

## 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)

Fife Integrated Pain Management Service

**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.

Out of all the options our preference is for option 2 on the basis that it would suit patients better, but we also realise that this may require more working up and therefore may be less appealing politically. A more locally available programme may lead to a better transfer of skills learned, both for patients and professionals in multidisciplinary pain services. This has great potential for the long term improvement of patient care in pain management in Scotland. Having more clinicians working through out Scotland in pain management will only improve the patient experience and access to appropriate advice sooner. We feel that our pain management programme is in a very good position to be able to accommodate more complex patients now and would require only minimal changes to fit closely with the intensive model. Option 1 may be a quicker win - but we think it still faces the problem that patients will be travelling potentially large distances and that the transition from programme to discharge home may not be as smooth as if something was managed locally. If the drive is to get this right for the patients we think the extra effort is worth it to get a programme that works for them.

**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?**

Our concerns about option 1 are that it is quite negative for clinicians to feel they can not treat these people and they have to go to a specialist unit - what happens when the patient need followed up 3 years down the line? These patients may start to feel they are then getting a lesser treatment by getting seen locally. This can make it harder then for local teams to meet expectations etc.

Option 3 - it may be quite difficult to recruit staff to run programmes nationally or to get a specialist team together who are used to working together, or who work close enough for MDT meetings etc. Tele health is great etc but face to face contact with patients and staff should be valued ++ as well.

In conclusion we do not feel that any of the options are beneficial for the vast majority of pain patients. The monies would be much better spent on providing proper multi-disciplinary pain management for all NHS Trusts in the form of non-resident PMPs where patients have opportunity to implement the techniques taught in their own unique environments and not in the "away from the real world" environment of a residential unit. This consultation we believe is offering various "wrong" solutions to the problem!!

**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.**

Comments (box expands with text input - there is no word limit)

**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   | <input type="checkbox"/> |
| Other (please tell us in the comments box below)                      | <input type="checkbox"/> |

Accommodation should be in a non clinical environment such as self catering flats or B&B.  
 Recommendations about medication should only be made after consultation and in collaboration the patients' usual General Practitioner

**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.**

Advantages;  
 Consistent message from pain management team, greater number of hours & intensity of pain management programme, follow up from key worker by phone.  
 Disadvantages;  
 Travel & time away from home.  
 Expenses have to be paid up front by the patient.  
 Limited communication between Bath & the home pain service.  
 Travelling for assessment & follow up appointments.

**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.**

Comments (box expands with text input - there is no word limit)