

## Consultation response

**Question 1: We would like to know in what context you are responding. Please choose one of the following:**

I am responding as:

- a) an individual who experiences chronic pain
- b) a family member or carer of someone who experiences chronic pain
- c) a health professional
- d) an organisation representing people who experience chronic pain
- e) other stakeholder (please tell us in the comments box below)

Scientist in the field: my research concerns the epidemiology, underlying disease mechanisms and rehabilitation interventions for chronic musculoskeletal conditions, including fibromyalgia / chronic widespread pain, osteoarthritis and other forms of arthritis.

**Question 2: Please choose your preferred option (Chapter 2 provides details).**

- Option 1 – a centre of excellence in a single location
- Option 2 – a service delivered by local chronic pain clinicians (supported by other clinical advisors in another part of the country)
- Option 3 – a service delivered in different locations (by a team of chronic pain specialists – an outreach or roving service)

Please tell us why this is your preferred option in the comments box below. The factors listed in Chapter 2 of the consultation paper may help you.

High-end care for chronic pain patients must be based on highly-specialised expertise and skills and full dedication to this patient group. Only in a centralised setting can this be achieved. A fragmented service is unlikely to be delivered by clinicians, allied health professionals, psychologists and social workers who are truly immersed in the needs and treatment of this particular patient group.

Additionally, a centre of excellence is the best place to move forward the care for the wider population of chronic pain sufferers (people without the specialist needs of the most severe sufferers, but still with considerable unmet health care needs themselves). Any service that is more geographically spread is highly unlikely to become this much needed focal point for chronic pain care in Scotland.

**Question 3: Are there any of the options you disagree with?** (If No, move straight to Question 4.)

**If yes, please tell us which one(s) in the comments box, and why?**

Outreach services or smaller localised centres could have additional benefit but as the main solution it is my opinion that they would fall short of required service levels, and would not be able to fulfil the leading role in the development of chronic pain care programs that is needed.

**Question 4: If you have other ideas that have not been covered, please tell us about these in the comments box below. You may want to include the advantages and disadvantages of each.**

Comments (box expands with text input - there is no word limit)

**Question 5: What do you think the barriers are to accessing a residential pain management service? (For example, distance away from family, work or family commitments, upfront travel costs.)**

**Please list as many as you wish in the comments box below and include any others that are important to you.**

The main barrier will be the absence of appropriate pain services at primary and secondary care level in large parts of Scotland. The consultation brief and other related documents envisage that patients migrate through lower level services to the point where they are referred for residential care. However, in the absence of these services it is unclear how patients would have access to this facility.

Secondly, it should be noted that very few patients access the currently available option in Bath, and this may shape discussions on the needed capacity for the Scottish centre. The experience with the Bronllys centre in Wales suggests that a capacity of up to 200 patients/year would be needed. Any less, and it is likely that waiting lists for the new centre would exceed current Scottish Government guidelines.

**Question 6: Please choose from the list below which aspects of residential pain management services should be included in a Scottish service.**

(choose as many as apply)

- |  |                          |
|--|--------------------------|
| A chronic pain assessment                            | <input type="checkbox"/> |
| Supported one to one sessions to teach coping skills | X                        |
| Group sessions                                       | X                        |

|   |                          |
|---|--------------------------|
| Residential accommodation   | <input type="checkbox"/> |
| Opportunity for immediate carer/support provider to accompany patient | X                        |
| Peer support  | X                        |
| Tailored exercise programme   | X                        |
| Medication assessment   | X                        |
| Other (please tell us in the comments box below)                      | X                        |

Systematic evaluation (pre-, mid- and post-program) to identify the effectiveness of the treatment.

Re: non-selected boxes: when patients get to this stage, an actual chronic pain assessment will be largely uninformative. Their health issues will be severe, and only weakly linked to the actual severity of their pain or fatigue. Accommodation could be provided in a hotel near the clinical site which might be a more preferable option, giving patients the opportunity to wind down in a different setting after a long, hard day of treatment.

**Question 7: Irrespective of the final service model selected, should access to the current service provided in Bath (or elsewhere in the UK) be retained for occasional use?**

Yes  No X Don't Know

**Question 8: Have you previously attended, or supported someone attending a residential service outside Scotland?**

Yes  (please answer Question 9)

No X (please move straight to Question 10)

**Question 9: If you have attended, or supported someone attending a residential service outside Scotland, please tell us about any advantages and disadvantages of the experience.**

**Question 10: If you, or someone close to you, has been offered but declined a residential service outside Scotland what were the reasons for this?**

**Question 11: If you wish to add any further comments on issues raised in the consultation paper or current chronic pain services in Scotland, please use the comments box below.**

In many ways the residential centre is akin to tiling the roof of a house with one wall. As mentioned above, current service provision for chronic pain patients is patchy to non-existent at primary and secondary care level in many parts of Scotland. A high-end residential service will cater for a limited number of patients with the most severe problems, but will be largely irrelevant to the wider population of patients, who are still faced with considerable health challenges due to their chronic pain.

To increase the relevance of the centre, it should take a lead role in driving forward improvements in non-residential care, by reaching out to primary and secondary care clinicians.

To achieve this, the pain centre would have to be a focal point for scientific and clinical excellence (knowledge, experience, skills), providing tailored education to NHS staff and driving policy change that must benefit the wider patient population. To this end, the centre should have close ties not just with NHS clinicians but also with university departments (medical schools, health schools including physiotherapy, occupational therapy, psychology). Glasgow would be ideally placed, providing all of the aforementioned through the University of Glasgow and Glasgow Caledonian University. I am not familiar with the situation in other cities, so can't comment on whether a similar closeness and inclusion could be achieved elsewhere.