

## Consultation response: the provision of specialist residential chronic pain services in Scotland

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)

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.

- Centre needs to see enough patients to develop and maintain expertise.
  - Need a big enough group participating to be effective, but also need to be able to offer timely response to patient need.
  - Being centralised keeps 'background conditions, environment, clinicians' constant and all data in 1 place facilitating meaningful research.
  - Whilst it would be great to have a 'local' to everyone service, it will never be local enough; unlikely to get effective group together at any one time; will dilute clinician expertise so intervention will be less expert; difficult to replicate 'right' environment in many locations.

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**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?**

2 & 3 for reasons previously stated.

**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.**

- The 'centre' has to offer outreach consultation to local clinicians & education as over time most patients will be able to be effectively supported by local pain service & therapists.
- Telehealth clinics for professionals around the country to book an appointment to discuss difficult management
- Need to be clear about role of the centre - a 'one-off' intervention to facilitate self management. - so probably need opportunities for local clinicians to 'shadow' a group so understand the goals & be able to continue to encourage & reinforce 'patient learning' following intervention.
- Need to consider how family 'educated' about the programme so can support strategies subsequently.

**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.**

1. Cost to the individual
2. Travel time & discomfort for many travelling any distance
  - need to build in patient transport provision as public transport not an option & many may need to travel in their wheelchair for example.
3. Main carer able to attend alongside patient if patient wishes.
  - Perhaps where a person is carer-dependent this should be a requirement as success may well depend on techniques utilised to complete daily living / care activities?
4. If patient has care or parenting responsibilities for others.

**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
- Other (please tell us in the comments box below)

- A <sup>pt</sup> follow up assessment post-intervention eg 6/12 later so can evaluate any benefits & durability of intervention.
- Needs to be opportunity to review individual specific issues & needs that may require 1:1 intervention that can't be accommodated in group.

**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

*But only for 1 year whilst Scottish centre becomes established, & volume of referrals ensues.*

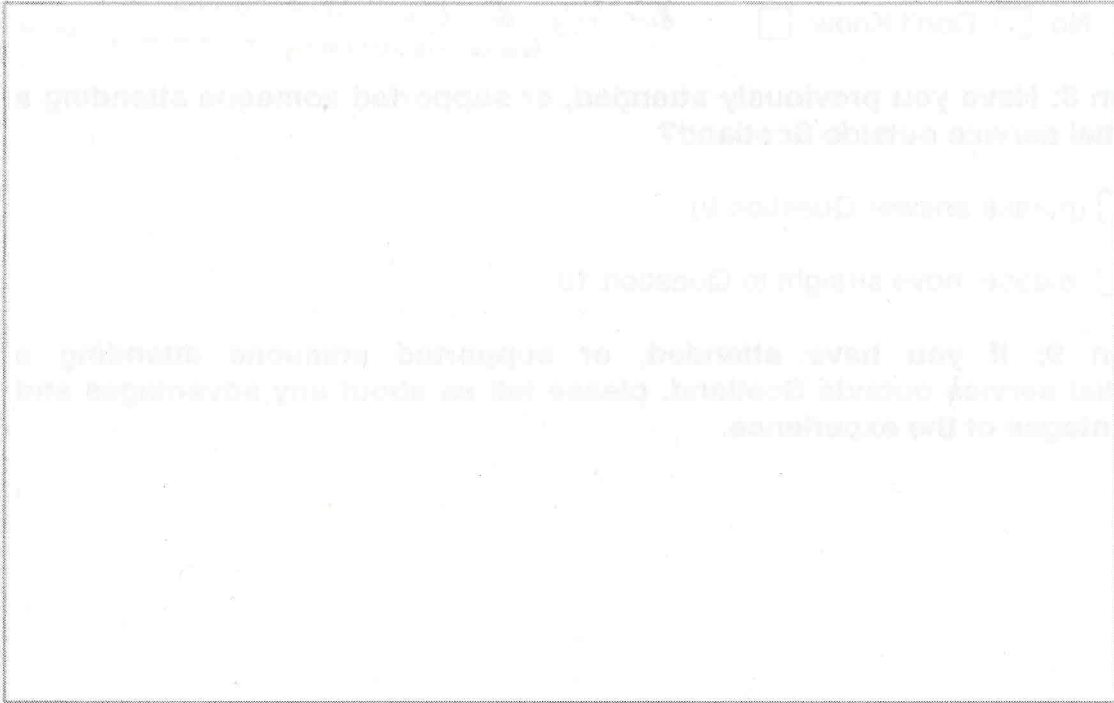
**Question 8: Have you previously attended, or supported someone attending a residential service outside Scotland?**

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.**

**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?**



**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.**



(End of questions. If you require more space to write answers, you may submit as many additional pages as you wish. If doing so, please clearly state the question numbers that your answers relate to.)