



Public Health  
England

University College London Hospitals



NHS Foundation Trust

# The abdomino-pelvic pain service Annual Report – feedback

15<sup>th</sup> October 2014

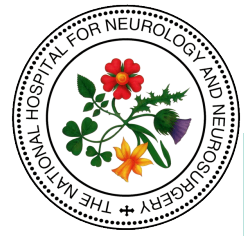
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**The National Hospital for  
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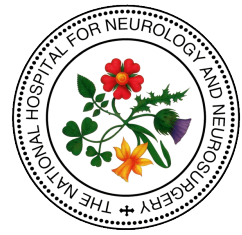
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# Who are the urogenital, pelvic, abdominal and visceral pain management team?

- 4 consultants in pain medicine
- 2 clinical nurse specialists
- 3 physiotherapists
- 4 psychologists
  
- Rest of the pain department





## Who are the urogenital, pelvic, abdominal and visceral pain management team?

1200 medical consultations per year, not including medical procedures, nurse reviews, physiotherapy, psychology and pain management groups

450 new abdomino-pelvic pain patients enter the department (2013)

This number is increasing

Our service is set up for male and female abdomino-pelvic pain, this includes gynaecological, urological, renal, pancreatic, musculoskeletal, gastro etc. (everything from the diaphragm to the pelvis...)



# Who else do we work with?



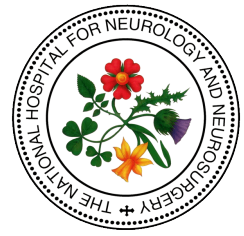
Urogynaecologist  
Gastroenterologist  
Gynaecologists  
Urologists  
Specialist  
endometriosis  
centre



## BASIC DATA

Populations size, number of practices, participating practices (%), total number of patients identified from participating practices

Tertiary centre, UK referrals



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## Objective 1:

To provide a streamlined, effective and efficient integrated multidisciplinary management pathway for those with Pelvic Pain (PP)





## Percentage of PP patients identified in primary care % urgent/semi-urgent referrals from their GP

- Tertiary service – we do not see patients that have had pain for less than 3 months – and all our patients have abdomino-pelvic pain
- Duration of pain is not always known prior to consultation
- Optimising referral timing to specialist services is difficult due to the time it takes to rule out underlying pathology
- GP referral numbers not collected and would not be accurate as many referrals from GPs come from other consultants recommendations



# Questionnaire/outcome measures

Was a Pelvic Pain questionnaire (e.g. IPPS) used for patients? We have adapted the IPPS into our own assessment form.

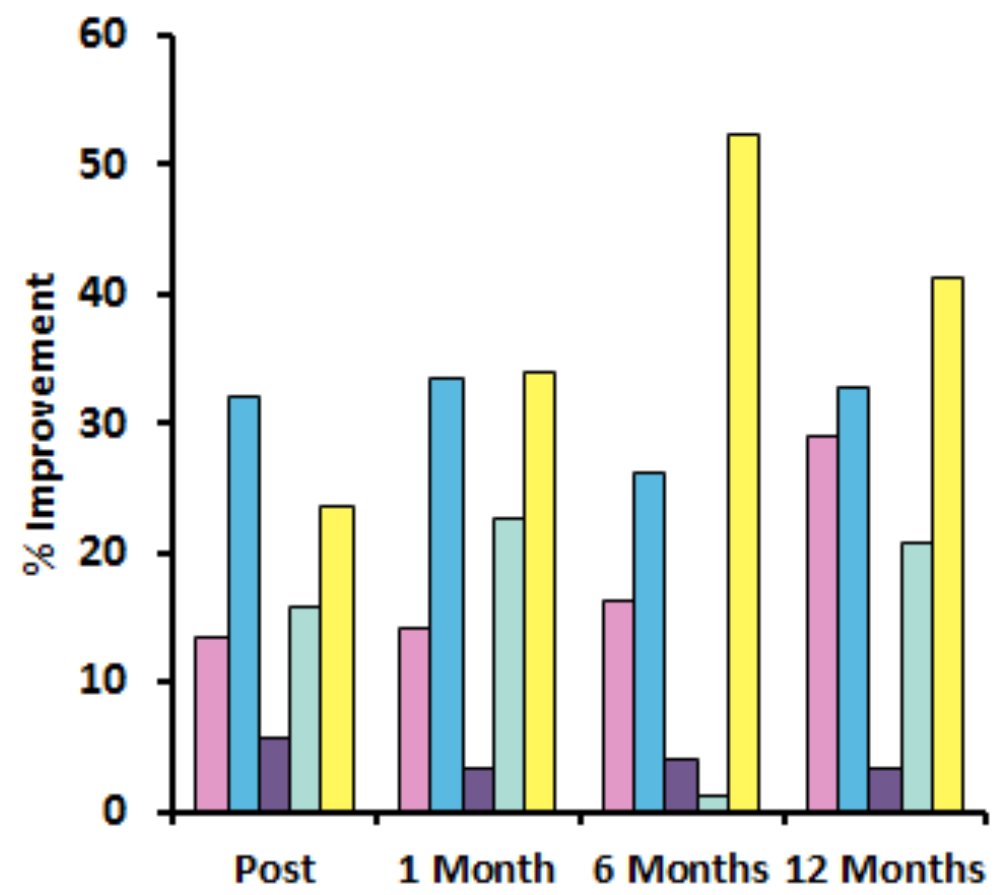
We use a set of validated questionnaires (health care use, DAPOS, PCS, PSEQ, BPI, MultiDimensional Sexuality Questionnaire) – this set is also used by another PP service. We do not have the resources for collecting end of treatment data for all patients, but it is used effectively to evaluate our abdomino-pelvic pain management programme LINK.





