

17 May 2013

David Stewart  
Convener of the Public Petitions Committee  
Room T3.40  
Scottish Parliament  
Edinburgh  
EH99 1SP

Dear Convener

**PUBLIC PETITION PE1460 ON IMPROVEMENT OF SERVICES AND RESOURCES TO TACKLE CHRONIC PAIN**

Thank you for your letter of 25 April 2013 extending an invitation to give evidence to the Public Petitions Committee meeting of 25 June 2013. I can confirm that Robbie Pearson, Director of Scrutiny and Assurance, will represent Healthcare Improvement Scotland at that meeting.

In your letter you also requested a response to the issues raised by the petitioner in her letter of 11 April 2013. I am happy to provide further clarity on those issues below (appendix 1).

I, as Chief executive of Healthcare Improvement Scotland, would also like to take this opportunity to restate the position and role of Healthcare Improvement Scotland in relation to this area and to update the Committee on progress since the publication of the 2012 Update Report.

It was disappointing for the organisation to hear of the concerns expressed at the Committee meeting on 16 April 2013 regarding our previous responses to the issue. Our communication to the Committee was an honest response to the questions raised.

Since 2011 Healthcare Improvement Scotland has been committed to supporting Boards as they develop local infrastructures which will help deliver a Scottish Service Model for Chronic Pain (SSMCP). The SSMCP, which was developed with clinical input from NHS boards and from people with chronic pain, aims to alleviate the impact chronic pain has on the quality of life of sufferers and their families. We were therefore delighted to see in December 2012 that all NHS Board Chief Executives reaffirmed their own similar commitment in response to a direct enquiry from Derek Feeley, Director General Health and Social Care. It is also important to recognise that developing and embedding the SSMCP remains very much the responsibility of local NHS Boards.

The Update Report of 2012, undertaken at the request of the Regional Planning Chief Executives, aimed to provide information about the position of Boards at that time. It also served to support Boards in their on-going development and implementation of the SSMPC. We recognise that the published data underpinning the report could have been more accessible and will take this into account in future when publishing similar information. However as all the data was provided by NHS Boards, it was important we did not make assumptions in our analysis.

The Scottish Service Model for Chronic Pain includes resources and services delivered by multi-disciplinary teams. To this end, a small team of expert clinicians are working together with project support from Healthcare Improvement Scotland, resourced by Scottish Government, on our 2013/14 programme of work which aims to ensure Scotland-wide coverage of SSMCP by 31 March 2014. We intend to provide further update with regard to the national position at that time. Considerable progress has been made since the 2012 Update Report, particularly over the last six months and this is set out in appendix 2.

We are aware that there is much interest from many sources in this work from those keen to ensure that appropriate provision is made for the management of chronic pain within the NHS in Scotland. The Cross Party Chronic Pain Group has shown a particular interest. At the invitation of the Cabinet Secretary for Health and Wellbeing, a positive meeting was held on 30 April 2013, attended by members of Cross Party Group, the Chief Executive of Healthcare Improvement Scotland and Government colleagues. The meeting provided the opportunity to discuss and clarify issues previously raised by the petitioner and others but most importantly, achieved agreement to work collectively to improve chronic pain services. We would look to the members of the Public Petitions Committee to also support this work going forward.

Yours sincerely

**John Glennie**  
**Chief Executive**

## Appendix 1

### Response to Petitioner letter of 11 April 2013

#### Accessibility of published information

- The data that underpins the Update Report (2012) was initially published on the Managed Knowledge Network Chronic Pain website on 7 December 2012. This was subsequently moved to the [Healthcare Improvement Scotland website](#) on 8 January 2013 for completeness and greater transparency.
- In hindsight, we recognise that it would have been better to have published these data in just one or even both places at the same time. We also recognise that this may have hindered the efforts of the petitioner to access the information. This together with referring to these data differently would also have added to the confusion for which we sincerely apologise.
- Healthcare Improvement Scotland had extensive correspondence with Dorothy Grace Elder during December 2012 to assist with accessing the required data. We did offer to meet with Ms Elder on several occasions to explain the detail but this was declined at the time. This issue was also discussed at the meeting on the 30 April 2013 and the above information conveyed. Following this, a further offer of a meeting with Healthcare Improvement Scotland has been extended. For information however, it should be noted that Healthcare Improvement Scotland has not received any similar enquiries from other sources.

