

# **Framework for pain management service delivery - implementation plan update**

**November 2023**

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## **Ministerial Foreword**

### **Jenni Minto MSP, Minister for Public Health and Women's Health:**

"I am delighted to present this updated Implementation Plan for the Scottish Government's Framework for Chronic Pain Service Delivery. By fulfilling our commitment to update the plan after its first year we have been able to reflect on our progress and renew our ambitions to help people living with chronic pain across Scotland.

"It is essential to recognise the profound impact chronic pain has on countless lives. It is not just a medical issue; it is a societal concern that demands an urgent and empathetic response. Chronic pain affects 1 in 5 of the Scottish population and can be a debilitating condition; having an effect on not only physical health but also having a significant impact on a person's mental health and wellbeing. I understand living with an incurable, long term condition can be deeply distressing.

"That is why the Scottish Government is continuing to take decisive action to address the priorities people with chronic pain have told us matter most to them. From ensuring the impact of their condition is recognised and that they are treated with respect and compassion, investing in development of our staff, this updated Plan sets out actions which will lead to meaningful improvement for people with chronic pain.

"Since the Implementation Plan was first published in July 2022, we have made important steps to help us deliver our shared vision. Some achievements since the publication of the initial plan that I am particularly proud of are the creation of a chronic pain informed care toolkit for all our health and social care staff, the updated NHS Inform pages and engaging with seldom heard voices through our Pain Panel.

"This plan sets out our continued ambition to deliver service improvements and create impactful change to help people living with chronic pain access the safest and most appropriate treatment for them. This is why we have renewed our actions which support our vision to improve their well-being and quality of life. As the Minister for Women's Health, it is important to recognise that chronic pain is reported more frequently in women and we acknowledge that there is a way to go to ensure, that especially for female-specific pain access to pain management services is equitable across the country.

"Hearing from those with lived experience of chronic pain to inform our work remains one of our priorities and we move into year two of the plan. We have built on the comprehensive engagement from prior to, and during, the first iteration of the Implementation Plan through a further stakeholder engagement window. The responses we have gathered from our stakeholders have directly informed the renewal of our proposals. I would like to take this opportunity to thank everyone who has been involved in sharing their experience and ideas to help inform this Implementation Plan update.

"Alongside the Cabinet Secretary for NHS Recovery, Health and Social Care, I will continue to engage and invite constructive challenge from all those who will join us

on this improvement journey. We are determined to make a difference to the lives of people living with chronic pain, and I look forward to sharing our progress to improve care, services, and quality of life for people with chronic pain in Scotland.”

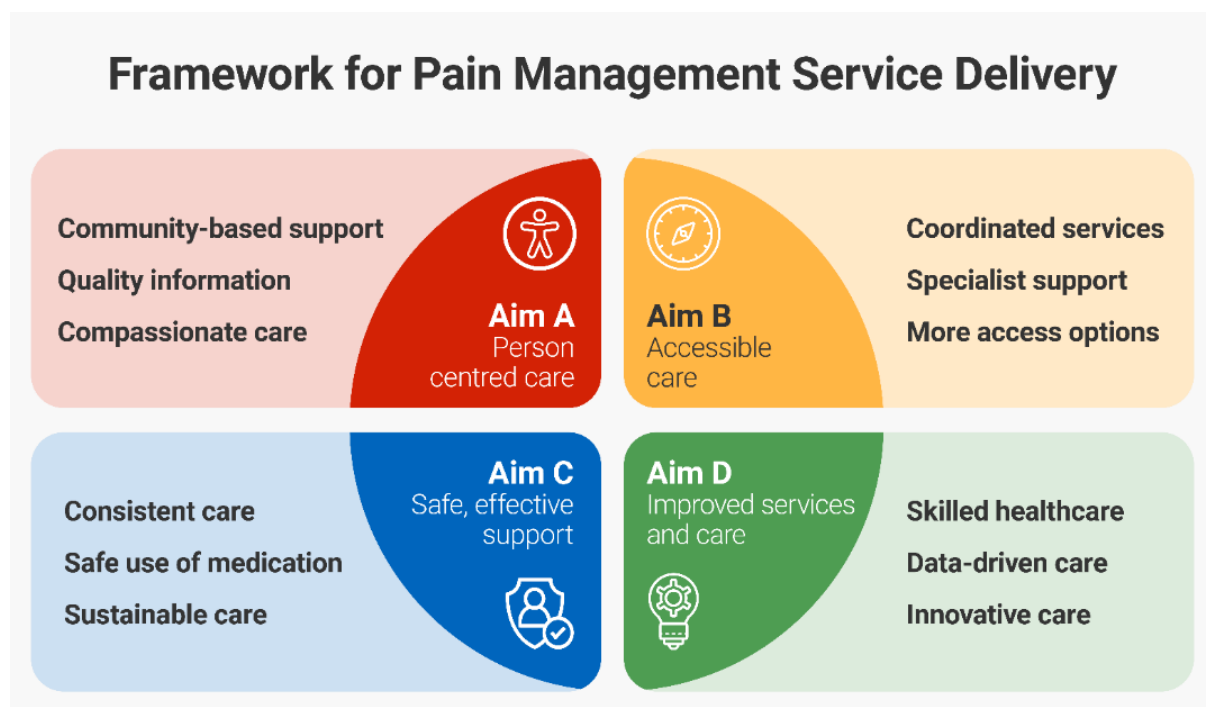
## Background

Chronic pain is pain that persists beyond normal injury healing time or recurs for longer than three months. It is a separate condition in its own right, and frequently presents alongside other long-term health conditions. Chronic pain can have a substantial impact on general health and wellbeing and is often described as a distressing experience.

