

Question 1: We would like to know in what context you are responding. Please choose one of the following:

I am responding as:

- c) a health professional – consultant neurologist
- e) other – consulted with other neurologists in Scotland as neurology representative on SMASAC

Question 2: Please choose your preferred option (Chapter 2 provides details).

Option 1 – a centre of excellence in a single location

Please tell us why this is your preferred option in the comments box below.

Concentrating this service in a single location will help provide the breadth of medical, psychological, and psychiatric expertise this patient group requires. It will also allow the opportunity to expand the help provided into eg functional symptoms often spread across multiple systems.

There are centres carrying out research into basic mechanisms of chronic pain and tying in the work of the centre with clinical and preclinical research programmes may make sense.

Some respondents felt that some degree of outreach is essential – this unit will not work if patients are taken in and then cast out after a few weeks with no liaison provided with local rehabilitation, psychology and where appropriate psychiatry.

Question 3: Are there any of the options you disagree with?

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.

In addition to the psychological effects of chronic pain, many of these patients have a range of other symptoms that accompany their pain – neurological, gastrointestinal, urological, cardiological. We feel that provision of this residential centre would allow concentrated care over medium term stays.

Further, we wonder if the use of such a facility for patients with non-painful functional symptoms would be cost effective and clinically useful.

It was pointed out that military veterans are not currently provided with Scottish based rehabilitation services and that the remit of any new service may include treatment of those returning from active duty.

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)

- Physical rehabilitation and occupational therapy
- Psychiatry and psychological therapies

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)

John Paul Leach

Consultant Neurologist

Honorary Clinical Associate Professor

Jon Stone

Consultant Neurologist

Department of Clinical Neurology

Western General Hospital and University of Edinburgh