

**Scottish Public Health Network (ScotPHN)**

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

**Appendix 5 - Service provision tables for each NHS Board**

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## Service provision tables for each NHS Board

### NHS Ayrshire & Arran

Level	Ayrshire & Arran
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Pain Association Scotland runs two patient support self-management groups, in Kilwinning and Prestwick, once a month, patients can self-refer or be referred by the health service</li> <li>• Patient led support groups for patients with Fibromyalgia</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professionals management options</li> <li>• Physiotherapy are involved in providing enhanced packages of care for yellow flag patients, those with risk of poor prognosis i.e. anxiety.</li> <li>• MSK Physiotherapy and GPs can directly refer to secondary care service.</li> <li>• Chronic pain physiotherapists have provided a range of training courses to up skill Community and MSK Physiotherapists, and Community Mental Health staff including Acceptance and Commitment Therapy training</li> <li>• Development of Pain Management Workbook for MSK staff to use with persistent pain patients</li> <li>• Development of patient Information leaflets on persistent pain, managing activity, flare up, goal setting.</li> <li>• Persistent Pain link clinicians within MSK service to support persistent pain management</li> <li>• GP Community persistent pain information pilot group</li> <li>• MSK persistent pain and functional exercise pilot group</li> <li>• Local Intranet (AthenA) site updated with key resources, direct link available from SCI Gateway.</li> <li>• Increased engagement with community pharmacy – for patients being treated in the Pain Clinic, those with complex medication issues have the Pharmacist based at their general practice included in relevant correspondence</li> </ul>

<p>3: Secondary care based specialist pain management service</p>	<ul style="list-style-type: none"> <li>• Multi-disciplinary pain clinic team includes: Medical Consultants, Associate Specialist in Chronic Pain and Anaesthetics, Physiotherapists, Clinical Psychologists, Nurses, and Administrative staff.</li> <li>• Hospital pharmacist assists on an ad hoc basis.</li> <li>• Informal links to addiction services.</li> <li>• Weekly MDT meetings</li> <li>• Pain Management Programme, ½ day per week for 10 weeks, 20 people per course, 3 courses per year, run by physiotherapy and psychology. It is held in different locations in Ayrshire and Arran, sometimes in hospital, sometimes in primary care.</li> <li>• Pre-start assessment of PMP, with physiotherapy and psychology</li> <li>• Physiotherapists are trained up as prescribers</li> <li>• Clinical psychologist support patients on an individual basis in addition to seeing patients in groups</li> <li>• Treatment available: biopsychosocial assessment, medication review, some invasive procedures, physiotherapy, psychology assistance, Qutenza, acupuncture</li> <li>• Website with patient resources: <a href="http://www.nhsaaa.net/services-a-to-z/pain-management-service/">www.nhsaaa.net/services-a-to-z/pain-management-service/</a></li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• Patients referred to Glasgow for spinal cord stimulation, palliative care may refer cancer patients for intrathecal drug delivery</li> <li>• Patients can be referred to the National Residential Pain Management Programme in Glasgow, particularly useful for remote patients, or where other practicalities make local PMP difficult to access</li> <li>• If had children or adolescents who needed intensive pain management programme could send them to the Bath Centre for Pain Services</li> </ul>

## NHS Borders

Level	Borders
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a co-ordinated, single source of quality assured health and care information for the people of Scotland</li> <li>• Pain Association Scotland run 2 groups (Reston and Melrose), with monthly meetings, patients can self-refer or be referred by health services, there are posters in the community advertising the groups</li> <li>• Self-help groups via internet (fibromyalgia, etc)</li> <li>• There are long term condition classes at the local leisure centre, an offshoot from one of the Pain Management Programmes is a specific chronic pain exercise group</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professional pain management options</li> <li>• Physiotherapy led (extended scope) NHS Borders back service provides specialist musculoskeletal service and refers directly to Level 3 services</li> <li>• The pain clinic refers patients back to selected community pharmacists (who have received additional training) who signpost patients to self-management resources (i.e. the Pain toolkit, Pain Association)</li> <li>• Self-management roadshow (run by secondary care staff for primary care staff and Allied Health Professionals): which gave presentations on self-management; provided a list of resources around pain management i.e. links to useful tools and videos. The resource list has also been emailed to GPs, to reach a wider audience. In addition further educational events have been run for community pharmacy and podiatry.</li> <li>• Pain Management programme (PMP) (see more details in level 3), is run both in the community and hospital setting</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• A multi-disciplinary team pain management service is in place, it includes Anaesthetists, Physiotherapists, Psychologist, Occupational Therapist, and Specialist Nurse.</li> <li>• PMP, four groups planned for 2018, two held in the hospital, two in different community settings. Involved in the programme are Specialist Physiotherapist, a Psychologist, Specialist Nurse, and Specialist Occupational Therapist, run 1 morning per week for eight weeks, with the opportunity for additional tailored sessions, taking the course up to 11 weeks. For example, one optional session is going to the local</li> </ul>

