

## A Framework for Recovery of NHS Pain Management Services – September 2020

### Principles

- Recognition that pain has a significant impact on people's quality of life and that they have the right to a choice of support and services to help them manage their wellbeing, including access to specialist care.

- Care for individuals with chronic pain is delivered as safely, efficiently and sustainably as possible while recognising that the health system, including pain services, will be delivered differently as a result of Coronavirus (Covid-19).

### Priorities

- Pain Management services should be seen as essential in any plan to remobilise the NHS.

- In phase 3 of the route map services should continue to resume multidisciplinary activity as an urgent priority, prioritising those people with most acute needs and taking account of the impact to their quality of life.

- Waiting lists are reviewed and both face to face initial outpatient and repeat day surgery/outpatient appointments are triaged in line with clinical guidance, recognising the importance of taking account of an individual's overall needs.

- People awaiting treatment should be contacted to advise them about the changes applicable to their local service, their treatment options (including third sector support services and self-management resources) and the expected time frame for their next appointment.

### Planning

- NHS Boards and partners should develop contingency plans that communicate to people how services will support them to manage their pain should national/ local lockdown measures be re-introduced to combat a surge in the transmission of Covid-19.

- NHS Boards, Health and Social Care Partnerships and third sector organisations/ charities should work together collaboratively to increase access to care and support for pain management for people in the community and primary care.

- People's choice about how they access specialist care and support for pain management will be enhanced with inclusion of digital technology as part of clinically safe and faster pathways.

### Protection

- Appropriate arrangements should be made to resume services safely for patients and staff, taking account of national guidance on infection control and prevention, as well as mental health and wellbeing.



John Harden, Deputy National Clinical Director  
Chair of the National Advisory Committee on Chronic Pain

Over the last year, people across Scotland have had to deal with the significant impact COVID-19 has had – on their home, work and social life. While the NHS in Scotland has been on an emergency footing, and continues to rise to the challenges posed by the pandemic, people have also had to endure the effects of lockdown on their quality of life and wellbeing.

This is especially true for people with chronic pain who may already have been experiencing many challenges in their day to day lives, and reliant on access to services and support to help them manage their condition. Furthermore, some people will have experienced or even developed persistent pain as a result of the interruption lockdown had on their normal activities.

NHS Scotland remains committed to resuming the full range of pain management services as soon as it is safe to do so. It is, however, important to note that some areas are still facing restrictions as a result of the ongoing efforts to control the virus. Furthermore, the specialist skillset of the pain service workforce has been required as part of the frontline response to COVID-19.

While these are not insignificant challenges to our efforts to safely re-mobilise services for people with chronic pain, we are acutely aware how essential these services are for people's quality of life. As we remobilise services, we are placing importance on people's quality of life alongside clinical prioritisation, taking a person-centred approach to people's holistic needs. This Recovery Framework therefore specifically focuses on the priorities and objectives for the recovery of pain management services and is underpinned by principles to ensure people have choice and access to the care they need when they need it as soon as is safely possible.

This Recovery Framework also requires NHS Boards to clearly set out what actions they are taking to restart their pain services and to identify opportunities to improve and enhance the support available to people with chronic pain in their locality. This will include harnessing the digital progress seen in recent months and offering virtual or telephone consultations to support pain management where possible and appropriate.

This is the first stage in our commitment to develop a new Framework for Chronic Pain Service Delivery next year, as recently outlined by the First Minister in the Programme for Government 2020-21. In addition, I am leading a review of the National Advisory Committee for Chronic Pain to ensure there is a greater focus to its work and increased opportunity for people with chronic pain to be involved in decisions about the services they use. Together, this work aims to deliver improved care and support for people with chronic pain across all conditions and healthcare pathways to improve people's quality of life and wellbeing.

## Introduction

In June 2020 the Scottish Government circulated a discussion document to stakeholder groups to gather views about the resumption of pain management services in Scotland. The aim was to stimulate a national discussion to inform local and regional planning. It drew on [national guidance on COVID-19](#), including the [Framework for Decision Making](#), the [route map](#), the [Re-mobilise, Recover and Re-design framework](#), personal protective equipment (PPE) and the [prevention of infection](#), as well as guidance issued by professional bodies such as the [Faculty of Pain Medicine](#) (FPM) and the [British Pain Society](#) (BPS).

This Framework has been produced by the Scottish Government and informed by the [feedback we received](#) to the discussion document. It also recognises priorities identified within the [Scottish Access Collaborative report on Chronic Pain](#), feedback received through the recent [Modernising Patient Pathways Programme survey](#) and priorities highlighted by the [Chronic Pain Lived Experience Group](#) (being facilitated by the Health and Social Care Alliance).

In summary, this feedback clearly highlighted that a lack of access to pain management support and services during the COVID-19 pandemic had a significant impact on people's mental health and quality of life. This impact was compounded by the fact that many people were experiencing [waiting times over 18 weeks for their first treatment appointment](#). While waiting times for return consultations are not currently reported regularly, anecdotal evidence suggests these waits often exceeded clinical recommendations for frequency of treatment. When describing their priorities for remobilising pain services, people with chronic pain identified improved access to self-management information and support, the importance of shared decision making and communication and barriers they experience in accessing virtual appointments.

