

Barnsley Pain Management Service

Leanne Dixon

What we do

- 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 they have tried to date and their responses to them, the impact on day to day lifestyle including being able to work. The Barnsley team consists of a consultant for medical intervention only, nurses, Independent non-medical prescribers, physiotherapists and a psychologist.
- The clinician will also assess the impact that pain is having on the patient's quality of life including their mental health, they will then provide education and advice and agree a plan with the patient, having discussed the available options. [The Flippin' Pain™ Formula - Everything matters when it comes to pain](#)
- 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.
- [The Flippin' Pain™ Formula - Understanding your pain can be key](#)
- The primary aim of our services is therefore to improve functioning and quality of life, while living alongside persistent pain.

Who can refer

Referrals will be considered from:

- Pain consultants
- Consultants from other secondary services such as Rheumatology and spinal surgery
- General practitioners
- Referrals from specialist non-medical practitioners will be accepted and should be supported by a named consultant or GP
- Community MSK/Physiotherapy services

Referral Guidance

- Via ERS MSK triage pathway
- Patient's condition / nature of pain / impact and length of time they have experienced pain
- Previous treatments and investigations which have been effective/ineffective/not tolerated
- Related / relevant medical and drug history
- Patient demographics including NHS number
- All relevant clinical letters
- Results of any lab investigations, scanned copies of CT MRI scans etc.
- Any other information which the Provider feels should form part of the referral, agreed with the Commissioner.

Services

- Education and supported self-management and pain rehabilitation
- Individual pain rehabilitation which can be delivered virtually, or face to face depending on the preference of the patient or Group Pain Programmes (18 hours held via teams) - The content covers key topics such as the biopsychosocial model, sleep, enjoyable movement, medication, pacing activity and rest, goals, communication, mindfulness, diaphragmatic breathing, positive psychology and its effects, sensitisation of the central nervous system and de-sensitisation techniques and also pain losses and the grief experience.
- Pain psychology assessment and consultations (using ACT approach)
- Medication reviews to support optimisation of analgesia, deprescribing and supported opioid and gabapentinoid reduction plans inline with Nice guidelines [Overview | Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE](#)
- Pain intervention techniques e.g., Radiofrequency Denervation for persistent low back pain (on a Mobile Injection Unit).
- Signposting to local social prescribing/community support and other relevant services.

Referral Criteria

- Aged 16 years and over
- Chronic widespread or localised non-cancer pain (present for more than 3 - 6 months, in accordance with local agreements) where there is either: no obvious cause(s) for the pain after appropriate investigations, or the cause(s) have been identified but no specific treatment can be offered /is acceptable, or a cause for pain has been identified but pain persists despite appropriate treatment (e.g., analgesia and physiotherapy).
- In addition, the patient may be experiencing either distress, disability or pain related medication issues.
- 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 or mental health conditions that are not well managed.
- 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

Patient Feedback

I found them helpful, aware of my problems very sympathetic and easy to talk to

Very helpful with how to cope with my pain. Giving me ideas on ways to control the pain.

gave me invaluable advice and gave me reassurance as I gradually reduced my medication. Finally, she was a friendly voice at the end of the phone.

Bev has been excellent to talk to. She was understanding, easy to talk to, not dismissive of my situation and gave some very helpful strategies for coping. It's been a pleasure to work with her & I will miss our sessions

Supported and understood throughout with perspective and helpful suggestions given in an understandable way. Amy took me through some difficult times and helped me reframe and become more positive as the months went on.

I've had a really excellent experience with your service. Thank you.

Helpful resources to consider signposting to prior to referral

- Flippin' Pain - <https://www.flippinpain.co.uk/resources/>
- Tame the Beast – <https://www.tamethebeast.org/>
- Live Well With Pain – www.livewellwithpain.co.uk
- **[Search results - Joy - Barnsley info social prescribing services](#)**
- **[TazzyPersistentPainBooklet.pdf](#)**
- [Do you know someone whose body always hurts - a guide to helping children understand chronic pain.pdf](#) (pages 1-17 are generic information and may help children understand)
- [Overview | Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE](#)
- [Overview | Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE](#)
- [Overview | Neuropathic pain in adults: pharmacological management in non-specialist settings | Guidance | NICE](#)

More resources

- [The Flippin' Pain™ Formula - Hurt does not always mean harm](#)
- [Flippin' Arthritis event #1: Making sure people who get it, get it](#)
- [Flippin' Fibromyalgia: Making sure people who get it, GET IT#](#)
- [The Flippin' Pain™ Formula - Everything matters when it comes to pain](#)
- [The Flippin' Pain™ Formula - Understanding your pain can be key](#)