

Population Name	NHNN Pain Management Centre, Queen Square. We are a tertiary specialist service who takes referrals from the UK.
Population Size	UK
Report for 12 months ending	June 2014-June 2015
Number of practices in the population	UK
Participating practices - number (%)	UK
Total number of patients from participating practices	All patients will have been recommended/referred by secondary care/other specialist services.
Total number of patients identified with PP	Estimated 450 (200 referrals)
% of total patients identified with PP (prevalence):	All patients seen have abdomino-pelvic pain
Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients?	Yes, all patients complete a set of questionnaires
% of PP patients identified in primary care	See above
% 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)	Not collected
% of routine or regular patients referred with 8 weeks of presentation by their GP (routine=persistent long term pain without significant progression)	Not collected
Number of follow up PP patients in gynaecology, urology, psychology/counseling (IAPT, CBT), gastro-enterology, colo-rectal, pain/physiotherapy	This question is very non-specific. We offer a number of follow-ups with physiotherapy, psychology, group programmes, medical interventions, nurse reviews etc. Is this specific to our internal pain management pathways or is it a question of collecting who else the patients see outside of our service?
% of PP patients for whom a multidisciplinary meetings was held	100% as clinically required
Average time from presentation to multidisciplinary meeting being held	1 week
% of PP patients with a named co-ordinator of care	100%
% 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)	Reviewed when clinically relevant but we are in the process of reviewing it at each appointment
% of PP patients who feel they have adequate methods to manage their pain	We collect data regarding self-efficacy and health care use. Not sure how this is measured otherwise?
Is there direct access to psychological services? If so, please describe.	Yes. We have a large team of psychologist. Some have specialist training in abdomino-pelvic pain and offer individual and pain management programmes.
Are patients given access to decision support tools (e.g. map of medicine, relevant websites, leaflets, local buddying and peer support groups)? If so, please describe.	Yes. We provide resource lists, leaflets and access to peer support through information sessions and our group programme Link (gender specific abdomino-pelvic pain management programme) as well as resources on our website.
Are experiences of PP patients monitored? If so,	Yes. We regularly use satisfaction and feedback

please describe.	questionnaires to audit our service.
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?	Yes. We have a patient information group where all written material is monitored including patient feedback.
Estimated cost of your service	Not known (we are an integrated pain management service and work with a number of other specialist pain conditions and treatments.
Contact Person	Katrine Petersen (Specialist Physiotherapist in Pain Management)
Contact email address:	<a href="mailto:katrine.petersen@uclh.nhs.uk">katrine.petersen@uclh.nhs.uk</a>