

## 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)

Member of the Scottish Parliament who shadows Health and Wellbeing.

**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.

See accompanying letter – must be part of multi faceted approach.

**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?**

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

**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.

Cost of travelling and pain experienced during travel.

**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)

Other aspects of the above may be appropriate but I would have to defer to medical knowledge on this specific matter.

**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

**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?**

N/A.

**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)



19 SEP 2013

The Scottish Parliament  
Pàrlamaid na h-Alba

Room 2.10  
The Scottish Parliament  
Edinburgh  
EH99 1SP

17 September 2013

rec. 19/9

Mr Burns  
The Scottish Government  
Clinical Priorities Team  
Area GER  
St Andrews House  
Regent Road  
Edinburgh  
EH1 3DG

Dear Mr Burns

#### **FUTURE PROVISION OF SPECIALIST INTENSIVE CHRONIC PAIN MANAGEMENT SERVICES FOR RESIDENTS OF SCOTLAND**

I would appreciate if you would take this letter as a response to The Scottish Government's chronic pain consultation in support of a designated specialist service model complimented by provision from Health Boards and potentially a mobile service.

As a Co-Convenor of the Cross Party Group on Chronic Pain I welcome this consultation which follows on from the Cabinet Secretary for Health and Wellbeing's speech on Chronic Pain Services, 29<sup>th</sup> May.

As I said in the debate, the status quo is not an option for those estimated 800,000 Scots suffering from chronic pain. Chronic pain is sterilely described as "continuous, long-term pain lasting more than 12 weeks, or pain persisting after the time that healing would have been expected to occur after trauma or injury." This definition does not do justice to the hugely variable pain and suffering individuals can face – as seen from the scale of medical interventions that are currently available through NHS Scotland and provided for at the Royal National Hospital for Rheumatic Diseases, Bath.

It is unfortunate that having had the first debate on chronic pain in the very first session of the Scottish Parliament there has been no significant or material progress towards any kind of long-term relief or hope for sufferers. As such I support the creation of a specialist centre to care for Scottish patients who currently travel to Bath for treatment. I acknowledge that this is on average only 27 people per year, yet their suffering cannot be ignored in this consultation and nor can the detrimental effect which the 1,600 mile round trip to Bath presumably has on uptake of this service.

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The majority of chronic pain care is currently delivered through local facilities and this should complement any future residential service. Local NHS services – whether that is GP centred or inter-disciplinary – need reform if they are to serve the estimated 800,000 sufferers properly. Health Boards need to combat the cynicism which has grown up about the lip service that is paid to chronic pain services (10 out of 14 Health Boards do not record a budget for chronic pain treatment) and the variable treatment provided across Scotland.

Alternatively a mobile service was mentioned in the Cabinet Secretary's speech of 29<sup>th</sup> May and vaguely included in the consultation document, but there is a lack of detail about how this would provide care and the levels of funding needed to start up said service and what the proposed yearly running costs would be. It strikes me that this option – unlike in the speech of 29<sup>th</sup> May – is prevented as a complete alternative to a residential centre. It would be provided in sync with enhanced regional services rather than complimenting a new residential service.

If we are to move forward for sufferers of chronic pain, the Scottish Government should seek to implement a service akin to the Royal National Hospital for Rheumatic Diseases, Bath while ensuring that Health Boards improve upon their service with a standard level of care available across Scotland.

I hope that these comments and concerns are recognised in the consultation process and taken into account in any subsequent proposal.

Very best regards



**Jackson Carlaw MSP**  
**Deputy Leader, Scottish Conservatives**  
**West Scotland**

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