

Framework for pain management service delivery - implementation plan

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Foreword

I am delighted to present this Implementation Plan for the Scottish Government's Framework for Chronic Pain Service Delivery. I know from meeting people living with chronic pain just how challenging everyday life with this condition can be, and the hidden impact it can have on both physical health and mental wellbeing.

That is why the Scottish Government is determined to take urgent action to address the priorities people with chronic pain have told us matter most to them. From ensuring the impact of their condition is recognised and that they are treated with respect and compassion, to investing in our staff, this Plan sets out actions which will lead to meaningful improvement for people with chronic pain.

Through the development of the Framework and Implementation Plan we have already started to make good progress putting in place the networks and infrastructure that will be required to help us deliver our vision. This includes bringing together our clinical community, service planners and third-sector partners from across Scotland to share their knowledge to help us identify new opportunities to improve coordination and quality of care and services for people with chronic pain.

We are also taking action so people with chronic pain whose voices are less frequently heard have greater opportunity to share their needs and contribute their ideas. This will help us reduce the barriers and inequity some people face when seeking support for chronic pain.

We want to ensure that we learn from the experience of the chronic pain community of the COVID-19 pandemic and the impact it had on services. We will do this by building on the skills and knowledge our staff and services have gained from new ways of working. This will involve identifying new and innovative models of care, increased sharing of skills and resources, and embracing emerging research, data and technologies to develop more effective and sustainable services for people with chronic pain.

We have carried out comprehensive engagement on our proposals, and this has demonstrated widespread support for our ambitions. I would like to take this opportunity to thank everyone who has been involved in sharing their experience and ideas in helping to inform the Framework and this Implementation Plan. Alongside the Cabinet Secretary for Health and Social Care, I will continue to engage and invite constructive challenge from all those who will join us on this improvement journey. We are determined to make a difference, and I look forward to sharing and celebrating our progress to improve care, services and quality of life for people with chronic pain in Scotland.

Maree Todd MSP
Minister for Public Health, Women's Health and Sport
July 2022

Tackling the impact of chronic pain on Scotland

Chronic pain is pain that persists beyond normal injury healing time, or recurs for longer than three months. It is a separate condition in its own right, and frequently presents alongside other long-term health conditions. Chronic pain can have a substantial impact on general health and wellbeing, and is often described as a distressing experience.

The estimated existing high-prevalence of chronic pain in Scotland, and projected future increase in potential risk factors for the condition demand a response which is comprehensive, coordinated and collaborative.

Draft Framework for pain management service delivery

The Scottish Government set out an ambition to develop a new Framework for pain services to better meet the need of people living with chronic pain in Scotland. A [draft Framework for Pain Management Service Delivery](#) was developed across 2021 in consultation with the National Advisory Committee for Chronic Pain (NACCP), people with lived experience of the condition and other stakeholders.

The draft Framework set out a comprehensive summary of the evidence on the impact of chronic pain, including emerging evidence on its links to health inequalities and other social issues associated with poorer outcomes and reduced quality of life in Scotland. It also addressed the existing experience of patients in navigating and accessing appropriate support for chronic pain, and the challenges faced by existing services and organisations and frontline staff. It contained a series of proposed Aims and Commitments which were intended to drive discussion and engagement with stakeholders to inform our approach to service improvement.

Our response to public consultation on the draft Framework

Public consultation on the draft Framework was carried out between December 2021 and February 2022. The Scottish Government commissioned independent analysis of the consultation responses which has been published alongside this Implementation Plan.

We are grateful for the time that respondents took to contribute to the consultation and welcome the input towards shaping the Framework and this Implementation Plan. Analysis of the number of respondents shows that engagement with the consultation was similar to other similar long-term condition Frameworks published by the Scottish Government, and in line with the level of other topic-specific consultations carried out during the COVID-19 pandemic.

We welcome the very high level of support for the Aims and Commitments set out in the draft Framework which frequently exceeding 90% from both individual and organisational respondents. This clearly demonstrates the willingness and shared ambition to deliver the changes people with chronic pain have told us are needed to improve their quality of life and wellbeing. We also welcome the detailed and challenging feedback provided by respondents on both the barriers and opportunities

to achieving this goal, which we have sought to address through this Implementation Plan.

A clear theme emerging from the consultation was that the draft Framework and Aims required greater focus, specificity and ambition. In response, this Implementation Plan sets out clear and realistic initial Actions to deliver the Framework with estimated timeframes for delivery.

Respondents also highlighted a need for effective and transparent leadership and engagement arrangements for the Framework to effectively deliver its ambitions, and to ensure meaningful stakeholder involvement in its implementation. We have set out a comprehensive Governance structure with clear lines of accountability to Scottish Government Ministers. We have also set out the ambition to establish a series of Networks to strengthen clinical, third-sector, lived-experience and other stakeholder input to deliver a Framework that is shared in its approach and delivery.

This Implementation Plan also provides a summary of the responses from the consultation against each of the Aims of the Framework. This has been used to review and inform the high level commitments and Actions for each Aim. For a number of the draft Aims and Commitments a significant proportion of the feedback related to specific ideas and approaches that could be used to inform their delivery. Where appropriate, this feedback will be considered by groups working to deliver the Framework or as potential future Actions are developed and implemented.

Aim A – Person centred care

We will improve the consistency and quality of the information and advice received by people with chronic pain, increase healthcare professionals' understanding of the condition and its impact, and deliver better access to a range of local options to support self-management and wellbeing.

You told us

Responses to the consultation reiterated the value in clear and consistent information for people with chronic pain, and the challenges that are currently experienced when seeking support. It was highlighted that there is considerable variation in what information and advice is provided to people with chronic pain. There was also substantial feedback on what information should be provided, how it should be accessed in order to address existing inequalities, and how to ensure that it is of sufficient quality. More broadly, it was felt that there are opportunities to raise awareness of pain and its impact at the national level through a public-health led approach, and at the local level through increased information on what NHS services and other community-based support is available and how it is accessed.

People with chronic pain have told us they feel that a challenge of living with the condition is a lack of recognition of its impact on their everyday life, including from health and care professionals. This was a clear point of focus in the responses which highlighted the importance of ensuring all health and care workers have an understanding of the challenges of living with persistent pain to ensure they provide informed and compassionate care. There was also a need expressed for greater consistency in the information individual healthcare professionals and local services provide to people with chronic pain, both in terms of how their condition could be managed, and other appropriate support options that may be available in their local area.

Responses also highlighted a need to improve how people with chronic pain access support for non-NHS services or help to improve their wellbeing. There was also a focus on the role of the third-sector and it is clear that challenges need to be addressed around coordination and delivery of charity services by Health Boards. Action is also needed to ensure improved recognition of other issues that impact quality of life for people with chronic pain, such as employment, and improved referral and signposting to services provided by councils and local authorities, such as physical activity.

