

## **Surgical Care Group Chronic Pain Service Reconfiguration (Dr Laishley)**

From 1<sup>st</sup> December 2021 the current Chronic Pain Service delivered at UHD, Bournemouth site by Dr Roger Laishley will transfer to Dorset Healthcare NHS Trust. This transfer will align all pain services under one provider across Dorset. This transfer has three specific internal pathways.

- Spinal Injections
- Chronic Pain
- Rheumatology Pain (joints other than spinal)

Once the patient cohort is transferred to Dorset Healthcare, Bournemouth site will continue to provide and Out Patient Clinic and Theatre capacity, in line with current agreed template activity for Pain.

**Therefore from 1<sup>st</sup> December 2021 the current internal referral pathway to the Pain Service will cease and patients will need to be referred by the referring clinician to the relevant Dorset Healthcare pathway as laid out below.**

Can these pathways please be circulated to all relevant parties and followed. Any referrals sent to Dr Laishley post 1<sup>st</sup> December will be returned.

Louise McGraw – Directorate Manager, Anaesthetics Directorate  
Richard Green – Clinical Director, Anaesthetics Directorate



**THIS SERVICE IS SUITABLE FOR PEOPLE WHO HAVE THE FOLLOWING CHARACTERISTICS:**

<p><b>Pain lasting for longer than 3 months or the normal expected healing time.</b></p>	<p>This is in line with accepted definitions of “chronic pain”.</p> <p>Acute conditions need appropriate investigation/management prior to referral to our service.</p> <p><b><i>Acute Complex Regional Pain Syndrome is an exception and should be referred to us as soon as possible.</i></b></p>
<p><b>People who show no evidence of “red flags”.</b></p>	<p>We are a routine service.</p> <p>People requiring urgent physical and mental health attention <b><i>should be referred immediately</i></b> to the appropriate clinical discipline in secondary care.</p>
<p><b>Acknowledgement that chronic pain may not be treatable and willingness to engage with behavioural/emotional change approaches.</b></p>	<p>Conversations have been had between the patient and referrer explaining that treatment or therapy may not take the pain away but can enable improved health, wellbeing and quality of life.</p> <p>The person understands that behavioural and emotional changes are necessary and is willing to engage in this approach.</p>
<p><b>Have tried first line medication appropriate to the type of pain.</b></p>	<p>The person and their GP need to have tried the following, if appropriate, before referral:</p> <ul style="list-style-type: none"> <li>Regular Paracetamol</li> <li>NSAIDS (where appropriate)</li> <li>Low dose opiates ( where appropriate)</li> <li>Tricyclics / Anticonvulsants for neuropathic pain</li> <li>Antidepressants (where appropriate for low mood).</li> </ul>

<p><b>Have had investigations to rule out treatable pathology and diagnostic pathway completed.</b></p>	<p>The Pain Service does not offer diagnostic work-up.</p> <p>The evidence suggests that acceptance and development of self-management strategies is impeded when the person is expecting a solution or cure for their pain. Investigations and treatments - where appropriate - should have been trialled before referral.</p> <p>In the case of Widespread Body Pain with Fatigue (i.e. suspected Fibromyalgia/CFS), we recommend the following:</p> <ul style="list-style-type: none"> <li>• Full Blood Count, ESR</li> <li>• HbA1c or urine dipstick for Glucose</li> <li>• Renal and liver function</li> <li>• Thyroid Function Tests</li> <li>• ANA and anti-tissue transglutaminase</li> <li>• Vitamin D and ferritin (supplement if under 50).</li> </ul>
<p><b>Have had active rehabilitation for musculoskeletal conditions as well as for other conditions within specialist services offering first line treatment, eg for Pelvic Pain.</b></p>	<p>The Pain Service is aimed at people who have not responded to standard treatments. It is not meant for those who have not yet been exposed to standard treatments, which must be tried before referral.</p>
<p><b>Have completed their involvement with other clinical services and been discharged.</b></p>	<p>The person should not be in active treatment with other teams for the <b>same problem</b> as this hampers acceptance and may confuse the person with information received from other clinicians/pathways.</p>
<p><b>ALL APPROPRIATE INFORMATION/DOCUMENTATION MUST BE ATTACHED.</b></p> <p><b>Each referral needs to include a list of medical problems, medications, copies of letters from other consultants and imaging reports.</b></p> <p>As a pan-Dorset service, we may not have access to all clinical systems used across the county. All supporting documents must therefore be forwarded with your referral as this will ensure that we:</p> <ul style="list-style-type: none"> <li>• offer safe treatment suggestions.</li> <li>• triage the referral appropriately and allocate your patient to the most appropriate clinician in a timely manner.</li> <li>• communicate meaningfully with the person about past diagnoses.</li> <li>• prevent duplicating pathways.</li> </ul>	