	<p>leisure centre, meeting with staff, looking at equipment, with the aim of familiarising patients with the service and helping make it more accessible. Also currently piloting an analgesic reduction and exercise class, led by physiotherapy and specialist nurse.</p> <ul style="list-style-type: none"> <li>• Pre-signing up to the PMP, patient can attend a one hour session to meet the team who run the PMP and learn what to expect of it.</li> <li>• Pain Management Plan available for patients not suitable for attending a group session, this can be worked through themselves, but support is available to help with its completion</li> <li>• Educational event: two open doors day invite to any hospital staff to visit the service and learn more about what self-management offers, again the resource list was provided</li> <li>• Informal links with specialist Spinal Physiotherapy, Pharmacy, Liaison Psychiatry and Addictions teams</li> <li>• Patient information: patients are given the Pain Toolkit and a list of chronic pain websites, as well as the timetable for the local Pain Association meetings</li> <li>• In terms of inpatients, the chronic pain anaesthetists now have a twice weekly ward round for patients with acute and chronic pain, which includes giving TENS machines, mobilising patients, using posture, activity and distraction. These patients could then become linked to the pain service</li> <li>• Education: Junior doctors have the opportunity to attend the pain clinics during their timetabled free choice of clinic slots, this opportunity has been advised and there is a champion to encourage junior doctors to choose this option.</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• Referrals to Glasgow for spinal cord stimulation.</li> <li>• Referrals to the Scottish National Residential Pain Management Programme</li> </ul>

## NHS Dumfries & Galloway

Level	Dumfries and Galloway
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – provides quality assured single source of information for people in Scotland</li> <li>• Pain Association run two types of courses, in two locations in Dumfries &amp; Galloway (Dumfries &amp; Stranraer): standard course with monthly sessions; and intensive course that covers the same topics but over a five week period.</li> <li>• Pain Association leaflets are also used in primary and secondary care</li> <li>• GPs, physiotherapists and secondary care can refer patients to the Pain Association Courses (through an agreed protocol) at any point in their treatment, the Pain Association provides feedback on numbers of patients attending, and their outcomes</li> <li>• Pain Association work is funded through a service level agreement.</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and AHP pain management options</li> <li>• In the past training had been available for physiotherapy and pharmacy staff on cognitive behavioural therapy</li> <li>• There is a mindfulness course running in the community for chronic pain (organised and run by pharmacists)</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• Referral is from GP, some patients are referred from other secondary care colleagues, but in that instance they are usually sent back to the GP, who can see if they can manage the patients and if not can re-refer to secondary care. An exception is that the back pain physiotherapist can directly refer to the service. Also receive some referrals from neurosurgeons in Edinburgh.</li> <li>• Multi-disciplinary team consisting of a consultant anaesthetist, psychologist and physiotherapist</li> <li>• Recently recruited a physiotherapist part time (temporary post)</li> </ul>

	<ul style="list-style-type: none"> <li>• Currently undergoing pilot for service redesign, including for new patients, completing a questionnaire on referral, that will be used by the MDT to triage them to the appropriate professional, but prior to their appointment they will be asked to attend a group education class. The group education class will cover a range of topics including what is chronic pain, exercises, etc.</li> <li>• Conduct standard interventions, injections and epidurals</li> <li>• NHS Dumfries and Galloway leaflets around pain medication are used</li> <li>• In future will re-try to recruit a second consultant anaesthetist, to replace one who left (Previous two attempts to recruit unsuccessful)</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• Refer to Glasgow for spinal cord stimulation</li> <li>• Link with Beatson for cancer pain</li> <li>• Refer to the Scottish National Residential Pain Management Programme based in Glasgow, some of their referrals have then been recommended by the NRPMP to attend services at the Bath Centre for Pain Services</li> </ul>



## NHS Fife

Level	NHS Fife
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – provides quality assured single source of information for people in Scotland. The local information previously uploaded to <a href="http://www.chronicpainscotland.org">www.chronicpainscotland.org</a> is now being transferred to NHS Inform</li> <li>• Pain Association runs patient support self-management groups in five locations once a month</li> <li>• Patients are referred to the Pain Association from primary and secondary care pain services, including through GP SCI referrals</li> <li>• Pain Association work is funded through a service level agreement</li> <li>• There are three independent patient support groups, supported by secondary care pain service</li> <li>• Links with Maggie's Centre in Kirkcaldy</li> <li>• Link with Fife leisure centres – patients can participate in active options exercise classes</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• RIVERS Programme in place, but currently undergoing reorganisation and it will change name to the Primary Care programme. Plan that all patients have a paper triage (based on the referral from GP) and a face to face 1:1 at the Pain Clinic (secondary care), to where in the Pain Clinic resource the patient would be best suited. Including primary or secondary care pain programmes. Level 2/3 merges significantly in NHS Fife. The Primary care Programme is a specialist service based in primary care, delivered by physiotherapists, pharmacists, and integrated with the secondary care service. As well as group work, patients have individual medication and physiotherapy assessment.</li> <li>• Additional routine GP and Allied Health Professional pain management options</li> </ul>