From a service provision perspective, NHS Boards and pain management clinical leadership outlined a number of key barriers and opportunities to support safe and rapid remobilisation of services. These included staffing constraints in delivery of specialist pain management due to re-deployment to frontline COVID-19 roles, clinical safety and infection control concerns in treatment settings as well as increased use of technology to support both clinical decision making (especially multi-disciplinary working) and on-line education and support for self-management.

Both groups were in agreement that remobilisation and restarting of pain services provides an opportunity to help rebuild chronic pain provision across the NHS. Shared goals from both patient and clinical stakeholders included the opportunity to reduce variation in services between NHS Health Boards, to provide improved communication both to patients and within the NHS itself leading to better experiences and outcomes, and increased involvement of people with chronic pain in both their own care, and national decision making about the services they use.

The Cabinet Secretary for Health and Sport has written to NHS Boards to set out her expectations of them in response to this Framework, which will ensure prioritisation of a safe and rapid remobilisation of pain management support across Scotland.

## Principles

We are beginning to understand more about the likely long term physical and psychological effects of the disruption to NHS services caused by the Covid-19 pandemic, and the measures put in place to minimise its spread. These are wide ranging and as yet unquantified but initial feedback from people living with pain indicates they feel their quality of life has been adversely affected. For many this may be because they could not access facilities during lockdown, such as health and leisure amenities, that usually support them to manage their pain, and/or that their routine NHS treatments were cancelled. It is likely that Covid-19 itself will add further to the [prevalence](#) and [severity](#) of chronic pain in the Scottish population.

Alongside ensuring our NHS can meet the needs of urgent and essential care during exceptional circumstances such as pandemics, we must acknowledge that living with chronic pain can be extremely distressing and debilitating, and presents a significant quality of life need. Furthermore, people should have access to a range of support to help them manage their pain to improve their wellbeing. NHS Boards and Health and Social Care Partnerships should therefore factor this into clinical prioritisation and the allocation of resources/ facilities to resume services while maintaining capacity for the Covid-19 pandemic.

It is important to also recognise the health system has changed dramatically in response to the pandemic and will continue to adapt how services are provided and accessed. Where clinically appropriate, and accessible by the individual, digital technology is recognised as being integral to new pathways.

In resuming pain management services there is an expectation that they will be considered part of Boards' essential care provision, and remobilisation will be undertaken in line with advice issued by the Faculty of Pain Medicine, as well as its ['Core Standards for Pain Management Services in the U.K'](#), [Realistic Medicine](#) policy and clinical guidelines such as [SIGN 136](#). We will work with service users and providers to facilitate a consistent national approach to prioritisation and pathways.

## Priorities

Waiting times across pain management services were, in many areas, in excess of national waiting time targets pre-pandemic. The re-deployment of many consultant anaesthetists, nurses, psychologists, physiotherapists and other specialist staff from pain services during lockdown is expected to place additional pressure on waiting lists as services resume.

However, pain management services should be prioritised and treated as essential care, both for those who have been referred to specialist pain services and those awaiting elective treatment for the primary cause of their pain.

Through their [Mobilisation Plans](#), NHS Boards should clearly set out the steps they will take to ensure the rapid and safe remobilisation of chronic pain services as an urgent priority. These plans should encompass a number of key priorities including:

- how plans enable patients to access the pain treatment they require, alleviate the backlog of referrals to pain services and take quality of life into account as part of clinical prioritisation
- their assessment of immediate pain management needs of those people waiting for elective care (outside of those already referred and waiting to see specialist pain services) that would benefit from additional care and support for pain, and what their plans are to ensure this is provided in a timely and appropriate way

- in the event of further national/ local lockdown measures, their local (and regional) contingency plans to ensure pain management is recognised as an essential service with continuing provision for specialist pain management, including medical procedures

NHS Boards should identify opportunities to rebuild and resource pain management services by utilising new technology, guidance on clinical best-practice and developing and strengthening links between regional and national clinical leadership and policies to improve patient outcomes.

The Scottish Government will continue to support NHS Boards to address these priorities and to ensure Boards recognise how vital pain management services are to quality of life, especially when people may face substantial delays for treatment for the primary cause of their pain (for example, a hip or knee replacement).

## Planning

Third sector organisations in particular have adapted how they provide support during lockdown and used alternative methods such as virtual/online group education and peer support. Evaluation of these should help NHS Boards and Health and Social Care Partnerships to work collaboratively across sectors to re-design patient pathways and to improve accessibility, recognising the effects of the pandemic will restrict face to face access to services, including hospital-based pain clinicians.

Nationally we will support this by using [co-production methodology](#) to engage with local, regional and national stakeholders to reach consensus on optimal pain management pathways to improve health outcomes and minimise harmful variation. Pain management models need to be sustainable; building people's resilience and value of self-management and reducing people's long-term reliance on specialist services and treatments that demonstrate low clinical efficacy for persistent pain.

We will enable a 'Once for Scotland' approach, evolving the current Scottish Service Model for Chronic Pain and publish a new Framework for Chronic Pain Service Delivery in 2020-21, as part of our Programme for Government 2020-21. The membership and remit of the National Advisory Committee will be reviewed and refreshed as part of this work through a co-production approach with stakeholders and partners.

## Protection

NHS Boards should ensure robust plans are in place to ensure the safety of patients and staff. This may mean the timely return of clinical spaces that have been diverted to other uses due to Covid-19. Alternatively it may require the re-location of services to different premises if the original accommodation will not be available in the short-term or the space would not enable services to resume safely in line with national and clinical guidance.