

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)

Royal College of Physicians and Surgeons of Glasgow

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 – a centre of excellence in a single location.

The group considered this option was most likely to be able to consistently deliver all the components of a tertiary referral specialist pain service, with the proviso that this should not be at the expense of continuing to develop and improve local pain service provision. It is important that the latter are equally available to patients in every Scottish health board.

The advantages of this model are : the ability to develop a true centre of excellence, the opportunity for more integrated multi-disciplinary working and peer support, enhanced ability to provide teaching and training and to create an environment where audit and research is actively promoted. All of these aspects are likely to further drive up standards.

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?

Option 3 – A service delivered in different locations by a team of chronic pain specialists (an outreach or roving service).
After some consideration, the group considered that it would be unlikely that this model could successfully consistently deliver all the components of a tertiary referral specialist pain service.

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.

Option 4 – intensive investment in local pain service provision ensuring equity of provision and access for patients in each Scottish health board.

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.

Absence of easily accessible centre in Scotland, up front travel costs (for both patient and immediate carer/support provider), concern about physical ability to travel a long distance, separation from family & friends, uncertainty about presence of appropriate disabled facilities in any residential area.

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

Other (please tell us in the comments box below)

Full disabled facilities need to be available in any residential component considered.

Opportunity for immediate carer/support provider to receive information, education and support regarding the pain management program.

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.

One of our group has experience of referring patients to such a service. The main advantage is access to a service not currently available to patients in Scotland. A perceived disadvantage is the subsequent lack of integration, communication and active involvement of the local centre by the specialist centre.

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.

The group were concerned that the consultation document did not provide a review of the evidence base comparing outcome data for the residential and the outpatient approach to the delivery of specialist chronic pain services. No cost appraisal for any of the options was presented, nor was there any indication of the numbers of patients likely to use the service.

The document does not make clear whether or not the proposed service is intended just for adult patients and does not indicate what the arrangements would be for adolescents and children.