

# **Framework for Pain Management Service Delivery (Draft for consultation)**

**December 2021**



**Scottish Government**  
Riaghaltas na h-Alba  
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The Scottish Government is committed to equality and diversity. This draft Framework is intended to support improvements in healthcare for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice through the draft Framework should be interpreted as being inclusive of everyone living in Scotland. We have carried out assessments for likely impact of the Commitments in the Framework on the nine equality protected characteristics as stated in the Equality Act 2010, including the Fairer Scotland Duty. Summaries of these exercises are available in Annex A accompanying this document and we invite feedback on this and other evidence on inequalities that should be considered as part of this consultation exercise. We also intend to carry out engagement activity during the consultation with island communities and children and young people to further explore the potential impact of the Framework policies and inequalities faced by these groups.

## Contents

Foreword .....	4
Framework 'at a glance' .....	5
Delivery of Aims .....	5
Who is this framework for? .....	6
Why take action? .....	6
The impact of the COVID-19 pandemic.....	8
Aims of the Framework .....	10
Aim A: Person-centred care .....	10
Aim B: Timely Access To Care.....	12
Aim C: Safe, Effective Treatments .....	15
Aim D: Improving Quality of Life and Wellbeing .....	18
Implementing and measuring progress of the Framework .....	23
Case Studies.....	24
Consultation Questions .....	29
Annex A: Draft Equality Impact Assessment and Fairer Scotland Duty.....	34
Responding to this Consultation.....	43
References.....	47

## **Foreword**

We are committed to improving the quality of life and wellbeing of people in Scotland, to enable them to enjoy healthy and independent lives. For many people living with chronic pain, this means accessing care and support that can help them to overcome challenges in the way pain impacts their day to day activities. I am therefore pleased to share the draft Framework for Pain Management Service Delivery for public consultation.

We know everyone's experience of pain is unique, and people need support that addresses their individual needs. We will take action to improve access to information people need to understand their condition, to make informed decisions and choices about their care, and to be empowered to manage its impact on their physical and mental wellbeing.

Our aim is to inform and inspire collective action and collaboration between people with chronic pain, healthcare workers, service planners, the third-sector and other partners to deliver the improved care and support people with chronic pain require. We will work with local partners and people with chronic pain to enhance the planning of how and where pain management services are delivered, including using digital technology, to improve access to the right care, at the right time. This will build on our world-leading guidance on safe and effective management to provide more consistent access to effective and sustainable treatment options for chronic pain across the country.

This consultation on the draft Framework comes at a crucial time, given the continued impact of the COVID-19 pandemic on both people with chronic pain and the services they use. Our shared experience over the past 18 months has demonstrated the importance of ensuring our public services are adaptable, sustainable and well-resourced. The Framework intends to support pain management services to achieve these goals by empowering its workforce, enhancing the use of data, and ensuring research and best-practice is implemented to improve care.

I would like to take the opportunity to thank everyone involved in developing this draft Framework including people with chronic pain, healthcare practitioners, charity partners and the National Advisory Committee for Chronic Pain. I welcome the feedback, ideas and opportunities shared as part of this public consultation, and ask that you support and contribute to our shared vision to improve the lives of people with chronic pain in Scotland.

**Maree Todd MSP**  
**Minister for Public Health, Women's Health and Sport**  
**December 2021**

## Framework ‘at a glance’

Our shared vision is to ensure timely access to effective, safe and person-centred care that improves the quality of life and wellbeing of people living with chronic pain in Scotland. The Framework focuses on the needs of adults with chronic pain, which is defined as persistent or recurrent pain lasting longer than three months.<sup>1</sup>

### VISION:

Person-centred, effective and safe care that improves the quality of life and wellbeing of people living with chronic pain in Scotland.

### AIMS

#### **Person-centred Care**

Ensure access to appropriate information and support based on an individual’s needs

#### **Timely Access to Care**

Support people to access the care they need, when they need it

#### **Safe, Effective Treatments**

Ensure people have a choice of effective treatments

#### **Improving Quality of Life and Wellbeing**

Invest in training, data and research to improve care and support

## Delivery of Aims

It is intended that these Aims will set the groundwork for better outcomes for people with chronic pain. Examples of how we will deliver on the aims include:

- Improve access to **self-management resources** for people with chronic pain
- We will work with services, charities and people affected by chronic pain to **identify opportunities to agree national referral guidelines** to ensure timelier access to appropriate care.
- Work with healthcare professionals at all levels to **identify their training and resourcing needs** enabling them to provide improved care for people with chronic pain.
- Agree a **national approach to highly specialised pain management** interventions in Scotland to reduce variation and enabling people to have a more consistent experience and better outcomes.
- We will **analyse and collect national data on chronic pain and its impact** in order to inform improved understanding, planning and provision of support for people with chronic pain.

## **Who is this framework for?**

1. This framework is for people living with chronic pain and those who treat or support people living with chronic pain. We want to ensure that people in Scotland have a clear understanding of what chronic pain is, about what matters to people living with chronic pain and how their needs can best be met. The Framework covers what the Scottish Government is doing or will do to achieve this in collaboration with NHS Scotland, local authorities and other key partners.

## **Why take action?**

### **What is chronic pain?**

2. We all experience pain as part of a normal response to injury or illness and treatment of the underlying medical issue or condition may resolve the pain. However, pain may persist beyond normal tissue healing time, or in some cases has no identifiable underlying cause. Chronic pain is pain that persists or recurs for longer than three months. It is a separate condition in its own right, and not merely an accompanying symptom of other diseases.
3. Chronic pain is a common condition and estimates suggest it affects between one third and a half of adults in the UK.<sup>2</sup> In Scotland it is estimated that 5% report severe chronic pain, which impacts their daily activities and quality of life.<sup>3</sup>
4. Chronic pain can affect many aspects of day to day life and wider health. Chronic pain can be associated with poorer mental health including depression, anxiety, fatigue and sleep issues.<sup>4</sup> People with chronic pain are also more likely to report lower life satisfaction and poorer quality of life compared to those without chronic pain.<sup>5,6</sup>
5. Chronic pain also has an impact on people's ability to be (or remain) in work, with conditions such as back pain accounting for a significant proportion of sickness absence and economic cost in the UK.<sup>7,8</sup>
6. People with chronic pain report that their condition also impacts their social and family life.<sup>9</sup> Loneliness can also be experienced by people with chronic pain, with some evidence that social isolation and may increase the impact and interference of pain.<sup>10</sup>
7. Prevalence estimates for chronic pain in young people vary widely, and pain can often be a component of other conditions affecting children.<sup>11</sup> However there is some evidence to suggest that there is a lack of information and training resources on pain and its management for professionals working in paediatric services.<sup>12</sup> Work is currently underway to assess the current status of paediatric pain management services across Scotland with the aim of identifying opportunities to further improve support for children with chronic pain and their families. Outcomes for this group will be delivered in partnership as part of cross-

cutting government policy work on paediatric care and the transition to adult services, and not in this Framework.

### **Inequalities and chronic pain**

8. The impact of chronic pain is felt unequally in our society. Through the development of the Framework we understand that the experience of chronic pain, its impact and access to support varies across Scotland which needs to be addressed.
9. There are a range of factors which appear to be associated with an increased risk of developing chronic pain, including demographic, psychological and clinical factors.
10. Chronic pain is frequently found alongside one, more other long-term health conditions in people of all ages, and across all deprivation levels.<sup>13</sup> As with other long-term conditions, chronic pain is more frequently reported amongst people in lower income groups.<sup>14</sup>
11. Research suggests social disadvantage, trauma and psychological stress also increase people's risk of developing chronic pain. Other life stresses, for example adverse childhood experiences (ACEs), are also associated with a higher risk of developing chronic pain.<sup>15</sup>
12. There is also evidence that women experience more chronic pain than men.<sup>16</sup> More research is required to understand the chronic pain experiences of lesbian, gay, bisexual and transgender (LGBT) people, who may have poor health experiences more generally.<sup>17</sup>
13. As we consider the implementation of the Commitments of this Framework, we will seek to address the inequalities faced by people with chronic pain, both historic and those arising and exacerbated by the COVID-19 pandemic.

### **What action has already been taken?**

14. Scotland was the first country in the world to [develop comprehensive guidelines on the assessment and management of chronic pain](#). In addition to the full guideline, [a quick reference guide for healthcare professionals](#) and a [booklet for people with chronic pain, their families and carers](#) are also available.
15. Scotland has also developed a [National Service Model for Chronic Pain](#). The Model was intended to communicate a multi-level approach to care for people with chronic pain where access to healthcare or other support appropriately reflects the impact of the condition. However, people with chronic pain and those involved in their care have told us that further action is needed to deliver the Model and its intended outcomes.

