Consultation Response:
Quality Prescribing for Chronic Pain

31/10/25

Introduction

Voluntary Health Scotland is a national charity funded to represent the contribution and interests of third sector health organisations. We also manage the Scottish Community Link Worker Network – a core model for social prescribing through general practice in Scotland. As such, we are particularly focused on the non-pharmacological approaches detailed in the Quality Prescribing for Chronic Pain draft guidance.

The community link worker model has considerable benefits as an intervention for chronic pain. Community link workers support people to set goals for their management of chronic pain and respond to the wider side-effects of chronic pain for mental health and social connection.

However, we would advise caution in referring to social prescribing models in such clinical guidance without recognising the considerable challenges many social prescribing services are facing at present. The current provision of social prescribing models is inconsistent, with many experiencing unsustainable funding arrangements. Recognition of social prescribing as a positive addition to treatment pathways for chronic pain is welcomed, but this must be backed up with a commitment to sustainable investment.

We have chosen to answer Questions 3a, b and c.

About Us

We are a movement for health creation working to reduce health inequalities to enable the people of Scotland to live well. We believe that health is more than the absence of illness, and together with our members and partners we champion this belief. We collaborate to provide the national voice for third sector health organisations in Scotland.

Through our policy work, VHS seeks to ensure that the experiences, knowledge, and interests of our members and stakeholders are reflected in national decision-making about health inequalities and health creation. We regularly consult with our members to ensure that our

policy voice and priorities are reflective of their views and interests. We also ensure that our members are informed about relevant policy developments through accessible communications and events, and that they are aware of opportunities to influence decision-makers individually and collectively.

Consultation Questions

Question 3a: Do you agree with our recommendations around using non-pharmacological approaches to managing chronic pain?

Yes

Question 3b: To what extent do you agree with these recommendations?

Agree

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

We welcome the recognition in the draft Quality Prescribing for Chronic Pain guidance of the importance of non-pharmacological approaches to treating chronic pain. We agree with the recommendations in the guidance around self-management, goal setting, and utilising local 'social prescribing and community resources', albeit with several important caveats.

At Voluntary Health Scotland we manage the Scottish Community Link Worker Network (SCLWN). There is clear evidence that self-management approaches recommended by Community Link Workers (CLWs) are important for improving quality of life for people living with a range of health conditions, including chronic pain. These include practising mindfulness, increasing physical activity, and promoting opportunities for community connection.

The Scottish Community Link Worker Network is recognised by the government as an important community-based model for secondary and sometimes tertiary prevention. This comes at a time where the Scottish Government is recognising the need to prioritise preventative solutions. The Population Health Framework, published in June 2025, expresses the need for a *'whole system response in which prevention is embedded across all parts of government and all sectors'*. Similarly, the Health and Social Care Service Renewal Framework, also published in June this year, identifies prevention as one of its 'renewal principles', and further states that *'with growing demand for services, increasing health*

challenges, and financial pressures across the system, investing in prevention and early support has never been more important'.

In late September 2025, Voluntary Health Scotland co-published a Joint Statement on Prevention which responds to the aforementioned policy Frameworks. It identifies the need for clear definitions of prevention and sustainable investment in third and community sector prevention activity. Alongside the joint statement, a number of case studies for the different types of prevention were published including one recognising Community Link Working as a secondary prevention activity. In an accompanying case study of CLWs in Clackmannanshire, it states that community link working *'widens choice and control through signposting to third sector organisations and statutory agencies'*, which leads to a *'significant reduction in visits to GPs and other primary care staff'*.

VHS representatives engaged with two CLWs about the draft guidance. They spoke about the support they had offered individuals with chronic pain, including people with fibromyalgia. They reflected that chronic pain often leads to other health risks, including anxiety, depression and social isolation. Non-pharmacological approaches can support a holistic approach to the treatment of chronic pain that also targets the wider side-effects.

One CLW, who is a recognised 'Pain Champion', shared that she regularly refers people to local sport and leisure activities, including to an 'Active Options' accessible exercise course. She regularly attends the first exercise class with people who are experiencing anxiety, helping to ensure that they are supported to access and sustain an activity that benefits their wellbeing. Another CLW reflected that the longer appointments they can offer compared to many general practice clinicians allows them to build rapport and to respond in a more holistic and empathetic way.

A key element of the community link working model is referring people to wider resources which support self-management. One CLW shared that she regularly refers people to Pain Association Scotland and Pain Concern – two Scottish third sector organisations. Charities specialising in chronic pain greatly support self-management by providing tailored advice, opportunities for peer support, and accessible resources for goal-setting.