## Framework for Pain management Service Delivery

A [Framework for Pain Management Service](#) Delivery was developed across 2021 following consultation with the National Advisory Committee for Chronic Pain (NACCP), people with lived experience of the condition and other stakeholders.

The new framework sought to improve on the existing Scottish Service Model for Chronic Pain as people with Chronic Pain reported they still did not experience consistent, high-quality care when seeking support for their condition. The Framework set out, for the first time, a national vision to improve their wellbeing and quality of life. It serves to improve standards of care and support and to inspire innovation through four aims.



### Aim A – Person Centred Care

We will improve the consistency and quality of the information and advice available to people with chronic pain, increase healthcare professionals' understanding of the condition and its impact, and deliver better access to a range of local options to support self-management and wellbeing.

### Aim B – Access to Care

We will enhance access to support for people with chronic pain by improving how local and national services are planned and delivered so people have a more consistent and better coordinated experience of care.

### **Aim C – Safe, effective support to live well with chronic pain.**

We will improve the choice and care outcomes from pain management support available to people with chronic pain by evaluating and promoting sustainable delivery of effective and evidence-based care.

### **Aim D – Improving services and care.**

We will invest in pain management services by improving workforce knowledge and skills, enhancing the use of data and research, and developing national standards to deliver more consistent care outcomes for people with chronic pain.

## **Framework for Pain management Service Delivery – Implementation Plan**

The Implementation Plan published in July 2022 set out 18 initial actions to deliver the Framework with estimated timeframes for delivery. Good progress has been made against these actions and the Short Life Working Groups (SLWGs) and Pain Management Networks established to support implementation continue to evolve and develop the current actions, supported by a robust governance structure.

### **Our response to engagement on the Implementation plan**

A commitment was made in the Implementation Plan to review the recommendations annually, through the governance structure and make further recommendations which would improve the lives of people living with chronic pain. This updated Implementation Plan sets out continuing and new actions and gives expected timescales for delivery.

We engaged with stakeholders regarding the first iteration of the Implementation Plan and suggestions for this update between May 2023 and August 2023. We facilitated engagement with key stakeholders and those with an interest in chronic pain to provide an opportunity to feedback directly to members of the Pain Management Task Force virtually or in writing or anonymously using a feedback form.

We are grateful for the time that respondents took to contribute and welcome their input towards shaping the new Implementation Plan.

There was a high level of support for the Aims and Commitments set out in the [Framework for pain management service delivery: Implementation Plan](#). There was also challenging, and constructive feedback provided regarding the current content and the opportunities an updated Implementation Plan could address to improve the lives of people with chronic pain. From our engagement we heard that the updated plan had to be specific in its aims, have measurable outcomes and have timescales for delivery. In response we have set out clear actions, included how outcomes will be measured, and estimated timescales for delivery.

Respondents also highlighted a need for transparent leadership and a greater need for lived experience involvement in the delivery of the plan. The existing governance structure has been revised and outlines the clear lines of accountability to Scottish Government Ministers.

## Progress on Actions

In the past year we have made significant progress against the initial 18 actions outlined in the [Implementation Plan](#). A summary of our progress is given below, for a more detailed breakdown of progress please see the [progress report](#) published on our website.

### Aim A – Person Centred Care



**Establish a national expert working group to oversee co-ordination and development of chronic pain information and resources.**

The group was established. The work of this group will continue in Action 1.



**Establish a Chronic Pain knowledge hub for healthcare professionals to promote understanding and learning on chronic pain.**

Expected launch in November. Work will continue in Action 2.



**Develop a pain informed care toolkit for healthcare professional to promote care in all settings.**

Levels 1 and 2 of the Knowledge and Skills Framework are currently undergoing evaluation. Work will continue in Action 3.



**Enhance coordination of community and third-sector support for people with chronic pain.**

A Third Sector Network was created and an agreed workplan was established. Work will continue in Action 4.

### Aim B – Accessible Care



**Identify local barriers, opportunities and priorities from users of chronic pain services.**

Work was commissioned from HIS. [Gathering views on chronic pain | HIS Engage](#) to inform the delivery of the Implementation Plan.



**Establish the NHS Pain Service Managers Network to improve co-ordination and planning of specialist pain services.**

The group was established in October 2022. The work of this group will continue in Action 6.



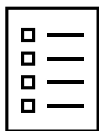
**Carry out a review of highly specialised pain services and enhance nationwide delivery of pain management programmes.**

This action was completed through work carried out by NSD.



**Deliver a new digital approach to improve the choice of people with chronic pain in how they engage with services.**

Pilot completed in NHS Highland and work underway to implement throughout Scotland. Work on this action will continue in Action 7.



**Convene a national expert working group to identify and scale up improved pain service planning and delivery.** Work will be carried into Year 2 of the Implementation Plan in Action 8.

## Aim C – Safe, Effective Support



**Update clinical guidelines for management of chronic pain to deliver evidence based care and support.**

National SIGN guidelines are currently being updated. Work will continue in Action 11.



**Promote safer, more effective prescribing for people with chronic pain.**

Polypharmacy guidelines are currently being updated to include chronic pain hot topics. Work will continue in Action 12.



