

 **The Scottish Government**

# **Developing a National Model for Chronic Pain Services in Scotland**

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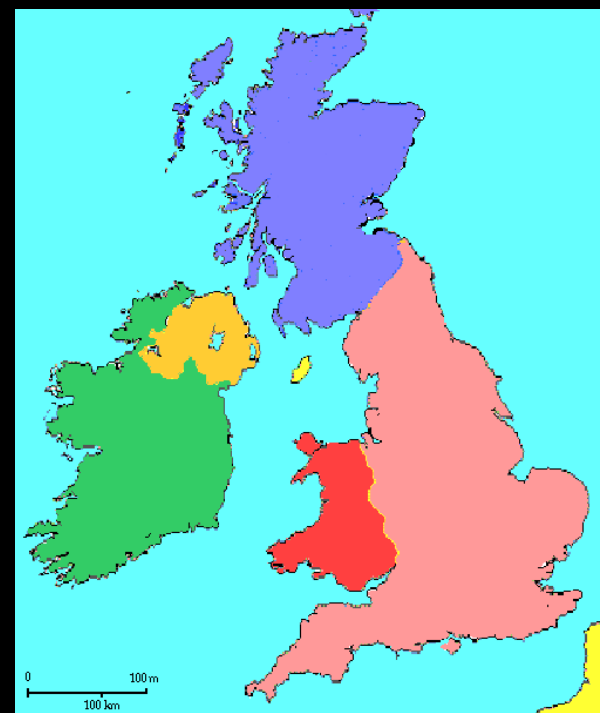
Professor of Primary Care Medicine

University of Aberdeen, Scotland

on behalf of

**Dr Pete MacKenzie**

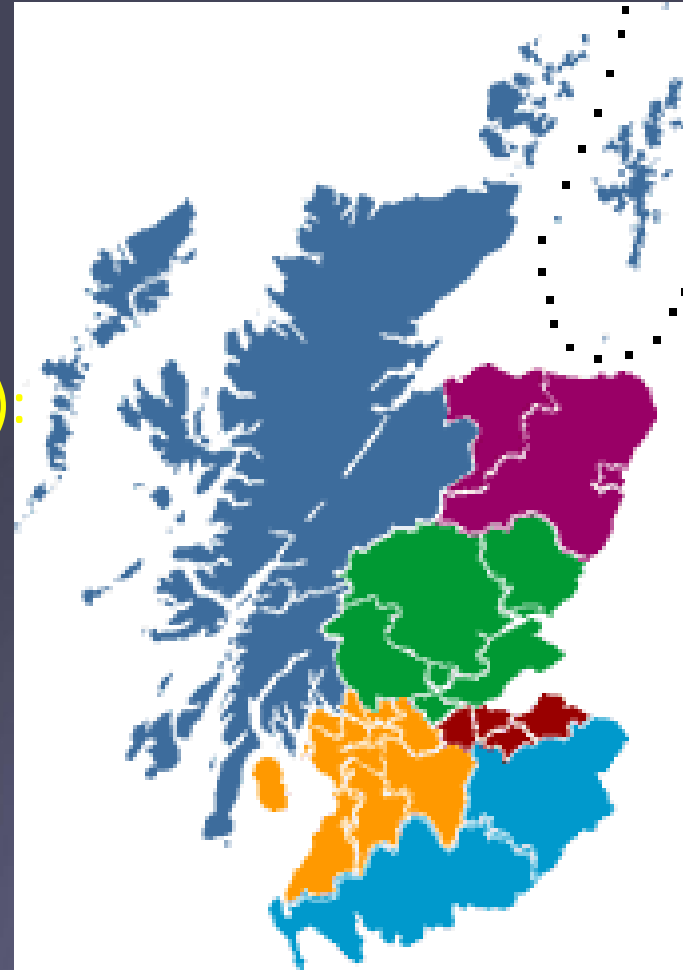
Scottish Government Lead Clinician for Chronic Pain



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## Scotland:

