

PE1460/C

**Andrew Howlett
Assistant Clerk to the Public Petitions Committee,
The Public Petitions Committee,
Room T3.40
Scottish Parliament,
Edinburgh,
EH99 1SP.**

28th Jan 2013

Dear Mr Howlett,

CONSIDERATION OF PETITION [PE1460](#)

Thank you for your letter of 10th January 2013 which was in response to my signature on the above petition.

Firstly I would mention that I would have preferred if the petition could have been broken down into its component questions. For example, the transfer of in patient pain management programmes from Bath to Edinburgh even though this is obviously highly desirable for patients, it may not be practical due to the high cost and amount of time that it would take to develop a unit of that nature (hence why there are so few units in the UK providing this type of service)

My main reason for signing the petition was in support of the transfer of more of the management of chronic pain into primary care. It has been discussed widely how much chronic pain is seen in Primary Care - it is known that Chronic pain is a presenting condition in 22% of primary care consultations¹ (indeed some authors put this much higher at 49%) ; patients with chronic pain consult their general practitioners five times more frequently than those without pain².

Many of the issues surrounding severe persistent pain are those treated on a daily basis by GP's e.g. employment status, daily activities, relationships, mood, sleep and all aspects of general health.

Unfortunately chronic pain is often under diagnosed with the focus of treatment only being the supposed causative factor – thus delays of treatment happen with subsequent dire consequences for the individual and enormous burdens for the NHS.

GP's if given the adequate training and prioritisation are perfectly placed to diagnosis and manage many of the chronic pain presentations that are seen – especially if given adequate resources such as physiotherapy and health trainers.

The new British Pain Society pathways which were complimented at the recent chronic pain SIGN meeting in Edinburgh are perfectly placed to give the correct patient centred pathways for management, starting within Primary Care.

To quote a recent article that I co-authored in the British Journal of General Practice³, general practice can be characterised as the art of unravelling the medically unexplained – good pain assessment and management is a core component of general practice

Yours sincerely,

Dr Martin Johnson

RCGP UK Clinical Champion, Chronic Pain
Hon Secretary British Pain Society

1. Crombie IK. Epidemiologic studies of pain. Journal of the Pain Society 1993,11, 30-32.
2. Von Korff M, Dworkin SF, Le Resche L. Graded chronic pain status: an epidemiologic evaluation. Pain 1990, 40, 279-291.
3. De C Williams AC, Johnson M. Pain not a 'medically unexplained symptom' Br J Gen Prac 2011; 61(591): 638-639