

## Preferred Option

### Question 1: Which is your preferred option?

- Option 1 – Designated specialist service model x
- Option 2 – Development of a national Managed Clinical Network
- Option 3 – Participation in a national Multi-Disciplinary Team
- Option 4 – Development of a Regional approach

We would like to better understand the reason why you have chosen this option. The following questions aim to provide you the opportunity to provide further information in support of your choice.

### Question 2: Do you consider that your preferred option will offer superior clinical outcomes?

Yes  No

### Question 3: Do you consider that your preferred option will offer increased cost effectiveness?

Yes  No

**Question 4: Do you consider that your preferred option is the best model in achieving a service which is deliverable?**

Yes  No

**Question 5. Do you feel that your preferred option will offer most benefit to the wider delivery of chronic pain management services in Scotland, for example the opportunity to develop skills?**

Yes  No

If you have answered No to any of the questions above, please provide your reasons in the box below.

Comments are also welcomed here if you feel that any of the other options (please state which) would meet the needs described at Questions 2 through 5.

Comments

**Question 6: Are there any other options which you feel should be considered that have not been included in the options presented?**

Yes  No

**Question 7: Are there any other elements which should be included in a SIPMP which have not been identified in the current model?**

Yes  No

If you have answered Yes to Question 6 and/or 7 – please provide further information in the box below.

Comments

### **Equity of Access**

A key aim of developing services is to ensure that there is equity of access across Scotland. Information at pages 11-12 of the consultation paper provides explanation of some of the points to consider. A full Equality Impact Assessment (for further information, please see Chapter 5 of the consultation paper) will be carried out on the preferred option identified through this consultation. To help inform this assessment, the following questions aim to seek views in this area.

**Question 8: What are your views on using tele-health facilities to**

**access / consult with specialist pain clinics?**

Comments Much of the empowerment of people with pain conditions is the support they gain from the group, this would be diluted if these facilities were utilised

**Question 9: What consideration should be given to potential travelling time / distance / costs? For example, how far/long would it be reasonable for someone to travel to access a SIPMP?**

Comments Anywhere is preferable to travelling to the South of England but a centre that has proven transport links particularly from those coming from the Islands must be taken in to consideration, an airport that receives flights from the majority of areas would be preferable to car travel and a national rail network is imperative.

**Question 10: Is it reasonable that participants wait longer to access SIPMPs if delivered in Scotland because of smaller numbers of referrals?**

Yes  No

Comments Participants already wait, if an explanation is given and a time limit is set as is done in regional PMP's before a reassessment is required.

**Question 11: What would be an acceptable time to wait to ensure that a participant joins the most appropriate SIPMP, for example one that is age or condition specific?**

Comments 6 months

**Question 12: Should the current service provided in Bath be retained to ensure availability of patient choice?**

Yes  No

**Question 13: Should participants of SIPMPs be offered the opportunity for their immediate carer/support provider to join the programme?**

Yes  No

If you have answered Yes to Question 13, please provide further information in the box below. How do you feel the costs should be met – for example, through the NHS as part of the participants clinical costs, or through carer funding?

Comments A caveat to this should be that they are not involved in the

participants programme but could be provided with separate information and support as is done in the Glasgow PMP where an information session is provided for family and friends. A full multi disciplinary team is essential with overall responsibility for the service going to one manager/discipline, in my opinion this is best suited to the psychology based disciplines.

**Question 14: If residential accommodation is required to participate in an SIPMP, this would be considered by the Equality Impact Assessment. As part of this assessment, are there any points you would specifically wish to be considered, for example distance from the point of delivery, cost, type of accommodation?**

Comments Accommodation should preferably be close to the SIPMP to cut down on the impact further travel would have on the participants on a daily basis.

### Local Skills, Resources and Capacity

**Question 15: Options 2-4 provide three different models for the delivery of services at a local level. Do you feel that local teams have the skills, resource and capacity to deliver SIPMPs for Scotland locally?**

Yes  No

If you have answered No to Question 15, please provide additional comments in the box below. For example, did this influence the choice of your preferred option?

Comments Can't comment on skills, I suspect these are variable and so would influence outcomes, it is unlikely that anywhere at present has the capacity or resource currently without further investment. It is imperative that this investment is made at the beginning and a short sighted, cheap, quick fix is avoided as this will be unsustainable long-term and not provide an adequate service for participants and staff retention issues.

### Provision of Information

**Question 16: What level of information should be provided to a potential participant? For example, should participants of SIPMPs receive copies of the clinical guidelines used by clinicians?**

Comments Yes

### Commissioning and Governance

**Question 17: Are there any other safeguards that should be included in any other commissioning agreement, for example, travel costs?**

Comments clear protocols for all aspects should be developed before any programme commences. It is much harder to change and develop these once a service has been established.

### **Business Impact Regulatory Assessment**

Published with this consultation is a partial Business Impact Regulatory Assessment (BRIA) – for further information, please see Chapter 6 of the consultation paper. Once the preferred option is known, further consideration will be given as to the necessity (or not) of completing a full BRIA.

**Question 18: In terms of potential impact of the models described in this consultation, are there any comments you would wish to be considered in terms of impact on any organisation that may be affected? This could include public sector, private sector or voluntary organisations.**

Comments

**If you wish to add any further comments regarding the issues raised in this consultation paper, please use the box below.**

Comments