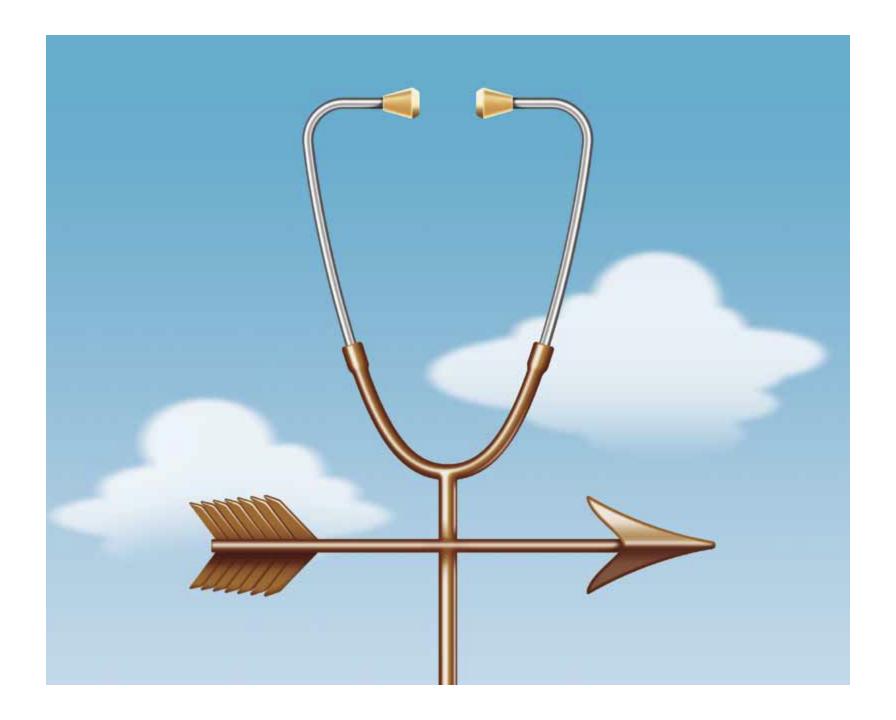
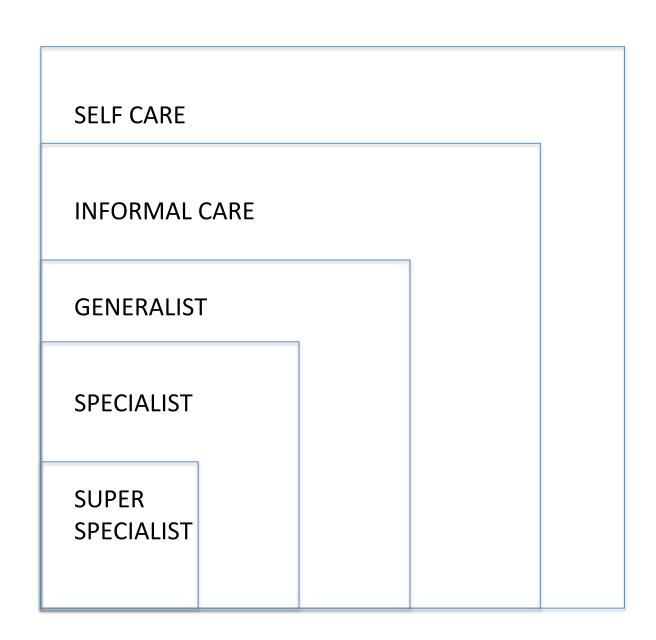
# Pain Management—Taking the Basics into Primary Care Daily Practice—Pain Patient Pathways

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## 2011 Health Survey for England

- About 1/3 of adults reported chronic pain (Women 37%; Men 31%)
- Of these, 32% of women and 30% of men have pain that restricts usual activities (Grades III and IV)
- Thus, about 1/9 of the UK adult population suffers from chronic pain with a high interference grade.

#### Access to Pain Services

- Patients with the most restricting/disabling pain (grade IV). What percentage had seen a pain professional at a specialist pain service?
- Men
  - -61%
- Women
  - **54%**

## Utilitarian Philosophy—the NHS

- The greatest benefit to the greatest number should be the guiding principle.
- The resources are not going to expand anymore!
- Accountable to whom?
  - Commissioners?
  - GPs?
  - Patients?