#### Choice of data items within the Update Report and their presentation

- At a Regional Planning Chief Executives meeting in 2011, Healthcare Improvement Scotland was asked for an updated national position on the progress of establishing the Scottish Service Model for Chronic Pain (SSMCP) throughout Scotland. Data was therefore collected for the timeframe requested and limited primarily for that purpose
- The data within the Update Report was deliberately presented to aid direct comparison where possible with the GRIPS report. Information about dedicated staffing of SSMCP was not reported within the Update Report primarily due to the fact that at that time, considerable staffing developments were being introduced in some areas which would have provided a distorted and out of date picture. Underpinning data was subsequently made available. We are however ensuring that the future reporting requirements of the Service Improvement Groups will address this issue and that data are presented with consistency and clarity.
- We intend to provide a further summary update on the national position at the end of March 2014. This will include information about levels of SSMPC provision, waiting times and staffing complements as well as provide an overview of key actions being taken forward by SIGs across Scotland.

#### Extent of National coverage

- With regard to the reported extent of national coverage stated within the report, as pointed out by the petitioner, this figure should have read 64.9% (relating to actual Board populations having access to Pain Management Services). We recognise that the data may have been construed as misleading and we sincerely apologise for this, it was a genuine error. It does however represent a considerable improvement on the situation in 2010. The report and web information has been amended to reflect this.

## Waiting Times

- As with the approach used to present staffing levels, waiting times were collated similarly. Patients with chronic pain experience a range of varied and complex pathways when seeking help. The intention was to focus on the extent to which SSMCP were available throughout Scotland rather than to undertake a detailed stocktake about the details of patient management and outcomes.
- The opportunity was taken to collate other information but these were not the primary focus for this work. Other specific issues such as: *what happens to patients en route to a pain clinic appointment, how long they wait from the onset of their pain, who they see along the way and whether there are the right referrals to a pain service or if there are barriers to referral* were not the subject of this audit. We do recognise the importance of this information however; implementing the SSMCP will go a long way to better understand and address these important issues.
- We are also working with University researchers to explore the opportunities for more in-depth work that will provide greater understanding, about which further information will be available later this year.
- We are not routinely informed about the results of Freedom of Information requests although we were aware that a request had been made to Boards whilst drafting the report. This request related to a time period not covered by the Update Report and therefore would not have been included despite being of interest. We did manage to obtain the results of the request sometime later and the data are being used by Boards in their current planning around the wider implementation of the SSMPC. As outlined before, waiting times will be included within future reporting and the range as well as averages included.

## Funding of Chronic Pain Services

- Most NHS Boards do not have an identifiable budget for chronic pain as confirmed by ten of the fourteen Boards. This however does not in any way imply that services are not supported or resourced locally. For example, they may be staffed by clinicians who have other roles in addition to their chronic pain commitments with these roles funded through the 'parent' funding stream.
- Determining the true cost and benefit of Pain Management Services would be a major undertaking far beyond the scope of an audit due to the complexity involved. The evidence that currently exists about this issue is sparse and of poor quality. We will be raising the need for greater research in this area with academic colleagues.

## Level Four Service provision (Residential Pain Provision)

- A consultation exercise is underway led by NSD and NSS to determine the feasibility & specification of Level Four services (Scottish Intensive Pain Management Service).
- This will be completed by the autumn of this year and we understand that the petitioner has been invited onto the working group established to oversee this work.

