



Update on national developments in chronic pain

BLAIR H. SMITH

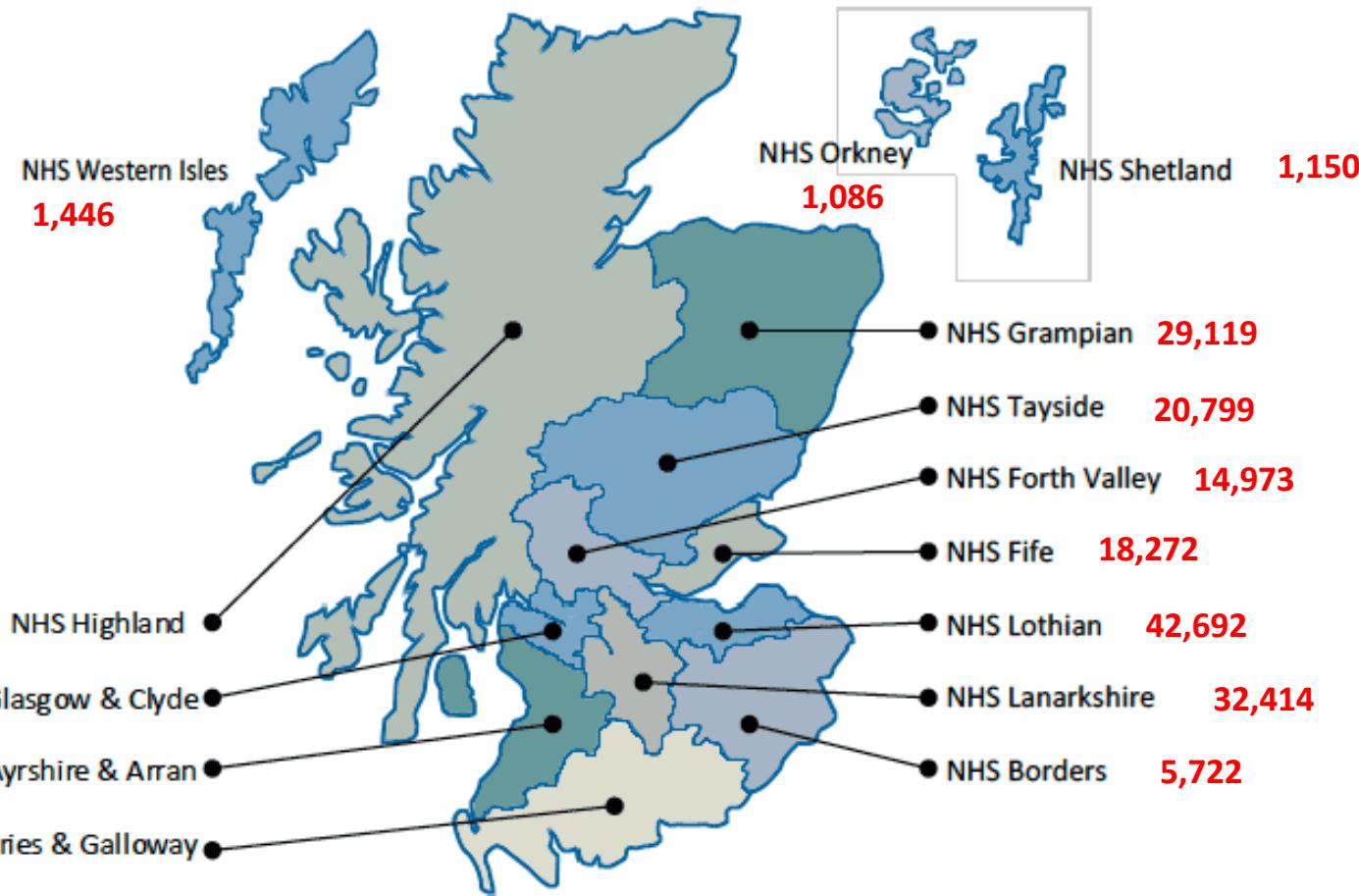
NATIONAL LEAD CLINICIAN FOR CHRONIC PAIN

