

Consultation response

Question 1: We would like to know in what context you are responding. Please choose one of the following:

I am responding as:

- a) an individual who experiences chronic pain
- b) a family member or carer of someone who experiences chronic pain
- c) a health professional
- d) an organisation representing people who experience chronic pain
- e) other stakeholder (please tell us in the comments box below)

Royal College of Nursing Scotland - professional body and trade union for nurses and health care support workers with around 39,000 members in Scotland

Question 2: Please choose your preferred option (Chapter 2 provides details).

- Option 1 – a centre of excellence in a single location
- Option 2 – a service delivered by local chronic pain clinicians (supported by other clinical advisors in another part of the country)
- Option 3 – a service delivered in different locations (by a team of chronic pain specialists – an outreach or roving service)

Please tell us why this is your preferred option in the comments box below. The factors listed in Chapter 2 of the consultation paper may help you.

There is little information available on the current level of need for an intensive, residential chronic pain service in Scotland. The number of people referred to the residential service in Bath from Scotland is very low, with only 17 patients in 2012/13¹. However it is unclear whether there is a much larger number of people who require intensive chronic pain management services, but have been unwilling or unable to travel to Bath. Having a clearer understanding of the actual demand for this level of service within Scotland (and potentially from the North of England) is vital, before determining the most appropriate way for delivering it and committing investment.

Additionally, while the consultation document refers to Options 1 and 2

¹ <http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4029730/Debate%20Chronic%20Pain%20-%2029%20May%20-%20Provision%20of%20Specialised%20Intensive%20Chronic%20Pain%20Management.pdf>

being tested service models, it provides little information on the known effectiveness of these models. The available evidence, for example research carried out by the INPUT pain management unit and other centres, and evidence reviewed in the forthcoming revised British Pain Society guidelines on Pain Management Programmes (PMPs) for adults, needs to be evaluated and applied to the context in Scotland.

An intensive chronic pain management service cannot be considered in isolation or as a substitute for locally delivered chronic pain services. It should be an integrated part of the Scottish Service Model for Chronic Pain. The Model emphasises the need for clear referral pathways and the right level of input at each level of care (community, primary, secondary and tertiary). Prompt access to the right services locally needs to happen, before considering a referral to more specialised intensive treatment.

The October 2012 audit of Scottish Pain Management Services² found that, though there had been clear improvement in the provision of local PMPs across Scotland, 25% of the population still did not have access to a PMP in their area and there was variation in waiting times. In addition, not every NHS board has ready access to all the specialties and facilities needed to provide a full multi-disciplinary service.

Introducing a specialised, intensive chronic pain management service would need to be done in a stepped approach, first ensuring that Health Boards are delivering high quality, multi-disciplinary chronic pain management services locally. This aligns with wider Government objectives about access to treatment locally, outlined in the *2020 Vision* and the *Improving Health & Wellbeing of People with Long Term Conditions in Scotland*. Developing local PMPs and ensuring early intervention and access to the right chronic pain management services, would mean that people have more support to manage their chronic pain locally, which may reduce the need for specialist residential services. It is difficult to make a full assessment of the likely need for a specialist, tertiary residential programme in Scotland, without comprehensive local services being in place.

An intensive, residential chronic pain management service requires highly skilled staff, working in a multi-disciplinary team. The current chronic pain management workforce in Scotland is small and there is a risk that having a specialist centre may attract staff away from local services. Any specialist service needs to support, not dilute, the services and expertise available locally. The RCN recommends that the Government carries out an analysis of evidence from other areas of healthcare, on opening specialist centres and the impact on local services and workforce migration.

If the level of need, evidence of effectiveness, impact on local services and cost-benefit analysis clearly demonstrates the value of a residential service

2

http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4021875/Scottish%20Pain%20Management%20Services_Update%20Report_Oct2012.pdf

in Scotland, the RCN Scotland would support a combination of Option 1 and Option 2 to deliver services for patients requiring intensive chronic pain management. A centre of excellence would need to be integrated into an existing local pain management programme, so it can build on existing staff expertise and be located where there is sufficient patient demand. In addition it would need strong links, with clear referral pathways and criteria for access, with other local chronic pain services throughout Scotland. Having strong links would help reduce fragmentation between services and also aid follow-up support after attending a residential programme.

