Self-care / Self-management (pre and post diagnosis)	Primary Care	Integrated MSK Service	Specialist In-patient care

Awareness raising:
 	
• Concept of pain and self-care / self-management options
• Patient stories / examples
• Advertising and public health campaign – e.g. Australia Back Pain: 'don't take it lying down' campaign
 	
Tools – for public, new and existing patients / carers and professionals:
 	
• Integrated MSK Service website – signposting to:
  ○ Local Pain guidelines and pathways
  ○ Local PPI structures and initiatives
  ○ www.paintoolkit.org
  ○ www.paincd.org.uk
  ○ www.healthtalkonline.org
  ○ www.sign.ac.uk
  ○ www.britishpainsociety.org
  ○ www.dorsetpain.org.uk
 	
• Integrated MSK Service Advice Line (telephone, email and web-based) – provided by non-clinical and clinical staff who have undergone specific training and motivational interview training
 	
• Information available in a variety of formats and languages
 	
• Links to relevant 3rd sector organisations including NRAS and Arthritis Care, The Fed, Back Care, British Pain Society, Arthritis Research UK
 	
• Crawley Ethnic Minority Partnership
 	
• Links to work place and employers – promotes Access to Work
 	
• Phone apps
 	
Access info – for public, new and existing patients / carers and professionals:
 	
• Who to contact for advice and guidance and contact details of Integrated MSK Service – on website, in GP Practices, in community venues such as gyms, health clubs, libraries, etc
 	
• Peer Support Groups / Community Networks
	Assessment and Examination:
	• History – contextualise pain presentation
	• Duration of pain
	• Psychosocial element – using the Sheffield Persistent Pain pathway (Dr Ollie Hart):
	  ○ 1. During the past month, has it often been too painful to do many of your day-to-day activities?
	  ○ 2. During the past month, has your pain been bad enough to often make you feel worried or low in mood?
	If yes to either question, then identify the impact pain has upon some of the important psychosocial factors. This can be done verbally or with PHQ2 screen or BPI-outcome tool Other tools such as the STarTBack pain tool aim to stratify the risk into low, medium and high.
	
	• Pain – use PCS screening tool
	• Depression / anxiety – could use screening tools PHQ9 and GAD 7 or PHQ2
	• Co-morbidities – i.e. COPD, Heart disease, mental health
	• Impact on occupation and sick leave – i.e. off-work
	• Review for red / yellow flags (psychosocial elements i.e. depression, anxiety)
	• Other stressors / significant life events
	• Examination
	
	• **Investigations:**
	
	Any as appropriate to usual primary care management if not previously undertaken
	
	Diagnosis:
	• Consider working diagnosis
	• Explore and clarify patient expectations
	
	Management (including condition-specific self-care options):
	• Ongoing GP review as appropriate
	• Patient education and living with pain
	• Goal setting and action plans
	• Signpost patient to self-care / self-management information, advice, peer support groups, pain tools:
	  ○ www.paintoolkit.org
	  ○ www.paincd.org.uk
	
	• Initiate pain relief medications in a step-wise approach in line with agreed formularies / guidance and the
		Triage of referral:
		• Review referral for screening questions including red / yellow flags
		• Ensure referral form / referral Minimum Dataset completed appropriately:
		  ○ If not, contact referring GP to obtain further information
		  ○ **Consider send out pre-appointment screen via PKB where applicable**
		• Flag on system 1 for readmission
		• Direct List via GP for FU patients
		
		Triage outcomes:
		
		• Return patient to GP with advice for further work up / management
		
		•
		
		• Direct patient for assessment / diagnostics within the Integrated MSK Service for:
		  ○ Medicines and Prescribing advice (Pain medic)
		  ○ Further diagnostic assessment (Pain medic or ESP)
		  ○ Complex biopsychosocial needs (Medic / psychologist joint assessment)
		  ○ Pain Medic / GPwSI discussion regarding secondary care surgical interventions / referral
		• Direct patient for treatment within the Integrated MSK Service including general physio
		• Discuss further with Pain MDT if complex
		• Direct patients to specialist in-patient care / other specialty
		• Direct listing
		