	<ul style="list-style-type: none"> <li>• Keele STarT Back / musculoskeletal screening tools used by musculoskeletal service including an Allied Health Professional persistent pain management framework in place to support delivery of an enhanced package of care for patients at high risk of poor outcome</li> <li>• Extended scope physiotherapists see patients referred to orthopaedics with musculoskeletal pain – using triage system.</li> <li>• Pathways of care between primary care musculoskeletal service and pain service in place.</li> <li>• Multi-professional education programme in place – level 1-3 as well as GP education at practice level and to Community Health Partnership at protected learning sessions</li> <li>• An on-line primary care network is active, discussing early detection and management of chronic pain – involving nine GPs in Fife</li> <li>• Improved interface between service users, GP and MSK physiotherapists, through stakeholder meetings, GP training, working with patient groups</li> <li>• MSK physiotherapists have expanded their pain individual education programme, getting as a standard 3 education sessions around pain per patient</li> </ul>
<p>3: Secondary care based specialist pain management service</p>	<ul style="list-style-type: none"> <li>• Multidisciplinary team consists of consultants, nursing, psychology, occupational therapy, pharmacy and physiotherapy, with administrative and nursing assistant support</li> <li>• Integrated secondary care chronic and acute services with primary care delivered RIVERS pain management programme</li> <li>• In the process of changing to - patients complete a questionnaire and have a 1:1 at the Pain Clinic then triaged to: <ul style="list-style-type: none"> <li>• RIVERS programme (with or without additional sessions prior to starting, to prepare them for it)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Pain Management approach with consultant, advanced practitioner, or specialist nurse, with further medication, interventional treatment, physiotherapy or pain management programme as appropriate</li> <li>• Patient still in medical treatment and not suitable for a pain management approach – referrer asked to carry out further treatment or investigation</li> <li>• Also in process of changing content of group, 1. Psychology emphasis (but with physiotherapy and OT input), 2. More physically based, 3. Maintenance group.</li> <li>• Improved service data collection and utilisation, creating a bespoke database, will be piloting the national dataset in NHS Fife, making sure they are linked to indicators</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• Refer to Edinburgh, Dundee or Glasgow as appropriate</li> <li>• Also available is the National Residential Programme, but as yet not needed to send patients there, have their own pain management programme. A few patients with very specific needs that the Bath programme would deal with, i.e. paediatric pain</li> </ul>

## NHS Forth Valley

Level	Forth Valley
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Pain Association Scotland run patient support self-management groups once a month in two sites (Falkirk &amp; Stirling), patients can self-refer to these</li> <li>• Moodjuice – <a href="http://www.moodjuice.scot.nhs.uk">www.moodjuice.scot.nhs.uk</a> is a site designated to offer information and advice to those experiencing troublesome thoughts and feelings</li> <li>• Beating the blues</li> <li>• Pain Concern website for self-management information</li> </ul>
2: Community and primary care services	<p>Routine GP and Allied Health Professionals management options, including the provision of acupuncture and TENS machines in some practices.</p> <p>There are a range of community based resources:</p> <ul style="list-style-type: none"> <li>• Local Pain Toolkit and My Support Plan – booklets compiled to support patients management of chronic pain - hard copies available in both primary and secondary care</li> <li>• GP education session run with presentations by multi-disciplinary team on the services available and around reducing opiate prescribing, both hosted own session and within the GP CPD session timetable</li> <li>• Medication review by some primary care pharmacists</li> <li>• Pain management course run by the Pain Association – 5 weeks intensive course, at two locations, patients need to be referred to it</li> <li>• Community pain support group in relation to fibromyalgia</li> <li>• Referral to community and primary care based exercise classes, including physiotherapy led 'Back into Action' and gentle grade exercise class</li> </ul>

	<ul style="list-style-type: none"> <li>• NHS run weight management classes (Counterweight)</li> <li>• Local mental health associations and counselling</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• The Pain clinic is staffed by Pain Management Doctors, Specialist Physiotherapist, Psychologist, Nurses, Pharmacists, with Administrative and Service Manager support</li> <li>• The service also provides and hosts a monthly joint addiction and pain clinic, for both opiate users with chronic pain and patients with chronic pain who have issues with opiate use</li> <li>• Medication reviews are undertaken by the pharmacist, can be referred by pain service, for example for opioid reduction</li> <li>• Recently changed the structure of the pain clinic so that a gym could be created and now small group exercise programmes are run on site</li> <li>• Pain Management Programme, 12 week course, 1 morning per week, approx 15 patients per session and 3 courses per year – led by physiotherapist and psychologist</li> <li>• The clinic undertakes a range of procedures: <ul style="list-style-type: none"> <li>- Epidurals, facet joint injections, radio frequency treatments, botox, acupuncture, TENS, Qutenza service, infusions</li> </ul> </li> </ul>
4: Highly specialist services, commonly found in tertiary centres	<ul style="list-style-type: none"> <li>• Referrals to Glasgow for intrathecal procedures, percutaneous cordotomy and spinal cord stimulation</li> <li>• Referral to London for specialist spinal cord procedures</li> <li>• Patients referred to Scottish National Residential Pain Management Programme in Glasgow for the intensive pain management programme</li> </ul>

## NHS Grampian

Level	Grampian
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Grampian Pain Support Group, 2 per month in two locations in Aberdeen, Hospital and Health Village. Led by patient volunteers with pain clinic staff providing input for presentations. Clinics can signpost to the group, and after PMP</li> <li>• Affa Sair ‘being in pain’, pain management group in Elgin, meet regularly (<a href="http://www.affasair.org/">http://www.affasair.org/</a>)</li> <li>• Fibromyalgia pain support group running</li> <li>• Archie Foundation for children provide support for families with children with chronic pain in the community</li> <li>• ‘Health points’ at various locations in the community and hospital setting, which can provide information leaflets and signpost to pain management, amongst the wide range of topics they cover</li> <li>• Patient information leaflets covering a range of topics are available</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professionals management options</li> <li>• Leaflets available online through ‘Grampian Guidance’ accessible to health care professionals</li> <li>• There is one GPs with special interest in chronic pain who has been trained for 2 years to deliver chronic pain sessions in their practice</li> <li>• There are 8 pain champion GPs who have had limited chronic pain training, visiting clinics and attending presentations</li> <li>• Community pharmacy forum is concerned with chronic pain</li> </ul>