What we will do

Deliver improved information quality and access

Action 1: Establish a national expert working group to oversee coordination and development of chronic pain information and resources

We will establish a short-life working group drawn from the chronic pain community to drive and oversee delivery of this Aim. The insight and ideas already provided

through our public consultation and engagement with stakeholders will inform this group's priorities, including input from people with lived-experience.

This group will provide a focus for evaluating existing resources at the local and national level and make recommendations to ensure a more coordinated, national approach to chronic pain information and self-management tools and resources. This would include consideration of digital, community and rehabilitation-based approaches which can help empower patients to feel more in control of their pain and to live well with their condition. This approach will reduce duplication and build a collaborative, cross-sectoral approach to information provision and advice. They will also have a focus on considering how to reduce existing inequalities in order to ensure wider promotion and easier access to the right information, at the right time, to enhance how people with chronic pain find and engage the support and services they need.

Action 2: Enhance quality and access to chronic pain information on NHS Inform.

In order to inform the activity of the Aim A working group, there is a need to comprehensively assess the information needs of people with chronic pain. We will commission NHS24 to carry out a user-needs assessment in order to improve and enhance chronic pain information hosted on NHS Inform.

This will provide an opportunity to consider additional content and information requirements, including multimedia, self-help guides and other resources. It will also provide an agreed and rigorous quality assurance process with input from people with lived experience, the clinical community and other stakeholders to design and deliver effective and engaging support and signposting for people with chronic pain. Outputs from this action will also benefit people with other conditions where pain is a common symptom, for example endometriosis, by improving the links between existing NHS Inform resources and ensuring more consistent and appropriate content on pain and how it is managed.

While this is being delivered, we will continue to identify opportunities to increase the accessibility of existing NHS Inform content, including translating information into other languages and formats, for example, British Sign Language. Through the needs assessment it is expected that the requirement for other, off-line or local resources will be identified, which will also be addressed as part of delivering this Aim.

More knowledgeable and compassionate health and care workforce

Action 3: Establish a Chronic Pain knowledge hub for healthcare professionals to promote understanding and learning on chronic pain

While it is expected that delivering improvements in patient-facing information on chronic pain will also support healthcare professional learning, there is a need to further promote awareness on chronic pain amongst the health and care workforce. In order to improve the consistency and quality of clinical care and advice provided to people with chronic pain, we will make it easier for healthcare professionals at all

levels to access and navigate high-quality, up to date information and resources through a national Chronic Pain Knowledge Hub.

Underpinned by the work of the National Pain Education Group we will develop a 'one stop shop' national resource for healthcare professionals, service managers and other delivery partners. This will be based on the [TURAS](#) platform, NHS Education for Scotland's (NES) national platform which promotes health and social care professional learning and training, and provides tool that support collection and sharing of best practice. It will also offer service planners and national networks a platform to share information which will support improved collaboration and shared planning to drive down unwarranted variation in care and service delivery.

Action 4: Develop a Pain Informed Care toolkit for healthcare professionals to promote care in all settings

Given that chronic pain is often experienced alongside other health conditions, and that most people will access support from local, non-specialist health and care services, we will take action to increase awareness and understanding of pain and its impact amongst staff in all healthcare settings. We will build on the [success of the Scottish Government's progress in trauma-informed care](#) to deliver a package of measures to support a 'Pain-Informed' approach to the planning and development of health and care services.

There is evidence to indicate that there are links between adverse experiences and the incidence and impact of pain, which similarly demand an approach to care that prioritises empathy and kindness in order for it to be effective. To inform this approach we will draw on the expertise of people with lived experience of chronic pain, healthcare professionals working in specialist and community pain services, the third sector and other key stakeholders. Together, they will work towards identifying existing best practice already being delivered and establish how the principles of trauma-informed practice can be incorporated as part of pain management care and support services. Delivering this Action, initially through the new national Pain Education Group (see p.18) will lead to a better experience of health and care services, and more effective, person-centred care for people with chronic pain.

Improved access to community based support

Action 5: Enhance coordination of community and third-sector support for people with chronic pain

People with chronic pain are already experts in managing the impact of their condition on their everyday lives. However, we know that pain and its impact is often felt unequally across our society and there are many people who could benefit from additional support outwith public health and care services, to improve their quality of life. We will work with the third-sector, and other community-based partners, to make it easier for people with chronic pain to access a choice of person-centred support in their local area. We will ensure alignment to other work underway to improve cross-sector working in relation to improve access to rehabilitation support and services.

To support this action we will explore opportunities to develop a network-based approach to third-sector engagement to act as a forum to draw on the experience of charities already providing services and support to people with chronic pain. Together, and through participation in other working groups established to deliver the Framework, this Network will focus on the opportunities and challenges of delivering local person-centred care and working at the interface with Health Boards and local authorities. This work is intended to lead to a nationally shared approach to collaboration between public and third-sectors at the local level to ensure a more sustainable relationship around commissioning and coordinating community-based support for people with chronic pain as part of health and care pathways.

Increasing the impact of our actions

Earlier recognition and action on pain

Chronic pain is rarely experienced as a stand-alone condition, and is often the factor in other conditions which has the greatest impact on people's day to day wellbeing. As set out in the Actions for this Aim there is a clear opportunity to enhance recognition of chronic pain as part of routine health and wellbeing practice to ensure more timely and effective care.

These Actions will also improve healthcare professional knowledge of how to recognise, and act on, risk factors for developing chronic pain, including in patients presenting with acute pain. This approach includes population health strategies already being delivered by the Scottish Government which can directly and indirectly contribute to a reduction in pain-related risk factors. We will ensure that opportunities to raise knowledge of preventative approaches amongst both public and healthcare professional audiences are considered and integrated as part of the Actions for this Aim.

Support for the wider impact of pain

In supporting a prevention-based approach there is also a need to consider opportunities for earlier intervention to limit the progressive impact of chronic pain, across all aspects of life. Through each of the Actions outlined above we will also consider social and economic factors, such as work, housing, earnings and benefit uptake, in order to ensure more timely and effective coordination and signposting of relevant services and support for people with chronic pain.

This includes the impact of chronic pain on work and employment and we will continue to identify opportunities to ensure recognition of the impact of pain on work, and improve access to employment related support (e.g. through provision of reasonable adjustments and/or Access to Work). Delivery of [Social Security Scotland](#) also provides an opportunity to ensure that those who require additional support, including people with chronic pain, can access assistance in a dignified, fair and respectful way.

Next steps

We will establish a Short Life Working Group (SLWG) in summer 2022 in order to begin immediate delivery of these Actions. We will appoint a Chair and consider the resourcing needs of the Group to ensure effective engagement in the following months, with a view towards rapid delivery of recommendations and outputs in this financial year.

