Pain Association Scotland Response to Health & Sport Committee Inquiry on Preventative Spending

1. Which areas of preventative spending / the preventative agenda would it be most useful for the Health & Sport Committee to investigate?

   The self-management of long-term conditions, of which chronic pain is a significant example given the numbers of people in Scotland living with it.

2. How can Health Boards and integrative authorities overcome the (financial and political) pressures that lead to re-active spending / a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

   - This needs to come from the top down, e.g. where something is a Scottish Government priority, such as chronic pain, then some scrutiny mechanism is needed to ensure that it features in Health Boards’ Local Delivery Plans and in the strategic plans of Joint Integration Boards.
   - Boards and authorities need to see the bigger picture and make use of statistics, such as referral patterns to GPs and Secondary Care interventions for patients who are using the revolving door system, allowing a calculation to be made of the savings that would accrue if people were being provided with the opportunity for supported self-management.
   - By taking proper account of prescribing rates of chronic pain medication and the costs associated with this, along with the side effects of such medication.
   - Through fuller recognition of the statistics held by the Third Sector, using evaluation evidence to support the contention that self-management promotes increased coping in every day life, fewer visits to GPs, a reduction in flare-ups and less reliance on medications.
   - Challenge the mind-set that seems to prevail in NHS Boards and integration authorities who mistakenly regard access to regular self-management as nothing more than wasteful repeat spending on the same patient, whereas they should regard it as a longer-term investment producing benefits for the individual as well as the benefits to the system highlighted in the previous bullet point.

3. How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

   By drawing on the following:
   - Analysis of data on those patients who repeatedly present to GPs, as well as data on Medication usage and on Secondary Care referrals.
   - Evidence of the effect of self-management interventions, such as the ‘spider’ developed by the Pain Association Scotland, which graphically measures the impact of self-management on people’s quality of life.
   - Accurate coding of long term conditions.