

Response ID ANON-VF25-XJQE-U

Submitted to Draft framework for pain management service delivery
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Vision Questions

1 Should this be the overarching vision?

Yes

2 Please explain your response to Q1

Please explain your response to Q1:

Providing person centred care including shared decision making should be at the heart of everything health professionals do. Only with effective and safe care can a patient live a full life not controlled by their condition, this is especially true of those living with long term conditions such as chronic pain.

Aim A: Person-centred care

3 Should this aim be a priority?

Yes

4 Should Commitment 1 be included in the Framework?

Yes

5 Please explain your response to Q3 and Q4.

Please explain your response to Q3 and Q4.:

Access to the correct information and support following assessment by someone with knowledge and experience in chronic pain is essential to achieve the best outcomes for the patient. Health and social care professionals need to be aware of the multi-faceted nature of pain and its far-reaching implications for those living with it and their families/carers. Additionally, there needs to be improved communication and relationships between healthcare professionals and increased education in terms of the vital role each plays in improving a patient's quality of life. In order to deliver the best possible care, and give appropriate advice and support, healthcare practitioners in all settings need appropriate access to shared patient health record.

Referral for support from any healthcare practitioner should be as easy and straightforward as possible and not require a backward referral to their GP. Pharmacists involved in a patient's care should be able to refer for this support directly if they deem it necessary.

To improve access to information, new ways of patients accessing resources need to be considered. With correct pathways in place, community pharmacy and practice based pharmacists can be useful conduits to other services. They would need access to up to date information detailing the services available in their localities that may benefit their patients. They should be able to directly refer people to services such as exercise referral schemes in the same way as GPs.

Aim B - Timely access to care

6 Should this aim be a priority?

Yes

7 Should Commitment 2 be included in the Framework?

Yes

8 Should Commitment 3 be included in the Framework?

Yes

9 Please explain your response to Q6, Q7 and Q8.

Please explain your response to Q6, Q7 and Q8.:

All of these will require a multidisciplinary team (MDT) approach, including community pharmacy, to achieve. This aligns with our calls for the need for a single shared patient record which is a key enabler to safer and more integrated care, which is crucial in chronic pain management. A single shared record would facilitate communication and allow all involved in the patient's care to have an accurate and up to date record of the patient's pain medication, and therefore be able to provide more informed advice and treatment. There needs to be improved communication and relationships between healthcare professionals and increased education in terms of the vital role each plays in improving a patient's quality of life.

Allowing patients access to care when and where they need it would mean updating the existing service model to include new pathways of care for chronic pain. To widen this access will mean utilising the existing skills of other healthcare professionals to treat chronic pain. To this end we would encourage the involvement of pharmacists in all settings from the start. For example:

Pharmacists working in community pharmacy are ideally positioned to support patients close to their home; they can be accessed without appointment and in many cases, they are available seven days a week. These pharmacists supply analgesia and can also offer self-care advice and signposting to other services at the point of supply. The skills of community pharmacists could be further utilized to play a greater role in helping patients to understand and manage their medicines and condition more effectively so providing accessible information when it is needed.

Pharmacists working in general practices frequently review and prescribe patients' medicines, and could play a greater role in managing pain medication especially if they had closer links to and referral pathways into specialist pain services and psychological support services.

Some specialist pain services include a pharmacist to provide expertise on medicines, including potential drug interactions and how to withdraw from and/or switch between pain medications. This should be in place in all pain services, with links built to primary care to enhance access to specialist knowledge.

The use of digital technology is important at addressing barriers to access which can include remote and rural settings. However, digital technology itself can also create barriers including IT literacy, access to reliable internet connection and access to hardware to allow connection. All of these would have to be addressed if digital options were considered.

Aim C - Safe, Effective Treatments

10 Should this aim be a priority?

Yes

11 Should Commitment 4 be included in the Framework?

Yes

12 Should Commitment 5 be included in the Framework?

Yes

13 Please explain your response to Q10, Q11 and Q12.

Please explain your response to Q10, Q11 and Q12.:

Capacity for non-pharmacological treatment options needs to be available, we do not want people living with chronic pain joining long waiting lists for treatment. Consideration of directing patients to self-help online resources is also important as primary treatment or to bridge gaps until professional therapy can be provided. Variation in the accessibility of treatment options would also need to be addressed.

To ensure consistent messages among healthcare professionals involved in a patient's care, training and information on the treatment options should be available. Access to a shared record would also be essential to allow the sharing of clinical management plans with all involved and to ensure any agreed changes are communicated to the wider team.

