

Population Name	NHS Lothian
Population Size	~900,000
Report for 12 months ending	October 2014
Number of practices in the population	126
Participating practices - number (%)	126 + out of area referrals (3-4 per month)
Total number of patients from participating practices	Unable to determine
Total number of patients identified with PP	Unable to determine
% of total patients identified with PP (prevalence):	Unable to determine
Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients?	Yes - clinic proforma developed specifically for this purpose, Patient Health Questionnaire (PHQ-9), Pain Disability Questionnaire.
% of PP patients identified in primary care	Not known. All referrals to the service are tertiary referrals.
% of urgent or semi-urgent patients referred within one month of presentation by their GP (urgent/semi urgent patients=severe undiagnosed or progressive pain with the risk of increasing functional impairment, generally of 6 months duration or more)	Urgency is not recorded in referral procedure.
% of routine or regular patients referred with 8 weeks of presentation by their GP (routine=persistent long term pain without significant progression)	Unable to determine
Number of follow up PP patients in gynaecology, urology, psychology/counseling (IAPT, CBT), gastro-enterology, colo-rectal, pain/physiotherapy	Unable to determine
% of PP patients for whom a multidisciplinary meetings was held	100% of patients seen in the service
Average time from presentation to multidisciplinary meeting being held	Referrals discussed in multidisciplinary meeting within 14 days of receiving referral. Timing of further multidisciplinary discussion varies based on clinical need.
% of PP patients with a named co-ordinator of care	100% - Professor Andrew Horne as Service Lead. Although patients care may be delivered predominately by one of the other members of the team.
% of PP patients for whom patient outcomes are reviewed every 6 months (being mindful of whether the patient should be monitored or discharged as self-managing)	100%
% of PP patients who feel they have adequate methods to manage their pain	Not measured as a standardised outcome measure. Regular patient satisfaction audit completed.
Is there direct access to psychological services? If so, please describe.	Yes - Clinical Psychologist (Dr Shona Brown) embedded in the team and involved in multidisciplinary assessment and follow up care. This Clinical Psychologist will also refer to other psychological services based on patient need.
Are patients given access to decision support tools (e.g. map of medicine,	Yes - the service has a website <a href="http://www.crh.ed.ac.uk/pelvicpain/">http://www.crh.ed.ac.uk/pelvicpain/</a> and patients are sent a

relevant websites, leaflets, local buddying and peer support groups)? If so, please describe.	leaflet with a link to the website prior to their first appointment. The service also has strong links with local and national support groups such as Endometriosis UK and the Pelvic Pain Support Network. Other resources are recommended on an individualised basis.
Are experiences of PP patients monitored? If so, please describe.	Yes - patient satisfaction audit, outcome measures (PDQ and PHQ-9).
Are local support groups or materials (e.g. shared decision aids, youtube videos, leaflets, etc.) developed with PP patient/care involvement? If so, please describe?	Patients have been involved in the review of clinic materials such as questionnaires and the service website. We have a patient representative for the service (see website).
Estimated cost of your service	Unable to determine
Contact Person	Andrew Horne and Shona Brown
Contact email address:	<a href="mailto:andrew.horne@ed.ac.uk">andrew.horne@ed.ac.uk</a> and <a href="mailto:shona.brown@nhslothian.scot.nhs.uk">shona.brown@nhslothian.scot.nhs.uk</a>