The SLWG will discuss and consider any requirement for further extension of their work, and identify further Actions to support delivery of this Aim. It is expected that one of these recommendations will include consideration of the aims, objectives and targets for a national public health-led approach to chronic pain in order to raise awareness of the condition.

Aim B – Access to Care

We will enhance access to support for people with chronic pain by improving how local and national services are planned and delivered so they have a more consistent and better coordinated experience of care.

You told us

Responses highlighted the challenges people with chronic pain face in accessing support and the impact this has, not only on their wellbeing, but also in some cases on the opportunity for earlier, more effective intervention. It was also suggested that in primary care settings there are challenges around resourcing and healthcare professional knowledge. Feedback was provided on the opportunities to leverage the skills and knowledge of other health and care professional roles and the importance of their closer integration in chronic pain care planning.

It was clear that waiting times for appointments and treatment have a significant impact on people's experience of their care and services. Respondents also shared the impact of poor communication between different services involved in their care, and with patients themselves. Feedback was provided on opportunities to improve referral and planning of care across different settings, as well as suggestions for what services should be accessible for everyone with chronic pain to help them maintain their quality of life.

In relation to digital technology, respondents highlighted some of the challenges around remote technology and concerns were raised around the risk of increased inequalities. Suggestions were made about the potential for digital education, improvement in access and examples of existing initiatives to test new approaches to delivering care.

What we will do

Improved planning and delivery of local services and support

Action 6: Convene a national expert working group to identify and scale-up improved pain service planning and delivery

It is accepted that demographic and geographic differences across the country inform how local services are delivered. However, a priority of this Framework is to ensure action is taken to reduce the unwarranted variation in experience and care faced by people with chronic pain. We will establish a SLWG to provide leadership to overs and drive delivery of this Aim.

This group is expected to scrutinise differences in provision of local NHS and care services used by people with chronic pain to identify areas of best practice and opportunities for improvement. They will also examine how the Scottish Service Model for Chronic Pain is currently being delivered across Health Boards to better understand the challenges and opportunities for service planning. They will also review previous work to improve the interface between community, primary and secondary care services, and identify opportunities for further tests of change and/ or scale-up of effective local pathways. This group will also make recommendations for increased collaboration across local, regional and national collaborative service planning, with the aim of improving the use of resources across clinical pathways and enhancing the sustainability of pain services and support at all levels.

Action 7: Identify local barriers, opportunities and priorities from users of chronic pain services

We will commission Healthcare Improvement Scotland (HIS) to deliver a Gathering Views exercise to identify opportunities and barriers to local implementation of the Framework. Information on the local barriers, opportunities and patient priorities will be used to inform and shape the activity of the working group. This will help to ensure that the group's outputs or recommendations for local service planning and delivery meet the needs of people with chronic pain. More information on this Action as part of wider Governance of the Framework is available on p.23.

Improved access to specialist pain management support

Action 8: Establish the NHS pain service managers network to improve coordination and planning of specialist pain services

There is further opportunity to improve coordination of care for people referred to specialist chronic pain services, especially as they continue to recover from the impact of the COVID-19 pandemic. We will establish a new Service Manager Network to promote shared planning and service development across Health Boards, with a focus on opportunities to address key shared issues, including resourcing, waiting times and financial challenges.

This Network will also engage with the working group for this Aim in order to ensure there is greater synergy and coordination between primary, community and specialist services. The Network forum will also enable a stronger national dialogue between local specialist services and the Scottish Government in order to ensure a more rapid, supportive and collaborative response to the challenges of pain management service delivery.

Action 9: Carry out a review of highly specialised pain services and enhance nationwide delivery of pain management programmes

The [Scottish National Residential Pain Management Programme](#) (SNRPMP), hosted by NHS Greater Glasgow and Clyde, accepts referrals from all Scottish Health Boards and provides highly specialised support for people with chronic pain. We will work with the [National Services Division](#) (NSD) of NHS National Service Scotland (NSS) who commission and performance manage national specialist services on behalf of NHS Scotland, to carry out a review of the service in light of changes to how the Programme was delivered during the COVID-19 pandemic.

The review is expected to identify opportunities to evolve the service and harness its expertise and skills to enhance service delivery and promote best practice of pain management programmes and supported self-management as a core element of clinical practice. This will provide a more consistent and higher quality experience of care for people with chronic pain.

Improve access and flexibility of pain services

Action 10: Deliver a new digital approach to improve the choice of people with chronic pain in how they engage with services

Remote Health Pathways use digital monitoring technology to enable people to receive, record and share relevant information about their current health and wellbeing with public services. In partnership with the Scottish Government's Technology Enabled Care (TEC) Programme, people with chronic pain and local Health Boards, we will deliver, pilot and evaluate a new 'digital pathway' to enable people with chronic pain to use technology to engage with specialist pain services. Delivery of this work will be in line with the principles of the TEC Programme including inclusion, fairness and choice in order to ensure no one is left behind in the design and delivery of new services and pathways.

The outcomes of this work will be shared at the national level to understand how it can be implemented to improve services and enhance the experience of people with chronic pain across all Health Board areas. Outputs from this work are also expected to identify opportunities and challenges to digital delivery of care for people with chronic pain, including improved data collection and reporting, better service design, increased workforce development and inclusive engagement of people with chronic pain in the services they use.

Increasing the impact of our actions

Remobilisation of pain services and support

We know that the impact of the COVID-19 pandemic continues to be felt across our NHS and on people with chronic pain, many of whom continue to face delays in accessing both pain management and other health and care services. Work is underway to provide support while people are waiting for treatment, including waiting list validation processes to assess individual patient needs, improving information on

NHS Inform to increase awareness of options for additional support, and assessing how to identify and meet the wider wellbeing needs of patients.

Through the delivery of the [Scottish Government's NHS Recovery Plan](#) there will continue to be major investment in services, including those used by people with chronic pain. This includes delivery of the National Treatment Centres (NTCs) for planned elective and diagnostic care, which will deliver high volumes of orthopaedic procedures for people with osteoarthritis. Given the key role NTCs will play in addressing waiting lists for pain-relieving treatment, we will consider how pain management support can be integrated as part of pre- and post-operative care pathways. This will greatly enhance recognition of chronic pain and its impact on people awaiting treatment, as well as significantly boosting national capacity and timely access to care for a large proportion of people living with persistent pain in Scotland.

Improved coordination of care across services

The working group for this Aim will identify how service delivery for people with chronic pain overlaps with other clinical pathways. This provides an opportunity to inform and influence the delivery of other Scottish Government service improvement priorities. Current and planned activity on long-term conditions includes delivery of the [Women's Health Plan](#) commitments on endometriosis, [development of a 'once for Scotland' approach to rehabilitation](#), and [implementation of local care coordination roles for people with 'long COVID'](#). Providing comprehensive, system-wide input will support a more coordinated approach to service planning for people with chronic pain and other associated conditions.

