

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 have been interested in the treatment of chronic pain for years. I suffered 24/7 chronic pain in the past for about two years – i.e. caused by a slipped disc. My GP misdiagnosed me for about nine months. He then referred me to a consultant who diagnosed a slip disc and sent me for physiotherapy. My GP then refused me further help and would only give me paracetamol, no matter how much I pleaded with him. I was still in agony and could not understand why some people consider suicide because there was simply no relief. I asked my GP if I could try an osteopath who was well-known in Glasgow at that time. My GP told me not to go near him because he was a “quack”. But I was in such pain that I ignored him – and the osteopath’s 15-minute treatment put my disc back at last. And it was a painless treatment. Far too many of today’s GPs still have blinkered ideas about alternative medicines or procedures. Some seem to think they know it all. Some still believe that chronic pain can only be treated with pills. Some do not refer patients to pain clinics. Patients continue to live agonising lives, probably much worse than I ever suffered – waiting and waiting for the sluggish NHS to get its act together. Consultants in the NHS should hang their heads in shame that it has taken so long.

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.

Option 1 is the only sensible choice in my opinion. A single centre of excellence must surely be the best option because all the chronic pain experts and trained staff will be under one roof. Patients will have confidence in such a centre. They will not have any confidence in the other two options. The other two options sound vague to me.

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?

As stated above, the other two options are non-starters. Isn't Option 2 what we are supposed to have at the moment? Option 3 would be nonsense – pain experts coming in your area one day/week/month – then gone the next? A total farce.

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.

No other ideas – Option 1 would be ideal.

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 | <input type="checkbox"/> |
| Supported one to one sessions to teach coping skills | <input type="checkbox"/> |
| Group sessions | <input type="checkbox"/> |
| Residential accommodation | <input type="checkbox"/> |
| Opportunity for immediate carer/support provider to accompany patient | <input type="checkbox"/> |
| Peer support | <input type="checkbox"/> |
| Tailored exercise programme | <input type="checkbox"/> |

Medication assessment x

Other (please tell us in the comments box below) x

I hope travel and food expenses will be paid in advance so that patients will not be out of pocket. People on benefits may not be able to pay for travel to a centre. These people must not be excluded.

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 x 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 X (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.

N/A

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.

I hope no one in the Government or NHS will drag their heels in creating this centre. Scotland needs this centre up and running as soon as possible.