

**PE1460/E**

**The Quality Unit**

Planning and Quality Division

T: 0131-244 5999

E: rachael.dunk@scotland.gsi.gov.uk

Andrew Howlett  
Assistant Clerk to the Public Petitions Committee  
The Scottish Parliament  
Edinburgh, EH99 1SP

---

31 January 2013

Dear Mr Howlett,

**CONSIDERATION OF PETITION PE 1460 - CHRONIC PAIN**

Thank you for your email of 10 January, requesting the views of the Scottish Government regarding the Petition PE 1460, lodged by Susan Archibald on behalf of the Cross Party Group on Chronic Pain. The petition calls on the Scottish 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.”*

I would firstly wish to thank and commend Susan Archibald for bringing this petition to the Scottish Parliament and for sharing her own experience of living with chronic pain. The Committee will be aware of our overarching Quality Strategy which sets out our vision for providing a health service which puts the patient at the heart of the service and highlighting patient experiences in this way provides a powerful voice in helping to shape how services are developed in the future. As for all long term conditions we are committed to ensuring that people can access high quality, safe and effective services as close to home as possible, with access to specialised services when needed.

St Andrew's House, Regent Road, Edinburgh EH1 3DG

[www.scotland.gov.uk](http://www.scotland.gov.uk)

I have set out our views in relation to each of the points raised in the petition as follows:

***hold a debate on the matter with a vote or voting rights***

As the Committee and petitioner are aware the topic of Chronic Pain has been debated in Parliament on two previous occasions in February 2002 and more recently on 17 March 2011. The focus of the debate in 2011 was the provision of specialist services in Bath. We would welcome the opportunity to contribute to any further debate on chronic pain services and the opportunity to update the Parliament on the progress made in improving chronic pain services throughout Scotland, some of which is highlighted within this letter.

The Committee will be aware it is for NHS Boards to develop services in line with the needs of their local populations. The role of the Scottish Government is to provide policies and frameworks to help support Boards to develop services in line with these needs. The Chronic Pain Service Model has been developed as the best mechanism to support developing services across NHSScotland. The model sets out a tiered model of care, utilising voluntary organisations and other resources such as NHS 24 to give patients accurate, helpful information on pain management as a key priority. Implementation of the model across NHSScotland aims to address variation in service provision.

We continue to work closely with the National Lead Clinician for Chronic Pain, the National Chronic Pain Steering Group, and Healthcare Improvement Scotland, to take forward a range of work to support Boards in developing their plans to assist them in implementing the Scottish Chronic Pain Service Model. Pump prime funding has been made available over two years to assist Boards to take forward service improvement. Funding has already been approved for four Health Boards and Healthcare Improvement Scotland are supporting them to take their plans forward. These improvement plans address the provision of care in both the primary and acute care settings, for the provision of adult and paediatric services.

***transfer more of the management for chronic pain into primary care***

The majority of people living with chronic pain are already seen and managed within the primary care setting. Raising awareness of chronic pain in primary care is a key element of the service model and a priority for the National Chronic Pain Steering Group. It is recognised that the education and support for Primary Care will ensure that patients are appropriately and cost effectively treated. The development of Primary Care multidisciplinary pain management services would ensure that patients are identified at an early stage of their chronic pain journey and help to avoid more investigations, treatment and disability.

As I have mentioned the development of primary care services is included within the service improvement plans being taken forward by Health Boards. In addition, the development of the SIGN Guideline will also provide valuable clinical guidance on the management of chronic pain within the primary care setting.

***provide more social model care instead of medical model***

The Scottish Service Model sets out exactly the type of model the petitioner refers to as a social model of care. It aims to ensure that people receive accurate and appropriate information at all stages of their care and are directed to a range of services including self management support. We have and continue to promote the role of Pain Association Scotland who provide self management training and support.

The former Cabinet Secretary for Health and Wellbeing spoke at the association's annual conference in 2011 further encouraging Health Boards to work with the association in the provision of services.

In addition a Community Pharmacy Campaign was launched on 21 January 2013 which aims to promote awareness of chronic pain, the benefits of self management and the advice and support available from pharmacists, Pain Concern and the Pain Association Scotland.

***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***

I understand the petitioners concerns regarding the provision of residential pain services in Bath. There are a very small number of people in Scotland who require this level of specialised treatment. Approximately 30 people per year are referred to the service in Bath, who provide well established and highly valued service by those who use it. Bath are able to provide a range of specialised services which are tailored to meet individuals specific needs including programmes developed specifically for children.

National Services Scotland is currently assessing options for the most appropriate service model for Scotland. This work is expected to be completed by the end of summer 2013.

I hope that the Committee finds this reply, the terms of which have been approved by the Minister for Public Health, helpful.

Yours sincerely

Mark O'Donnell  
Deputy Director