- Population 5.1m, but distributed
- Based on current estimates (SIP symposium):
  - ❖ 1,000,000 people with chronic pain
  - ❖ 250,000 people with NeuP
  - ❖ 800,000 people affected by musculoskeletal (MSK) conditions
  - ❖ Annual cost to Scottish economy:
    - ❖ Back pain and healthcare: £100m
    - ❖ MSK and benefits: c. £2bn





# The Scottish Government

## Prevalence of chronic pain

### Grampian Study, NE Scotland

**“Intermittent or continuous pain or discomfort, present for at least three months”** IASP, 1986; Purves *et al*, 1998

- 82% corrected response rate (n = 3605 )
- adult population prevalence of **46.5%**
- adult population prevalence of **5.6% “severe chronic pain”** (Chronic Pain Grade IV: high intensity, severely disabling)
- Adult population prevalence of **8.2% “pain of predominantly neuropathic origin”** (S-LANSS +ve)

Elliott AM, *et al*. *Lancet* 1999; Smith BH *et al*. *Family Practice* 2001; Torrance N, *et al*. *J Pain* 2006



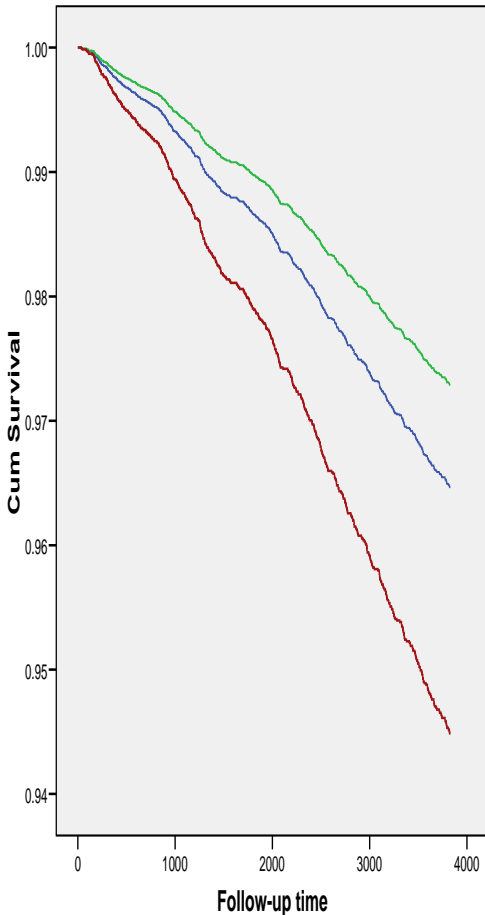
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Torrance *et al*, *Eur J Pain* 2010

