RCGP SCOTLAND

Quality Prescribing for Chronic Pain 2026-2029

Consultation response from RCGP Scotland

Medication review

Question 1a

Do you agree with this recommendation?

Yes

No

Not sure

Question 1b

To what extent do you agree with this recommendation?

Strongly agree

Mostly agree

Mostly disagree

Strongly disagree

Question 1c

Please tell us more about your views on our approach to review.

RCGP Scotland welcomes the opportunity to respond to this consultation on quality prescribing for chronic pain. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

We recognise the significant and wide-ranging impact that chronic pain can have on an individual's physical and mental health, as well as their overall wellbeing. Chronic pain is a common issue encountered in general practice, and we note that nearly four in ten adults in Scotland report living with chronic pain, according to the 2022 Scottish Health Survey.

RCGP Scotland recently responded to the Scottish Government's consultation on Polypharmacy Guidance: Appropriate Prescribing – Making Medicines safe, effective and sustainable 2025–2028. In that response, we supported the guidance's recommendations on prioritising patients for polypharmacy reviews and endorsed the use of the 7-step medication review process. We also highlighted findings from the iSYMPATHY study, which showed that around one in five unplanned hospital admissions are linked to medication-related harm - an important consideration when addressing inappropriate prescribing for chronic pain.

We fully support efforts to reduce inappropriate prescribing where there is limited or insufficient evidence for the use of certain medications in managing chronic pain. We agree with the overall direction of the guidance, which encourages a shift away from medication reliance and towards non-pharmacological approaches to support patients in managing their pain.

In June 2022, alongside the Royal Pharmaceutical Society (RPS) and the Scottish Academy of Medical Royal Colleges, we issued a joint statement on reducing the environmental impact of prescribing. This remains a critical priority, given that approximately 25% of NHS emissions can be attributed to medication use.

Chronic pain disproportionately affects individuals from socio-economically deprived backgrounds, those who have experienced adverse childhood events, and people living with multiple health conditions. Given the strong link between chronic pain and multimorbidity, we believe that resources - both financial and workforce-related - should be allocated according to the principle of proportionate universalism. In our view, reviewing funding streams to better target areas of greatest need would enable GPs to offer longer consultations for patients with chronic pain, conduct thorough 7-step medication reviews, and deliver whole person medical care.

We are aware that SIGN 136: Management of chronic pain is currently being updated.

Communication between practitioners and people experiencing chronic pain

Question 2a
Do you agree with our recommendations around communication between practitioners and people experiencing chronic pain?
Yes
No
Not sure

Question 2b
To what extent do you agree with these recommendations?
Strongly agree
Mostly agree
Mostly disagree
Strongly disagree

Question 2c
Please tell us more about your views on our recommendations.

RCGP Scotland welcomes the recommendations and guidance on communication between practitioners and people living with chronic pain. We acknowledge that these conversations can be particularly challenging - especially when patients have unrealistic expectations of a cure. In such cases, continuity of care is vital. Patients with chronic pain benefit greatly from consulting with their regular, trusted GP, where a therapeutic relationship has been built over time.

We note that section 7.2.1 outlines what constitutes a standard general practice consultation. The guidance on how to approach second and third consultations is helpful and includes valuable suggestions. However, we are mindful that, due to the ongoing workload and workforce pressures in general practice, there may be significant gaps of time between these consultations. Additionally, the guidance does not fully reflect the reality that patients presenting with chronic pain often raise other unrelated health concerns during the same appointment.

RCGP Scotland believes that current consultation lengths are insufficient. The UK has some of the shortest GP consultations in Europe. We strongly advocate for a move towards 15-minute standard consultations, which would allow for more comprehensive assessment and

management of patients' needs, particularly those with complex or multiple conditions. We welcome section 7.4, Summary of consultation model, which provides concise, practical information, helpful signposting, and useful resources for clinicians.

Section 7.6, Recognising and responding to drug seeking behaviour, is also an important inclusion, especially in light of Scotland's ongoing drug death crisis. GPs are already vigilant in identifying potential drug-seeking behaviours. Patients with prescription drug dependency are often under-recognised and under-diagnosed. They are at risk of being left behind, unable to access the treatment they require. There is an urgent need to increase diagnosis rates and ensure that those struggling with prescribed medicine dependency are provided comprehensive, holistic, and stigma-free treatment and support.

The use of review dates for opioid prescriptions is one example of how general practice is actively managing the risks associated with dependence-forming medications, ensuring they are prescribed only when the benefits clearly outweigh the harms.

Non-pharmacological approaches

Question 3a
Do you agree with our recommendations around using non-pharmacological approaches to managing chronic pain?
Yes
No
Not sure

Question 3b
To what extent do you agree with these recommendations?
Strongly agree
Mostly agree
Mostly disagree
Strongly disagree

Question 3c
Please tell us more about your views on our recommendations.

We welcome the broad range of recommendations outlined in Section 8 on non-pharmacological approaches to managing chronic pain, as well as the extensive signposting to relevant resources.

We particularly welcome Section 8.2, which acknowledges the challenges of practitioner-patient communication within the constraints of short appointment times. We reiterate that expanding the GP workforce and increasing capacity in general practice could enable longer appointments as standard - an important step toward improving communication with patients living with chronic pain.

