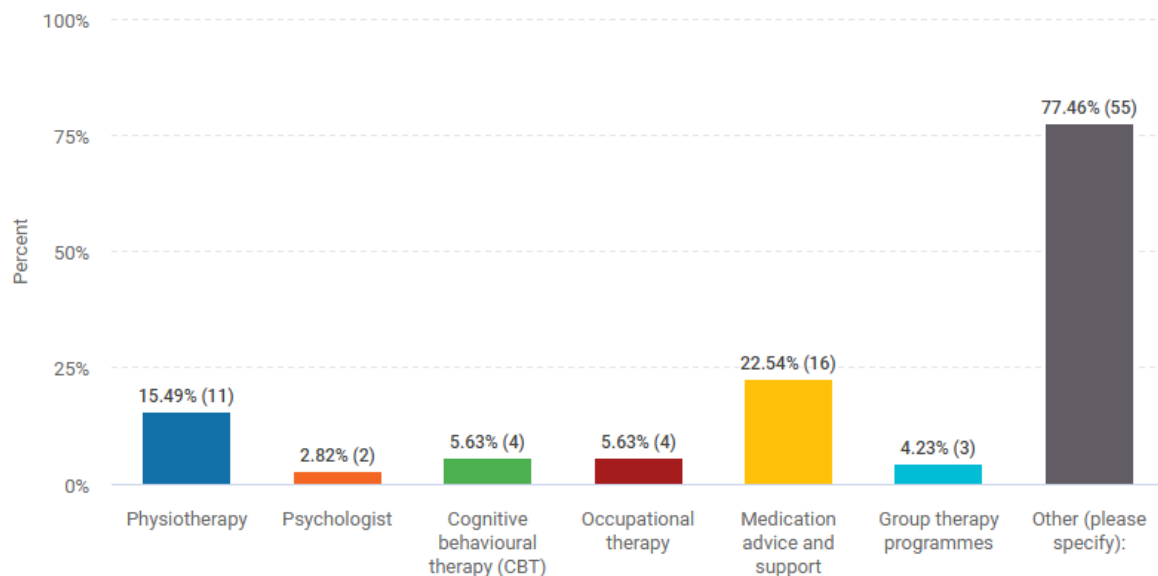
Some highlighted that stopping treatment mid-pathway removed the chance to determine whether injections could be sufficient long term.

Anxiety about withdrawal of treatment

Across responses, even where injections were not perfect, there was strong concern that:

- Withdrawal of injections leaves people with no alternative.
- Stopping treatment increases pain, distress and fear of future deterioration.
- Abrupt discontinuation created feelings of vulnerability and lack of individual consideration.

What additional services do you think could help to manage your pain/the cause of your pain?



Of those who selected 'other', in fact 39 stated that no treatment other than injections would help with their pain. A small number referenced medications and a further small number referenced radio frequency treatment.

Comments

Overwhelming opposition to withdrawal of injections

Patients consistently state that injection-based pain management is the only effective treatment for their chronic pain. Many report having tried physiotherapy, CBT, medications, lifestyle changes, acupuncture, group sessions and other 'multidisciplinary' approaches without benefit, often over many years or decades. The withdrawal of injections is widely viewed as removing their 'last option'.

Significant deterioration in quality of life

Respondents describe injections as life-changing, enabling mobility, independence, sleep, exercise, weight loss, and participation in work, family life and caring responsibilities. Many fear – or are already experiencing – a return to constant, severe pain, loss of independence, inability to work, worsening mental health, and increased reliance on others.

Strong belief the decision is cost-driven

A dominant theme is that the decision is perceived as a cost-cutting exercise, not a patient-centred or evidence-informed change. Patients express anger at the replacement of injections with what they describe as 'theoretical', 'holistic', or 'tick-box' services that they feel do not address physical causes of pain visible on scans.

Concerns about increased pressure on NHS services

Many respondents believe removing injections will be more expensive in the long term, citing likely increases in:

- GP appointments
- A&E attendances

- Hospital referrals
- Use of opioid or other strong pain medication
- Mental health crises

Several patients state they have already turned to private care out of desperation, while others cannot afford to do so.

Long NHS waiting times and loss of continuity of care

Patients are deeply distressed at being discharged without a clear alternative pathway, often told to return to their GP and start the referral process again. This is seen as unfair, unsafe, and disruptive – particularly for those who had long-standing relationships with consultants and established treatment plans. Long waits (six to 18-plus months) for NHS pain clinics are a major concern.

Feelings of being ignored, dismissed or disrespected

Many respondents feel disbelieved or invalidated, particularly by services that frame chronic pain as psychological rather than physical. Several describe previous NHS pain services as dismissive, while highlighting positive experiences with Ramsay/Renacres clinicians who listened and treated them as individuals.

Impact on mental health and safety

A significant number report severe emotional distress, including depression, anxiety, hopelessness and, in some cases, expressing that life feels unbearable without adequate pain relief. This signals a serious wellbeing and safety concern.

Inequity and ‘postcode lottery’

Patients repeatedly describe the situation as unfair and discriminatory, noting:

- People in neighbouring areas continue to receive injections.
- Some patients must travel long distances or pay privately.
- Lancashire residents feel disproportionately affected.

Desire for ongoing or transitional provision

Many respondents say they would accept:

- A phased reduction, rather than abrupt withdrawal.
- Continued injections alongside other services.
- Automatic transfer to another provider or consultant.

There is strong resentment that existing patients were not consulted beforehand.