

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 professionals (see below)
- d) an organisation representing people who experience chronic pain
- e) other stakeholder (please tell us in the comments box below)

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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.

- Most likely to be easily realised and most likely to be fully funded.
- Staff develop great expertise – with the provision of national and regional resources to ensure this could become a national leadership and training centre for pain management in Scotland, resourced to allow access to health professionals of all regions
- May attract staff with existing expertise from all regions in Scotland with a wide range of multidisciplinary expertise and experience in good quality pain management, so there would not be a delay in training people up.

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?

Options 2 and 3 depend on proactive working between regions/ networks and this would only work if time, money and management/ board support were dedicated to promote this.

These are very difficult patients who have all reached the end of medical management and the skills necessary to help them are not found in every area. Is developing skills of people locally to deal with a small group of patients sensible or cost effective?

A longer wait would be inevitable due to small numbers and having to wait until a reasonable number to form a group could be assimilated. Probably not unreasonable as this is a chronic condition

These options could address the problem of polarised skills between a central service and the regions However, this would still require commitment of resources to train professionals adequately.

Local services would probably make it easier to link up SIPMP service to post - SIPMP services and professionals which could help maintain and continue progress.

For option 2 the level of support required from the clinical advisors will depend upon local expertise so may vary considerably across regions

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.

- Having one site would mean that people who could not travel far were excluded from the programme and so some of the disadvantages of referring people to Bath would be maintained.
- Costs, childcare, lack of social support and anxiety about the prospect could influence people to refuse the programme.
- Skills and experience could become centralised, polarising professional pain management skills between the centre and the regions.
- Most successful programmes include provision at some point in the programme for the attendance of immediate next of kin/carer to attend - this may be difficult if travelling etc is an issue

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)

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

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.

Maintenance/ continuation of gains / progress made - the consultation document presumes that local services will continue support; this requires excellent communication and joint working between the SIPMP and local services. Such co-working requires commitment and resources on both sides and integration with local health authority services (training, employment, voluntary sector, social services etc) and local personal support network of the person referred. This is such a key factor in maintenance of progress and is crucial to the cost effectiveness and long term clinical effectiveness of option 1 that how to achieve this needs to be given more weight in both design and costs.

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.

One respondent suggests - if Scotland is to begin its own intensive residential programme, why not build in good links with employability services, training services, adult education, voluntary services etc to bridge the gap between the medical context of the health professionally run SIPMP and the non-medical environment in which we hope people will progress to spending more of their life?