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?

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.

Options 1, 2, and 3 should not be viewed as mutually exclusive. There are also advantages to be seen stemming from a domiciliary visiting service within reasonable driving distance from the patient. Much can be learned, especially in an initial assessment, about the patient’s home environments and circumstances, and allaying their fears about being left to cope on their own without further help and support.
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.

Residential pain management services are expensive, and may induce patient dependency. They also suffer from long-waiting lists, insufficient numbers of beds, and inadvertent bed-blocking. However, a certain proportion of patients do need more comprehensive treatment, with appropriate follow-up over a longer period.

Upfront costs which cannot be reimbursed to the patient is also a barrier.

Another separate concern is that some patients are treated in such a way that their problems come to be over-medicalized, in that what they most need is improved motivation to change related problem areas, e.g., weight management, lack of appropriate exercise, hidden addictions, passivity, anxiety, depression, etc.

Well-trained physiotherapists have much to offer, though the best of them are not employed by the NHS. Because there are not enough of them, their services and treatments are hard to access, there is a waiting list problem, and NHS physios try to discharge patients too soon. They have also not kept pace with up-to-date treatment modalities.
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)

**INPUT FROM CLINICAL PSYCHOLOGY ASSESSMENT AND TREATMENT, ESPECIALLY FROM CLINICAL PSYCHOLOGISTS WITH SPECIALIST EXPERIENCE IN REHABILITATION.**
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 ☐ FOR THOSE WHO CAN MANAGE TO GO THERE, AND GENUINELY WISH TO DO SO.

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.
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.

(End of questions. If you require more space to write answers, you may submit as many additional pages as you wish. If doing so, please clearly state the question numbers that your answers relate to.)