NRS / SPARC VIRTUAL MEETING, 4TH DECEMBER 2020

“Severe” chronic pain in Scotland

Total in Scotland
267,015

(NRS mid-2014 population estimates)



“Severe” (intense, severely disabling) chronic pain – **5.6% of adults**

(Smith *et al*, 2001)

National Advisory Committee on Chronic Pain

Chair: Dr John Harden (Deputy National Clinical Director), replacing Dr Gregor Smith



Remit

- Guiding the improvement of chronic pain management at all levels of health and social care;
- Developing a dataset to allow for effective measurement/quantification of chronic pain services across Scotland, and Quality Performance Indicators (QPIs);
- Raising and maintaining the profile of chronic pain;
- Advising the Scottish Government on chronic pain to inform effective national policy development
- **Oversees Subgroups, Reports to Scottish Ministers**

Some developments since March 2019

- Scottish Access Collaborative Report
- Adoption into Modernising Patient Pathways Programme
- Appointment of:
 - Primary Care Clinical Lead for Chronic Pain (Emma Mair)
 - National GP Advisor for Chronic Pain (Kieran Dinwoodie)
 - James O'Malley to SG team
- Revised version of SIGN 136 (Opioids)
- Atlas of Healthcare Variation, National Therapeutic Indicators (opioids, gabapentinoids)
- Core Minimum Dataset – with ISD/PHS
- COVID-19 work, culminating in the Recovery Framework for Pain Management Services
- Facebook Group: “Pain Team Scotland”. <https://www.facebook.com/groups/495625558043892>



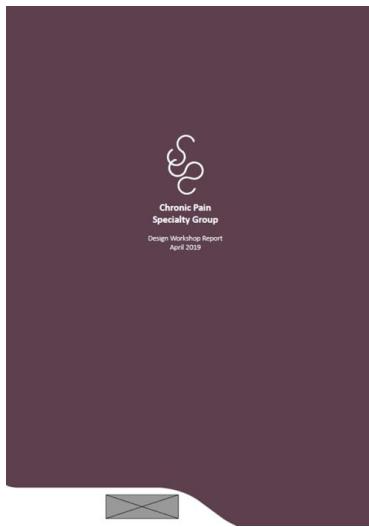
Key challenges

Themes:

1. Information, guidance and self-management
2. Lack of consistent and sustainable funding
3. Disjointed model of care and disconnected systems
4. Communication and language for chronic pain
5. Workforce planning and education



<https://learn.nes.nhs.scot/8156/scottish-government-health-and-social-care-resources/scottish-access-collaborative-making-connections-for-staff-and-patients/specialty-group-pages/chronic-pain-specialty-group>



SIGN Guideline, Revised edition, 2019 (Opioids). Key Recommendations

B. Opioids should be considered for short-to-medium term treatment of **carefully selected patients** with chronic non-malignant pain, for whom other therapies have been insufficient, and the benefits may outweigh the risks of serious harms....

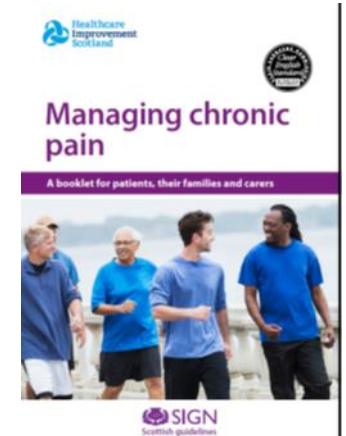
v. At initiation of treatment, ensure there is **agreement** between prescriber and patient about expected outcomes.... If these are not attained, then there should be a plan agreed in advance to reduce and stop opioids

v. All patients on opioids should be assessed early after initiation, with planned **reviews** thereafter.... The aim is to achieve the minimum effective dose and avoid harm.....

B. Currently available **screening tools** should not be relied upon to obtain an accurate prediction of patients at risk of developing problem opioid use, but may have some utility....

