

## Speaking Notes

### NACCP Chair meeting with Patient Reference Group representatives

<b>Date</b>	27 <sup>th</sup> April 2021
<b>Time</b>	2.00pm – 2.45pm
<b>Teams Link</b>	<a href="#">Click here to join the meeting</a>
<b>Attendees</b>	<p><b>PRG Representatives</b></p> <ul style="list-style-type: none"><li>• [SR to update]</li></ul> <p><b>Scottish Government</b></p> <ul style="list-style-type: none"><li>• John Harden</li></ul> <p>&lt; REDACTED &gt; &lt; REDACTED &gt;</p>
<b>Agenda</b>	<ol style="list-style-type: none"><li>1) Review actions from last meeting</li><li>2) Feedback from Alliance meeting</li><li>3) Proposed approach for next NACCP meeting</li><li>4) Overview of Framework development process and opportunities to influence</li></ol>
<b>Background</b>	<ul style="list-style-type: none"><li>• This meeting follows on from the previous meeting with the chronic pain Patient Reference Group (PRG) in March 2021 following issues raised directly with officials and with Ministers via Cross Party Group Chronic Pain Convenors and other MSPs.</li><li>• At the previous meeting, the group raised a number of issues(see Annex A for full meeting note circulated to attendees):<ul style="list-style-type: none"><li>• Requested more support and communication from the Alliance for the group</li><li>• Highlighted difficulties navigating and contributing to the policy development process e.g. understanding the driver diagram</li><li>• Overall feeling disengaged from the process</li></ul></li><li>• A number of the PRG members contacted the Chair directly following the meeting to express their discomfort at the behaviour of their fellow representatives. Officials followed up with these individuals to ensure they could raise any concerns, with both reflecting the importance of mutual respect and collaborative working.</li></ul> <p>Following the last meeting &lt; REDACTED &gt; contacted MSPs and Ministers to again complain about the involvement of the group in decision making. Correspondence is also being dealt with from &lt; REDACTED &gt; and &lt; REDACTED &gt; about their own personal treatment issues.</p>

#### Opening the meeting: Establishing meeting rules and behaviours

- **The Chair should set ground rules for the meeting:** Feedback was provided both by individual members and the Alliance on the impact of certain behaviours during meetings with the PRG representatives. The Chair should set ground rules at the start of the meeting which echo the behaviours set out in the NACCP Role Profile and the agreed ways of working from their capacity building meeting with the Alliance which the representatives agreed to:
  - Working collaboratively
  - Aim for a positive meeting/outcomes
  - Keeping it professional
  - If you are comfortable speaking, it might be someone else's turn, if you are comfortable quite, maybe time to talk
  - Wanting to move forward – positively
  
- **The meeting is to discuss how to support the group to be effective representatives:** The Chair should also remind the group they are representatives of the wider chronic pain population and the need to ensure they are considering the needs of the entire PRG and not just their own individual circumstances. In addition some of the members have previously set out their own personal histories on a number of occasions. Therefore in order to make the most of everyone's time, the Chair should:
  - request that discussion is focused on the agenda only, and
  - he will intervene if he feels discussion is off-topic or covers ground discussed in previous meetings
  
- **The Chair should highlight to the group that we are continually reflecting on ways of working with the group. Our aim is to ensure we hear the voice of the entire Patient Reference Group and we will be trying a new way to do this ahead of the next NACCP meeting (see Agenda Item 3).** The group will have a series of meetings with support from both the Alliance and Officials between now and the NACCP meeting at the end of May. We would urge them to engage positively with these efforts and while further improvement may be required, and their feedback will be sought, if the representatives are still unable to work with us constructively, we will have to review existing arrangements.

## AGENDA

### 1) Review actions from last meeting

**AIM:** Update the group briefly on the actions agreed at the last meeting.

ACTION	STATUS	NOTES
<ul style="list-style-type: none"> <li>Officials to share the notes from the meeting.</li> </ul>	DONE	
<ul style="list-style-type: none"> <li>Officials to share update on Prescription Medicine Dependence and Withdrawal Consultation</li> </ul>	DONE	<ul style="list-style-type: none"> <li>Closes 12<sup>th</sup> June.</li> <li>Consultation events taking place in May.</li> </ul>
<ul style="list-style-type: none"> <li>Officials to meet with the Alliance to discuss the points raised by the PRG reps in relation to support needs to engage more fully with the process going forward</li> </ul>	DONE	<ul style="list-style-type: none"> <li>Alliance carrying out capacity building sessions with PRG reps</li> <li>First session occurred 7 April</li> <li>Next session w/c 3 May</li> </ul>
<ul style="list-style-type: none"> <li>Officials to engage with colleagues leading on Heart Disease work to learn from their activities.</li> </ul>	DONE	<p>&lt;REDACTED &gt;</p> <ul style="list-style-type: none"> <li>spoke to the policy lead for Heart Disease Action Plan. She confirmed that the event referred to at the last meeting happened at the <u>end</u> of the policy process when the majority of decisions had already been taken. Feedback was taken on board and responded to. Emphasis to the group we are offering them the opportunity of being involved <u>much earlier</u> in the process.</li> </ul>
<ul style="list-style-type: none"> <li>Officials to explore possibility of sharing summary of published documents used to inform draft driver diagram.</li> </ul>	DONE	<ul style="list-style-type: none"> <li>Shared with group 14 April</li> <li>Request arose from group wishing to understand what background policy work had informed the Driver Diagram and had been included in submission to Ministers</li> </ul>
<ul style="list-style-type: none"> <li>JH to consider request for representatives and substitutes to attend NACCP meetings</li> </ul>	TBD	<p>&lt; REDACTED &gt;</p> <ul style="list-style-type: none"> <li>to decide</li> <li>Policy recommendation: Having both representatives and substitutes should not generally present an issue. However, we need to be mindful of maintaining a balance between clinical, service and policy voices and those of people with lived experience. Therefore <b>any decision will be reviewed following the meeting to assess if arrangements support productive working at NACCP meetings.</b></li> </ul>
<ul style="list-style-type: none"> <li>Reps and subs to complete Doodle poll circulated previously via email for meeting with NACCP Chair</li> </ul>	DONE	

## 2) Feedback from Alliance capacity building meeting – 7 April 2021

**AIM:** Provide a brief opportunity for the group to share their reflections on the first capacity building session and to highlight any further issues for officials to raise with the Alliance and inform the next session.

- Following feedback from the previous PRG representative meeting with the Chair, officials discussed the needs the group raised around additional support from the Alliance. The Alliance will deliver two capacity building sessions with the representatives across April and May.
- The Alliance provided feedback to officials following the session (see Annex B for full note) with the following key themes emerging:
  - **Information flows:** there is too much complexity to the communications between the NACCP, the wider PRG and their group
  - **Information overload:** the information the group is provided with is often too dense, and feels inaccessible e.g. Driver Diagram
  - **Lack of influence:** feel their voice isn't heard in discussions, unclear on how to influence the process and what is open for discussion.
  - **Group dynamics:** the group reflected they don't work well together, and the current structure (substitutes and substantive members) should be reviewed. Potential new/other formats for representation were also discussed.
- The Alliance are intending for members of the group to work with their facilitator in order to co-produce the agenda and activity for the next capacity building session.

## 3) Proposed approach for next NACCP meeting

**AIM:** Demonstrate how we are seeking to address the issues they have raised by sharing a proposed new approach to improving information flow for the next NACCP meeting.

- The next NACCP meeting is scheduled for 26 May. At the capacity building session, the group expressed the view that they are not given sufficient time to review the NACCP papers, understand the requests and seek the input from the wider PRG. They requested a process by which NACCP papers/requests are 'triaged' by the representative group who would then present these to the wider PRG to seek feedback which they would bring to the Committee meetings.
- However, reflecting the group's feedback to the Alliance about the complexity of information flow, and in order to ensure the wider PRG are treated equitably, we are proposing that we test a new approach to sharing the NACCP papers and securing their input for the next meeting. We will:
  - share content with the entire PRG for discussion
  - the Representatives will then meet to collate and discuss feedback for presentation at the NACCP (including the pre-meet with the Chair as agreed).

- We believe this approach would be beneficial because:
  - It treats all members of the PRG equally and means we get the views of the entire chronic pain community;
  - Addresses the issues raised about the complexity of the information being provided by helping to summarise content;
  - Addresses the issues raised about understanding where their input would be most valued and the opportunities available to influence; and
  - Helps ensure that we can continue to make progress at the rapid pace that is required given the new Government, Ministers and need to improve pain services.
- We would welcome their feedback on this proposal and there will be opportunity to reflect further on ways of working and sharing of information at the second capacity building session with the Alliance in early May.

#### **4) Overview of Framework development process and opportunities to influence**

**AIM:** Provide a brief overview of the components and activities that will be carried out to deliver the new Framework in order to address their request for more clarity on what, and how, they can influence the policy development process

- There are a number of activities which will come together to inform the development of the Framework. Their attendance and contribution to the NACCP meetings and papers is just one of these elements.
- We want to highlight other opportunities where their experience would be valued and seek their feedback on which activities they may be interested in exploring as part of the wider PRG.
- **Equality Impact Assessments (EQIA):** The Scottish Government recognises the importance of embracing diversity and delivering equality of opportunity. Therefore, all policy development must involve an assessment of the potential impacts of protected characteristics, socio-economic factors and other relevant issues on the implementation and effectiveness of the recommendations. This might be things like age, sex, race and remote or rural location. We would value their input on this work to ensure we are considering relevant factors.
- **Engagement events:** We would like to ensure that all stakeholders, including people with lived experience, clinicians and researchers have an opportunity to help 'sense check' any proposals we might wish to set out in the Framework ahead of the formal public consultation. We are carrying out work to explore what options for this type of engagement should look like and we would value their input.
- **Support the communication of prescribing guidance:** The Scottish Government has developed guidance for clinicians around the evidence and best practice in the management of chronic pain. There could be opportunities going forward to be involved in informing and supporting how this information is best communicated and shared with people with chronic pain and other long-term conditions.

