

Respondent Information Form

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

Individual
 Organisation

Full name or organisation's name

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes
 No

Questionnaire

We have a total of 8 questions with some being multi-part, please answer as many as you feel able to.

Medication review

Question 1a

Do you agree with this recommendation?

- Yes
- No
- Not sure

Question 1b

To what extent do you agree with this recommendation?

- Strongly agree
- Mostly agree
- Mostly disagree
- Strongly disagree

Question 1c

Please tell us more about your views on our approach to review.

The Royal Pharmaceutical Society (RPS) has consistently advocated for person-centred care and shared decision making which is a core element of the 7-step process to medication review for polypharmacy and is an evidence-based approach well-suited to the review, treatment and care for patients with chronic pain. Patients are actively involved in decisions about their medicines and the patient's lived experience of pain, preferences, and goals are taken into account in a compassionate way. This is especially important in chronic pain where psychological and social factors are significant.

Communication between practitioners and people experiencing chronic pain

Question 2a

Do you agree with our recommendations around communication between practitioners and people experiencing chronic pain?

- Yes
- No
- Not sure

Question 2b

To what extent do you agree with these recommendations?

- Strongly agree

- Mostly agree
- Mostly disagree
- Strongly disagree

Question 2c

Please tell us more about your views on our recommendations.

The RPS consistently advocates that person-centred care is a foundational aspect of pharmacy practice. This approach recognises the emotional burden of chronic pain as a long-term condition and advocates for compassionate communication that validates people's experiences of pain. This will support the development of a trusted therapeutic relationship between the patient and the professional.

Within Section 7 there are a number of example phrases and tips for effective, compassionate communication with patients which will be a valuable support for professionals working in this field and looking to adapt their practice and improve patient outcomes.

The principles of multidisciplinary working and co-production explored in the guidance are key to offering person-centred care. In order for this to be effective there needs to be clear communication between healthcare professionals in all care settings as well as with patients. There are currently some clear barriers to this, for example, community pharmacists do not have routine access to a patient's electronic health records. Read and write access to these records would improve communication, and therefore the safety and efficiency of support community pharmacists offer patients. Having access to appropriate clinical information would better enable pharmacists to support patients in understanding their condition and ensure consistency of the information provided by all healthcare professionals, whatever the setting.

Non-pharmacological approaches

Question 3a

Do you agree with our recommendations around using non-pharmacological approaches to managing chronic pain?

- Yes
- No
- Not sure

Question 3b

To what extent do you agree with these recommendations?

- Strongly agree
- Mostly agree
- Mostly disagree
- Strongly disagree

Question 3c

Please tell us more about your views on our recommendations.

The RPS is supportive of this approach as it ensures a person-centred approach and offers an option for patients that does not rely on use of medication, or may support the use of a lower dose of a medicine and focusses on the holistic care of the patient. Non-pharmacological approaches can support the patient with the physical, emotional and functional aspects of pain.

These approaches also support the aims of the Scottish Government Population Health Framework (2025) as the non-pharmacological approaches are inherently preventative and may have additional benefits for the patient's wellbeing. In addition, these principles support a people led and values-based approach as outline in the Scottish Government Health and Social Care Service Renewal Framework (2025).

Pharmacological management

Question 4a

Do you agree with our recommendations for the use and review of medicines used to treat chronic pain?

- Yes
- No
- Not sure

Question 4b

To what extent do you agree with these recommendations?

- Strongly agree
- Mostly agree
- Mostly disagree
- Strongly disagree

Question 4c

Please tell us more about your views on our recommendations.

This section is comprehensive in discussing the benefits and limitations of each medicine class and the link to the NNT table and signposting to other resources is valuable. The tone of the practitioner example is optimistic and will encourage others to build confidence in their approach to caring for patients with chronic pain with an approach that is person-centred and cognisant of the limited benefit of medication for many people who suffer from chronic pain.

Opioid stewardship and deprescribing

Question 5a

Do you agree with our recommendations for opioid stewardship and deprescribing for chronic pain?

- Yes
- No
- Not sure

Question 5b

To what extent do you agree with these recommendations?

