

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)

Response is collation of comments from health professionals working within NHS Lothian paediatric and adult pain management services

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.

This option has the greatest opportunity of serving the needs of those with chronic pain. It would provide concentrated expertise for patients with pain which has not responded to local pain clinic interventions.

It allows building into the current pain management services infrastructure in Scotland, particularly for those who reside in remote areas of Scotland.

A centre of excellence will attract high quality professionals and it is felt the provision of a specialist service in Scotland could be supported through the development and transfer of skills to local pain management programmes via secondments / rotation of clinicians to the centre of excellence.

There are difficulties with travel for individuals who are in pain and therefore it is felt one journey to a programme followed by days / weeks of treatment at a national

specialist centre is preferable to frequent journeys to a programme which might be provided be provided within a shorter travelling distance.

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?

Whilst supportive of Option 1 a centre of excellence, there is a need to continue to develop and invest in local pain management services. A centre of excellence should only be provided after all regions have adequate secondary care pain management services in place. If adequate local secondary care services are not in place, there is a risk the centre of excellence will be used as a substitute for local provision therefore it is essential to develop and adhere to strict referral criteria for the centre of excellence

NHS Lothian disagrees with Option 3 (an outreach roving service) as it is considered this option is unworkable due to the dire working patterns for the staff involved. It maybe difficult to attract, recruit and retain high quality professionals for this model of service provision as it would require them to be flexible to move locations frequently. This would create difficulties for clinicians to organise their lives when away from home 2 – 4 weeks at a time. There are mixed views of the benefit of supporting other clinicians by telephone.

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.

No additional comments.

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 residential option carries the risk of removing any incentive to maintain and develop local services within NHS Board areas.

Patients feel anxious being in a place they are not familiar with and meeting new patients and professionals

Distance from family, this could be hard for some individuals with young children or for those who have carer responsibilities whilst being away from home.

A residential service may prove expensive in terms for travel and subsistence costs

No local support in place therefore strategies will not necessarily be reinforced in a familiar setting.

Disadvantages to this model relate to maintaining progress on re-entry to normal life and fitting in with non-residential services which may not fully understand the patient's treatment.

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

Aspects to be included in the service should cover all of the areas listed above and also :

- Psychological formulation and support
- Specific input for carers
- Activities of Daily Living (OT) input
- Medication advice
- Access to hydrotherapy

There is also a need for all pain management services to work together on early intervention, provision of appropriate physical and psychological input and engagement with the third sector.

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.

Advantages: A residential service is in place and available for use.
Intensive nature of daily support, peer contact/support.

Disadvantages: Perceived not to be the best use of resources and a big upheaval for patients and some patients who are suitable for the service are unable to travel. Difficulty in maintaining the intensive support required.

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.

Additional comments include :

- The importance of communication and linking in with local clinicians if individuals attend the intensive programme so that there can be continuity of care as well as understanding of what has been covered in the intensive programme.
- Clinical skills could be improved by rotating clinicians from existing services into the intensive service.
- Telehealth between patient and clinician and clinician to clinician needs to be discussed further as there are some very obvious uses as well as difficulties.
- Consider putting materials i.e. manuals etc on DVD or memory stick to avoid transporting bulky manuals.
- Provision of age appropriate care (e.g. young/adolescent).

- Important that patient's needs are considered in terms of where the intensive programme is based and the residential accommodation provided as this should be in close proximity. Patients should also have access to local facilities and be able to communicate easily with their family i.e. internet access for Skype.
- No details available relating to the financial options appraisal associated with the service provision options outlined in the consultation document nor are details of the funding arrangements to support this service development.