- Others?

## ANNEX A

### Follow-up note to meeting on 23<sup>rd</sup> March 2021

Dear all,

Thank to those of you would who could make the call yesterday. I am aware officials remained on the call to discuss matters further with the group once I had left to join another meeting. As agreed, please see a note of the meeting below prepared by officials. We will provide further updates following on from the agreed actions as soon as possible:

- John Harden (JH) set out intention is to work collaboratively with people with lived experience and to involve people in the process of policy development. He highlighted that the driver diagram shared with the Minister had been sent to the NACCP and Patient Reference Group (PRG) as promised. He also spoke about how officials are keen to work better together with the PRG but that required trust on all sides and a willingness to collaborate. He said that officials would be working with the Alliance to ensure both the representatives and the wider PRG were better supported to engage in the process of policy development. He also said that he was happy to meet the group again to continue conversations and that it would be helpful if they could suggest what format would be best to share information on the diagram and what changes they would seek.

< REDACTED > explained that the group felt the Driver Diagram was difficult to follow, and they felt ignored in the process of its development. She also highlighted that the group felt they weren't receiving the support they needed from the Alliance to engage in the process. She also highlighted concerns around access to treatment and this not being captured in the diagram. She said the diagram lacked clarity and focus and therefore it was difficult to see a way forward. She also said it was important the whole group were supported and involved including the substitute members attending NACCP meetings and involved in discussions. She also sought clarification on whether a decision had already been made on treatments available in pain services. < REDACTED > explained that nothing has been predetermined in relation to the policy work.

< REDACTED > highlighted that in the development of the Heart Disease plan there had been a 2 hour session with people with lived experience to ensure they had an opportunity to feed-in to the development of the policy work. She also voiced concerns about not seeing the submission/recommendations to the Minister (this was raised on a number of occasions by reps) and JH explained that these are not routinely shared publicly, but that the key content was already shared with the group (the driver diagram) and the Minister was being asked to approve of this and the work that went into its development. Officials also confirmed that the PRG were consulted in the same way as other stakeholders and no other groups had been involved in the production of or sighted on the note to Ministers. < REDACTED > also asked about the consultation on Drug Dependence and Withdrawal as discussed previously. < REDACTED > said he would share an update (see below).

< REDACTED > explained that it was likely that the proposals < REDACTED > had seen from the Heart Disease team were likely to be much more advanced and that pain policy was in an earlier position, with the driver diagram reflecting the work carried out to date. She also explained that the Framework for Pain Service Remobilisation published last year was intended to address issues that services are currently facing, including restarting after COVID and addressing those waiting for

treatment. < REDACTED > highlighted that the input being sought from the Patient Reference Group as part of the new Framework was related to the future delivery and development of pain services, including their ideas for improvement. < REDACTED > also highlighted the changes that had been made to try and support people with chronic pain to be involved in the policy development process, including establishing the PRG and increasing the representation of people with lived experience at the NACCP.

- < REDACTED > explained that all of the representatives are involved because they care and wish to use their experience to improve services for chronic pain. She highlighted the significant negative impact waiting times for treatment have on people with chronic pain, including their mental health. She said it was important for people to be involved, and the driver diagram was inaccessible and another format was required. She also called for more support for the group from the Alliance. She also stressed the importance of the reps and the wider group being given sufficient time to feed in to meetings and ensuring people with lived experience had time to speak at meetings.
- < REDACTED > outlined the intention of working with the PRG was to ensure that there was collaborative working to help improve services and the group is treated in the same manner as other stakeholder groups including clinicians, advisors and the third sector.

< REDACTED > agreed the driver diagram format didn't convey the detail needed to engage fully in the process, and highlighted it was inaccessible from a disability perspective also. < REDACTED > suggested it would be helpful to see any further documents or explanation that fed into the development of the diagram. <

REDACTED > explained that these were drawn from published reports which had made recommendations in the past about improving pain services which officials had sought to summarise in order to develop the driver diagram and he would share these if possible.

< REDACTED > also asked how could the group support work about current practice, not just policy work. She was interested to understand how they could change or engage in service decision making locally. < REDACTED > explained that while service provision decisions were made at the local level (e.g. Health Board level) in Scotland, there was an opportunity to consider how to support the group to engage in their local services and influence these – to raise with the Alliance.

< REDACTED > read a statement from < REDACTED > who wasn't in attendance which expressed no confidence in the process and stated the group do not endorse the driver diagram.

### Actions

Best wishes,  
John Harden

## ANNEX B

### Notes from the Alliance on Capacity Building Session – 7 April 2021

Summary of Capacity Building Meeting with Representatives and Substitutes of the Chronic Pain Reference Group

7<sup>th</sup> April 2021

Attendees: < REDACTED >, < REDACTED >.

Facilitators and Notetakers: < REDACTED >, < REDACTED >, < REDACTED >, < REDACTED >.

The session was originally planned to be facilitated in two breakout rooms, but in response to suggestions from the participants it was decided to facilitate discussions as one group.

This note provides a high-level summary of the discussion with a focus on areas for action for future capacity building sessions. The chronological order of the summary below does not reflect prioritisation.

The session was based around two questions:

1. What support would help you, as a group, be able to bring the views of the CPRG to the NACCP?
2. We have received feedback that the driver diagram is difficult to understand, what would be a helpful format for sharing the information in the driver diagram?

#### Discussion on Question 1

- Communication between representatives and substitutes was an area that participants felt could be improved.
- Information flows were highlighted as a challenge:
  - Tension between administrative processes supported by the ALLIANCE and meeting time periods,
  - Inconsistent flow of information between representatives and substitutes, ie sometimes being included in emails and other times not.
  - Timeliness of gathering views of CPRG prior to NACCP, and how to gather their views.
  - Information overload
  - Feedback on how the information shared with NACCP has been used
- Time between meetings is not long enough, eg between CPRG and NACCP
- Understanding of how NACCP functions
- Feel like they are not being listened to when raising areas that are important for people with lived experience of chronic pain

Suggested action included:

Potentially appointing a chair for the representatives and substitutes group

Learning from other models, eg Heart Disease Improvement Plan  
Work on information flows to reduce overload.

## Discussion on Question 2

- Design of driver diagram means that it is not screen reader accessible
- Driver Diagram is not written in language that is easy to understand
- Nothing in the driver diagram about waiting times
- Early input from people with lived experience important
- Lacks clarity about what it is trying to accomplish
- Need more information about how to approach things, eg timings, staff training, opioid use, self management
- No end goal or destination evident
- Where are conversations about remobilisation of services happening?

Suggested action included:

Having clear objectives documented.

Text would be more helpful than a diagram

If diagram the Microsoft Visio is suitable for accessibility

Understanding of where conversations about service provision, eg waiting times and remobilisation are happening.

Understanding of how the linkages within the driver diagram work.

Understanding of what the NACCP can and cannot influence to ensure best use of time and energy.

Visibility of delivery of chronic pain services

Where and in what format can concerns of people with lived experience be taken?

## **Background**

The Scottish Government has been working with Health Boards, pain service leads, the National Advisory Committee for Chronic Pain (including the Patient Reference Group Representatives and Substitutes) and other stakeholders to understand the issues facing chronic pain management in Scotland.

We have now identified a number of important areas where we would appreciate the input and insight of people with lived experience of chronic pain to help us generate new ideas to help improve support and services.

## **How you can help**

Below you can read about five different issues affecting pain services. For each one we have provided information on some of aspects that we think might need to be addressed. We would like you to read this, think about your own personal experience and the prompting questions under each section.

You can answer as many or as few of the sections as you like, and please add in any other questions, concerns or ideas you have. We would also welcome any examples related to each issue where you have had an experience where things worked well or were challenging. This will help us learn about what has already been tried and how we can learn from your experience.

## **What happens next**

Please send your response to the Alliance at [Chronicpain@alliance-scotland.org.uk](mailto:Chronicpain@alliance-scotland.org.uk) by 9am Wednesday 19th May 2021.

The PRG Representatives and Substitutes will then review the responses and help provide feedback to inform discussions at the next NACCP meeting. There will also be the opportunity to discuss these issues at the Chronic Pain Reference Group meeting next Wednesday 12<sup>th</sup> May.

This is an opportunity for you to help us shape the next stage of our work on chronic pain. We will use your feedback and that from other stakeholders to help develop ideas as part of the new Framework for Chronic Pain Service Delivery.

Thank you for your on-going support.

## 1. The impact of COVID-19 on people with chronic pain

**Issue:** Chronic pain services faced many challenges during the COVID-19 pandemic, with GPs, physiotherapists, nurses and consultants all being involved from the outset in providing care for people with the virus. In hospitals, services for people with chronic pain were further affected as facilities were required for people with COVID, and there are continued concerns that some treatments may increase the risk of patients catching the virus or worsen the symptoms of infection.

While all Health Boards have restarted elements of their pain services, more work is needed to ensure people who are still waiting for treatment have the support they need. We want to understand how we can support Boards to learn from what has happened during the pandemic and help improve the services they are providing for people with chronic pain.

