Healthcare Improvement Scotland

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**PE1460/I**

Thursday 14 March 2013

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

Dear Andrew

**HEALTHCARE IMPROVEMENT SCOTLAND RESPONSE TO PETITION PE1460 AND REPONSES TO ADDITIONAL QUESTIONS ARISING FROM THE COMMITTEE MEETING ON 8 JANUARY**

Petition PE1460: Calling 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.

**Healthcare Improvement Scotland response to Petition PE1460**

**Introduction**

1. The aim of Healthcare Improvement Scotland is to support NHS Boards to address gaps which have been identified by implementing the Scottish Service Model and to further improve chronic pain services.

2. Ultimately NHS Boards are accountable for the delivery of high quality, clinical effective and person-centred chronic pain services for their local population.

**Background**

3. Between 1994 and 2004 four reports were published on chronic pain services in Scotland, as well as a debate in the Scottish Parliament in 2002 concerning the improvement of service provision for those affected by chronic pain. These developments led to our predecessor organisation, NHS Quality Improvement Scotland, being approached by a number of stakeholders, including the Cross-Party Group on Chronic Pain, to deliver a comprehensive stock take of chronic pain

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services in the NHS in Scotland. The resulting report, 'Getting to GRIPS with Chronic Pain in Scotland', was published in December 2007 and reissued in 2008.

**Report: Getting to GRIPS with Chronic Pain in Scotland (GRIPS)**

4. As a result of the GRIPS report:
   - the Scottish Government accepted the recommendation that chronic pain should be recognised as a long term condition in its own right; this aligned ongoing work on chronic pain with the long-term conditions work programme;
   - a national clinical lead for chronic pain has been appointed since 2009 and a Scottish Chronic Pain Steering Group has been established by the Scottish Government to lead improvement in services, working with Healthcare Improvement Scotland
   - the Scottish Intercollegiate Guidelines Network (SIGN) is developing a guideline on the Management of Chronic Pain; its initial findings were published at an open consultation meeting in December 2012 ;
   - the Scottish Pain Research Community has been established; and
   - educational resources have been developed.

**Update Report**

5. Healthcare Improvement Scotland published a follow-up 'Update Report on Scottish Pain Management Services' in October 2012, using data collected from April 2010 to March 2011, providing further information on the provision of Pain Management Services across Scotland, identifying any gaps and variation.

6. This report found that there is still variation in the provision of pain management services resulting from how services have evolved in local circumstances, and in referral rates to chronic pain services. We also found many examples of excellent and innovative practice across Scotland and that pharmacy is also taking on a growing role in service provision.

7. There is no doubt that there have been improvements in the provision of pain management services since the original GRIPS report but gaps remain.

8. We found that that the majority of people living with chronic pain will be cared for in the community and primary care and Healthcare Improvement Scotland has been focusing on improvement of awareness, understanding and knowledge of pain management in these areas.

9. Healthcare Improvement Scotland's work also highlighted the importance of education and self-management. A number of organisations are already supporting work related to this:
   - NHS Education for Scotland (providing educational tools for the public and healthcare professionals)

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- the Scottish Pain Research Community
- voluntary sector organisations, and
- the Health and Social Care Alliance Scotland.

**Relevant points arising from the GRIPS and Update reports**

10. The Scottish Service Model for Chronic Pain has been identified as the most appropriate way to ensure people get the earliest possible, and most appropriate treatment locally, but with ready access to specialist services when needed. A letter from the Chief Medical Officer and Director-General Health in July 2012 (CEL 29 (2012)) looks to the adoption of a Managed Clinical Network approach by Boards as the vehicle for implementing this model, and looks to the Chronic Pain Steering Group to promote and monitor uptake. Funding of up to £100,000 over 2 years for each NHS Board is available from the Scottish Government to assist with this. This is reflected in the recommendations of the Update Report.

11. We recommended that NHS boards develop strong participation models and work collaboratively with the voluntary sector to take into account patient views and support patient self-management. We also have recommended NHS boards consolidate this collaboration by entering into service level agreements with the Pain Association Scotland to make sure that self-management support is provided, where none exists at present.

12. One of the priority actions identified in the GRIPS report was for the Scottish Government to consider investment in the development and provision of Scottish regional and local pain management programmes, including a residential facility for patients unable to attend as outpatients. NHS National Services Scotland is currently assessing options for the most appropriate service model for intensive pain management for Scotland.

**Conclusion**

13. Healthcare Improvement Scotland has no view on (a) and (d) of the petition but has already recommended the transfer of more of the management for chronic pain into primary care and the provision of a more social model of care instead of medical model which the activity articulated above supports.

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**Healthcare Improvement Scotland responses (in bold) to additional questions from the Public Petitions Committee (in plain text).**

14. During the evidence session it was argued that the data that underpins the Update Report had been hard to source (e.g. col 988), indicating that the data was not always clearly available for those interested in it. Also, the data spreadsheet has been updated following the publication of the Update Report, as additional information has become available. Whilst there are notes and coding to show where this has happened, it does make it more difficult to analyse it against the Update Report. In addition, in the text box entitled "Key to protected data", there is a reference to the publication of an accompanying letter with additional information.

    **The Update report on Scottish Pain Management Services was published on the 26 October 2012.**

    **This report is a follow-up to the *Getting to GRIPS with Chronic Pain in Scotland* which was published in 2007 and reissued in 2008, with an endorsement from Nicola Sturgeon, the then Cabinet Secretary for Health and Wellbeing.**

    **The Update reports on pain management across NHSScotland using data collected from April 2010 to March 2011 and provides further information on provision of Pain Management Services across Scotland, identifying any gaps and variation.**

    **In addition to the publication of the Update report, underpinning data was subsequently published on 7 December. Although this was published in the interests of transparency, the underpinning data was never designed as public facing documentation.**

15. Was the data spreadsheet published at the same time as the Update Report in October 2012, and if so, where?

    **The Data Spreadsheet with explanations was posted on the Managed Knowledge Network website on 7 December 2012. The data table was posted on the Healthcare Improvement Scotland website on 8 January 2013.**

16. How many times has the data spreadsheet been updated since the publication of the report?

    **There has been one update to the data spreadsheet since the publication of the report.**

17. Please can you provide a copy of the letter referred to in the "Key to protected data" text box?

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**The freedom of information response letter is available from the Scottish Parliament's Information Centre, bib. Number 54547. Please see below**:

**"Jackie Baillie (Dumbarton) (Scottish Labour):** To ask the Scottish Government further to the answer to question S4W-10857 by Michael Matheson on 16 November 2012, for what reason there are no plans to publish the data underpinning the Healthcare Improvement Scotland Report, Update Report on Scottish Pain Management Services.

**(S4W-11396)**
**Michael Matheson:** The information requested is being collated. I will write to the member as soon as the information is available and a copy will be placed in the Scottish Parliament Information Centre (Bib. number 54547)."

18. Please can you provide a copy of the questionnaire that was sent to Boards as part of the audit, as it is occasionally unclear what the data in the table is referring to?

    **Please see Appendix 1.**

19. Why did you choose to present the data from the audit in the way that you did in the Update Report, for example, why not report specifically on the number of whole time equivalents in each area?

    **The data was presented in this way to be consistent with the presentation of the data in the GRIPs report of 2007. In GRIPs the number of staff was reported, but not the (Whole Time Equivalent) WTE commitment they had to the pain service.**

    **The key statistic provided in the section on *Provision of multidisciplinary pain management* is:**

    **"The average waiting time for a first appointment to a pain service was 11 weeks from referral." (p 9)**

20. There is no additional information or context provided alongside this statement. It could be read as providing a waiting times average across all NHS Boards. However, it appears from the data spreadsheet that the data on waiting times was provided by seven out of 14 NHS Boards. Calculating the total of the figures provided by those seven Boards and then taking an average, the figure of 10.8 was achieved, which was presumably rounded up to 11 for the report.

21. In hindsight, should the Update Report have been more explicit about the limitations of the data concerning the 11 week waiting time figure for a first appointment to a pain service?

    **Although waiting times were included in the data collected, this was not the primary purpose of the report. An FOI request by Jackie Baillie MSP in 2012 was able to collect accurate data on waiting times in all NHS Boards, and it**

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**should be noted that patients may have chronic pain for a long time and either self manage or have treatment with their GP or other secondary care specialties, such as orthopaedics, rheumatology, neurology etc. before being referred to a specialist pain service.**

22. Multidisciplinary pain management programmes (PMPs) are also covered in Table 1 of the Update Report, with a "tick" presumably referring to a PMP being available. If this is the case, Table 1 suggests they are in five NHS boards. However, when considering the data spreadsheet it appears there are six NHS Boards providing a multidisciplinary PMP. In addition, the Update Report states that access "to all elements of a PMP can range from 4 months to over 1 year". Such figures do not appear to be provided on the data spreadsheet.

23. Please can you clarify what the figures on the NHS Boards with multidisciplinary PMPs mean?

    **There has been a transcription error and the Pain Management Programme in NHS Borders has not been highlighted. We will correct this.**

    **It is difficult to define waiting times for a Pain Management Programme. After initial assessment at the pain clinic, it may be appropriate to trial self-management, medication and physical treatments. Following these approaches it may be appropriate to go on to a pain management programme, consisting of education in self-management, physiotherapy and psychology techniques. Embarking on a pain management programme, while other management techniques are still being trialled and the patient is not necessarily ready to accept learning to live with pain is less likely to be helpful. Thus the data on waiting times for the Pain Management Programme were estimated by telephone discussion with clinicians & are not included on the spreadsheet.**

24. Are the data on access to all elements of a PMP available on the data spreadsheet and, if not, how were they arrived at?

    **The section *Provision of multidisciplinary pain management* begins with more information on multidisciplinary PMPs and then states:**

    **"PMPs are now available to 75% of the Scottish population in their NHS boards." (p 10)**

25. The data spreadsheet indicates there are six NHS Boards with multidisciplinary PMPs. Presumably the 75% population coverage refers to the total population of these six NHS Boards taken as a percentage of all NHS Boards. However, undertaking this calculation using the figures in the data spreadsheet, results in a figure of 64.9%. Also, the data spreadsheet provides data for the Argyll and Bute area, within that of the NHS Highland figures. Whilst NHS Highland is noted in the

data spreadsheet as having a multidisciplinary PMP, the Argyll and Bute area is denoted as having no such access. This raises the prospect that there may be differences in access to multidisciplinary PMPs within NHS Boards as well as between them.

26. How was the figure indicating the coverage of multidisciplinary PMPs across Scotland calculated and how does it relate to the information in the data spreadsheet?

    **As noted above data on NHS Borders was not included by error. This will be corrected.**

27. Was there any additional data indicating coverage of multidisciplinary PMPs within NHS Boards?

    **No**

28. Do you have any concerns as to whether access to existing PMP services is equitable for the whole population of a Board area?

    **There are issues in accessing services for many patients with chronic pain. These are most obvious in the North of Scotland & the Islands, but also affect patients travelling from West Lothian to Edinburgh and in other areas. We have emphasised that it is for the NHS Boards to consider how they are going to meet the guarantees on access to psychological and AHP services.**

29. Regarding referrals of patients to the residential PMP in Bath: Where do the figures in the Update Report for the cost of referring patients to the residential PMP in Bath come from, as there is no reference to such costs in the data spreadsheet?

    **The data were provided by National Services Division of National Services Scotland who are responsible for commissioning this service on behalf of NHS boards.**

30. Table 3 of the Update Report shows the provision of staff for children and young people's chronic pain clinics in March 2011, and the number of referrals and reviews over the period 2010-11. However, this information is not detailed in the audit data spreadsheet.

31. What is the origin of the data in Table 3 of the Update Report?

    **The Questionnaire was circulated separately to the children's services and the full data is provided in the update report.**

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32. There are a range of factors that are reported in the data spreadsheet, and presumably were part of the audit, but are not covered in the detailed findings section of the Update Report itself. The factors include:
    - referral to spinal cord simulation
    - administration
    - budget
    - telephone consultations
    - waiting list initiatives

33. What was the purpose of including these in the audit, what did the data from each show, and why were they not discussed as part of the detailed findings section of the Update Report?

**Referral to Spinal Cord Stimulation**

**This is a very interventional technique requiring surgical implantation of electrodes next to the spinal cord. The usefulness of the technique is debatable, although some patients can have considerable benefit. The purpose of gathering the data was to see if there was variation in referrals and it was not commented on in the report as it only affected 38 patients. A separate review of spinal cord stimulation and other interventional techniques is underway, through the three centres where these techniques are carried out (Aberdeen, Dundee & Glasgow).**

**Administration**

**Administrative support is essential to running a pain management service; to ensure that patient enquiries are answered, that clinics are efficiently run, to provide secretarial support and to communicate treatment plans to the other healthcare professionals looking after the patient. Most services replied that they had some administrative staff. Those that did not had some unofficial assistance, which ensured that letters were typed, but may not have been ideal. This data was fed back to NHS boards for local use.**

**Budget**

**We were interested solely to find out if there was a defined budget for the pain management service. In most Health Boards there is no separate budget and the funding comes from separate directorates, such as Anaesthetics, Rehabilitation, Neuroscience, Psychology, Primary Care etc. This was to be expected.**

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**Telephone Consultations**

**Highland Pain Service are carrying out an innovative method of conducting their first appointment by 'phone & they keep records of how many patients are reviewed in this way. Several other services use the 'phone to review patients but don't keep records.**

**Waiting List Initiatives**

**This information is of specific interest to the pain services and health boards. These are extra clinics, funded by Waiting List Initiative money. Some boards did not use this.**

Yours sincerely,

Robbie Pearson
Interim Deputy Chief Executive

Snapshot of Scottish Pain Services 1/4/10 - 31/3/11

| **NHS Board** | **ayrshire & arran** | **patient numbers** | | |
|---|---|---|---|---|
| **services** | **wte's** | new | review | total refs |
| Medical | | | | |
| Nursing | | | | WL in weeks |
| Physio | | | | |
| Psychology | | | | |
| OT | | | | |
| pharmacy | | | | |
| MDT PMP | Y/N | | | |
| primary care | Y/N | | | |

| | | | |
|---|---|---|---|
| meeting WL guarantee | Y/N | WL in weeks | |
| WL initiative clinics | Y/N | number/month | |
| Referrals to a residential Pmp | | | |
| Referrals to SCS/IT therapy | | | |
| Paediatric | Y/N | | |
| admin | | | |
| management | | | |
| audit | Y/N | | |
| budget | Y/N | | |
| Pain Assoc | Y/N | | |
| Other volunt | Y/N | | |
| | | | |
| **website info** | | | |
| service description | Y/N | | |
| meds | Y/N | | |
| interventions | Y/N | | |
| physio | Y/N | | |
| psych | Y/N | | |
| pain info | Y/N | | |
| links | Y/N | | |