

Scottish Government Consultation on Framework for Pain Management Service Delivery

Response from Obesity Action Scotland

Closing date: 28 February 2022

Our Vision

Person-centred, effective and safe care that improves the quality of life and wellbeing of people living with chronic pain in Scotland.

Question 1: Should this be the overarching vision?

- Yes
- No

Aim A: Person-Centred care

Ensure access to appropriate information and support based on an individual's needs.

Question 3: Should this aim be a priority?

- Yes
- No

Commitment 1

We will improve the quality and consistency of information on chronic pain and make it more easily accessible. We will empower people to understand their condition and better manage its impact on their physical and mental wellbeing.

Question 4: Should Commitment 1 be included in the Framework?

- Yes
- No

Question 5: Please explain your response to Q3 and Q4.

It is welcome that there is an explicit aim and commitment to person-centred care in the framework and ensuring quality and consistency of information, to improve accessibility and empower individuals.

In this regard, it is important to be mindful of language used, and to avoid stigmatisation and victim blaming, for example. This is particularly important for obesity. Weight stigma is a significant barrier to participation and access to services for many people, with profound effects on their mental and physical health, overall sense of wellbeing, can worsen inequalities and leave individuals feeling even more marginalised¹. Further, stigma can lead to long-term weight gain, with increased stress and calorie intake, for example². Information provision in relation to chronic pain services should be

¹ World Health Organisation (2017) Weight bias and obesity stigma: considerations for the WHO European Region https://www.euro.who.int/__data/assets/pdf_file/0017/351026/WeightBias.pdf

² <https://www.bda.uk.com/resource/why-the-government-s-new-strategy-for-obesity-needs-to-avoid-weight-stigma.html>

mindful of this and take steps to ensure this is eliminated in chronic pain services to ensure individuals feel empowered and able to access the services they need.

Weight can have a significant impact on pain experienced. It can exacerbate joint pain and the impact of this pain is often associated with reduced levels of physical activity. As outlined in Annex A in the consultation document, research suggests that almost 40% of people who have obesity experience chronic pain, and that the pain experienced is more likely to be moderate to severe than those who do not have obesity³. This demonstrates the significant impact that obesity can have on chronic pain outcomes and that approaches to treatment need to be inclusive, sensitive, accessible and person-centred to ensure no one feels stigmatised in accessing and using such services.

We note paragraph 5 on page 6 outlines the impact of chronic weight on people's ability to work and can be a significant contributor to sickness absence. This is also the case for people with overweight and obesity. It is 'indirect costs', such as loss of productivity and increased absenteeism, that are the most significant costs of obesity, accounting for almost two-thirds of economic costs and impacts from overweight and obesity⁴. Given the clear link between obesity and levels of chronic pain, it is important that these indirect costs are accounted for in chronic pain services. Such costs are broad and far reaching and highlight the importance of actions and interventions to mitigate and address them.

Aim C: Safe, effective treatments

Commitment 5

We will ensure people have more consistent access to effective treatments options wherever they live in Scotland.

Question 12: Should Commitment 5 be included in the Framework?

- **Yes**
- No

Question 13: Please explain your response to Q12?

Yes, this commitment should be included but with some adaptation to reference the importance of accounting for specific local differences and needs.

It is important that access to treatment options is uniform across the country and should not be determined by where an individual lives. A consistent national approach is required. However, there does need to be some flexibility for local health boards to be able to respond to local circumstances, within the framework of a national approach. Research evidence on adult weight management services states that these services should "ideally be local, familiar and relatively quick and easy to access"⁵, particularly in areas of high socioeconomic deprivation where there are often high levels of referral to such services, but low levels of attendance. This highlights the importance of taking a localised approach, within a nationally consistent framework, to improve both accessibility of and engagement with such services.

³ Scottish Government (2021) Framework for Pain Management Service Delivery (Draft for Consultation) <https://www.gov.scot/publications/draft-framework-chronic-pain-service-delivery/documents/>

⁴ World Obesity Federation and RTI International (2021) The Economic Impact of Overweight and Obesity in 8 Countries <http://s3-eu-west-1.amazonaws.com/wof-files/Economic-impact-overweight-obesity-in-countries-final.pdf>

⁵ Obesity Action Scotland | Healthy Weight For All - Adult weight management – time for action not words

Aim D: Improving Quality of Live and Wellbeing

Training and Support for Healthcare Professionals

Commitment 6

We will work with NHS Education for Scotland, professional bodies and partners to improve training and education on management of chronic pain.

Question 15: Should Commitment 6 be included in the Framework?

- **Yes**
- No

Question 17: Please explain your response to Q15

This commitment is welcome and should be included.

As outlined earlier in our response, it is important to ensure that those accessing services as a result of their weight are not stigmatised. Staff at all levels need to be trained accordingly to ensure this doesn't happen. Evidence shows that, in relation to weight management, GP training has been minimal and poorly coordinated⁶, and that people avoid accessing healthcare due to the fear of being stigmatised by a healthcare professional⁷. Providing healthcare professionals with education on overweight and obesity, focused on helping them to understand the complexity of obesity, is vital to help address stigma⁸. This could include the creation and use of obesity management guidelines, specifically for chronic pain impacts/outcomes, that are more aligned to the concept of obesity as a chronic disease/condition and not focused on individual responsibility, and ongoing continuing medical education for medical professionals at all levels⁹.

A range of healthcare service improvements can be implemented to help meet this commitment, specifically for chronic pain and weight management. These include providing scientific understanding to professionals; having a zero-tolerance approach to jokes/commenting about a patient's weight; providing equipment and furniture which is size-inclusive; and display posters which inform patients they are in a size-inclusive, safe environment. Medical professionals should also be mindful of the language they use, taking a person-first, not weight-first approach. They should seek permission to talk about someone's weight and assure the service user that they are safe to talk about their weight if they wish¹⁰.

About us

Obesity Action Scotland provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.

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⁶ Royal College of Physicians (2013) Action on obesity: Comprehensive care for all
<https://www.rcplondon.ac.uk/projects/outputs/action-obesity-comprehensive-care-all>

⁷ <https://www.bda.uk.com/resource/why-the-government-s-new-strategy-for-obesity-needs-to-avoid-weight-stigma.html>

⁸ <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma>

⁹ Busetto, L., Sbraccia, P. and Vettor, R., (2021) Obesity management: at the forefront against disease stigma and therapeutic inertia. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, pp.1-8

¹⁰ Ipsos Mori (2022) Obesity: An empathy blind spot
https://www.ipsos.com/sites/default/files/ct/publication/documents/2022-01/Ipsos_Obesity_empathy_report.pdf