16. Prior to the COVID-19 pandemic, [work was also carried out to identify challenges in service provision and generate ideas for sustainable improvement of care and support](#) for people with chronic pain. The NHS Centre for Sustainable Delivery (CfSD) Modernising Patient Pathways Programme (MPPP) has taken forward many of these recommendations and has provided support for a range of improvement projects across Scotland.
17. [Case study examples of system and service improvement activities are available at the end of the Framework.](#)

## **The impact of the COVID-19 pandemic**

18. The COVID-19 pandemic continues to have an unprecedented impact on all NHS and care services. As with those in the rest of the UK, pain management services in Scotland were, and unfortunately continue to be significantly affected by the pandemic.<sup>18</sup>
19. Restarting chronic pain services remains a priority for the Scottish Government. This Framework will seek to build on the principles and priorities outlined in the NHS Recovery Plan published in August 2021 which sets out our plans for health and care over the next five years and is backed by more than £1 billion of investment over the next five years. We want this Framework to guide Health Boards and other providers as they continue to rebuild pain management support.
20. While most procedures and in-person appointments were paused in the early stages of the pandemic, NHS Scotland Health Boards began to resume these services during summer 2020. Many used this opportunity to explore new models of service delivery as part of their activities to safely resume services. Over the past 12 months, data for first outpatient appointments at pain clinics shows there have been increases in the number of people referred and a decrease in the number of people waiting longest as these services have remobilised. However, we know many people continue to face lengthy waits to be seen for pain management support, including those awaiting repeat appointments.
21. In line with the [Scottish Government's overarching approach to NHS remobilisation](#), we sought feedback on the priorities for restarting pain management support from people with chronic pain and those providing pain services. This informed the development of a [Framework for Recovery of NHS Pain Management Services](#) which set out the Government's expectation that pain management services should be prioritised in Health Board remobilisation planning.
22. The Framework will also provide further support for existing activity already underway to support people experiencing chronic pain both as a direct, or indirect result of the pandemic. Pain has been recognised as a key factor in informing clinical decision-making, with Health Boards expected to take into account its



impact and exacerbation when prioritising those awaiting treatment. Work was also carried out to provide information and support to those who may be experiencing issues such as pain while they were awaiting elective care during the pandemic.

23. The direct and indirect links between the pandemic and pain have also been recognised and reflected in the Government's priorities for COVID-19 rehabilitation, including those who have had the virus and are experiencing pain as a result, but also those with existing painful long-term conditions who may have been impacted as a result of pausing non-critical health services.
24. The impact of pain as a potential element of the longer-term effects of coronavirus (Long COVID) has also been identified, and is being addressed through UK-wide clinical guidelines and ongoing development of resources and research. In addition, the Long COVID Support Fund will help people impacted by the condition to access coordinated local support across existing health and social care services in their local area.
25. The mental health impact of the pandemic on those with long-term conditions, including chronic pain, has also been identified as part of the Government's Mental Health Transition and Recovery Plan and is part of a wider approach to ensure support is available for mental health and wellbeing.

### **How has the framework been developed?**

26. As part of the 2020 Programme for Government, we announced we would publish a new Framework to better meet the needs of people living with chronic pain in Scotland.
27. During 2021 we worked with the National Advisory Committee for Chronic Pain (NACCP), relevant stakeholders and across the Scottish Government and its partners to shape the Framework aims and priorities.
28. We have worked to ensure people with lived experience, their families and carers are at the centre of this Framework's creation. The Scottish Government also funded the Health and Social Care Alliance to develop the Chronic Pain Patient Reference Group (CPPRG) which brought together people with chronic pain from across Scotland to share their experience in order to inform the development of the draft Framework.
29. We have also carried out a number of lived experience, carer and service surveys, literature reviews as well as reviewing work undertaken by Healthcare Improvement Scotland (HIS) and the Scottish Public Health Network (ScotPHN) about the health needs of people with chronic pain. We have also considered the Scottish Access Collaborative report developed in partnership with people with lived experience of chronic pain, and wider UK and international policy.

## **How the Framework should be used**

30. Through the development of the Framework it has been apparent that while the expectations set out by the existing Scottish Service Model for Chronic Pain may be appropriate, and reflect best practice, people with chronic pain tell us they still do not experience consistent, high-quality care when seeking support for their condition.
31. The new Framework therefore aims to evolve this Model and set out, for the first time, a national vision for enabling people to manage chronic pain; to improve their well-being and quality of life. It will serve to improve standards of care and support and to inspire innovation.
32. Progress has already started locally in many areas to re-design services, building on what works well and to address gaps in provision. Through the Framework, we intend to continue our work with the NHS, charities and other organisations to support them to make this national vision a reality. We want people to be able to access the right care in the right place at the right time wherever they live in Scotland.
33. This Framework is being provided for consultation purposes at this stage. Once consultation feedback has been analysed and incorporated, the final Framework will be published with more information on how the commitments will be delivered.
34. When published in its final version, we will carry out a programme of active engagement with people with lived experience, health and care providers and other key stakeholders. This activity will support our ambition to deliver clear expectations for pain management care and support in Scotland and underpin implementation of the Framework aims and commitments.

## **Aims of the Framework**

### **Aim A: Person-centred care**

#### **Ensure access to appropriate information and support based on an individual's needs**

35. Feedback from services and people with chronic pain indicate that challenges remain in ensuring consistent access to appropriate information, advice, treatment and support at the point where it could be most effective for an individual's needs.
36. You have told us that a priority must be to improve access to high quality care and support that is person-centred. What this care and support consists of will vary greatly depending on an individual's experience of chronic pain and how it impacts their life, with needs often varying over time.

37. Service delivery is also influenced by a lack of understanding about chronic pain and its impact amongst the general public and many health and care professionals. Our work to develop the Framework has revealed confusion about how pain is managed and what support is offered by different services across Scotland. This contributes to delays in help seeking and access to effective care.

### **Understanding chronic pain and how to manage its impact**

38. In Scotland, [NHS Inform currently hosts information on chronic pain](#) and its potential causes, prevalence and treatment options. There is also a comprehensive self-help guide, advice on the impact of pain on mental health and links to organisations who provide support for people with chronic pain.

39. However, we are aware that people may encounter barriers to understanding and accessing health information. The Scottish Government has published the [Making it Easier – Scotland’s Health Literacy Action Plan](#) to ensure everyone has the skills, confidence, knowledge and understanding to navigate complex health and social care systems.

### **[Case Study 1: The Pain Navigator Tool.](#)**

### **Self-Management**

40. People experiencing chronic pain are often confident in managing pain and its impact on their everyday life by themselves. Many people with chronic pain may also benefit from additional support to manage their own health as part of a set of approaches often called supported self-management. This may involve accessing information from healthcare professionals, third sector or other trusted sources to understand what chronic pain is and developing their own tools, skills and approach to managing their condition and its impact on their daily life.

41. While individuals with chronic pain should be in control of when and how they access self-management, there is also a role for health services to support and empower people to manage their condition. The [ALISS \(A Local Information System for Scotland\) Programme](#) is funded by the Scottish Government and delivered by the Health and Social Care Alliance Scotland (the ALLIANCE). This national platform enables people to search for support options in their area. While options and opportunities to support pain management exist at present on the platform, more work is needed to ensure greater knowledge, signposting and use of this resource among healthcare professionals and people with chronic pain themselves. Additionally, work is required to ensure a coordinated approach to identifying and facilitating access to local and national self-management resources and opportunities.

### **Commitment 1**

We will improve the quality and consistency of information on chronic pain and make it more easily accessible. We will empower people to understand their condition and better manage its impact on their physical and mental wellbeing.

## **Mental Health**

42. Living with chronic pain can have a detrimental impact on a person's mental health, and in turn this can have an effect on how they perceive their pain and respond to strategies to manage their condition. It is well established that evidence-based psychological interventions can play a key role in treatment for many people with chronic pain and support to identify and address poor mental health is a component of most pain management programmes. In line with a person-centred approach to care, wellbeing and mental health should be discussed as part of any consultation for chronic pain.
43. Psychological support to manage chronic pain is an element of services provided across Scotland including those delivered in hospital settings as part of a wider multidisciplinary team approach to chronic pain management. However people with chronic pain have told us there is variation and inconsistent access to mental health services and support.
44. The Scottish Government's Mental Health Strategy has set out actions which seek to prevent and treat mental health problems through preventative and early intervention approaches, improved access to treatment and improving the physical wellbeing of people with poor mental health.
45. We will ensure that the impact of chronic pain is recognised in the development of mental health pathways and service improvement activities in order to improve more timely and appropriate access to psychological care for people with chronic pain.

