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) | |
| Comments (box expands with text input - there is no word limit) | |
| Question 2: Please choose your preferred option (Chapter 2 provides detail | s). |
| 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. | |
| This offers the most straightforward and practical way to demonstrate success from which further developments can be justified. | |
| Question 3: Are there any of the options you disagree with? (If No, move strait to Question 4.) | ght |
| If yes, please tell us which one(s) in the comments box, and why? | |
| Comments (box expands with text input - there is no word limit) | |
| Question 4: If you have other ideas that have not been covered, please tell about these in the comments box below. You may want to include the advantages and disadvantages of each. | us |
| Comments (box expands with text input - there is no word limit) | |

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.

Multi-disciplinary integrated healthcare combining various appropriate options in a programme tailored for an individual.

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 |
| Supported one to one sessions to teach coping skills | X |
| Group sessions | X |
| Residential accommodation | X |
| Opportunity for immediate carer/support provider to accompany patient | X |
| Peer support | X |
| Tailored exercise programme | X |
| Medication assessment | X |
| Other (please tell us in the comments box below) | |
| Comments (box expands with text input - there is no word limit) | |
| | |

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

Question 8: Have you previously attended, or supported someone attending a residential service outside Scotland?

Yes

| No | [(please move straight to Question 10) | | | |
|--|--|-----|--|--|
| resid | stion 9: If you have attended, or supported someone attending a lential service outside Scotland, please tell us about any advantages dvantages of the experience. | and | | |
| Disj | ointed provision without adequate communications. | | | |
| 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? | | | | |
| Con | nments (box expands with text input - there is no word limit) | | | |
| 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. | | | | |
| Con | nments (box expands with text input - there is no word limit) | | | |