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| Population Name | Royal London Hospital, Barts Health |
| Population Size | 242.000 |
| Report for 12 months ending | June 2014 |
| Number of practices in the population | 117 |
| Participating practices - number (%) | 100 |
| Total number of patients from participating practices | 212 |
| Total number of patients identified with PP | 212 |
| % of total patients identified with PP (prevalence): | 100 |
| Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients? | yes |
| % of PP patients identified in primary care | 80 |
| % 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) | 0 |
| % of routine or regular patients referred with 8 weeks of presentation by their GP (routine=persistent long term pain without significant progression) | 100% |
| Number of follow up PP patients in gynaecology, urology, psychology/counseling (IAPT, CBT), gastro-enterology, colo-rectal, pain/physiotherapy | 15% gestimate |
| % of PP patients for whom a multidisciplinary meetings was held | 2% |
| Average time from presentation to multidisciplinary meeting being held | unknown |
| % 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) | 10%, all severe endometriosis patients |
| % of PP patients who feel they have adequate methods to manage their pain | unknown, but easy access slots exist for acute on chronic pain |
| Is there direct access to psychological services? If so, please describe. | Previously we had a psychiatrist 'sitting in' in clinic (not funded). This was a very popular service. Now we can recommend referral via GP. We have a psychiatrist in our network who specialist in functional chronic pain, but uptake and referral is difficult. |
| 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. | Hospital leaflets, about to start trial new RCOG leaflets on endometriosis. we are preparing a pelvic pain bookshelf in the waiting room Pelvic pain support network and endometriosis UK contacts are routinely recommended |
| Are experiences of PP patients monitored? If so, please describe. | via BSGE database |
| 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? | We have identified patients who wish to become endometriosis ambassadors and run coffee mornings. We run patient had focus group meetings to identify research needs. |
| Estimated cost of your service | data requested- I iwll inform you later |

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