### [Case Study 2: Digital access to mental health support for people with chronic pain.](#)

## **Aim B: Timely Access To Care**

### **Support people to access the care they need when they need it**

46. You have told us that a priority must be to improve timely access to high quality care and support wherever people live in Scotland. This is important because earlier intervention can prevent or limit the impact of chronic pain on people's quality of life and day to day activities.
47. We know there is variation in the way people currently access services for chronic pain across Scotland, especially in community and primary care settings. While many of these differences reflect local service configuration and needs,

action is needed to reduce the barriers people with chronic pain can face navigating the health system and ensure everyone has the support and opportunity to be an equal partner in their own care.

### **Local healthcare access and support**

48. People with chronic pain told us that they would welcome more information on services available in their own area. Improving people's understanding of the support provided by their local health services is an important aspect of enabling people to access appropriate care at the right time, in the right place by the right professional. It will be a priority of implementing this Framework to identify and address the variation in local provision and access to services and support for people with chronic pain.
49. Nationally there are a number of developments underway to increase the support available in local areas. The implementation of the [2018 GP contract](#) aims to improve access to other health and care services and [allied health professionals](#) (AHPs). While roll-out of these roles is still underway, they may include physiotherapists for musculoskeletal pain, pharmacists for pain medication reviews or occupational therapists to help manage the functional impact of pain and other long-term conditions.

#### **[Case study 3: Local multidisciplinary pain management services in East Lothian.](#)**

50. AHP-led musculoskeletal (MSK) services make a vital contribution to helping people become and stay active, preventing chronic pain and reducing the need for specialist orthopaedic referral. In Scotland, people experiencing MSK pain can self-refer to physiotherapy services for assessment through their local NHS Board with access to advice and signposting to help manage painful symptoms. Work is underway nationally to recruit more MSK Practitioners working in primary care settings to enable people with persistent musculoskeletal pain to be seen by a physiotherapist at the earliest, and most appropriate opportunity.

#### **[Case Study 4: New models of support for people with chronic pain.](#)**

### **Community support**

51. The importance of greater coordination and connection between NHS services and community support is reflected in the concept of 'social prescribing', such as walking group projects in the community. Availability and access to a range of non-clinical local support has been demonstrated to provide benefits for a number of issues experienced by people with long-term conditions.<sup>19</sup>

#### **[Case Study 5: Local opportunities to become physically active.](#)**

52. Charities play a vital role in supporting people with chronic pain in Scotland, with a range of groups focused on providing support for the condition itself and its impact on quality of life. These groups provide support at the national and local level, including information and helpline resources, peer-led activities, supported self-management and other relevant advice e.g. welfare and employment support. In many cases, they work in formal partnership with individual Health Boards and Local Authorities to enhance access and provision of community-based support for people with chronic pain. However, we know that currently there is variation in how this expertise is accessed across Scotland. It is intended that the common vision set out by this Framework will enhance collaboration between public service providers and local and national charities to deliver more consistent access to community support for people with chronic pain.

53. In addition, the increased presence of Community Links Workers (CLWs) in GP practices also provides an opportunity for people with chronic pain to access support for other issues which may be impacting on quality of life and contributing to the impact of their condition, for example housing, welfare rights, employment issues or social isolation. Resources have also been developed to support GP practices and their teams to improve access to care and information.

### **Improving referral to services**

54. The needs of people with chronic pain may fluctuate over time, including for people undergoing treatment for another condition who may be experiencing pain that cannot be appropriately managed within that service. Health Boards are responsible for the development and management of referral guidelines for their services to enable people to get the right care from the right professional in the right location at the right time.

55. We know there is variation in chronic pain service configuration, provision and referral criteria across Scotland. As a priority we will work with services, charities and people affected by chronic pain to identify opportunities to introduce national referral pathways where it is appropriate, to improve the experience for people with chronic pain and ensure more timely access to appropriate care. This would place importance on collaborative working between health and care professionals, improving access to specialist advice, and the appropriateness of referrals. This would deliver better outcomes for people with chronic pain by promoting more appropriate management, including identifying opportunities for earlier intervention and support.

#### **Commitment 2**

We will support people to access the right care, in the right place, at the right time by working with NHS Boards to improve how they plan and deliver care for people with chronic pain. This includes increased coordination across community-based, GP and hospital services.

## Highly specialised residential care for chronic pain

56. The existing Scottish Service Model includes the requirement for 'Level 4' or highly specialised (or tertiary) services for people with chronic pain. Since 2015 this has been provided by the Scottish National Residential Pain Management Programme (SNRPMP) hosted by NHS Greater Glasgow and Clyde. The Programme has to date provided support for people with chronic pain to develop self-management skills via a three week residential interdisciplinary pain management programme.
57. Following the restrictions introduced as a result of the COVID-19 pandemic, face-to-face delivery was paused while arrangements were made to develop a 'virtual' programme. Consideration is being given to how the service may evolve in future to support implementation of the Framework and its priorities.

## Digital services

58. The response to the COVID-19 pandemic has substantially increased the use of technology such as the [NHS Near Me platform](#) to deliver individual consultations and other platforms for group work for chronic pain. The Scottish Government's refreshed [Digital Health and Care Strategy](#) has been updated to address the need for the sector to be better equipped with the skills, resources and support to implement advances in digital care. At the same time, it recognises the need to ensure that people have a choice in how they access appointments. While people with chronic pain can benefit from digital services, it is important to acknowledge there are circumstances where these will not be appropriate.
59. Through the implementation of this Framework we intend to increase and improve the opportunities for people with chronic pain to access the support they need at the point when it will be most effective for them. It is intended that these Commitments will set the groundwork for better outcomes for people with chronic pain, from provision of accurate information and advice, to more timely and appropriate care from NHS services in all settings.

### **Commitment 3**

We will improve the options people have in accessing chronic pain services, including digital technology where appropriate.

## **Aim C: Safe, Effective Treatments**

### **Ensure people have choice of effective treatments**

60. Our aim is to improve timely and equitable access to a range of evidence-based treatments through a person-centred approach.



61. There are a range of interventions that can support people with chronic pain to manage their condition and its wider impact on their quality of life. For some people the underlying cause of their pain can be readily addressed; for example, joint replacement surgery may be suitable for some people with osteoarthritis.
62. For most people with longer-term chronic pain, effective ‘treatment’ usually involves identifying and testing a range of different options that manage and minimise the impact of their pain on everyday life. Our research tells us that there are often barriers and delays to agree an effective pain management plan, frustrated by the variation in provision across Scotland.
63. In developing this Framework, people with chronic pain have highlighted a number of treatment-related issues, including inconsistencies in the availability of certain interventions, delays or changes in how or when treatment is provided, and in some cases a lack of clear explanation about alterations to treatment plans with a lack of communication or involvement. This Framework has already highlighted the commitments and actions we will take to empower people and improve shared decision-making conversations about an individual’s care.
64. We will work with people with chronic pain and healthcare professionals to identify opportunities to improve their knowledge of what treatments are available for chronic pain and when they may be appropriate.

#### **Commitment 4**

We will support people with chronic pain and healthcare professionals to better understand and agree effective treatment options to manage pain.

### **Implementing Clinical Guidelines**

65. In Scotland, the Scottish Intercollegiate Guidelines Network (SIGN) is responsible for providing national guidance and advice with the aim of improving outcomes for people using health and care services. The [SIGN guideline on management of chronic pain](#) sets out clear recommendations on best practice to support non-specialist clinicians and people with chronic pain in making decisions on care. This includes evaluation of complementary and alternative therapies, and where there is good evidence for their use they may be recommended as part of clinical guidance. However, health Boards are responsible for determining local access to treatment, including complementary therapies.
66. As a range of different health and care professionals may be involved in providing support to people with chronic pain, it is challenging to ensure there is consistent knowledge and implementation of best practice across Scotland. Clinicians are responsible for discussing and agreeing appropriate courses of action with the individual, and it is clear that professionals and patients alike would benefit from greater support to ensure a more consistent approach to pain management decision-making across Scotland.



