

Minister for Public Health, Women's Health and Sport

PAIN MANAGEMENT FRAMEWORK GOVERNANCE STRUCTURE

Purpose

1. To present the Minister with options on the appropriate governance structure to support the implementation of the Framework for Pain Management Service Delivery.

Priority

2. Routine.

Background

3. Since 2009, a number of advisory bodies or committees have evolved to advise Scottish Government Ministers on matters relating to chronic pain. The National Advisory Committee for Chronic Pain (NACCP) was established in 2017, following the winding up of the National Chronic Pain Improvement Group (NCPIG) in 2016, which itself was preceded by the Ministerial Steering Group (MSG) on Chronic Pain.

4. The current NACCP comprises clinical, NHS leadership, research, third sector, tertiary care, lived-experience and Scottish Government representatives. It is intended to provide oversight and leadership on monitoring and improving chronic pain services and support for those who experience chronic pain in Scotland.

5. A review of the role, remit and membership of the NACCP was carried out as part of commitments on chronic pain in the Programme for Government 20/21 to ensure that it was fit for purpose and effective at a crucial time for pain management services. The review was informed by wide-ranging engagement with existing Committee members, lived experience representatives, and other key stakeholders. This informed a series of recommendations around the role of members, the group's terms of reference, ways of working and representation on the committee, which were approved by Ministers in November 2020.

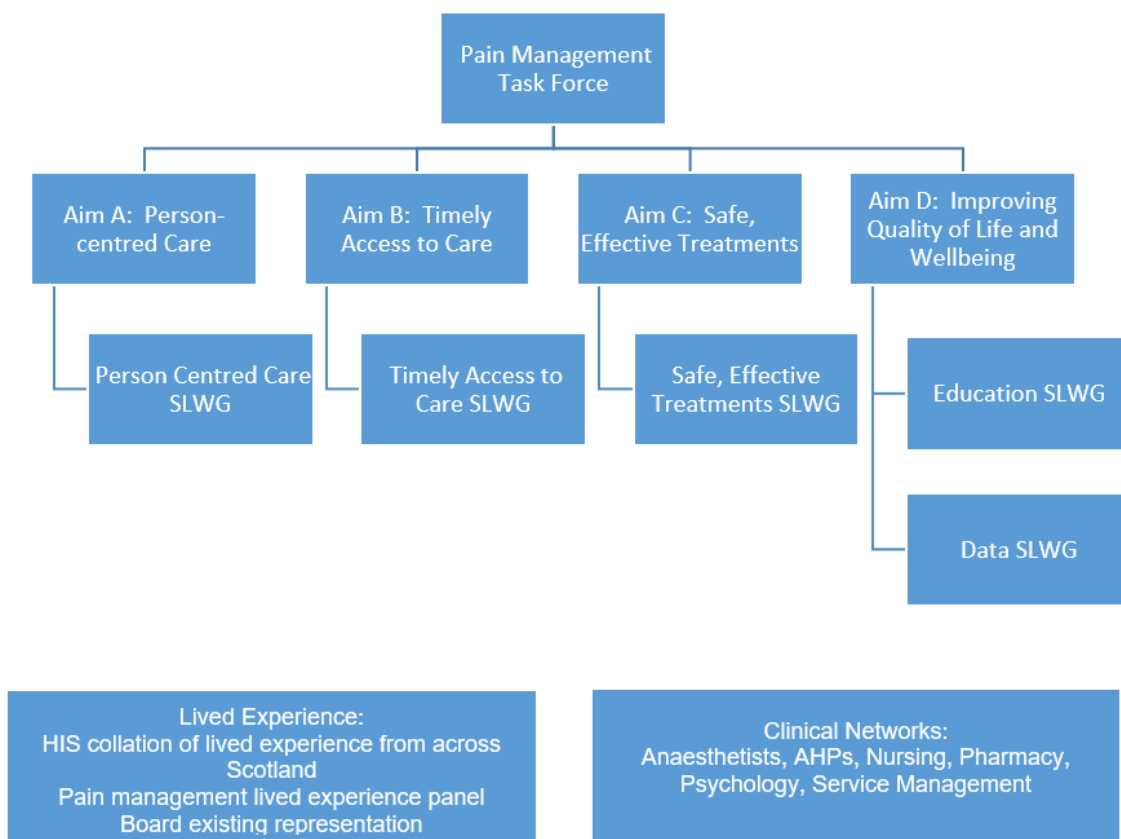
6. Following the refresh, across 20/21 the NACCP provided valuable engagement and input on key Government policies, most notably informing the draft Framework for Pain Management Service Delivery. However, there were some challenges in delivering the work of the Committee, most notably around ensuring members had a clear understanding of their role in an advisory capacity and the purpose of the NACCP.

7. The draft Framework has undergone public consultation and analysis of the responses is now underway in order to inform a finalised version later in 2022. Moving to the implementation stage of the Framework provides an opportunity to review the wider governance and accountability structures required.

Proposed governance structure

8. While reviewing other governance and accountability structures that are regularly used across DG H&SC we have been mindful of the previous challenges we have faced and the necessary action required to prevent and overcome them. This has informed the proposed working governance structure for the Pain Management Framework.