	<ul style="list-style-type: none"> <li>• Regularly provide presentations to primary care, through ad hoc processes, i.e. practice request, GP training days</li> </ul>
<p>3: Secondary care based specialist pain management service</p>	<p>Based in Aberdeen, but also provide a consultant clinic in Elgin</p> <ul style="list-style-type: none"> <li>• Multi-disciplinary pain clinic team includes: Consultant Anaesthetists, Nurses, Physiotherapist, Psychologist, Psychiatrist, Pain Fellow, Health Care Assistant, supported by management and pharmacy</li> <li>• Monthly multidisciplinary team meetings, include psychiatry input</li> <li>• Consultant led clinics offering pain medication, interventional treatment and nurse follow up – there can be interdisciplinary input from other medical specialities</li> <li>• Psychiatry clinic fortnightly for patients who need ongoing support for psychiatric disorders, also assess patients for suitability for spinal cord stimulation</li> <li>• Pre-PMP patients receive an assessment with the Psychologist, Physiotherapist, a Nurse and a Doctor. Then the Physiotherapist, Psychologist and Nurse run the PMP. It is based in the Health Village, Aberdeen, runs for half a day for 8 weeks, with up to 12 patients per group. The PMP runs three times a year.</li> <li>• Medical interventions include: epidural, radiofrequency denervation. Nurse can provide: Qutenza, diagnostic block follow up telephone clinic. The Health Care Assistant can provide: TENS</li> <li>• Telephone clinics prior to interventions as part of consenting process</li> <li>• Link into weekly spinal MDT with neurosurgeons and radiologists, which provides services to some island boards</li> <li>• Monthly MDT with MSK physiotherapists, including those from Elgin and Huntly, then pain service can signpost for certain services</li> </ul>

	<ul style="list-style-type: none"> <li>• Now SLA with NHS Western Isles, provide monthly MDT over VC to discuss patients, medication decisions can be given over VC, and only come over to Grampian for interventions</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• Provide spinal cord stimulation service, percutaneous cordotomy, disc nucleoplasties service, also to Highland, Shetland and Orkney</li> <li>• Patients can be referred to the National Residential Pain Management Programme in Glasgow</li> </ul>



## NHS Greater Glasgow & Clyde

Level	Greater Glasgow and Clyde
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• The Education Subgroup of the Chronic Pain Managed Clinical Network has developed a website, <a href="http://www.paindata.org">www.paindata.org</a> which contains information about chronic pain management, drugs commonly prescribed and other treatments available at the pain clinics. It also has videos and links to third sector organisations</li> <li>• Pain diary app available for download</li> <li>• The ‘Persistent Pain’ information booklet is available to download in several languages</li> <li>• Pain Concern, in collaboration with the Glasgow Pain Management Programme team, runs a 2 hour education session in several locations in GGC, with Pain Trainers, patients with experience of chronic pain, delivering the sessions</li> </ul>
2: Community and primary care services	<p>Routine GP and Allied Health Professional pain management options</p> <p>There are a range of resources to support community and primary care services:</p> <ul style="list-style-type: none"> <li>• Resources available to clinicians on <a href="http://www.paindata.org">www.paindata.org</a> and through staffnet, which is accessible from primary care</li> <li>• Primary Care management of chronic pain guidance documents available</li> <li>• An online opioid conversion tool is available for clinicians</li> <li>• Learnpro modules are available on the assessment and different care options for chronic pain</li> <li>• The Education Subgroup runs a rolling programme of evening lectures for primary care staff, with lectures filmed and available for viewing</li> </ul>

	<ul style="list-style-type: none"> <li>• ‘Teach and treat’ pharmacists are up-skilled in chronic pain, they attend secondary care clinics and MDT meetings, and are working to help reduce prescribing and increased self-management with patients in the community</li> <li>• To increase access to secondary care service, some nurse clinics are based in primary care, in Clydebank, Easterhouse, and Renfrew, providing education, self-management advice, and medication advice</li> </ul>
<p>3: Secondary care based specialist pain management service</p>	<ul style="list-style-type: none"> <li>• A multidisciplinary team is in place across three sites in NHS GGC, and consists of Consultant Anaesthetists, Nurses, Physiotherapists and Psychologists. Pharmacy is available input in two locations.</li> <li>• The Managed Clinical Network has an executive group, steering group, and four working subgroups, (some of these groups include patient and primary care representatives)</li> <li>• Patients can be seen by physiotherapy or psychology in one to one appointments, but prior to these appointments, patients would have attended either a specific physiotherapy introductory group, or a multiple session nurse led pain education group</li> <li>• Medical interventions include: medial branch blocks with radiofrequency lesioning; epidural –type injections; joint injections. There is nurse provision of acupuncture</li> <li>• A pilot joint addiction and pain service is being run at Stobhill, with pharmacy input</li> <li>• There is an outpatient Pain Management Programme (PMP), which involves a multi-disciplinary team of psychologists, physiotherapists, specialist nurses and medical staff. It runs approximately 16 groups per year, for half day per week for approximately three months. It is only accessible to patients from secondary care clinic. There are two formats: one for patients who are more characterised by the use of avoidance strategies and the other for those who over-persist, despite pain. Patients are follow-up for six months after completing the programme.</li> </ul>

