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 British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK.

Our membership comprises doctors, nurses, physiotherapists, scientists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients. Today the British Pain Society has a membership of over 1,550 and is a uniquely relevant representative body on all matters relating to pain.

The British Pain Society aims to promote education, training, research and development in all fields of pain. It endeavours to increase both professional and public awareness of the prevalence of pain and the facilities that are available for its management. The Society is involved in all aspects of pain and its management through the work of the Council, various Committees, Special Interest Groups and Working Parties and via its publications, Annual Scientific Meeting and educational seminars.

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.

Option 1 is the only option which has a clear evidence base, which has been shown to work elsewhere and which meets the criteria listed under "Factors you might want to consider…" (p.10).
Ideally we would propose that there should be a centre of excellence in three regions but we recognise that this may not be economically viable. Within option 1, consideration should also be given with regards to whether the specialist service will offer treatment options for both adults and young people. However, as the Bath service has demonstrated, it is possible to have both working together from a single site and it is likely that there are more benefits to be gained from this arrangement than from separate services.

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?

With regard to Option 2: Specialist residential chronic pain services present particular challenges and require specialist skills which need to be practised reasonably frequently if they are to be maintained. For this reason it is probably unwise to expect multidisciplinary teams which routinely deliver telehealth and / or outpatient pain services to be able to deliver high quality specialist residential services occasionally. Specialist residential programmes need to be delivered by teams who specialise in the delivery of such programmes.
The challenges are not so much to do with the professional knowledge base as the professional skills required. A remote expert will not be able to adequately assess difficulties that arise during a programme to give reliable guidance to a local team. For these reasons, and because local services are unlikely to be able to provide "fit for purpose accommodation", we are rejecting Option 2.

With regard to Option 3: Although a novel idea, we believe this is unlikely to work in practice. Like Option 2, it requires that local services are able to provide fit for purpose accommodation. It also assumes that a specialist team will be able to maintain the highest standards of service delivery despite the fact that they will be spending substantial parts of the year away from their professional base and away from their individual personal and social support networks. It is also likely that recruitment of suitably experienced and skilled clinicians would be difficult. We suggest therefore that Option 3 would not be a wise choice.

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.

Whilst we are supporting Option 1 it must be recognised that this service is likely to be required by a relatively small percentage of chronic pain patients (we do not have data on actual numbers) therefore must not be allowed to

dilute local services. It is vital that comprehensive, multi-disciplinary pain services are in place locally to ensure access for all patients to high quality pain management in addition to providing ongoing support as required for patients who have undergone intensive specialist pain management programme, possibly at some distance to their own home.

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.

A service located in one location would require travel- this may be beyond some patients and may be costly and some participants may lack confidence to be able to spend time away from support.
There would need to be consideration as to support for those who are carers for younger or older family members
It would be also be important that those who are in employment have the support of their employers.

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) ☐

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.

Under the current arrangements it is likely that the number of patients attending programmes at Bath represents a very small proportion of those with chronic pain in Scotland who are likely to benefit from a specialist residential programme. While outpatient-based PMPs have become the norm across the UK, it is arguable that this is largely for economic reasons.

Much of the evidence for PMPs has come from specialist residential services and, as the consultation document recognises, they are likely to benefit many patients, not only those with complex chronic pain and associated psychological needs but also those who might normally be offered standard outpatient PMPs if available closer to home. We believe that there is a strong case to be made for residential programmes which include patients with less complex problems alongside those with more complex problems. It is likely, due to the size of the chronic pain population and the geography of Scotland – making access to local outpatient services very difficult for many - that, when not limited to the population that currently accesses the Bath service, there will be sufficient patients to justify the creation of three regional specialist residential pain services