



### **ABPI Scotland disease-specific industry groups**

ABPI Scottish Pain Industry Group (SPIG) is one of nine disease-specific therapy groups covering a growing spectrum of conditions. ABPI Scotland's therapy groups work collaboratively at a national level with the NHS, the SGHD and patient groups to deliver improved patient outcomes in the specific disease area.

ABPI Scotland's therapy groups form the backbone of our activity in Scotland: working to develop and deliver collaborative projects, giving support to patient organisations and informing policy by responding to relevant consultation documents issued by the Scottish Government and NHS Scotland.

Industry group aims and objectives:

Each therapy group has aims and objectives which determine their work programmes. These generally follow a generic pattern tailored to the specific disease area e.g. to:

- Raise the standards of evidence-based care
- Improve outcomes for people with the disease
- Ensure people with the disease have equitable access to the best available medicines and services
- Highlight opportunities for aligning plans and policies across national groups and related disease areas at both strategic and tactical levels

Each group works within an agreed set of rules via its Constitution, which has to be approved by the ABPI. Their work with others is regulated throughout by the ABPI's Code of Practice.

The Scottish Pain Industry Group's aim is to be an active partner in the successful development and implementation of action plans for the benefit of patients living with chronic pain in Scotland.

To this end we have been involved and supported many of these initiatives, for example the launch of the GRIPS report at the Scottish Parliament in 2009, the Manifesto for People Living with Chronic Pain in Scotland 2011, as active members of the Cross Party Group and the Scottish Pain Research Community (SPARC), and contributing to the previous consultation from SIGN, and we look forward to continuing support/partnership opportunities in the future.

### **Question 1: We would like to know in what context you are responding.**

The ABPI (Association for the British Pharmaceutical Industry) represents innovative research-based biopharmaceutical companies, large, medium and small, leading an exciting new era of biosciences in Scotland.

Our industry, a major contributor to the economy of Scotland, brings life-saving and life-enhancing medicines to patients. Our members supply 90 per cent of all medicines used by the NHS, and are researching and developing over two-thirds of the current medicines pipeline, ensuring that Scotland and the UK remains at the forefront of helping patients prevent and overcome diseases.



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

It is not appropriate for us to comment on what service model is or is not the best option. However we support the stakeholder consultation, and in our view it would be correct for the service model to be developed in line with the Scottish Service Model for Chronic Pain and which the users and service providers feel is the most effective service possible for patients.

Whatever model is implemented, its success will depend largely on it being funded appropriately and equitably.

**Question 3: Are there any of the options you disagree with?**

The ABPI Scottish Pain Industry Group has no comment to make on this question.

**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.**



As a general comment, we do feel that some objective measurement of the potential models is useful in order to ascertain which models and/or interventions deliver the best value for money to NHSScotland and the best service possible for patients. This should be supported by ongoing measurement against pre-determined, clear and measurable objectives to ensure that the model is delivering as it should. We suggest that the model and its outcomes be reviewed annually.

**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.)**

The ABPI Scottish Pain Industry Group has no comment to make on this question.

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

The ABPI Scottish Pain Industry Group has no comment to make on this question.

**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?**

The ABPI Scottish Pain Industry Group has no comment to make on this question.

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

The ABPI Scottish Pain Industry Group has no comment to make on this question.

**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.**

The ABPI Scottish Pain Industry Group has no comment to make on this question.

**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?**

The ABPI Scottish Pain Industry Group has no comment to make on this question.



**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.**

We welcome and are encouraged by the work done by the Scottish Government and NHSScotland over the last few years in addressing the issues around Chronic Pain. The appointment of the Lead Clinician, development of the SIGN guideline and the Scottish Service Model for Chronic Pain, the National Pain Steering Group, the pump-prime funding for MCNs/ SIGs in each NHS Board and that each NHS Board will have a specific plan for management of chronic pain from 2014-15.

We acknowledge that if all NHS Boards use the Scottish Service Model for Chronic Pain, then the Scottish Specialist Intensive Pain Management Programme may be used by very small number of patients in Scotland. It is vital that the Scottish Government ensure implementation of the Scottish Service Model for Chronic Pain within each NHS Board.

The HIS audit quite clearly showed that pain services were very different across the individual NHS Boards in Scotland, with many patients not referred to secondary care; it is therefore of paramount importance that primary care services are improved and that MCNs/SIGs are established and operate effectively. It is equally important that NHS Boards consistently deliver against the Scottish Service Model for Chronic Pain, implement the new SIGN guidance when launched in December 2013 and follow the BPS algorithms, potentially reducing the number of patients who would access the Scottish Specialist Intensive Pain Management Programme.