### Questions to consider:

- What would you would want your healthcare team to know about your experience during COVID-19?
- If your treatment was delayed or cancelled, what support did you receive from the service you were using – GP, physiotherapist, hospital pain service etc.? What do you think could have been better?
- Is there anything that you think worked well about your healthcare (for pain or other issues) during the pandemic that you would like to see continued or that you think other people with chronic pain might benefit from?

#### What do you think is currently working well?

Please type here

#### What do you think could be better?

Please type here

#### What ideas could help improve this issue?

Please type here

## 2. Improving access to services

**Issue:** People with chronic pain can experience difficulties in accessing healthcare services including delays or long waits. Health Boards in Scotland plan and deliver local and hospital pain management support in different ways for a variety of reasons – for example, to reflect local health priorities or geographic boundaries. Everyone with chronic pain, no matter where they live, should have access to the same high quality support.

There is an opportunity to improve how Health Boards plan and deliver care for people with chronic pain by understanding what other services are doing well, and agreeing national standards of care. This includes looking at different ways of working to help reduce waiting times for pain services and identifying what staffing levels are needed to deliver timely, good quality care and support.

### Questions to consider:

- How can we make sure people with chronic pain are aware of what services are available in their area and what support they offer?
- What would make it easier for people with chronic pain to contact their doctor or healthcare service if they feel they need advice or to be seen?
- What information or support should people with chronic pain be able to access while they are waiting to be seen by pain management services?
- How could Health Boards work with people using chronic pain services to hear and address feedback to help improve their services?
- Many Health Boards have started to use digital technology to support delivery of pain management services e.g. using NHS NearMe. What should be done to make sure these technologies are accessible and used appropriately for people with chronic pain?

### What do you think is currently working well?

Please type here

### What do you think could be better?

Please type here

### What ideas could help improve this issue?

Please type here

### 3. The right treatment at the right time

**Issue:** Everybody's experience of chronic pain is unique, and not everyone requires or benefits from the exact same type of treatment. Clinicians should ensure people with chronic pain both understand and are involved in agreeing what treatment or support is likely to be the most beneficial. This type of shared decision making is further supported by guidelines and clinical advice based on evidence from research studies.

We know there are differences in the treatment available between Health Boards in Scotland, and work is needed to ensure everyone can access evidenced-based support to help manage their pain and improve their quality of life. This will include making sure people are referred to the right services at the right time and that clinicians and patients understand and agree when a treatment might be started or stopped.

**Questions to consider:**

- How can we support people with chronic pain to access information and advice about different treatment options for pain?
- What would help people with chronic pain and their healthcare team to discuss and agree shared expectations around treatment or support for chronic pain?
- What information would help people with chronic pain understand when and why they might be referred for more specialist pain management support?

**What do you think is currently working well?**

Please type here

**What do you think could be better?**

Please type here

**What ideas could help improve this issue?**

Please type here

#### 4. Supporting people to get the help they need, when they need it

**Issue:** We want to encourage people to seek help to treat and manage their chronic pain before their condition and quality of life deteriorates. We also know that some people with chronic pain are likely to experience difficulties accessing the services and support they need, for example people with disabilities or certain ethnic or cultural backgrounds.

We want to make sure that people have the best information and opportunity to get the help they need for chronic pain at the right time when it can make the biggest difference to their quality of life.

**Questions:**

- How can we encourage people to seek help earlier to manage chronic pain and its impact?
- What obstacles or barriers might be preventing people from looking for help for chronic pain?
- How can we make sure everyone understands what chronic pain is and how it can be managed or treated, including those from harder to reach groups?

**What do you think is currently working well?**

Please type here

**What do you think could be better?**

Please type here

**What ideas could help improve this issue?**

Please type here

## 5. Helping people to help themselves

**Issue:** Self-management supports and encourages people living with long term conditions to access information and to develop skills to find out what's right for their condition and, most importantly, right for them. Together with health professionals and others who provide support, self-management can help people to make decisions that are right for their life.

Research has shown that most people with chronic pain benefit from support to self-manage their condition and its impact on their day to day life – even if they are also receiving other types of treatment. However, we know that more work is needed to improve understanding and access to supported self-management across Scotland.

### Questions to consider:

- How can we make sure that everyone has the same understanding of what self-management is, and how it can help people with chronic pain?
- How can we make sure that people with chronic pain are able to access high-quality supported self-management when they need it?

**What do you think is currently working well?**

Please type here

**What do you think could be better?**

Please type here

**What ideas could help improve this issue?**

Please type here

## Scottish Government policy activity on chronic pain

The new Framework for Chronic Pain Service Delivery is intended to build on the outputs of policy, service improvement and stakeholder engagement activities carried out over the past decade. The Framework will seek to both evolve the existing Scottish Service Model for Chronic Pain (see below) whilst also setting out, for the first time, an overarching consensus vision for pain management support and service delivery in Scotland, including specific improvement actions and the timeframe against which these will be delivered.

2013	<ul style="list-style-type: none"> <li>• Support leading to the publication of national clinical guidance: SIGN Guideline for the Management of Chronic Pain</li> </ul>
2014	<ul style="list-style-type: none"> <li>• <a href="#">Update of the Scottish Service Model for Chronic Pain</a></li> <li>• Funding to NHS Boards for Service Improvement Groups (SIGs)/ Managed Clinical Networks (MCNs) for chronic pain (2014-2016)</li> </ul>
2015	<ul style="list-style-type: none"> <li>• <a href="#">Scottish National Residential Pain Management Programme (SNRPMP) established</a></li> </ul>
2017	<ul style="list-style-type: none"> <li>• National Advisory Committee for Chronic Pain (NACCP) established to support and guide improvement of pain management at all levels.</li> </ul>
2018	<ul style="list-style-type: none"> <li>• NACCP endorse <a href="#">guidelines on management of chronic pain in children and young people</a></li> <li>• NACCP contribute to and support the publication of the Scottish Government's <a href="#">Quality Prescribing strategy for chronic pain: a guide for improvement 2018 to 2021</a>.</li> <li>• Scottish Government funded research to improve the breadth, consistency and quality of chronic pain data; <a href="#">the Core Minimum Dataset (CMD)</a>.</li> </ul>
2018/19	<ul style="list-style-type: none"> <li>• Scottish Access Collaborative hosted three design workshops involving clinical and community stakeholders from 10 NHS Health Board areas to develop recommendations for chronic pain service improvement to be taken forward by the Modernising Patient Pathways Programme.</li> </ul>
2020	<ul style="list-style-type: none"> <li>• New Chair of the NACCP, Dr John Harden, Deputy National Clinical Director appointed and review to reconstitute NACCP.</li> <li>• Establishment of the Chronic Pain Patient Reference Group (PRG) funded by the Scottish Government and delivered by the ALLIANCE.</li> <li>• Publication of <a href="#">Framework for Recovery of Pain Management Services</a> to support Health Board remobilisation of services during the COVID-19 pandemic</li> <li>• Inclusion of commitments on chronic pain service improvement in the <a href="#">Programme for Government for 2020</a>.</li> </ul>

## Activities carried out to refine Framework priorities

Policy recommendations were identified from two major recent reports on chronic pain services in Scotland, summarised in the tables below. Officials carried out a number of activities following the Programme for Government commitment to develop a new Framework for Chronic Pain Service Delivery to review and contextualise these recommendations, including:

- analysis of a January 2020 survey of the chronic pain community including people with lived experience on their priorities from the Access report;
- reviewing the outputs of the findings of the Scottish Specialist Pain Workforce Survey (2018);
- meetings 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;
- engagement with relevant policy leads across Scottish Government and identification of complementary policy drivers and activities;
- engagement with key stakeholders including people with lived experience of chronic pain, third-sector organisations, clinical bodies and research experts.

### [Scottish Access Collaborative Design Workshop report \(2019\)](#)

The aim of the Scottish Access Collaborative is to improve waiting times for patients waiting for non-emergency procedures. In 2018/19 a series of design workshops on chronic pain were held to identify challenges in service provision and generate ideas for sustainable improvement.

Driver in new Framework	Recommendation
Workforce/ Pathways	HOW MIGHT WE: allocate available resource to educate, train, supply, and retain healthcare professionals with the right skillsets in the right places?
Treatments	HOW MIGHT WE: Make people aware of what self-management is and what options are available
Pathways	HOW MIGHT WE: Develop strong links between primary and secondary care, as well as acute and chronic services, in order to create a clear model of care?
Data/ Workforce/ Research & Quality Improvement	HOW MIGHT WE: Use measurement of current and future staffing to drive improvement?
Treatments	HOW MIGHT WE: Agree and communicate a common language in order to support and promote Realistic Medicine, de-pharmaceuticalisation, and effective prescribing?
All	HOW MIGHT WE: Ensure sustainable funding for chronic pain?

## Scottish Public Health Network Health Care Needs Assessment of adult chronic pain services in Scotland (2018)

In 2018 Dr Ruth Mellor led a project group comprised of public health, pain service and Scottish Government colleagues to carry out an assessment of service provision in Scotland following a number of years of improvement activity. The group made recommendations for improvement at each level of the Scottish Service Model and identified examples of local best practice.

