

## 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)

Conflict of Interest Statement: Member of UK MHRA Expert Advisory Group for Pain, Psychiatry and Neurology. I am not involved in any research which might be funded in the context of this response, although I have published on the problem of chronic pain in multiple sclerosis.

**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.

Chronic pain is a difficult and disabling condition that causes much suffering, limitation to quality of life, and is economically important. There is no doubt that this is an underserved group of patients. It is therefore important that resources are deployed where they can be most effective, and this requires information, and research, into the relative efficacy of the different approaches offered. I am not aware that such research has been conducted or is underway, and SG would do better to commission such research than to go ahead on the basis of a ministerial statement.

I understand that the forthcoming SIGN guidelines will not consider management in secondary care; and the findings in the report "Getting to GRIPS with Chronic Pain in Scotland" do not mention either the lack of or a need for such a service.

It seems therefore that SG is proposing to do something because something must be done. This is not a good basis for cost effective investment in health care.

That being so, it seems that the most sensible option would be to augment current services (with recurrent funding, to allow capacity growth for specialist nurses, psychologists and physicians) rather than to provide a Tartanised version of an existing service at considerable cost; and at the same time to commission research into the most (cost) effective management strategies.

**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?**

See comments above

**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.**

If you don't know what works, and aren't prepared to find out, you will proceed in ignorance

**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.**

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

**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
- Supported one to one sessions to teach coping skills
- Group sessions
- Residential accommodation
- Opportunity for immediate carer/support provider to accompany patient

- Peer support
- Tailored exercise programme
- Medication assessment
- Other (please tell us in the comments box below)

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

**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  Don't Know

If there is evidence that it works

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

Yes  (please answer Question 9)

No  (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.**

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

**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?**

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

**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.**

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