

Consultation response

Question 1: We would like to know in what context you are responding. Please choose one of the following:

I am responding as:

- a) an individual who experiences chronic pain
- b) a family member or carer of someone who experiences chronic pain
- c) a health professional
- d) an organisation representing people who experience chronic pain
- e) other stakeholder (please tell us in the comments box below)

I am a complementary therapist and see many clients who come for pain relief (massage, reflexology, the Bowen Technique + others)

Question 2: Please choose your preferred option (Chapter 2 provides details).

- Option 1 – a centre of excellence in a single location
- Option 2 – a service delivered by local chronic pain clinicians (supported by other clinical advisors in another part of the country)
- Option 3 – a service delivered in different locations (by a team of chronic pain specialists – an outreach or roving service)

Please tell us why this is your preferred option in the comments box below. The factors listed in Chapter 2 of the consultation paper may help you.

There might be opportunities to integrate traditional approaches using drugs as well as drug-free complementary approaches for pain relief

Question 3: Are there any of the options you disagree with? (If No, move straight to Question 4.)

If yes, please tell us which one(s) in the comments box, and why?

Option 2 – the expense

Question 4: If you have other ideas that have not been covered, please tell us about these in the comments box below. You may want to include the advantages and disadvantages of each.

Here is a letter I sent John Wilson, Chief Executive, NHS Fife, on 16 May 2013

Dear Mr Wilson

The Scottish Government recognises that complementary therapies may offer relief to some people suffering from a wide variety of conditions.

Michael Matheson MSP, Minister for Public Health

I have been in correspondence with the Michael Matheson MSP about the use of Complementary and Alternative Medicine (CAM) within the Scottish Health Service. In addition to the above, Mr Matheson wrote: "It is a matter for each Board to determine whether to make such services available".

My understanding is that it is up to NHS Boards, in Scotland, to review services and facilities regularly to ensure they continue to reflect local needs and provide the best quality health care.

Since 2005 I have been trying to persuade GP Practices in Fife to consider local needs for Complementary Healthcare Services and to reflect this in the range of treatment options available to their patients.

The UK Government has tried to encourage the integration of Complementary and Alternative Medicine into patient care provision by funding and supporting the establishment of the Complementary and Natural Healthcare Council (CNHC) - the only regulatory body for CAM practitioners like myself.

In 2012 I wrote to every GP Practice in Kirkcaldy and Glenrothes offering to discuss how local people could benefit from referral to practitioners such as myself and enclosing my CNHC registration. I have not had any replies.

This is not simply self-interest. My aim is to see forms of complementary therapies established within the NHS. The fact that I and others maintain busy private practices in massage and other complementary therapies is an indication of the demand.

I wonder if you'd consider the potential benefits of beginning to integrate aspects of complementary practice into GP practice in Fife. I'd be grateful for your comments and possibly advice on a way forward.

Question 5: What do you think the barriers are to accessing a residential pain management service? (For example, distance away from family, work or family commitments, upfront travel costs.)

Please list as many as you wish in the comments box below and include any others that are important to you.

Distance away from family, work/family commitments, expense (travel costs + others)

Question 6: Please choose from the list below which aspects of residential pain management services should be included in a Scottish service.

(choose as many as apply)

- | | |
|---|---|
| A chronic pain assessment | X |
| Supported one to one sessions to teach coping skills | X |
| Group sessions | X |
| Residential accommodation | X |
| Opportunity for immediate carer/support provider to accompany patient | X |
| Peer support | X |
| Tailored exercise programme | X |
| Medication assessment | X |
| Other (please tell us in the comments box below) | X |

Complementary therapies by practitioners registered with the only government recognised voluntary register (the CNHC)

Question 7: Irrespective of the final service model selected, should access to the current service provided in Bath (or elsewhere in the UK) be retained for occasional use?

Yes No X Don't Know

Question 8: Have you previously attended, or supported someone attending a residential service outside Scotland?

Yes (please answer Question 9)

No X (please move straight to Question 10)

Question 9: If you have attended, or supported someone attending a residential service outside Scotland, please tell us about any advantages and disadvantages of the experience.

Question 10: If you, or someone close to you, has been offered but declined a residential service outside Scotland what were the reasons for this?

Cost, work commitments, distance, time away from home

Question 11: If you wish to add any further comments on issues raised in the consultation paper or current chronic pain services in Scotland, please use the comments box below.

Here is a 2nd letter I wrote to John Wilson, NHS Fife, on 3 July 2013:

Dear Mr Wilson – thank you for your reply of 25 June (Ref: BMJ/JW/letters0625lobo).

I was ever so disappointed to read it as I have been led to believe that, despite becoming “Independent Contractors”, individual GPs and Practices in Fife will not integrate complementary therapies unless specifically directed to do so by NHS Fife.

Additionally, I’m not aware that the Maggie’s Centre in Kirkcaldy provides a complementary therapy service unless you are alluding to Tai Chi, Art Therapy, and Creative Writing. The Maggie’s Centres have always, to my knowledge, supported psycho-oncological interventions rather than complementary therapies. I know the Kirkcaldy Maggie’s refers clients to the Circle of Comfort organisation for complementary therapies rather than provide them in house.

You refer to The Complementary and Natural Healthcare Council (CNHC). This organisation has just celebrated its 5th birthday and has approximately 5,000 practitioners on the register so regulation is well advanced in this area. NHS Fife and GPs can be confident that practitioners on CNHC’s register have been trained to national standards and are insured. They should also be aware that there is a route to redress through CNHC as an independent body in the event of a complaint.

You also make reference to “lack of an evidence base” for complementary therapies. You are correct – there are relatively few randomised controlled trials (RCTs) that support complementary and alternative medicine (CAM) use but it is well acknowledged that double blinded RCT is rarely the most suitable method to test the effectiveness of CAM. There are fundamental philosophical differences between the holistic properties of many CAMs and the reductionist principles of biomedical science. An obvious stumbling block is the “blinding” of participants as the practitioner is often intimately involved in the therapy. Standardisation is also an issue – drugs can be given in specific, measurable quantities as part of a trial, but while it is possible to deliver, say, aromatherapy in the same quantifiable way, there is no therapeutic reason to do so. However, progress is being made and CAM researchers are developing designs and methods more appropriate to the holistic paradigm.

The NHS Fife website makes a number of bold statements under 3 main headings: Key Principles, What is Patient focus, and Patient Experience – all of which claim to put the patient first and at the centre of Fife’s health service. Yet the many clients I see who benefit from complementary therapies, not least for drug free pain relief, would argue otherwise.

I feel stuck between a rock and a hard place on this issue. The Scottish Government states: "It is a matter for each Board to determine whether to make such services available". You say it is up the individual GPs and Practices.

I really like the point you make about difficult economic times and allocation of limited resources. By the same token, I suspect a significant reduction in NHS Fife's drugs budget, brought about by the use of drug-free pain relief (amongst other things) would release considerable monies that could be spent on other resources to enhance the "patient experience".