### **NACCP 26 May 2021**

New Framework on Chronic Pain Service Delivery – next steps



#### Actions to date

- Sep 20: Recovery Framework
- Sep 20: Review NACCP, Patient Ref Group
- Oct-Dec 20: Engagement with Health Boards
- Jan 21: First round feedback on Driver Diagram
- Feb 21: NACCP meeting 1
- Feb 21: Second round feedback on Driver Diagram
- Mar 21: Submission to Ministers
- Apr May 21: Evidence and policy review
- May 21: NACCP meeting 2



#### **Next steps for Framework**

- June 21: Secure approval from new Ministers
- Summer 21: Continued evidence gathering
- Summer 21: Community engagement; EQIA
- Autumn 21: NACCP/ stakeholder feedback on draft Framework
- Autumn 21: Public consultation + analysis
- Winter 21/22: Publication
- 21/22: Planning for implementation

#### **Ongoing:**

NHS remobilisation & improvement activities

#### Driver diagram → Framework

#### Focus on **improvement** ideas for:

- Better access to support
- Better treatment planning and outcomes
- Better information and understanding
- Better access to supported selfmanagement
- Remobilisation of services



- Are these ideas realistic?
- What might help accelerate their delivery and who is responsible?
- What should be a priority?
- What's missing?



# Ideas to improve <u>access to support</u> to manage chronic pain

- Improve coordination between NHS and local authorities/3<sup>rd</sup> sector in provision and planning
- Support greater collaboration and delivery between primary and secondary care partners
- Improve consistency of information and engagement between services and people with pain
- Provide support for people to engage with digital consultations and pain management services
- Support implementation and evaluation of new pathways/ tools to triage and manage waiting lists
- Increase opportunities for people with chronic pain to share feedback with local service



- Are these ideas realistic?
- What might help accelerate their delivery and who is responsible?
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# Ideas to improve treatment planning & decision-making for chronic pain

- Develop national information resources on treatment options and evidence
- Develop and promote care and support planning resources for chronic pain
- Identify opportunities for peer-led support on treatment options in clinical settings
- Ensure clinicians in all settings can access advice from local specialist pain team
- Agree national referral guidelines
- Improve collection of data on treatment outcomes



- Are these ideas realistic?
- What might help accelerate their delivery and who is responsible?
- What should be a priority?
- What's missing?



# Ideas to improve understanding & information about chronic pain

- Develop and deliver national public health campaign activities to raise awareness of chronic pain and its impact
- Develop national resources to provide up-to-date information for clinicians and people with chronic pain
- Ensure all new resources are fully accessible to all groups including those with sensory loss, other languages etc.
- Increase opportunities for people with chronic pain to share experience with healthcare professionals at all levels



- Are these ideas realistic?
- What might help accelerate their delivery and who is responsible?
- What should be a priority?
- What's missing?



# Ideas to improve access to supported self-management for chronic pain

- Embed self-mgmt. as part of any and all chronic pain activities
- Improve training and knowledge of self-mgmt. as part of healthcare professional training and professional development
- Promote national platforms to ensure local resources for people with chronic pain are mapped
- Promote best practice resources and approaches developed by specialist secondary and tertiary centres
- Increase post-discharge support to reinforce self-mgmt. learning
- Promote role of appropriate physical activity as element of selfmgmt. for chronic pain at all levels



#### **Actions**

- Continue to share ideas and feedback with Officials via <u>Clinical Priorities@gov.scot</u>
- Updates to follow on discussions with Ministers – priorities, timelines etc.
- Further input sought to inform drafting
- Opportunities to engage with EQIA, engagement events

