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 det	ails).
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. Th factors listed in Chapter 2 of the consultation paper may help you.	е
Research evidence supports this model, rather than any of the others. There are significant practical barriers that are likely to make the other two models less than successful, whereas Option 1 allows the rapid development of individual and corporate excellence, and is likely to be of greatest benefit to individuals with chronic pain. It is also the model most likely to allow successful research and development, with further growing excellence and better outcomes	
Question 3: Are there any of the options you disagree with? (If No, move st to Question 4.)	raight
If yes, please tell us which one(s) in the comments box, and why?	
Comments (box expands with text input - there is no word limit)	

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.

Existing evidence of the effectiveness of residential and other pain management programmes is generally lacking for long-term outcomes (ie beyond 12 months). There is evidence to show that any benefit tends to tail off over time – it is essential, therefore, that the Service includes longer-term maintenance support – this needs to be efficiently delivered, for example through telephone, or web-based "top-ups". These would need to be developed de novo as part of the service, in order to ensure long-term benefit.

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.

The barriers listed above are all important, and need to be addressed upfront. An additional potential barrier, which we would all need to work together on removing, is the stigma of having to be "sent away"

(choose as many as apply)

email, telephone, web

Question 6: Please choose from the list below which aspects of residential pain management services should be included in a Scottish service.

 \boxtimes A chronic pain assessment \boxtimes Supported one to one sessions to teach coping skills Group sessions \boxtimes Residential accommodation \boxtimes \boxtimes Opportunity for immediate carer/support provider to accompany patient Peer support \boxtimes \boxtimes Tailored exercise programme \boxtimes Medication assessment \boxtimes Other (please tell us in the comments box below)

See above – maintenance of benefit through some form of follow-up, eg