The inclusion of diverse resources addressing emotions, stress and relaxation, nutrition, sleep, relationships, activity, and mindfulness is also appreciated. However, we question the practicality of expecting GPs to refer to such comprehensive guidance during a typical consultation. It may be more effective to compile these resources into a printed leaflet or

document that can be provided to patients, allowing for appropriate and accessible signposting.

Pharmacological management

Question 4a

Do you agree with our recommendations for the use and review of medicines used to treat chronic pain?

Yes

No

Not sure

Question 4b

To what extent do you agree with these recommendations?

Strongly agree

Mostly agree

Mostly disagree

Strongly disagree

Question 4c

Please tell us more about your views on our recommendations.

RCGP Scotland supports the guidance's recommendations on the use and review of medications for chronic pain and acknowledges the robust evidence base underpinning these recommendations. We particularly welcome the use of Numbers Needed to Treat (NNT) to convey the effectiveness of interventions, and the nuanced approach that recognises some drugs may have a low NNT yet still pose significant risks. In such cases, it is essential that ineffective medications are discontinued to avoid unnecessary harm.

We endorse the guidance's position that opioid treatment should only be considered once all other therapeutic options have been fully explored, and then only for short-term use. Regular reviews of patients receiving opioids are standard practice, helping to minimise harm, monitor for adverse effects, and ensure ongoing effectiveness.

It is vital that patients starting opioid treatment are informed that if their pain remains severe despite medication, this indicates the treatment is ineffective and will be stopped - even if no alternative therapies are available. These conversations can be challenging but are made easier when patients have continuity of care and can consult with a trusted GP. There is strong evidence that continuity of care improves adherence to medication advice.

Finally, we welcome the inclusion of Appendix C, the opioid dose conversion chart, which provides the equivalent dose of 10mg oral morphine sulphate. This will be a valuable resource in busy general practice settings.

We are delighted that environmental sustainability is included in section 5 and hope that this approach is also included within the formularies that clinicians refer to when making prescribing decisions, making it simple for people to understand associated risks and make responsible choices.

Opioid stewardship and deprescribing

Question 5a
Do you agree with our recommendations for opioid stewardship and deprescribing for chronic pain.
Yes
No
Not sure

Question 5b
To what extent do you agree with these recommendations?
Strongly agree
Mostly agree
Mostly disagree
Strongly disagree

Question 5c
Please tell us more about your views on our recommendations.

RCGP Scotland is fully supportive of the recommendations made in section 10 opioid management and general principles. The guidance clearly demonstrates that there is little benefit of opioid prescriptions for long term chronic pain while recognising that reviewing patients on opioid for this reason is important.

We particularly welcome the suggestions of how to achieve a practice wide opioid deprescribing strategy, including the adoption of a whole team approach, meetings of the multi-disciplinary team (MDT) to highlight chronic pain management resources. It is our view that Appendix D: example GP practice policy for opioid deprescribing in chronic pain represents a reasonable starting point for GP practices wishing to adopt a practice wide approach.

RCGP Scotland has long campaigned for risks at the primary and secondary care interface to be addressed and we welcome section 10.15 recognising the importance of clear communication across the interface. We continue to believe that every Health Board should have a mandatory interface group that is fully resourced to tackle issues at interfaces of care to improve outcomes and reduce risks when transitioning between primary and secondary care.

Resources for practitioners and people with chronic pain

Question 6a
Are you aware of any other resources that practitioners or people with chronic pain may find useful?
Yes
No

Question 6b

If you're answer to question 6a was yes, please list any other resources that you are aware of.

The Vision Guideline for chronic pain- see https://apps.nhslothian.scot/files/sites/2/Vision-Guideline-for-Chronic-Pain-March-2023.pdf

The MAPS resource, developed by Alistair Appleby, which was supported by the Scottish Government through the "Realistic Medicine" initiative
There are copies of resources for patient and GP still available here:
https://aviemoremedical.co.uk/chronic-pain/

West of Scotland mindfulness resources (12 languages available):
https://www.paindata.org/selfmanagement.php

Implementation of this guidance

Question 7a

Do you feel there are any barriers to implementing the recommendations from this guidance?

Yes

No

Not sure

Question 7b

If you answered yes, how do you feel these barriers could be addressed?

As previously highlighted, general practice is facing a crisis after years of underinvestment, which has directly affected the capacity of the workforce to meet rising patient demand. Consultation times are often too short, limiting GPs' ability to provide comprehensive, whole-person care. With sustained investment and a coherent long-term workforce strategy, general practice could offer longer appointments for all patients living with chronic pain, ensuring their needs are fully explored and addressed.

We welcome the guidance's emphasis on the deprescribing of opioids for chronic pain and its acknowledgment of the challenges this process presents for both practitioners and patients. A public awareness campaign on chronic pain would be a valuable step forward – enhancing understanding of the condition, its management within general practice, and helping to set realistic expectations for patients.

Question 7c

What do you feel are they key factors that will enable successful implementation of these recommendations?

Integrating decision support within our electronic systems, such as through the use of the right decision service.

Question 8

Do you have any further comments on this prescribing guide?

NA.