Driver in new Framework	Recommendations
Data	<ul style="list-style-type: none"> <li>• NHS Boards should report on the number of people who have sought and who are accessing NHS services for chronic pain management by type of service.</li> <li>• Chronic Pain should be routinely recorded in Primary Care, with staff using the specific Read Code.</li> <li>• The majority of patients with chronic pain should be able to manage their pain with support from self-management and primary care.</li> </ul>
Pathways	<ul style="list-style-type: none"> <li>• All providers of Pain Services (Level 1 to 4) must provide quick and easy access to educational material that informs about, and supports self-management of chronic pain.</li> <li>• For NHS Board areas where there are currently no self-management groups, courses or education sessions, one type of face to face support is established. Where there is inequitable or limited access to these groups, that provision expanded for example through broadening digital access.</li> <li>• Each NHS Board must ensure adequate provision of, or access to, a multi-disciplinary pain service, with sufficient and appropriately trained clinicians representing all the relevant disciplines.</li> <li>• To enable adequate provision of, or access to, a multidisciplinary team, a range of approaches may need to be considered, including a more distributed models of care across existing NHS boundaries, increasing telehealth options, or service restructuring.</li> <li>• NHS Boards should collaborate to ensure that access to Level 4 services is equitable, irrespective of the Board area where the patient resides or is being managed.</li> </ul>
Treatments	<ul style="list-style-type: none"> <li>• Ensuring all resources are available online and provided through a well-regarded and quality assured website such as NHS Inform.</li> <li>• Any patient receiving regular analgesic prescriptions must have these reviewed. NHS Boards should have a review strategy that outlines responsibility for conducting the reviews. A quality performance indicator for reviews should be introduced.</li> <li>• Healthcare Improvement Scotland should consider facilitating the development of nationally agreed guidelines for pain relieving, repeated interventions, where there do not yet exist. These should not only include criteria for treatment initiation, but also criteria for successful pain relief and, therefore continuation / discontinuation.</li> <li>• NHS Boards should promote self-management and support reliable access to other forms of non-pharmacological management of chronic pain, including psychological, talking therapies (online courses including under supervision). Their use should be recorded as part of routine patient records.</li> </ul>

Workforce	<ul style="list-style-type: none"><li>• Chronic pain should be covered as part of pre-registration training.</li><li>• Improve training for Primary Care staff around pharmacological and non-pharmacological interventions.</li><li>• Clear criteria should be developed to support appropriate referrals to secondary care, and specify what information is required to support that referral.</li><li>• Similarly, the potential future workforce needs to be quantified and action taken. Alternative methods of creating a broader, clinical workforce trained in pain medicine and management, should be considered.</li><li>• Furthermore professional development support for Allied Health Professionals (AHP) not formally employed within a Level 3 pain service should be extended.</li></ul>
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**From:** < REDACTED >@gov.scot  
**Sent:** 27 May 2021 10:09  
**To:** < REDACTED >  
**Cc:** < REDACTED >< REDACTED >; < REDACTED >@gov.scot; < REDACTED >@gov.scot  
**Subject:** RE: For action: < REDACTED >+ PRG

Hi < REDACTED >

Thanks for your response and I will reflect this in our response to the complainant – however we may expect more correspondence on this which we would be keen for the Alliance to lead on as it relates to behaviours at PRG meetings. Just to note, we also made it clear to the other complainant that it is not appropriate for SG to address views expressed on a private forum.

Can I just check that you will be responding to < REDACTED > email following the CPG meeting? Again, I think it's an opportunity to make them aware of the Terms of Reference etc. as set out below for any future CPG meeting they, or their representatives attend.

I have good availability next Wednesday after 2pm or Thursday after 12pm if that suits you, < REDACTED > and < REDACTED > to catch-up? Let me know what might suit and I'll send a teams invite.

Thanks,  
< REDACTED >

**From:** < REDACTED >  
**Sent:** 26 May 2021 18:49  
**To:** < REDACTED >@gov.scot  
**Cc:** < REDACTED >; < REDACTED >  
**Subject:** Re: For action: < REDACTED > + PRG

< REDACTED >

Thanks for this.

Be pleased to catch up next week.

As you know the Terms of Reference set out parameters that we expect all members to work to. We are additionally as an organisation considering an overarching Code of Conduct for groups that we support and facilitate. This is a work in progress.

As you know I chaired most of the last CPRG and at a debrief with the team our collective view was that it had gone as well as we expected. I felt that members were respectful albeit it does require tight chairing to keep to time and to ensure that more than once voice is heard.

I was not aware of the named individual reference in the chat box until after the meeting and in future I will discourage any named references.

I convened a meeting of the Reps to the NACCP at which four turned up and there was some discussion about behaviours and also the representative nature of the reps in the context of the terms of reference.

I noted the drop off at CRPG meetings and I do feel that the constant spats between members of the group is in danger of putting people off.

We are trying very hard not to polarise responses into one side versus another.

I have had a chat with our CEO about < REDACTED > - we don't have access to this account and our general approach would be not to react to third party reiterations of conversations taking place elsewhere.

I have to say in addition that two representatives have not attended any of the capacity building sessions despite this being a request from the group itself. I understand that this is not accidental.

As an organisation we've noted that previous groups have been very willing to work together and be supported to do and I hope that this group can move forward in that context.

Best wishes

< REDACTED >

On 26 May 2021, at 17:52, < REDACTED >@gov.scot wrote:

Hi

Just wanted to get in touch on issues that have been brought to our attention by members of the Patient Reference Group to inform you of our response and actions sought from the Alliance:

**1) Response to complaints about < REDACTED > forum posts**

First I just wanted to provide an update on the above. As you are aware, a member of the Reps group contacted Officials to complain about posts made by < REDACTED > on a private forum. We provided the response (attached) following discussions with both the Rep and < REDACTED > to ensure clarity about the independence of the individual representatives and our expectations of < REDACTED > (and all members of the NACCP) to support a collaborative working environment with all stakeholders, including the broader PRG and the Reps. Officials have had further correspondence with the Rep to explain what actions are appropriate for SG to take within the remit of the NACCP, and to reiterate the steps the Alliance are taking at the PRG level to ensure a safe spaces for all participants.

**2) Complaints about < REDACTED > behaviour at the PRG meeting – see attached**

Related to the above, officials received the attached email highlighting complaints about the behaviour of < REDACTED > representatives and comments made during the last PRG meeting (12 May 2021) about another member of the group. Officials will respond to the complaint in due course, but we believe the issues on safeguarding raised in Q4 warrants a response from yourselves/the Alliance in relation to the actions being taken to safeguard PRG members. (Also note that Q3 in relation to the role of the Alliance will refer the complainant to the FOI information they have already received which is publicly available on the SG website).

It may be the case that the recent complaint raised by < REDACTED > themselves following the 12 May PRG meeting provides an opportunity to address both of the issues above, by engaging with < REDACTED > to ensure they understand that the individual representatives are independent and the majority have been keen to engage constructively in the work of the NACCP, and secondly to ensure they are aware of the expectations the Alliance has set out for PRG meetings, especially in relation to their behaviour towards fellow members of the group.

Finally, thank you for all your work preparing the PRG reps for today's meeting of the NACCP which was constructive.

It would be good to arrange a time to catch-up in the coming week or so to share more reflections and to plan next steps to ensure they and the wider group continue to contribute to our policy development work.

Best wishes,  
< REDACTED >

< REDACTED >  
< REDACTED >  
< REDACTED >  
< REDACTED >

Hi < REDACTED >

Thanks for the call yesterday morning and your further email, and taking the time to hear how we have taken forward and addressed the issues you raised.

Thank you as always for being honest about the challenges within the Rep group, and sharing your frustrations about the behaviour of individual members. Again, we really appreciate all the time and effort you and your fellow Reps put in to this work, and as you know we are continuing to work with the Alliance to ensure these issues are addressed going forward.

I hope the Rep group can come together to review the feedback from the wider PRG to inform the discussions at the next committee meeting. As I said on the call, it is our expectation that this work should be carried out together with the support of the Alliance to minimise the burden on yourself and fellow reps.

Best wishes,  
< REDACTED >

**From:** < REDACTED >

**Sent:** 17 May 2021 12:44

**To:** Clinical Priorities <[Clinical\\_Priorities@gov.scot](mailto:Clinical_Priorities@gov.scot)>; < REDACTED >

**Cc:** < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED >; < REDACTED >

**Subject:** NACCP and the CPRG

Good afternoon

I have attached comments made by < REDACTED > of < REDACTED > on Facebook overnight.

I have been in contact with both Clinical Priorities and The Alliance re my unhappiness with some of the behaviours of our rep group and now have my integrity questioned in this disgraceful manner by a charity on the NACCP.

I could not care less about comments made between the chair of the CPG and The Alliance at the CPRG last week, but I really thought that we were making progress and was looking forward to the questions that my fellow colleagues on the CPRG want brought forward to the NACCP.

Comments like the attached completely undermine what we are trying to do. There is clearly a spat between < REDACTED > and < REDACTED > but we are all being dragged through the mud, who on earth would trust us now!

It feels so much easier just to walk away from all of it but that lets down the patients, however I can't cope with much more of this nonsense.

< REDACTED >

**From:** < REDACTED >

**Sent:** 26 May 2021 01:53

**To:** Harden J (John) <John.Harden@gov.scot>

**Cc:** humza.yousaf.msp@parliament.scot; < REDACTED >@gov.scot

**Subject:** URGENT: Abusive Attitude to Female Chronic Pain Patients

**URGENT:**

**FAO Dr John Harden chair, National Advisory Committee on Chronic Pain (NACCP)**

May 24, 2021

Dear Dr Harden,

I am horrified to see that the NACCP and the Alliance allow abusive targeting of women to continue.

I don't know if the Alliance has informed you that < REDACTED > upset patients again on May 12 by malicious remarks against a woman in the Chat Box. This was an Alliance CPRG meeting linked with the next NACCP meeting. Separately, he also issued untrue and malevolent posts as usual. His Facebook pronouncements are akin to hate mail every so often — against pain patients and campaigners (always women) from a NACCP member. His bad behaviour is a Safeguarding concern.

