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| Population Name  | Southampton City   |
| Population Size  | 265000   |
| Report for 12 months ending  | September 2014   |
| Number of practices in the population  | 35   |
| Participating practices - number (%)   | 100  |
| Total number of patients from participating practices  | 265000   |
| Total number of patients identified with PP  | Read Codes awaited   |
| % of total patients identified with PP (prevalence):   | Which Prevalence data wre we using?  |
| Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients?  | No   |
| % of PP patients identified in primary care  | Read codes awaited   |
| % 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) | We will use ED attendances with lower abdominal and pelvic pain as it is not possilbe to find this, For Non Specific abdominal pain emergency admissions 203 patients pathway were audited , 76 had diagnosis of non specific abdominal pain, 12 out of the 76 went to theatre with 11 of these having normal appendixes removed , range of length of stay 0-10 days, 3 out of 76 readmitted within 30 days and all had higher than average length of stay , 35 came from ED and 41 from GP. ie Nearly 50% of Emergency admissions don't end up with a sepecific diagnosis - Also Emergency abdominal admissions are linked strongly to high deprivation areas |
| % of routine or regular patients referred with 8 weeks of presentation by their GP (routine=persistent long term pain without significant progression)   | No ICD codes used in outpatients - would require audit   |
| Number of follow up PP patients in gynaecology, urology, psychology/counseling (IAPT, CBT), gastro-enterology, colo-rectal, pain/physiotherapy   | We will email all the above services   |
| % of PP patients for whom a multidisciplinary meetings was held  | Pelvic Floor meeting - 0.038%  |
| Average time from presentation to multidisciplinary meeting being held   | > 6 months   |
| % of PP patients with a named co-ordinator of care   | None   |
| % 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)   | There is no monitoring system - why should we do that ?  |
| % of PP patients who feel they have adequate methods to manage their pain  | Requires patients Survey   |
| Is there direct access to psychological services? If so, please describe.  | Yes - STWB , Steps to wellbeing Usually is self referral They have free phone number & website <a href="http://www.steps2wellbeing.co.uk">www.steps2wellbeing.co.uk</a>  |
| Are patients given access to decision support tools (e.g. map of medicine,   | All patient attend the pain management service have access to all of the above it is only 3% referred to pain service  |

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| relevant websites, leaflets, local buddying and peer support groups)? If so, please describe.   | which is about 24 patients a year. Will check with relevant specialties   |
| Are experiences of PP patients monitored? If so, please describe.   | Yes - also this have to complete patients questionnaires , friends and family test etc  |
| 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 , the pain support group has developed Youtube videos with the university of Southampton occupational therapy Group about pain impact Website for pain is under construction, is led by a patient who has a degree in communication We will also check with other specialties |
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