NHS
Vale of York
Clinical Commissioning Group

New service available for VoY Ryedale practice patients

Scarborough Pain (Enablement) Service

For some time, NHS Scarborough & Ryedale CCG and York Teaching Hospital Foundation Trust have had a service in place called the Scarborough Pain (Enablement) Service. This service follows a stepped-care model, empowering patients with pain to self-manage through psycho-education and input from a psychology-led multi-disciplinary team rather than the traditional service model. Once referred, patients can stay within the service for up to 12 months.

Over the 12 months, patients are given support to achieve their individual goals of managing their symptoms and improving their quality of life, through one-to-one and group activities with different specialists.

We have been liaising with SRCCG and YTHFT and we are pleased to announce that **from the 2nd July 2018 for the following VoYCCG Ryedale practices only (Pickering, Helmsley and Kirkbymoorside)**, you can start to refer patients directly into this service. This will be in the form of pilot (until September 2018) whilst we consider expansion to the other VoY localities. Further details of the service are available at Appendix A.

Rheumatology referrals

In addition, through clinical triage the Rheumatology Consultants can re-direct patients they deem suitable for the service, meaning that the patients can be seen in the most appropriate setting for their condition.

Traditionally, patients have been seen within Rheumatology but where joint inflammation is not a factor, this cohort of patients have been hard to manage and the Rheumatology Consultants haven't had an alternative service to refer them to.

**** It is therefore important that referring clinicians inform patients that the outcome of the referral may mean that they are seen in this holistic setting rather than the traditional route to Rheumatology ****

Further information is attached but GPs should start to refer patients with suspected fibromyalgia and other related chronic pain conditions such as chronic fatigue syndrome and hypermobility, **where sensitivity to pain is the predominant feature**.

To further support referring clinicians, the Rheumatology Consultants have also developed an RSS guideline and this is attached for information – see Appendix B.

If this pilot is successful it is hoped that the service will be able to accommodate patients with other long term pain conditions where appropriate.

If you have any queries, please don't hesitate to contact Dr Shaun O'Connell, GP Lead for Acute Service Transformation on shaunoconnell@nhs.net

Appendix A – Scarborough Pain (Enablement) Service

Pathway:	Scarborough Pain (Enablement) Service

Referral Criteria/Commissioning position:

Pain and pain management may be defined in the following ways:

An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (Merskey and Bogduk 1994)

Chronic pain is pain of more than 12 weeks duration or pain that continues after the expected period of healing.

Pain management is *any intervention designed to prevent or alleviate pain and/or its impact, such that quality of life and ability to function are optimised.*

The Enablement Service follows a stepped-care model, empowering patients with pain to self-manage through psycho-education and input from a psychology-led multi-disciplinary team (physiotherapy and OT).

Refer patients with persistent, chronic pain (see definition above), when the pain has been investigated and surgical and medical treatments have been maximised.

Patients with suspected Fibromyalgia can also be referred to the service, please refer to the guidance located here

Patients who need clinical investigation should be referred to the appropriate secondary care specialty.

Investigations prior to referral

- All necessary physical investigations

Exclusions	Appropriate referral route
Suspected Fracture / Infection	Urgent care/Emergency department
Ante-natal Back Pain/Pelvic Pain	Physiotherapy/Women's health
Chronic Fatigue Syndrome (unless primary presenting symptom is pain of 3/12 duration)	Specialist service – Hull/Harrogate/South Tees
Presence of red flags i.e. cauda equine syndrome	Emergency Department
Patients receiving care from another pain management service	
Patients under the age of 18 years	Paediatrics
Patients not registered with an SRCCG GP	
Patients requiring a surgical opinion	Appropriate surgical specialty

Hospital in-patients	Secondary care pain service
A patient with uncontrolled alcohol and/or substance misuse	Appropriate support service
A patient with uncontrolled psychotic or other major psychiatric illness	Appropriate mental health support service
Post-surgical or post cancer pain	Secondary Care Pain service
Acute pain	Secondary Care Pain service

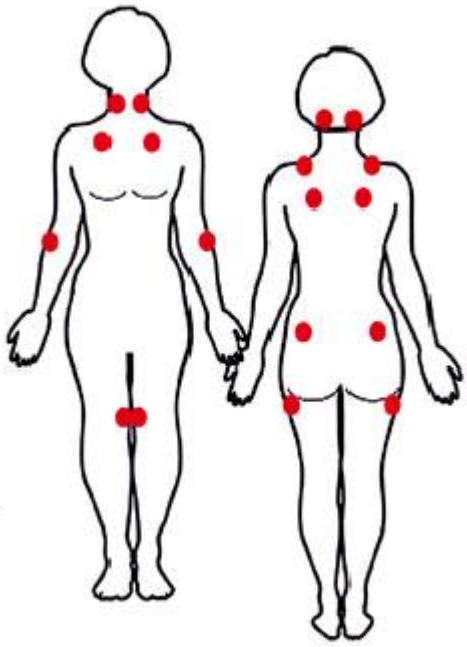
Information to include in referral letter:

