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Briefing for the Public Petitions Committee

Petition Number: PE01460

Main Petitioner: Susan Archibald, on behalf of Scottish Parliament Cross Party Group on Chronic Pain

Subject: Improvement of services and resources to tackle chronic pain

Calls on the Parliament to urge the Scottish Government to (a) hold a debate on the matter with a vote or voting rights (b) transfer more of the management for chronic pain into primary care (c) provide more social model care instead of medical model (d) change its policy to provide direct funding to ensure radical improvements to the service can be made including establishing a residential unit in Scotland to prevent Scottish pain patients being sent to Bath in Somerset for treatment.

Background

Healthcare Improvement Scotland (HIS)[1] states that chronic pain can be described as "continuous, long-term pain lasting more than 12 weeks or pain persisting after the time that healing would have been expected to occur after trauma or injury". It further notes that chronic pain can be associated with diseases such as arthritis, or can be a condition in itself.

There is no definitive figure on the number of people who may be affected by chronic pain in Scotland. HIS refers to studies estimating that 14% of the adult population and 8% of the child population are affected by significant pain. Taking the latest mid-year population estimates published by the General Register Office for Scotland (GROS)[2], this would result in an estimate of 73,065 children (aged 0-15) and 607,808 adults (aged 16 and over) affected by significant pain in Scotland. However, the recent Scottish Intercollegiate Guidelines Network (SIGN) draft guidelines[3] points to evidence that as many as 18% of the population may be affected by moderate to severe pain *at some point in their lives*. Taking the GROS population statistics, this would equate to 945,864 people in Scotland. Finally, HIS notes research indicating that the cost of back pain alone accounted for £1bn of the UK's health expenditure in 2008, whilst SIGN points to estimates that its total cost to the UK economy is £12bn per annum.

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[1] 'Update on Scottish Pain Management Services' (October 2012, p 6)
[2] 'Mid-2011 Population Estimates Scotland' (Online)
[3] 'Management of Chronic Pain' (December 2012, p 3) (please note that as these Guidelines are draft they will only be available on the SIGN website until 7 January 2013)

In terms of overall funding of chronic pain services, the Scottish Government[4] has noted that NHS Boards are responsible for delivering services based on the needs of their local populations. Thus it is a matter for each Board to decide how they use their allocations.

Scottish Government Action

In analyses of services and policy in this area, a number of documents are often referred to, including: 'The management of patients with chronic pain' (Scottish Office, 1994); 'Services for patients with pain' (UK Clinical Standards Advisory Group, 2000); and, 'Chronic pain services in Scotland' (Prof James McEwen, 2004). Despite noting positive developments, a common theme across these reports was that provision varied across Scotland.

One of the key developments following Prof McEwan's report was the publication, in December 2007, of 'Getting to GRIPS with Chronic Pain in Scotland', by NHS Quality Improvement Scotland (now HIS). This report was the result of benchmarking chronic pain services in partnership with NHS boards, patients and service providers. It found that, despite the recommendations of previous reports, and subsequent pledges, little had happened as a result. This document led the Scottish Government to make a number of commitments. HIS (2012) states that delivery has included:

- funding a lead clinician since 2009, to co-ordinate and champion the development of pain management services, and funding additional support to take forward implementation of the Scottish Service Model for Chronic Pain (one of the aims of this model is to ensure people get the earliest possible, and most appropriate treatment locally, but with ready access to specialist services when needed)
- using policy directives (including the National Delivery Plan for the Allied Health Professions in Scotland, 2012–2015) to deliver faster assessment and referral
- providing two-year funding (up to £50k per annum) for the start- up of local service improvement groups or managed clinical networks[5] (MCNs) for chronic pain
- engaging with the Scottish Parliament Cross Party Group on chronic pain

In addition, as referred to above, SIGN published its draft guidelines on managing chronic pain as part of a public consultation meeting that took place on 12 December 2012. SIGN develops evidence based clinical practice guidelines, which are derived from a systematic review of the scientific literature and aim to reduce variations in practice, and improve patient-important outcomes. Implementation is the responsibility of each individual NHS Board. The draft guidelines on managing chronic pain continue to be available for comment through the SIGN website until 7 January 2013.