The Alliance has not responded as yet to patients who complained after the May 12 meeting. But the reality is that < REDACTED > has not stopped abusive behaviour over the last six months. This was reported to the Alliance by patients from early December 2020. He uses his Facebook page linked to his so-called "charity" < REDACTED > to post abusive comments about female patients. This was also reported to your officials. Grampian women

who had left < **REDACTED** > over five years ago wrote saying they had been subjected to similar abusive treatment, after years of helping him.

There was no action, except he was inexplicably appointed to the NACCP! The term “you couldn’t make it up” seems to fit.

I am a member of the CPRG. Some from the peaceful gathering of May 12 later spoke about being confused and disturbed at this bullying on the chat section. There is no logic in these confused and malicious ramblings as everyone being attacked has been very kind to < **REDACTED** >. He does not face people openly but writes vicious material once he’s hidden behind a private Facebook page.

My wife, the CPG voluntary secretary < **REDACTED** >, is one of the targets — someone who had been intensely helpful to < **REDACTED** > since he asked for help years ago. The CPG is highly respected for genuine work for 20 years and patients have enough to endure without unexplained malice. She even pleaded with the Alliance to get him mental health help. Previously, he had been highly critical of the Alliance and Government for years.

The most disturbing factor concerns what influence a sick man may be under. His actions indicate that he is trying desperately to please Government and the Alliance and thinks the way to do this is to harm the Cross Party Group, which is outspoken when the establishment isn’t helping patients, as campaigners should be. We do not seek Government funding.

The responsibility for what is happening rests entirely with YOU and the Scottish Government.

(1) Can you please explain why this man was fast tracked in just a week onto a charity role in the NACCP?

(2) Can you explain why an NACCP appointment was notified to him before a Minister approved and signed it, apparently without being told the problems? Why are elected ministers brushed aside?

(3) Can you explain what part the Alliance played before < **REDACTED** > appointment to be on the NACCP? What was the due process and who carried it out?

(4) Are you concerned about the lack of action over Safeguarding of female patients in this case?

I look forward to hearing from you.

Yours sincerely,

< **REDACTED** >

**From:** < **REDACTED** > @gov.scot

**Sent:** 26 April 2021 08:26

**To:** Harden J (John) <John.Harden@gov.scot>; < **REDACTED** >@gov.scot

**Cc:** < **REDACTED** >@gov.scot

**Subject:** Briefing papers for PRG meeting

**Importance:** High

Hi both

Find attached updated briefing note for the meeting with PRG reps tomorrow – you have a meeting in the diary later today to run through this.

**Key notes:**

1) Chair to set ground rules and ensure the reps are aware that if together we must achieve good ways of working between now and the NACCP meeting at the end of May. There are multiple support meetings happening in advance to help the group so if there isn't a positive outcome, it is likely that we will have to review existing arrangements.

2) **John** – see the ACTIONS for the request for both subs + reps to attend NACCP. Officials have made recommendations in the attached.

3) Item 3 à new way of working with the group to ensure better information sharing and flow. This is set out in the attached.

4) **< REDACTED >** Item 4 – please review this as you were keen to highlight to the group what other activities people with lived experience could support us with. If there's anything else you wish to add please do.

5) Also see attached email correspondence to review request on how driver diagram was informed by PRG feedback. If raised in the meeting, in summary, we have consistently integrated and responded to their feedback and have shared all evidence with them.

I'm on leave this week, so I hope the meeting goes well. **< REDACTED >** will be taking notes as they group will likely want a readout from the meeting. I'm attending the next capacity building session with the group on 5<sup>th</sup> May to address issues they have raised.

Best wishes,  
**< REDACTED >**

**< REDACTED >**  
**< REDACTED >**  
**< REDACTED >**  
**< REDACTED >**

**From:** **< REDACTED >** @gov.scot

**Sent:** 26 April 2021 12:01

**To:** **< REDACTED >**; Chronic Pain **< REDACTED >**; **< REDACTED >**

**Cc:** **< REDACTED >**@gov.scot; **< REDACTED >**@gov.scot; **< REDACTED >**

**Subject:** For review: Content for PRG group ahead NACCP

Hi **< REDACTED >**

**Please do not sent the attached onwards at this stage**

As discussed, please see a draft of the type of content I think we could share with the entire PRG for feedback ahead of the NACCP meeting at the end of May. We have reflected on the feedback from the reps group especially on information flow and ease of understanding by a) trying to use clear, accessible language and b) providing some specific questions for the group to engage with.

Your feedback would be most welcome on whether we've achieved this and what other

improvements we might make – e.g. language, additional questions, logistics of feedback etc. We are still finalising the agenda for the NACCP, but it is likely that similar questions will go to our clinical stakeholders on these topics (worded differently and more focused on their specific issues) and the bulk of the meeting will be discussing the feedback.

This should therefore provide the PRG reps with a clear focus: i.e. they will have had time to analyse the responses from the wider group and there will be a specific target for their efforts.

As you know, I'm off this week, but just wanted to get this to you as I am keen to ensure we can get this turned around rapidly when I'm back so it goes out to the wider PRG group alongside other NACCP papers w/c 3<sup>rd</sup> May as discussed.

< REDACTED >, < REDACTED > and < REDACTED > are meeting the PRG reps tomorrow as planned and < REDACTED > will share any brief updates/notes for your reference once available.

Looking forward to hearing from you.

Best wishes,  
< REDACTED >

< REDACTED >  
< REDACTED >  
< REDACTED >  
< REDACTED >

**From:** Chronic Pain < REDACTED >

**Sent:** 17 May 2021 12:33

**To:** < REDACTED >@gov.scot; < REDACTED >; Chronic Pain < REDACTED >

**Cc:** < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED >

**Subject:** RE: Follow up from meeting between PRG Reps and Dr Harden

Thanks for keeping us in the loop < REDACTED >, much appreciated. < REDACTED > is on leave until Wednesday but I've just sent an update email to her and < REDACTED > on everything that's come in since the meeting last week – I'm looking for us to get together to agree the Alliance response to all the issues on hopefully Weds or Thurs, we'll keep you updated.

Thanks  
< REDACTED >

**From:** < REDACTED >@gov.scot

**Sent:** 14 May 2021 14:32

**To:** < REDACTED >; Chronic Pain < REDACTED >

**Cc:** < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED >

**Subject:** Follow up from meeting between PRG Reps and Dr Harden

Hi < REDACTED > / < REDACTED >

Just wanted to make you aware that following the behaviour of individuals at the meeting with Dr Harden and Officials on 27<sup>th</sup> April we have contacted < REDACTED > and < REDACTED > (see attached email) to address issues arising in their role as members of the NACCP.

< REDACTED > – I mentioned that it would be good for us to catch-up as you take on the chronic pain work, so if you could let me know your availability next week that would be appreciated.

Thank you all again for your ongoing work and support for chronic pain. < REDACTED > – if you're still receiving these emails, thank you once again for your tireless efforts, it is much appreciated.

Best wishes,  
< REDACTED >

< REDACTED >  
< REDACTED >  
< REDACTED >  
< REDACTED >

**From:** < REDACTED > **On Behalf Of** Clinical Priorities  
**Sent:** 20 May 2021 17:46  
**To:** < REDACTED >  
**Subject:** FW: Feedback and attendance at next NACCP meeting

< REDACTED >  
< REDACTED >  
< REDACTED >  
< REDACTED >

**From:** < REDACTED >  
**Sent:** 20 May 2021 17:15  
**To:** Clinical Priorities <[Clinical\\_Priorities@gov.scot](mailto:Clinical_Priorities@gov.scot)>  
**Subject:** Feedback and attendance at next NACCP meeting

I should like to attend the NACCP Meeting on 26th May, 2021.

Please find attached some responses to the questions circulated to the CPRG for inclusion in the next NACCP Meeting. I hope they have met today's deadline.

Kind regards,

< REDACTED >

< REDACTED >

---

From: < REDACTED >

Sent: 27 May 2021 17:39

To: < REDACTED >; < REDACTED >

Cc: < REDACTED >@gov.scot; < REDACTED >@gov.scot; Harden J (John)

<John.Harden@gov.scot>

Subject: Statement for NAACP meeting 26/05/21

Importance: High

Dear All,

Please find below the statement that I would have presented at the meeting on Wednesday morning at our allocated time of 10.15am on the Agenda, for 5 mins under the sections: Remobilisation /Equity of services and Waiting times.

Again it has to be noted that representatives are Chronically ill due to long waiting times , and I personally had 2 severe Asthma attacks in 4 days, one on the morning of the meeting. But as I had worked hard on collating the views, and the wider group through the Alliance, I'm glad to have this opportunity to have them added to the Minutes of the meeting.

Remobilisation; Recover and Re/ Design of NHS services published on 31st May 2020:  
Target of 100 days... NOT MET !

Patients waiting on Steroid Injections 15 months and growing, and Infusions being doubled to 12 weeks in some HBs in Scotland, but total Inequity of both services across Scotland. Can you please gather information from all HBs on current waiting times for treatments by Infusions and Injections and on Staffing numbers?

In a Precovid year there were around 9,100 injections for CP, but how many have taken place within the year March 25 2020 to May 2021? There are a handful taking place, with no Infusions taking place in Grampian. ( most recently a desperate patient from Grampian travelled to London for private treatment) But , from July 29th 2020 to the end of April 2021 most Patients were not aware that Faculty of Pain Medicine guidance revised that Steroid Injections could commence if risk assessments were made with a Clinician/Patient agreement, as the Faculty acted to balance risk and save patients from "insufferable pain".

Can you promise that in future patients must be properly informed and Promptly of such guidance, which after all directly affects their care and gives them Hope?

Because it is well document that Patients being seriously delayed, ( up to 15 months in this situation) since last treatment with NO hope, is a known Suicide risk area.

But again from July 29th 2020 most Patients did not know there was hope and therefore could not discuss risk with their Clinicians. The Clinical Priorities Department sent out Emails, some in the Health Secretary's ( Jeanne Freeman) name which omitted this crucial information.

How can we be assured as CP patients that this will not happen again, and what is being done right now to get these several thousand patients, both life changing Infusions and Injections?

This guidance is pivotal to patients to access the care they desperately need now!

Waiting times continue to be a key factor with Patients. There were long waits well before Covid . Six HBs, sometimes 7 of the 14 did not meet the 18 weeks Statutory "guarantee " to see NEW patients. Why do we still not have Return patient figures?

Is it unreasonable to ask that all HB areas give us facts on Current Waiting times and Staffing, especially for Injections and Infusions, as common treatments?

NB the above treatments do not take place in primary care, and currently there are NO alternatives available .

With Long Covid now being factored into our NHS services, of the Billions of money being made available out of Pandemic Funding, how much of this will be allocated to CP services which are underfunded and understaffed across Scotland at this very moment?

FPM guidance summary " The decision to resume injections should be based on a balance of risks and benefits for Individual Patients "

< REDACTED >

< REDACTED >

**From:** < REDACTED >@gov.scot

**Sent:** 27 May 2021 10:09

**To:** < REDACTED >

**Cc:** < REDACTED >; < REDACTED >; < REDACTED >@gov.scot; < REDACTED >@gov.scot

**Subject:** RE: For action: < REDACTED > + PRG

Hi < REDACTED >

Thanks for your response and I will reflect this in our response to the complainant – however we may expect more correspondence on this which we would be keen for the Alliance to lead on as it relates to behaviours at PRG meetings. Just to note, we also made it clear to the other complainant that it is not appropriate for SG to address views expressed on a private forum.

Can I just check that you will be responding to < REDACTED > email following the CPG meeting? Again, I think it's an opportunity to make them aware of the Terms of Reference etc. as set out below for any future CPG meeting they, or their representatives attend.

I have good availability next Wednesday after 2pm or Thursday after 12pm if that suits you, < REDACTED > and < REDACTED > to catch-up? Let me know what might suit and I'll send a teams invite.

Thanks,  
< REDACTED >

**From:** < REDACTED >  
**Sent:** 25 May 2021 09:15  
**To:** < REDACTED >@gov.scot; Chronic Pain < REDACTED >  
**Cc:** < REDACTED >@gov.scot  
**Subject:** RE: NACCP preparation

Hi < REDACTED >,

Apologies for the delay in reply – I was off sick yesterday.

Please find attached the feedback from the CPRG members for the reps that < REDACTED > pulled together.

The reps meeting to discuss the feedback is beginning at 9.30 this morning so I can provide an update on who the representative will be that John can call on after.

Following our catch up last week, I have updated < REDACTED > on reiterating that the reps group are not to meet independently of the ALLIANCE so this will be raised this morning with them.

Safeguarding and behaviours policy is in progress – we have had a slight delay between < REDACTED > and I both being off the past few days but this will be a priority for this week.

Best wishes,

< REDACTED >

**From:** < REDACTED > @gov.scot  
**Sent:** 24 May 2021 18:24  
**To:** < REDACTED >; Chronic Pain < REDACTED >  
**Cc:** < REDACTED >@gov.scot  
**Subject:** RE: NACCP preparation  
**Importance:** High

Hi

Just wondered if there was any update on any of the below? I'm meeting John tomorrow AM to run through his Chair briefing for the meeting so just wanted to check if:

- a) you could share the collated feedback from the wider rep group for reference and
- b) if there are any issues we need to be aware of from the Reps group ahead of Wednesday's meeting to ensure it runs smoothly. Have they nominated someone to provide feedback for the Remobilisation item for John to call upon?

Thanks,  
< REDACTED >

**From:** < REDACTED >@gov.scot  
**Sent:** 24 May 2021 11:48  
**To:** < REDACTED >; Chronic Pain < REDACTED >; < REDACTED >  
**Cc:** < REDACTED >@gov.scot  
**Subject:** NACCP preparation

Hi all

Hope you are well. I was just getting in touch on a couple of items that < REDACTED > and I discussed last week ahead of the NACCP on Wednesday:

- Feedback from the wider Reference group to the questions: We discussed that this was being collated and would be shared with ourselves for reference.
- Feedback from the Reps: Has a meeting been finalised with the group to discuss and prepare the above? Is there anything we need to be aware of? Again, our expectation is a short update on remobilisation/COVID issues drawn from Q1, and then contribution to the subsequent discussion on ideas for the Framework covered by the other questions.
- Concerns have again been raised with Scot Gov from a member of the Reps group about the behaviours of their colleagues – mainly a lack of willingness to engage constructively. On the call last week we discussed concerns that the reps were communicating with each other outside the scope of the meetings/forum arranged by the Alliance, so it would be appreciated if this expectation is again communicated and made clear to the rep group when they meet.
- Is there any update on the safeguarding/behaviours policy as discussed? Again, this is a top priority in order to ensure a safe environment for the reps and wider group.

< REDACTED > has responded to the email from our DD on behalf of herself and < REDACTED > and we are to expect a full response later this week. We will keep you updated on this.

Thanks,  
< REDACTED >

< REDACTED >  
< REDACTED >  
< REDACTED >  
< REDACTED >

From: < REDACTED >  
Sent: 27 May 2021 17:39  
To: < REDACTED >;  
< REDACTED >; < REDACTED >; < REDACTED >; < REDACTED >  
Cc: < REDACTED >@gov.scot; < REDACTED >@gov.scot; Harden J (John)  
<John.Harden@gov.scot>  
Subject: Statement for NAACP meeting 26/05/21  
Importance: High

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NB the above treatments do not take place in primary care, and currently there are NO alternatives available .

With Long Covid now being factored into our NHS services, of the Billions of money being made available out of Pandemic Funding, how much of this will be allocated to CP services which are underfunded and understaffed across Scotland at this very moment?

FPM guidance summary " The decision to resume injections should be based on a balance of risks and benefits for Individual Patients "

< REDACTED >

**From:** < REDACTED >@gov.scot

**Sent:** 27 May 2021 10:09

**To:** < REDACTED >

**Cc:** < REDACTED >; < REDACTED >; < REDACTED >@gov.scot; < REDACTED >@gov.scot

**Subject:** RE: For action: < REDACTED > + PRG

Hi < REDACTED >

Thanks for your response and I will reflect this in our response to the complainant – however we may expect more correspondence on this which we would be keen for the Alliance to

lead on as it relates to behaviours at PRG meetings. Just to note, we also made it clear to the other complainant that it is not appropriate for SG to address views expressed on a private forum.

Can I just check that you will be responding to < REDACTED > email following the CPG meeting? Again, I think it's an opportunity to make them aware of the Terms of Reference etc. as set out below for any future CPG meeting they, or their representatives attend.

I have good availability next Wednesday after 2pm or Thursday after 12pm if that suits you, < REDACTED > and < REDACTED > to catch-up? Let me know what might suit and I'll send a teams invite.

Thanks,  
< REDACTED >

**From:** < REDACTED > @gov.scot  
**Sent:** 01 May 2021 17:36  
**Cc:** < REDACTED >@gov.scot; < REDACTED >@gov.scot; Harden J (John) <John.Harden@gov.scot>; < REDACTED > < REDACTED >  
**Subject:** Follow up from 27 April meeting between SG and Patient Reference Group representatives.

Hi all

We did not cover the full agenda last Tuesday and we agreed to therefore send out outstanding items/ information by email.

Agenda item 1: Actions from 23 March meeting

ACTION	STATUS	NOTES
• Officials to share the notes from the meeting.	Completed	
• Officials to share update on Prescription Medicine Dependence and Withdrawal Consultation	Completed	• Closes 12 <sup>th</sup> June. • Consultation events taking place in May.
• Officials to meet with the Alliance to discuss the points raised by the PRG reps in relation to support needs to engage more fully with the process going forward	Completed	• Alliance carrying out capacity building sessions with PRG reps • First session occurred 7 April • Next session w/c 3 May
• Officials to engage with colleagues leading on Heart Disease work to learn from their activities.	Completed	< REDACTED > spoke to the policy lead for Heart Disease Action Plan. She confirmed the event mentioned by < REDACTED > happened at the <u>end</u> of the policy process when the majority of decisions had already been taken – the document discussed with stakeholders was the draft action plan.

		<ul style="list-style-type: none"> <li>For chronic pain – you are being involved at <u>the start</u> of the process to develop a new Framework (before the draft document has even been produced). You will therefore be involved in devising and shaping this document before it goes out for public consultation later this year.</li> </ul>
<ul style="list-style-type: none"> <li>Officials to share what information was given to the Minister to explain how the driver diagram was developed</li> </ul>	Completed	<ul style="list-style-type: none"> <li>On 14 April the attached pdf was shared with patient reps</li> </ul>
<p>&lt; REDACTED &gt;</p> <ul style="list-style-type: none"> <li>to consider request for representatives and substitutes to attend NACCP meetings</li> </ul>	Completed	<p>&lt; REDACTED &gt;</p> <ul style="list-style-type: none"> <li>confirmed that all 10 reps can attend the NACCP meeting on 26 May. This will be kept under review.</li> </ul>

I think there is a misunderstanding about the attached pdf summary we shared with you. We have not created this summary for you. We have shared the summary that the Minister saw with the driver diagram. It provided Ms Gougeon with background information and rationale for the content of the driver diagram. The driver diagram being the initial visual summary of the aims, priorities and activities that will drive this work.

