

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)

I am the clinical lead of the Glasgow Pain Management Programme. However, I am responding as an individual, not as a representative of NHS GG&C

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.

I feel it is important to build a specialist service with a nationally and internationally recognised depth and breadth of expertise. This centre could then offer training and support to a range of health care professionals, but it is necessary to have a critical mass of staff in one location in order for this to happen. Such a service could be integrated with the pain services available locally, thereby helping efficiency and costs through economies of scale. This is also likely to facilitate the development of services for minority groups within the pain population (e.g. adolescents and young people) who are served badly by current services 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?

I disagree with both options 2 and 3. Relying on local clinicians to deliver pain management to complex patients will not allow the development of the necessary set of skills to provide this type of service at an expert level. Speaking as someone who delivers a similar service, I am aware of how long it took my colleagues and I to become well versed and practised in the delivery of such material. I am sure that all of us who work on the Glasgow PMP feel that our skills have improved with repeated practise. Delivering this type of material infrequently will hinder the development of crucial skills at an expert level. I would also note that options 2 and 3 may both lead to long waits for patients as it will inevitably take time to accumulate enough patients in a single area to make it worthwhile to run a group. Option 3 may also prove unattractive to potential staff who would be asked to take on this role. It is currently already difficult to recruit staff from some specialities.

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.

I wonder if assessment clinics could be conducted more locally to patients' home addresses. This would involve a model that is a mix of options 1 and 3 and is less likely to affect staff recruitment and retention as it would only involve staff being away from home for a day or two. Similarly, there may be opportunities for follow-up sessions for patients completing the programme to be delivered locally by the team. This would ensure a degree of generalisability to the patient's usual domestic situation.

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.

Any centre is going to involve travel for patients. Whilst a Scottish centre may be easier to get to than one in England, it still may prove difficult for some patients to get to. Any such service should have a range of supported travel options for patients as some will be socially isolated and may not have informal support networks that can help with travel. Likewise, it may be useful to develop support systems for patients with family commitments. The residential facilities would have to be specified carefully for ease of access and availability of support for patients experiencing difficulties when away from their home and usual support networks of friends and families

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)

Sessions taking place outwith the hospital/service setting to include more normal activities (going out to eat, to shop or to the cinema, visiting a local gymnasium, building walking tolerances in more naturalistic settings. I have not checked that facilities should be put into place for carers to attend. However, I am equivocal about the usefulness of this being offered. Certainly, I would back some arrangement being put into place for carers to be able to help their family member or friend get to the service safely and to ensure that carers have some education in the pain management approach. I am not so certain that carers are required to be there all the time, unless the patient has very significant needs for support with their day-to-day functioning. Perhaps such patients are best seen in groups with similar needs in a more intensive setting. Such groups could be run on an infrequent basis with more healthcare support.

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?

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.

What isn't really clear is the likely demand for such a service. It may be that a specialist service in Scotland will be more popular with patients and referrers than the current arrangements and that pent-up demand will become apparent. That's why it is difficult to answer some of the consultation questions definitively.