Improved local access to advice and care

We know that most people with chronic pain initially approach primary care services in order to access the advice, support or onward referral appropriate to their needs. In addition to the Actions we are delivering through this Framework, substantial investment continues to be provided to improve delivery of these primary care services in Scotland with expanding multi-disciplinary teams, including additional pharmacists, physiotherapists and occupational therapists supporting general practice. There has also been considerable progress in improving access to local support for mental health and wellbeing which is a key component of care for people with chronic pain through the Primary Care Improvement Fund and the [Mental Health Strategy](#). In addition, the new investment in [Mental Health and Wellbeing Primary Care Services](#) will create additional roles in primary care settings. This will substantially increase the mental health workforce and transform how support is delivered.

In recent years work has also been carried out to identify issues affecting access to specialist chronic pain services and what actions could improve delivery and reduce waiting times. This includes service improvement projects in Health Boards across Scotland supported by the Centre for Sustainable Delivery (CfSD) Modernising Patient Pathways Programme (MPPP). Outcomes from these projects indicate improvements in patients' reported quality of life, increased clinical confidence in supporting patients with chronic pain, reduced demand for GP appointments and

effective and safe prescribing of medication to manage pain. We will continue to engage the expertise provided by the CfSD in the delivery of this Aim and implementation of the wider Framework in order to support rapid deployment of new ways of working, innovative approaches and safe, fast and effective care pathways for people with chronic pain in Scotland.

Next steps

The first meeting of the NHS Pain Service Managers Network has already been delivered, and actions to review the SNRPMP, launch the remote healthcare pilots and carry out the HIS Gathering Views exercise are expected to begin from the Summer of 2022.

We intend to establish the working group for this Aim later in 2022, following the formation of the Aim A SLWG. The group will make a series of recommendations for improvements in pain management service access, planning and delivery which will require action at the local and national level.

It is expected that future issues this group will consider are likely to include the feasibility of implementing national approaches to referral, including the opportunity to consider increased use of regional and national care pathways. This work will contribute to more sustainable local services, more consistent and timely access to appropriate care, and improve the experience of people with chronic pain of the services they need.

Aim C – Safe, effective support to live well with chronic pain

We will improve the choice and outcomes from pain management support available to people with chronic pain by evaluating and promoting sustainable delivery of effective and evidence-based care.

You told us

Respondents to the consultation highlighted the challenges that are presented by people's expectations of the support and care they will receive from healthcare services. Specifically, there was a view that 'treatment' for chronic pain is rarely curative, and that services aim to support people to 'manage' their condition in order to improve their quality of life and wellbeing. It was also indicated that greater clarity is required on the range of options that should be considered as part of care planning, including non-pharmacological interventions.

There was also a call for better access to up-to-date information on best practice approaches and options for treatment and management of chronic pain, to help empower patients in care planning discussions with healthcare professionals. It was noted that this information should also reflect what support and services are available locally, which is challenged by the existing differences in how Health Boards approach service planning and delivery.

Linked to this, there was also considerable feedback on the challenges of achieving consensus on what constitutes 'effective' management of chronic pain. A range of opportunities to address this issue were identified, ranging from research and data-based approaches to the criteria that should be used to assess and endorse different care and treatment options, whilst taking account of the differing needs and treatment responses of individual patients and specific groups with chronic pain.

Respondents also provided views on how to improve consistency in clinical practice, including a focus on updated clinical guidance, improved education and greater skill-sharing across professional groups. Examples of work already carried out to improve the quality and consistency of pain management services were also shared, alongside potential standards of practice for healthcare professionals to improve their engagement and quality of care for people with chronic pain.

What we will do

Better quality, more consistent care for chronic pain

Action 11: Update clinical guidelines for management of chronic pain to deliver evidence-based care and support.

Scotland was the first country in the world to introduce national [clinical guidelines to support non-specialist healthcare professionals](#) deliver high-quality, evidence-led care for people with chronic pain ([SIGN 136 – Management of chronic pain](#)). The guidelines are based on systematic review of the scientific literature and aimed at aiding the translation of new knowledge into action. This includes assessment of the evidence on information resources, medication, mental health advice, physical and complementary therapies, supported self-management, and diet and work-related support programmes. The guidelines are intended to help health and social care professionals and patients understand medical evidence and use it to make decisions about healthcare; reduce unwarranted variations in practice and make sure patients get the best care available, no matter where they live; and improve healthcare across Scotland by focusing on patient-important outcomes. Since the SIGN 136 guideline was published in 2013 it has been reviewed once, to update content related to opioid prescribing for pain management.

We have carried out initial work with the developing Pain Clinical Networks and the NHS Research Scotland Pain Steering Group to assess the requirement for a further update of the guideline. This has identified areas where there has been growth in the evidence for pain management approaches or treatment across a range of clinical fields, including physiotherapy, pharmacy and psychology. This preliminary evidence and feedback will be used to form a request for advice from Healthcare Improvement Scotland (HIS).

This will contribute to the continued improvement of standards of care for people with chronic pain and we will consider how to support successful dissemination and implementation of any output. In 2018 the Scottish Government Published its [Quality Prescribing Strategy for Chronic Pain](#) which will be revised in 2022. We also recognise the challenges presented by an absence of evidence, and the need to

identify opportunities for ongoing collection and analysis of data, which has informed our approach to AIM D.

Action 12: Promote safer, more effective prescribing for people with chronic pain.

While there is evidence that rates are now decreasing, prescribing for chronic pain in Scotland increased by 66% over the ten years from 2006. Many of the commonly prescribed medications included classes of medicines for which there is less evidence for their prolonged use for non-cancer chronic pain, such as opioids and gabapentinoids. There are also other risks associated with their use, including dependence.

The Scottish Government has already taken action to improve the use of medication for chronic pain through the [Quality Prescribing for Chronic Pain Guide for Improvement 2018 – 2021](#). Additional resources have already been developed to support the implementation and use of this advice, including patient information leaflets, prescribing checklists and tools to aid healthcare professional decision making. In order to ensure we continue to promote safe and appropriate prescribing of medication as an element of pain management strategies we will update the Guide to reflect new evidence and emerging practice. This will help to ensure more appropriate consideration, prescribing and monitoring of pain medication.

Action 13: Delivering a national approach to specialist interventions for chronic pain.

Healthcare professionals may consider specialist intervention, including injections, are required for some patients with chronic pain, depending on individual circumstances and the outcome of other approaches which may already have been explored. From our engagement with clinicians and people with chronic pain, it is clear there continues to be significant variation not only in provision of these treatments across Scotland. There is also debate on the factor contributing to this issue, and potential solutions, including workforce and staffing challenges, patient expectations and outcomes, and differences in clinical opinion on the efficacy of certain treatments.

