

## 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)

This response is on behalf of the Scottish Board of the Royal College of Anaesthetists

**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.

By having good quality local pain services, in all health board areas, patients should have much better equity of access. Regional centres could concentrate more specialised expertise, for patients with very complex problems. This hub and spoke type model would allow services to develop effectively at a local level. For the small number of patients where distant travel is an issue, then suitable accommodation could be provided for regional programmes (e.g. B & B as is done for the centre in Bath). There are a number of concerns about one national centre: 1. It may reduce local expertise and staffing availability; 2. for longer term support of a chronic condition, access to an excellent service locally would be better for patients. (There is an implication in the above choices that local centres cannot be excellent). 3. Delivery of appropriate training to ensure we have a future trained workforce would be much more challenging with only one national centre, with the current training structure. The practicalities of a running a roving service would be difficult, without any major benefit to patients.

**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.**

See comments above

**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.**

If we are aiming to support patients in self management, then taking them away from their usual environment may not be the most effective way to assist them in living as fully as possible when they get back to their home environment.

**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)

We don't support the need for a residential pain management service. If good quality services are provided as outlined in Q2 above then the numbers of patients requiring residential services is likely to be extremely small, and could be addressed by linking in with the national service in Bath. For centres where there are well established pain management programmes (such as Lothian) already exist, very small numbers of patients are currently referred to Bath (<1/year).

**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.**

This was for a patient from the Western Isle where travel issues were a major problem and nothing was available locally at that time.  
Advantage: access to pain management that wouldn't otherwise have been available.  
Disadvantage: Long term maintenance – no local support.

**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?**

NA

**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)