

## 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)

The opinions of Health Care professionals working within GG and C chronic pain service have been sought and responses received and included in this document. Particular thanks to Dr. M Basler for his contribution.

**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.

Option 1 is the only option that can provide the requirements for this new development. A centre of excellence would allow the development of appropriate staff skills and would enhance/interact with the local established chronic pain service and ideally with an already established out patient pain management programme. This would allow appropriate sharing of skills and attract an appropriate range of clinical staff.

It is important that the option chosen is not seen to be an inferior 'product' to the current status quo of referral to Bath residential programme, which is known to provide a high quality service that patients are highly satisfied with. It is therefore important that the programme is appropriately resourced, both from the staffing perspective and with a view to suitable accommodation.

Peer support is an important component of this type of programme and we

do not believe that this can be provided by telemedicine options. These options could be utilised however in providing ongoing support after the treatment is complete and patients have returned to their own area. Option 1 is the only option that could realistically offer a range of treatments and tailored programmes and this would be attractive to staff and hence help with staff retention.

There is a great opportunity with Option 1 to establish a Centre of Excellence, which could become a leader in the field of Pain Management Programmes and lead research to improve the evidence base for different pain management strategies and interventions.

It is important that the chosen site has good transport links to remote areas, suitable accommodation for the programme and residential accommodation and has the latest IT facilities available. There are advantages to the chosen site being in an area with an established Pain management programme and secondary care pain service. We believe that Glasgow provides all the necessary requirements if Option 1 is chosen as the way forward.

**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?**

Options 2 and 3 are not sustainable and have no evidence to underpin their efficacy as they are different interventions than the service already on offer in Bath.

**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.**

Any new ideas need to be evidence based and previously evaluated by research to justify the cost of investment. As such, they should already have been included in this consultation paper.

**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.**

There should be no financial barrier to accessing this service for patients. There will be time spent away from home and family and some patients will not want to proceed with this which is why it is very important that there is local provision of out patient Pain management programmes in all Health

Board areas of Scotland as a priority. This project should not have priority over the provision of out patient Pain Management programmes. It could be argued that, for patients from remote areas, there will be no advantage for them over the current option of attending a high quality established residential programme in Bath. This option should therefore remain open to them.

**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)                      | <input type="checkbox"/> |

The proposed development has to be equal to or better than the pre-existing service/option and will need residential accommodation to ensure equity. Patients should not be denied the option of travelling to Bath if that is what is best for them.

**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 X No  Don't Know

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

Yes X (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.**

The advantage was the intensity of the help and support that was provided, that cannot be provided by an out patient programme. This is the only option for people with mobility issues who would not be able to travel weekly to an out patient programme. The disadvantage was the distance involved in travelling and the inconvenience this caused.

**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.**

The consultation document has not provided any business case to show that a change from the status quo will produce value for money or retain the quality required to maintain the skills for a tertiary inpatient PMP.

The Scottish Governments 2020 vision is of looking to service delivery beyond boundaries whether they are local regional or national. There are other services that are provided in England e.g. Paediatric services at Great Ormond Street. It could be argued that the status quo should have been included as an option to ensure that the value for money test has been achieved.

There are limited details to show that the plans are both value for money or commercially viable in the long term.

No mention is made of the cost to another service of funding this development. Can it be confirmed that extra funding will be provided for this service which will be ring fenced?

There is a clear underestimation of the number of patients that will be referred to this service. There is the danger that health boards with inadequate services at present will send patients to this service rather than invest in local provision. Appropriate patients will come to this as a tertiary service.

The level of chronic pain secondary to chronic conditions will undoubtedly increase in the future and it is unlikely that referrals to this service, due to their disabilities and complexities, will increase as the service becomes known and successes championed.

Chronic pain services have suffered from piecemeal, ad hoc service planning for many years and the Scottish Governments strategic initiatives are welcome. For this development to be sustainable and of reasonable quality, Option 1 is the only viable choice.

Service sustainability would be dependent on attracting a self-motivated, high calibre team with sufficient experience to deal with these tertiary complex patients. Resources would need to be equivalent to Bath in terms of quality and service structure to ensure that outcomes for patients are similar.

The programme should be similar in quality to those that achieve the best outcomes. Otherwise the evidence base for its development is undermined.

Whilst technological advances e.g. telehealth may be exciting new developments, one of the key components of these programmes is face-to-face interaction and physical activity. The role of technological developments may therefore be limited.

There should be a scoping exercise to discuss key components and any problems encountered with current in patient programmes in England if this has not already taken place.

The establishment of a UK national network to continuously share and learn from the relatively small overall outcome experiences would be very useful.

Patients that attend in patient programmes have a high need for support with activities of daily living, medication supervision and may have a high degree of complexity of both physical and psychological problems. There is not mention of the physical inpatient facilities and supervision that will need to occur in the time periods outwith the programme. Out of hours medical cover e.g. primary and secondary care would need to be addressed.