Agenda item 2: Feedback from the Alliance capacity building session

We wanted to hear your views on your recent meeting with the Alliance – has the situation improved? I understand you are co-producing the agenda and activities for the next sessions. Are you getting to cover the topics you need to develop the knowledge about the process etc?

Agenda item 3: NACCP meeting on 26 May

As John outlined last Tuesday, we propose to:

- o share NACCP agenda and papers with the entire PRG
- o the representatives can then meet with the PRG to discuss and collate feedback for the NACCP.

The below table provides a timeline. The policy team will be happy to meet/take calls at any point to discuss/ answer queries/ clarify points

w/c 3 May 2021	3-7 May 2021	SG to share papers with the ALLIANCE / CPRG
	5 May 2021	Capacity Building session 2 - with CPRG (< REDACTED > attending)
w/c 10 May	12 May 2021	CPRG meeting
w/c 17 May		
w/c 24 May	26 May 2021 10-11:30	NACCP meeting – MS Teams –

Agenda item 4: Policy development process – the new Framework

- There are a number of activities that inform the development of the Framework. Your attendance and contribution to the NACCP meetings and papers is just one of these elements.

- The following are examples of other opportunities for you (and the wider PRG) may wish to contribute to:
  - **Equality/ Fairer Duty Impact Assessments:** all policy development must involve assessments of the potential impacts of the proposed policies on protected characteristics, socio-economic factors and other relevant areas such as highlands and islands. These assessments are integral to the policy process and stakeholders play a valuable role in ensuring we are considering relevant factors.
  - **Engagement events:** We would like to ensure that all stakeholders, including people with lived experience, clinicians and third sector organisations have an opportunity to voice their views on each of the themes in the driver diagram and debate some of the challenges – this will inform preparation of a draft Framework document that will then be subject to a formal public consultation. We'd value your input in devising what this engagement should look like.

We wondered if it might be helpful to run a session for the PRG about impact assessments – followed up by a session to start identifying and populating information within the assessments?

I want to end this email by reflecting that we all have something in common – we want to make a difference to people living with pain and enable them to have better health outcomes and quality of life. Therefore all of us – patients, carers, policy officials, clinicians, third sector etc all have a vested interest in making this a success. That means using our energy to drive progress positively – there will be obstacles, issues, challenges along the way. We tackle these and work together to solve them collaboratively – then we move on. We respect and value each other – without our component parts we will not be fully equipped to produce the new Framework. And let's remember this new Framework is an exciting opportunity to design the pathways/ system that will provide the care and support people need (closer to home (where possible), timelier, by the most appropriate professional etc).

P.S. < REDACTED > - I have been thinking of you and hoping you are ok.

I am on leave next week but < REDACTED > and < REDACTED > are available from Tuesday if you would like to discuss – just drop them an email via the < REDACTED > mailbox.

Regards  
< REDACTED >

< REDACTED > I < REDACTED > I < REDACTED > I < REDACTED > I < REDACTED >  
I < REDACTED >



**From:** < REDACTED > @gov.scot  
**Sent:** 14 April 2021 17:35  
**Subject:** Patient Reference Group Reps - meeting with Chair of NACCP and officials

Dear all,e

Following the previous meeting with Dr Harden and officials in March, we have confirmed the next meeting will take place on **Tuesday, 27 April at 14:00 – 14:45**. A Microsoft Teams link will follow shortly.

Please see the following suggested agenda which reflects the feedback which emerged from the previous meeting and the first session your group had with the Alliance in relation to the support you would like as we continue to work together. We will continue to work closely with the Alliance on this and continue to welcome your feedback on ways this can be improved.

### **Suggested Agenda**

- 1) Review actions from last meeting
- 2) Feedback from Alliance meeting
- 3) Proposed approach for next NACCP meeting
- 4) Overview of Framework development process and opportunities to influence

As requested at the previous meeting, please find attached the policy documents which summarised the work carried out and previous recommendations used to inform development of the driver diagram.

Kindest regards,

< REDACTED >

**From:** < REDACTED > @gov.scot

**Sent:** 18 January 2021 17:35

**To:** Minister for Public Health, Sport and Wellbeing <MinisterPHSW@gov.scot>

**Cc:** Harden J (John) <John.Harden@gov.scot>; Pollock LA (Linda)

<Linda.Pollock@gov.scot>; Nicol L (Lynne) <Lynne.Nicol@gov.scot>; < REDACTED

>@gov.scot; < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED

>@gov.scot; < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED

>@gov.scot; < REDACTED >@gov.scot; < REDACTED >@gov.scot

**Subject:** Submission - Chronic Pain - Recommendations for approval on Patient Reps on NACCP

< REDACTED >

Please find attached a submission for the Minister seeking approval for recommendations on Patient Reference Group representation on the National Advisory Committee for Chronic Pain.

Note that we have highlighted a decision is required in advance of the next NACCP meeting on 2 Feb, and we are scheduled to meet with the Minister next week (26<sup>th</sup>) so this may be a good opportunity for any feedback.

Best wishes,

< REDACTED >

< REDACTED >

**From:** Chronic Pain < REDACTED >  
**Sent:** 29 April 2021 17:24  
**To:** Chronic Pain < REDACTED >  
**Subject:** Chronic Pain Reference Group - April update

Good afternoon all!

A brief update this afternoon ahead of the next meeting of the Chronic Pain Reference Group on Wednesday 12 May.

Next meeting date – don't forget to register

Please make sure that if you wish to attend the meeting on 12 May that you let me know so that I can ensure we can co-ordinate numbers. Thanks so much in advance.

Short Life Working Group On Prescription Medicine Dependence And Withdrawal: consultation

Your representatives on the NACCP have asked me to flag a consultation to you in advance of it closing on Friday 4<sup>th</sup> June. This consultation seeks views on the draft recommendations from the expert Short Life Working Group (SLWG) convened to make recommendations on addressing prescription medicine dependence and withdrawal. The recommendations from the SLWG to address prescription drug dependence and withdrawal in Scotland are set out in the consultation document and the aim of the consultation is to now gather views from a wide group of people. A summary of the data analysis is also provided to aid those responding to the consultation. <https://www.gov.scot/publications/short-life-working-group-prescription-medicine-dependence-withdrawal-consultation-draft-recommendations/pages/2/>

Kind regards and take care all

< REDACTED >

**From:** < REDACTED >  
**Sent:** 25 May 2021 15:46  
**To:** < REDACTED >@gov.scot  
**Subject:** RE: NACCP preparation

Hi < REDACTED > ,

Further to the earlier email below I can confirm that < REDACTED > will be providing the update on behalf of the reps group tomorrow. This was decided by the consensus of the group.

< REDACTED > will be updating on:

- Remobilisation
- Equity of access
- Waiting times

We have reminded < REDACTED > that reps providing the update must keep to issues that represent the wider views and have been agreed by the reps groups, rather than personal circumstances.

Best wishes,

< REDACTED >

**From:** < REDACTED >@gov.scot  
**Sent:** 24 May 2021 11:48  
**To:** < REDACTED >; < REDACTED >; < REDACTED >  
**Cc:** < REDACTED >@gov.scot  
**Subject:** NACCP preparation

Hi all

Hope you are well. I was just getting in touch on a couple of items that < REDACTED > and I discussed last week ahead of the NACCP on Wednesday:

- Feedback from the wider Reference group to the questions: We discussed that this was being collated and would be shared with ourselves for reference.
- Feedback from the Reps: Has a meeting been finalised with the group to discuss and prepare the above? Is there anything we need to be aware of? Again, our expectation is a short update on remobilisation/COVID issues drawn from Q1, and then contribution to the subsequent discussion on ideas for the Framework covered by the other questions.
- Concerns have again been raised with Scot Gov from a member of the Reps group about the behaviours of their colleagues – mainly a lack of willingness to engage constructively. On the call last week we discussed concerns that the reps were communicating with each other outside the scope of the meetings/forum arranged by the Alliance, so it would be appreciated if this expectation is again communicated and made clear to the rep group when they meet.
- Is there any update on the safeguarding/behaviours policy as discussed? Again, this is a top priority in order to ensure a safe environment for the reps and wider group.
- < REDACTED > has responded to the email from our DD on behalf of herself and < REDACTED > and we are to expect a full response later this week. We will keep you updated on this.

Thanks,  
< REDACTED >

< REDACTED >  
< REDACTED >  
< REDACTED >

< REDACTED >

< REDACTED >

**From:** Chronic Pain < REDACTED >

**Sent:** 06 April 2021 17:12

**To:** Chronic Pain < REDACTED >

**Subject:** Chronic Pain Reference Group - March/April update + date of next meeting w/c 10 May [UNSCANNED]

Good afternoon everyone!

### **Next meeting of the Chronic Pain Reference Group (CPRG)**

The next meeting of the National Advisory Committee on Chronic Pain is due to be scheduled for the week commencing 24 May 2021. As agreed at previous meetings we are hoping to schedule Chronic Pain Reference Group meetings three weeks prior to the NACCP meetings, to give your representatives a reasonable amount of time to gather the views of the wider group. We are a little limited this time due to the fact that the papers for the NACCP can't be distributed until after the election so are looking at dates in the week commencing 10<sup>th</sup> May. As such we would be grateful if you can complete the doodlepoll at the link below so we can find the date that suits the largest number of you.

< REDACTED >

If you can complete the poll as soon as possible and by midday Monday 12 April we'd be really grateful.

