

Consultation response: the provision of specialist residential chronic pain services in Scotland

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)

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.

A CENTRE OF EXCELLENCE IN A SINGLE LOCATION, STAFFED BY A MULTI-DISCIPLINARY TEAM, AS SUGGESTED IN THE CONSULTATION DOCUMENT WOULD BE AN INDICATION THAT THE NHS IN SCOTLAND IS AT LONG LAST PREPARED TO GIVE THE MANAGEMENT OF CHRONIC PAIN THE PRIORITY THAT AFFECTED PATIENTS AND THEIR CARERS DESERVE. BOTH ENGLAND AND WALES ALREADY HAVE SUCH CENTRES - WHY NOT SCOTLAND? IN THE INITIAL STAGE OF SETTING UP SUCH A CENTRE CONSIDERATION MIGHT PERHAPS BE GIVEN TO EXPANDING THE ROLE OF THE HOMEROSTATIC HOSPITAL IN THE GARTNAVOOR CAMPUS IN GLASGOW TO ENCOMPASS THIS SPECIFIC OBJECTIVE.

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?

FOR REASONS OUTLINED IN THE CONSULTATION DOCUMENTS -
EG, DIFFICULTY IN RECRUITING & TRAINING STAFF - IT
MIGHT BE DIFFICULT TO IMPLEMENT OPTION 3 IN THE
FORESEEABLE FUTURE. HOWEVER THERE MIGHT BE A ROLE
FOR OPTION 2 WORKING IN CONJUNCTION WITH AND AS
A BACK-UP TO OPTION 1 - WHICH IN ADDITION TO
OFFERING RESIDENTIAL TREATMENT COULD ALSO ACT AS
A HUB FOR THE TREATMENT OF CHRONIC PAIN THROUGHOUT
THE COUNTRY - I.E. WITH ITS SPECIALIST STAFF OFFERING
ADVICE TO OTHER HEALTH PROFESSIONALS AND THEIR PATIENTS
THROUGH VIDEO - CONFERENCING

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.

[Empty comments box for Question 4]

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.

IT IS EASY TO UNDERSTAND THAT THE BARRIERS TO ACCESSING A RESIDENTIAL PAIN MANAGEMENT SERVICE, AS LISTED ABOVE AND IN THE CONSULTATION DOCUMENT, MAY ALL BE RELEVANT TO A GREATER OR LESSER EXTENT. HOWEVER IN VIEW OF THE PATTERN OF POPULATION DISPERSION IN SCOTLAND - WITH A RELATIVELY SMALL POPULATION SPREAD OVER A RELATIVELY LARGE AREA - A CERTAIN DEGREE OF CENTRALISATION IN THE PROVISION OF SUCH A SERVICE IS INEVITABLE, AND AT LEAST IN THE EVENT OF OPTION 1 BEING IMPLEMENTED THE RESIDENTIAL SERVICE WOULD BE LOCATED IN SCOTLAND, AND PATIENTS WOULD NO LONGER NEED TO TRAVEL LONG DISTANCES OUTWIT SCOTTISH BORDERS TO ACCESS THEIR RESIDENTIAL TREATMENT. AFTER ALL, IN OTHER AREAS OF SPECIALISED CARE PROVISION THERE IS ALREADY AN ELEMENT OF CENTRALISATION - EG. CHILDREN'S TREATMENT OF SERIOUS CHILDHOOD DISORDERS, CANCER TREATMENT, HEART TREATMENT etc etc

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)

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.

Not applicable

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?

NOT APPLICABLE

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 WOULD SUGGEST THAT IT MIGHT BE A GOOD IDEA TO GIVE ALL GPs SOME TRAINING IN THE DIAGNOSIS OF CONDITIONS SUCH AS M.E. IN WHICH CHRONIC PAIN IS AN OUTSTANDING SYMPTOM. -ESPECIALLY AS THE LONGER IT TAKES TO MAKE SUCH A DIAGNOSIS THE POORER ARE THE PATIENT'S PROSPECTS OF MAKING A FULL RECOVERY

(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.)