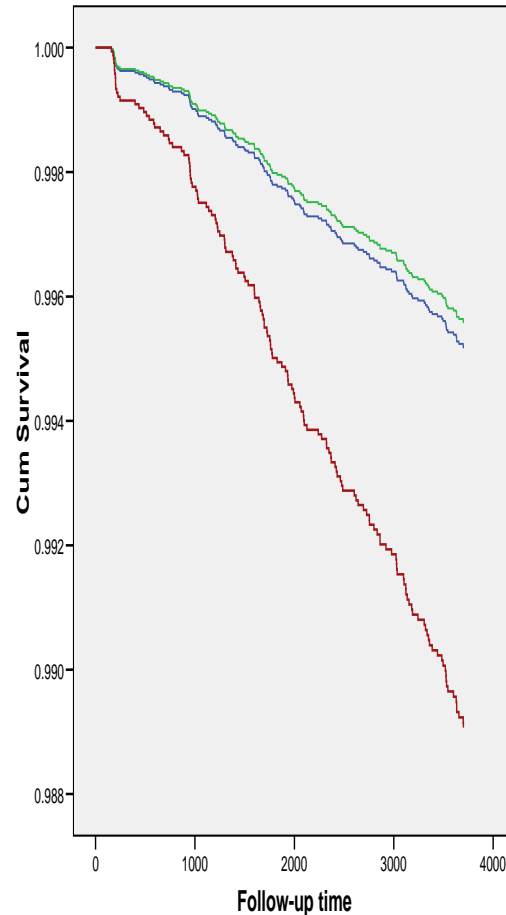
All Circulatory  
System Deaths

All Respiratory  
System Deaths

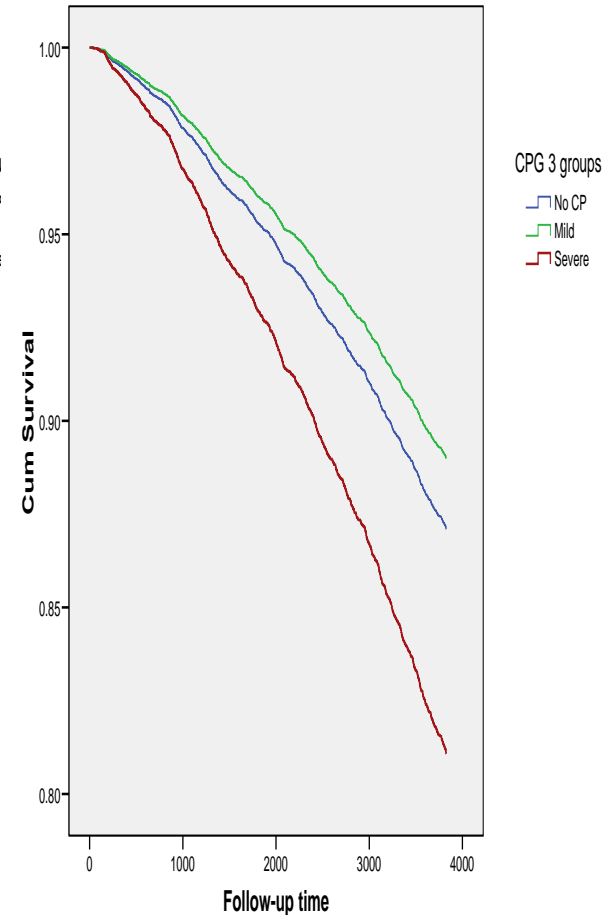
All cause  
mortality



CPG 3 groups  
— No CP  
— Mild  
— Severe



CPG 3 grou  
— No CP  
— Mild  
— Severe



CPG 3 groups  
— No CP  
— Mild  
— Severe

# The Scottish Government

## NHS in Scotland

- Responsibility for health devolved to Scottish Government
- NHS funded from taxation
- Resources allocated to NHS Boards (14 geographical, 5 Special, including NHS Quality Improvement Scotland and NHS Education for Scotland)
- Unified system: NHS Boards commission and provide services
- Regional Planning Groups (3) for more specialised services
- Separate funding and governance arrangements for social care (local authorities)

# The Scottish Government

## NHS in Scotland: Structure

### Primary Care

- illness first presents
- most illness managed
- “gatekeeper” function
- preventive function



### Secondary Care

- hospitals

### Tertiary Care

- regional centres

# The Scottish Government

## Developing a model– Background (1)

- *Management of Patients with Chronic Pain* (National Medical Advisory Committee, 1994)
- *Services for Patients with Pain* (UK Clinical Standards Advisory Group, 2002)
- *Chronic Pain Services in Scotland* (Professor James McEwen, 2004), issued as Health Department Letter (HDL) (2004) 48





# The Scottish Government

## McEwen Report (2004)

- Chronic Pain to be recognised as an entity in its own right (and pain services to remain distinct from palliative care)
- Strategic approach by NHS, linked to voluntary sector provision
- National forum to drive quality improvement and devise standards
- NHS Boards to review services, identify lead clinician for chronic pain and establish service covering acute and chronic pain
- Potential for Managed Clinical Network approach, to link hospital, primary care and community services

# The Scottish Government

## Developing a model – Background (2)

- NHS Quality Improvement Scotland approached by Cross Party Group, Royal College of Anaesthetists and North British Pain Association to catalyse change
- NHS QIS Best Practice Statement *Management of Chronic Pain in Adults* (2006)
- NHS QIS produces *Getting to GRIPS (Getting Relevant Information and Pain Services) in Scotland – The “GRIPS report”* (2007)

