

**PE1460/M**

**Ministear airson Slàinte Poblach  
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c/o Andrew Howlett  
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Committee  
The Scottish Parliament  
Edinburgh  
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31 May 2013

Dear Andrew

**PUBLIC PETITION PE1460 ON IMPROVEMENT OF SERVICES AND  
RESOURCES TO TACKLE CHRONIC PAIN**

Thank you for your letter of 25 April 2013, to Alex Neil MSP, Cabinet Secretary for Health and Wellbeing, regarding the above petition and invitation to give oral evidence at the Committee's meeting on the morning of Tuesday 25 June 2013. I am replying on behalf of the Cabinet Secretary.

As previously agreed by email, I would be delighted to accept the invitation to attend the meeting of the Committee on 25 June and understand that arrangements for my attendance are in hand.

Thank you also for providing me with the opportunity to respond further to the letters of petitioners received on 11 April. I am disappointed to hear that the petitioners did not find our previous response to the Committee helpful, particularly as it acknowledged that our work aims to achieve many of the points raised in the petition; in working towards shifting the balance of care, delivering a more social model and of the work underway to assess appropriate models for intensive pain management provision in Scotland.

The Committee may be aware that the Cabinet Secretary met with Susan Archibald, Dorothy Grace Elder and Jacquie Forde on 30 April. The meeting was also attended by John Glennie, interim Chief Executive of Healthcare Improvement Scotland,

Deirdre Evans, Director of NHS Scotland National Services Division, Dr Steve Gilbert, National Lead Clinician for Chronic Pain in Scotland and Jill Vickerman, Policy Director of the Scottish Government's Quality Unit.

The meeting had been welcomed by all and provided the opportunity for the petitioners to set out their concerns both in relation to the points raised in the petition and more widely around the work of Healthcare Improvement Scotland and Scottish Government. In addressing the main points of the petition the Cabinet Secretary advised that a debate on chronic pain would be held in Parliament. As you know this took place on 29 May and a short summary of the key points is provided with this letter.

Many of the issues discussed during the meeting on 30 April are reflected in the petitioners letters of 11 April.

The main points raised for discussion in the meeting were:

- Funding – NHS Boards/central government/third sector
- HIS processes
- The possibility of some external monitoring of chronic pain services
- Services provided by Bath
- Forward planning of services against a background of an ageing population
- Fair and equal access to services

Due to limitation on the Cabinet Secretary's time not all of the points could be discussed in detail, and whilst I was not in attendance at the meeting, I hope you will find it helpful if I provide a note of the discussion of each of these points with additional information provided where appropriate.

## **Funding**

The Cross Party Group and the petition call for direct funding for chronic pain resources. The Cabinet Secretary explained that the NHS in Scotland does not have specific budgets for individual conditions. In real terms the health budget has been increased to a level of £9bn, and we are firmly of the view that no additional resource is required by Boards to implement the Scottish Service Model for Chronic Pain. These are part of the overall range of services to be delivered within the existing budgets. Through implementation of the model we consider that the costs of treating pain will likely be reduced and that Boards would be able to reinvest any such savings into their chronic pain services.

As the committee will already be aware the Scottish Government has made pump prime funding available to all health boards, of up to £50k per year for two years to help them with the establishment of Managed Clinical Networks/Service Improvement Groups (MCNs/SIGs).

Work is progressing with the development of plans to establish these groups, which have been approved for seven Boards to date. Further proposals are nearing completion for NHS Borders, Fife and Highland. In addition, following recent discussion with the Island boards, plans are expected to be submitted in due course. We are continuing to work with NHS Grampian to ensure that work is progressed in the near future.

In addition to the funding provided to establish these service improvement groups the Scottish Government has also provided funding to support chronic pain through the voluntary sector. The Pain Association has received funding to support the development of the associations self-management courses through the Section 16B scheme and Long Term Conditions programme budget over the past few years as follows:

2007/08 - £16,000

2008/09 - £35,000

2009/10 - £35,000

2010/11 - £65,000

2011/12 - £50,000

2012/13 - £30,000

2012/14 - £103,900 this includes an award of £88,900 through the Self Management Impact Fund.

The Association have also applied to the Section 16B fund and a decision is awaited.

We have also recognised the need for their work to be made more sustainable into the future and have therefore been encouraging Boards to enter into Service Level Agreements with the Association.

We have in addition provided funding to support the range of activity undertaken by Pain Concern who provide advice and support to people living with chronic pain, their families and carers. In addition to the helpline telephone service, the Airing Pain radio show and podcasts are an informative way in which people can share their experiences and have included interviews with internationally recognised experts. We have provided funding this year of £20,500 to support the development of the range of resources available.

