

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 Care Inspectorate is responding as an organisation which regulates the quality of care provided in a homely setting, such as care at home and care home services. Currently in Scotland there are approximately 822 care at home services and 1,510 care homes. This large number of people living in a homely setting could have the potential to use, with much more ease, a chronic pain service if located 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.

We would anticipate that to increase access to chronic pain services for people living in Scotland, either option 1 or 2 would be appropriate.

Option 1 as stated in the consultation paper is a tested service model where improved patient and clinical outcomes have been demonstrated. Option 2 has the potential to support pain management in the more rural areas of Scotland where they currently make use of telehealth care.

Ideally a combination of these two options would be our preferred option.

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 Care Inspectorate does not disagree with any option; but may suggest that option 3 would need to be piloted before any future investment is made.

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.

It would be good to consider whether such a new service, if it was a visiting service, would operate in a care home setting if someone living in a care home required it.

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.

At the chronic pain event held on 24 October 2013 in Glenrothes, service users spoke about the reluctance of health and social care staff making a referral for them to receive multi disciplinary support. Service users young and old spoke of how difficult it was to obtain a referral to a pain clinic and about there being a cultural issue about pain, that if it is chronic, it is just a case of 'putting up with pain'. To help breakdown this barrier there needs to be continued public health education about the assessment and management of chronic pain and awareness of chronic pain clinics.

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)

From a human rights perspective, for healthcare needs to be met fully for people using the care services we regulate, service users should have equal access to care and support; and equality of outcomes from that care and support.

The National Care Standards for Care Homes for Older People, such as Standard 14: Keeping well - healthcare, states: "you can expect staff to be aware of issues around the assessment and management of any symptoms you may have, including pain, and how to access any specialist services". Care planning is an essential part of health care delivery in all social care settings. A pain assessment as part of a good care planning process would be essential; to establish if pain was acute or chronic. Education on pain assessment should be part of the programme. The others mentioned in the consultation paper would be good to have available. The ultimate decision on what could be used as a method of treatment for the person with chronic pain should be tailored around their own individual needs and be part of person centred care.

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

There should be access to the service in Bath to share expertise and until services are well established in Scotland.

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)

n/a

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.

n/a

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?

n/a

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.

n/a