

## 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.

This is the model we currently have the best evidence for. The other options will lose out on the group dynamic to a degree, or expect professionals to be a 'travelling group' which I don't think is ideal. A central location should be workable for patients.

**Question 3: Are there any of the options you disagree with?** (If No, move straight to Question 4.)  
Both 2 and 3

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

For the reasons above in answer 2

**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.**

no

**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.**

Distance and difficulty travelling, knowledge of referrers, patient expectations, if costs are not covered, that is an obvious problem, the ability of patients to be away from their usual environment for 2-4 weeks. Another issue will be: how many patients will be referred? Will there be enough to run a program like this on a regular basis?

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

I haven't ticked the carer/support button as I think part of this requires the patient to be led to coping with less supports. Obviously if the patient cannot function without them, there should be provision. Also there should be guided session with carer/support workers to guide them on best how to help patients. There is good work coming out about mindfulness and ACT/CBT approaches, which are not simply 'coping skills' this should obviously be part of any program. As part of the initial chronic pain assessment a targeted information session (?group) should be arranged so

the patients' expectations are properly managed. There also needs to be a form of 'graduate follow-up' and a plan for ongoing support/advice (eg through PAS)

**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.**

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

**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?**

N/A

**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 think that this is a very good idea, although our current system of referral to Bath does work well for the patients who attend. We need to be clear that any system we set up is done properly, with adequate funding and is getting results similar to or better than the current leaders in this area, or we should be able to revert to the current system. The obvious ideal places for this to be situated would be in the central belt in the triangle between Glasgow, Edinburgh or Stirling to give the greatest access and transport hubs. Alternatively, there could be a north and south service to allow those up north disadvantaged by distance to have an easier time of it. (This is my least preferred option though)