Pain Association Scotland

Introductory Remarks

The Pain Association Scotland, which was founded 27 years ago, is a small Third Sector organisation that has pioneered the role of self-management in helping those in the community burdened with all forms of chronic pain, by addressing the non-medical issues that have an impact on people’s daily lives. It does so by providing courses and meetings on the basis of Service Level Agreements, mainly with NHS Boards.

As the Association’s remit is Scotland-wide, it has faced serious challenges in terms of trying to maintain continuity of services in a variety of localities during the integration process. One aspect of this challenge has been the decision by the majority of NHS Boards to cease to offer the 3-year SLAs that were previously the norm. These have been replaced in many cases by 1-year Agreements, making longer-term planning more difficult and having an adverse impact on the willingness of Primary Care to refer patients because of GPs’ express concerns about the Association’s viability longer term. There has also been the challenge of attempting to find out within each Integration Authority where responsibility now rests for the commissioning of services. This has proved extremely difficult. The impression at the moment is that a new layer of bureaucracy has been created, destroying in the process old and well-established relations with NHS Board staff. Where it has been possible to identify the new commissioners of services, it has then proved extremely difficult to convince them of the value of the Association’s work, in spite of the priority the Government gives to chronic pain (SIGN Guideline 136), the highlighting of self-management in the document “Chronic Pain in Scotland” produced in April 2016 by the Government’s Lead Clinician for Chronic Pain and the considerable body of evidence that exists of the effectiveness of self-management in reducing the drugs bill associated with chronic pain as well as the significant reduction it produces in return visits to primary or secondary care.

It is quite impractical for a small, national organisation to maintain an awareness of the way in which each Integration Authority is developing its services, as each seems to have adopted a different approach. This problem is compounded by the varying ways in which IAs have decided to tackle the development of their localities, some of which have had budgets and responsibility for decision-making devolved to them but many others not. It would be at least a full-time job to study and comment on each and every strategic commissioning plan, workforce plan and other key documents produced by the Integration Authorities and their localities. Even then, the plans we have commented on have been at such a high level that we have found them unhelpful as a vehicle for reflecting our concerns.

We had expected that we might be able to rely for assistance on the generic work of The ALLIANCE, which has received considerable funding from the Government to give a strong voice to the Third Sector in the development of integrated services. Our clear impression is, however, that The ALLIANCE too has struggled to grasp the process and has therefore been unable so far to provide any practical advice on how organisations such as the Association could engage with the new commissioners of services.
We are concerned that the process has developed to such an extent without the voice of Third Sector organisations such as the Association having been heard, in spite of the First Minister’s clear wish that the Third Sector should be seen as equal partners in the integration process. From our experience, services have been commissioned not on a person-centred basis, as had been hoped, but on the basis of trying wherever possible to make budgetary savings. The opportunity to make worthwhile changes to services that reflect the approach and contribution the Third Sector can make seems to have been lost, making the likelihood of such developments in the future even more unlikely.

Against that background, the Association congratulates the Committee on its decision to investigate the issue of IAs’ engagement with stakeholders, and welcomes the opportunity to offer comments.

Do you know how and when you can get involved with the Integration Authorities to influence decision making?

No. These issues remain a mystery, even in areas where the Association has provided services over many years. During the past 2 years, as we struggled with this issue, we were told by those responsible for overseeing the integration process that the key people to contact in each area were the Third Sector Interfaces (TSIs). It proved impossible, however, to obtain contact details for these people. We are now advised by The ALLIANCE that these TSIs are not best placed to advise on local commissioning arrangements and that we should instead get in touch with those responsible for public relations in each IA.

We have commented on a handful of strategic commissioning plans, but have seen nothing to suggest that those comments have been or will be taken into account. Even in areas where we already offer services, there has been no spontaneous attempt by the IAs to contact us. In one strategic plan, produced by NHS Fife, the plan demonstrated that the IA was simply unaware of the Association’s work in the Board area over many years, as the relevant Annex contained no reference to the Association’s work in the list of services provided by Third Sector organisations.

Were you consulted in the preparation of the strategic plans or involved with the work of the Strategic Planning Group?

No. No Strategic Planning Group has contacted the Association while preparing its strategic plan, nor has the Association been invited to participate in the work of any Strategic Planning Group. This is in spite of the Government priority given to chronic pain, and the fact that its prevalence throughout Scotland is such that in every locality there will be significant numbers of people living with, and attempting to cope with the effects of, chronic pain.

Have you been involved with the work of the Integration Authority following the publication of the strategic plan?

The Association’s Director has been invited to become a member of the Perth & Kinross Third Sector Health & Social Care Strategic Health Forum. This has simply
served to underline the immense amount of detailed information that has to be assimilated in relation to a single locality, and the great demands that trying to keep up even in this one geographical area can make on the Director's time.

Apart from this invitation, the Association has had no other direct involvement with the work of any IA following publication of its strategic plan.

Have you been involved with the work of the localities / what involvement would you like to have?

Apart from the Perth & Kinross example mentioned above, the Association has had no involvement with the work of the localities. The organisation does not have the resources to engage directly with each and every locality, especially in the light of the markedly different ways in which these seem to be evolving and the different status and responsibilities each of them seems to have.

Do you think that your involvement with the IAs has had an impact on decision making?

As the Association's involvement with IAs has been so slight, there is little likelihood of its having had any impact on decision-making. Given that The ALLIANCE itself appears to have struggled with the whole process, we believe that the whole of the Third Sector can have had little impact on IAs' decision-making.

What could be done to improve the communication from the IAs?

There needs to be clear information about who in each IA is responsible for the commissioning of services. Only then can the Association be in a position to make the case for the creation of an SLA covering the services we can provide.

In the light of the statutory duty placed on IAs in terms of engagement and consultation, the minimum requirement would seem to be the creation by every IA of a list of all the Third Sector organisations active in each area, or whose services would be of benefit to the resident population of each IA. These lists would need to be published by the IA so that they would be checked for comprehensiveness.

What could be done to ensure greater collaboration and engagement in the decision making process of Integration Authorities?

IAs need to take much more initiative in informing Third Sector organisations of opportunities to influence commissioning in the future.