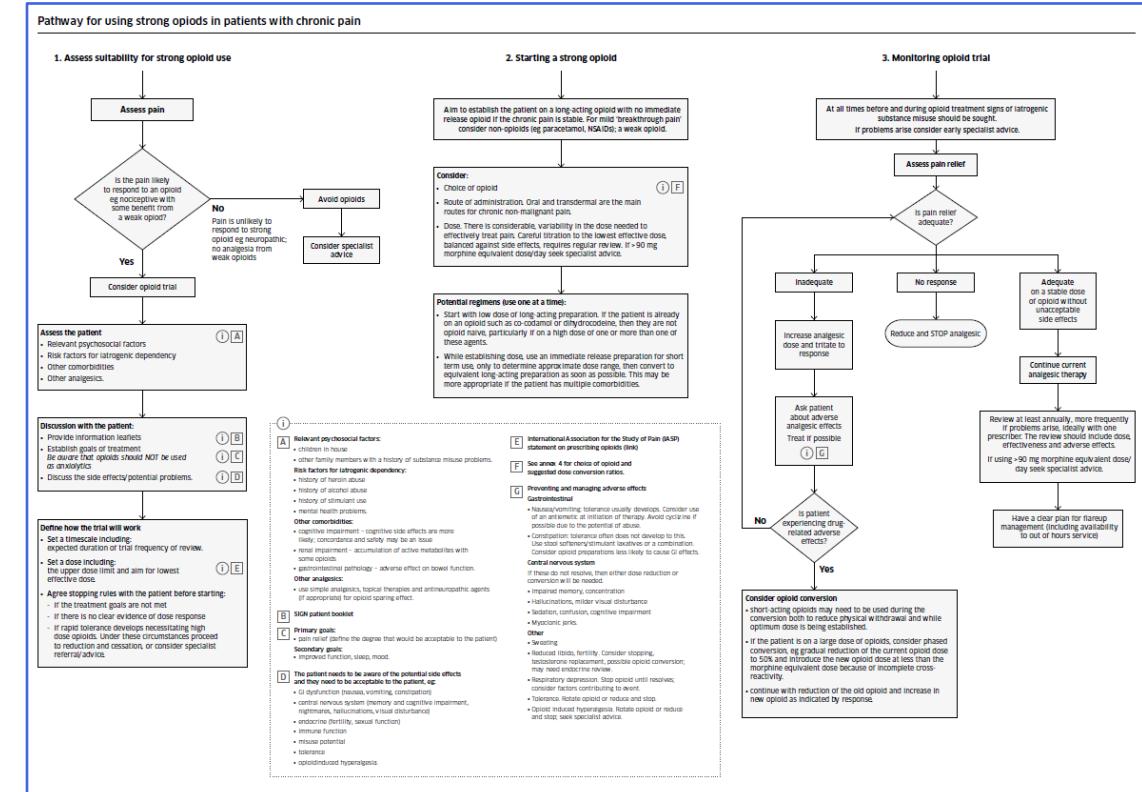
C. Signs of abuse, addiction and/or other **harms** should be sought at re-assessment....

D. All patients receiving opioid doses of >50mg/day morphine equivalent should be reviewed regularly (at least annually) to detect emerging harms and consider ongoing effectiveness. **Pain specialist advice** or review should be sought at doses **>90mg/day** morphine equivalent.