**Delivering a national approach to specialist interventions for chronic pain.**

Scottish Health Technologies Group to agree to undertake review of pain injections to ensure evidence based safe, effective and equitable delivery across Scotland. Work will continue in Action 13.

## Aim D – Improved Services and Care



**Establish a national Multi-disciplinary Pain Education Group.** The group was established and is actively carrying out work related to actions in this plan.



**Deliver new pain management training pathways for specialist and non-specialist healthcare professionals.**

Credentialing work ongoing. Work will continue in Action 15.



**We will work with Public Health Scotland to improve how we capture and report national data on chronic pain.**

A group has been set up with PHS, clinicians and Board analysts ongoing. Work will continue in Action 16.



**We will gather data through the Scottish Health Survey to improve the planning and design of care and support for people with chronic pain.**

Data has been captured and is due to reported in December. Work will continue in Action 17.



**We will identify shared research priorities to enhance care and services.**

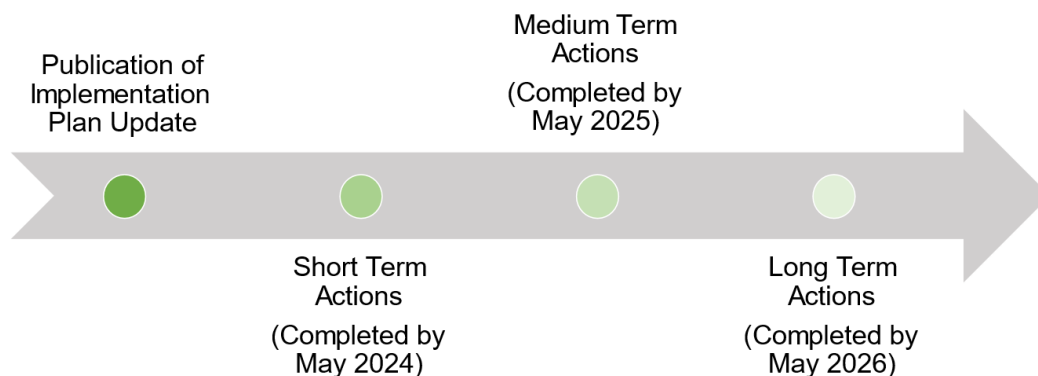
Work will be carried into Year 2 of the Implementation Plan in Action 18.



## Updated Actions

<b>Aim A – Person Centred Care</b>		
1	We will continue to develop chronic pain information and resources	Long Term
2	Establish a Chronic Pain knowledge hub for healthcare professionals to promote understanding and learning on chronic pain	Medium Term
3	Develop a pain informed care toolkit for healthcare professional to promote care in all settings	Medium Term
4	Enhance coordination of community and third-sector support for people with chronic pain	Long Term
5	We will work with people with lived experience to identify issues for public awareness.	Medium Term
<b>Aim B – Accessible Care</b>		
6	Improve co-ordination and planning of specialist pain services	Long Term
7	We will work with Health Boards to deliver a new digital approach to improve the choice of people with chronic pain in how they engage with services	Medium Term
8	Convene a national expert working group to identify opportunities for improving pain services and their delivery.	Short Term
9	We will work with the Scottish National Residential Pain Management Programme and relevant stakeholders to consider the services offered to ensure the programme best meets the needs of patients across Scotland	Medium Term
10	We will work with key stakeholders to consider the creation of National Standards for Chronic Pain Management	Medium Term
<b>Aim C – Safe, Effective Support</b>		
11	Update clinical guidelines for management of chronic pain to deliver evidence based care and support	Medium Term
12	Promote safer, more effective prescribing for people with chronic pain	Medium Term
13	Delivering a national approach to specialist interventions for chronic pain	Long Term
14	We will set up a SLWG to consider how national workforce planning solutions can help address challenges for the chronic pain workforce.	Short Term
<b>Aim D – Improved Services and Care</b>		
15	Deliver new pain management training pathways for specialist and non-specialist healthcare professionals	Medium Term
16	We will work with Public Health Scotland to improve how we capture and report national data on chronic pain	Short Term
17	We will gather data through the Scottish Health Survey to improve the planning and design of care and support for people with chronic pain	Short Term
18	We will identify shared research priorities to enhance care and services	Medium Term

## Timeline



We have set out our priority Actions where people with chronic pain have told us they wish to see rapid improvement. Many of these Actions are focused on improving the infrastructure underpinning the delivery of the information, services and support accessed by people with chronic pain. Other Actions begin the task of addressing more complex issues which are likely to be realised and implemented over a longer period.

Our approach is also informed by feedback from NHS staff, service managers, Health Boards and lived experience. We are mindful of the pace of change which is realistically possible in the coming months and year ahead and feel that this is reflected in Actions which are both impactful but proportionate.

### Aim A



#### 1. Develop chronic pain information and resources.

During the first year of the plan, we established a short-life working group to drive and oversee delivery of Aim A. This group provides a focus for evaluating existing resources at the local and national level and makes recommendations to ensure a more coordinated, national approach to chronic pain information and self-management tools and resources. This has included the improved and updated NHS inform pages driven by lived experience consultation. The group will continue their work to update the quality and consistency of information provided by Health Boards, to reduce duplication and build a collaborative, cross-sectoral approach to information provision and advice. This group will also focus on establishing a robust framework to support lived experience engagement both locally and nationally to

continue to drive forward local service innovation and national policy. All of the work undertaken by the group will have a focus on considering how to reduce existing inequalities in order to ensure wider promotion and easier access to the right information, at the right time, to enhance how people with chronic pain find and engage the support and services they need.

