

## 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.

Those with chronic pain also suffer from other issues, such as mental health problems. It is difficult to use public transport, and often needs a carer to accompany people to visits. I find public transport entirely unsuitable, so to have to travel more than 5 miles becomes a trek too far. An Outreach or roving service may be appropriate depending on the locations used.

**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?**

A single centre of excellence in this day and age of communication capabilities is a ridiculous solution. Its easier for me to get to Brazil as it is to Bath or anywhere in the southern UK where a centre may be placed!  
It must be possible for tests and diagnosis to be done even remotely or a local pain clinic referring information to a specialist centre for opinion.

**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.**

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.**

I personally need a carer with me. I need to take CPAP equipment, along with wheelchairs, and of course luggage. Its really not feasible. I would need to have a point to point chauffeur service/ambulance for all this. Many people, aside of their pain and other health issues, also have financial difficulties and paying the cost of a residential stay would be impossible.

**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 type="checkbox"/>            |
| Group sessions  | <input checked="" type="checkbox"/> |
| Residential accommodation   | <input type="checkbox"/>            |
| Opportunity for immediate carer/support provider to accompany patient | <input 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)                      | <input type="checkbox"/>            |

I attended a pain clinic being run as a trial in Lanarkshire some years ago. It was not followed up, and it was found that one NSAID drug was causing extremely high high-blood-pressure – so much so that my heart has now been affected by it. An ongoing monitoring programme is essential.

**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 – the service has never been offered.

**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 and others suffer side effects from a regime of medication. There is no procedure that I know of for the side effects of concoctions of medications to be checked to ensure compatability, whilst also dealing with pain and other health issues. The GP service doesn't not offer that.