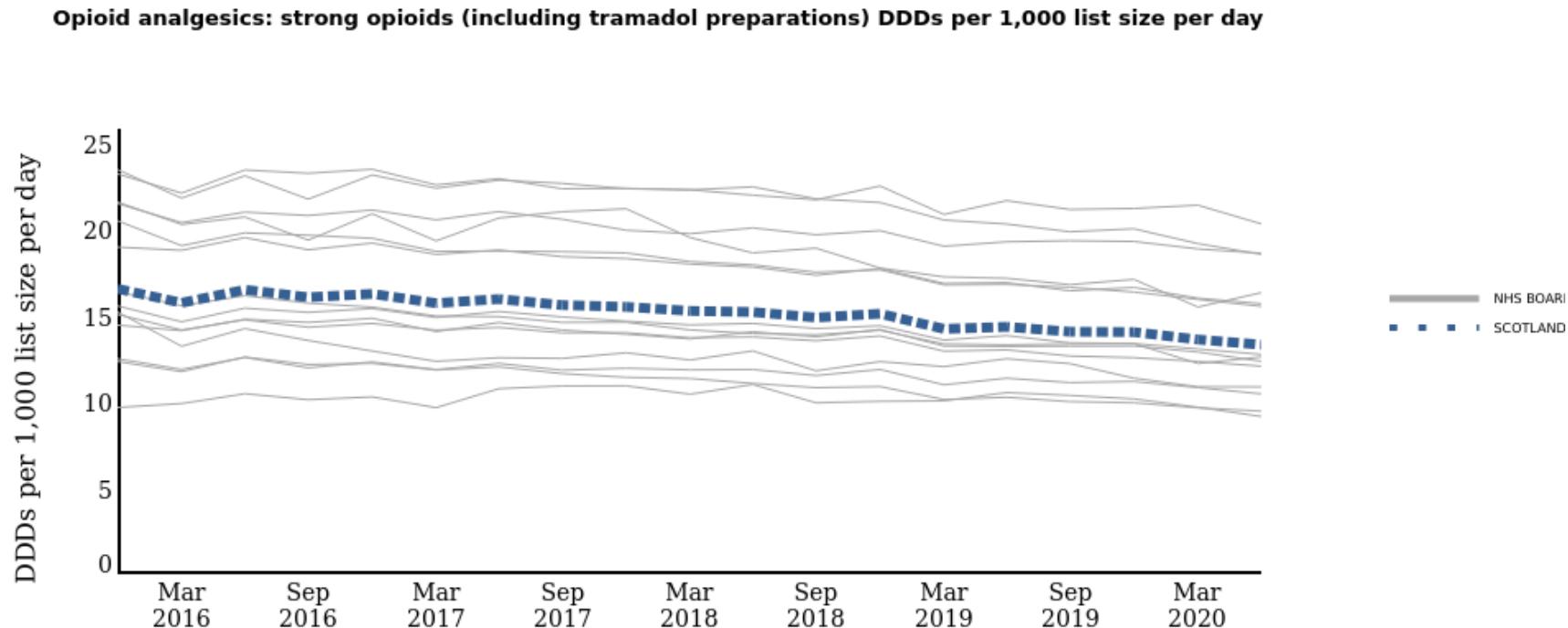


SIGN Guideline, Revised edition, 2019 (Opioids). Algorithm and Research recommendations

1. Studies of interventions to support reduction or cessation of prescription opioids.
2. Studies of efficacy and harms beyond three months' use....
3. Studies of factors affecting individual response to opioid therapy.
4. Studies of harm reduction strategies for patients on continued opioid use for chronic pain.



Opioid prescribing in Scotland



DDDs refer to Daily Defined Doses.

