

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)

ALTHOUGH I HAVE BEEN RESTRICTED TO TICKING ONE BOX AS A FAMILY MEMBER AND CARER OF SOMEONE EXPERIENCING CHRONIC PAIN AS MY HUSBAND HAD PAIN FROM LONG-TERM CONDITION DIAGNOSED IN 1969. MY DAUGHTER ALSO SUFFERS SEVERE PAIN. I HAVE BEEN PERSONALLY DIAGNOSED WITH ARTHRITIS IN 1987 AND DYSPEPSIA & HIATAL HERNIA DIAGNOSED LAST YEAR.

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 SEE IT IS IMPORTANT TO HAVE A CENTRE OF EXCELLENCE IN A SINGLE LOCATION. A SUITABLE LOCATION FOR DELIVERY OF THIS SERVICE THAT I HAVE ATTENDED SINCE 2007 IS THE NHS CENTRE OF INTEGRATIVE CARE AT THE GLASGOW HOMOEOPATHIC HOSPITAL BASED ON THE GARTNAVEL HOSPITAL SITE. WHICH CAN BE EASILY ACCESSED BY PUBLIC TRANSPORT. THIS PROVIDES A HUB AND CENTRE OF EXCELLENCE THAT CAN THEN BE ACCESSED BY PATIENTS AND PROFESSIONALS. THROUGHOUT SCOTLAND.

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 CENTRE OF EXCELLENCE PROVIDES A CENTRAL SINGLE LOCATION TO ACCESS CARE AND DISEMINATE INFORMATION.

OPTION 2 & 3 ARE NOT FULLY TESTED IN SCOTLAND AND IF DELIVERED LOCALLY MAY BECOME DISJOINTED.

I HAVE PERSONALLY ATTENDED THE CENTRE OF INTEGRATIVE CARE AT THE GLASGOW HOMOEOPATHIC HOSPITAL AND THIS IS A MODEL OF CARE - CENTRE OF EXCELLENCE THAT COULD BE COPIED TO PROVIDE SIMILAR CARE FOR THE RESIDENTIAL PAIN SERVICE.

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 SERVICE SHOULD INCLUDE TRAINING TO WIDELY DISEMINATE INFORMATION AMONG OTHER PARTS OF THE MULTI-DISPLINARY TEAM THROUGHOUT THE NHS.

ACCESS TO SPECIALIST NURSES PRIOR TO AND FOLLOWING DISCHARGE TO DEAL WITH ANY ISSUES.

FOLLOW UP GROUP WORK SESSIONS WHERE PATIENTS ARE ALSO RECALLED FOLLOWING DISCHARGE AND OPPORTUNITY TO MEET UP WITH PEER SUPPORT GROUPS.

SESSIONS INVOLVING FAMILY MEMBERS TO BETTER SUPPORT THE PATIENT.

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.

ANY SERVICE NEEDS TO HAVE FLEXIBILITY FOR THE PATIENT. LONG-WAITING LISTS CAN BE OFF-PUTTING WHEN YOU ARE EXPERIENCING CHRONIC PAIN. ABILITY TO BE ABLE TO ACCESS SOME KIND OF SERVICE. WHETHER THAT BE GROUP SESSIONS ON A DAY-BASIS OR ACCESS TO A SPECIALIST NAMED NURSE OR CONSULTANT INPUT PRIOR TO COMMENCING RESIDENTIAL IN-PATIENT CARE. IS ESSENTIAL.

IT NEEDS FLEXIBILITY ON DATES/TIMES OF AVAILABILITY FOR IN-PATIENT TREATMENT. AS IDENTIFICATION OF ISSUES & BARRIERS SUCH CARING RESPONSIBILITIES FOR PEOPLE CAN HINDER A PERSON TAKING UP AN OFFERED PLACE FOR RESIDENTIAL TREATMENT.

IF PEOPLE RETURN TO WORK THEN EMPLOYERS REQUIRE INFORMATION TO KNOW HOW TO SUPPORT SOMEONE IN WORK. ALSO ACCESS TO A DEDICATED DISABILITY TEAM WHICH DEALS WITH HELPING PEOPLE IN WORK MAY BE NECESSARY.

TRAVEL COSTS IF POSSIBLE REQUIRE TO BE PAID IN ADVANCE TO PEOPLE, IF THEY DO NOT HAVE THE CASH FLOW TO BOOK TICKETS IF A LONG WAY FROM SPECIALIST SERVICE. IF TRAVELLING COSTS ARE PAID UPFRONT THEN THESE NEED BE REIMBURSED PROMPTLY. PREFERABLY TO THE PERSON AT THE HOSPITAL OR IMMEDIATELY ON RETURN HOME.

RESPECT FOR FAMILY UNIT AND BE MINDFUL AS CHRONIC PAIN ISSUES HAVE A POTENTIAL FOR LEADING TO FAMILY BREAK DOWNS THAT CAN HAVE IMPLICATIONS ON FAMILY, HEALTH AND HEALTH SERVICES.

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)

OPPORTUNITY FOR PATIENTS + CARERS TO TAKE PART INDIVIDUALLY OR TOGETHER IN GROUP WORK SESSIONS AND INDIVIDUAL APPOINTMENTS AND SESSIONS WITH THE MULTI-DISPLINARY TEAM.

IMPROVED COMMUNICATIONS WITH FULL FAMILY UNIT INCLUDING DEDICATED SERVICE WITH FULL MULTI-DISPLINARY SUPPORT TEAM IN HOSPITAL AND COMMUNITY

ACCESS TO HOLISTIC THERAPIES. - I FOUND ACUPUNCTURE REALLY BENEFICIAL IN TREATING AND HELPING WITH PAIN AND SWELLING.

I ALSO UTILISE OTHER COMPLEMENTARY THERAPIES AT MY LOCAL COLLEGE IN MASSAGE REFLEXOLOGY, INDIAN HEAD MASSAGE, ETC.

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.

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?

[Empty box for answer to Question 10]

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.

MY DAUGHTER WAS IN HOSPITAL IN SOMERSET AND I HAD TO TRAVEL AT SHORT NOTICE DUE TO EMERGENCY ADMISSION FROM SCOTLAND. MYSELF AND MY OTHER DAUGHTER STAYED WITH A FRIEND BEFORE BEING PUT UP IN A SHARED COTTAGE FOR RELATIVES OF PATIENTS IN THE HOSPITAL THAT WAS LOCATED IN THE HOSPITAL GROUNDS. IT WAS IMPORTANT TO BE NEAR TO HAND.

ANY SERVICE NEEDS TO HAVE NATIONAL FUNDING TO ENSURE STABILITY AND CONTINUITY OF CARE FOR PATIENTS SO THAT A SIMILAR ISSUE DOES NOT ARISE IN THE FUTURE LIKE THAT AFFECTING THE NHS CENTRE OF INTEGRATIVE CARE. WHERE CLOSURE HAS BEEN THREATENED IN THE PAST, THE HOST HEALTH BOARD HAS CUT FUNDING, REDUCING BED AVAILABILITY AND SERVICE DESIGN AND PROVISION

(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.)