

**PE1460/G**

Mr A Howlett

Assistant Clerk

Public Petitions Committee

The Scottish Parliament

Edinburgh

EH99 1SP

12 February 2013

Dear Mr Howlett

Re: Petition PE 1460-Chronic Pain

We have been asked to comment on this petition raised by Susan Archibald in respect of the provision of pain management services within Scotland.

Firstly some background information regarding Action on Pain. Established in 1998 we are a UK national charity dedicated to providing support and advice to people affected by chronic pain. Run entirely by volunteers all of whom are affected by chronic pain we have developed into a vibrant organisation that has established an excellent reputation for its "down to earth approach". We enjoy excellent worldwide links as well as leading many key projects helping us to achieve our key objective of helping people affected by chronic pain.

Turning to the petition we believe that issues regarding the provision of pain management services in Scotland should be regularly debated and where relevant voted on in the Scottish Parliament. Not to do so would seriously underestimate the impact of chronic pain on the Scottish population which will only increase with an ageing population.

Much is spoken about moving more pain management services from secondary care into primary care. Indeed it has been mentioned that GPs are "perfectly placed" to provide such services yet the reality is somewhat different. It is widely recognised that the majority of

GPs receive inadequate training in pain management during the pre-registration period with little incentive to further learn once qualified. The same can be applied to the nursing profession and allied health professions. This has led to the current seriously fragmented provision of pain management services within primary care across the U.K. It could be argued that the SIGN guidelines may address this issue however like many similar guidelines in the past it is up to the individual GP as to how they apply them. What is critical is equality of service and access to that service. Should you live in Inverness or Alloa access to pain management services should be equitable which given the above circumstances is currently unachievable . It therefore follows that a model incorporating secondary and primary care should be developed that achieves these objectives. Such a model should be delivered within a prompt timeline with active consideration given to expanding the provision of service providers from outside the current NHS framework. There are clearly funding issues which we will address later in this submission.

Our position regarding providing a more social model of care than a medical one is simply this. Treatment for chronic pain is not just one of prescribing medication. Our vast experience shows that a holistic approach can pay handsome dividends by giving the person with pain the confidence to move forward with their life. Whether it is just putting somebody in touch with someone in a similar situation or pointing them in the direction of a social outlet, volunteering or equipment that may help them it is essential that you never forget that chronic pain impacts on people in different ways. Therefore service provision needs to reflect this which the medical model alone cannot hope to achieve. However by amalgamating the medical and social models we believe a very powerful asset would be developed therefore we commend this proposal.

We now turn to the question of the establishment of a residential pain management centre for Scotland. It should be noted that Alex Neil, Health Secretary has publicly declared his intention to establish such a centre which we commend. We do however note that in his response on behalf of the Scottish Government, Mark O'Donnell, Deputy Director of the Planning & Quality Division, in a letter dated 31 January 2013 to the Public Petitions Committee appears to be attempting to mislead. He states that only a tiny minority of people in Scotland need to use such a facility with only 30 being sent to Bath with the clear implication that there is not an issue so such a centre is not needed in Scotland. We believe that this shows a worrying lack of insight so we would encourage the committee not to apply too much weight to his response. The reality is that the residential centres in England and Wales can only handle so many residents each year being heavily oversubscribed and long waits before you can become admitted. It therefore follows that only a limited number can be admitted from Scotland in any one year hence the low numbers. Our experience shows that whilst it is correct that only a minority of people with chronic pain would benefit from residential care that minority is too big for current resources to handle.

What benefits does a residential centre bring? How does it differ from the courses that the Pain Association of Scotland currently run? Let me say that I speak from personal experience here and ask that the committee will take note of that experience as I spent a year in a residential rehabilitation centre after spending nine months in hospital following the incident that caused my injuries. Whilst you have the valuable formal sessions delivered by healthcare professionals and others during the day equally valuable is the time spent in the evenings with other residents. The chance to share experiences, talk openly and freely or in quiet confidence, to face up to and express your fears, to feed off each other, to overcome the worry of isolation and regain your confidence just cannot be replicated in a non-residential environment. The bond you build amongst each other is very special enabling you to move forward as well as establishing friendships that can be so helpful once you are discharged. It helped me get back on my feet and in the fifteen years from founding Action on Pain I have come across many people who have shared a similar experience continuing as I have to benefit from that time.

We have previously alluded to funding effective and accessible pain management services in Scotland that provide equal and early access to all that need them. Clearly the current fragmented service cannot be allowed to continue with the obvious need to develop and implement an effective replacement paramount. In order to achieve this there needs to be an open and honest appraisal of what is needed delivered within a timely manner. The recent Health Improvement Scotland report on pain services did in our opinion and that of many others do a disgraceful dis-service in the ability to achieve an effective service. Proved to be inaccurate and misleading had it been accepted on face value then the future of people with chronic pain in Scotland would have been badly compromised. That such a report was allowed to see the light of day causes Action on Pain serious doubt as to the integrity of those behind it in introducing an effective pain management service for Scotland. We therefore call for the whole process to be opened up to include greater independent patient representation in any future decision making.

Funding is an issue however it should be seen as a positive investment not just for the health economy but for the overall economy of the country. It is clear that the issue is going to get greater given the population mix so it is essential that people affected by chronic pain get early access to treatment in whatever form is best for their individual needs be it in primary or secondary care. Early intervention can see a reduction in future GP appointments, a reduction in prescribing, less referrals to secondary care which all bring potential financial savings in the health economy. However if you expand this further if early intervention allows the person with chronic pain to stay in work then the need to go onto social or housing benefits is greatly reduced and the person continue to pay taxes all of which contributes to the overall economy of the country.

Funding the residential centre also has the potential to bring benefits beyond those already stated. Once established the centre has the potential to become a centre of excellence

providing training opportunities for healthcare professionals and others who need to broaden their skills in order to deliver an effective service. Such a move would contribute to the running costs of the establishment.

In conclusion at Action on Pain we strongly urge the committee and other decision makers to adopt a broad brush approach when developing an effective pain management service for Scotland. There needs to be a coherent plan that is “patient centred” which is open and transparent for all to see which delivers short term solutions that bring long term stability. What we do not want to see is a continuation of the current “closed shop” secretive approach that is compromising the ability of people in Scotland to receive the treatment that they so richly need and deserve. We need honesty, trust and integrity to deliver a service that Scotland can be proud of. There has been far too much talking, far too many unproductive meetings, too much evasion and lack of openness, too much self-interest which continues to compromise the ability to move forward.

Yours sincerely

Ian Semmons

Chairman