# The Scottish Government

## **GRIPS Report: Priority Action Points**

- Scottish Government to designate chronic pain as long term condition in its own right, and encourage chronic pain MCNs
- NHS Boards to develop referral pathways from primary to tertiary care
- Develop a core dataset for audit and quality assurance
- NHS Education for Scotland to develop competency framework for chronic pain staff
- NHS QIS to consider developing clinical standards for secondary care chronic pain services

# ☒ The Scottish Government

## Scottish Government Response

“I am happy to give a commitment that the Scottish Government does indeed recognize **chronic pain as a long term condition in its own right**”

**Nicola Sturgeon**

Deputy First Minister, and

Cabinet Secretary for Health and Wellbeing

May 2008



# The Scottish Government

## Scottish Government Response

- Chronic pain recognised as long term condition in its own right
- Development of services included as specific action in Long Term Conditions Action Plan (June 2009)
- Funding provided to develop chronic pain MCN in NHS Greater Glasgow & Clyde (population c. 1m)
- NHS Boards expected to implement GRIPS report recommendations
- Scottish Government Lead Clinician for Chronic Pain appointed (May 2009) and recognised as CMO Specialty Adviser in Chronic Pain

# The Scottish Government

## Lead Clinician work to date

- Chronic Pain Steering Group established: multi-disciplinary, with patient and voluntary sector representation
- Agreement for Lead Clinician, with North of Scotland Planning Group, to develop service model (August 2009)
- Link between service model for MSK conditions and chronic pain agreed
- Integrated service model agreed at national meeting and then by RPG Chief Executives' Sub-Group (December 2009)
- NHS Education for Scotland Primary Care Learning Needs Assessment and online training commissioned

