

## Andy Kerr MSP for East Kilbride Constituency

Mr Paulo Quadros 9 Station Road Strathaven ML10 6BT

> Our Ref: 01110264 Please quote on all correspondence

> > 11 March 2011

Dear Mr Quadros

Further to my letter of the 7<sup>th</sup> February, I **enclose** the response I have received from Shona Robison MSP, the Minister for Public Health & Sport.

Obviously you will wish to consider Shona Robison's letter in some detail. If having done so, you wish to come back to me on any of the issues raised in the letter, please do not hesitate to get in touch.

Yours sincerely

Andy Kerr

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Andy Kerr MSP The Scottish Parliament EDINBURGH EH99 1SP

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Thank **you** for your letter of 7 February 2011 about early management of persistent non-specific low back pain.

I am aware of the NICE publication of National Clinical Guideline 88 on Low back pain published in May 2009. As you will be aware, NICE Clinical Guidelines have no formal status in Scotland as the Scottish Intercollegiate Guidelines Network (SIGN) has responsibility for producing clinical guidelines in Scotland.

NHS QIS have established a Scottish Chronic Pain Steering Group to take forward recommendations in the Getting to GRIPS Report. Part of this work will be to develop a SIGN guideline on aspects of chronic pain management. The scope of the guideline is currently being agreed, but will take into account a range of evidence, including relevant NICE guidelines.

NHS Boards in Scotland are responsible for providing NHS services in accordance with national and iocal priorities and in line with the health needs of the population. Decisions regarding the care of individual patients are a matter of professional judgement for the clinician responsible for the patient's care. We recognise that complementary and alternative therapies may offer relief to some people suffering from a wide variety of conditions, and it is open to NHS Boards in Scotland to make such services available based on an assessment of needs within their respective areas.

Guidance issued to NHS Boards in August 2005 sets out the framework for the provision of these services in the NHS. This guidance is available from

<u>http://www.sehd.scot.nhs.uk/mels/HDL2005\_37.pdf</u> The guidance makes clear **that, if they choose to** refer a patient for alternative treatment, the GP or hospital clinician would "require to be satisfied of the value of the treatment and the competence of the practitioner, and would remain responsible for the patient's care".



We are aware of the Complementary and Natural Health Council's work in England and are monitoring their progress with interest.

Best inter, Shora.

SHONA ROBISON

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