

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.

Having a centre of excellence in one location is more likely to give all patients the best service possible and allow patients to interact, share and support one another. It's more likely that a bigger range of services for patients could be offered from one place.

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 - My concern is that services would be patchy and inconsistent.

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.

As an outpatient of the Centre for Integrated Care / Glasgow Homoeopathic Hospital for the best part of the last decade for ME/CFS, I would suggest that Jottland's Centre of Excellence for Pain Management be based there. It's an excellent example of a modern, forward-thinking hospital that takes an individual's health as a whole rather than treating symptoms - a necessity, I believe, for teaching people to manage their pain and empower and support them back to health. I attended their WEL Programme, which I believe was crucial in my symptoms lessening, me being able to continue to work, and in teaching me how to manage my health. I believe that course, and the outlook of the hospital as a whole, could positively impact many throughout Scotland with chronic issues.

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.

Work + family commitments - people would need financial support/help with benefits, and perhaps the opportunity for a friend or family member to occasionally stay over.

People with young children may need extra support if there's no friend or family member to look after the children, same if the patient his or herself is a carer for someone.

People on benefits / low income may need help with travel costs.

Perhaps the money saved by having a single location centre for excellence could be used to support patients, or ~~some of the money~~ those on very high incomes could be asked for contributions to their care (controversial!)

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)

The WEL programme offered education, as well as an 8 week mindfulness course. Mindfulness Based Cognitive Therapy is becoming more and more recognised as an effective way of reducing pain and stress. Once taught, the patient can use this skill all their life. It's cheap, and only has positive side effects in my experience. eg ↓ stress, ↑ calm, ↑ able to manage pain

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?



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.)