		Assessment:
		• 1st appointment face to face (individual / MDT):
		  ○ History – pain, sleep, red / yellow flags, risk assessment, mental health (mood / sleep / anxiety)
		  ○ Past medical history – previous treatment
		  ○ Medications - current pain relief
		  ○ Social History – include health beliefs, and what matters to the patient and what they are expecting to happen
		  ○ Examination
			Referral thresholds:
			
			Consider tertiary care referral (i.e. spinal cord stimulation, intrathecal infusion, INPUT)
			
			Follow on 3rd Sector

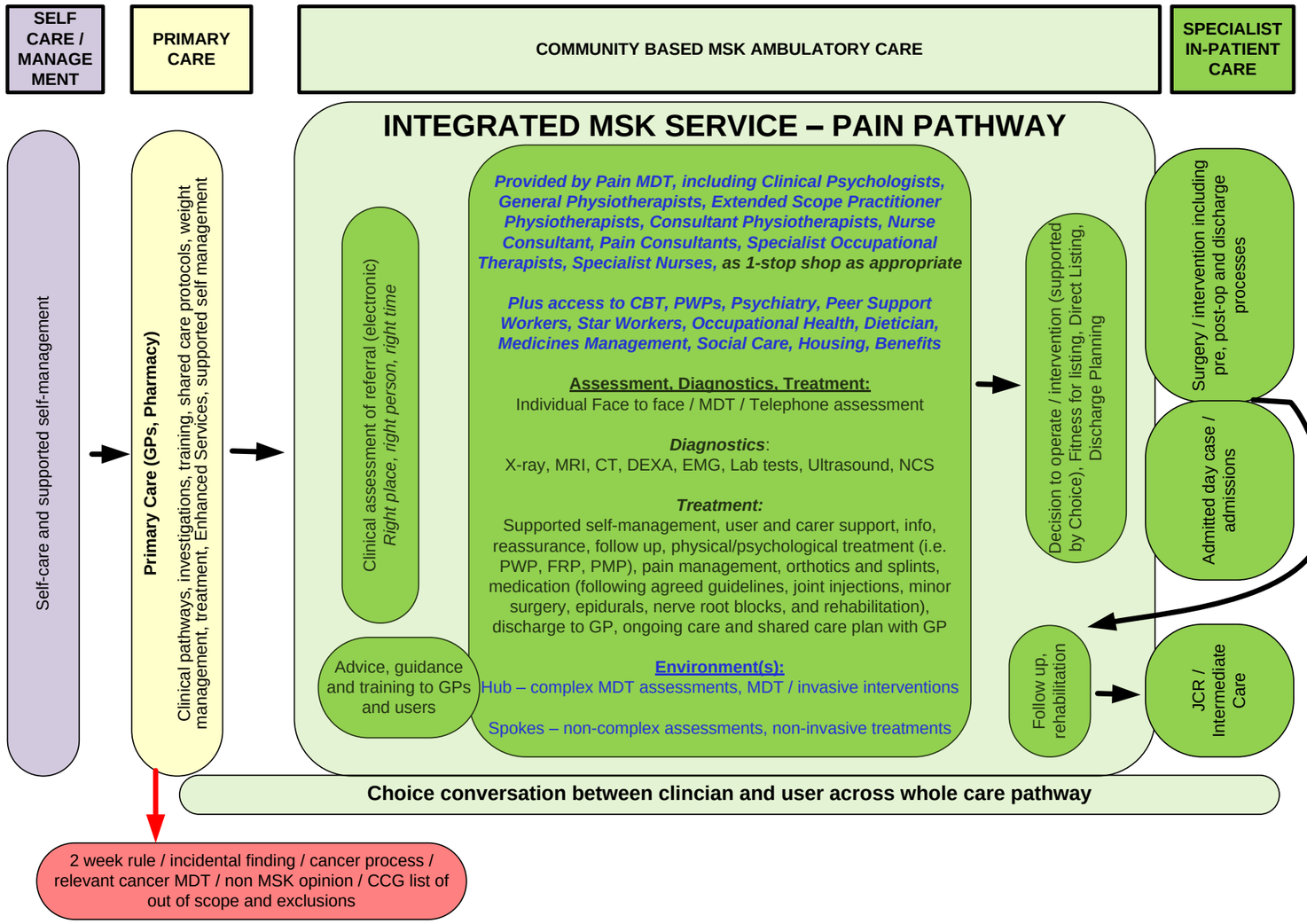
Self-care / Self-management (pre and post diagnosis)	Primary Care	Integrated MSK Service	Specialist In-patient care
• Post-discharge info regarding flare up / co-morbidities management, who to contact and how, where to find self-care / self-management info, support and peer groups info • East Sussex- Patient Involvement Forum • Pain Support Group **Training – for professionals:** • Self-care / self-management and managing patient expectations training sessions provided by the Integrated MSK Service for professionals	analgesic ladder. • GPs should exercise extreme caution before initiating prescribing of opiates in patients with chronic pain; see: • http://www.britishpainsociety.org/book_opioid_main.pdf • Consider patient information on keeping mobile and exercises / exercise plan **Referral thresholds:** **Referral to Integrated MSK Service if:** • Considering Manual Therapies, Pain Management etc is required • Complex biopsychosocial co-morbidities • Poor response to treatment • Co-morbidity complexities • Severe functional impairment • Patient expectation of referral to specialist Pain clinician It is important for GPs to explain to patients with chronic pain that the pain management service will help them to "live with" their pain, and is unlikely to "cure" the pain.	○ Diagnostics / Imaging ○ Outcome measures **Pathway Note: MDT to advise on outcome measures ?EQ5D etc)** **Management:** • Patient education and information • Jointly develop and agree with patient a realistic Care Plan, management options, goals and actions • Initiate management options as relevant including: ○ Patient education ○ Pain Information Session(s) ○ Peer Support Groups ○ Manual Therapies (i.e. Physiotherapy, acupuncture, etc) ○ Psychological Wellbeing Practitioner (PWP) ○ Functional Restoration Programme (FRP) ○ Pain Management Programme (PMP) ○ High intensity CBT / other therapy – link with local Wellbeing Services ○ Hydrotherapy ○ Injections (i.e. joint injections, epidurals, nerve root blocks, superficial nerve block, trigger point injection, regional blocks), non MSK injection ○ TENS ○ MDT review of patient to agree appropriate management options ○ Consider review by other MSK pathway i.e. Spine, Rheumatology, etc as appropriate ○ Onwards referral for other specialty input / review e.g. Substance Misuse ○ Pain prescribing service / medication advice **Outcome Tool:** M-PROM (available October 2015)	