## Appendix 2

### Progress since the publication of the Update Report (2012)

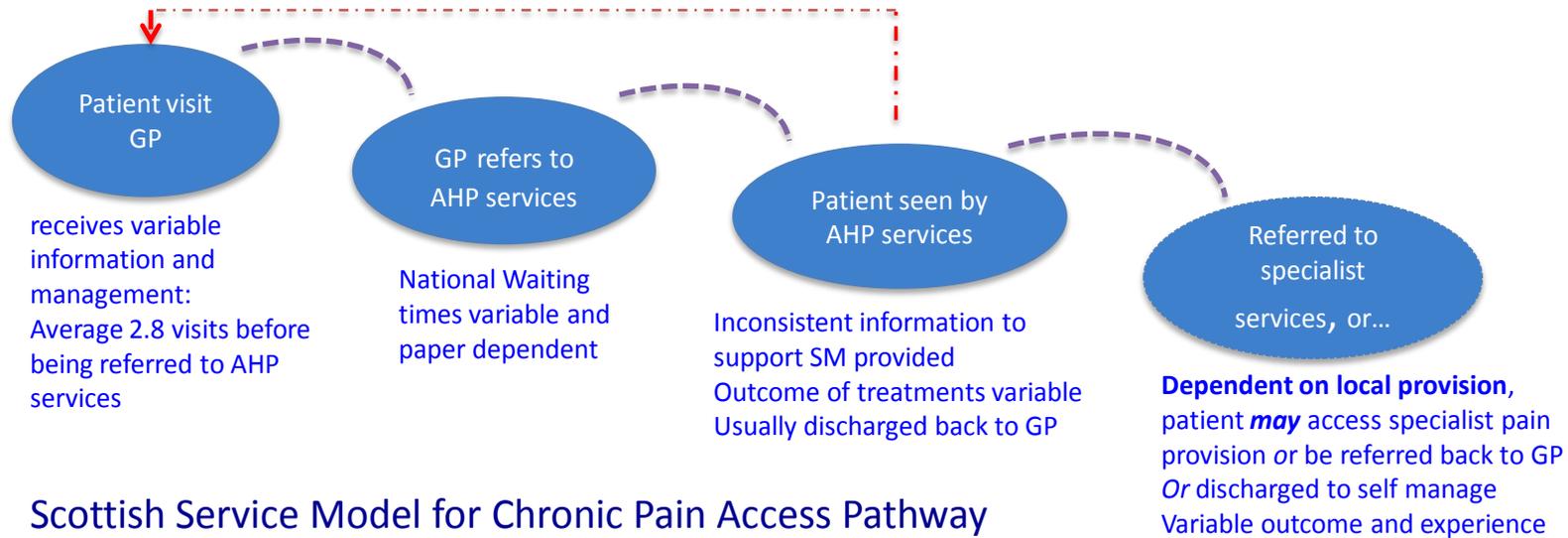
- The data contained in the report related to the time period 2010/11 and there has been much progress since that time. By way of illustration, figure 1 sets out the fundamental differences in access to specialist chronic pain service and management approaches for people with musculoskeletal conditions, contrasting the traditional approach with that of the new pathway associated with the Scottish Service Model for Chronic Pain (SSMCP) currently being implemented throughout Scotland. Figure 2 provides greater detail about the content of the SSMPC.
- The Update Report identified that the SSMCP had been established in NHS Borders, NHS Fife, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lothian and NHS Lanarkshire.
- Since the publication of the report there has been considerable progress including new staff appointments in NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Grampian, NHS Highland and NHS Lothian. This includes additional psychology appointments in NHS Ayrshire & Arran, NHS Dumfries & Galloway and NHS Grampian, which will result in further implementation of the ad to SSMCP in these areas.
- In 2012, the Scottish Government made two years funding available for all Boards who wished to establish Service Improvement Groups (SIGs) to lead on the local development and consolidation of SSMCP s in their region. Healthcare Improvement Scotland is actively working with Boards to progress these bids. Half of NHS Boards have had their submission approved, a further three are currently finalising their submissions with the remainder (the four Highlands and Islands Boards) exploring appropriate models, supported by Healthcare Improvement Scotland.
- For the first time in Scotland, there will be a formalised infrastructure to support Chronic Pain Services and delivery of the SSMCP to those in need of these services. SIGs in Forth Valley and Tayside for example are developing plans for establishing SSMCPs in the near future.
- We are currently in dialogue with the Island Health Boards, Orkney, Shetland and Western Isles, finalising plans for how the SSMCP will be provided for their patients.
- This approach, as well as delivering better care, also offers a great opportunity for Boards to share key learning and best practice. It also creates potential for alignment of complementary service improvements leading to less variation in the services available to people with chronic pain.
- As the SIGs establish themselves throughout Scotland, they will collect and report on a range of key data including their staffing, activity and outcomes. Healthcare Improvement Scotland is working with SGHD colleagues to identify the reporting requirements and provide guidance with regard to this.

