

## Health and Social Care

# The Provision of Specialist Residential Chronic Pain Services in Scotland Analysis of Consultation Findings

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A consultation on “The Provision of Specialist Residential Chronic Pain Services in Scotland” was carried out by the Scottish Government between 2nd September 2013 and 27th October 2013. A total of 228 submissions were received to the written consultation, and 77 people experiencing chronic pain and other stakeholders attended events organised by the Health and Social Care Alliance.

## Main findings

- The consultation document described three options for specialist residential chronic pain services: a Centre of Excellence in a single location (Option 1); a service delivered by local chronic pain clinicians supported by other clinical advisors in another part of the country (Option 2) and a service delivered in different locations by a team of chronic pain specialists (an outreach or roving service) (Option 3).
- There was a clear preference overall for Option 1 – a Centre of Excellence in a single location. Among those who ticked a preference, three quarters (75%) ticked a preference for Option 1, while only 14% ticked Option 2 and 6% Option 3.
- A small proportion of written respondents (5%) ticked more than one option. Over a fifth of all respondents made some comments to suggest the need for, or value of, the inclusion of elements of more than one of the options.
- A small number of respondents suggested other alternatives, or suggested that none of the options would be beneficial, or that they did not support the need for a residential service.
- Among those who expressed disagreement with one or more of the Options, around 65% identified Option 3 (including both those identifying Option 3 alone and in conjunction with another option). Similarly, around half (51%) identified that they disagreed with Option 2. A smaller proportion (around 10%) identified that they disagreed with Option 1.
- The barriers to accessing a residential pain management service mentioned most frequently were: costs; location and distance; other transport and travel issues; and family commitments and access to personal support.
- A small proportion of written respondents (10%) had previously attended, or supported someone attending a residential service outside Scotland, while 12% indicated that they had been offered but declined a residential service outside Scotland.
- Most written respondents believed that a chronic pain assessment (97%); supported one to one sessions to teach coping skills (91%); residential accommodation (91%); medication assessment (91%); tailored exercise programme (87%); group sessions (84%); opportunity for immediate carer/support provider to accompany patient (84%); and peer support (78%) should be included in a Scottish service.
- Nearly half (48%) of those who expressed a view stated that the option of referral to the residential service at Bath should be retained. A quarter stated it should not, and a similar proportion did not know.

## Background and process

The Cabinet Secretary for Health and Wellbeing has pledged to establish a specialist residential chronic pain service in Scotland. Such provision is currently made at the Royal National Hospital for Rheumatic Diseases in Bath, but it is recognised that this location creates a wide range of practical and other difficulties for both patients and those who support them.

A consultation was undertaken by the Scottish Government in Autumn 2013 to identify stakeholders' views of the best way to provide such a service in Scotland.

## The consultation

A written consultation and four stakeholder meetings were held. The consultation document identified three residential options, which were:

- A Centre of Excellence in a single location (Option 1).
- A service delivered by local chronic pain clinicians supported by other clinical advisors in another part of the country (Option 2).
- A service delivered in different locations by a team of chronic pain specialists (an outreach or roving service) (Option 3).

## Respondents

A total of 228 submissions were received to the written consultation from respondents in the following self-selected categories:

- An individual who experiences chronic pain (35%).
- Other stakeholder (19%) including some health bodies; Royal Colleges and professional associations; a variety of representative organisations; an MSP and a local authority.
- A family member or carer of someone who experiences chronic pain (14%).
- A health professional (13%).
- An organisation representing people who experience chronic pain (8%).

Six per cent of respondents selected more than one category, and no category could be determined in 5% of cases. Seventy seven people experiencing chronic pain and other stakeholders took part in four stakeholder events.

## Views of options – benefits and issues/concerns

There was a clear preference overall for Option 1 – a Centre of Excellence in a single location. Three quarters (75%) of those who ticked a preference selected Option 1, while only 14% ticked Option 2 and 6% Option 3.

Over two thirds of respondents in each of the categories (see bullet points above) expressed a preference for Option 1 suggesting broad support for this.

Overall, around 65% of those who addressed this question identified that they disagreed with Option 3 (including both those identifying Option 3 alone and in conjunction with another option). Similarly, around half (51%) identified that they disagreed with Option 2. A smaller proportion (around 10%) identified that they disagreed with Option 1.

A small proportion of written respondents (5%) ticked more than one option. Participants in all of the stakeholder meetings also favoured a mix of elements of the options, and some other respondents referred to the benefits of including aspects of other options at various points in their response (whether or not they expressed support for a specific option). Over a fifth of all written respondents made some comments to suggest the need for, or value of, including elements of more than one of the options.

A small number of respondents suggested other alternatives, or suggested that none of the options would be beneficial, or stated that they did not support the need for a residential service.

Perceived benefits of Option 1 related to:

- The overall high quality of the service and nature of provision.
- Opportunities for staff development and recruitment.
- Ease of delivery and management.
- The range of provision that could be made.
- The positive impact on meeting service users' needs.
- Provision being closer to home and addressing some existing travel and access issues.
- The option being tried and tested and supported by evidence.
- Cost-effectiveness and opportunities for attracting funding.

