**CHCP HULL & EAST RIDING COMMUNITY CHRONIC PAIN MANAGEMENT SERVICE – GUIDANCE FOR REFERRERS**

This guidance is intended for clinicians referring into the Hull & East Riding Community Chronic Pain Management service for patients:

* **Who are a minimum of 18 years old**
* **Who have experienced pain for more than 3 months - less than 3 months will be accepted if there is a high risk of chronicity**
* **Who have had investigations completed, to ensure diagnosis is of chronic non-malignant pain**
* **Patients are not under another team or provider for the same problem, unless considered appropriate and core to the patient's treatment plan**
* **Who are registered with a Hull or East Riding GP**

**Exclusion criteria and options are listed within this document.**

**1) Introduction**

The Hull and East Riding Community Chronic Pain Management Service is delivered throughout various locations across the geographical areas. The service provides face to face, virtual, individual and group sessions providing advice, education and holistic interventions to support people manage their long-term chronic pain conditions.

**2) Referral Process and Criteria**

Patients can access the Chronic Pain Management service via electronic referral from any healthcare professional.

**Consideration of Red Flags or Inappropriate Chronic Pain Management Referrals**

Any patient with symptoms requiring urgent assessment should be directed to the local Emergency Department or Urgent Care Centre. You could also consider contacting the on-call hospital team within the relevant specialty (eg. Orthopaedics, Rheumatology, Neurology, Neurosurgery) via the advice and guidance services.

Conditions requiring urgent investigations include:

* Suspicion of cauda equina syndrome or suspicion of serious spinal pathology – refer to A&E immediately (if unsure, please discuss via the advice & guidance portal, or contact neurosurgery on-call) There is now an advised national pathway outlined and suggested by GIRFT for the management of CES and available through the NHSFutures website.
* Recent trauma with suspicion of fracture – request urgent X-Ray / refer to fracture clinic.
* Suspected Joint or Spinal Infection / Discitis – refer to ED or contact the on-call Orthopaedic doctor.
* Any suspicion of cancer or metastatic disease (see below)

Please do not refer any patient with a cancer history and new onset of pain where there is any suspicion of metastatic disease. These patients should always be referred back to their oncology team, usually under a 2-week rule referral if they are no longer under oncology review.

**Information to Include in a Chronic Pain Management Referral**

A Chronic Pain Management referral should contain enough relevant information to enable us to make a triage decision and support treatment planning with the patient. The following details should always be included where able:

* Area of pain/symptoms and any diagnosis or suspected diagnosis
* History; including duration and onset
* Previous treatment and investigations
* Relevant co-morbidities
* Patient expectations – are they open to a holistic approach? Are they aware we are a non-prescribing service?
* Any cancer history or other clinical red flags
* Any drug seeking behaviours past or present

**Referral Option Routes**

SystmOne to SystmOne using the referral questionnaire

A completed referral form (where possible) to [chcp.247111@nhs.net](mailto:chcp.247111@nhs.net)

A completed referral form (where possible) via eReferral

**Triage Criteria**

Patients who are referred into the Chronic Pain Management Service are clinically triaged within 5 days of receipt of the referral. Patients will then be booked for a nurse assessment within 20 working days (4 weeks) of receipt of the referral.

Please note, we do not accept referrals for patients as a stop gap whilst waiting for services with lengthy waiting times that are within our exclusion criteria.

**5) Exclusion Criteria and options for alternative services**

Patients **not** deemed appropriate for the Chronic Pain Management Service:

* **Patients under the age of 18 years.**
* **Patients who do not have a Hull or East Riding GP.**
* **Requests for the provision of specific interventions alone, i.e. acupuncture or pharmacy. Patients referred will be assessed using a biopsychosocial model, and care will be planned accordingly at that point as a joint care approach.**

**These patients will be rejected and advised to seek the most appropriate service where available.**

**If a referral is not suitable, information will be provided to the referrer advising of the reasons.**

**The following information outlines the exclusions not suitable for the Community Chronic Pain Management Service, with options for you to refer to where available or appropriate.**

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| **FOR PATIENTS REQUIRING:** | **REFERRAL OPTIONS FOR APPROPRIATE PATIENT MANAGEMENT** |
| * Patients requiring a home visit. * Provision of walking aid or equipment or mobility assessment as a standalone contact * Neurological conditions eg CVA, MS, PD, MND, Peripheral Neuropathy | CHCP NHS Service  <https://www.chcpcic.org.uk/chcp-services/hull-and-east-riding-community-rehabilitation>  01482247111  For urgent issues or to aid prevention of hospital admission please refer to  <https://www.chcpcic.org.uk/chcp-services/intermediate-care> |
| * Respiratory/CVS conditions eg Asthma, COPD, CCF | CHCP NHS Service  <https://www.chcpcic.org.uk/chcp-services/intermediate-care-services>  <https://www.chcpcic.org.uk/chcp-services/pulmonary-rehabilitation-east-riding>  01482247111 |
| * Falls associated with fragility and falls through poor mobility | CHCP NHS Service  <https://www.chcpcic.org.uk/chcp-services/hull-east-riding-falls-service> |
| * Urinary Incontinence and vaginal prolapse including post-natal pelvic floor issues. * Diastasis Rectus post-partum | CHCP NHS Service  <https://www.chcpcic.org.uk/chcp-services/bladder-bowel-health>  Women’s Health Physiotherapy referral needed via HUTH for Diastasis, specific pre- and post-partum issues. |
| * Chronic Fatigue Syndrome or ME where pain is not the primary presenting complaint | Humber NHS Service  <https://www.humber.nhs.uk/Services/chronic-fatigue-syndrome-service-cfs.htm> |
| * Amputees of lower or upper limb | HUTH NHS Service  <https://www.hey.nhs.uk/limbunit/> |
| * Dizziness, vertigo and other vestibular conditions including balance disorders. | Primary care management  Secondary Care Vestibular (HUTH/YORK) available through specialist routes if appropriate. |
| * Medically unstable patients or patients with suspicion of Red Flag/Sinister features on referral. | Appropriate medical management |
| * Hypermobility as primary diagnosis that are asymptomatic, and/or without specific pain problem | Primary care management |
| * Musculoskeletal (MSK) issues which meet MSK services criteria and have not already been triaged by them | CHCP NHS Service  [Home - MSK Physiotherapy Service for the East Riding](https://www.chcpmsk.org.uk/)  Healthshare Hull NHS Service  [Healthshare |Hull - Physio for all joint pain and muscle problems in Hull](https://healthsharehull.org.uk/) |
| * Temporomandibular Disorder | Primary care or Dentistry/Orthodontics |
| * Medication requests or support with reduction of pain medication such as opioids/ gabapentionoids when the patient is not willing to engage in a full holistic approach to pain management | ReNew  <https://www.changegrowlive.org/hull-renew/recovery-hub>  Phone number: 01482 620013  Email: [earlyhelp.hull@cgl.org.uk](mailto:earlyhelp.hull@cgl.org.uk)  Humber NHS Service  <https://www.humber.nhs.uk/services/drug-and-alcohol-services-east-riding-partnership/> |
| * Pre or postpartum pelvic girdle pain * Other pre and postpartum issues such as Diastasis Rectus | CHCP NHS Service  [Home - MSK Physiotherapy Service for the East Riding](https://www.chcpmsk.org.uk/)  For advice and guidance  Women’s Health Physiotherapy referral needed via HUTH for Diastasis, specific pre- and post-partum issues. |