Population Name	The Walton Centre NHS Foundation Trust. Tertiary Centre. Pain service with PMP Dept
Population Size	UK (predominantly the North)
Report for 12 months ending	Sept 2014-Sept2015
Number of practices in the population	
Participating practices - number (%)	
Total number of patients from participating practices	
Total number of patients identified with PP	200 (approx)
% of total patients identified with PP (prevalence):	all seen have lower abdominal pelvic pain or urogenital pain
Was a Pelvic Pain questionnaire (e.g. IPPS) use for patients?	Yes - based on IPPS but adapted for out pt population needs
% of PP patients identified in primary care	almost all referrals are from secondary care services
% 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)	
% 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	all
Average time from presentation to multidisciplinary meeting being held	on the same day
% of PP patients with a named co-ordinator of care	all
% 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)	Depends on clinical need. When in PMP service outcomes collected at assessment/ end of PMP and at 6 month follow up
% of PP patients who feel they have adequate methods to manage their pain	Not specifically asked as measures used are validated psychometrics looking at self efficacy, acceptance, emotional coping and physical levels of disability
Is there direct access to psychological services? If so, please describe.	Yes. Patiants with pelvic pain are seen in a joint clinic with Pain Consultant, Gynaecologist and Clinical Psychologist. Level of psychological support required is established and care can be monitoring/signposting/individual sessions with the Specialist Pain Psychologist and/or PMP.
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.	Patients are signposted to self help literature and support groups as felt clincially suitable. There is a local Chronic Pain support group linked to The Walton Centre (SMILE) but this is not poelvic pain specific.
Are experiences of PP patients monitored? If so,	Joint Pelvic Clinic and PMP satisfaction forms are routinely

please describe.	given.
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?	This happens mostly on the PMP in addition to the clinical information and self management strategies. There is less requirement for these to be used in our service given the rehab and therapy time that is available
Estimated cost of your service	
Contact Person	Dr Rajiv Chawla and Dr Natalie Lane
Contact email address:	rajiv.chawla@thewaltoncentre.nhs.uk natalie.lane@thewaltoncentre.nhs.uk