## **2. Establish a Chronic Pain knowledge hub for healthcare professionals to promote understanding and learning on chronic pain.**

The need to further promote awareness and understanding of chronic pain amongst the health and care workforce was identified in the creation of the Implementation Plan. To improve the consistency and quality of clinical care and advice provided to people with chronic pain, we are making it easier for healthcare professionals at all levels to access and navigate high-quality, up to date information and resources, through a national Chronic Pain Knowledge Hub. Underpinned by the work of the National Pain Education Group we are developing a 'one stop shop' national resource for healthcare professionals, service managers and other delivery partners. This will be hosted on the TURAS platform, NHS Education for Scotland's (NES) national platform which promotes health and social care professional learning and training and provides a tool that supports collection and sharing of best practice. TURAS accounts are open to anyone who works or volunteers in the public sector, including the third sector. It will also offer service planners and national networks a platform to share information which will support improved collaboration and shared planning to drive down unwarranted variation in care and service delivery.

## **3. Develop a pain informed care toolkit for healthcare professional to promote care in all settings.**

Given that chronic pain is often experienced alongside other health conditions, and that most people will access support from local, non-specialist health and care services, we will take action to increase awareness and understanding of pain and its impact amongst staff in all healthcare settings. We will build on the success of the Scottish Government's progress in [trauma-informed care](#) to deliver a package of measures to support a 'Pain-Informed' approach to the planning and development of health and care services. There is evidence to indicate that there are links between adverse experiences and the incidence and impact of pain, which similarly demand an approach to care that prioritises empathy and kindness in order for it to be effective. To inform this approach we will draw on the expertise of people with lived experience of chronic pain, healthcare professionals working in specialist and community pain services, the third sector and other key stakeholders. Together we will develop a knowledge and skills framework supported by training modules to enable staff across all sectors of health and social care develop the necessary skills to support people living with chronic pain more effectively. Delivering this Action, initially through our National Pain Education Group will lead to a better experience of health and care services, and more effective, person-centred care for people with chronic pain.

## **4. Enhance coordination of community and third-sector support for people with chronic pain**

People with chronic pain are already experts in managing the impact of their

condition on their everyday lives. However, we know that pain and its impact is often felt unequally across our society and there are many people who could benefit from additional support outwith public health and care services, to improve their quality of life. We will work with the third sector, and other community-based partners, to make it easier for people with chronic pain to access a choice of person-centred support in their local area. We will ensure alignment to other work underway to improve cross-sector working in relation to improve access to rehabilitation support and services. To support this action, we will continue explore opportunities to develop a network-based approach to third sector engagement to act as a forum to draw on the experience of charities already providing services and support to people with chronic pain. Together, and through participation in other working groups established to deliver the Framework, this Network will focus on the opportunities and challenges of delivering local person-centred care and working at the interface with Health Boards and local authorities. This work is intended to lead to a nationally shared approach to collaboration between public and third sectors at the local level to ensure a more sustainable relationship around commissioning and coordinating community-based support for people with chronic pain as part of health and care pathways. A report on the challenges faced by the third sector and a directory of resources will be published by the network.

**5. We will work with chronic pain experts to identify opportunities and develop ideas to target and raise public awareness of the condition.**

In our most recent phase of stakeholder engagement, we heard from the chronic pain community a desire for more public awareness of issues related to chronic pain. Varying from increasing awareness of managing symptoms to knowing when and where to get appropriate support. We will work with people with lived experience, clinicians and third sector partners to develop a proposal for a public health campaign informed by those who know the condition best to identify where there are opportunities to reduce health inequalities and educate and inform the public through a targeted campaign.

**Aim B**



**6. Improve co-ordination and planning of specialist pain services.**

There is further opportunity to improve coordination of care for people referred to specialist chronic pain services. We will continue to support the established Service Managers Network to promote shared planning and service development across Health Boards, with a focus on opportunities to address key shared issues, including resourcing, waiting times and financial challenges.

This Network will also engage with the Short Life Working Group (SLWG) for Aim B in order to ensure there is greater synergy and coordination between primary, community and specialist services. The Network forum will continue to evolve national dialogue between local specialist services and the Scottish Government to ensure a more rapid, supportive and collaborative response to the challenges of pain management service delivery.

#### **7. Deliver a new digital approach to improve the choice of people with chronic pain in how they engage with service.**

Remote Healthcare Pathways use digital monitoring technology to enable people to receive, record and share relevant information about their current health and wellbeing with public services. In partnership with the Scottish Government's Technology Enabled Care (TEC) Programme, people with chronic pain and local Health Boards, we piloted and evaluated a new 'digital pathway' at NHS Highland to enable people with chronic pain to use technology to engage with specialist pain services. This work was in line with the principles of the TEC Programme including inclusion, fairness, and choice to ensure no one is left behind in the design and delivery of new services and pathways.

The findings from the evaluation were shared at a national level and a plan made to implement the 'digital pathway' across all NHS Boards, to improve services and enhance the experience of people with chronic pain. Outputs from this work will continue to identify opportunities and challenges to digital delivery of care for people with chronic pain, including improved data collection and reporting, better service design and inclusive engagement of people with chronic pain in the services they use.