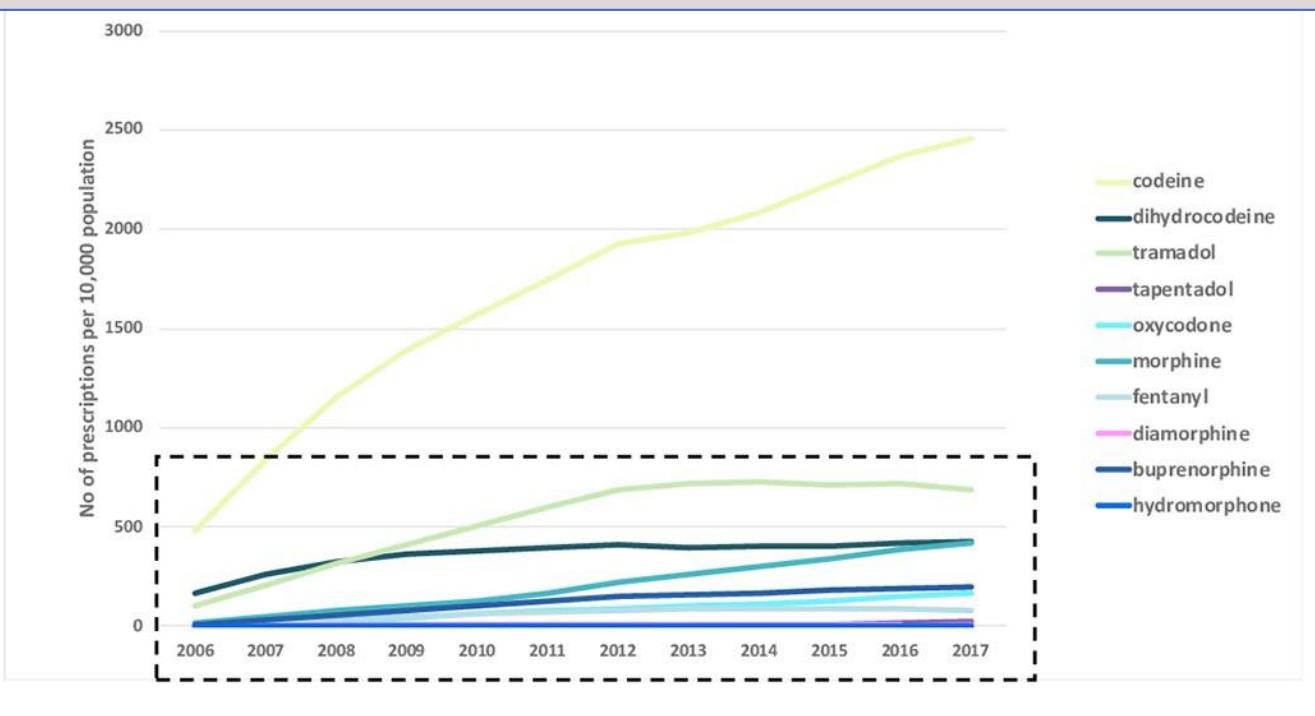
Find out more information on DDDs in [Metadata](#).

Source: Prescribing Information System Scotland, PHS, NSS.

Time trends and prescribing patterns of opioid drugs in UK primary care patients with non-cancer pain: A retrospective cohort study

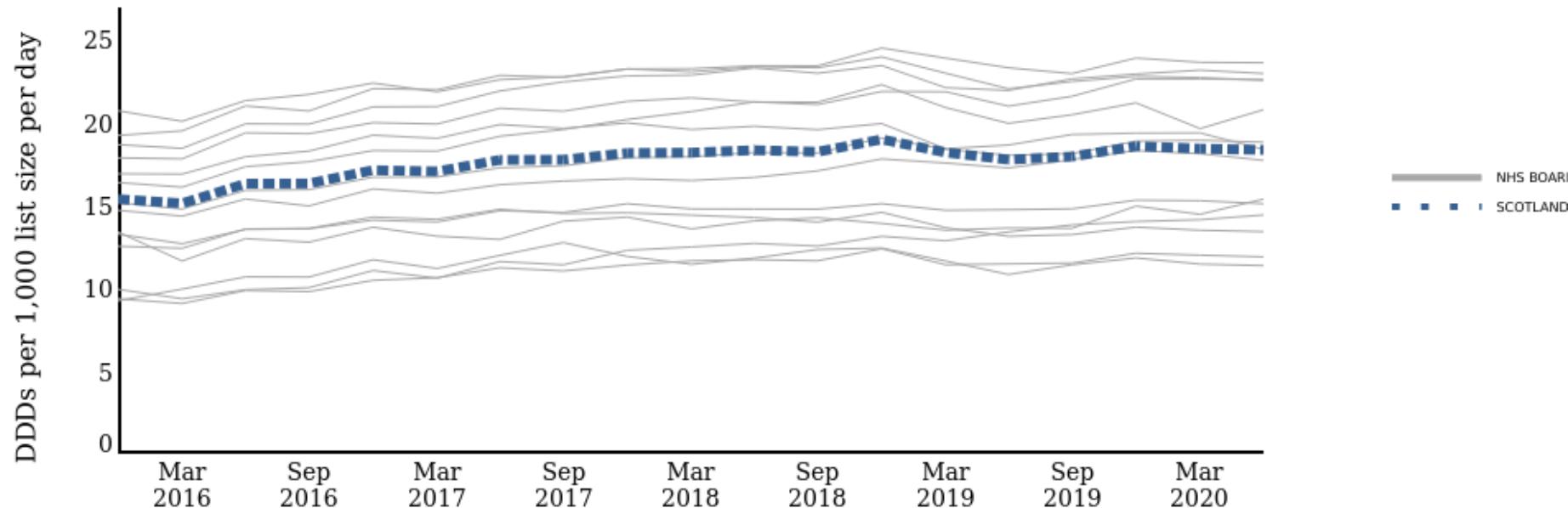
Meghna Jani^{1,2*}, Belay Birlie Yimer¹, Therese Sheppard¹, Mark Lunt¹, William G. Dixon^{1,2}