This is a complex challenge and we are committed to working towards a more consistent, national approach to provision of specialist interventions for people with chronic pain. It is intended that this Action will build on previous and ongoing service improvement activity and expert guidance such as that from the Faculty of Pain Medicine. We will also seek to involve and consult the expertise of the new Pain Medic Network, other clinical areas and the views of people with chronic pain to drive progress on this issue. This will include assessing existing local provision and access pathways for specialist interventions, reviewing the evidence and requirement for guidance to inform and improve clinical practice and decision making and the potential for more standardised treatment outcome measures and assessment. This Action will also help to guide deliberation of opportunities for increased regional (e.g. mutual aid) and national pathways to improve the coordination and sustainability of services, as well as improving timely access to effective support for people with chronic pain.

Increasing the impact of our actions

Empowered and involved in decisions on care

It is expected that these Actions will contribute to embedding more consistent messages and information for patients and the wider public on potential options for effective management of chronic pain. This will increase recognition and establish expectations of what support is available. These Actions will also support the 'Pain Informed Care' approach and ensure different management options are discussed as part of care planning conversations. New guidance will be disseminated via the national Pain Clinical Networks and contribute to a more consistent and effective approach to clinical assessment, treatment planning and shared decision making for people with chronic pain.

Improved access and choice of pain management support

One of the key goals of the Framework is to ensure people with chronic pain have easier and more consistent access to the support they need, when they need it. It is expected that as the Aim B working group and the Pain Service Manager Network explore existing care pathways they will identify variances in the approach to planning of pain services across Scotland. This is likely to include how to improve decisions made by Health Boards and Local Authorities to provide different management options by utilising the clinical evidence base alongside other commissioning criteria.

Appropriate prescribing for chronic pain

Action to update prescribing guidance will be supported by both the ambition to update the SIGN chronic pain guideline, and work to deliver the [recommendations of the Short Life Working Group on Prescription Medicine Dependence and Withdrawal](#). Shared outputs from these activities are expected to include more frequent publication and analysis of prescribing data at the national level, enhanced out-of-hours support for those experiencing dependence and withdrawal from medication and improved resources such as shared decision making tools for patients, including those with chronic pain.

More broadly, the impact of these Actions will be amplified by the Government's continued work to enhance the role and skills of pharmacists as part of the health and care workforce. This includes increased funding for pharmacy support for medication reviews in GP practices, and the Medicines: Care and Review service which is available in more than 1,200 community pharmacies and aims to support people with long term conditions to get the most effective outcomes from their repeat medicines. As part of our approach we have also established a national Pain Pharmacy Network which includes representation across community, primary and secondary-care based pharmacists.

Next steps

Work to initiate each of these Actions is already underway. The first meeting of the Prescription Medicine Dependence and Withdrawal Recommendation Implementation Group has already taken place, with work underway to identify and align shared outcomes with this Framework and relevant Actions. We will ensure coordination and input as required across relevant stakeholder groups including the national Pain Clinical Networks and relevant Framework working groups.

We are currently working with stakeholders to develop and submit an application to Healthcare Improvement Scotland (HIS) to request an update to the SIGN guideline for management of chronic pain in adults, with a decision expected in summer 2022, with a specific timeframe for development to follow. We will continue to support the National Clinical Networks to engage with the challenges surrounding the provision of specialist services for chronic pain. Work is already ongoing at the local level to explore new approaches and potential solutions to some of the key issues, and as this progresses we will coordinate relevant support and input at the national level.

Given the initial focus on enhancing the evidence base on management of chronic pain we do not propose establishing a working group for Aim C in the short-term. However it is expected that that going forward there will be a requirement for dedicated working groups to support implementation and further development of Actions for this Aim.

Aim D – Improving services and care

We will invest in pain management services by improving workforce knowledge and skills, enhancing the use of data and research, and developing national standards to deliver more consistent care outcomes for people with chronic pain.

You told us

In the consultation document this Aim was titled ‘Improving Quality of Life and Wellbeing’, however a number of respondents felt that this will be a shared outcome across the entire Framework, and the actions more closely aligned with service improvement activity. There was considerable feedback on the challenges that people with chronic pain currently experience in gaining recognition and validation of their condition from different healthcare professionals. It was felt that alongside ensuring more consistent advice was provided to patients, there is a need for improved education and training on pain management, and views were provided on what this should include, how it should be delivered and how best to engage both trainee and existing healthcare professionals on this issue. Respondents welcomed the proposed national Pain Clinical Networks and suggested a number of considerations on how they should operate, be supported and interface with existing national specialty groups, including UK-wide professional bodies.

In relation to the data proposals, there were calls to ensuring continued progress to improve quality and transparency of the existing data that is reported. There were a

range of suggestions for what data sources should be considered, how to improve the quality of reporting and how to ensure providers e.g. Health Boards would be held to account to ensure they used and implemented available evidence. It was also clear that patient reported measures should be considered and existing proposals for nationally standardised data collection should be implemented to support this, and other priorities.

On developing national standards for care, respondents provided views on the advantages of this approach, and the opportunities it provided for service improvement working. Feedback was provided on how any such standards might be developed, the stakeholders to be involved and the criteria that should be considered for reporting.

Respondents outlined the potential range of opportunities that were presented by ensuring research is ongoing and supported as part of pain service delivery and development. This included building on existing Scotland and UK based expertise and networks. Information was also provided on potential areas for pain research funding going forward, and how these might be prioritised, as well as on the challenges around securing clinical capacity to delivery this work. Feedback on the importance of research was also provided in relation to addressing existing evidence gaps for certain specialised treatments for chronic pain (AIM C).

What we will do

Promoting healthcare knowledge and skills

Action 14: Establish a national multidisciplinary Pain Education Group.

We have established a new national multidisciplinary Pain Education Group with the support of NHS Education Scotland (NES) to ensure a more consistent approach to education for chronic pain in Scotland. This Group brings together representatives from across key roles providing care for chronic pain, including nursing, link workers, physiotherapy and other Allied Health Professionals, pharmacy, pain medicine and psychology.

The Group will work to identify and agree how existing relevant resources, training modules and professional body guidance can be assimilated into a comprehensive national Framework for healthcare professionals so they have the knowledge and skills required at different levels. They will also consider gaps in training provision, and where appropriate, guide the commissioning or development of further resources. Rather than being prescriptive, it is intended that this work should facilitate service leads and individual practitioners to use the tools available when deciding on the most appropriate training for their staff. The Group will also enable deliberation of training and education needs arising from the wider activities to implement the Framework and the individual Pain Clinical Networks.

Action 15: Deliver new pain management training pathways for specialist and non-specialist healthcare professionals.

Rapid developments in medicine, including evolving technologies, treatments and care models require the healthcare workforce to have the right skills and qualifications to deliver these advancements and meet the future needs of patients. We will support the delivery of new training pathways for chronic pain which recognise the prevalence of the condition, and to reflect the modern multidisciplinary nature of pain medicine.