#### **8. Convene a national expert working group to identify opportunities for improving pain services and their delivery.**

It is accepted that demographic and geographic differences across the country inform how local services are delivered. However, a priority of this Implementation Plan is to ensure action is taken to reduce the unwarranted variation in experience and care faced by people with chronic pain. We have established a Service Managers Network to provide leadership, oversee and drive delivery of this Aim. This Network will evolve and be augmented with stakeholders who have clinical expertise of Chronic Pain alongside people with lived experience.

This group will continue to scrutinise differences in provision of local NHS and care services used by people with chronic pain to identify areas of best practice and opportunities for improvement. They will examine how the Scottish Service Model for Chronic Pain is currently being delivered across Health Boards to better understand the challenges and opportunities for service planning. They will continue to review previous work to improve the interface between community, primary and secondary care services, and identify opportunities for further tests of change and/ or scale-up of effective local pathways. This group will also make recommendations for increased collaboration across local, regional and national collaborative service planning, with the aim of improving the use of resources across clinical pathways and enhancing the sustainability of pain services and support at all levels. In addition, we will continue to work with the Centre for Sustainable Delivery to identify, develop and scale-up innovative approaches to pain management service delivery to

deliver higher quality, person-centred, sustainable services. This includes delivery of projects between the primary and secondary care interface and identifying which approaches should be rolled out nationally.

**9. We will work with the Scottish National Pain Management Programme and relevant stakeholders to consider the services offered to ensure the programme best meets the needs of patients across Scotland.**

The Scottish National Pain Management Programme (SNPMP), hosted by NHS Greater Glasgow and Clyde, accepts referrals from all Scottish Health Boards and provides highly specialised support for people with chronic pain. We will continue to work with the National Services Division (NSD) of NHS National Service Scotland (NSS) who commission, and performance manage national specialist services on behalf of NHS Scotland, and consider how the programme is delivered, to best meet the needs of people with chronic pain across Scotland and ensure its sustainability. This will involve those working within primary and secondary care alongside, people with lived experience and other relevant stakeholders.

This work is expected to identify opportunities to evolve the service and harness its expertise and skills to enhance service delivery and promote best practice of pain management programmes and supported self-management as a core element of clinical practice. This will provide a more consistent and higher quality experience of care for people with chronic pain in a broader range of settings.

**10. We will work with key stakeholders to consider the creation of National Standards for Chronic Pain Management**

We have heard from people with lived experience and other key stakeholders for the requirement to have National Standards for Chronic Pain Management that span Primary and Secondary Care. It is acknowledged that there are Core Standards for Pain Management services in the UK [Faculty of Pain Management Core Standards](#) and a National Clinical Guideline SIGN 136 for the Management of Chronic Pain [SIGN 168 guidelines in Scotland](#); National Standards will seek to draw best practice and guidance from these guidelines along with other sources of best practice.

To explore this action, we will establish a SLWG to look at the feasibility and the associated scope of creating National Standards. This SLWG will be created in conjunction with people who have lived experience, existing Chronic Pain Networks and SLWGs.

## Aim C



### **11. Update clinical guidelines for management of chronic pain to continue to deliver evidence based care and support.**

Scotland was the first country in the world to introduce national clinical guidelines to support non-specialist healthcare professionals deliver high-quality, evidence-led care for people with chronic pain ([SIGN 136 – Management of chronic pain](#)). The guidelines are based on systematic review of the scientific literature and aimed at aiding the translation of new knowledge into action. Since the SIGN 136 guideline was published in 2013 it has been reviewed once, to update content related to opioid prescribing for pain management. We have carried out initial work with the developing Pain Clinical Networks and the NHS Research Scotland Pain Steering Group to assess the requirement for a further update of the guideline. This has identified areas where there has been growth in the evidence for pain management approaches or treatment across a range of clinical fields, including physiotherapy, pharmacy and psychology. The update to SIGN has been agreed and the committee has been formed and met. At the first meeting the key questions to be addressed by the guideline were agreed and the sub-groups have been allocated. This will contribute to the continued improvement of standards of care for people with chronic pain and we will consider how to support successful dissemination and implementation of any output. In 2018 the Scottish Government Published its Quality Prescribing Strategy for Chronic Pain which will be revised in 2022. We also recognise the challenges presented by an absence of evidence, and the need to identify opportunities for ongoing collection and analysis of data, which has informed our approach to Aim D.

### **12. Promote safer, more effective prescribing for people with chronic pain.**

While there is evidence that rates are now decreasing, prescribing for chronic pain in Scotland increased by 66% over the ten years from 2006. Many of the commonly prescribed medications included classes of medicines for which there is less evidence for their prolonged use for non-cancer chronic pain, such as opioids and gabapentinioids. There are also other risks associated with their use, including dependence.

The Scottish Government has already taken action to improve the use of medication for chronic pain through the Quality Prescribing for Chronic Pain Guide for Improvement 2018 – 2021. Additional resources have already been developed to support the implementation and use of this advice, including patient information leaflets, prescribing checklists and tools to aid healthcare professional decision making. In order to ensure we continue to promote safe and appropriate prescribing of medication as an element of pain management strategies we will update the

Guide to reflect new evidence and emerging practice. This will help to ensure more appropriate consideration, prescribing and monitoring of pain medication.