67. There is also variation in the treatments and interventions offered in specialist pain management services across Scotland. Some Health Boards offer interventions that provide temporary or (comparatively) short-lasting pain relief, meaning repeated treatment is required in order to support the patient in managing their condition. People with chronic pain undergoing such procedures have told us that they experience delays or changes to their expected treatment regime and that these issues were exacerbated over the last year due to the impact of the COVID-19 pandemic. It should be noted that not all specialist pain services in Scotland offer all of these treatments, citing a lack of evidence for their longer-term benefit for people with chronic pain.
68. Given the shorter-term treatment effect of many of these interventions, it is important to ensure they are provided alongside other elements of care that the individual with chronic pain requires in order to support them to develop a more sustainable approach to managing their condition and its impact on their life.
69. The inconsistencies in the availability of certain interventions suggests there is a need to debate and agree a national approach to specialised pain management interventions in Scotland to enable people to have a more consistent experience and better outcomes.

#### **Commitment 5**

We will ensure people have more consistent access to effective treatment options wherever they live in Scotland.

#### **Drug-based treatments**

70. A wide range of medication is prescribed to help manage pain, including opioids and gabapentinoids. While there is good evidence for the use of high-strength pain medications for people with acute or cancer-related chronic pain, there is less evidence on their use in the long-term treatment of chronic pain.
71. The Scottish Government has published guidance to promote more effective prescribing for the care of people with chronic pain. Anyone prescribing medication for a person with chronic pain must consider how they can support the person to gain knowledge and understanding of other non-pharmaceutical approaches including self-management as part of a longer-term strategy to manage the impact of their condition.
72. Medication is often therefore just one element of a wider chronic pain management plan, which should be developed in partnership with the individual to ensure expectations, risks and side-effects are fully explored and understood. This should be regularly reviewed with the patient with both the individual and prescriber agreeing when treatment might be stopped or continued, depending on how effective it proves to be for their specific situation.

## [Case Study 6: The Scottish approach to pharmacological management of chronic pain.](#)

## [Case Study 7: The role of community pharmacies in supporting people with chronic pain.](#)

73. We will also take action to promote information and guidance about commonly prescribed pain medication to improve understanding of their safe use. This will help to ensure that people with chronic pain can make more informed and effective decisions about medications and interventions as part of a wider management plan to improve their quality of life and wellbeing.

## **Aim D: Improving Quality of Life and Wellbeing**

**Invest in training, data and research to improve care and support**

### **Training and Support for Healthcare Professionals**

74. People with lived experience of chronic pain have highlighted that they often feel that healthcare professionals do not appear to fully understand or acknowledge the impact of chronic pain, and a need for more information about effective management options.

75. The frequent presence of chronic pain alongside other health and quality of life issues, and the fact that earlier identification often leads to better outcomes, underscores the importance of increasing knowledge of the condition and its management amongst the wider health and care workforce.

### **Supporting primary care teams to manage chronic pain**

76. The majority of people with chronic pain who actively seek support for their condition will initially attend their local GP service. Despite the high rate of chronic pain presentation in primary care, estimated to be around 1 in 5 GP appointments, many report they do not feel confident in managing chronic pain.<sup>20</sup>

77. Barriers to effective consultation in primary care have been reported as short appointment slots, the complexity of additional issues that have a bearing on pain and the need to build a trusted relationship. These factors highlight the importance of ensuring best practice in person-centred care is a core element of any chronic pain training for primary healthcare professionals whilst balancing this with timely access issues currently faced in primary care and elsewhere in the system.

78. Further formal and informal training and guidance for primary care professionals is available from local specialist pain services in most Health Boards. Strengthening the links between primary and secondary care has previously been identified as a key opportunity to improve the quality of support for people with chronic pain. In support of this, the Scottish Government recently funded a

project which provided specialist pain management practitioners in primary care settings. This, and other improvement activities to enhance collaboration between specialist and non-specialist healthcare professionals will inform future development of training opportunities to improve care for people with chronic pain.

### [Case Study 8: The role of Allied Healthcare Professionals in managing chronic pain.](#)

#### **Specialist chronic pain workforce**

79. In Scotland the lead clinician role in specialist pain management services is often a consultant anaesthetist with the wider team comprising nurses, AHPs, psychologists, pharmacists and other disciplines.
80. The Scottish Government has carried out work to understand issues facing the specialist pain workforce in Scotland. This highlighted that most Health Boards were experiencing difficulties in recruitment and retention in their pain services despite the overall wider trend of an increase in medical trainees and healthcare professionals more generally.
81. The evolving nature of chronic pain management and specialist services provides an opportunity to consider new approaches to workforce and staffing, for example how other professions could be involved in clinical leadership of specialist pain management services. Specialist nurses such as Clinical Nurse Specialists and Nurse Practitioners are already part of pain services and work is underway to improve education and training through Advanced Nursing Practice (ANP).

### [Case Study 9: Promoting pain education for all trainees.](#)

82. We will work with healthcare professionals at all levels to identify their training and resourcing needs so they are empowered to provide improved care for people with chronic pain. This may include both ongoing and pre-registration education about the impact of chronic pain and how it is managed. We will work with NHS Education Scotland (NES) and Scottish Government workforce policy teams in order to identify opportunities to promote understanding and up-skilling in pain management across disciplines and training pathways to improve access to better quality care and treatment from healthcare services.

#### **Commitment 6**

We will work with NHS Education for Scotland, professional bodies and partners to improve training and education on management of chronic pain.

#### **Commitment 7**

We will establish and support health and care professional networks to share best practice in pain management at local and national levels.

## Using Data to Improve Services and Support

83. In order to improve health and care services, it is essential to understand who are the people using them, how are they being delivered, and what difference they are actually making to people's care. It is vital that we continue to use data to understand the impact of chronic pain as a means to inform improvement in the quality of care and support.
84. People living with chronic pain have rated '**opportunities to share your experiences and feedback to improve your local services**' as **very important or important** (80% agree – Alliance Survey 2021). This provides the opportunity for active involvement in how the care they access is delivered and might be improved to better meet the needs of local populations.

### Existing sources of data on chronic pain

85. Currently, there is regular collection of chronic pain service data, and Scotland is the only UK nation where waiting times for consultant-led first outpatient appointments in specialist pain management services and pain psychology clinics (where provided) are routinely reported. The experience of people with chronic pain of local healthcare including in GP practices is also collected as part of the Scottish Government's Health and Care Experience Survey.

#### [Case Study 10: The role of Public Health Scotland in data collection and reporting.](#)

86. In order to improve chronic pain data collection and reporting, the Scottish Government commissioned the development of a 'Core Minimum Dataset' (CMD) for chronic pain services. This work is intended to better understand the needs of people with chronic pain, the impact of the condition and the effectiveness of services or interventions to manage pain. Work is currently underway on how best to implement collection of these data in order to support future evaluations of services, treatments and patient outcomes and identify opportunities for improvement.

### Exploring data on the wider needs of people with chronic pain

87. We know that every person's experience of chronic pain is unique, and in addition to the condition itself, research has demonstrated that there are other factors which can contribute to the impact of pain on people's health and wellbeing.

#### [Case Study 11: Data on the quality of services for people with chronic pain.](#)

88. The Scottish Health Survey provides information about the health, and factors relating to health, of people living in Scotland. The survey enables self-reporting

about health in Scotland in order to help estimate the prevalence of different health conditions, understand associated risk factors, explore differences between regions and subgroups of the population and provide an opportunity to monitor trends in the population's health over time. The value of such nationally coordinated data collection on chronic pain has been demonstrated by similar surveys in England which have increased understanding of key issues relevant to improving support. They also have the potential to identify unmet need for pain management and support from those not currently accessing health services, or those attending services where data collection is less routine.

89. Through this Framework we will continue to work with health and care providers, researchers and people with chronic pain to develop how data is collected and used at all levels in order to inform meaningful and impactful change and improvement for people with chronic pain.

**Commitment 8**

We will support Health and Social Care Partnerships to improve how pain management support is planned and delivered locally by promoting more consistent use of performance and quality data.

**Commitment 9**

We will work with Public Health Scotland to increase national reporting and analysis of clinical and patient experience data to improve services for people with chronic pain.

