

Chronic Pain Consultation

In relation to the 4 framework aims where might we focus next, in year 2 of the Implementation plan? Please feedback in relation to each of the four aims:

Aim A - Person centred care

Action 1: Establish a national expert working group to oversee coordination and development of chronic pain information and resources

Action 2: Enhance quality and access to chronic pain information on NHS Inform.

Action 3: Establish a Chronic Pain knowledge hub for healthcare professionals to promote understanding and learning on chronic pain

Action 4: Develop a Pain Informed Care toolkit for healthcare professionals to promote care in all setting

Action 5: Enhance coordination of community and third-sector support for people with chronic pain

RCGP Scotland welcomes the opportunity to respond to this consultation. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

In Scotland, as in the rest of the United Kingdom, for most people suffering from chronic pain, the management and treatment of their condition will almost entirely be managed by their GP. Current challenges faced by GPs managing chronic pain include a lack of available workforce to undertake this work; challenges with managing patient expectation around chronic pain management; lack of secondary care support available to assist with this work and a scarcity of easily accessible resources for patients.

People with chronic pain often approach health services and their GP seeking an explanation for their pain, and treatment to reduce the severity of their pain, but purely biological explanations for chronic pain are often inadequate, and the chronic pain itself can be very difficult to treat. People may benefit from being signposted to written or online resources about their condition, or peer support from people like them, to help them think through their needs and options. Enhanced guidance for patients, such as via NHS inform, may help inform sufferers and carers of services available to them as well as further information regarding chronic pain itself.

Aim B - Access to care

Action 6: Convene a national expert working group to identify and scale-up improved pain service planning and delivery

Action 7: Identify local barriers, opportunities and priorities from users of chronic pain services

Action 8: Establish the NHS pain service managers network to improve coordination and planning of specialist pain services

Action 9: Carry out a review of highly specialised pain services and enhance nationwide delivery of pain management programmes

Action 10: Deliver a new digital approach to improve the choice of people with chronic pain in how they engage with services

Aim C - Safe, effective support to live well with chronic pain

Action 11: Update clinical guidelines for management of chronic pain to deliver evidence-based care and support.

Action 12: Promote safer, more effective prescribing for people with chronic pain.

Action 13: Delivering a national approach to specialist interventions for chronic pain.

'Wellbeing hubs' can signpost to wider community support networks including peer groups, voluntary sector and sometimes commercial organisations, such as gyms, swimming pools and sports clubs. Some will directly provide services such as weight management, smoking cessation, alcohol support services, low level support for mental wellbeing and physical activity programmes.

Many people with chronic pain draw upon the support of family and friends who are their carers. It can be hard work to be carer for a person with chronic pain, and many carers may benefit from further support. Local authorities have a duty to commission support services for carers, usually from voluntary sector organisations. These services can include respite care, assisting carers to access full range of support for the people they are caring for as well as meeting their own needs. Examples could include carer peer-support groups, and activities for carers who themselves have become socially isolated.

Many primary care organisations now employ social prescribing link workers within the practice who are able to provide a holistic assessment of the needs and capabilities of people living with pain and can also signpost to a large range of services including those in the voluntary sector, that may provide support for people with pain.

Deprescribing is an often difficult but important process for patients and is best managed by strong continuity of care between a GP and patient.

Aim D - Improving services and care

Action 14: Establish a national multidisciplinary Pain Education Group.

Action 15: Deliver new pain management training pathways for specialist and non-specialist healthcare professionals.

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

Action 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.

Action 18: We will identify shared research priorities to enhance care and services

Most of the services and support that people with chronic pain may benefit from already exist in some form, in most local areas. In many cases however the services may not explicitly recognise their role in supporting people with chronic pain. Likewise, health and care professionals working in general practice may not be confident that these services are available locally, and able to support people with chronic pain.

Wielding the full capacity and potential of the multi-disciplinary team is crucial to further improving pain management for patients, but to enable this we need more physios in chronic pain to deprescribe. Pain clinics exist but are very medical, pain management programs involving psych (?), behavioral approaches but only available for a small number. GPs.

Some GPs will have hundreds of patients experiencing chronic pain, who are prescribed opioids, with many of these prescriptions being longstanding or started by others. GPs will struggle to take on the additional workload described in the guidance without additional support. We would like to see quick intervention pain programmes explored which could consist of brief sessions with therapists to provide explanation and support for other approaches to pain management and access to some of the psychological supports mentioned, which are often restricted. The pain programmes that are currently offered tend to provide very specialist care for those with severe problems. There is little support available outwith practices for those with moderate needs or for those who need support as they reduce opioids.

Palliative care approaches are good in Scotland; however, this only caters to a small number of those suffering from chronic pain.