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)  

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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.

No preference
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?

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.
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)

**SUGGESTED**: An assessment of coping skills should be done long before being admitted to this type of establishment. This should be only for very serious cases.
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.
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?

[Blank space for response]

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.

1. Multiple pain seems to be the core reason - it needs given more priority.
2. Awareness of psychiatric need to combat depression, which might lead to prevent further ongoing to the suicide threats.
3. Needs to be a lead clinician to deal with patients after discharge - those with complex needs, multi-cause can be passed back for onward between doctors.
4. Needs to be a clear pathway for those for whom this is not the appropriate way to be dealt with. How are they to be helped?
5. Patients with chronic pain should have a regular, clinical review, not by a GP, but by a pain specialist.

(End of questions. If you require more space to write answers, you may submit as many additional pages as you wish. If doing so, please clearly state the question numbers that your answers relate to.)