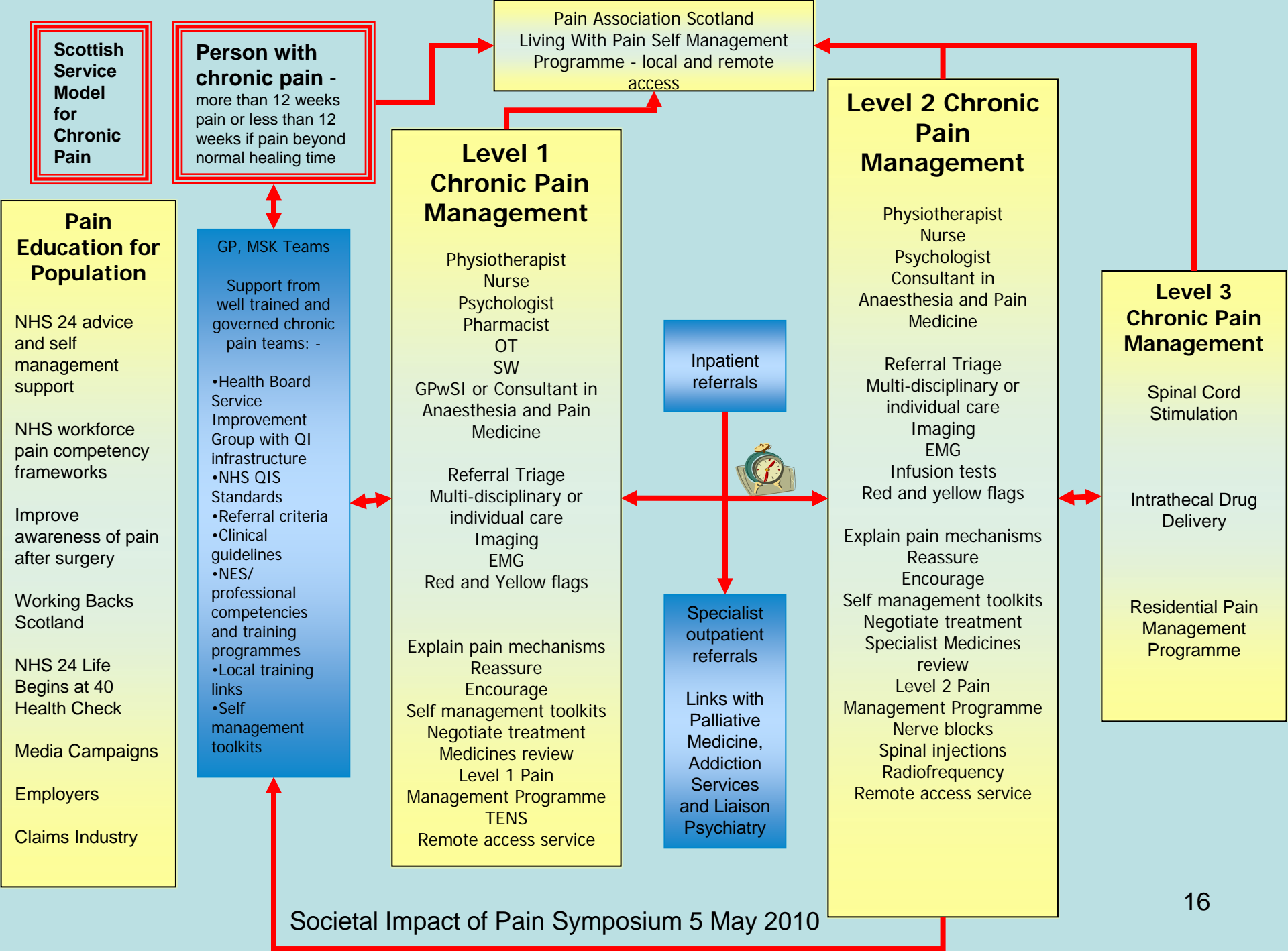


# The Scottish Government

## Key Aspects of the Model

- Based on Kaiser Permanente chronic conditions pyramid
- Role of pain education at population level
- Community pain management programmes linked to voluntary sector provision
- Triaging of patients for access to hospital and specialist services
- Inpatient referrals: triggers 18 weeks waiting time guarantee
- Spinal cord stimulation service and intrathecal drug delivery to be developed at regional level
- Links to other services (palliative medicine, addiction services, liaison psychiatry)







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## Links to Other Policies

- Scottish Government Quality Strategy
- Self Management and 'Mindfulness' aspects of long term conditions work
- 'Shifting the Balance of Care' (level 1 and 2 programmes require local availability)
- 18 week Referral to Treatment guarantee
- National Framework for Adult Rehabilitation
- *Equally Well* – health inequalities work
- Cost effectiveness (30% reduction in healthcare costs; 60% reduction in social costs) (Thomsen et al 2002)

# The Scottish Government

## Next Steps

- Secure agreement of all NHS Board Chief Executives to implement service model
- Improve data and audit, including funding of PainPad
- Consider developing a residential facility in Scotland?
- Roll out achievements from chronic pain MCN in NHS Greater Glasgow & Clyde
- Develop improvement plan for chronic pain, including clinical guideline and clinical standards, and learning needs assessment



# The Scottish Government

## Chronic Pain Steering Group

### Research Sub-Group

**Aims:** To promote the aspirations that:

- clinical practice in managing chronic pain is informed by current research
- current research in chronic pain is relevant to clinical practice

**Objectives:**

- Cataloguing current research in chronic pain in Scotland
- Creating a network of researchers active in chronic pain in Scotland
- Dissemination of relevant research findings from researchers in Scotland to clinicians, patients and managers working in chronic pain
- Dissemination of findings of relevant research to health service policy makers, highlighting relevance to current and future policy
- Identification of research priorities relevant to the Chronic Pain Steering Group
- Supporting research working towards these priorities
- Provision of current evidence-based advice to clinicians and others working in chronic pain in Scotland

# The Scottish Government

## Thank you for listening

- Acknowledgements, include
  - Pete McKenzie
  - Will Scott
  - Sean Docherty



# Integrated MSK and Chronic Pain Pathway