The GP referral letter should contain:

- Description of symptoms and duration and diagnosis if relevant
- Details of treatments and measures tried including outcomes
- Drug history (prescribed and non-prescribed)
- Relevant past medical/surgical history
- Mental health history
- Current regular medication
- BMI
- Smoking status
- Alcohol consumption
- Ethnicity

Appendix B – Fibromyalgia guidance

Treatment	Fibromyalgia
Background	From April 2013, NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Scarborough and Ryedale CCG is responsible for commissioning activity in secondary care, and this policy sets out the referral criteria for the referral to secondary care for the management of Fibromyalgia.
Definition	Fibromyalgia is a pain syndrome comprising widespread pain to muscles and joints, fatigue, non-restorative sleep and cognitive impairment, with an absence of findings on physical examination and laboratory investigations that would explain symptoms.
Diagnosis and Management	The predominant symptoms are those of pain and fatigue, commonly associated with disturbed sleep and low mood. There is an association with psychiatric symptoms and other multiple somatic symptoms e.g. IBS, headache etc. Despite symptoms of soft tissue pain affecting the muscles, ligaments, and tendons there is no evidence of tissue inflammation. **Presenting features:** More common in women, age 20 to 65 Chronic, generalized pain: “hurts all over”, “like flu” Fatigue Poor Sleep Mood disturbances - 30 to 50% associated depression/ anxiety Cognitive disturbance - “fibro fog” Headaches - encountered in 50% Irritable bowel syndrome **Examination:** Multiple tender areas of muscle and tendons No inflammatory muscle or joint disease **Laboratory tests:** Unremarkable Diagnosis is based on clinical assessment based on the above findings. Classification criteria have been updated and old and new are outlined below for interest. The 1990 ACR criteria for fibromyalgia advocated the use of tender points, with FM being diagnosed if >11/18 Smythe points are tender (see diagram), with widespread pain above and below the diaphragm, both left and right sides of the body. This is still widely used in practice.



The more recent 2010 preliminary ACR criteria suggested use of the widespread pain index (WPI) and symptom severity (SS) score, with symptoms at a similar level for more than three months, and absence of other diagnoses to explain symptoms. A WPI score of 7 or above, or a SS score of 5 or above, or a WPI score of 3-6 with a SS score of 9 or above, would indicate fibromyalgia. This classification essentially does not require tender points on examination.

Widespread pain index (WPI, based on sites of reported pain, one point for each site, 19 maximum)

Neck
Upper back
Lower back
Chest
Abdomen
Left Upper arm
Right Upper arm
Right Lower arm
Right Lower arm
Left Shoulder girdle
Right Shoulder girdle
Right Greater trochanter
Left greater trochanter
Left Jaw
Right Jaw

	Left Upper leg Right Upper leg Left lower ler Right Lower leg Symptom severity score (SS) Fatigue graded (0-3) Waking unrefreshed (0-3) Cognitive symptoms (0-3) Where 0 = no symptoms, 1 = mild symptoms, 2 = moderate symptoms, 3 = severe symptoms Somatic symptoms in general None = 0 Mild = 1 Moderate = 2 Great deal of them = 3 Where somatic symptoms include muscle pain, fatigue, IBS, cognitive disturbance etc Fibromyalgia is a diagnosis of exclusion and care should be taken to ensure other diagnoses are considered before making the diagnosis of fibromyalgia.
Indications for referral	**Suspected fibromyalgia should be referred to the Scarborough Pain (Enablement) Service for multidisciplinary assessment and treatment.** If there are any clinical concerns from the team they will refer directly to Rheumatology
Treatment and interventions	The greatest evidence base for treatment and improving outcomes is for non-pharmacological interventions. All patients should receive education regarding the condition. All patients should have their sleep addressed with advice regarding sleep hygiene, impact of sleep on pain etc. All patients should have an exercise program, including aerobic conditioning, stretching, and strengthening. Medication should only be used if the above have failed usually as monotherapy. Medications of some benefit include : Amitriptyline, Gabapentin , Pregabalin, or Duloxetine. In addition psychological interventions for pain management and cognitive behavioural therapy have a role to play in improving engagement and outcomes.
Investigations prior to referral	Baseline tests to be considered: • FBC • U+E • LFT

	• Bone profile • CRP • ESR • TFT • Vitamin D In general medical tests should be kept to a minimum
Information to include in referral letter	• Length of history • Distribution and severity of pain • Extent of fatigue • Sleep history • Somatic symptoms e.g. “fibro fog”, IBS etc • Comorbidities
Effective from	March 2018
Review Date	2019
Contact for this policy	Service Improvement Team scrccg.rssifr@nhs.net