

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 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.

In truth it should be option 1, supported with option 2. Initially we need to build up the communication and expertise within primary care. The service needs to identify issues within their patients, try and work locally with patients and then refer to the single centre of excellence when they are no longer able to help the patient.

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?

Option 3 will dilute the expertise and chain of knowledge. We could end up with a jack of all trades level of knowledge on every area and no one expertise master

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.

Patients tend to think there is nothing that can be done about their pain, lack of expectation, and primary care are unable to help. There is a need to do a huge communication awareness about pain, spread the knowledge that in this day and age nobody should be suffering pain. There needs to be an accompanying training programme and support in primary care as well as developing the centre of excellence.

Traditionally anaesthetists have been responsible for strategy, but are we now not at stage that palliative care should not be as involved if not more so. Their remit is dealing with pain as part of an illness.

I have seen the difference in patients when their pain regime has been sorted out effectively and also when it is being ignored. It destroys quality of life when in constant pain.

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.

Carers need to come as well, may conflict with other family and employment commitments
Cost to family
Complex care nursing needs and knowledge with staff
Residential is a controlled environment, not real life, may distort success.

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 | <input checked="" type="checkbox"/> |
| Supported one to one sessions to teach coping skills | <input checked="" type="checkbox"/> |
| Group sessions | <input type="checkbox"/> |
| Residential accommodation | <input checked="" type="checkbox"/> |
| Opportunity for immediate carer/support provider to accompany patient | <input checked="" type="checkbox"/> |
| Peer support | <input type="checkbox"/> |
| Tailored exercise programme | <input checked="" type="checkbox"/> |
| Medication assessment | <input checked="" type="checkbox"/> |

Other (please tell us in the comments box below)

Positive mood enhancement support (NLP),

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?

Comments (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.

Exercise and NLP