### **13. Delivering a national approach to specialist interventions for chronic pain**

Healthcare professionals may consider specialist intervention, including injections, are offered for some patients with chronic pain, depending on individual circumstances and diagnosis. From our engagement with clinicians and people with chronic pain, it is clear there continues to be significant variation not only in provision of these treatments across Scotland. There is also debate on the factors contributing to this issue, and potential solutions, including workforce and staffing challenges, patient expectations and outcomes, and differences in clinical opinion on the efficacy of certain treatments.

This is a complex challenge and we are committed to working towards a more consistent, national approach to provision of specialist interventions for people with chronic pain. In this Action we will continue to build on previous and ongoing service improvement activity and expert guidance such as that from the Faculty of Pain Medicine. We will also seek to involve and consult the expertise of the new Pain Medic Network, other clinical areas and the views of people with chronic pain to drive progress on this issue. This will include assessing existing local provision and access pathways for specialist interventions, reviewing the evidence and requirement for guidance to inform and improve clinical practice and decision making and the potential for more standardised treatment outcome measures and assessment. This Action will also help to guide deliberation of opportunities for increased regional (e.g., mutual aid) and national pathways to improve the coordination and sustainability of services, as well as improving timely access to effective support for people with chronic pain. We have requested that Scottish Health Technologies, part of HIS, review the evidence base for specialist interventions. Any recommendations received from the group will be used to improve the quality and equity of services across Scotland.

### **14. We will set up a SLWG to consider how national workforce planning solutions can help address challenges for the chronic pain workforce.**

Stakeholder engagement has shown the need to build a sustainable chronic pain workforce fit for the future. We will continue to align with the vision of [The Health and Social Care: National Workforce Strategy](#) which sets out a series of commitments to recover, grow and transform the workforce, including shaping future training programmes to support the development of the pain management workforce. We will consider how national workforce planning solutions can help address capacity challenges for the chronic pain workforce. Working with stakeholders, we will also examine how workforce planning can improve delivery throughout and quality of services for people with chronic pain.

We will undertake work to create a baseline of the current chronic pain workforce and understand future pain workforce needs and opportunities to support implementation. This will help to ensure greater coordination and alignment of workforce actions to ensure they maximise benefit for people with chronic pain and those working in our health and social care services.



## Aim D



### **15. Deliver new pain management training pathways for specialist and non-specialist healthcare professionals.**

Rapid developments in medicine, including evolving technologies, treatments and care models require the healthcare workforce to have the right skills and qualifications to deliver these advancements and meet the future needs of patients. We will continue to support the delivery of new training pathways for chronic pain which recognise the prevalence of the condition, and to reflect the modern multidisciplinary nature of pain medicine.

The Scottish Government is working with the Faculty of Pain Medicine (FPM) and NHS Education for Scotland (NES) to support the development of new credentials for Pain Medicine Specialists. Credentials are discrete modules of learning, regulated by the General Medical Council or NES, which can be accessed flexibly by trained doctors at any stage in their career (e.g., after they have specialised in a particular field) and are based on patient and service need. The Pain Medicine Specialist credential intends to expand the knowledge and skills of a wider cohort of expert clinicians across anaesthetics, rheumatology, neurology, rehabilitation medicine and palliative care. The credential will be available both before and after completion of specialist training (pre-/ post-CCT) and for existing speciality grade clinicians.

Work is also underway to develop and implement a Credential for Advanced Care Practitioners in pain management for those working out with specialist services, including GPs, paramedics, psychology, AHPs and other related roles. These new training and development programmes will ensure a more holistic approach to pain medicine from a larger cohort of practitioners, increasing the quality of care available for people with chronic pain within and across a range of care pathways.

### **16. We will work with Public Health Scotland to improve how we capture and report national data on chronic pain.**

Chronic pain waiting times for specialist services are reported on a quarterly basis by Public Health Scotland (PHS). PHS has taken steps to increase the quality and transparency of the data available, with the waiting times report enhanced to provide a greater level of detail and a more complete picture of waiting times.

We have been working with PHS and NHS service and clinical leads to review this work to ensure there is appropriate oversight of pain service performance as models

of care continue to evolve. This has included evaluating the existing data collection and identifying opportunities to implement improvements in reporting to more appropriately and fully reflect the pathways patients now follow as they access chronic pain services. (See Annex A (3) for more detail).

**17. We will gather data through the Scottish Health Survey to improve the planning and design of care and support for people with chronic pain.**

Improved data collection on chronic pain at the population level supports a better understanding of the prevalence of the condition and its impact on wider society. For the first time, in December 2023, questions on chronic pain will be in the Scottish Health Survey which will help to provide a more detailed picture of the health of people with chronic pain and the other factors which impact on their quality of life and wellbeing such as other health conditions, physical activity and deprivation.

We will support dissemination of outputs from the survey data and will identify opportunities through delivery of the Implementation Plan to encourage improved decision making at the local, Health Board and national level. This includes understanding the barriers and opportunities for the use of local-level chronic pain data to guide how Health and Social Care Partnerships (HSCPs) and Integration Authorities (IAs) consider and address the needs of their local populations. We will also identify opportunities for the data to inform other health policies and cross-Government actions to ensure they take into account the needs of people with chronic pain. This Action will increase the profile of the broader spectrum of challenges experienced by people living with chronic pain in Scotland, and promote the design and delivery of more person-centred, effective care and services.

**18. We will identify shared research priorities to enhance care and services.**

Research on chronic pain has continued to improve standards of care and ensure an evidence-based approach to service design. In Scotland we benefit from a vibrant pain research community driven by the NHS Research Scotland Pain Network (NRS Pain). We will work with this network, and people with chronic pain to identify shared research priorities including those suggested from consultation on the Framework, to improve treatment, management, quality of life and wellbeing for patients.