[4] Personal communication 19 December 2012.
[5] Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and health board boundaries, to ensure equitable provision of high-quality, clinically effective services throughout Scotland

In October 2012, HIS published its 'Update report on Scottish Pain Management Services'[6]. This report provides findings from an audit of pain management services across all territorial NHS Boards for 2010- 11. A summary of the findings can be found on page 7 of the report, but these include:

- All NHS boards reported they have pain management services and all have a lead clinician responsible for these. These services are all based in secondary care and the clinical leads are all anaesthetists.
- Average waiting time from referral to first appointment was 11 weeks[7].
- Over 75% of the population now have access to a pain management programme in their NHS board area although waiting times to access these do vary.
- Primary care provision of multidisciplinary pain management is available in NHS Fife and NHS Lanarkshire, with a partial service in NHS Lothian. All other NHS boards reported that they are providing community-based pain services, not all clinician-led.

Overall, the report found there had been improvements in pain management services, but that variation still existed, largely as a result of how services had evolved locally. It made four recommendations surrounding: implementing the Scottish Service Model for Chronic Pain; working with patients and the voluntary sector; data collection and management; and, collaboration.

The petitioner wishes to see a residential pain management programme, which would negate the need for patients having to go to Bath for such a service. Currently, NHS Boards fund a national arrangement for patients to attend such services in England and Wales. The Scottish Government has advised that this amounted to £260,305 in 2011-12. The HIS report states that data from its audit is being used to consider the current arrangements and the latest evidence on the benefits of this approach. In November 2012, the Minister for Public Health stated[8] that the Lead Clinician and the National Chronic Pain Steering Group were exploring a range of options for the provision of specialist chronic pain services. The Scottish Government[4] has advised that there has been one meeting with NHS National Services Scotland (NSS), who are responsible for, where appropriate, providing national services. NSS has been asked to work with clinicians in Scotland to explore what the most cost and clinically effective model for Scotland would be. This work is at an early stage but will be progressed over the course of 2013.

Finally, the petitioner wishes to see a social model of care adopted for chronic pain rather than the current medical model. A medical model of care can be said to be based on knowledge about the physical and biological causes of disease, and sees health as the absence of disease. A social model of health

[6] The data that forms the basis of the report is also available here.
[7] It should be noted that chronic pain services are covered by the 18 week referral to treatment waiting time guarantee, though specific waiting time data is not available centrally as data is collected at a specialty level (see S4W-10791)
[8] See S4W-10900.

care is more interested in the environmental and social causes of ill health, and promotes a more preventative approach.[9] The Scottish Government[4] believes that the chronic pain service model for Scotland involves taking a holistic approach to a person's condition and therefore is by definition both a medical and social model of care.

Scottish Parliament Action

In June 2001, Petition PE374 by Dr Steve Gilbert, was lodged with the then Scottish Parliament Public Petitions Committee. In September 2001, the then Health and Community Care Committee began to consider the petition, which led to a series of communications with the then Scottish Executive. Following the publication of Prof McEwan's report in December 2004 (see above) and commitments made by the then Minister for Health and Community Care, the Committee agreed to close the petition in February 2005.

Since the creation of the Scottish Parliament, there have been two motions concerning chronic pain that have been taken in the Chamber. Motion S3M-07853 was debated on 17 March 2012 and concerned the fact patients from Scotland had to travel to Bath for residential treatment. Motion S1M-02597 was debated on 27 February 2002 which sought action from the then Scottish Executive and health boards to better support those affected by chronic pain.

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20 December 2012

[9] For example, see the discussion in:
http://socialscience.stow.ac.uk/rab/hnc_health/modelsofhealth.htm