The Scottish Government is working with the Faculty of Pain Medicine (FPM) to support the development of a new [credential for Pain Medicine Specialists](#) as part of the General Medical Council's pilot early adopter scheme. Credentials are discrete modules of learning, regulated by the General Medical Council, that can be accessed flexibly by trained doctors at any stage in their career (e.g. after they have specialised in a particular field) and are based on patient and service need. The Pain Medicine Specialist credential intends to expand the knowledge and skills of a wider cohort of expert clinicians across anaesthetics, rheumatology, neurology, rehabilitation medicine and palliative care. The credential will be available both before and after completion of specialist training (pre-/ post-CCT) and for existing speciality grade clinicians.

Work is also underway to develop and implement a Credential for Advanced Care Practitioners in pain management for those working outwith specialist services, including GPs, paramedics, psychology, AHPs and other related roles. These new training and development programmes will ensure a more holistic approach to pain medicine from a larger cohort of practitioners, increasing the quality of care available for people with chronic pain within and across a range of care pathways.

Improving the use of data for better services and support

Action 16: We will work with Public Health Scotland to improve how we capture and report national data on chronic pain services.

Chronic pain waiting times for specialist services are currently [reported on a quarterly basis by Public Health Scotland](#) (PHS). PHS has taken steps to increase the quality and transparency of the data available, with the waiting times report enhanced to provide a greater level of granularity and a more complete picture of waiting times.

The Framework presents a renewed opportunity to continue this work with PHS and ensure there is appropriate oversight of pain service performance as models of care continue to evolve. We will work with PHS, NHS services and clinical leads to evaluate existing data collection and identify opportunities to implement improvements in reporting to more appropriately and fully reflect the performance and quality of services used by people with chronic pain.

Action 17: We will gather data through the Scottish Health Survey to improve the planning and design of care and support for people with chronic pain.

Improved data collection on chronic pain at the population level will support a richer understanding of the prevalence of the condition and its impact on wider society. For the first time, we will include questions on chronic pain in the Scottish Health Survey

in 2022 which will help to provide a more detailed picture of the health of people with chronic pain and the other factors which impact on their quality of life and wellbeing such as other health conditions, physical activity and deprivation.

We will support dissemination of outputs from the survey data and will identify opportunities through delivery of the Framework to encourage improved decision making at the local, Health Board and national level. This includes understanding the barriers and opportunities for the use of local-level chronic pain data to guide how Health and Social Care Partnerships (HSCPs) and Integration Authorities (IAs) consider and address the needs of their local populations. We will also identify opportunities for the data to inform other health policies and cross-Government actions to ensure they take into account the needs of people with chronic pain. This Action will increase the profile of the broader spectrum of challenges experienced by people living with chronic pain in Scotland, and promote the design and delivery of more person-centred, effective care and services.

Promoting research and innovative services

Action 18: We will identify shared research priorities to enhance care and services.

Research on chronic pain has continued to improve standards of care and ensure an evidence-based approach to service design. In Scotland we benefit from a vibrant pain research community driven by the NHS Research Scotland Pain Network (NRS Pain). We will work with this network and people with chronic pain to identify shared research priorities including those suggested from consultation on the Framework, to improve treatment, management, quality of life and wellbeing for patients.

Increasing the impact of our actions

Improving the skills of the NHS Scotland workforce

The work of the national Pain Education Group will inform and support the delivery of the Pain-Informed Care toolkit and contribute to the Chronic Pain Knowledge Hub for pain healthcare professionals. Bringing together this expertise will help to develop a more consistent and shared language around chronic pain which is accessible to both people with chronic pain and clinical professionals at all levels.

The impact of the Actions to enhance the skills, knowledge and training opportunities for the chronic pain workforce are complemented by the Scottish Government's overarching approach to improving healthcare services. The [Health and Social Care: National Workforce Strategy](#) sets out a series of commitments to recover, grown and transform the workforce, including the Action to: Shape future training programmes to support the development of the pain management workforce. This will help to ensure greater coordination and alignment of workforce actions to ensure they maximise benefit for people with chronic pain and those working in our health and social care services.

Enhancing the use of data in healthcare

Action to continue to improve the quality of data and standards of reporting on pain services will look to learn from other activities underway in this area. This includes ongoing work by the Faculty of Pain Medicine to review pain service delivery across the four UK nations. We will seek to engage with this work and its outputs to understand how we can evolve our approach to national-level reporting of service quality and the opportunities for national standards.

Similarly, as service improvement work is delivered, we will also continue to identify opportunities to promote and embed use of existing service-performance tools. This will include consideration of how [the Core Minimum Dataset \(CMD\) for chronic pain services](#) can be implemented as part of pain management pathways, and the utility of proposed Quality Performance Indicators (QPIs) for pain services. The Action to deliver a Remote Healthcare Pathway for chronic pain is already using the CMD to inform its approach to data collection. This will include a range of relevant patient-reported outcomes including quality of life, mental health issues and pain interference. This will help to establish the opportunities to increase more routine collection and reporting of data that reflects the experience of patients to improve pain services in Scotland.

The Scottish Government's broader approach to data is driven by [the Data Strategy for Health and Social Care](#), currently undergoing consultation. This sets out how we can continue to ensure there is ethical and transparent use of data to improve the quality of our health and social care services. This looks to existing sources of information as well as future opportunities, such as wearable devices and other technology. The outcome of the consultation will help to inform and guide our approach to data on chronic pain services to ensure we improve the experience of individuals and the care and support they are offered.

Research in healthcare

High-quality research often crosses national boundaries, and involves the public in setting priorities. This is recognised by the work of the [Scottish Government's Chief Scientist Office \(CSO\)](#) and underpins its approach to work with the NHS Research Scotland (NRS) networks, including the [Pain Network](#), to support internationally recognised research. Opportunities are also provided by the ongoing work of the CSO's Scottish Health and Industry Partnership Group (SHIP) which is aimed at strengthening innovation in health and social care to improve quality, efficiency and sustainability of healthcare. We will continue to work alongside the pain research community to leverage these and identify other opportunities to promote and support impactful health research and innovation on chronic pain.

Next steps

The National Pain Education Group has already been established and work is underway to assess existing training resources to inform the training and knowledge Framework. Further priorities, including work to deliver the Pain Informed Care toolkit and Pain Knowledge Hub will also be prioritised, with activity aligned to Aim A. We are in ongoing contact with the FPM and other stakeholders to monitor the delivery

of the new pain management credentials with updates on progress towards their implementation expected in the coming year.

Work with PHS to inform future potential data collection activity is expected to begin later this year. The Scottish Health Survey for 2022 is in the process of being delivered, with interviews taking place across the coming year and analysis and outputs expected in 2023. The NRS Pain conference is expected to take place later in 2022 and will include representation from the Scottish Government to promote awareness and engagement with the Framework.

Further actions for this Aim are expected to include modelling and analysis of future pain workforce needs and opportunities to support implementation and reporting of the CMD. Going forward outputs from this work will support exploration of how national standards for pain services can be developed in collaboration with the wider pain community.

Governance of the Framework

We have set out our priority Actions where people with chronic pain have told us they wish to see rapid improvement. Many of these initial Actions are focused on improving the infrastructure underpinning the delivery of the information, services and support accessed by people with chronic pain. Other Actions begin the task of addressing more complex issues which are likely to be realised and implemented over a longer horizon. Our approach is also informed by feedback from NHS workers, service managers and Health Boards which are still in the process of rebuilding and redesigning care as we continue to emerge from the impact of the COVID-19 pandemic. We are therefore mindful of the pace of change which is realistically possible in the coming months and year ahead, and feel that this is reflected in Actions which are impactful but proportionate.

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 and was reviewed in 2020 to increase representation of people with lived experience. In 2021 the Committee provided valuable engagement and input on key Government policies, most notably informing the draft Framework for Pain Management Service Delivery.

Going forward, implementation of the Framework for Pain Management Service Delivery in Scotland will be overseen by the Pain Management Task Force which will report directly to Scottish Government Ministers (see Annex B). This replaces the NACCP, as the role and remit of the Task Force will be focused on implementation of the Framework by utilising programme and risk management methodologies to ensure successful delivery of the aims and commitments whilst keeping all stakeholders involved and informed throughout the process. The Governance structure will see stronger links built between the existing Clinical Networks, working groups and the Task Force to increase communication and collaborative working.

The permanent membership of the Task Force will largely consist of Scottish Government Policy and Clinical Leads to provide clear lines of accountability and

ensure rapid triaging, assessment and action against risks to delivery and implementation. Membership will include policy officials working in pain management, Realistic Medicine, Primary Care, Rehabilitation as well as our National Implementation Lead for Pain Management, the Centre for Sustainable Delivery and lived-experience representation.

We are investing in the leadership required to help us, and the wider pain community, to identify, prioritise and agree activities at the pace that people with chronic pain have told us is required. A key element of this is the shift to working groups aligned to the Aims of the Framework with a clear mandate and responsibility to ensure appropriate engagement, consideration and recommendation of activities to drive progress. These Short-Life Working Groups (SLWGs) will be tasked with delivering the Actions for each of the specific Aims. The Chairs of the Groups will also be co-opted onto the Task Force whilst their groups are operational. Recruitment of Chairs and Group membership will reflect the expertise, experience and diversity of skills required to deliver the Actions for each Aim set out in this Plan.

Leveraging clinical expertise

This Governance Structure recognises the existing work programmes of each of the National Clinical Networks, which will be further strengthened through establishing a Service Manager Network, exploring a third-sector network and a Pain Management National Network Leads meeting. Individual Network leads will be paramount to aligning their work programmes to the Short Life Working Groups. This will ensure multi-disciplinary input across all professional groups working in pain management services throughout Scotland.

Involving people with lived experience

The ethos of Realistic Medicine is that the person receiving care should be at the centre of decision making through meaningful conversations about what matters most to them, with a shared understanding of what healthcare might realistically contribute to this. It is therefore vitally important that we place people with lived experience of chronic pain at the very centre of this Plan.

Previous Governance models for Scottish Government chronic pain policy have involved people with lived experience in a variety of methods – including individual representation, a wider reference group of lived experience and elected representatives. Our Equality and Impact Assessment for this Framework has identified the need to amplify the voices of groups of people who may be impacted by persistent pain but typically overlooked when it comes to engagement. People from socioeconomic deprivation, older people, and certain ethnic minority backgrounds have been under represented to date. The Governance model for this implementation of the Framework will include a representative of people with lived experience on the Task Force, deliver a Pain Management Panel and a HIS convened Gathering Views exercise to ensure that diverse lived experience is utilised and informs each of the Aims' SLWGs.

Pain Management Panel: This will be a focused and targeted engagement exercise which is designed to help harness a broad range of voices to inform implementation

of the Framework. We have commissioned an independent organisation to recruit, support and engage a diverse cross-section of people with chronic pain across Scotland. Participants in the panel will be invited to discuss and respond to key issues, proposals and questions arising from the work of the SLWGs as they deliver the Framework Actions. The SLWGs will have a responsibility to clearly articulate how they have listened and responded to the views of the Panel, and will be required to report back to participants how their input has been considered.

HIS Gathering Views: In order to secure the future success and sustainability of the Framework it is essential that we better understand the local barriers and opportunities to pain service improvement. HIS Gathering Views exercises work with local third sector organisations and community groups to reach people across Scotland, especially those who are often excluded from consultations. A range of methods are used including focus groups, interviews, questionnaires and events to gather people's views. People with chronic pain and carers will be invited to provide feedback on the key issues in their local area and these will be collated in order to give a national perspective. Outputs from this activity will help to inform national and local approaches to implementation that will help to increase the chances of successfully delivering meaningful improvement of local pain service delivery.

Reporting progress

Each of the SLWGs will produce an implementation plan based on the strategic aims and commitments of the Framework. The Task Force will agree these plans and oversee progress against them. An annual report on progress towards the strategic Aims and Actions identified in this plan, will be published, to allow ongoing oversight and reporting of progress. In addition, while this Implementation Plan includes an initial set of priorities, the SLWGs will be expected to identify and scope further potential Actions – at both the national and local level – to drive continued service improvement activity. This is intended to lead to a 'pipeline' of recommendations which will be considered by Ministers to guide future years' Implementation Plans for the Framework.

We are also committed to monitoring and reviewing the performance of the Governance structures as they are delivered. This includes ensuring we are appropriately involving and engaging the views of all stakeholders through the proposed Networks, Groups and Lived Experience structures. In addition, we will take a risk-based approach to delivery of the Framework, with clear processes to escalate emerging issues or concerns raised by stakeholders through our Governance structure and Task Force.

We will develop a comprehensive strategy to provide clear and accessible communication of the Framework, progress against our Aims, and opportunities to be involved in delivery of its Actions where appropriate. This will help to foster stronger relationships across the chronic pain community, and enable individuals and organisations at all levels to better co-design care and support in line with the needs and expectations of people with chronic pain in Scotland.

List of Abbreviations

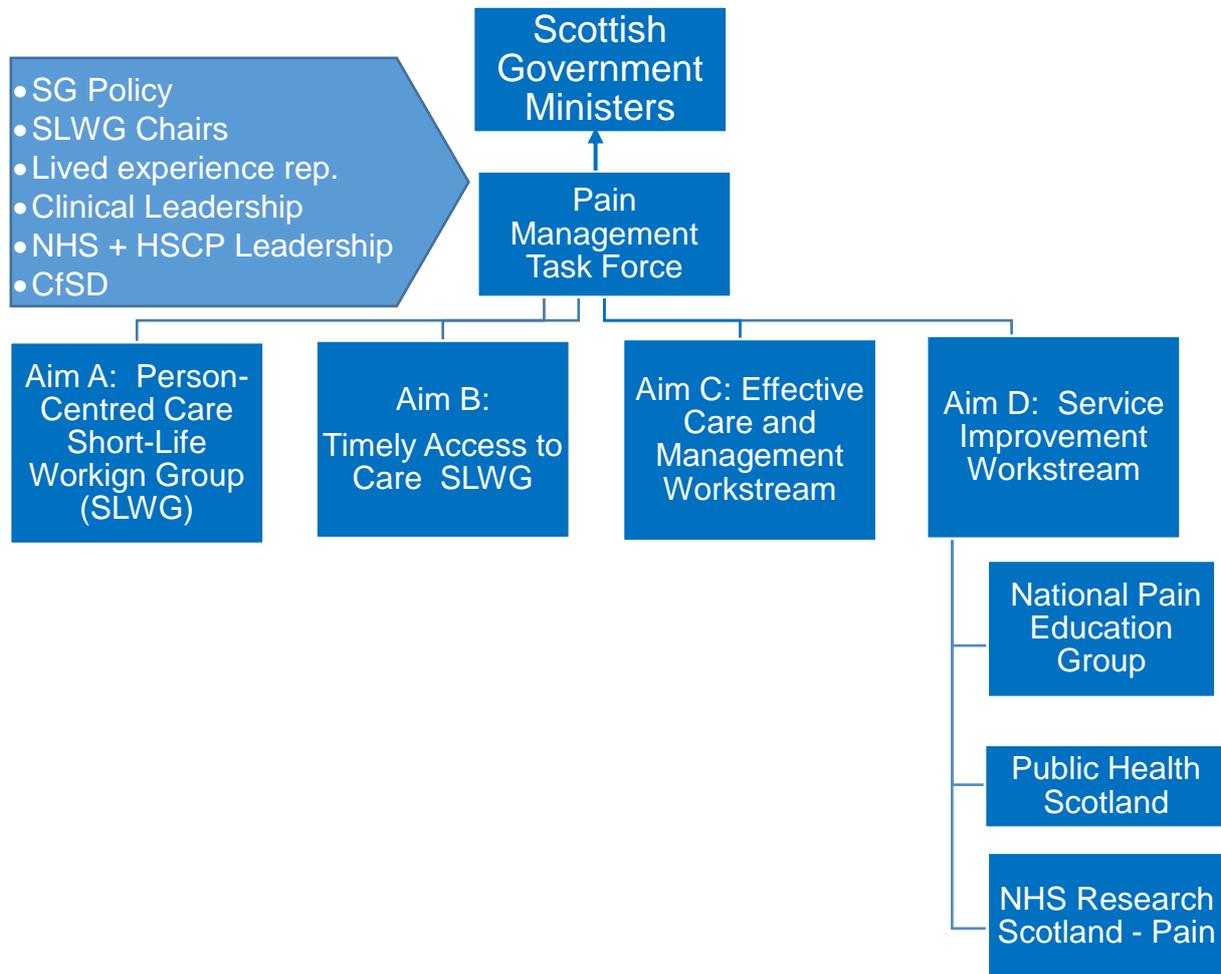
CCT	Certificate of Completion of Training
CfSD	Centre for Sustainable Development
CMD	Core Minimum Dataset
CSO	Chief Scientist Office
FPM	Faculty of Pain Medicine
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
IA	Integration Authority
MPPP	Modernising Patient Pathway Programme
NACCP	National Advisory Committee for Chronic Pain
NES	NHS Education for Scotland
NRS	NHS Research Scotland
NSD	NHS National Services Division
NTC	National Treatment Centre
PHS	Public Health Scotland
QPI	Quality Performance Indicator
SHIP	Scottish Health and Industry Partnership
SIGN	Scottish Intercollegiate Guidelines Network
SLWG	Short-Life Working Group
SNRPMP	Scottish National Residential Pain Management Programme
TEC	Technology Enabled Care

Annex A – Summary of our aims, commitments and actions

<p>Aim A- Person centred care</p>	<p>Commitments</p> <p>Improve quality and access to information on chronic pain</p> <p>Develop a more knowledgeable and compassionate health and care workforce for people with chronic pain</p> <p>Improve access to community based support for people with chronic pain</p>	<p>Actions</p> <ol style="list-style-type: none"> 1. Establish a national expert working group to overs coordination and development of chronic pain information and resources 2. Enhance quality and access to chronic pain information on NHS inform 3. Establish a Chronic Pain knowledge hub for health and care professionals 4. Develop a pain informed care toolkit for health and care professionals 5. Convene a network of community and third- sector support for chronic pain
<p>Aim B Access to care</p>	<p>Commitments</p> <p>Improve planning and delivery of local services and support for people with chronic pain</p> <p>Improve access to specialist pain management support</p> <p>Develop new access to options for pain services</p>	<p>Actions</p> <ol style="list-style-type: none"> 6. Convene a national expert working group to identify and scale- up Improvements in pain service planning and delivery 7. Identify local barriers, opportunities and priorities from users of chronic pain services 8. Establish a pain service managers network to improve coordination and planning of specialist 9. Carry out a review of highly specialised pain services to enhance nationwide delivery of pain management 10. Deliver a new digital approach to improve the choice of how people with chronic pain engage with services

<p>Aim C Safe, effective support</p>	<p>Commitments Better quality, more consistent care for people with chronic pain</p> <p>Safe use of medications for people with chronic pain</p> <p>More sustainable specialist services for people with chronic pain</p>	<p>Actions</p> <ol style="list-style-type: none"> 11. Update clinical guidelines for management of chronic pain to deliver evidence-based care and support 12. Promote safer, more effective prescribing for people with chronic pain 13. Deliver a national approach to specialist interventions for chronic pain
<p>Aim D Improving services and care</p>	<p>Commitments Promote healthcare knowledge and skills on chronic pain</p> <p>Improve the use of data for better services and support for people with chronic pain</p> <p>Promote pain research and innovation in services</p>	<p>Actions</p> <ol style="list-style-type: none"> 14. Establish a national multidisciplinary Pain Education Group 15. Deliver new pain management training pathways for specialist and non-specialist healthcare professionals 16. Work with Public Health Scotland to improve capture and reporting of national data on pain management services 17. Gather data through Scottish Health Survey to improve the planning and delivery of local support for people with chronic pain 18. Identify shared research priorities across the pain community to enhance care and services

Annex B – Governance arrangements for implementation of the Framework



<u>Patient Participation structures:</u>					
<ul style="list-style-type: none"> • Pain Management Lived Experience Panel • HIS Community Engagement 					
Third Sector Network					
Pain Management National Network Leads					
AHP Network	Nursing Network	Medics Network	Pharmacy Network	Psychology Network	Service Managers Network



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