#### David's Pelvic Pain

(30 Months in the NHS)

- Maintenance engineer aged 36 gradual onset pain, "cycling weekend blew it all up"
- **GP**
- Urologist
- CT, MRI, Cystoscopy
- Colorectal surgeon
- Sigmoidoscopy
- GP

#### David's Pelvic Pain II

- Orthopaedic surgeon
- (Off work for 8 months now)
- Further x-rays
- Reviews
- Discharged (lost job now)
- **GP**
- Pain clinic

#### David's Pelvic Pain III

- House repossession proceedings
- Pain clinic
- Amitriptyline 10 30 mg at night
- Explanations of pain mechanisms
- 8 week review
- Pain no longer troublesome
- Starting back with original employer
- Severe mortgage arrears, but manageable



## Patient Pathways

- Increase the chances of timely, evidencebased care being delivered
- Reduce unnecessary tests and investigations
- Reduce risk of iatrogenic harm
- Reduce waste
- Improve outcomes

### Getting it Right

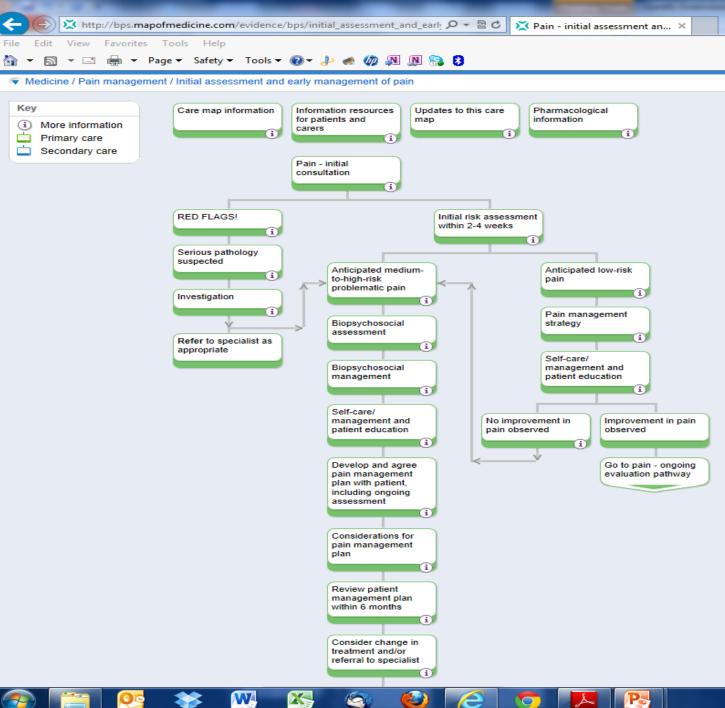
- Diagnosis: Treating the right patient
- Treatment: Treating the right patient right
- Organisation: Treating the right patient right at the right time
- Pathway: Treating the right patient right at the right time and in the right way

### The Best Pathway Systems

- Combine evidence with local knowledge and experience and conditions.
- Involve a number of different disciplines of people, in a team decision and creating ownership of the pathway.
- Measure the results of the actions.
- Have information systems feeding back to the team on a timely basis.
- Amend the pathway in the light of results.

#### Start at the Beginning!

- Primary care education
- Map of Medicine (MOM) education
- Secondary care education
- MOM education
- Audit patient pathways with emphasis on timeliness



























## Sample of information from "click"

- Information resources for patients and carers
- Recommended resources for patients and carers produced by organisations certified by The Information Standard:
- Pelvic Pain Support Network, for general, specific, and self-management information <a href="http://www.pelvicpain.org.uk/">http://www.pelvicpain.org.uk/</a> (opens in a new window)
- Patient UK for specific pelvic pain information <u>http://www.patient.co.uk/pils.asp (opens in a new window)</u>
- Bupa for specific pelvic pain information <u>http://www.bupa.co.uk/individuals/health-information (opens in a new window)</u>
- The following resources may also be helpful [9]:
- Pain management programmes for adults: information for patients (2007) (opens in a new window) (PDF) from The British Pain Society Patient publications <a href="http://www.britishpainsociety.org/pub\_patient.htm">http://www.britishpainsociety.org/pub\_patient.htm</a> (opens in a new window)
- The Pain Toolkit <a href="http://www.paintoolkit.org">http://www.paintoolkit.org</a> (opens in a new window)
- Living with chronic pain <a href="http://www.paincd.org.uk">http://www.paincd.org.uk</a> (opens in a new window)
- <u>International Association for the Study of Pain (IASP) fact sheets (opens in a new window)</u>

#### Useful links

 http://bps.mapofmedicine.com/evidence/ bps/index.html

Free access to MOM

http://mdbulletin.dh.gov.uk/2013/01/23/ chronic-pain-audit/

Sir Bruce Keogh's bulletin (lots of pain in there!)