<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"><li>• Regional multi-professional service, provides the neuromodulation, which includes spinal cord stimulation (variable rates by NHS board)</li><li>• Beatson, regional West of Scotland Cancer Centre, provides multi-professional interventional cancer pain service, including intrathecal procedures, percutaneous cordotomy and celiac plexus block</li><li>• Patients referred to Scottish National Residential Pain Management Programme in Glasgow for the intensive pain management programme.</li><li>• It is possible to send patients to the Bath Centre for Pain Services.</li></ul>
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## NHS Highland

NHS Highlands has two separate pain services, one covering North, South, West, and mid-Highland, the other covering Argyll and Bute

Level	Highlands
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a co-ordinated, single source of quality assured health and care information for the people of Scotland</li> </ul> <p>North Highlands</p> <ul style="list-style-type: none"> <li>• ‘Let’s get on with it together’ (LGOWIT) <a href="http://www.lgowit.org/">http://www.lgowit.org/</a> third sector partnership working with NHS Highlands to support self-management for long term conditions (not just chronic pain) – run self-management courses and have support groups, which people can drop into, multiple locations in the Highlands. Also has a self-management toolkit and personal plan on its website</li> </ul> <p>Argyll and Bute</p> <ul style="list-style-type: none"> <li>• Pain Association runs a support group once per month in Oban. This is accessed through self-referral, on advice of the clinic or primary care.</li> <li>• Healthy Options Programme <a href="http://www.lornhealthyoptions.co.uk/">http://www.lornhealthyoptions.co.uk/</a> , in Oban and Lorn, a community social enterprise, for people with a range of health issues, including chronic pain. They tailors a 12 week programme for the participant around various options, including a pain module that utilises the pain toolkit, and other activities such as exercise classes. Participants then create a ‘move on programme’, which is monitored by the team for the next 9 months</li> <li>• Training provided to Arthritis Care staff on the Pain Toolkit to enable embedding within their work</li> <li>• Links with other condition specific groups, for example, fibromyalgia and Arthritis Scotland.</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professional pain management options</li> </ul>

	<p>North Highlands</p> <ul style="list-style-type: none"> <li>• Education sessions provided to GPs in North Highland</li> <li>• GPs emailed advice by NHS Highland chronic pain service</li> <li>• Pharmacists within a couple of general practices run sessions seeing patients to reduce opioid use and manage neuropathic pain</li> <li>• GP and physiotherapist in Aviemore running their own in house Pain Management Programme</li> </ul> <p>Argyll &amp; Bute</p> <ul style="list-style-type: none"> <li>• Training provided around the delivery of the pain toolkit within primary care, varying levels of uptake</li> <li>• Purchase of hard copy pain toolkits for distribution in primary care</li> <li>• Ad hoc training provided to GPs/primary care as requested, for example recent training in nerve block technique to individual GP</li> <li>• GPs can contact the Pain Clinic in person or via email, if they have any questions</li> </ul>
<p>3: Secondary care based specialist pain management service</p>	<p>North Highlands</p> <ul style="list-style-type: none"> <li>• Anaesthetist, Physiotherapist Prescriber, Psychologist, Nurse Prescriber</li> <li>• Monthly MDT with psychiatry input</li> <li>• Clinics run in 4 locations, but only theatre time in 1 site</li> <li>• GPs return questionnaire that patient has completed along with referral to the service</li> <li>• Majority of patients are invited to attend a 2 hour education session (run at a number of locations), which provides information about the service and self-management</li> <li>• Patient have a telephone triage , then receive either individual treatment, interventions and advice at the pain management clinic</li> <li>• Pain Management Programme (PMP) runs in Inverness, half day per week for 7 weeks, 10 people per session, five sessions per year, run by Psychologist and Physiotherapist. Patients attend an initial session prior to the PMP to check that it is for them.</li> <li>• Individual phone support pain management plan, which is workbook based, for those who can't access the PMP in Inverness</li> </ul>

	<ul style="list-style-type: none"> <li>• Monthly joint pain and substance misuse clinic, named ‘the Opioid Reduction Clinic’, the pain doctor and psychiatrist see patients together, patients who need to attend this clinic, have to attend the clinic if they want to continue with the pain service</li> <li>• Interventions include: joint injections, lumber and cervical facet denervation, lignocaine infusion</li> </ul> <p>Argyll and Bute</p> <ul style="list-style-type: none"> <li>• Anaesthetist, Nurse, and adhoc access to physiotherapy, pharmacy and occupational therapy support</li> <li>• Clinics run in three locations, covering mainland Argyll and Mull.</li> <li>• Patient completes comprehensive questionnaire prior to triage</li> <li>• Telephone triage conducted by anaesthetist or nurse, face to face if required.</li> <li>• Nurse delivered individual, over the telephone, Pain Management Plan, working through a booklet over 6-8 sessions.</li> <li>• Piloted a PMP with OT and physiotherapist, as yet not got funding to pursue this further</li> <li>• Interventions include: nurse led Qutenza and acupuncture; anaesthetist led block injection clinic, epidurals, facet joint injections etc.</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<p>North Highlands</p> <ul style="list-style-type: none"> <li>• To Glasgow for spinal cord stimulation</li> <li>• National Residential Pain Management Programme in Glasgow for patients with more complex needs</li> <li>• To England for intractable chest pain</li> </ul> <p>Argyll and Bute</p> <ul style="list-style-type: none"> <li>• To Glasgow for spinal cord stimulation, peripheral nerve stimulation, and facet joint denervation</li> <li>• Referral to National Residential Pain Management Programme in Glasgow</li> </ul>