### **National Advisory Committee on Chronic Pain (NACCP)**

As you know your elected representatives and substitutes attended the first meeting of the newly refreshed National Advisory Committee on Chronic Pain in February. The minutes of that meeting can be found at the following link

[National Advisory Committee for Chronic Pain minutes: February 2021 - gov.scot \(www.gov.scot\)](#)

The majority of the meeting was given over to discussions on the National Framework on Chronic Pain Services Delivery. Attached is the latest driver diagram for this planned work. This shouldn't be shared any more widely than yourselves at this stage.

We've had some feedback that these types of documents can be challenging to understand and are discussing with the reps and subs how we can best present information such as what is in this driver diagram to make it as straightforward as possible for us all to input into this work for the future.

### **Capacity Building sessions for the NACCP representatives and substitutes**

In between now and the next CPRG and NACCP meetings we are exploring with your representatives and their substitutes what kind of support they would like in the role. This could be in seeking views from wider CPRG members, in the NACCP meetings themselves, looking at issues such the one mentioned above relating to driver diagrams or in other ways. We are running two sessions during April and will report back to you all what key actions are to be taken going forward.

## **NHS Greater Glasgow and Clyde redesign of Primary Care for Chronic Pain Guidelines**

The Managed Clinical Network for Chronic Pain are currently revising their Primary Care Guidelines for Chronic Pain in NHSGGC, and are keen to have the involvement of individuals with lived experience of chronic pain. They are asking whether the CPRG (**particularly those from the GGC health board area**) would be interested in conducting a group consultation of the current edition of the guidelines and then on the revised version.

The NHS GGC Primary Care Guidelines for Chronic Pain have existed in some form for decades and the more recent version is reviewed and updated every few years. It was developed by secondary care staff who work in chronic pain, along with primary care staff, to provide a short guide to primary care staff on biopsychosocial assessment of pain, and to outline medical and self-management approaches to chronic pain.

If you are interested in being involved in this redesign please email [chronicpain@alliance-scotland.org.uk](mailto:chronicpain@alliance-scotland.org.uk) and we'll be in touch.

### **Chronic Pain Research**

We've been contacted by a doctoral researcher in Human Resources at Heriot-Watt University, who is researching the employment experiences of people living in chronic pain working in the science and technology sector in Scotland. They are looking to interview people who live with chronic pain, as well as employers (managers, HR leads, among others). The researcher has a great website explaining lots more about the research and how to contact her if you are interested. <https://powerfulemployment.wordpress.com/>

### **Endometriosis Research**

Another opportunity to participate in a research study, this time exploring employers and line manager's views about endometriosis <https://www.alliance-scotland.org.uk/blog/news/take-part-in-research-study-exploring-employers-and-line-managers-views-about-endometriosis/>

Kind regards

< REDACTED >

**From:** < REDACTED >@gov.scot

**Sent:** 14 April 2021 17:35

**Subject:** Patient Reference Group Reps - meeting with Chair of NACCP and officials

Dear all,

Following the previous meeting with Dr Harden and officials in March, we have confirmed the next meeting will take place on **Tuesday, 27 April at 14:00 – 14:45**. A Microsoft Teams link will follow shortly.

Please see the following suggested agenda which reflects the feedback which emerged from the previous meeting and the first session your group had with the Alliance in relation to the

support you would like as we continue to work together. We will continue to work closely with the Alliance on this and continue to welcome your feedback on ways this can be improved.

### **Suggested Agenda**

- 1) Review actions from last meeting
- 2) Feedback from Alliance meeting
- 3) Proposed approach for next NACCP meeting
- 4) Overview of Framework development process and opportunities to influence

As requested at the previous meeting, please find attached the policy documents which summarised the work carried out and previous recommendations used to inform development of the driver diagram.

Kindest regards,

< REDACTED >

< REDACTED >

**From:** < REDACTED > @gov.scot

**Sent:** 11 May 2021 14:43

**To:** < REDACTED >; < REDACTED >; < REDACTED >

**Cc:** < REDACTED >; < REDACTED >@gov.scot; < REDACTED >@gov.scot; < REDACTED >

**Subject:** FW: National Advisory Committee for Chronic Pain - meeting 26 May - 10 am - 11:30 am - papers and INPUT REQUESTED – cop Thursday 20 May

Hi

As promised, you and the Reps should now have received the papers for the NACCP. I said I would provide some text to include as part of the email to the wider PRG group – please come back to me if you have any questions.

Also – please note the **10.15am item on the agenda – the discussion about remobilisation**: John has requested that the reps provide some feedback on this from the wider group. Again, he's keen for this to represent the views of the entire group and not individual opinions/circumstances. Other stakeholders (clinicians, third sector) will similarly be asked to provide aggregated views. This is something to discuss with the Reps and ensure they prepare for e.g. nominating a spokesperson for this agenda item – happy to discuss. Perhaps this update can be informed by the feedback the wider group provide to Question 1 (COVID impact) that they will be discussing tomorrow?

Note also that one of the Reps < REDACTED > had previously requested that discussion around the Faculty for Pain Medicine guidelines is on the agenda – we have informed her that there will be discussion on remobilisation and an opportunity for the wider group to feed into this – but we would expect further pushback. Again, happy to discuss.

Thanks,

< REDACTED >

Suggested text – please edit as needed:

In advance of tomorrow's meeting, please find attached the agenda and paper circulated to the NACCP members, due to take place on 26<sup>th</sup> May. As you can see from Paper 1, the NACCP and other stakeholders are being asked to provide ideas and feedback to Government officials on the same issues that will be discussed at our meeting tomorrow. (You may notice some very slight changes in the prompting questions in order to ensure they made sense from a clinical and service provider perspective.)

You will also see that there will be discussion about the remobilisation/restarting of pain services. It is intended that the feedback you provide to the questions on the impact of COVID will be presented by your representatives at the Committee meeting.

Finally, please see the update on NICE's new guidelines for chronic pain. You may recall being asked to provide input into the Government's response to the consultation, and you can access links to the response and NICE's feedback. The Government is aware of the concerns people with chronic pain may have about the NICE guideline, but it is important to note that clinical guidance on chronic pain in Scotland is informed by the SIGN guidelines. More information on this is contained in the update.

**From:** < REDACTED > @gov.scot **On Behalf Of** Clinical Priorities

**Sent:** 11 May 2021 13:10

**Subject:** National Advisory Committee for Chronic Pain - meeting 26 May - 10 am - 11:30 am - papers and INPUT REQUESTED – cop Thursday 20 May

Dear colleagues,

### **INPUT REQUESTED – cop Thursday 20 May**

Please find attached the agenda and papers for the next meeting of the NACCP taking place 26 May – we would appreciate if you can confirm your attendance when submitting the feedback and other responses requested to the [Clinical\\_Priorities@gov.scot](mailto:Clinical_Priorities@gov.scot) mailbox.

### **Agenda**

- For this meeting, we propose splitting the time in two: 1) discussing the current situation of pain services and remobilisation and 2) a focus on the new Framework for Chronic Pain Service Delivery. For the latter item, we intend to cover the process moving from the initial driver diagram to publishing a final framework, and then discuss a summary of ideas and actions to improve services and support for people with chronic pain (see below).
- On the second point we are seeking your input (and that of your wider network) ahead of the meeting and **request your response to the questions in Paper 1 by Thursday 20<sup>th</sup> May**. Please note that we are also seeking input from service leads, clinical stakeholders and Health Boards through our MPPP networks, and the wider Chronic Pain Patient Reference Group. Officials intend to collate the information provided to inform discussions at the meeting.

### **Other business not on agenda**

- Please also note a written update following the recent publication of the NICE Guideline on chronic pain which sets out the approach Scottish Government have taken to date. Note we expect this work to link to potential actions and outputs as part of the new Framework e.g. raising awareness and promotion of SIGN Guidance.

### **Declaration of Interest form**

- Finally, if you have not yet provided an updated Declaration of Interest form (attached) please can you ensure that this is provided before the next meeting.

Please do not hesitate to get in touch should you have any questions in advance of the meeting. We look forward to seeing you then.

Best wishes,

< REDACTED >

< REDACTED >

**From:** Chronic Pain < REDACTED >

**Sent:** 06 May 2021 14:49

**To:** Chronic Pain < REDACTED >

**Subject:** Chronic Pain Reference Group meeting - Wednesday 12 May - 11.00-12.30

Dear all

In advance of the next **Chronic Pain Reference Group (CPRG) meeting** on Wednesday 12 May between 11.00-12.30, please find attached a **summary and key questions paper**, the responses to which will help the National Advisory Committee on Chronic Pain (NACCP) shape the next stages of its work on the development of a National Framework on Chronic Pain. This will be discussed at next week's CPRG meeting but we wanted to get it to you all as soon as possible so you had the chance to fully consider your views in response.

The **agenda for the CPRG** meeting next week is being planned with your NACCP representatives and their substitutes and will be sent on asap. We will also send you the **full agenda and papers** for the NACCP as soon as they are published, we just wanted you to have as long as possible to consider the attached

As you will see from the attached paper, there will also be the opportunity to submit written feedback for your ten representatives and substitutes to draw on in the NACCP meeting on the 26<sup>th</sup> May. These will be combined with the notes taken at next week's CPRG discussion **The deadline for this written feedback is 9am, Wednesday 19 May** to give your reps the chance to assimilate the range of views ahead of the NACCP.

Also **please don't forget to let me know if you plan to attend the CPRG meeting on 12 May** – I currently only have 9 people registered to attend, but I know interest will be higher than this on the day – I need to ensure we have enough notetakers and the like.

Kind regards

< REDACTED >

< REDACTED >