

## 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)

The professional body for Occupational Therapists in Scotland

**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.

The College is unable to select an option as there is no evidence to support options 2 and 3, so it is not possible to make an informed comparison. The options are also not mutually exclusive.  
Given the prevalence of chronic pain, a centre of excellence within Scotland would be welcomed. This would provide a platform for specialist treatment, further research, support for chronic pain clinicians working in local communities and outreach work throughout Scotland.  
It is probably not necessary to state that different things work/or are necessary for different people.

**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?**

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.**

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.**

**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"/> |

From the Colleges perspective there needs to be a focus on occupational performance such as

- Assessing pain levels during activity.
- Identify the persons' interests and usual routines.
- Provide treatments to increase stamina gradually.
- Assist with planning, pacing and prioritising activities.
- Develop individual schedules to include periods of rest.
- Demonstrate techniques to help overcome pain whilst remaining active.
- Explore assistive equipment and technology.

- Support return to work where appropriate, ensuring the necessary adjustments can be made both to work routines and the working environment.

**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.**

Currently in Scotland there are only 2 part time Occupational Therapists (OTs) working in dedicated pain services. OTs working in other services may also assist in addressing chronic pain. There is good evidence to support the benefit of OT in relation to chronic pain and the College of Occupational Therapists is calling for greater representation of Occupational Therapist within all pain services.

“The continuing presence of pain results in impairment of occupational performance which in turn reduces a person’s ability to fulfil desired occupational roles. This has an impact on occupational identity and quality of life diminishes as meaningful roles and activities reduce.

The overall aims of occupational therapy interventions are to:

- Improve understanding of pain, the relationship between pain, thoughts, emotions and behaviour, challenge erroneous pain beliefs and reduce fear of movement.
- Improve physical, social and psychological status and increase confidence in abilities.
- Enable return to / maintenance of normal activities at home, work, and leisure.

- Enable pain self management, reducing the person's future use of healthcare resources e.g. GP appointments, medication. (Hammond et al 2008)"

(The Pain Management Report 2012 by Dr Margaret McArthur and Dr Lisa Taylor)

The College of Occupational Therapists is the professional body for occupational therapists and represents over 29,000 occupational therapists, support workers and students from across the United Kingdom. There are about 3500 Occupational Therapists in Scotland.

Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health Care Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

The philosophy of occupational therapy is founded on the concept that occupation and activity are essential to human existence and good health and wellbeing. Occupational therapists are familiar with the ideas of public health, health promotion and wellness. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of, or having limited access to occupation can affect physical and psychological health.

Occupational therapists work holistically and are outcome focused.

Please follow the link below for the full report

Pain Management Report 2012 by Dr Margaret McArthur and Dr Lisa Taylor

<https://www.cot.co.uk/sites/default/files/ss-rheumatology/private/Pain%20Management%20Report%20Final%20version%203%20May%202012.pdf>