

West Suffolk Integrated Pain Management Service (IPMS) pre referral guidance

Introduction

The West Suffolk Integrated Pain Management Service (IPMS) is provided by the Suffolk GP Federation and West Suffolk NHS Foundation Trust under an alliance agreement. The service comprises of specialist pain management practitioners utilising a multidisciplinary biopsychosocial model of treatment. Patient care is provide in both hospital and community settings with a specific aim of enhancing the patient's quality of life and reducing their dependency on healthcare services. All referrals come through Single Point of Access.

Referral Criteria: In order to provide the best possible service for patients, the IPMS has identified specific referral criteria. This ensures that patients are referred to the most appropriate Service in the first instance thus avoiding delays in their treatment.

Exclusions: To ensure patient treatment is maximised, specific exclusion criteria have been identified. This will ensure patients are being seen by the most appropriate service for their condition.

IPMS Referral form

The IPMS referral form must be completed prior to referring patients to the IPMS. The IPMS referral form can be found on DXS. Failure to complete all sections of the referral form will result in the referral being rejected.

*Patient Health Questionnaire 9 (PHQ 9) and General Anxiety and Depression 7 (GAD 7)

PHQ 9 and GAD 7 questionnaire scores must be provided on the IPMS referral form as this highlights the patient's current mood and anxiety status.

All referrals to the IPMS must come via the eRS referral system and a general guide on how this is performed is outlined below:

- **Open eRS portal:** <https://nww.ebs.ncrs.nhs.uk/authenticate>
- **Search:** West Suffolk Integrated Pain Management Service - Suffolk GP Federation – ND1
- **Specialty:** Pain Management
- **Clinic Type:** Pain Management
- **Priority:** Urgent or Routine
- **Submit and send for Triage:** Please ensure that relevant information is attached to the referral on e-RS as failure to do so may result in the referral being rejected

Senior IPMS clinicians will triage routine referrals within 3 working days.

Referral assistance:

For assistance with referrals, please contact the administration team either by email or telephone using the following details:

Email: ipms.alliance@nhs.net

Telephone: 0345 241 3313 - Option 6

Criteria for referral to IPMS:

Prior to a considering a referral to the IPMS, current services in your area should be considered, such as:

Specialist Back and Neck Services, disease-specific pathways: <https://www.westsuffolkccg.nhs.uk/clinical-area/clinical-guidance-and-pathways/>, physiotherapy or local well-being services.

Only the following clinicians may refer patients to the IPMS:

- Consultants
- General Practitioners
- ESP Physiotherapists

Criteria	Explanation
Have had pain for a period of more than 6 months .	A referral should be considered if the patient is not improving with optimised prescribed therapies in line with the WSCCG analgesic ladders: https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/formularies-and-guidelines/
Musculoskeletal conditions that have been worked up thoroughly by MSK services.	All patients with MSK conditions must access standardised physiotherapy services prior to referral to the IPMS. If patients fail to respond to standard treatment, they should be considered for a referral to the IPMS.
All “red flags” have been ruled out	The IPMS is a routine service. Patients with suspected ‘red flag’ pathology should be referred to the appropriate specialist service within secondary care.
Patients have completed their involvement with other clinical services and are now discharged.	Patients should not be seeing other teams for the same problem as this hampers acceptance and often confuses pathways.
Patient has been thoroughly investigated for treatable pathology and the diagnostic pathway has been completed.	Patient acceptance and commitment to self-management strategies is hindered when they are expecting further investigations or a solution/cure for their pain.
Patient requires specialist assessment for medication management	Our specialist consultants offer specialist advice on areas such as renal/hepatic impairment and/or multiple medication intolerances.
Scope of care is beyond current WSCCG guidelines for primary care	https://www.westsuffolkccg.nhs.uk/clinical-area/practice-support/primary-care-commissioning/

Please do not refer patients to the IPMS if:

Exclusion Criteria	Explanation
Patients who are waiting to be seen by another specialty for the same problem	Patient acceptance and commitment to self-management strategies is hindered when they are expecting further investigation or a solution/cure for their pain.
Severe unstable psychiatric illness, severe personality disorders, severe untreated depression. ¹	This is unproductive for the patient and often results in a poor outcome. The IPMS clinical psychologists do not provide general psychology services. A referral to secondary care or wellbeing services should be considered in this instance.
Addiction to prescription medications or other recreational substances including alcohol. ¹	The patient needs to be stabilised by an addiction service and a referral to local addiction services should be considered. Once the patient is deemed stable, a referral to the IPMS may be considered.
Standalone injection therapy	The IPMS offers a multidisciplinary, holistic, biopsychosocial approach to self-management and there is strong evidence suggesting standalone injection therapy is ineffective.
Patients with outstanding litigation relating to injury or pain. ¹	This is often a barrier to the acceptance of self-management strategies.
Cancer pain	Referrals to the IPMS should come via oncology or palliative care
Patients under 16	Referrals to the IPMS should come via a paediatric specialist
Housebound patients.	We do not provide a home visiting service.
Patients awaiting definitive treatment for the problem, for instance awaiting surgery.	There is no point in embarking on a biopsychosocial pain management program, if a possible solution is still awaited. You can contact us directly if you require medication advice in the interim.

¹ This is not an absolute exclusion and will be based on a case by case basis in consultation with IPMS MDT.