- Strongly agree
- Mostly agree
- Mostly disagree
- Strongly disagree

Question 5c

Please tell us more about your views on our recommendations.

This section gives the reader all the necessary information to make informed patient-centred approaches to both prescribing and deprescribing in opiates in both primary and secondary care settings.

Appendix F is a useful aide memoir that can be utilised to support a planned approach to an individual patient care plan.

Resources for practitioners and people with chronic pain

Question 6a

Are you aware of any other resources that practitioners or people with chronic pain or may find useful?

- Yes
- No

Question 6b

If your answer to question 6a was Yes, please list any other resources that you are aware of.

[TazzyPersistentPainBooklet.pdf](#)

One of our Scottish Pharmacy Board members recommended the Tasmanian Health Organisation South resource, Understanding Persistent Pain Booklet. It may be familiar to pain specialists, but it would be great to see non-specialists sharing this widely to help patients re-frame how they view chronic pain.

Implementation of this guidance

Question 7a

Do you feel there are any barriers to implementing the recommendations from this guidance?

- Yes
- No
- Not sure

Question 7b

If you answered yes, how do you feel these barriers could be addressed?

We've considered the barriers to implementation from the perspectives of patients, professionals and the healthcare system.

Within the public, there remains a lack of understanding about chronic pain and the limited effectiveness of medicines – which means that education of patients and the public will be paramount to changing attitudes. Utilising public health messaging via a social media campaign or posters may be useful mechanisms to engage the public. Pharmacists in all settings are key professionals to have opportunistic conversations with patients and signpost them to appropriate resources. Having an event or publishing a blog, podcast or talking head summary designed to support pharmacists to pick out the key information from the guide that is relevant to their practice may increase uptake of the recommendations into practice.

As expressed in the guide, there is a higher level of prescribing in patients who live in areas of deprivation and these populations may also have limited access to non-pharmacological interventions and support which poses a barrier to implementation of the recommendations. Variation in access to such services exists across Scotland and may also be a barrier to implementation.

This guide is comprehensive and offers a significant amount of information, including useful options/examples for adoption for a change in practice or approach to caring for patients with chronic pain. However, these may be difficult to pick out for a time-poor health care professional and consideration should be given to publishing a blog or an infographic which supports professionals, practitioners and members of the public to navigate the guide to find the information that is relevant for them so that it can have the best impact.

Community pharmacists clearly have the potential to play a vital role in the multidisciplinary care of patients with chronic pain as they are often the most accessible health care professional in the community. However there are clear barriers to how safely and effectively they can offer this support without access to patients' electronic health records. Read and write access to these records would improve communication, and therefore the safety and efficiency of support community pharmacists offer patients. Having access to appropriate clinical information would better enable pharmacists to support patients in understanding their condition and ensure consistency of the information provided by all healthcare professionals, whatever the setting.

Within the healthcare system, there is a cultural reliance on prescribing – both in terms of patient expectation and for healthcare professionals who have a significant workload burden. Support for clinicians in all settings will be required to ensure that this approach to care for chronic pain is adopted.

Question 7c

What do you feel are the key factors that will enable successful implementation of these recommendations?

The guide is comprehensive which makes it lengthy. It is also pitched for healthcare professionals, patients and carers so for some of the sections it can be unclear as to the recommendations for each of the intended audiences.

Building on the companion resources (flowcharts), more infographics may be useful, especially for patients and carers. E.g. A clinical summary for prescribers; A patient-friendly leaflet; A quick-reference toolkit for use in consultations.

Some of the content may fit well within the Manage Medicines app and allow digital integration of the recommendations into workflows.

The guide is profession and sector agnostic - but at points is very much focussed on the primary care delivery of services. Some colour coding or summaries punctuated through the document to highlight good practice points that are sector/environment specific could maintaining professional inclusion without losing any of the valuable material.

Question 8

Do you have any further comments on this prescribing guide?

The Royal Pharmaceutical Society congratulates the Effective Prescribing and Therapeutics Division on the drafting of this Quality Prescribing Guide and is delighted to have had a professional representative involved in the development of this comprehensive and valuable resource. Used as a companion to the SIGN guideline ensures a consistency in evidence-based care embedded in realistic medicine principles.