

Pathway:	Chronic pain management service (formerly Clinical Enablement Service)
Referral Criteria/Commissioning position:	
<p>Pain and pain management may be defined in the following ways:</p> <p><i>An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (Merskey and Bogduk 1994)</i></p> <p><i>Chronic pain is pain of more than 12 weeks duration or pain that continues after the expected period of healing.</i></p> <p><i>Pain management is any intervention designed to prevent or alleviate pain and/or its impact, such that quality of life and ability to function are optimised.</i></p> <p>The Chronic Pain Management Service follows a stepped-care model, empowering patients with chronic pain to self-manage and improve their quality of life, through psycho-education and input from a multi-disciplinary team which includes physician, pharmacist, OT, activity, trainers, acupuncturists, nurses and psychological therapists. The pain service offers individual assessment, goal planning and intervention to support self-management. The service promotes development of individualised maintenance and relapse management plans.</p>	
Pain Management Programme	<p>CBT based course aimed at understanding long term pain and promoting elements of the 'Pain Toolkit' in developing self-management, optimising functionality and quality of life.</p> <p>Areas addressed include:</p> <p>Goal setting and planning, behavioural activation and physical activity, identifying and managing stress and psychological wellbeing, improving sleep, pacing relapse prevention and mindful relaxation.</p>
<p>Refer patients with persistent, chronic pain (see definition above), when the pain has been investigated and surgical and medical treatments have been maximised.</p> <p>Patients with suspected Fibromyalgia should also be referred to the service, please refer to the guidance located here</p> <p>Patients who need clinical investigation should be referred to the appropriate secondary care specialty.</p> <p>Patients should expect an assessment appointment, followed by an individually tailored plan. Individual and group sessions are held in Bridlington.</p>	
Investigations prior to referral	
<ul style="list-style-type: none"> • All necessary physical investigations 	

Exclusions	Appropriate referral route
Suspected Fracture / Infection	Urgent care/Emergency department
Ante-natal Back Pain/Pelvic Pain	Physiotherapy/Women's health
Chronic Fatigue Syndrome (unless primary presenting symptom is pain of 3/12 duration)	Specialist service – Hull/Harrogate/South Tees
Presence of red flags i.e. cauda equine syndrome	Emergency Department
Patients receiving care from another pain management service	
Patients under the age of 18 years	Paediatrics
Patients not registered with an SRCCG GP	
Patients requiring a surgical opinion	Appropriate surgical specialty
Hospital in-patients	Secondary care pain service
A patient with uncontrolled alcohol and/or substance misuse	Appropriate support service
A patient with uncontrolled psychotic or other major psychiatric illness	Appropriate mental health support service
Post-surgical or post cancer pain	Secondary Care Pain service
Acute pain	Secondary Care Pain service
Palliative care patients	

Information to include in referral letter:

The GP referral letter should contain:

- Description of symptoms and duration and diagnosis if relevant
- Details of treatments and measures tried including outcomes
- Drug history (prescribed and non-prescribed)
- Relevant past medical/surgical history
- Mental health history
- Current regular medication
- BMI and smoking status
- Alcohol consumption
- Ethnicity