

## 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)

The Chartered Society of Physiotherapy (CSP) is the professional, education and trade union body representing physiotherapists, physiotherapy students and assistants with more than 98% of all physiotherapists in membership. CSP Scotland has over 4,000 members and physiotherapy is largest of the allied health professions.

**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.

In seeking to address the need for specialist residential care treatment for chronic pain in Scotland, CSP Scotland believes that investment must proceed on the basis of the available evidence on clinical effectiveness and existing evaluated models of care. To this end, the establishment of a centre of excellence (option 1) is compatible with the current evidence base and would provide an important advance for the benefit of patients throughout Scotland.

It should be noted, however, that CSP Scotland has consistently argued for the need to shift service provision into community settings, and extend good practice models for the treatment and management of chronic pain to all health board areas. The establishment of a centre of excellence should not detract from this process or undermine efforts to ensure all health boards improve the patient pathways for chronic pain in their health board areas. Indeed, there is no reason why option 1 above should not undertake the supportive role identified in option 2.

In practice, a centre for excellence has the potential to support all health boards in developing local pathways. It should also be noted that independent prescribing rights are to be introduced for physiotherapists in 2014. This provides an excellent opportunity in the treatment and management of chronic pain where there is often a need to combine medical and physiotherapy intervention. A centre for excellence can play an increasingly valuable role in disseminating and sharing good practice, defining and promoting high quality care and promoting safe and effective practice.

**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?**

Comments (box expands with text input - there is no word limit)

**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.**

Comments (box expands with text input - there is no word limit)

**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.**

Comments (box expands with text input - there is no word limit)

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

Physiotherapy is a science-based healthcare profession and Chartered Physiotherapists employ a wide range of skills, knowledge and expertise in the assessment, diagnosis and management of patients with chronic pain.

Physiotherapists may offer manual therapies and /or electrotherapy to assist in reducing pain whilst movement therapies are key to supporting long term management in addition to be central to health and well being. Evidence strongly supports physical activity in the management of any long term condition, including chronic pain. There are however many barriers to increasing activity including fear and harmful beliefs. Simple education can be helpful but frequently insufficient therefore physiotherapists, as experts in movement science are crucial members of the multidisciplinary team involved in the treatment and management of patients with chronic pain.

Specialist Physiotherapists working in pain services will also typically have additional training in behavioural techniques including cognitive behavioural approaches.

**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  Don't Know

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

Yes  (please answer Question 9)

No  (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.**

n/a

**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?**

n/a

**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.**

Physiotherapy is a science-based healthcare profession which considers movement central to health and well being. Physiotherapists aim to restore balance and facilitate the body's own healing responses rather than to target individual disease processes or stop troublesome symptoms in isolation.

Physiotherapists use a wide variety of treatments for persistent pain. Physiotherapy offers an important and clinically effective alternative to the use of drugs to address chronic pain that can benefit many patients. Standard physiotherapy usually requires physiotherapists to be trained in and practice in massage and manipulation, exercise and movement, and electrotherapy. Increasingly, Chartered physiotherapists believe this is important and will look at the 'whole' person taking into account previous medical history, work and lifestyle before making a diagnosis and devising a treatment programme that is tailored to an individual's needs.

Chronic pain is the most common long-term condition in Scotland, affecting around 18 percent of the population. Almost one third of all Scottish households have at least one adult suffering from pain, with over one quarter containing two or more sufferers. The direct health care cost of chronic pain such as back pain in Scotland is estimated to be £160 million per year. The associated costs in lost working days, workers lost to the economy, incapacity benefits etc are even

greater, estimated at closer to £1.7 billion.

It is clear that those suffering from chronic pain are at much greater risk of falling out of employment and poor mental health as a consequence.

The Chartered Society of Physiotherapy Scotland would assert that for too long, chronic pain management has been offered in acute settings, as hospital based treatment. CSP Scotland supports schemes to address this and deliver more care in community settings.

CSP Scotland has previously highlighted good practice examples, such as the '*Rivers*' service, part of *Fife Integrated Pain management service (FIPMS)* in Fife.

This primary care pain programme is designed and delivered by a multi-disciplined team aimed at helping those that suffer chronic pain to gain better control of their condition and their lives. The key is offering early intervention with a specialist clinician, rather than allowing increasing chronicity of the condition while patients remain on a waiting list. By offering services in every day settings, such as community and leisure centres, and allowing patients greater control for their own care. The *Rivers Pain Service* is now part of a single referral system, referral criteria and triage process. The scheme shows how professionals from pharmacy and physiotherapy can work together to offer a more joined up approach to services combining prescription drug therapy with physical therapy to tailor individual treatment to match patient need. This service is not unique, but offers a good example of the potential to improve chronic pain services in community based settings.

As ***independent prescribing rights*** for physiotherapists are progressed in Scotland, opportunities emerge to support patients with complex co-morbidities, who often require medication alongside physiotherapy. There will be the increasing opportunity to provide 'one stop shop' services, where physiotherapists can work with pharmacists to provide expert care tailored to patients' needs.

CSP Scotland believes that the focus on a centre for excellence could play an important role in promoting services in all parts of Scotland. Specialist residential services, wherever and however situated, cannot be considered in isolation and clear pathways must be established to support community, secondary and specialist residential care.

In addition, CSP Scotland would point to the need to ensure that adequate support is given to support the recruitment, training, and continuing professional development clinical staff in providing safe and effective models of care.