

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)

I worked for 7 years in the Bath Pain Management Unit and came up to Glasgow and worked in the North Glasgow Trust for 3 years.

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.

Before a Centre can begin to practice a cohesive interdisciplinary team has to be put together. A vision for growth and development needs to be in place and training and education of other health professionals in Scotland needs to happen. Once a centre of excellence is established in one area then out reach programmes can be rolled out and local clinics can be run in more rural areas. It needs to be cohesive and a highly skilled team of practitioners working together to provide the CBT approach that will enable the patients to gain the expertise and skills to begin to manage their pain for the rest of their life. People dipping in and out and teams changing and health care professionals all saying different things is not effective. It also needs to be a residential service for 3 or 4 weeks along the lines of the Bath unit. Providing a safe therapeutic environment to facilitate change.

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 2 and 3 could easily follow after option 1 has had time to develop.

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.

Biggest barrier is cost to government etc but solution is to look long term at savings and return to work etc Short term it will not seem efficient but it will in the long term.

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

Jointly led by both psychology and medics. Weekend at home as part of programme and 3 follow ups following course completion. Maybe even having follow ups a a residential weekend. Relaxation training and education, goal setting, pacing etc stress management managing

depression anxiety training etc.
Medication assessment and reduction planning as appropriate for individuals, sleep education etc etc

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.

I worked in Bath

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.

Scotland needs and should have a Centre of excellence for pain management then everything else will follow. Links should be formalised with Bath for staff training and sharing or using any of Baths resources should be done. There is no point in trying to move ahead without learning from a tried and tested model it would waste more time.