The Scottish Government also funded the recent Community Pharmacy Poster Campaign developed in collaboration with Pain Concern and the Pain Association Scotland. The campaign aimed to raise awareness of self-management support available from the voluntary sector and the range of advice the can be offered by community pharmacists. Early informal feedback from the campaign has been positive, with Pain Concern noting a significant increase in volume of calls to the helpline, the Pain Association report increase in uptake of courses as a result of the campaign and a number of pharmacists wishing to retain posters for continued display.

## **HIS Processes**

The focus of concerns raised has been around the transparency of the Update report on chronic pain services published in October 2012 and the underpinning data. During discussion at the meeting the Cabinet Secretary explained that he had noted all the concerns regarding the publication of the report, and I am subsequently aware that HIS have further addressed a number of concerns in their recent response to the Committee.

The Cabinet Secretary and I are both fully committed to ensuring that all processes are open and transparent and information is easily accessible and HIS has provided assurance that this will be the case in all future work. Whilst not detracting from the concerns we are keen to be able to move on and focus attention on work going forward, to which the petitioners were supportive.

With this in mind the discussion at the meeting then turned to the implementation of the Scottish Service Model. The Cabinet Secretary fully recognised that this has not progressed as quickly as desired however, the pace of work is being accelerated. Mr Neil advised that he would raise the issue with NHS Chairs at their forthcoming meeting in June. In addition John Glennie, Interim Chief Executive of Healthcare Improvement Scotland also offered to raise the matter with Board Chief Executives at their meeting on 8 May.

Dr Gilbert, National Lead Clinician for Chronic Pain, provided an overview at the meeting of the work to improve services at levels 1-3 of the Scottish Service Model for Chronic Pain. He advised that Boards are moving forward with the development of their plans to establish service improvement groups.

Since the meeting we have published a number of documents on the Scottish Government website prior to the debate on 29 May which show the commitment of boards to drive forward improvement in services and the range of work already underway. The documents are available at:

<http://www.scotland.gov.uk/Topics/Health/Services/Long-Term-Conditions>

We do not underestimate the amount of work that is required and groups will be working towards the implementation of the Scottish Service Model over the two year period for which funding has been provided.

We are already seeing some excellent progress for example in Ayrshire and Arran where their work is closely aligned with their Musculoskeletal (MSK) services redesign. In NHS Dumfries and Galloway an element of their improvement work is focussed on up-skilling local staff with 20 physiotherapy staff attending a two day CBT training course, community pharmacists have also participated in training sessions on chronic pain to build knowledge and maximise the effectiveness of the recent poster campaign. The Board have also recently agreed to an additional health psychologist post with two sessions per week for chronic pain. In addition to seeing patients the post will include providing education to GPs and other clinicians.

We expect that by the end of 2015 all Boards will have fully implemented the model.

## **Monitoring**

With this in mind the Cabinet Secretary set out plans to include development of chronic pain services in NHS Boards local service delivery plans from 2014. This will provide an appropriate mechanism for progress to be monitored through the annual review process.

## **Intensive Pain Management Services – Bath**

The Cabinet Secretary has set out our commitment to ensuring that Scotland has its own intensive pain management service and of the work commissioned to identify options for its delivery. During the meeting on 30 April, Deirdre Evans, National Services Division, provided the petitioners with background and an update of the work currently being undertaken to develop options for an intensive pain management service for the people of Scotland.

The intensive pain management service aims to provide people with coping skills to help manage the effects of their pain, manage daily living tasks and improve quality of life. In assessing options for Scotland we have drawn on the experiences of people who have attended the programme in Bath to ensure that the service developed for Scotland continues to meet the treatment needs of patients.

Some of the positive features that patients have told us about include tailored programmes to suit the needs of individual groups of patients and providing a valued network of peer support following the programme. Many of those attending the programme do so on a residential basis which provides further opportunity to practice the skills learnt throughout the programme in a more realistic living environment.

It is important to understand that anyone requiring acute inpatient treatment for the management of their chronic pain would receive this as part of their locally delivered care and that the intensive pain management service is not designed as an inpatient service. However appropriate residential accommodation will be included within the options.

An expert group to develop options has been established by NSD, and I am pleased that Susan Archibald has agreed to join the membership of this group. The options developed by the group, along with an assessment of costs and advantages/disadvantages, will then form the basis of a public consultation. The Cabinet Secretary has stated that a decision on the preferred option following the consultation will be made before the start of Parliament's recess in October. I would be grateful to the committee to seek to encourage participation in the consultation.

