

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.

Distance & associated problems with family
&/or work arrangements.

Cost is a major hurdle for many.

Nervousness about not knowing what to expect & for those who travel distances, the further the location from the patient, the less likely they will have family or friends visit.

Most people living outwith the central belt of Scotland have friends or relatives living there. That plus the fact the bulk of population reside there, indicates a single site, perhaps in existing building & in a city teaching hospital location offers advantages of easy (air) bus, train travel, & eventually ~~that~~ could be incorporated in the teaching curriculum in medical school.

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)

GPs employ a "scatter gun" approach to pain management. It is essential that sufferers of chronic pain received specialized tailor-made treatment.

Isolation can be a problem with chronic pain sufferers. Group sessions will have a positive impact. Individuals will realise they are not suffering alone. This, combined with one-to-one sessions, will encourage chronic pain patients to share coping methods.

For those with unremitting & life long disease which results in severe pain, a full 24 hour assessment of the individual will be possible & an appropriate regime of pain management put in place.

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.

[A large rectangular box for handwritten answers, containing faint, illegible text.]

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?

[Empty response box for Question 10]

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.

Chronic pain patients have long deserved & required a multi-disciplinary approach in order to minimise both physical & mental distress. The Cabinet Secretary's promise of the introduction of a residential pain centre is both long awaited & hugely welcomed. The hope is that wherever this Centre is sited, it will be operational as soon as possible

(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.)