

## 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.

I would like a central pain clinic to my home. We currently have a magnificent pain treatment centre in Coatbridge run by Mr Sabu James, but it is woefully underfunded and understaffed.

**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?**

The centre of excellence in a single location excludes many people including myself who find it difficult to travel. We should have local services for local people.

**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.**

A pain management centre which opens on weekends as well as week days to enable those of us who have crippling chronic pain but still manage to work full time. I dread losing my job, who else will employ an individual who requires 2 days from work every 6 weeks and has to take off time midweek.

**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.**

No support from family members, financial constraints for patient and family member travelling with them. The time off work for both the patient and family member. People who have chronic pain and their carer require more time off from work and centralising the pain service in a residential placement will mean that these individuals will not be able to take up the offer of a placement for fear of losing their employments (it's a catch 22, we need the pain treatment but we also need to be able to work).

**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 <input type="checkbox"/> |
| Supported one to one sessions to teach coping skills                  | X <input type="checkbox"/> |
| Group sessions  | X <input type="checkbox"/> |
| Residential accommodation   | X <input type="checkbox"/> |
| Opportunity for immediate carer/support provider to accompany patient | X <input type="checkbox"/> |
| Peer support  | X <input type="checkbox"/> |
| Tailored exercise programme   | X <input type="checkbox"/> |
| Medication assessment   | X <input type="checkbox"/> |
| Other (please tell us in the comments box below)                      | <input type="checkbox"/>   |

A lot of the group and peer support is already being offered by the Pain Association – why don't you link in with their services?

**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 as I am only seen at Wishaw General Hospital or the pain clinic in the Buchannan Centre, Coatbridge

**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.**

Every single hospital in Scotland has an anaesthetist. These are the best person placed to deal with chronic and debilitating pain. Surely in Scotland we can utilise the knowledge and expertise of these individuals, have a pain team in every hospital. Stop the lottery of treatment.

I get Lignocaine Treatment at Wishaw Hospital every 6 weeks, the service is completely oversubscribed. My life has been transformed by the treatment and I continue to work full time without doping myself up with expensive medications. Also as a direct result of the treatment my hospital admissions has reduced.

The Scottish Government and NHS needs to look at the total cost of treatment for each individual and not the budget for the various services that the patient uses. For example, look at the cost of prescriptions, GP appointments, Hospital appointments, Clinical Psychology appointments etc as a whole against the person and then decide if it's cheaper for you to provide a local pain service which reduces prescriptions, gp and hospital appointments. I am certain that if you look at the whole picture then you will

find that a local pain service offering a one stop shop will inevitably reduce the overall cost to the NHS.