

<b>Population Name</b>	Tees Valley including Hambeldon and Richmondshire
<b>Population Size</b>	1.5 milion
<b>Report for 12 months ending</b>	November 2013
<b>Number of practices in the population</b>	Unknown
<b>Participating practices - number (%)</b>	Unknown
<b>Total number of patients from participating practices</b>	Unknown
<b>Total number of patients diagnosed with CPP</b>	Unknown
<b>% of total patients diagnosed with CPP:</b>	Unknown
<b>% of CPP patients for which the IPPS has been filled out by the GP</b>	0
<b>% of CPP patients receiving a diagnosis in primary care</b>	Unknown
<b>% 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 impariment, generally of 6 months duration or less)</b>	Unknown but very few
<b>% of routine or regular patients referred with 8 weeks of presentation by their GP (routine=persistent long term pain without significant progression)</b>	Unknown many are secondary referrals
<b>Number of referrals to secondary care including number of new patients in gynaecology/urology with CPP</b>	Unknown
<b>Number of follow up CPP patients in gynaecology</b>	Unknown
<b>% of CPP patients for whom an IPPS questionnaire was completed prior to attendance in gynaecology clinic</b>	0
<b>% of CPP patients for whom an IPPS questionnaire was completed prior to attendance in pelvic pain clinic</b>	0
<b>% of CPP patients for whom a multidisciplinary meetings was held</b>	Unknown very few
<b>Time from presentation to multidisciplinary meeting being held</b>	Unknown
<b>% of CPP patients with a named co-ordinator of care</b>	0
<b>% of CPP patients for whom patient outcomes are reviewed every 6 months</b>	0
<b>% of CPP patients who report their pain is under control</b>	Unknown
<b>% of CPP patients satisfied with their care</b>	Unknown
<b>% of CPP patients with high psychological distress in line with NICE CG 91 who have early access to CBT</b>	Unknown
<b>% of CPP patients receiving copies of referral letters</b>	Unknown
<b>% of CPP patients give access to decision support tools easily accessible eg map of medicine wide range of search terms to access the map and visible to patients</b>	Unknown
<b>% of CPP patients who report that the information they need is readily available</b>	Unknown
<b>% of CPP patients informed about local buddying, peer support groups</b>	Unknown
<b>% of CPP patients utilising local buddying, peer support groups</b>	Unknown
<b>% of CPP patients using self management resources</b>	Unknown
<b>% of CPP patients who find available self management resources to be useful</b>	Unknown
<b>% of CPP patients for whom patient experience is monitored</b>	Unknown

<b>% of local support groups or materials (i.e. shared decision aids, you tube videos, leaflets, etc.) which have had CPP patient/carer involvement in production and implementation</b>	Unknown
<b>% of CPP patients using a diary</b>	Unknown
<b>% of CPP patients monitoring their pain: Dolotest, SF 12 online</b>	Unknown
<b>% of CPP patients who have taken charge of their own medical records</b>	Unknown
<b>% of CPP patients for whom a Patient Activation Measure (PAM) has been completed - this should be noted in patient records</b>	0
<b>% of CPP patients for whom a Patient Activation Measure (PAM) &gt;8</b>	Unknown
<b>% of CPP patients who know about Map of Medicine</b>	Unknown
<b>% of CPP patients who have accessed Map of Medicine</b>	Unknown
<b>% of gynaecologists in training that have completed RCOG training modules</b>	Unknown
<b>Number of research uncertainties uploaded to DUETS and flagged to NETSCC</b>	Unknown
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