## Governance Structure

### Task Force

The implementation of the Framework for Pain Management Service Delivery in Scotland is overseen by the Pain Management Task Force who report directly to Scottish Government Ministers (see Annex x). The role and remit of the Task Force is focused on implementation of the Framework by utilising programme and risk management methodologies to ensure successful delivery of the aims and commitments. During our recent stakeholder engagement, **we have heard** feedback that more can be done concerning keeping all stakeholders involved and informed throughout the process (see Annex A (2)). Our Governance structure has built stronger links between the existing Clinical Networks, working groups and the Task Force to increase communication and collaborative working.



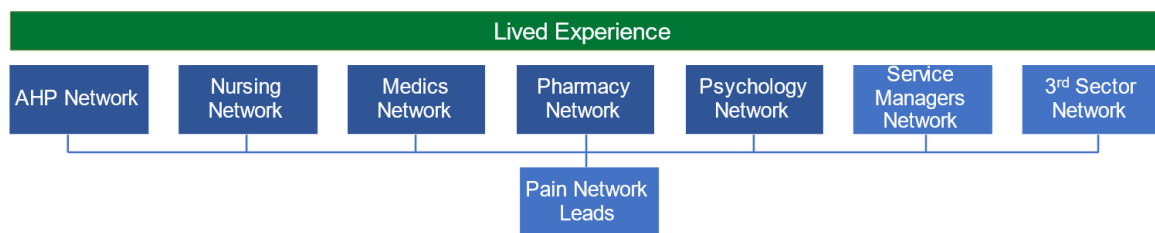
The permanent membership of the Task Force consists of Scottish Government Policy and Clinical Leads to provide clear lines of accountability and ensure rapid triaging, assessment and action against risks to delivery and implementation. Membership includes policy officials working in pain management, Realistic Medicine, Primary Care, Rehabilitation as well as our National Implementation Lead for Pain Management, the Centre for Sustainable Delivery and lived-experience representation. **We have heard** feedback calling for more lived experience representation on the Taskforce and will be appointing an additional member to represent people with chronic pain.



We are investing in the leadership required to help us, and the wider pain community, to identify, prioritise and agree activities at the pace that people with chronic pain have told us is required. A key element of this is the shift to working groups aligned to the Aims of the Framework with a clear mandate and responsibility to ensure appropriate engagement, consideration and recommendation of activities to drive progress. These Short-Life Working Groups (SLWGs) will be tasked with delivering the Actions for each of the specific Aims. The Chairs of the Groups will also be co-opted onto the Task Force whilst their groups are operational. Recruitment of Chairs and Group membership will reflect the expertise, experience and diversity of skills required to deliver the Actions for each Aim set out in this Plan.

### Our Networks

This Governance Structure recognises the existing work programmes of each of the National Clinical Networks. We have also established a Service Manager Network, a third-sector network, a pain medic and Pain Management National Network Leads group. Individual Network leads will be paramount to aligning their work programmes to the Short Life Working Groups. This will ensure multi-disciplinary input across all professional groups working in pain management services throughout Scotland. **We have heard** feedback from stakeholders and will be facilitating better connections between our networks and people with chronic pain as required.



### Involving people with lived experience

The ethos of Realistic Medicine is that the person receiving care should be at the centre of decision making through meaningful conversations about what matters most to them, with a shared understanding of what healthcare might realistically contribute to this. It is therefore vitally important that we place people with lived experience of chronic pain at the very centre of this Plan.

### Lived experience inclusion to date.

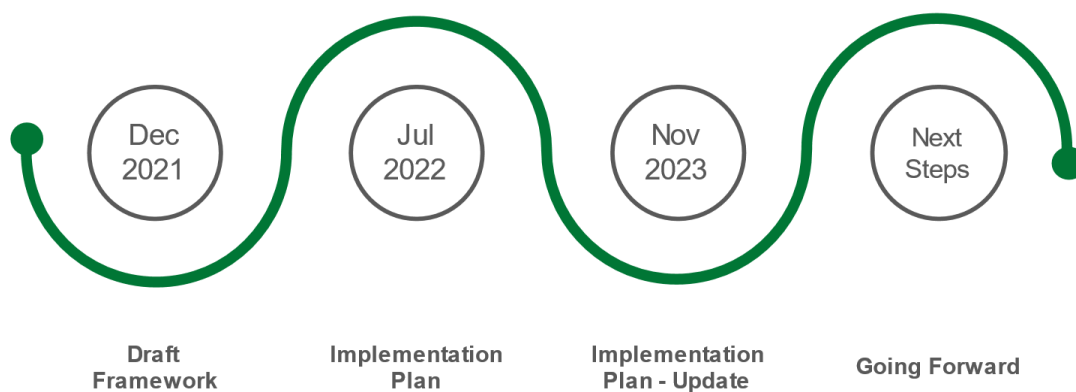
Previous Governance models for Scottish Government chronic pain policy have involved people with lived experience in a variety of methods – including individual representation, a wider reference group of lived experience and elected representatives.

Public consultation on the [draft Framework](#) was carried out between December 2021 and February 2022. The Scottish Government commissioned independent analysis of the consultation responses which was been published alongside the initial [Chronic Pain Implementation Plan](#).