## Promoting Research and Best Practice

90. Our understanding of chronic pain continues to evolve as more evidence and research emerges about its causes, risk factors, impact and management. In turn, this evidence and best practice should be consistently shared to drive improvement in the services and support available for people with chronic pain to enhance their quality of life. We will work to ensure this quality improvement approach is supported as the aims and priorities in this Framework are implemented.
91. Research on chronic pain in Scotland is coordinated with the support of NHS Research Scotland in partnership with the Chief Scientist Office of the Scottish Government. Together they promote and support excellence in research to drive improvements in care, treatment and support. Recent research outputs have provided new insights into management of chronic pain, its impact on children and young people and the potential genetic components of the condition.
92. People with lived experience of chronic pain rated '**opportunities to engage with and participate in research in chronic pain**' as very important or important (84% agree, Alliance Survey 2021). In recent years more opportunities

have become available for people with lived experience to be involved in research studies, with meaningful involvement increasingly a requirement for grant funding. As this Framework is implemented we will work with the research community to build on the many examples of high-quality involvement of people with chronic pain in research and improvement projects across Scotland.

### **Defining best practice for chronic pain services**

93. The Scottish Government has previously supported the development of Quality Performance Indicators (QPIs) for chronic pain services. These QPIs set out a comprehensive approach to monitoring the quality of pain services at all levels and align to the aims of this Framework in order to support reporting on progress. We will continue to work with the chronic pain community to further explore how such indicators can meaningfully contribute to improving pain management support across Scotland.
94. Through the development of this Framework, we have started a conversation with the chronic pain community to identify the outcomes that would make the greatest difference to people's quality of life. The Framework will take forward these priorities by working with people with lived experience, pain services, policymakers and local health and care planners to identify how we can start to measure both improvement in services and support and our progress towards these outcomes.

#### **Commitment 10**

We will develop and agree national standards for pain management services to improve care for people with chronic pain.

#### **Commitment 11**

We will support pain research in Scotland to develop improved care and treatment options for people with chronic pain.

## Implementing and measuring progress of the Framework

95. We will ensure that implementation and improvement actions are undertaken in collaboration with service users and providers.
96. This will involve building on relationships and systems that enable organisations to co-design care and support through the inclusion of people with lived experience of chronic pain.
97. We will establish and support clear leadership and governance arrangements for the Framework and an implementation plan that will be achieved by:
- continuing with a review of engagement with stakeholders to decide upon an effective model of co-production and expert insight for implementation;
  - appointing a national implementation lead who will co-ordinate and drive delivery of this framework; and
  - agreeing a set of measures to assess success of this Framework.

### Our early priorities to deliver the Framework Commitments

- We will identify opportunities to share and reinforce public health messaging around chronic pain, including the role of self-management. We will do this in order to improve access to earlier and more effective intervention.
- We will continue to support the [national remote health pathways programme](#) pilot in NHS Highland to develop a remote healthcare pathway for specialist chronic pain services.
- We will improve how people with chronic pain and healthcare professionals understand and agree drug-based treatment for chronic pain.
- We will enhance planning and provision of pain management support by analysing and acting on patient-reported data from the Health and Care Experience survey.
- We will collect data on chronic pain as part of the Scottish Health Survey in 2022.



## Case Studies

### **Case Study 1: The Pain Navigator Tool**

Describing the experience and impact of their condition can be challenging for people with chronic pain. This can mean they experience difficulties in explaining their concerns to family and healthcare professionals alike, which can be a barrier to accessing support at the right time in a way that matters to them. In order to improve the quality of care planning conversations, the Scottish Government funded the development of the [Pain Navigator Tool](#). Through a series of questions that can be considered in advance of an appointment, the Tool aims to support people with chronic pain to identify and describe their wishes for their treatment, their feelings, what they would like to achieve from their care as well as what questions they would like to ask their healthcare professional during the consultation.

### **Case study 2: Digital access to mental health support for people with chronic pain**

Cognitive behavioural therapy (CBT) is a programme of support that is most commonly used to treat anxiety and depression often as part of wider strategies to support people with other mental and physical health conditions. In Scotland, people can be referred to a computerised CBT (cCBT) course which can help to address the psychological impact of a number of long-term conditions, including chronic pain.

### **Case study 3: Local multidisciplinary pain management services in East Lothian.**

The East Lothian Pain Management Service (ELPMS) accepts referrals from local GP practices for people requiring specialist pain management support. It works collaboratively with pain management consultants, community mental health teams, exercise specialists and GPs to support mental and physical health needs of people with chronic pain with the aim of improving quality of life.

Services are provided via a range of methods including telephone, NHS NearMe, digital group work, face-to-face and online resources in accordance to individual access and choice. They also collaborate with other pain management services in the region via the Lothian Physiotherapy Pain Network which supports shared learning and service development to improve patient care.

It is intended that in future it will also embed psychological therapies, occupational therapy and pharmacy support within the service, further enhancing the multidisciplinary care available for people with chronic pain in the area.



#### **Case study 4: New models of support for people with chronic pain.**

Physiotherapists providing a first point of contact service means that patients presenting with a musculoskeletal problem for a GP appointment can be offered an appointment with a first contact physiotherapist instead. First contact physiotherapists (FCPs) working in general practice have expertise and autonomy to support and advise people experiencing pain, including investigation and referral. These roles aim to ensure that the patient sees the most appropriately skilled healthcare professional, in a primary care setting, as their first point of contact. This ensures timely access to diagnosis, early management and onward referral if necessary along with saving both time and resources within primary care teams. Data at the national level demonstrates that less than 2% of people assessed by FCPs require onward referral to a GP, and there has been a 30% reduction in orthopaedic referral and for imaging with an increase in appropriate referrals for both services. This data also reveals that 60 – 70% of people do not require further intervention and are empowered and more confident to engage with self-management. There has also been a 60% reduction of referral to physiotherapy clinical services, which means more capacity is available to manage cases where more specialist support is required.

#### **Case study 5: Local opportunities to become physically active.**

There is evidence that becoming or remaining physically active can support people with long-term conditions, including chronic pain, manage their condition in addition to the benefits of overall fitness and mental health associated with exercise. A number of resources such as [Moving Medicine](#) have been developed to support medical professionals to explain and highlight the benefits of physical activity as part of management strategies for long-term conditions, including pain. While exercise and activity can be self-directed, many people with chronic pain benefit from additional support to overcome barriers to being active, for example concerns that exercise could exacerbate painful symptoms. The Scottish Health Walk Network, overseen by [Paths for All](#), comprises over 250 walking group projects across Scotland which offer free supported group Health Walks in local areas. Improved signposting and access to activities like these can increase the confidence of people with chronic pain to manage the direct and indirect impact of their condition and quality of life.

#### **Case Study 6: The Scottish approach to pharmacological management of chronic pain.**

In 2017, NICE set out its intention to develop a guideline for persistent pain with the intention of supporting improvements in care for adults. It was not intended to cover management of pain covered by existing NICE guidance for example endometriosis, headaches or low back pain. The Scottish Government identified the importance of setting out differences in approach to the management of chronic pain between the draft NICE guideline and SIGN Guideline 136, chiefly

related to recommendations on the use of pain relieving medication. Officials worked with stakeholders including research, clinical, policy stakeholders and people with lived experience to inform its response to the consultation, with many of the points echoed by other leading UK clinical, research and patient rights groups in their individual responses.

NICE published the final guideline in April 2021, and responded positively to certain aspects of the issues raised by the Scottish Government and other stakeholders. SIGN guidelines are regularly reviewed in order to ensure they continue to reflect best practice and available evidence, however there are no plans at present to alter the existing guidance on pharmacological management of chronic pain in Scotland in response to the NICE recommendations.

### **Case study 7: The role of community pharmacies in supporting people with chronic pain.**

A number of common medicines, both drugs and topical treatments for pain (e.g. capsaicin cream) are available 'over the counter' in Scotland from a variety of sources, including pharmacies and supermarkets. This increases access to treatments that may help people manage their condition, and provides an opportunity to raise awareness about the safe and appropriate use of different medications. It also offers the chance for a pharmacist to provide advice and identify when an individual may benefit from attending their GP or other health service.

NHS Pharmacy First Scotland is a service which is provided by pharmacists in local communities in order to provide advice, treatment or referral for a range of minor and acute conditions, including pain. Community pharmacies also provide the Medicines: Care and Review service which is intended for people with long-term conditions who are receiving repeat prescriptions, including people with chronic pain. These are part of the broader Scottish Government strategy to improve access and quality of care by recognising and enhancing the skills of pharmacists.

### **Case Study 8: The role of Allied Healthcare Professionals in managing chronic pain.**

Allied Health Professional (AHP) is the term used for a diverse group of professionals supporting people of all ages to live healthy, active and independent lives across a range of settings.

