

Population Name	Southampton and West Hampshire
Population Size	806, 247
Report for 12 months ending	31 March 2015
Number of practices in the population	84
Participating practices - number (%)	100
Total number of patients from participating practices	806, 247
Total number of patients identified with PP	30,500 visited their GP, 1944 admitted to hospital
% of total patients identified with PP (prevalence):	3.8%
Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients?	No
% of PP patients identified in primary care	N/K
% 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)	non elective admissions relating to abdominal pain -- spells came to 4691, 3888 patients ; 3% (n=117) make up 13% of admissions (N=608 admissions) . Most came in and were discharged the same day having been observed for a few hours. Top specialities were general surgery, A & E , paediatrics. general medicine and gynaecology. Top 3 diagnoses fell into GI/Gynae/urology remits
% of routine or regular patients referred with 8 weeks of presentation by their GP (routine=persistent long term pain without significant progression)	
Number of follow up PP patients in gynaecology, urology, psychology/counseling (IAPT, CBT), gastro-enterology, colo-rectal, pain/physiotherapy	
% of PP patients for whom a multidisciplinary meetings was held	0 (some discussed in pain clinic DT but not aware of discussions elsewhere)
Average time from presentation to multidisciplinary meeting being held	n/a
% of PP patients with a named co-ordinator of care	This is a very small number. Currently only ones are if they are under the CMHT'
% 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)	n/k
% of PP patients who feel they have adequate methods to manage their pain	n/k
Is there direct access to psychological services? If so, please describe.	Yes Anxiety and depression that is a consequence of pain (or in a vicious circle with it) but not too severe -- local IAPT services or pain clinic psychology services. Patients can self refer into the IAPT services.
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 peer support, (generic pain, endometriosis group) -- not map of medicine as UK government withdrew support
Are experiences of PP patients monitored? If so, please describe.	Only generically via the friends and family tests -- we would need to extract the data

<p>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?</p>	<p>Yes A leaflet has been developed on non-specific abdominal pain management for use on the surgical and gynaecology wards -- currently an ethics submission has been made to evaluate it with patients on the wards, one on general pain management for primary care. This signposted to support and information in Southampton. These have been developed with patient groups: Pelvic Pain Support Network and Keeping Pace in Southampton.</p>
<p>Estimated cost of your service</p>	<p>£4,297k for all admissions, £463k attributable to frequent attenders, per annum</p>
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