During the first year of the Chronic Pain Implementation Plan we commissioned an independent organisation to recruit, support and engage a diverse cross-section of people with chronic pain across Scotland. The need to amplify the voices of groups

of people who may be impacted by persistent pain but typically overlooked when it comes to engagement was highlighted in our Equality and Impact Assessment which showed people from socio-economic deprivation, older people, and certain ethnic minority backgrounds have been under-represented to date. The group looked at the services and information available for people living with chronic pain. [A report outlining the work on services](#) and [a report outlining the work around information needs](#) were published online.

Further, a [HIS Gathering Views](#) report gave a national perspective of the key issues of people with chronic pain and carers in their local area. This report helps inform national and local approaches to implementation that will increase the chances of successfully delivering meaningful improvement of local pain service delivery.



Informed by the [Participation Framework](#) we will look to understand what questions still need answers and the best engagement plan to do this to ensure we are continuing to include people with lived experience most effectively. See Annex A (3) for more information on how we will keep stakeholders informed.

We are also committed to monitoring and reviewing the performance of the Governance structures as they are delivered. This includes ensuring we are appropriately involving and engaging the views of all stakeholders through the proposed Networks, Groups and Lived Experience structures. In addition, we will take a risk-based approach to delivery of the Framework, with clear processes to escalate emerging issues or concerns raised by stakeholders through our Governance structure and Task Force.

## **Annex A: Response to Feedback**

### **(1) Investment**

We are implementing this strategy in a very challenging fiscal context. Using funding from the chronic pain programme budget we continue to directly fund the Scottish National Residential Pain Management Programme, as well as work on the on the provision of the quarterly waiting times statistics, the chronic pain workstream being undertaken by the Centre for Sustainable Delivery, and clinical and expert leadership to develop and deliver the actions in the plan.

The [Scottish Budget](#) delivers funding for community and primary care health services such as GP practices where the vast majority of people with chronic pain seek support. Funding which has been used specifically for the assessment and treatment of chronic pain differs across NHS Health Boards based on local population needs.

The Scottish Government's role is to set the strategic policy for the NHS in Scotland. NHS Boards and healthcare professionals locally have responsibility for both service delivery and people's care.

### **(2) Reporting Progress**

We have heard from stakeholders during our recent engagement that there is interest in following the progress of the implementation of the actions outlined in the plan. We are in the process of updating the chronic pain pages on the Scottish Government website and publishing the minutes of the Task Force to ensure transparency of the work we are undertaking to meet our commitments.

Additionally, we will be providing updates via our newsletter which will be issued on a rolling four-month basis. You can sign up for the newsletter at the following link: [Chronic Pain Newsletter](#).

An annual report on progress towards the strategic Aims and Actions identified in this plan, will be published, to allow ongoing oversight and reporting of progress. We will develop a comprehensive strategy to provide clear and accessible communication of the Framework, progress against our Aims, and opportunities to be involved in delivery of its Actions where appropriate. This will help to foster stronger relationships across the chronic pain community and enable individuals and organisations at all levels to better co-design care and support in line with the needs and expectations of people with chronic pain in Scotland.

### **(3) Publication of waiting times data for return appointments**

A recurring theme in the feedback from people with chronic pain has been an interest in the publication of waiting times data for return appointments, which is not currently available. Waiting times for first appointments to clinician led chronic pain appointments are currently reported every quarter on the PHS website, [Publications - Public Health Scotland](#). Action 16 concerns working with PHS to improve how we

capture and report national data on chronic pain, the current focus of which is to review and improve waiting times data for first appointments. We are considering the feasibility of collecting and reporting national data on waits for return appointments.

#### **(4) Reducing Inequalities**

During our engagement sessions our stakeholders said it was essential to ensure equity of access for chronic pain services across Scotland regardless of, for example, gender, location or information access needs.

We are updating our Equality Impact Assessment which will inform the implementation of the actions outlined in this plan and the work of our Networks and SLWGS

#### **(5) Feedback**

During the engagement sessions which informed this update, we heard that it was important to stakeholders there is a process to give ongoing feedback.

If you have feedback regarding the Implementation Plan, please email: [chronicpain@gov.scot](mailto:chronicpain@gov.scot) (please note we won't be able to respond to each e-mail individually but will analyse key themes and consider for future planning).

If you have feedback regarding your care:

You may wish to consider sharing your experience of the care you have received from the NHS via [Care Opinion](https://www.careopinion.org.uk). Care Opinion is an independent website where patients, their carers or family members can tell other people about their experiences of healthcare services. NHS Boards are alerted to stories posted about services in their area and are encouraged by the Scottish Government to post responses stating what they have done in light of what patients have said. Its aim is to make it easier for people to give feedback and for NHS Boards to get those opinions to the people who need to see them and ultimately, to make services better. You can share your story online at [www.careopinion.org.uk](https://www.careopinion.org.uk) or if you would rather do that by telephone, the number is 0800 122 3135.

#### **(6) Evaluation**

We will produce a policy evaluation framework which will set out a shared understanding of how we measure the impact of individual policies on people living with chronic pain.

This will namely be around; setting common definitions, identifying patient outcomes, setting the rationale for data collection and presenting options for measuring impact.

At the end of the process, evaluation provides feedback, recognises achievements that have been made, identifies ways of improving and supporting evidence-based decision making.



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This publication is available at [www.gov.scot](http://www.gov.scot)

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The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-83521-577-7 (web only)

Published by The Scottish Government, November 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS1380434 (11/23)

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