AHPs commonly involved in supporting people with chronic pain include physiotherapists and occupational therapists, roles in which core training is focused around empowering individuals to manage their health to improve their independence and quality of life.

A number of Government strategies support the training and development of this workforce around key priority areas relevant to people with chronic pain including early intervention to support prevention and management of musculoskeletal conditions. Commitments include developing 225 more Advanced Musculoskeletal Practitioners in primary care alongside an increase in training places for the physiotherapy workforce. Work to review AHP education and training is planned

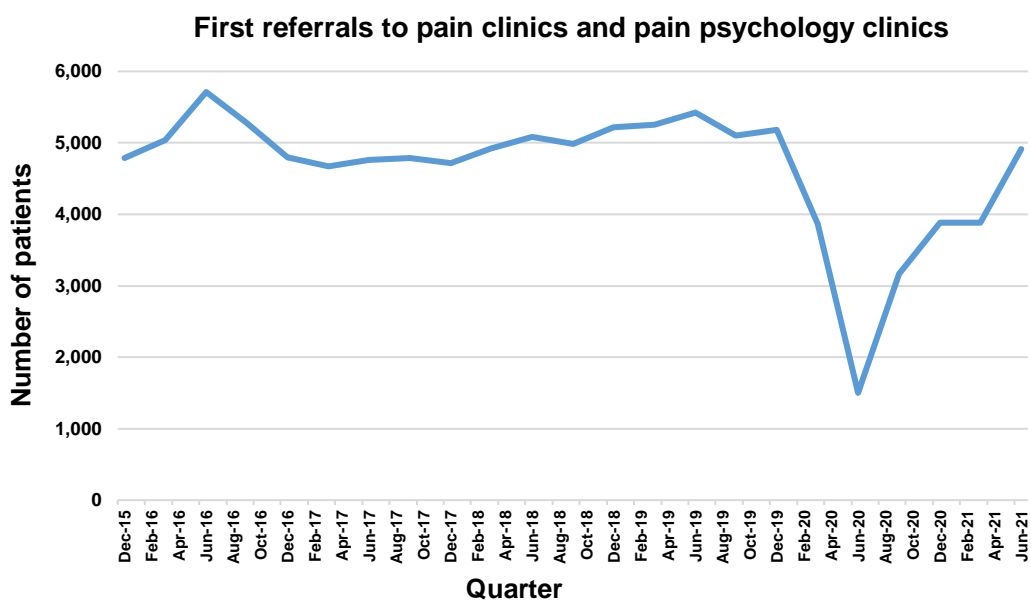
and we will identify opportunities to enhance support for people with chronic pain through its recommendations.

### Case Study 9: Promoting pain education for all trainees.

As most healthcare professionals will encounter a person with chronic pain at some stage in their career as part of their direct or indirect role, there is an opportunity to improve their awareness of the impact of the condition and its management as part of undergraduate and post-graduate training.

For example, the FPM supports the dissemination of the Essential Pain Management (EPM) course to medical students across the UK including Scotland. The third sector is also a valuable source of information and training for healthcare professionals involved in managing painful conditions. Versus Arthritis provides accredited education resources alongside a Professional Network and Clinical Updates in order to improve care for people with painful musculoskeletal conditions.

### Case Study 10: The role of Public Health Scotland in data collection and reporting



Public Health Scotland report on the number of referrals and waiting times for first appointment at chronic pain and pain psychology clinics on a quarterly basis. Numbers referred to services in the past number of years remained consistent, prior to the COVID-19 pandemic. These reports are available by NHS Health Board area and also provide information on the number of weeks waited for a first appointment, rejected referrals, the number of patients seen and other useful service-level data. Public Health Scotland will continue to work with Scottish Government, NHS Health Boards and services in order to improve the quality and availability of data which will lead to better planning, performance and outcomes for people in Scotland, including those with chronic pain.

### **Case Study 11: Data on the quality of services for people with chronic pain.**

The Health and Care Experience Survey (HACE) is carried out every two years in Scotland in order to understand people's experiences of GP and community services, which includes an opportunity for participants to report if they have chronic pain.

From analysis of the most recent survey (2019/20), when compared to those without chronic pain, people reporting chronic pain were:

- more likely to report having a physical disability (29% compared to 6%) or mental health condition (19% compared to 9%)
- less positive overall about the care provided by their GP practice (71% compared to 80%)
- less likely to say their treatment or care from their GP practice was well coordinated (68% compared to 76%)
- more likely to have had care, support or help with everyday living (25% compared to 8%) but less likely to report this help or support improved their quality of life (57% compared to 72%)

While more work is required in order to fully understand these results, it is clear that people who report chronic pain also report a worse experience of the services and support they are accessing. As this Framework is implemented, this and other data are vital in helping us, the NHS, local authorities and other providers of support identify and measure actions to improve the experience and outcomes for people with chronic pain.

It should be noted that survey questionnaires were sent out before the COVID-19 pandemic in October 2019 asking about people's experiences during the previous 12 months. Comparison between results from this and future surveys will help to provide insight into people's experience of care during the pandemic.

## Consultation Questions

### Our Vision

Person-centred, effective and safe care that improves the quality of life and wellbeing of people living with chronic pain in Scotland.

**Question 1. Should this be the overarching vision?**

YES

NO

**Question 2. Please explain your response.**

### Aim A: Person-Centred Care

Ensure access to appropriate information and support based on an individual's needs.

**Question 3. Should this aim be a priority?**

YES

NO

### **Commitment 1**

We will improve the quality and consistency of information on chronic pain and make it more easily accessible. We will empower people to understand their condition and better manage its impact on their physical and mental wellbeing.

**Question 4. Should Commitment 1 be included in the Framework?**

YES

NO

**Question 5. Please explain your response to Q3 and Q4.**

### Aim B: Timely Access to Care

Support people to access the care they need, when they need it.

**Question 6. Should this aim be a priority?**

YES

NO

**Commitment 2**

We will support people to access the right care, in the right place, at the right time by working with NHS Boards to improve how they plan and deliver care for people with chronic pain. This includes increased coordination across community-based, GP and hospital services.

**Question 7. Should Commitment 2 be included in the Framework?**

YES

NO

**Commitment 3**

We will improve the options people have in accessing chronic pain services, including digital technology where appropriate.

**Question 8. Should Commitment 3 be included in the Framework?**

YES

NO

**Question 9. Please explain your response to Q6, Q7 and Q8.**

**Aim C: Safe, Effective Treatments**

Ensure people have a choice of effective treatments.

**Question 10. Should this aim be a priority?**

YES

NO

**Commitment 4**

We will support people with chronic pain and healthcare professionals to better understand and agree effective treatment options to manage pain.

**Question 11. Should Commitment 4 be included in the Framework?**

YES

NO

**Commitment 5**

We will ensure people have more consistent access to effective treatment options wherever they live in Scotland.

**Question 12. Should Commitment 5 be included in the Framework?**

YES

NO

**Question 13. Please explain your response to Q10, Q11 and Q12.**

**Aim D: Improving Quality of Life and Wellbeing**

Invest in training, data and research to improve care and support.

**Question 14. Should this aim be a priority?**

YES

NO

**Training and Support for Healthcare Professionals**

**Commitment 6**

We will work with NHS Education for Scotland, professional bodies and partners to improve training and education on management of chronic pain.

**Question 15. Should Commitment 6 be included in the Framework?**

YES

NO

**Commitment 7**

We will establish and support health and care professional networks to share best practice in pain management at local and national levels.

**Question 16. Should Commitment 7 be included in the Framework?**

YES

NO

**Question 17. Please explain your response to Q14, Q15 and Q16.**

**Using Data to Improve Services and Support**

**Commitment 8**

We will support Health and Social Care Partnerships to improve how pain management support is planned and delivered locally by promoting more consistent use of performance and quality data.

**Question 18. Should Commitment 8 be included in the Framework?**

YES

NO

**Commitment 9**

We will work with Public Health Scotland to increase national reporting and analysis of clinical and patient experience data to improve services for people with chronic pain.

**Question 19. Should Commitment 9 be included in the Framework?**

YES

NO

**Question 20. Please explain your response to Q18 and Q19.**

**Promoting Research and Best Practice**

**Commitment 10**

We will develop and agree national standards for pain management services to improve care for people with chronic pain.

**Question 21. Should Commitment 10 be included in the Framework?**

YES

NO

**Commitment 11**

We will support pain research in Scotland to develop improved care and treatment options for people with chronic pain.