9. We will establish a Pain Management Task Force (PMTF) which will oversee the implementation of the Framework. The PMTF will be informed and supported by a series of short life working groups (SLWGs), each focussed on a commitment set out in the Framework (Aims A-D in the diagram below). Existing clinical networks and patient participation groups will have a reciprocal agreement with each SLWG to inform and co-produce deliverables, and review progress against agreed action plans with a clear focus on implementing the Aims of the Framework. The proposed structure is detailed below.



10. We have learned from the challenges arising from the governance of the NACCP. This has informed the decision to contain membership of the PMTF to Scottish Government officials and clinical advisors, our National Implementation Lead and representation from the Centre for Sustainable Delivery (CfSD).

11. Despite the intended collaborative forum established by the NACCP, there were consistent challenges in achieving consensus on improvement priorities and what actions should be taken to address these within the wider policy landscape, or in the context of a longer-term strategic view. [REDACTED under Section 30(b)(ii)] with some stakeholder groups unwilling to share their views owing to a perceived high level of challenge from other Committee members.

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12. Therefore, with the Framework approaching the implementation stage, the PMTF is structured to ensure progress and make prioritisation decisions. [REDACTED under Section 30(b)(ii)]. The PMTF will be directly accountable and report regularly to Ministers which will support transparency, clear oversight of progress and alignment with wider Ministerial priorities.

13. [REDACTED under Section 30(b)(i)] However, external stakeholders, including those with chronic pain, will be integral to the implementation of the Framework through the proposed SLWG and lived experience structures outlined below.

14. We have reflected on the experience of previous and existing governance structures across chronic pain and other policy areas and are recommending this 'bottom up' approach which will allow us to bring stakeholders into the process through a series of SLWGs that are task-focused. These SLWGs will be accountable to the PMTF. We intend that this will address the limitations of the NACCP by establishing and communicating clear mechanisms for accountability, authorisation and prioritisation to all stakeholders, which will underpin more effective and timely implementation of the Framework while taking account of existing system-wide capacity and over-arching strategic Government objectives.

15. We will continue to work with other groups such as the Scottish Intercollegiate Guidelines Network (SIGN), Public Health Scotland, NHS Research and the Scottish Pain Research Community on specific commitments but we have not included this here as they would report progress directly to the National Implementation Lead and/or the PMTF.

Involving people with lived experience

16. It is essential that the implementation of the Framework is informed by the voice of lived experience as extensively as possible to enable it to best meet a broad range of patient needs. We are keen to consult as widely as possible, by geography, by severity of condition, demographic and with seldom heard groups.

17. To meet this need, a Pain Management Lived Experience Panel (hereafter 'Panel') will be recruited to provide a forum via which proposals from the SLWGs can be reviewed from the perspective of people with lived experience of chronic pain. Questions to the Panel will be framed with policy and implementation context to inform understanding of the scope for input. A commitment will be made to panel members to provide feedback on actions planned or taken in response to their input. The creation of a Panel represents a Test of Change, and the intention would be to utilise this approach for other conditions if successful.

18. To deliver on this work, SG officials issued an Invitation to Tender for a Pain Management Lived Experience Panel in January 2022. No responses to the tender were received due to COVID-related absences and capacity issues. SG officials will liaise with a further list of prospective suppliers regarding capacity before reissuing the tender in April 2022, with fieldwork to commence provisionally in June 2022.

19. In addition to the Panel, it is also proposed to commission Health Improvement Scotland to conduct a 'Gathering Views' exercises with people with lived experience of

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Chronic Pain, provisionally in August 2022. This is an established format which has provided robust and actionable insight on other health topics. The Gathering Views exercise would supplement the work of the Panel on a more granular, local level, with fieldwork envisaged in each territorial health board. Unlike the Panel, the Gathering Views format is not designed for feedback and follow up questions with participants, hence the two engagement methods will be complementary to each other.

20. In the terms of the SLWGs we will also be requesting that members seek input from people with lived experience and we will include this in the Terms of Reference. We already know from our clinical stakeholders that they have existing approaches to involve patients locally to inform service improvement. This is also the case of any third sector organisations that may be involved who already have good links with the chronic pain community. We would not expect people with lived experience to be part of the SLWGs but that will be a decision for the chair of the SLWGs and the representation they need to support each commitment.

How this will progress

21. The PMTF will convene in May 2022 and we will be working to confirm membership and identify a chair from SG. For the PMTF and each SLWG we will have clear Terms of Reference and also what a successful group would look like so we can review progress against this.

22. We are also starting work on Aim A: person centred care and we would plan for the first meeting of the Person Centred Care SLWG to be in August. We will have a staggered approach using the Person Centred Care SLWG as a pilot to test the effectiveness of our approach and to learn from the experience in order to adapt where necessary before rolling out the remaining SLWGs.

23. In particular we will be testing how the three opportunities to work with people with lived experience works in practice; the Panel, the HIS Gathering Views exercise and through seeking input to the SLWGs.

Recommendation

24. The Minister is asked to agree to the recommended governance structure to support the implementation of the Pain Management Framework.

[REDACTED]
Clinical Priorities Unit
[REDACTED]

7 April 2022

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Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Minister for Public Health, Women's Health and Sport		X	X		

Deputy National Clinical Director
 Interim Director Quality and Improvement
 Deputy Director Planning and Quality
 [REDACTED]
 [REDACTED]
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