The most common benefits of the other options, (identified by much smaller numbers of respondents than with Option 1) related to the opportunity to offer a service close to home and the lack of need to travel. In the case of Option 2, another common theme was the opportunity to use existing knowledge and develop local staff and skills.

A low proportion of respondents expressed concerns with Option 1, but the most common related to travel issues and the single location.

Common concerns with the other options focused on delivery and management issues such as their practicality, feasibility and sustainability. There were also concerns about:

- The nature and types of provision possible.
- The potential for a lower quality service.
- The impact on service users through perceived fragmentation, long waiting times, isolation and access difficulties.
- Staffing difficulties.
- Cost-effectiveness.
- The lack of experience and evidence for these options.

Where respondents suggested a combination of options, the most common were a combination of Options 1 and 2, or elements of all three. Some suggested the potential to develop additional elements at a later stage.

It was argued that the establishment of a Centre of Excellence or specialist service should not be an alternative to, or at the expense of the continuing development of local pain services.

## Barriers and experiences

Barriers to accessing a residential pain management service were seen to include:

- Costs.
- Location and distance.
- Transport and travel issues.
- Family commitments and access to personal support.
- Gaining access to the service.
- Education and employment commitments.
- Physical and mental health issues and personal perceptions of provision.
- The nature of the treatment and the environment.
- Limited funding or staff support for provision.
- Issues for specific groups.

A large number of respondents made comments about particular ways to overcome the barriers.

Several qualified their response by suggesting that there were few (or no) barriers for people experiencing chronic pain, or that the benefits of getting intensive treatment, dealing with the pain and getting relief from this would outweigh the barriers. Some suggested generally that there would be fewer barriers with the provision of a residential pain management service in Scotland.

A small proportion of respondents to the written consultation (10%) indicated that they had previously attended, or supported someone attending a residential service outside Scotland. Where advantages were identified, these related to: the overall effectiveness; the general impact on the patient; the nature of provision available; and the overall approach. Where disadvantages were identified, these related to: aspects of the nature of provision available and the overall approach; location, distance and travel; gaining access to the service; the overall effectiveness; costs and resources.

A small proportion of respondents to the written consultation (12%) made comments relating to having been offered but declined a residential service outside Scotland. Of these, just under half gave reasons for having declined such an offer (relating primarily to the location and distance of the service). A similar proportion stated that they had never been offered, or had been refused such a service.

## Components of service provision

Most respondents believed that all of the aspects of residential pain management services listed in the consultation document should be included in a Scottish service.

The proportions of respondents who ticked boxes to support the inclusion of each of those suggested were:

- A chronic pain assessment (97%).
- Supported one to one sessions to teach coping skills (91%).
- Residential accommodation (91%).
- Medication assessment (91%).
- Tailored exercise programme (87%).
- Group sessions (84%).
- Opportunity for immediate carer/support provider to accompany patient (84%).
- Peer support (78%).

Additional suggestions for components of Scottish service provision were:

- Particular types of treatment and therapies.
- Follow-up and review.
- Information, advice and other support to patients, carers and family members.
- Services to meet the needs of specific groups.
- Particular facilities.
- Provision in other settings.
- Planning.
- Social opportunities.
- Research.

Most (90%) of respondents to the written consultation expressed a view about the retention of the option of a referral to Bath. Nearly half of these (48%) believed that access should be retained. A quarter (25%) indicated that it should not, and a similar proportion (27%) stated that they did not know.

## Other issues

Many additional comments and suggestions were made.

Comments on the current context and nature of services included:

- The nature of chronic pain (e.g. its impact, prevalence and importance).
- The likely level of demand or need for provision.
- Problems with, and positive aspects of current service provision.

Comments on the consultation itself included:

- The consultation overall.
- The processes.
- Questions and issues for clarification.
- The role and nature of respondents to the consultation.

Among common themes about the way forward in the development and delivery of specialist residential chronic pain services in Scotland, were additional suggestions about:

- Strategic and overall issues.
- The overall organisation and pattern of provision.
- Staff education and training.
- The possible location of a Centre of Excellence.
- The history and timing of developments.
- Funding and resources.
- The evidence base.

## Overview

The consultation identified 3 options. Of these, there was a clear preference for Option 1 (a Centre of Excellence in a single location), in some cases in conjunction with another option. A significant number of benefits, as well as a few disadvantages, were suggested for Option 1. Most respondents supported the provision of a wide range of services in such a Centre of Excellence. Option 3 (an outreach or roving service) was identified most often by respondents as one they disagreed with. Nearly half of those who expressed a view suggested that access to the residential service at Bath should be retained either on the same basis as at present, or in a modified form.

This document, along with full research report of the project, and further information about social and policy research commissioned and published on behalf of the Scottish Government, can be viewed on the Internet at: <http://www.scotland.gov.uk/socialresearch>. If you have any further queries about social research, please contact us at [socialresearch@scotland.gsi.gov.uk](mailto:socialresearch@scotland.gsi.gov.uk) or on 0131 244 2111.