

**PE1460/A**

Pain Association Scotland Letter of 14 January 2013

**Scottish Parliament – Public Petitions Committee**

**Chronic Pain Services**

Firstly there is no mention of the Chronic Pain Self-Management Service that this organisation has provided for over 20 years through an existing network of 30 Local Self-Management Groups throughout Scotland in collaboration with many of the NHS Pain Management Services. We annually provided training, education and support to approximately 1200 people burdened with chronic pain. Our service is provided through two strands - the 1<sup>st</sup> strand offers a rolling programme of training, education, skills maintenance and support through our network of staff led self-management groups – the 2<sup>nd</sup> strand offers an intensive 24 hour self-management course delivered in collaboration with NHS chronic pain and orthopaedic services for their patients and additionally for users of our group service who have not come through a clinical route.

The fact that Jackie Baillie (Dumbarton) (Lab) calls for common sense to be applied we all know that that will never happen or it would have by now. Despite the fact that the late Dr Pete McKenzie introduced and had agreement for NHS Boards for a new Service Model this has seen subsequent and numerous amendments in the hope to unify the delivery of services in Scotland. We have, as Jackie Baillie argues and we have argued for years, for the size of country and population we have you would think this would be possible.

As I am constantly reminded by Government they cannot tell Health Boards what they do and have to do or implement with the funding they receive. This is compounded by many Health Care professionals in this field who all want to paddle their own canoes and not conform to an agreed process and they do not evaluate any of the services they provide.

I attended a British Pain Society conference last year and while sitting with two consultants the conversation around change was going on. Consultant to colleague “how long have you been running your clinic – 22 years was the reply - well why should you change?” enough said.

There has been a huge play on the underfunding of services - there is but it is not helped by the fact that this would not necessarily improve the service - what is required is a radical change in how clinicians work. Look what happened when GPs were award large pay increases productivity actually went down.

Regarding the establishment in Scotland of a residential programme which we agree could be beneficial; as it has already been acknowledged would be for a relatively small percentage of chronic pain sufferers at a very high cost per head. No. People should not have to travel to Bath and other far flung places in the UK it is bad enough for example when patients were being asked to travel from Dumfries and Galloway to attend a course being run in Edinburgh on a weekly basis, any benefit derived on the day from the course was immediately negated on the 2/3 hour return journey. What we have seen over the years is that people go around the system are eventually referred to Bath and on their return finish up accessing our service and first words out of their mouths are “why was I not informed about this service years ago”.

What is also being lost in the argument is that chronic pain is a condition in its own right as acknowledged and was announced at our conference “Chronic Pain – a Long Term Problem” in May 2008 by Nicola Sturgeon MSP who was the then Secretary for Health and Well Being. At our subsequent conference in October 2011 – Chronic Pain - where are we now? - The Association’s self-management ethos was described as being an integral part of the new Scottish Service Model for Chronic Pain and optimises the heart of the Government’s Quality Strategy by delivering a person centred service. Our self-management model is a professionally led service, developed and delivered over 18 years by staff who understand the issues and complex nature of living with chronic pain, as a long term condition in its own right. The argument around whether it is disease specific or not dilutes the argument that people are still burdened with the condition and the co-morbidity argument is irrelevant. It is only relevant when trying to argue the case for funding when funders can then say they are providing funding for arthritis and many other disease related conditions. What about the thousands who are not disease specific sufferers.

There appears to be an argument being put forward for more services to be delivered in Primary Care. You would think that would be the logical step after all the GP is the patient’s first port of call. Firstly ask patients how long they have been on high levels of prescribed analgesia before any consideration of being referred to a pain clinic. Secondly ask those working in Secondary Care that have endeavoured to introduce GP education regarding the treatment of chronic pain how many GPs actually take up the offer – very few.

I fully support Susan Archibald in the argument to move away from a total medical model – medicine has its place – but consideration has to be given to encouraging self-management and I am concerned that the interpretation of her argument for complementary treatments is misunderstood by clinicians – although some of them have been proven to be beneficial e.g. acupuncture and yoga.

We agree with Dorothy Grace Elder's comments regarding the higher levels of funding that have been made available for what are perceived as Health Inequalities, when in fact they are life choices. Consider the fact that the Scottish Health Department in the current year has significantly reduced our funding, it doesn't make sense.

If the Government can make these funding decisions then something has to be done to provide a specific budget to address this health inequality – what should also be remembered is that this issue has been ignored by successive Governments over the past twenty years if not longer.

My last point is, and has been referred to be the previous Reports commissioned by previous Governments and ignored; what makes them think a SIGN Guide Line will change anything.

I can remember back to very first Cross Party meeting that was held and convened by Dorothy-Grace when Dr Bill MacRae (now retired) the only full time chronic pain consultant in Scotland said “ the last thing we need is a SIGN Guide Line for chronic pain – it will sit on the floor with rest of them”