**Question 22. Should Commitment 11 be included in the Framework?**

YES

NO

**Question 23. Please explain your response to Q21 and Q22.**



**Implementing and delivering the Framework**

**Question 24. Please share your views on the barriers to implementing the Framework.**

**Question 25. Please share your views on the opportunities to implementing the Framework.**

**Question 26. Are there any groups who will be directly or indirectly impacted by the Vision, Aims and Commitments that have not been identified by the Equality Impact Assessment and/or Fairer Scotland Duty exercises in Annex A.**

## Annex A: Draft Equality Impact Assessment and Fairer Scotland Duty

### Equality Impact Assessment - Results

<b>Title of Policy</b>	Framework for Pain Management Service Delivery
<b>Summary of aims and desired outcomes of Policy</b>	The Framework vision is to deliver person-centred, effective and safe care that improves the quality of life and wellbeing of people with chronic pain in Scotland.
<b>Directorate: Division: team</b>	Healthcare Quality and Improvement Directorate Planning and Quality Division Clinical Priorities Team

### Executive summary

The aim of the Framework is to provide timely access to effective, safe and person centred care and support that improves the quality of life and wellbeing of people living with chronic pain in Scotland.

Many people in Scotland experience chronic pain and it is important that services, care and support are available at the right time, in the right place. The Commitments set out in the Framework are intended to address the key issues identified by people with chronic pain, NHS healthcare and service workers, third-sector partners and other key stakeholders with an interest in improving pain management support in Scotland.

The process of gathering evidence on chronic pain and its impact has identified a number of groups where further engagement will be carried out to inform implementation of the Framework and to understand and address existing or potential health inequalities.

Specifically, work will be carried out to engage those from areas of socioeconomic deprivation, older people, women with chronic pain, and certain ethnic minority backgrounds. Work will also be carried out to engage with representatives of rural and island communities and young people and their families to understand the barriers they may be experiencing in accessing support for chronic pain under existing care models.

These activities, and the feedback shared through public consultation on the Framework, will support identification of specific actions to address inequalities faced by different groups living with chronic pain in Scotland. Work will also be carried out to explore new models of engagement with people with lived experience of chronic

pain to provide continued input and feedback into the delivery of the vision and aims of the Framework.

## **Background**

In the [2020 Programme for Government](#)<sup>21</sup>, we announced a commitment to work with local, regional and national stakeholders, including patient groups, to develop the current Scottish Service Model for Chronic Pain and to publish a new Framework for Chronic Pain Service Delivery in 2021.

We said this Framework would agree to develop pain management pathways that are sustainable, improve health outcomes and minimise harmful variation.

The Framework will contribute to the delivery of the Scottish Government's National Performance Framework<sup>22</sup> to enable people to:

- be healthy and active
- respect, protect and fulfil human rights and live free from discrimination

This means supporting people to live long, healthy and active lives regardless of where they come from in Scotland, and taking a whole system approach to health and wellbeing that is integrated, preventative and person-centred. We will achieve this by using evidence intelligently to continuously improve and challenge existing healthcare models.

During 2021 we have worked with the National Advisory Committee for Chronic Pain, relevant stakeholders and across the Scottish Government and its partners to shape the Framework aims and priorities.

These are:

### **AIM A: PERSON-CENTRED CARE**

Ensure access to appropriate information and support based on an individual's needs.

### **AIM B: TIMELY ACCESS TO CARE**

Support people to access the care they need when they need it

### **AIM C: SAFE, EFFECTIVE TREATMENTS**

Ensure people have choice of effective treatments

### **AIM D: IMPROVING QUALITY OF LIFE AND WELLBEING**

Invest in training, data and research to improve care and support

The new Framework is intended to build on the outputs of policy, service improvement and stakeholder engagement activities carried out over the past decade.

## Who will it affect?

It is intended that the Framework policies will affect people living in Scotland with chronic pain (pain that has been present for longer than 12 weeks), their families, carers and service providers working across sectors. In Scotland it is estimated that 5% report severe chronic pain, which impacts their daily activities and significantly affects all aspects of their physical, psychological and social health.<sup>23,24</sup> Patients with chronic pain will often have one or more other long-term conditions.<sup>25</sup>

For service providers this Framework aligns with existing work that places importance on delivering change at pace on how care and support is co-ordinated across sectors for people living with complex needs that affect their quality of life such as chronic pain.

For service users this Framework aligns with a wider focus on improving public health by actively promoting self-care and self-service, with more focus on education and information that help people understand the choices and tools available to them. The majority of formalised care for people experiencing chronic pain is delivered outwith specialist settings, predominantly in general practice, both as a standalone condition or as co-morbidity of another presenting condition.<sup>26</sup>

Public Health Scotland produce quarterly statistics on first appointments to Pain Clinics in secondary care.<sup>27</sup>

### Hospital (Secondary Care) - pain clinics.

Year	Referrals	Accepted referrals	Seen
2019	20,959	18,120	12,073
2020	12,412	10,479	6,234

The data demonstrates that services were impacted, and continue to be, by measures put in place to respond to the COVID-19 pandemic. After being temporarily paused in March 2020, chronic pain services started to resume in June 2020 as part of the planned remobilisation of services.<sup>28</sup> In September 2020 a Framework for Recovery of the NHS Pain Management Services was published with further guidance on the resumption and continuation of services.<sup>29</sup>

## The Scope of the EQIA

This interim EQIA document sets out evidence of the potential impact of the Framework on groups with protected characteristics, and describes how we will work with to identify and address negative impacts or promote positive impacts and advance equality or good relations

## Key Findings

### Step 1: What we know so far

We recognise different people have different needs. Equality legislation covers the protected characteristics of: age, disability, gender reassignment, gender including pregnancy and maternity, race, religion and belief, and sexual orientation.

We continue to seek opportunities to learn about potential impacts to inform the IA process. This has involved:

- working with the [National Advisory Committee for Chronic Pain](#) to consider the drivers and challenges behind introducing change to the current model;
- engagement with key stakeholders including people with lived experience of chronic pain, third-sector organisations and professional bodies;
- we have collaborated with the Health and Social Care Alliance (the ALLIANCE) to design and deliver a survey of people with lived experience of chronic pain (including those who may be in a caring role for someone with the condition).<sup>30</sup>
- speaking with Health Board management and pain service leads to identify opportunities and barriers to service improvement;
- ongoing monitoring and feedback of 'on the ground' impact and response to COVID-19 on pain services from wider networks; and
- engagement with relevant policy leads across Scottish Government and identification of complementary policy drivers and activities.

As well as evidence gathered through engagement with stakeholders to develop this Framework, we also have previous work to draw on including the [Scottish Public Health Network report on Chronic Pain](#)<sup>31</sup>, [Scottish Access Collaborative Design Workshop report \(2019\)](#)<sup>32</sup>, feedback received through the [2020 Modernising Patient Pathways Programme survey](#)<sup>33</sup> and priorities highlighted by the Chronic Pain Lived Experience Group (being facilitated by the Health and Social Care Alliance).

### Step 2: Relevant impact factors

The following summary is interim evidence against relevant protected characteristics. It is not intended to be a definitive statement or a full assessment of impacts. It presents preliminary points that require further consideration by the Scottish Government to inform the decision-making process during and after consultation on the draft Framework has taken place.

Chronic pain often presents as a comorbidity or element of multi-morbidity.<sup>34</sup> Studies have suggested that there is an increased co-occurrence of chronic pain with depression and cardiovascular disease. Improvements in cancer treatments and care have led to improved survival rates, meaning that chronic pain is becoming more prevalent in those who have had cancer. In patients with chronic obstructive pulmonary disease (COPD), chronic pain is common, and those with COPD and chronic pain were found to have more depression, do less physical exercise, and have higher breathlessness scores than those without COPD. For those living with neurological conditions, the prevalence of chronic pain is double that of the general population, and those with spinal cord injury have the highest levels of pain.<sup>35</sup> The

Framework will therefore consider how to promote care for chronic pain across other clinical pathways.

There are links between chronic pain and poor mental health. One study found that 60.8% of people with chronic pain had severe depression.<sup>36,37,38</sup> The Framework recognises these links and seeks to benefit people by improving coordination and planning of relevant support and services.