## NHS Lanarkshire

Level	Lanarkshire
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Pain Association Scotland run patient support self-management groups once a month in three sites (Coatbridge, Wishaw, East Kilbride/Blantyre, patients can self-refer to these</li> <li>• Links with the ‘Well Connected’ Scheme, which is Lanarkshire’s social prescribing programme, that provides information on a range of local resources: <a href="http://www.elament.org.uk/self-help-resources/well-connected-programme/">http://www.elament.org.uk/self-help-resources/well-connected-programme/</a> - similarly ‘Active Health’ the exercise on referral scheme</li> <li>• Information leaflets are available through <a href="http://www.knowledge.scot.nhs.uk/ahpcommunity/ailp-priority-workstreams/musculoskeletal-programme/chronic-pain.aspx">http://www.knowledge.scot.nhs.uk/ahpcommunity/ailp-priority-workstreams/musculoskeletal-programme/chronic-pain.aspx</a> , as well as locally created ones</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professionals management options</li> <li>• One GP led pain clinic running for many years</li> <li>• Further GPs have been trained in the management of pain through the preceptorship training</li> <li>• Ongoing enhanced pain management training of MSK physiotherapists by Highly Specialised chronic pain Physiotherapists</li> <li>• Musculoskeletal pathways for a range of conditions which include specific consideration of access to chronic pain management services</li> <li>• Piloting of direct referral to chronic pain physiotherapy (acting as first assessor) at two practices has been successful</li> </ul>

	<ul style="list-style-type: none"> <li>• Addiction services are piloting Pharmacist Independent Prescribers clinics in two General practices to address increasing opioid analgesic dependence</li> <li>• Pharmacy team putting together information sources and/or training on analgesics for GPs, patients and pharmacists</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• The Pain clinic is staffed by Pain Management Doctors, Specialist Physiotherapist, and a Psychologist</li> <li>• Weekly MDT meetings</li> <li>• NHS Lanarkshire runs a Pain Management Programme (PMP) for a half day per week over 12 weeks, up to 20 patients can attend it. It is run in Coatbridge in a community setting. It is run 4 times a year. It is run by the physiotherapy and psychology staff. Patients are assessed before taking part and often attend for individual input before attending.</li> <li>• Physiotherapy run a 6 week self-management classes to educate patients on living well with Chronic Pain, MSK Physiotherapists can refer to this group</li> <li>• Psychology clinic, the Psychologist is able to discuss cases with other clinicians</li> <li>• Psychology run a mindfulness group</li> <li>• The chronic pain clinic undertakes a range of procedures including: <ul style="list-style-type: none"> <li>- Epidurals, facet joint injections</li> </ul> </li> <li>• Piloted having an Occupational Therapist within secondary care, but this role was not continued post pilot</li> </ul>
4: Highly specialist services, commonly found in tertiary centres	<ul style="list-style-type: none"> <li>• Referrals to Glasgow for intrathecal procedures and spinal cord stimulation</li> <li>• Referrals to Aberdeen for Radio-frequency ablation service</li> <li>• Patients referred to Scottish National Residential Pain Management Programme in Glasgow for the intensive pain management programme</li> </ul>



## NHS Lothian

Level	NHS Lothian
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Self-management support groups run weekly by Back Care who also offer hydrotherapy sessions</li> <li>• Pain Concern offer a magazine, podcast, and helpline as well as literature around pain management.</li> <li>• Other third sector groups (e.g. Fibromyalgia Friends Scotland, Arthritis Care, etc) also offer supported self-management</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professionals management options</li> <li>• Allied Health Professional musculoskeletal physiotherapists use tools such as STaRTBack tools routinely to screen patients for risk of outcome which includes increased risk developing or having chronic pain</li> <li>• A physiotherapy pain network is active throughout NHS Lothian which has an annual work plan that supports cascade training of advance pain management skills to physiotherapists throughout Lothian. This also includes offering highly specialised advanced pain management physiotherapy skills training (Level III)</li> <li>• In conjunction with the physiotherapy team from the Lothian Chronic Pain Service. Level III trained physiotherapists offer Pain Classes in primary care throughout NHS Lothian.</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• Multi-disciplinary pain clinic team includes: Anaesthetists, Clinical Nurse Specialists, Clinical Health Psychologists, Physiotherapists, Psychiatrist working in addictions, link to liaison psychiatry as needed</li> </ul>

- Specialist multi-disciplinary pain management services for adults are provided at the Leith Community Treatment Centre and Astley Ainsley Hospital, with some services available at the Western General Hospital, St John's Hospital, Mid-Lothian Community Treatment Centre, and a pelvic pain clinic at the Royal Infirmary of Edinburgh.
- The Lothian Chronic Pain Service is made up of the Pain Clinic and the Pain Management Programme which offers:

Pain Management Programme:

- This is a highly specialist multidisciplinary pain management service that offers a gold standard evidence based pain management group programme based on a psychological and rehabilitative approach. 25 pain management groups are run each year. Groups are 11 weeks and are facilitated by clinical health psychologists and physiotherapists with individual reviews mid group and an opportunity for friends and family to come to a group session. Groups are offered once a bio psychosocial pain assessment has taken place. Patients who attend the groups are able to download materials relevant to the group on our website (<http://www.nhslothian.scot.nhs.uk/Services/A-Z/painmanagement/Pages/default.aspx>) and are also given a document called "What's Out There" which lists local resources that will support and reinforce information relating to managing pain.
- An Introduction to PMP Group session is run weekly for those interested in finding out more about pain management groups.
- A medical clinic is offered once a month by a Pain Consultant for patients needing input relating to medication. A pelvic pain group is offered three times a year. A complex pain psychology clinic is also offered and some individual sessions are offered for patients with complex needs who may not benefit from a group. The Pain Management Programme is hosted by Clinical Health

	<p>Psychology Services in NHS Lothian, which affords the opportunity of psychological support to those with complex co morbidities.</p> <p>Pain Clinic Offers:</p> <ul style="list-style-type: none"> <li>• Assessment and further investigation; medication review and drug management; injection therapy including epidural, facet joint injection, radio frequency denervation, nerve root injections; nurses provide Qutenza, TENS, etc.</li> <li>• Weekly MDT</li> <li>• Run a weekly specialist Pain and Addiction clinic, involving a clinical health psychologist, psychiatrist and Consultant Anaesthetist</li> <li>• Children’s services are provided at the Royal Hospital for Sick Children. A person centred transition pathway offered by the Lothian Chronic Pain Service offers support for those moving from paediatric to adult services.</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• Referral to Glasgow for spinal cord stimulators</li> <li>• Intrathecal injections are provided locally for appropriate palliative care patients, can be conducted in the hospice</li> <li>• Patients can be referred to the National Residential Pain Management Programme in Glasgow</li> <li>• There is also a pelvic pain clinic based at Edinburgh Infirmary</li> </ul>

## NHS Orkney

Level	Orkney
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• No formal service level agreement with a third sector organisation in place, however there is a fibromyalgia facebook group, an Arthritis Care support group, and Tai Chi for Arthritis sessions.</li> <li>• Patients have access to relevant websites i.e. the pain toolkit and Pain Concern</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professionals management options</li> <li>• Secondary care has links with GP and pharmacy to check patient and prescription information</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• Referral to level 3 services are made to a single handed consultant led service (note consultant is at retirement age). The Consultant Anaesthetist has 3 clinic sessions and 2 theatre sessions per month</li> <li>• Provision of interventions such as: caudal epidural, nerve blocks, trigger point injections</li> <li>• There is no dedicated allied health professional staff time however:               <ul style="list-style-type: none"> <li>• Two interested Physiotherapists see chronic pain patients</li> <li>• A Nurse is being trained to deliver Qutenza as part of day surgery nursing service</li> <li>• Patients with psychiatric problems can be referred to psychology (not purely for pain management)</li> <li>• There are links with routine pharmacy</li> </ul> </li> </ul>

<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"><li>• Referrals to Aberdeen for other pain interventions</li><li>• Patients referred to Scottish National Residential Pain Management Programme in Glasgow for the intensive pain management programme</li></ul>
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## NHS Shetland

Level	NHS Shetland
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and care information for the people of Scotland</li> <li>• No formal self-management group place (previously there had been a group, but it was poorly attended, and feedback was that patients did not want a group work approach, and there were issues in relation to access)</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Routine GP and Allied Health Professional pain management options</li> <li>• Some acupuncture provision</li> <li>• Routine musculoskeletal Allied Health Professional service</li> <li>• The adult clinical psychologist, who is part of the community mental health team, who will see some patients with chronic pain as part, but there is not a formally agreed referral pathway</li> <li>• Physiotherapist providing pain management, offering a range of options including TENS, acupuncture</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• Change in workforce, with locums working on a formal basis to cover the majority of consultant anaesthetist positions. Consultants triage patients.</li> <li>• No dedicated pharmacy or psychology input, referrals to standard pharmacy services and patients put on routine psychology waiting lists</li> <li>• Link with primary care physiotherapy. In addition there is a physiotherapist providing a non-inflammatory joint injection clinic, within the hospital setting for a range of patients, including some with chronic pain</li> </ul>

4: Highly specialist services, commonly found in tertiary centres

- Referrals made to Aberdeen
- Few patients would need the Scottish National Intensive pain management programme, but would refer them there if needed

## NHS Tayside

Level	NHS Tayside
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a co-ordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Pain Association Scotland run patient support self-management groups once a month in Angus, Dundee and Perth. Patients can self-refer</li> <li>• Moodjuice – <a href="http://www.moodjuice.scot.nhs.uk">www.moodjuice.scot.nhs.uk</a> is a site designed to offer information and advice to those experiencing troublesome thoughts, feelings</li> <li>• Pathway through pain programme (Tayside) – this online course features leading experts and teachers in the field of self-help with persistent pain</li> <li>• Locally produced, approved self-management information leaflets have been updated and are available on the NHS Tayside webpages, for both GPs and patients to download</li> <li>• Have refreshed the pain related books, pain self-management and education books in all public libraries</li> </ul>
2: Community and primary care services	<ul style="list-style-type: none"> <li>• Pain Associated Scotland, self-management courses, are delivered pan Tayside. Self-referral is available in Angus, with HCP referrals for Perth &amp; Kinross and Dundee programmes. Musculoskeletal pathway provides a route for self-referral and GP referral for assessment and management for chronic musculoskeletal problems</li> <li>• Guidelines for neuropathic pain available on Vision for all GPs to use</li> <li>• NHS Tayside adopted a Pharmacist ‘teach and treat’ programme, specifically aimed at pharmacists reviewing chronic pain medication, while providing supported self-management. This is being introduced in identified areas across Tayside (not all pharmacists)</li> </ul>