It is vital with any prescribing of pain medicine that it is evidence based and an appropriate plan is put in place which will involve an open and honest discussion with the patient about the risks and benefits of the medication options. It is important that this plan is available for all involved in the patients care as their ongoing care may be provided by a healthcare professional other than a doctor e.g. a pharmacist. New methods of providing support and monitoring for patients prescribed medicines with a risk of dependence should be implemented e.g. expansion of the new/high risk medication tools in community pharmacy could be expanded to include these medicines.

It is also important that healthcare professionals support patients to understand and manage their condition by ensuring that patient messaging is clear, consistent, and focused on long term management strategies that recognise freedom from pain may not be realistic, so treatment is not a "cure".

AIM D - Training and support for healthcare professionals

14 Should this aim be a priority?

Yes

15 Should Commitment 6 be included in the Framework?

Yes

16 Should Commitment 7 be included in the Framework?

Yes

17 Please explain your response to Q14, Q15 and Q16.

Please explain your response to Q14, Q15 and Q16.:

We would support the development of training for all healthcare professionals who deal with patients suffering from chronic pain. It is vital for the initial support a patient may need and for their ongoing care. It is important that this training is available, and equally accessible to all healthcare professionals.

Once patients living with chronic pain are under the care of a GP or secondary care practitioner, their community pharmacist has a vital ongoing role to play in supporting their care. They engage with these patients, or a relative or carer, whenever they collect their prescribed medication, usually monthly. As such they can monitor the patient's progress and are often the first healthcare professionals to identify any issues with their pain management plan. Training for this group of pharmacists is sometimes not easy to access. Any training developed must be accessible and backed up by the resources necessary to allow all involved in a patient's care to participate.

Ongoing support and shared learning for the professionals involved is also essential and can help with sharing of best practice and problem solving, particularly for an evolving specialist area such as pain management.

If money is invested in gathering data and research, which we would support, it is important that the data is used effectively, and the research carried out leads to improvements in patient care. Evaluation of impact of approaches to pain management including patient and family/carer experience will inform future care at individual and population level.

AIM D - Using data to improve services and support

18 Should Commitment 8 be included in the Framework?

Yes

19 Should Commitment 9 be included in the Framework?

Yes

20 Please explain your response to Q18 and Q19.

Please explain your response to Q18 and Q19.:

Data can be gathered and reported but must also be shared to drive improvement. Clear aims and objectives about what data is going to be gathered, how it is going to be analysed and why it is required. Also, the data collected should be informed by clear research questions and ideas about how it would lead to improvement in practice. It is also important to evaluate any changes in practice and to support the delivery of personalised medicine.

AIM D - Promoting research and best practice

21 Should Commitment 10 be included in the Framework?

Yes

22 Should Commitment 11 be included in the Framework?

Yes

23 Please explain your response to Q21 and Q22.

Please explain your response to Q21 and Q22.:

National standards are important to ensure equity of access and standards of care. However, there may be local demographic variations which need to be taken into consideration and this must be built into the standards. It is also important that if standards are produced, they are applicable to all healthcare settings where patients being treated for chronic pain attend and that they are followed while taking into account variations in demographic requirements and healthcare provider including third sector organisations.

Research is essential to find evidence-based treatment options and identify areas of practice best practice. This would also support the role out and delivery of personalised medicine.

Implementation and Impact Questions

24 Please share your views on the barriers to implementing the Framework.

Please share your views on the barriers to implementing the Framework.:

Barriers to implementing the framework will include:

Resources

Workforce

Access to training

Communication among the patients care team

Some members of the MDT not having access to patient notes

25 Please share your views on the opportunities to implementing the Framework.

Please share your views on the opportunities to implementing the Framework.:

We agree that collaborative working will ensure effective implementation of the framework ensuring that a multidisciplinary approach is taken to the work. Implementation will offer the opportunity to address some health inequalities in access to care by building on existing programmes. Implementation will afford the opportunity to bring together all members of the patients care team and develop a method of sharing a patient record. This will only happen if all members of the patients care team are aware of, and familiar with, the framework and are fully committed to its implementation as a team.

Vital to the implementation is the need to improve communication both within the care team and with patients and their families/carers.

26 Are there any groups who will be directly or indirectly impacted by the Vision, Aims and Commitments that have not been identified by the Equality Impact Assessment and/or Fairer Scotland Duty exercises

Are there any groups who will be directly or indirectly impacted by the Vision, Aims and Commitments that have not been identified by the Equality Impact Assessment and/or Fairer Scotland Duty exercises in Annex A.:

About you

27 What is your name?

Name:

Laura Wilson

28 What is your email address?

Email:

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29 Are you responding as an individual or an organisation?

Organisation

30 What is your organisation?

Organisation:

Royal Pharmaceutical Society

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

Publish response with name

32 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

33 I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

34 Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Very satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Very satisfied

Please enter comments here.: