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| Population Name | NHS Lothian |
| Population Size | ~900,000 |
| Report for 12 months ending | Aug-15 |
| Number of practices in the population | 126 |
| Participating practices - number (%) | Unknown - potentially all 126 GP practices The service also accepts out of area referrals (3-4 per month). The service is based at a tertiary level and therefore patients are usually referred by a gynaecologist/ pain medicine specialist. Some GP referrals to gynaecology are triaged to the service based on the clinical information provided in the referral. |
| Total number of patients from participating practices | Unknown |
| Total number of patients identified with PP | We presume this means over the course of the year. We are unable to obtain this information as PP is not coded for on hospital or GP databases. |
| % of total patients identified with PP (prevalence): | Needs clarification.% prevalence in relation to number of women seen by team? Total number of gynaecology referrals? Lothian patients in total? |
| 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 | Tertiary service therefore it is unclear how many PP patients are identified in primary care. Anecdotally most are referred from primary care for further investigation and specialist opinion and so GPs are not diagnosing with 'persistent pelvic pain' but referring on for this. |
| % 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) | Unknown- we have no way to access this GP based information in NHS Lothian |
| Number of follow up PP patients in gynaecology, urology, psychology/counseling (IAPT, CBT), gastro-enterology, colo-rectal, pain/physiotherapy | Unable to identify this figure. The service refers to these specialities in a patient centred manner. |
| % 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% |

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| % 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 embedded in the team and involved in multidisciplnay 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, releavent websites, leaflets, local buddying and peer support groups)? If so, please describe. | Yes - the service has a website www.exppectedinburgh.co.uk and patients are sent a 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). The pelvic pain management group patients have the option to attend includes completion of pre- and post-group outcome measures and a qualitative evaluation form used to inform group developments. |
| 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. The local Endometriosis UK support group is managed by patients although the Pelvic Pain Service has contributed to meetings held. |
| Estimated cost of your service | Unknown |
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