1 Centre for Epidemiology Versus Arthritis, Centre for Musculoskeletal Research, University of Manchester, Manchester, United Kingdom, **2** Department of Rheumatology, Salford Royal NHS Foundation Trust, Salford, United Kingdom



Gabapentinoid prescribing in Scotland

Gabapentanoids: pregabalin and gabapentin DDDs per 1,000 list size per day



DDD refers to Daily Defined Doses.

Find out more information on DDDs in [Metadata](#).

Source: Prescribing Information System Scotland, PHS, NSS.

Recovery Framework for Pain Management Services (September 2021)



- Pain to be considered '**essential care**' for both those referred to specialist services and those experiencing pain as a result of waits for other treatment
- Multidisciplinary pain services to resume as an urgent priority
- Boards to provide information on plans to enable access to pain treatment, alleviate backlog of referrals and take account of quality of life
- Board to assess pain management needs of those awaiting elective care across other specialities (e.g. joint replacement operations)
- Boards, HSCPs and 3rd Sector to work towards increasing community and primary care services
- Contingency planning in case of further 'surges' of the COVID-19 pandemic
- Safety and wellbeing of staff, as well as patients

The year ahead

Scottish Government has committed to including chronic pain in its Programme for Government:

- **Publishing a Recovery Framework for Pain Management Services** to help Health Boards restart support for people with chronic pain. [This was published in September](#), and followed up with Health Boards by Cabinet Secretary
- **Developing a new Framework for Chronic Pain Service Delivery** in the next year to help improve support across Scotland. This will be delivered in 2021.
- **Publishing revised Opioid Prescribing Guidance** for people with chronic pain to help improve advice for patients and healthcare workers about how these medications are best used to help people manage their condition. Consultation is expected in the coming months on the recommendations that have been developed.
- **Re-establishing the Chronic Pain Patient Reference Group** to build and empower a community of people with lived experience of chronic pain who can take an active role in informing and co-producing our approach to service improvement.
- **Reviewing the National Advisory Committee for Chronic Pain** to inform and advise Government and the health/social care system on policy development and service improvement that improve outcomes for people living with pain.

<https://www.gov.scot/publications/protecting-scotland-renewing-scotlands-governments-programme-scotland-2020-2021/>

NACCP, 2021

Priorities

- Re-mobilising, recovering and re-designing during COVID
- The Scottish ACCESS collaborative report
- A new Framework for Chronic Pain Service Delivery
 - Standardise pathways and management
 - Workforce planning
 - Data collection and quality
 - Quality prescribing

Enjoy the day



It Only Takes a Spark!

Priorities



Mirror Key Challenges, and include:

- Data
- Workforce and training
- Communication and awareness
- Safe and effective prescribing
- Joined up services, Levels 1 to 4