Question 3: Are there any of the options you disagree with? (If No, move straight to Question 4.)

If yes, please tell us which one(s) in the comments box, and why?

The RCN does not support Option 3 (the roving service). It is impractical for staff to be routinely travelling to different areas for 2-4 weeks at a time, and it is likely to be difficult to recruit and retain staff that would be willing to work in this way. The costs of providing this service are likely to be high. In addition, providing an intensive chronic pain management service requires specialised staff working closely in a multi-disciplinary team. It may be difficult for members of different teams to be brought together on an ad-hoc basis and have the level of close working required to deliver this specialised service. Patients in certain areas of the country may have to wait a long time until it is deemed that there is sufficient demand to justify the roving team to visit their area. This option has not been tested and there is no evidence for its effectiveness.

Question 4: If you have other ideas that have not been covered, please tell us about these in the comments box below. You may want to include the advantages and disadvantages of each.

Whichever option is considered, it is vital that staff have specialist knowledge of chronic pain management and work in a multi-disciplinary team, which includes specialist nurses. Funding and investment to support the training, recruitment and development of staff is central. There must be adequate funding for staff, including nurses, to receive the training required to ensure services are high-quality and sustainable.

The skills and expertise required for intensive chronic pain management services are different from those needed in outpatient chronic pain services. In Option 2, the clinical advisors referred to would need to have the level of specialist knowledge necessary to provide this expertise. A specialist centre of excellence (if this approach were justified) developed over time and working in conjunction with local services, could help support staff training and providing local teams with access to specialist expertise when needed.

Staff need dedicated roles/protected time to provide intensive services, without the local services already in place being diluted. They also need support and time to build effective working relationships across disciplines.

Question 5: What do you think the barriers are to accessing a residential pain management service? (For example, distance away from family, work or family commitments, upfront travel costs.)

Please list as many as you wish in the comments box below and include any others that are important to you.

The RCN does not have the same knowledge in this area as patient groups may have. However the views from our members show that the distance to travel, the upfront costs and time away from family and home all influence a patient's decision to attend an intensive service. In addition there must be clear referral pathways and knowledge amongst healthcare professionals to ensure patients are quickly referred to the right chronic pain management service for them.

Question 6: Please choose from the list below which aspects of residential pain management services should be included in a Scottish service.

(choose as many as apply)

- A chronic pain assessment
- Supported one to one sessions to teach coping skills
- Group sessions
- Residential accommodation
- Opportunity for immediate carer/support provider to accompany patient
- Peer support
- Tailored exercise programme
- Medication assessment
- Other (please tell us in the comments box below)

It is difficult to comment on individual aspects of treatment, as they tend to work as a package and there is little evidence available on the effectiveness of individual components. The RCN would recommend that any service is person-centred and is able to tailor treatment options to best suit the individual. Research should be an integral part of any future provision of intensive chronic pain management services.

Question 7: Irrespective of the final service model selected, should access to the current service provided in Bath (or elsewhere in the UK) be retained for occasional use?

Yes No Don't Know

Question 8: Have you previously attended, or supported someone attending a residential service outside Scotland?

Yes (please answer Question 9)

No (please move straight to Question 10)

Question 9: If you have attended, or supported someone attending a residential service outside Scotland, please tell us about any advantages and disadvantages of the experience.

Comments (box expands with text input - there is no word limit)

Question 10: If you, or someone close to you, has been offered but declined a residential service outside Scotland what were the reasons for this?

Comments (box expands with text input - there is no word limit)

Question 11: If you wish to add any further comments on issues raised in the consultation paper or current chronic pain services in Scotland, please use the comments box below.

In response to Question 7, if a centre of excellence is developed in Scotland, it would not be necessary to retain access to the service in Bath, unless there was a specialist service that could not be adequately provided in Scotland, for example adolescent services. However developing and maintaining professional links and support between staff in Scotland and Bath would be valuable.