

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)

NHS Lanarkshire Corporate Management Team

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.

NHS Lanarkshire continues to develop a fully integrated pain management service through the development of services which can be accessed by patients as close to home as possible. This follows the approach described in the Scottish Chronic Pain Service Model.

For many people travelling is very difficult, whatever the distance, and so treatment and rehabilitation is provided as close as possible to the patients' everyday settings.

Additional support for a small minority of such patients from clinicians with a high degree of expertise and experience is beneficial on occasions, and would be welcomed by the pain management service. This should be supported by a national MCN.

A residential component to the treatment of patients is not part of the Lanarkshire service model. The Bath facility has only been used on 6

occasions during the last 4 years, and as the local service continues to develop we do not foresee this service being required in the future.

Our aim is to provide rehabilitation as close to patients' homes as possible, with support as required from appropriate clinicians in other areas.

We propose that option 2 should be developed as a designated service, and supported by a national MCN for chronic pain management.

As this is a service which will only be used rarely by NHS Lanarkshire, we propose that the charging to NHS Boards should be established on a cost-per-case basis rather than a top-slice based on population size.

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?

The clinicians who comprise the Lanarkshire Chronic Pain Service have set out in a separate response to this consultation the disadvantages of options 1 and 3, on the basis of patient-centred care, travel distance, sustainability and practicality.

Based on this, NHS Lanarkshire would consider that neither of these options would add value to the current provision of services for Lanarkshire residents.

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.

The funding arrangements for any service model for level 3 care should be equitable across NHS Scotland.

As a consequence of the work which has been done locally by the clinical teams, this NHS Board refers very few patients out-with the local level 1 & 2 services. This is not the case in other NHS Boards which have less-developed local services and which therefore have higher referral rates to Bath.

We would therefore stress the need for a cost-per-case funding arrangement in any future national development.

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.

Chronic pain can be best managed in a setting as close to the patients' everyday life as possible, so in that respect all options offered have barriers.

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

All of these elements should be part of a local non-residential provision whenever possible.

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.

Not applicable

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?

Not applicable

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.

No further comments