***[Note:** service delivery – implement Lead GP(s) for Pain in order to provide support to other local Practices in a network approach, including seeing other Practices patients on their behalf]*

Proposed Pain Model and high-level pathway

Pain Management Group members present on 24/06/14 – *Peter Devlin (GP, BICS), Di Finney (Consultant Nurse, SCT/BICS), Johan Holte (Consultant Physiotherapist, BICS), Jonathan Hearsey (ESP, BICS), Angela Busutill (Consultant Clinical Psychologist, SPFT), Peter Bajorek (Consultant in Pain Medicine, SASH), Catherine Cameron (Psychologist, BSUH / SPFT), Laura Finucane (Consultant Physiotherapist, SCT), Christine Yates (Nurse*

Specialist, BSUH), Simon Thorp (Consultant in Pain Medicine, BSUH), Stephen Ward (Consultant in Pain Medicine, BSUH), Rachel Dixon (Horder Healthcare, Clinical Director), Karen Eastman (CCG Clinical Lead, NHS Horsham and Mid Sussex CCG), Sally Howard (BSUH, Director of Service Transformation), Shaun Carr (BSUH, Service Manager)



Pain Management Programmes

A Pain Management Programme (PMP) is a psychologically-based rehabilitative treatment for people with chronic pain which remains unresolved by other treatments currently available . It is delivered in a group setting by an interdisciplinary team of experienced health care professionals working closely with patients.

Some Pain Centres may run Pain Management Programmes that aim to teach a group of patients with similar problems about pain, how best to cope with it and how to live a more active life, others may offer acupuncture and other complementary therapies.

For the majority of people, attending a Pain Management Programme reduces the disability and distress caused by chronic pain by teaching physical, psychological and practical techniques to improve quality of life. It differs from other treatments provided in Pain Clinics in that pain relief is not the primary goal, although improvements in pain following participation in a Pain Management Programme have been demonstrated.