	<ul style="list-style-type: none"> <li>• Specialist pain service aims to provide education and training and support for staff and patients by working in partnership with Working Health Services and the new Single Health Gateway.</li> </ul>
<p>3: Secondary care based specialist pain management service</p>	<ul style="list-style-type: none"> <li>• The multidisciplinary pain clinic team includes the professionals: Anaesthetists/Medical Consultant, Physiotherapist, Psychologist, Pharmacist, Nurse</li> <li>• The Tayside integrated pain service provides chronic pain management for patients in Tayside, Angus, Perth and Kinross</li> <li>• The service receives referrals from primary and secondary care, including some tertiary referrals for specialist services</li> <li>• As well as providing pain management to outpatients it contributes to the management of inpatients with co-morbid pain problems, jointly manages complex palliative care patients requiring advanced pain interventions, and collaborates with Tayside drug problem service to manage a pain and addiction service</li> <li>• The nurses, physiotherapist and pharmacist, non-medical prescribers, can prescribe and review medications providing patients with early access to medication management.</li> <li>• The specialist Pharmacist on the team provides pharmacy led clinics and support with non-formulary requests, thereby facilitating a multidisciplinary approach to the management of highly complex patients.</li> <li>• Paediatric referrals are considered on an individual case by case basis.</li> <li>• Pain Management Programme, which at the type of writing had run 6 programmes</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<p>Provides:</p> <p>The service provides interventional Procedures including:</p> <ul style="list-style-type: none"> <li>• Implantable intrathecal drug delivery systems</li> <li>• Spinal cord stimulation</li> </ul>

	There is the option to refer adults and paediatric patients to the Scottish National Residential Pain Management Programme, for assessment and where appropriate onward referral to Bath Centre for Pain Management.
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## NHS Western Isles

The Western Isles have recently employed a GP with Special Interest in chronic pain to work within Secondary Care, who will be starting March 2018, and have just started a link with NHS Grampian around secondary care provision. These changes will have substantial impact on the pain service, and are highlighted here:

Level	Western Isles
1: Self-management	<ul style="list-style-type: none"> <li>• NHS Inform – <a href="http://www.nhsinform.co.uk">www.nhsinform.co.uk</a> provides a coordinated, single source of quality assured health and social care information for the people of Scotland</li> <li>• Pain Association Scotland run patient three support self-management groups, two face to face groups, once a month in Stornoway and Uist, and one via videoconference based service in Barra. A further face to face group based in Harris is planned for this year. Patients can self-refer or be referred by health care professionals to the group. Group advertised in local area. Patients receive text reminders and motivational messages.</li> <li>• Access to websites, e.g. pain concern and toolkit</li> </ul>
2: Community and primary care services	<p>Routine GP and Allied Health Professional pain management options</p> <ul style="list-style-type: none"> <li>• Pain Association two day intensive course in Stornoway and Uist</li> <li>• Chronic pain page on professional toolkit, with links to useful websites, has promoted this site to allied health professionals</li> </ul>
3: Secondary care based specialist pain management service	<ul style="list-style-type: none"> <li>• Currently no local secondary care chronic pain service.</li> <li>• New initiative: Linking with NHS Grampian, once a month MDT around Western Isle patients.</li> <li>• From March 18: GP with Special Interest (GPSI) with training in chronic pain management will run a clinic from the hospital, she will filter referrals, liaising with GPs,</li> </ul>

	<p>assessing patients, and can provide facet joint injections via the local Extended Scope Physiotherapist, and referring to NHS Grampian for advice and intervention if necessary. In the future hope to expand to allowing videoconferencing with patients in Barra and Uist</p> <ul style="list-style-type: none"> <li>• At the moment considering whether local non-chronic pain anaesthetist would be able to provide epidurals.</li> <li>• Extended scope prescribing Physiotherapist, does extended scope therapy and provides facet joints interventions</li> <li>• Expectation is the new model that between the GPSI, Extended scope Physiotherapist and anaesthetist very few patients would require referral to NHS Grampian</li> <li>• No chronic pain anaesthetist, and no dedicated psychology, nursing or pharmacy (but physiotherapist can prescribe)</li> <li>• No PMP rather via the Pain Association intensive course</li> </ul>
<p>4: Highly specialist services, commonly found in tertiary centres</p>	<ul style="list-style-type: none"> <li>• NHS Grampian would provide intrathecal and spinal cord stimulation</li> <li>• Local service cannot refer to the Scottish National Residential Pain Management Programme, but NHS Grampian can on their behalf, so patients could access the intensive pain management programme in Glasgow.</li> <li>• It is possible to send patients to the Bath Centre for Pain Services.</li> </ul>



r e p o r t

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