Person With Chronic Pain

Scottish Service Model for Chronic Pain

- Explain pain mechanisms, Reassure and Encourage, Self-management toolkits
- Negotiate treatment, Medication & non Pharmacological Treatment

Education & Support for Population

- Voluntary sector, e.g. Pain Concern, Back Care, Arthritis Care etc
- NHS Scottish Bats: Working Health Services Scotland
- NHS 24 advice and self-management support
- MSK teams: NHS Workforce pain training
- Improve awareness of pain after surgery
- Life Begins at 40: Health Check: Pharmacist & GP

Referral Triage

- Multidisciplinary & individual care
- Red & Yellow Flags

Inpatient & Specialist referrals

- Links with Palliative Medicine
- Addiction Services
- Liaison Psychiatry

Education

Specialists

Clinical Nurse Specialists, Physiotherapist, Occupational Therapist, Pharmacist, Psychologist, Support Worker

Level 1 Chronic Pain Management

- GP
- Level 1 Pain Management - less complex patients - shorter duration of pain

Level 2 Chronic Pain Management

- Consultant: Pain Medicine
- Nerve blocks/interventions
- Level 2 Pain Management - Specialist Multidisciplinary Team

Level 3 Chronic Pain Management

- Spinal Cord Stimulation
- Intrathecal Drug Delivery
- Level 3 Intensive Pain Management Programme

AIMS

- Self Care, Recovery, Better Health & Ability, Living well with pain, Return to normal

Potentially beneficial for people with:

- Chronic Pain
- LLI,ssociation
- Scotla1d Localsupport
- Living with Pain Self Management Programme

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- 2012

Stephen Gilbert Nov 2012
CONSULTATION QUESTIONS

Preferred Option

**Question 1: Which is your preferred option?**

Option 1 – Designated specialist service model  [ ]
Option 2 – Development of a national Managed Clinical Network  [☐]
Option 3 – Participation in a national Multi-Disciplinary Team  [ ]
Option 4 – Development of a Regional approach  [ ]

We would like to better understand the reason why you have chosen this option. The following questions aim to provide you the opportunity to provide further information in support of your choice.

**Question 2: Do you consider that your preferred option will offer superior clinical outcomes?**

Yes [☑] No [ ]

**Question 3: Do you consider that your preferred option will offer increased cost effectiveness?**

Yes [☑] No [ ]

**Question 4: Do you consider that your preferred option is the best model in achieving a service which is deliverable?**

Yes [ ] No [☑]

**Question 5. Do you feel that your preferred option will offer most benefit to the wider delivery of chronic pain management services in Scotland, for example the opportunity to develop skills?**

Yes [☑] No [ ]

If you have answered No to any of the questions above, please provide your reasons in the box below.

Comments are also welcomed here if you feel that any of the other options (please state which) would meet the needs described at Questions 2 through 5.

Comments [Handwritten text: This is just a deep question, a completely irrelevant chronic pain management programme. Therefore, I definitely this option is redundant.

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Question 6: Are there any other options which you feel should be considered that have not been included in the options presented?

Yes ☐ No ☑

Question 7: Are there any other elements which should be included in a SIPMP which have not been identified in the current model?

Yes ☐ No ☑

If you have answered Yes to Question 6 and/or 7 – please provide further information in the box below.

Comments: Equity of Access

A key aim of developing services is to ensure that there is equity of access across Scotland. Information at pages 11-12 of the consultation paper provides explanation of some of the points to consider. A full Equality Impact Assessment (for further information, please see Chapter 5 of the consultation paper) will be carried out on the preferred option identified through this consultation. To help inform this assessment, the following questions aim to seek views in this area.

Question 8: What are your views on using tele-health facilities to consult with specialist pain clinics?

Comments: Very little. This should be done on a short term basis not as an overall commitment. Be sure to have a designated £ amount budget for this if progress.

Question 9: What consideration should be given to potential travelling time / distance / costs? For example, how far/long would it be reasonable for someone to travel to access a SIPMP?

Comments:

Question 10: Is it reasonable that participants wait longer to access SIPMPs if delivered in Scotland because of smaller numbers of referrals?

Yes ☐ No ☑

Comments:
Question 11: What would be an acceptable time to wait to ensure that a participant joins the most appropriate SIPMP, for example one that is age or condition specific?

Comments: Condition specific not age.

Question 12: Should the current service provided in Bath be retained to ensure availability of patient choice?

Yes ☐ No ☐ It should be phased out after say a three year period.

Question 13: Should participants of SIPMPs be offered the opportunity for their immediate carer/support provider to join the programme?

Yes ☐ No ☑

If you have answered Yes to Question 13, please provide further information in the box below. How do you feel the costs should be met – for example, through the NHS as part of the participants clinical costs, or through carer funding?

Comments: Is it essential from a patient perspective that the carer/support provider is not allowed to attend?

Question 14: If residential accommodation is required to participate in an SIPMP, this would be considered by the Equality Impact Assessment. As part of this assessment, are there any points you would specifically wish to be considered, for example distance from the point of delivery, cost, type of accommodation?

Comments: Privacy always be given a high priority under equality equal conduct.

Local Skills, Resources and Capacity

Question 15: Options 2-4 provide three different models for the delivery of services at a local level. Do you feel that local teams have the skills, resource and capacity to deliver SIPMPs for Scotland locally?

Yes ☐ No ☑

If you have answered No to Question 15, please provide additional comments in the box below. For example, did this influence the choice of your preferred option?

Comments: This did not influence. No may be an increase in resource to deliver. Do we know figures but to cost/savings yet seen. Patient & Rural should be added to the Scotland Chronic Pain Treatment Buck.
Provision of Information

Question 16: What level of information should be provided to a potential participant? For example, should participants of SIPMPs receive copies of the clinical guidelines used by clinicians?

Comments

Commissioning and Governance

Question 17: Are there any other safeguards that should be included in any other commissioning agreement, for example, travel costs?

Comments

Business Impact Regulatory Assessment

Published with this consultation is a partial Business Impact Regulatory Assessment (BRIA) – for further information, please see Chapter 6 of the consultation paper. Once the preferred option is known, further consideration will be given as to the necessity (or not) of completing a full BRIA.

Question 18: In terms of potential impact of the models described in this consultation, are there any comments you would wish to be considered in terms of impact on any organisation that may be affected? This could include public sector, private sector or voluntary organisations.

Comments

If you wish to add any further comments regarding the issues raised in this consultation paper, please use the box below.

Comments
HOW TO RESPOND

The Scottish Government are inviting written responses to this consultation paper by 8 September 2013.

Please send your completed Respondent Information Form and completed questions (see “Handling your Response” below) to:
specialistpainservices@scotland.gsi.gov.uk

or to Alan Burns, The Scottish Government, Clinical Priorities Team, Area GER, St Andrews House, Regent Road, Edinburgh, EH1 3DG.

Handling your response

The Scottish Government need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form as this will ensure that the Scottish Government treat your response appropriately. If you ask for your response not to be published, the Scottish Government will regard it as confidential and treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002, and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public and after the Scottish Government have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library and will also be published on the Scottish Government Consultation web pages.

You can make arrangements to view responses by contacting the Scottish Government Library on 0131 244 4556. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and a report compiled of the findings. An announcement on the chosen model to move forward with will then be made by the Cabinet Secretary for Health and Wellbeing in October 2013.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the Scottish Government at the address noted at the top of this page.