

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 x
- 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 x
- 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 don't think 3 practical in particular with respect to staff retention. 2 is unlikely to be of sufficient quality or frequency in a relatively uncommon need. My service may see 1000 new patients annually but only a small proportion currently require residential pain management, many more require a pain management program but have no access. 2 could also impact adversely on the local provision of pain services by dragging personnel away.

Question 3: Are there any of the options you disagree with? (If No, move straight to Question 4.) **Yes**

If yes, please tell us which one(s) in the comments box, and why?

I disagree with 2 or 3 for the reasons 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.

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.

The biggest barrier is making the commitment by the patient.

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 | x <input type="checkbox"/> |
| Supported one to one sessions to teach coping skills | x <input type="checkbox"/> |
| Group sessions | x <input type="checkbox"/> |
| Residential accommodation | x <input type="checkbox"/> |
| Opportunity for immediate carer/support provider to accompany patient | x <input type="checkbox"/> |
| Peer support | x <input type="checkbox"/> |
| Tailored exercise programme | x <input type="checkbox"/> |
| Medication assessment | x <input type="checkbox"/> |
| Other (please tell us in the comments box below) | <input type="checkbox"/> |

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

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 (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.

I have supported them as a clinician, in flagging it up as a way forward, explaining and reassessing afterwards. Common responses afterwards are "it was fantastic but very hard work," I learned so much etc .. Yes there is a drop out rate, yes there are people who do not gain from programs, however in general it arms them for the future of a life with pain.

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?

Patients decline for various reasons (travel, fear, comprehension). Mostly they are not ready to engage in the process and they would decline wherever the Pain Management was offered, residential or not.

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 wish to comment around qu. 7 which does not have a comments box. It will be a disadvantage for some Scottish patients if reasonably easy access to Bath is not retained. This is particularly the case for children and for CRPS (Chronic Regional Pain Syndrome).
Bath have built up over time a model which does not exist elsewhere, and probably cannot presently exist elsewhere as there is not sufficient clinical material (patients) to gain the expertise.
Pain Management Programs are not one size fits all. I fully agree that more could be provided in Scotland including the tip of the iceberg of a residential set up which this consultation is about.
A Scottish residential setup should gain experience and initially provide basic pain management in a residential setting, not leap into the deep dark waters of paediatric chronic pain or severe CRPS. The resource for these should be concentrated to one UK centre to gain better patient outcomes, and prevent the revolving door.