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Scottish Public Health Network (ScotPHN)

Health Care Needs Assessment of Adult Chronic Pain Services in Scotland:

Appendix 3 - Methods for the Epidemiological Needs Assessment

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Methods for the Epidemiological Needs Assessment

Identifying data sources

Wherever possible routinely available health data was used to inform this epidemiological element of the needs assessment. These included:

- Identifying and collating activity data published on the ISD website and through the NSS discovery dashboard; and
- Requests were made to third sector organisations to share what data on activity and engagement processes.

To augment this, discussion with members of the steering group and ISD staff highlighted current work being done and opportunity for referring to it in this work.

Methods for the burden of disease section

One additional data set used was that generated as part of the international Burden of Disease (BoD) Study within Scotland. The BoD team within Health Scotland calculated the percentage of patients with cancer, diabetes, anxiety or depression, who were prescribed a chronic pain medication. This was examined through the proxy of having been prescribed 4 or more items that *could* be used for chronic pain as defined by the relevant section of the British National Formulary. This proportion was then applied to an appropriate additional data source to create a prevalence estimate.

For example, the estimated prevalence for chronic pain amongst those with diabetes was calculated by:

1. Firstly, the BoD data set was interrogated and the proportion of patients issued drugs for diabetes during 2016 that were also issued drugs for chronic pain during 2016 (at NHS board level);
2. Secondly, these percentages were then applied to the prevalence of diabetes by NHS board, as published from the Scottish Diabetes Survey to create the final estimate.

Similar approaches were adopted for estimating chronic pain amongst cancer patients, depression or anxiety. An area where chronic pain is prevalent is people who have musculoskeletal disorders, however it was not possible to estimate the proportion with chronic pain as there are not suitable individual level data available.

Care should be taken to avoid over interpreting these estimates, particularly as the approach adopted uses prescribed medicines that are not specific to chronic pain and may also be used for acute pain, long term conditions (e.g. epilepsy), or something else.



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