- In December 2013, Healthcare Improvement Scotland will publish a SIGN Guideline for the Management of Chronic Pain. This will reinforce the efficacy of the SSMPC and its approach further supporting its further implementation throughout Scotland.
- There are a number of other national programmes of work more recently established or being developed that offer valuable opportunities to beneficially align aspects of the chronic pain work. For example: the 4 week HEAT target associated with the National Redesign of musculoskeletal services and the associated embedded clinical outcomes which are just as relevant to the SSMCP. Current SGHD work on multimorbidities and the Route Map associated with the 20:20 vision will also consider how this workstream can support enhancing the SSMCP. As well as progressing these alignments nationally, we will also ensure that SIGs are linked to these programmes of work locally

Figure 1

## Traditional Chronic Pain Management Pathway

(worked example based on evidence from traditional MSK management pathways)



## Scottish Service Model for Chronic Pain Access Pathway

(worked example based on MSK conditions)

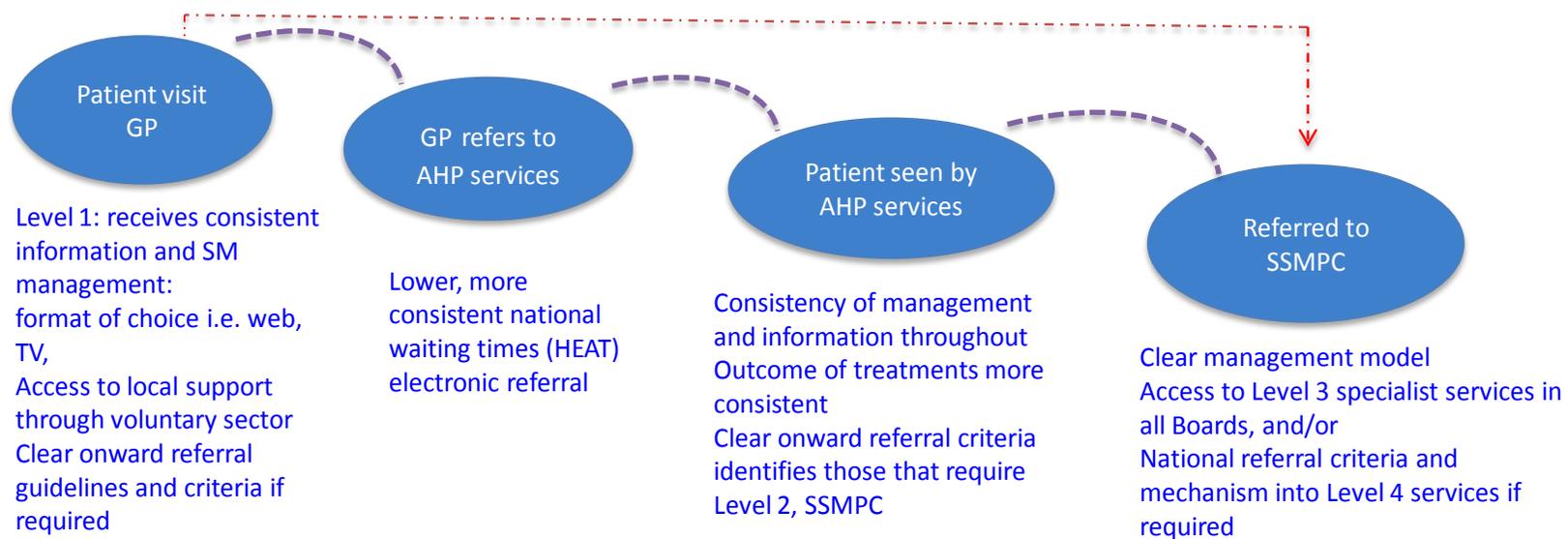


Figure 2