There are links to an individual's physical or sedentary activity. Weight may exacerbate joint pain as a symptom of other long term conditions<sup>39</sup> and higher impact chronic pain is associated with reduced physical activity and increased inactivity. One study suggests that nearly 40% of people who are obese experience chronic pain, and that the pain they report is more likely to be moderate to severe than chronic pain in those who are not obese.<sup>40</sup>

There some data to indicate a higher prevalence and impact of chronic pain amongst certain BAME groups.<sup>41</sup> A survey of 500 000 people in the UK showed that those who self-identified as white were less likely to report chronic pain than those reporting black, Asian, or mixed ethnicity.<sup>42</sup>

There is some evidence to suggest pain may arise either as a direct ('Long COVID' symptom) or indirect (reduced activity, poorer mental health) result of the COVID-19 pandemic. Estimates of chronic pain prevalence after ICU vary from 14% to 77% depending on timescale, method of measurement, and population. Pain also appears to be an important factor affecting ability to return to work and quality of life up to 5 years after discharge. It is likely that those surviving critical illness with COVID-19 could be at particular risk of developing chronic pain.<sup>43</sup>

Chronic pain is generally reported more frequently in women.<sup>44</sup> Additionally, they also suffer from female-specific pains; particularly in their pelvis, including period pain (dysmenorrhoea) and the pains associated with diseases such as endometriosis. A systematic review found that women who experience pain are more likely to use maladaptive coping strategies, which predispose them to chronic pain and poorer functional ability.<sup>45</sup>

The evidence shows that reporting of chronic pain increases with age, however some data suggests some increase in reporting amongst young people.<sup>46</sup> In one study it was reported that the prevalence of chronic pain increased with age ranging from 18% among those aged 16 to 34 years to 53% among those 75 years and over. Age 45 to 54 years (39%) was the point when chronic pain became significantly higher than the average for all adults.<sup>47</sup>

Data from NHS England indicates that LGB people report higher levels of painful conditions (e.g. arthritis) compared to heterosexual people.<sup>48</sup> There is a limited data on the impact of chronic pain on transgender individuals with some indication that gender identify may play a role in pain sensation.<sup>49</sup>

## **Recommendations and Conclusion**

We will continue to work with stakeholders to ensure that equality continues to be considered during the consultation and implementation phases of the Framework.

We will also work with stakeholders during the implementation of the Women's Health Plan, development of the Older People's strategy and other relevant Scottish Government policies which impact people with chronic pain.

We will continue to work with health and care providers, researchers and people with chronic pain to develop how data is collected and used at all levels in order to inform meaningful and impactful change and improvement for people with chronic pain.

As part of Implementation planning we will identify the risks to delivery and will work with partners to put action into place to mitigate them.

### **What might prevent outcomes being achieved?**

Achieving the desired outcomes will be dependent on a number of factors not least the ongoing response to the COVID-19 pandemic, which continues to have such an unprecedented impact on society and all public services.

Feedback from across stakeholder groups indicates that workforce and infrastructure capacity, addressing training needs and skill gaps, health literacy, availability of information, associated costs and competing priorities may present challenges to making progress at pace and achieving the desired outcomes.

[Links to references at end of document](#)

## Fairer Scotland Duty - Summary

**Title of Policy:** Scottish Framework for Pain Management Service Delivery

### **Summary of aims and expected outcomes of strategy, proposal, programme or policy:**

The aim of this framework is to provide timely access to effective, safe and person centred care and support that improves the quality of life and wellbeing of people living with chronic pain in Scotland.

It is intended to involve and impact people with chronic pain, their families and carers and those involved in the delivery, planning and provision of formal and informal support and services.

The Framework sets out a number of key Aims that are intended to deliver improved care for people with chronic pain:

#### **Aim A: Person-Centred Care**

Ensure access to appropriate information and support based on an individual's needs.

#### **Aim B: Timely Access to Care**

Support people to access the care they need when they need it.

#### **Aim C: Safe, Effective Treatments**

Ensure people have choice of effective treatments.

#### **Aim D: Improving Quality of Life and Wellbeing**

Invest in training, data and research to improve care and support.

### **Summary of assessment findings**

#### **Evidence:**

The Scottish Burden of Disease Study (2016) found that the most deprived areas of Scotland have double the rate of illness or early death than less deprived areas. People living in more deprived areas are more likely to live in ill health and die prematurely.<sup>50</sup>

There are a range of factors which appear to be associated with an increased risk of developing chronic pain, including demographic, socio-economic, psychological and clinical factors.<sup>51</sup>

Research suggests that it seems likely that social disadvantage, trauma and psychological stress also increase people's risk of developing chronic pain.

Conditions associated with chronic pain are also associated with deprivation.<sup>52</sup> People who have perceived income inequalities, and high levels of neighbourhood deprivation are more likely to experience chronic pain. People who are not in



employment because of ill health or disability are more likely to have chronic pain than those who are employed.<sup>53</sup>

More evidence is required about the barriers people with chronic pain in lower socio-economic groups may face in accessing care and support. We are undertaking more work to improve the quality and quantity of available data on these groups and other related factors as a priority within the Framework.

There are also gaps in our understanding around the link between chronic pain, work absence and help-seeking behaviours. While employment support is not within the scope of the Framework, there are opportunities to ensure that relevant information on the behaviours, barriers and impact faced by those with chronic pain is shared across relevant policy areas in order to address inequalities across public services and policies.

### **Possible impacts:**

One of the key priorities in the Framework is to achieve timely access to care for people with chronic pain. Commitments aligned to this priority seek to reduce the barriers experienced by those accessing services, including those groups identified in our research.

The Framework also sets out to improve understanding of chronic pain and its impact amongst the public and healthcare workforce through a number of interlinked measures. It is intended that raised awareness will also lead to more timely help-seeking and access to effective and appropriate support. This is likely to also include non-health related support, for example employment or finance related advice or opportunities to address isolation or loneliness from both relevant public services and the third-sector.

The Framework also highlights the need to increase the collection of data related to both demographic information and wider determinants of health, such as deprivation. Insight into these risk factors will enable identification of specific prevention and management approaches that take account of these predisposing factors and the impact of pain on those affected. Actions are set out in the Framework to address this.

### **Options to strengthen the strategy impact on inequalities of outcome:**

*Option 1: Increase systematic identification, collection and analysis of demographic, health and outcome related data.*

Benefits of this option are that it would provide an opportunity to inform policy development and implementation through the use of robust data linking patient experience, health and care outcomes and other relevant factors including socio-economic demographics.

Cons of this option in the short-term are that implementing such exercises at the local and national levels takes time to implement and may be perceived as a lesser

priority by health and care partners compared to more urgent system demands. There are often usually long lead-in times for analysis and publication of data.

*Option 2: Increase representation of people from groups impacted by inequalities in engagement and implementation activity.*

The benefit of this option would be to ensure that people with lived experience of inequality in relation to chronic pain would be directly involved in informing policy development and service improvement activities. Robust engagement would ensure that policy-makers improve how they communicate proposed policies and would gain an improved understanding of the barriers faced by groups affected by inequality. Given the cross-cutting complexity of the drivers of socioeconomic deprivation it would also strengthen the links between relevant policy areas to ensure greater collaboration and coordination of effort to reduce barriers more generally for deprived groups.

Cons of this option include the difficulties in ensuring meaningful involvement, engagement and representation from disadvantaged groups. This is likely to have increased in challenge during the COVID-19 pandemic and the shift to digitally-led engagement activities rather than in more local, known community settings.

#### **Changes to plan:**

Option 1 remains a longer-term strategic goal in order to support increased understanding of the experience and barriers faced by people with chronic pain.

Therefore, in line with Option 2, we will build on the knowledge and experience gained from engagement activities carried out with people with lived experience of chronic pain to date in developing the Framework. To achieve this, we will undertake a review of existing engagement structures. We will ensure that priority is given to approaches that increase opportunities for groups identified facing inequalities to be consulted and involved as we implement the Framework.

[Links to references at end of document](#)

## **Responding to this Consultation**

We are inviting responses to this consultation by 28 February 2022.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://consult.gov.scot/healthcare-quality-and-improvement/pain-management-service-delivery>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 28 February 2022.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Strategic Planning and Clinical Priorities Team  
Scottish Government  
GER  
St Andrew's House  
Edinburgh  
EH1 3DG

## **Handling your response**

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will 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.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>

## **Next steps in the process**

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

## **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted,

please send them to the contact address above or at [Clinical\\_Priorities@gov.scot](mailto:Clinical_Priorities@gov.scot).

### **Scottish Government consultation process**

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



## RESPONDENT INFORMATION FORM

### Draft Framework for Pain Management Service Delivery

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:

<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

Individual

Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

#### Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

Publish response only (without name)

Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

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