

## 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 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.

We have pain centres in most general hospitals that deal with many of our patients with pain that is difficult for GPs like myself to deal with satisfactorily, but we need a specialist centre for the most extreme cases, for which the usual pain clinics have no answer. That means the provision of inpatient care where necessary and staff trained and experienced in the most difficult cases. At present we have to send such patients to the south of England or even Wales, places to which people in pain have no hope of travelling. Scotland badly needs a centre of excellence dealing only with pain – we have no provision for such care. Comments (box expands with text input - there is no word limit)

**Question 3: Are there any of the options you disagree with? (If No, move straight to Question 4.)** Option 2 is no different from what we have already, which is not working. As for option 3 we need much more than an outreach or roving service. It cannot begin to deal fully with the more severe cases of chronic pain for whom residential care is often the only answer.

If yes, please tell us which one(s) in the comments box, and why?

See my comments above 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.**

We need much more support, too, for the pain clinics in general hospitals. As a GP I became very frustrated at the long waiting list for patients to be seen by our local clinic, manned by one consultant who was seriously overworked. 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.**

I don't think that distance away from family, as long as it is in Scotland, is too serious an obstacle. People with constant severe pain will travel within Scotland to gain expert management. Sending them down to England is a different matter. Comments (box expands with text input - there is no word limit)

**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   | x <input type="checkbox"/> |
| Supported one to one sessions to teach coping skills                  | x <input type="checkbox"/> |
| Group sessions  | <input type="checkbox"/>   |
| Residential accommodation   | x <input type="checkbox"/> |
| Opportunity for immediate carer/support provider to accompany patient | x <input type="checkbox"/> |
| Peer support  | x <input type="checkbox"/> |
| Tailored exercise programme   | x <input type="checkbox"/> |
| Medication assessment   | x <input type="checkbox"/> |
| Other (please tell us in the comments box below)                      | <input type="checkbox"/>   |

I'm not sure about group sessions – each person with pain is different, and has different needs. Sometimes individuals can dominate others or bring in irrelevant concepts or advice to the group. This can be unhelpful or even disadvantageous to some patients. 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.**

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

**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.**

If this new centre were to be opened in Scotland I would favour the connection with Bath to be used only in extremely special occasions when the expertise in a particular type of pain is not yet available in Scotland. I must add that my wife, Mrs Mary Smith (same address) has had chronic pain for over twenty years (due to peripheral neuropathy) and would welcome the establishment of a centre of excellence in Scotland. She adds that this should not be taken as a criticism of the care that she has had, but simply to support the teams of health professionals whom she sees as being overworked and understaffed for the excessive number of patients in their clinics. She feels fortunate that I am a health professional myself, who can help more than most husbands. Comments (box expands with text input - there is no word limit)