

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)

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

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 think this is the most sustainable and realistic option, whilst at the same time allowing patients to have the recognition that their condition is being taken seriously with a 'centre of excellence'. It will mean that all patients in Scotland will have access to the same high quality service and staff will be specialised very specifically in this area.

Whilst this option does take the patient out of their own environment for a period of time (which I believe takes away some aspects of working on self management strategies) it will allow for a consistent and continuous service for all patients in Scotland.

I think any 'centre of excellence' needs to be linked with a recognised and existing pain service/PMP to ensure that appropriately experienced staff are involved.

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 do not think option 3 is sustainable as recruitment and retention of specialist staff over time would be very difficult as realistically staff would be staying in a different location every 3 weeks. Also how long would it take to get enough patients in one area for a group to run? Therefore some patients would very likely wait more than a year for a service to run. If you look at GG&C it can take around a year to get enough patients suitable for a group to run in Clyde (which has a reasonable population and referral rate). Rural patients regardless of options 2 or 3 will still have to travel and require accommodation – would having to find a number of sites throughout Scotland that are suitable for this pose more challenges?

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.

Distance and travel will always be an issue in Scotland as many people live in rural or semi-rural areas and so I think key to option one would be a service located in an area with the best transport links for all whilst being in an area with an established PMP currently.

Taking patients away from their homes and own environment can also be challenging as they may find that being away from daily stresses is helpful when on the programme – but on completion and return to the programme they are back in this environment. One of the benefits of options 2 and 3 are that patients can return home more often and thus some of these daily challenges can be addressed better on the programme.

With all options I think it may need to be explored that clinicians (even for option one) have some ability to travel to patients for the multi-professional assessment and that all options need some flexibility (and funding) for staff 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)

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

Don't see a need for this – new programme should provide all that Bath offers.

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.

I know that tele-health type services have been suggested in various reviews. For this approach I do not think that it would work as consistently patients report that the 'power of the group' and meeting others is something they gain significantly from. Even to have clinicians remotely would lose much of the group dynamics.