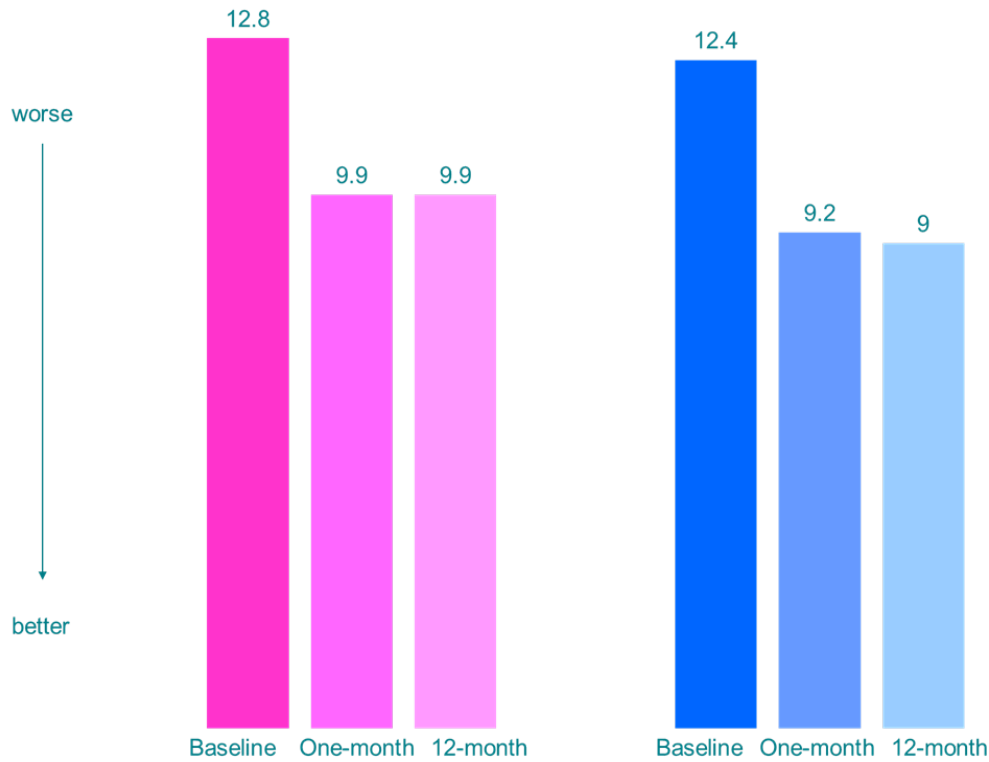
# LINK data

- Pain Experience
- Self Efficacy
- Emotion
- Health Care Use
- Physical Functioning





# LINK data



**Anxiety about  
sexual  
activity:  
Women  
and men**

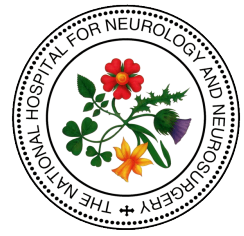


## Named co-ordinator, MDT meetings and monitoring

% of PP patients with a named co-ordinator of care – all patients will have at least one member of the MDT overseeing their care

% of PP patients for whom patient outcomes are reviewed every 6 months (being mindful of whether the patient should be monitored or discharged self-managing) – patients are reviewed as clinically appropriate

% of PP patients for whom a multidisciplinary meetings was held. Average time from presentation to multidisciplinary meeting being held – all patients can be discussed in a MDT meeting within one week

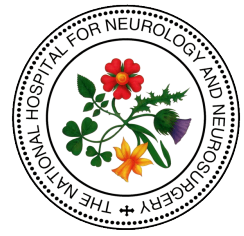


# Self-management

Is there direct access to psychological services? If so describe – yes, we have a large team of psychologists who support MDT assessments, offer individual and group sessions as well as recommendations for local care

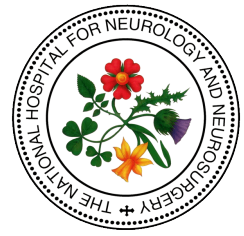
% of PP patients who feel they have adequate methods to manage their pain - We collect data regarding interference, self-efficacy, unhelpful thoughts about pain and use of health care which helps us to monitor if the patient has found the advice and treatment helpful.

The “method” may be cognitive and/or practical strategies measured above



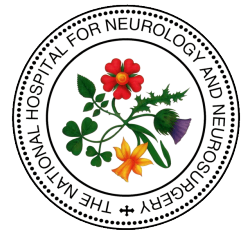
Objective 2: To ensure there is on-going adequate emotional, psychological and practical support for patients available outside the service

Are patients given access to decision support tools eg map of medicine, relevant websites, leaflets, local buddying and peer support groups? If so, please describe – yes, we provide leaflets, resource lists including websites and access to peer support groups (gender specific information sessions for our pain management group LINK) but difficult to collect data



Objective 3: To engage people both individually and collectively in the design and management of care and support self management

Are experiences of PP patients monitored? If so, please describe – yes, we regularly use satisfaction and feedback questionnaires to audit our service



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To produce a freely available and externally validated annual report for the population served to demonstrate health outcomes and value for money.

Yes it's a jolly good idea





# Close co-operation



- Weekly multidisciplinary team meeting
- Monthly management meeting
- Joint clinics