

## 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)

Physiotherapy Pain Association North – are regional group of the Physiotherapy Pain Association who are a professional network of the Chartered Society of Physiotherapy. We are constituted group who represent Physiotherapists with an interest in chronic pain and pain management in Scotland and the North of England.

**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.

- Travelling  
If it is located in the central belt what would be the difference of travelling from a northerly location in the Highland to Bath or the central belt in terms of cost or convenience for patients?  
Apart from the disadvantages of travelling and distance during the programme there is an issue of maintenance during follow up. For many PMP's maintaining gains made after completion is the most challenging aspect. It is more difficult to maintain gains and achieve consistency if the programme has not been delivered locally.
- Locally based PMP  
Would have the advantage of reducing travelling and costs for patients who would otherwise need to travel.  
A local context carries more meaning for patients and would improve carry over and maintenance of gains in the long term, once the programme is completed.

Locally based clinicians would have improved awareness of local circumstances, client groups and issues

- Local Clinicians  
Upskilling local clinicians would benefit patient care across Scotland not just in a specific location. Upskilling local clinicians to improve patient care would support the Scottish Government's pain agenda. There would be an improving of links with clinicians across the country.
- As I understand it just now most referrals to Bath come from boards that do not provide a PMP themselves. So what we do not know is that of those that currently get referred down to Bath, how many would have been able to attend a local PMP if there was one provided?

**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?**

We disagree with option 1 for the reasons we support option 2 i.e. a specific location is disadvantageous for patients who will still have to travel a significant distance to any fixed location in Scotland. There are significant advantages to a locally based programme provided by locally based clinicians both in terms of during a programme and follow up and maintenance.

**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.**

Our main comment has been of the patients that currently get sent to residential programmes in England or Wales how many are sent from health boards that do not currently provide their own programme?  
And if there was a locally based option would they be eligible for that rather than the cost and disruption of travelling a very long distance?

**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.**

**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)

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  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.**

We have some experience of supporting individuals following their attendance at residential programmes. What we have found in common is

the transition from a remote specialist centre to their home or domestic circumstances is poor. What is important in a pain management programme is the ability to practice new skills in their home environment or social situation and make mistakes and problem solve. This is aided if it is done with the support of locally based clinicians. The patients who have been on residential programmes learn or practice their skills in an environment that bears little similarity to the one at home. It is therefore of little surprise that transition from a residential centre where there is few of the day to day distractions that are problems at home is not always as successful as expected.

**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.**

A programme at this level would also benefit from links to vocational rehabilitation, links into the community and local resources.  
A local programme would also allow closer liaison between clinicians and GP and which may also be beneficial to the patient.