

Guidelines for Referral to Ayrshire and Arran Persistent Pain Service

NHS Ayrshire & Arran Pain Management Service provides outpatient multidisciplinary assessment and management plans for adults with persistent pain lasting greater than 3 months. The team in A&A comprises Doctors in Pain Management, Specialist Physiotherapists, Clinical Psychologist, Specialist Nurses, Occupational Therapists and Pharmacists. Our aim is to improve the quality of life for patients within A&A affected by persistent pain. This is achieved by promoting safe and appropriate prescribing with medicine rationalisation if required, providing advice, support and therapy to enable the patient to self-manage their long term condition.

There is no cure for persistent pain and medications are of limited value.

Inclusion Criteria:

- over 18 years of age
- significant pain for more than 3 months associated with substantial distress, disability or disruption of normal life
- all investigations / treatments have been completed (Unless discussed with a Pain Clinician prior to referral) and who are accepting of this and not seeking further treatment
- had medication trials appropriate to their condition (See NHS Ayrshire & Arran ADTC 118: Pharmacological and Other Management of Persistent Pain <http://athena/adtc/DTC%20%20Clinical%20Guidelines/ADTC118.pdf>).
- Seeking support with rationalisation of analgesic medicines
- ready to adopt a pain self-management approach involving active engagement with the pain management service
- Signposted to Pain Association Scotland's local community based self-management groups. www.painassociation.com
- Signposted to Ayrshire and Arran Pain Service website <https://www.nhsaaa.net/pain-management-service/>

Exclusion Criteria:

- Presence of red flags (refer to appropriate speciality)
- Patients expecting a cure for their long term condition.
- Awaiting investigations or specialist opinion, test results, or invasive treatment for pain-related condition
- Currently attending or referred to another service that may assist with pain management (e.g. Rheumatology, Orthopaedics)
- Less complex musculoskeletal (MSK) pain with shorter duration of pain should initially be referred to the MSK service
- Significant mental health problems and/or chaotic alcohol/drug dependency behaviour that is not appropriately managed should be referred to the appropriate service/agency.
- Headache – consider Neurology referral in the first instance.
- Current pregnancy or breast feeding.
- Prescribing of high dose opioids and benzodiazepines are associated with reduced ability to cope with pain, significant low mood issues and impair ability to engage in self-management. Progression through the service will be limited until these medications are rationalised
- Seeking procedures or injections
- Re-referral with the same pain problem once all therapeutic options have been exhausted (unless they are now more accepting of a pain self-management approach)

Non-attendance at any aspect of our service will result in a patient being discharged from the service.

Referral Process:

- Primary Care use SCI gateway to refer.
- Secondary Care dictate a letter and copy to Referral Management Service.
- AHP use the AHP referral form (attached at end of document) and forward to aa.clinicalpainmanagementphysio@aapct.scot.nhs.uk

Referrals Must Include:

- The pain problem (e.g. Location, Duration, Causation, Diagnosis)
- Relevant referrals/investigations/treatments that have been undertaken
- Medications and previous analgesic trials including dose, effects, side-effects
- Previous involvement with MSK physiotherapy or other rehabilitation services appropriate to condition

- Previous attendance at Pain Management Service, including consultant name and reason for re-referral
- Medical, Psychological and Social History
- The patient's expectations of referral (Include details of patient's acceptance that the service will focus on self-management aimed at improving quality of life).
- Your expectations as referrer (e.g. Medical management, Multidisciplinary help /management, Psychological help / support)

If this information is not supplied, we will not be able to assess the referral or make recommendations. The referral will be returned seeking clarification.

AHP TO PAIN MANAGEMENT SERVICES REFERRAL FORM

Date:	
Patient Name:	
Address:	
Postcode:	
Tel No:	
CHI:	

Referrer's Name:		
Discipline:		
Base:		
Contact Details	t:	e:

Patient Discussed With APP Pain Management / escalation clinical reasoning session	<input type="checkbox"/> Name:
Copy of referral sent to G.P	<input type="checkbox"/>

	YES	NO
Have all appropriate investigations been completed?		
Has the patient previously attended the pain management service? If yes, please provide details of when /consultant etc		
Is the patient waiting for first appointment with, or currently attending, another service that may assist with pain management (e.g. Rheumatology, Orthopaedics)? If yes, please refer to referral guidelines may not be appropriate to refer patient to pain management services at this time.		
Has the patient been signposted to any third sector/community service? If yes, Please indicate which service e.g. Pain Association Scotland local self management group		

Clinical Presentation including history: (Location, Duration, Causation, Diagnosis)

Relevant referrals/investigations/treatments that have been undertaken and/or are on ongoing

Medications and previous analgesic trials including dose, effects, side- effects

Previous Management: (Please also describe engagement with self management strategies to date including any barriers to progress identified.)

Total number of treatment sessions (virtual / f2f please specify)

Social History: (include information on psychosocial assessment findings)

Patient expectation of referral to the service: (Include details of patient's acceptance that the service focus is living well with pain not pain reduction aims)

Reason for Referral: (Your expectations as referrer e.g. Medical management, Multidisciplinary management, Psychological assessment / support, Pain Management Programme, acceptance)

Any Further Relevant Information:

Please send all completed forms to:

aa.clinicalpainmanagementphysio@aapct.scot.nhs.uk

Find more information on the Pain Management Service on our website:

<https://www.nhsaaa.net/pain-management-service/>