

Population Name	We are a tertiary specialist pain management service, so we currently take referrals from the UK. The centre is based at UCLH, NHNN, Queen Square, Pain Management Department
Population Size	UK
Report for 12 months ending	Jan-Dec 2013
Number of practices in the population	UK
Participating practices - number (%)	UK
Total number of patients from participating practices	Is that number of new patients seen yearly? 450. All patients have GPs but most of our referrals come from other secondary/tertiary care services such as urology, endometriosis clinic, gastroenterology, gynaecology, pain clinics etc. Estimated referrals from GPs: 20-30%
Total number of patients identified with PP	All patients seen in our abdomino-pelvic pain service have abdomino-pelvic pain
% of total patients identified with PP (prevalence):	See above
Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients?	We use a number of questionnaires
% of PP patients identified in primary care	Not collected, likely to be minimal
% 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	Is that total number of patients who are offered further input from our abdomino-pelvic pain team ( medical, interventions, nursing, physiotherapy, psychology, group treatment) or just consultant follow-ups? Our consultants see around 2000 follow ups a year, but many more appointments are offered in the abdomino-pelvic care pathway depending on the individual patient's treatment plan.
% of PP patients for whom a multidisciplinary meetings was held	100%(as needed); we hold regular MDT meetings where patients are routinely discussed
Average time from presentation to multidisciplinary meeting being held	Maximum one week
% of PP patients with a named co-ordinator of care	100% have at least one MDT member overseeing their care
% 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 appropriate
% of PP patients who feel they have adequate methods to manage their pain	Who decides if the methods are adequate? We collect data regarding self-efficacy and use of health care which helps us to monitor if the patients have found the advice and

	treatment effective in managing their pain
Is there direct access to psychological services? If so, please describe.	Yes. We have a large team of psychologists in our service and several of them have specialist training in abdomino-pelvic pain. They do MDT assessments, individual and group treatments.
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 leaflets, resource lists including web sites and access to peer support groups ( information sessions and gender specific abdomino-pelvic pain management programmes, LINK)
Are experiences of PP patients monitored? If so, please describe.	Yes. We regularly use satisfaction and feedback questionnaire 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?	We have a Patient Information Group where all written material is monitored, and it includes patient feedback.
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