I would now wish to address additional points raised by the petitioners, in particular reference to the various Equality and Disability Acts that Susan Archibald has noted. These policies are of the upmost importance in ensuring that every individual is treated with respect and dignity in their day to day lives by whomever they come in to contact with, including Public Sector Bodies.

They aim to ensure that no individual is discriminated against on the grounds of: age; disability; gender reassignment; marriage/civil partnership; pregnancy/maternity; race; religion or belief; sex; and/or sexual orientation. Whilst I am not aware of any such complaint having been made, I take these matters very seriously and would expect any such case to be fully investigated.

### **Shifting the balance of care**

I whole heartedly agree that in order to ensure that the majority of people with chronic pain receive the care they need we must ensure that our primary healthcare practitioners have the skills and knowledge to recognise, treat and manage the care needs of people with chronic pain in their local communities. This forms an integral part of the Scottish Service Model for Chronic Pain, and primary care education is a key element of the work being identified by individual health boards to implement the model.

As noted in our letter of 31 January, the development of the SIGN guideline on the Management of Non Malignant Chronic Pain will provide primary care clinicians with a key source of information with recommendations on evidence based best practice. The National Steering Group are also working closely with NHS Education Scotland to bring together educational resources into one resource hub, available to all clinicians, and information resources for patients and service users. Our National Lead Clinician is working with the Royal College of General Practitioners to further promote the development of the primary care role in the management of chronic pain. Our Lead Clinician is also very familiar with the work of the British Pain Society and through the National Steering Group can work together to ensure that examples of good practice can be shared for the benefit of all, including the development of care pathways, tailoring these to suit Scottish needs.

You also raise a very pertinent point that many conditions go hand in hand, and that conditions should not be separated. We would fully support this statement and agree that our person centred approaches to care must look not at individual conditions but at a person as a whole. Our 2020 Vision aims to accelerate our work to ensure person centred care approaches are implemented and includes work to specifically address multi-morbidity and the development of the whole pathway of care.

### **Waiting Times**

During the meeting Dorothy Grace Elder referred to waiting times for access to psychology services in NHS Greater Glasgow and Clyde, which the Cabinet Secretary advised we would investigate.

Following the meeting NHS Greater Glasgow & Clyde have confirmed that the waiting time for onward referral to the psychology service has been reduced slightly since last year but more has to be done. The current waiting time is around 62 weeks however further initiatives are being planned aimed at meeting the target for psychology services by December 2014.

It is important to note that patients will have had an initial assessment, have a management plan drawn up and may be receiving input from other chronic pain services as appropriate including nursing and physiotherapy. Anyone assessed for appropriate support from the local Pain Management Programme would be referred without delay.

The Mental Health Strategy for Scotland: 2012-2015 also makes a commitment to continue our work to deliver faster access to psychological therapies. The programme to deliver this work is delivered locally, but supported nationally, and includes support for local service redesign aimed at achieving service improvement within existing resources.

In addition you may be aware of the recently published information which shows an increase of 4.8% (up 5.2% wte) in the number of clinical and other applied psychologists working in the NHS, at 31st March 2013, compared to 31st March 2012.

### **Chronic Pain Debate 29 May – Ensuring Access to High Quality Sustainable Services for People Living With Chronic Pain**

The Cabinet Secretary opened the debate held in Parliament on Wednesday 29 May with our commitment to deliver a residential intensive pain management service in Scotland. The Cabinet Secretary stated our intent to hold a public consultation on options for the most appropriate model for this service.

In addition the Cabinet Secretary set out some of the work underway to improve local chronic pain services and our intention to ensure that progress towards implementing the Scottish Service Model for Chronic Pain is accelerated, including the addition of chronic pain services in Board service delivery plans for 2014.

The debate was welcomed by all and with good cross party support for the commitments made by the Cabinet Secretary.

We commend the Cross Party Group for their work in campaigning for better services for people with chronic pain and recognise the importance of the role in continuing to drive forward and accelerate the progress being made. As I stated when I attended the Cross Party Group in October, we know that progress to improve chronic pain services has been slower than desired.

I hope that we have been able to show that progress is being made, whilst it will take time for improvement to embed and translate to improved patient outcomes we believe that we are firmly on the right path to achieving this and accelerating the rate of progress.

I hope you will find the information in this letter helpful.

Yours sincerely

**Michael Matheson**