For all of the reasons stated above, we agree with the recommendations for non-pharmacological interventions in the draft guidance, particularly those related to social prescribing and community resources. However, we are unable to state that we 'strongly agree' due to the inconsistent roll-out of the community link worker model in Scotland, as well as the pressures experienced by many CLWs and the wider third sector in general who form many of referral pathways for CLWs. Without a clear approach to social prescribing or appropriate investment in the model, inclusion of 'social prescribing' in the guidance could add pressure to an already stretched CLW network.

The Population Health Framework has committed to 'Preventative Investment' which includes *'developing, trialling and implementing new resource allocation approaches and tools in health and social care that prioritise prevention and upstream investment'*. It has also committed to the development of a National Social Prescribing Framework to increase visibility and access of social prescribing models like community link working These are, of course, welcome developments that VHS are keen to support. But the reality on the ground currently is that third sector preventative or non-pharmacological interventions do not often receive sufficient public sector investment, nor are they consistently treated as an equal partner.

Where CLW provision exists, CLWs have varying experiences regarding case load, training, and levels of interaction with general practice clinicians. This has led to community link worker provision that often has excellent outcomes, but that is inconsistent in approach and not universally available to all. In our discussion with CLWs to inform this response, one stated that *"I don't talk to the GPs, we just get the referrals"* whilst the other stated that *"if I have any questions and it's a GP that I speak to quite regularly I'll maybe chap on their door if I do have a question or maybe they'll chap on my door if they want to discuss a case."* This is indicative of the different approaches to community link working that exist across Scotland.

This is further reflected in the SCLWN 2025 survey which found a *'high degree of variance across the country'* regarding the training offered to CLWs. Many CLWs stated how valuable they find the training and knowledge exchange opportunities provided through the SCLWN, and one respondent expressed that they would *'like a universally recognised qualification'* to be introduced for CLWs.

The lack of a national model for community link working, and the resulting variation in CLW experiences, give us cause for hesitancy in agreeing strongly with the inclusion of social prescribing in the guidance. We are, of course, fully in favour of any recognition of social prescribing as a non-pharmacological intervention for chronic pain. However, the current piecemeal provision has created a landscape where community link working is not fully understood or appreciated by clinicians. One responded to the 2025 survey stated that:

"Having a clear consistent identity that is easily understood and communicated to the public and other professionals [is one of the biggest barriers I face]."

Despite this variance, almost all CLWs share the experience of unsustainable, short-term funding. In the 2025 survey of CLWs, many expressed frustration that their pay was not reflective of the complexity of their roles. One respondent further stated that:

"It's taken a while to become an established and valued service in GP practices - the year-to-year uncertainty of funding undermines the need for long-term consistency."

Without appropriate investment in the CLW network in Scotland, and commitment to ensuring universal provision, we are reluctant to 'strongly agree' to guidance that could add to the workload of a network that is already stretched.

Another important consideration regarding 'social prescribing and community resources' as a non-pharmacological intervention for chronic pain is the considerable pressure currently experienced by the wider third sector in Scotland. The latest findings from SCVO's Third Sector Tracker from Spring 2025 found that 81% of third sector organisations have been facing financial-related challenges – a 10% increase from Spring 2023 – and 37% are operating with a budget deficit. As a result, many third sector services have reduced their capacity or have stopped services altogether.

This has had a considerable impact on the available referral pathways for CLWs. In the 2025 survey, many CLWs shared that they have fewer services to refer people to, or that they are having to contend with much longer waiting times for community services. This impacts their ability to provide timely support to people, and effectively manage their caseloads. One respondent stated that:

"The role is generally very good but the capacity of the service environment to support the community that we refer patients into is decreasing significantly."

These wider pressures facing the third sector are another reason for our hesitancy in stating that we 'strongly agree' with the non-pharmacological approaches detailed in the draft guidance. In our Manifesto for Health Creation, we have called for greater parity for the third sector as an equal partner in the delivery of a range of health services, particularly those that are preventative and community-based. We have also called for Fair Funding for the third sector, including multi-year pay awards and inflationary uplifts. If third sector services are included as a potential referral pathway in any clinical guidance, therefore, this should be accompanied by a firm commitment to sustainable investment in the sector.

Conclusion

To conclude, we welcome the inclusion of local social-prescribing and community resources as a valuable referral pathway for people living with chronic pain. There is clear evidence, through the Scottish Community Link Worker Network, that social prescribing is an effective intervention that promotes self-management. However, it is vital to ensure that such valuable social prescribing models, and wider third sector referral partners, are afforded

sustainable funding. Otherwise, their inclusion in clinical guidance could add demand to an already stretched sector.

Further Information

If you require additional information about any of the points made in this response or if you would like to discuss them further, you can contact our Policy and Public Affairs Lead, Sarah Latto, by emailing sarah.latto@vhscotland.org.uk.