

Pain Clinic Referral criteria for Clinicians

What the pain services offer:

- A joined up, multi-professional patient specific assessment of pain and put in place an individual management plan, enabling a more normal life with reduced disability.
- Develop an individual management plan with psychological and behavioural support if required to live a fuller life in spite of pain. We work to support both the patient and GP to manage pain.
- Promote self-management, with related benefits of fewer inappropriate medical appointments and re-admissions.
- Provide advice about changes in lifestyle that may reduce the impact of pain on daily living
- Give advice on beginning exercises to reduce physical disabilities
- Help people begin to accept that chronic pain is a life-long problem

What the pain services do not offer:

We do not perform procedures at the request of a referring individual unless it is part of a combined management approach with an associated team

Whilst a therapeutic intervention may help some individuals this will often only have a limited effect and should be part of a multidisciplinary management programme. A decision on an intervention will only be made after a full discussion with the patient if it is considered appropriate.

- They generally do not take away pain
- Repeated interventions that do not have a long-lasting effect (such as injections or acupuncture)
- Repeated referrals to the clinic do not change what is available.
- Long-term support and treatment for patients with chronic pain. Like many other long-term conditions it is important the patient learns to live with the problems. Support in the community may be required

Conditions Typically Appropriate for Referral

- A diagnosis of Complex Regional Pain Syndrome (CRPS): **please contact pain clinics for urgent assessment.**
- Severe problematic neuropathic pain

- Degenerative disease where surgery is inappropriate or where patients have chosen not to have surgery but where there is significant functional impairment or pain and difficulty in self-management or other conservative treatments offered by the GP or other clinicians in the community.
- Other chronic pain conditions where simple conservative management has not been successful (physiotherapy, simple analgesics, basic neuropathic drugs) and where a multidisciplinary approach is needed for the person to manage their condition.

The following conditions are normally considered inappropriate for initial referral to Pain Clinic:

Some conditions are **not** considered appropriate for initial referral, as further specialist investigation may be needed. It is for the responsible clinician to decide whether an initial referral to the Pain Clinic would be appropriate.

New neurological symptoms or signs. Cauda Equina syndrome is a surgical emergency
Recent trauma (except if CRPS or acute neuropathic pain suspected)
Suspected inflammatory joint disease, although once a person has a diagnosis, it may be deemed appropriate for a person to receive pain services intervention at the request of a rheumatologist
Headache disorder - headaches including migraines will normally be referred to Neurology for review in the first instance to assess and manage underlying conditions
Pain problems where a possibly treatable condition or pathology has not been adequately assessed and excluded (consider initial referral to appropriate specialist).
Primary/pre-existing unstable/unmanaged psychiatric conditions with moderate to severe risk to themselves or others
Primary substance/alcohol misuse with drug-seeking behaviour
Suspected trigeminal neuralgia – refer neurosurgery

Re-referral of patients

If a patient has been seen by a Pain Clinic Consultant in any hospital, especially if they have completed a Pain Management Programme it is unlikely any other local service can offer anything else for the same condition, unless the condition and/or diagnosis has substantially changed.

Self-management should be encouraged in Primary Care. If there is a previous clear

statement by a Pain Consultant that there are no further reasonable therapeutic options, other than for a rehabilitative approach, the patient should not be re-referred with the same pain problem unless the patient's condition and/or diagnosis has substantially altered or there is reasonable belief of potential new treatment options. In that event advice should be sought first from the specialist pain team.

Policy – Criteria to Access Treatment – CRITERIA BASED ACCESS

Advice and guidance via E-Referrals is available from Pain services and will normally be sought prior to referral to assure that the patient is appropriate for a referral

Funding approval for referral, assessment and treatment will only be provided by the NHS for patients with complex pain needs meeting the criteria set out below. Prior to referral it should be discussed with and confirmed that the patient;

- 1) Understands the reason for the referral and is willing to engage in the intervention as described in this policy - supports the referral, **AND**
- 2) understands that chronic pain is a long term problem, **AND**
- 3) is ready to and willing to engage in holistic self-management (Patients who are fully engaged with the Pain Clinic normally receive the optimum benefit) **AND**
- 4) has realistic expectations of the referral - An explanation about the aims of the Pain Service has been given to the patient including providing a copy of the patient advisory leaflet supporting this policy so they can make an informed decision about whether they want to engage with our approach to management – **AND**
- 5) has not normally attended a Pain Clinic for the same condition before (see below), **AND**
- 6) Any underlying cause for the pain has been eliminated or managed appropriately without resolution of pain, **AND**
- 7) does not want, is not fit for a definitive procedure or this procedure is not routinely funded, **AND**
- 8) Appropriate Drug therapy has been tried but has been ineffective, is inappropriate or cannot be optimised in primary care (See Appendix 1) **AND**
- 9) Advice has been given about exercise and a healthy lifestyle and this has been appropriately engaged with by the patient, **AND**
- 10) has not been referred to a different specialty for the same condition at the same time, **AND**

11) is not being referred for a specific intervention. Whilst a therapeutic intervention may help some individuals this should be part of a multidisciplinary management programme. Pain services do not perform procedures at the request of a referring individual or patient.

Re-referral of patients

If a patient has been seen by a Pain Clinic Consultant, especially if they have completed a Pain Management Programme at one provider but are now seeking a referral to another service, the patient does not normally qualify for treatment and an Individual Funding request will be required to be submitted prior to referral.

Urgent referrals

We often have requests to bring forward appointments. In the interests of equity this is not possible unless there is a cancellation when we will endeavour to fill the slot with another patient. We are doing our best to keep the waiting times as short as possible.

Rejections

We will not accept a referral for any specific intervention e.g. injections or acupuncture.

Tertiary referrals

Patients already seen in another Pain Clinic and those referred from out of area for management of specific problems will be considered as tertiary referrals.