<p style="text-align: center;"><b>THIS SERVICE IS NOT SUITABLE FOR THE FOLLOWING PEOPLE.</b></p> <p style="text-align: center;"><b>We regret we are unable to accept a referral under the following circumstances:</b></p>	
<b>“Red flags”</b>	<p>We are a routine service.</p> <p>People requiring urgent physical and mental health attention <b><i>should be referred immediately</i></b> to the appropriate clinical discipline in secondary care.</p>
<b>Children under 16</b>	<p>This service is for adults above the age of 18 years.</p> <p>Children between 16 – 18 years will be considered on an individual basis for treatment to ascertain if the service is able to meet their needs.</p>
<b>People who are not willing to engage differently and are seeking a repeat referral</b>	<p>We do not accept repeat referrals for people who have already been referred and/or been seen by our service unless there is a substantial change in physical or emotional presentation.</p> <p>We will consider each case individually and if there is a justifiable reason for re referral, this must be clearly indicated and evidenced by the referrer, otherwise we are not able to accept them back into the service.</p> <p>This is especially true of people who have already demonstrated a lack of engagement either through non-attendance or through their inability to participate in their own process of recovery.</p> <p>Please contact us via phone or email if you wish to discuss individual cases.</p>
<b>People who only want single / stand-alone therapies or interventions</b>	<p>Referrals are only accepted for people who are willing to engage in holistic pain management, which may include specific treatment and/or interventions from physiotherapy, psychology, occupational therapy, medicines management and spinal injections.</p> <p>It is very important not to set unrealistic patient expectations about the type of treatment offered before they have been assessed and accepted by our service.</p> <p>We will ensure a robust assessment is undertaken and plan care appropriately in collaboration with each individual.</p> <p>People should not be referred to the pain service until they are ready to engage with a holistic pain management plan.</p>

<b>People who are housebound</b>	Home visits are considered in exceptional circumstances but in line with our ethos of supported self-management and facilitating independence and greater self-reliance, we prefer that people attend clinic or community appointments as this is a stepping stone to re-engaging with the outside world.
<b>People suffering with acute episodes of mental illness, certain personality disorders, untreated anxiety and depression</b>	<p>Untreated mental illness may pose challenges to understanding and accepting the models of therapy/treatment used in chronic pain management and are likely to prevent the patient from achieving a successful outcome.</p> <p>The Pain Service does not provide general psychiatric or psychological services.</p> <p>People in need of mental health treatment should receive first line support through their Mental Health Teams.</p>
<b>People currently misusing alcohol and non-prescribed substances, not undergoing addiction management</b>	Evidence clearly suggests that people who have unmanaged addiction issues are unable to engage in generic therapies and pain management. They need to be stabilized by the Addiction Services prior to referral. .
<b>People with active cancers, requiring medicines management.</b>	<p>This falls under the remit of Palliative care specialist teams.</p> <p>We are unable to provide symptom management.</p>
<b>People awaiting definitive treatment for their problem, for instance, surgery</b>	<p>There is no point in embarking on a biopsychosocial pain management journey if a possible solution is awaited and achievable.</p> <p>Please contact us directly if you require medication advice in the interim.</p>
<b>People undergoing litigation or seeking compensation for their pain related conditions</b>	<p>While we acknowledge that some people undergoing compensation are highly motivated to work on managing their pain, we are aware that others might be caught between taking back control of their lives and minimising the impact of their pain whilst having to prove the significant damage incurred at the time of injury. Understandably, they may be worried that improving physically may affect the level of compensation they are hoping to receive from their injury claim.</p> <p>So as not to disadvantage any individual, we will assess each person on a case by case basis and help them with pain management, if there is sufficient evidence about their motivation for engagement and improvement.</p>

All departments are to send their referral letters to the following email address:

[dhc.dorset.cps@nhs.net](mailto:dhc.dorset.cps@nhs.net)

Dorset Healthcare Service Provision information:

<https://dorsetpain.org.uk>

Provide specialist support for people living with persistent pain, helping them to lead as fulfilling and independent lives as possible.

Community pain service deals with all forms of chronic pain, including musculoskeletal (muscles, bones and joints), neurological (nervous system), internal organs and unexplained pain.

Offer a range of support and treatments, including:

- medication and injection therapy
- self-management strategies
- psychological therapy and counselling
- physical therapy to improve fitness and mobility
- complementary treatments, such as TENS clinics, meditation and relaxation
- group-based pain management programmes.

Also provide employment support, to help people return to work or find a new job.

The service employs consultant anaesthetists, psychologists, counsellors, occupational therapists, physiotherapists and nurses, based in community hospitals and clinics across Dorset.