



Pain Management Service

A brief summary

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What we do.

- ④ All patients will be assessed by a clinician who specialises in persistent pain. They will receive a thorough biopsychosocial assessment during which they will discuss the treatments the patient has tried to date and their responses to them.
- ④ They will also assess the impact that pain is having on the patient's life, provide education and advice and agree a plan with the patient, having discussed the available options.
- ④ Where possible, we try to reduce pain, however pain reduction is not always achievable, and we are often more successful in working with people to reduce the impact that pain has on day-to-day life.
- ④ The primary aim of our services is therefore to improve functioning and quality of life, with pain.

Services

- ④ The options available can vary, depending on local agreements and can include:
- ④ Education and supported self-management and pain rehabilitation
- ④ Individual pain rehabilitation
- ④ Group Pain Programmes (18 hours held via teams)
- ④ Pain psychology assessment and consultations (using ACT approach)
- ④ Medication reviews to support optimisation of analgesia or deprescribing
- ④ Pain intervention techniques e.g., Radiofrequency Denervation for persistent low back pain (on a Mobile Injection Unit).
- ④ Signposting to local social prescribing/community support and other relevant services.

Referral Criteria

- ④ Aged 18 years and over •
- ④ Chronic widespread or localised non-cancer pain (present for more than 3 - 6 months, in accordance with local agreements) where there is either: o no obvious cause(s) for the pain after appropriate investigations, or o the cause(s) have been identified but no specific treatment can be offered /is acceptable, or o a cause for pain has been identified but pain persists despite appropriate treatment (e.g., analgesia and physiotherapy).
- ④ In addition, the patient should be experiencing either distress, disability or pain related medication issues.
- ④ Patients should be appropriately investigated (if appropriate) and results fed back and actioned, prior to referral.

Exclusion criteria

- Ⓞ Suspected Inflammatory /Rheumatological condition •
- Ⓞ Pain related to active cancer or palliative care •
- Ⓞ Significant suicide risk and / or psychosis •
- Ⓞ Complex and chronic pain states, for example, phantom limb /organ pain, post stroke pain or complex regional pain syndrome or who require specialised interventions (e.g., spinal cord stimulation), as these warrant referral to a regional tertiary pain management centre. •
- Ⓞ There may be other local exclusions to consider

Helpful resources to consider signposting to prior to referral

- ④ Connect Health webpage - [Connect Health | Musculoskeletal Services - NHS - Occupational Health](#)
- ④ Flippin' Pain - Understanding pain can change the way you manage it and even the way it feels. Flippin' Pain is a public health campaign helping people to understand the science of pain. Visit www.flippinpain.co.uk for more information, useful resources, stories from people living with pain, and information on free live events. To find out more visit <https://www.flippinpain.co.uk/understanding-pain/> and <https://www.flippinpain.co.uk/resources/>
- ④ Tame the Beast – <https://www.tamethebeast.org/>
- ④ The Pain Toolkit – <https://www.paintoolkit.org/>
- ④ Live Well With Pain – www.livewellwithpain.co.uk