

Scottish National Pain Management Programme (SNPMP)

Referral Form



Guidance notes

- Individuals being referred to the SNPMP should remain under the care of their local pain clinic.
- Reason for referral should be based on a clear clinical rationale, rather than patient preference alone.
- If an individual being referred has significant ongoing mental health problems, please contact the service to discuss this prior to making a referral. Please also attach any relevant additional letters or correspondence regarding this, in addition to the letters requested below.
- Following referral, please continue to copy the SNPMP into any relevant correspondence until they have completed their contact with us.
- Incomplete referrals will not be considered for MDT triage and will be returned to the referrer.

Referral Checklist

All sections of the referral form are complete	Y <input type="checkbox"/>	N <input type="checkbox"/>
Most recent pain clinic letter is attached	Y <input type="checkbox"/>	N <input type="checkbox"/>
Pain clinic assessment letter is attached	Y <input type="checkbox"/>	N <input type="checkbox"/>
Patient is still attending pain clinic	Y <input type="checkbox"/>	N <input type="checkbox"/>
Patient is aware referral is being made.....	Y <input type="checkbox"/>	N <input type="checkbox"/>
SNPMP pre-referral information leaflet has been provided to patient	Y <input type="checkbox"/>	N <input type="checkbox"/>
Patient has participated in virtual appointments with the pain clinic	Y <input type="checkbox"/>	N <input type="checkbox"/>

Inclusion Criteria

- Over 18 years of age
- Longstanding pain of at least one year's duration
- Moderate levels of pain related physical disability, such that activity levels are low or highly variable
- Moderate levels of pain related distress
- Willingness to engage with a psychology-led, self-management approach, in a group setting
- Able to stay within self catering accommodation for three weeks (please note that carers cannot be accommodated)
This does not apply to the online programme.

Exclusion Criteria

- Under 18 years of age
- Active psychotic illness
- Very high levels of distress (anxiety or depression), sufficient to prevent useful levels of engagement with an education / rehabilitation programme*
- Current misuse of alcohol or illicit drugs*
- Significant cognitive impairment
- Very high levels of disability that would prevent them from being able to self-care, independently for three weeks*
This does not apply to the online programme.
- Impending major surgical intervention or significant investigations that may change their pain or alter the management of their pain problem
- Inappropriate or unstable use of as-required, quick-acting step 3 opioids, sufficient to prevent useful levels of engagement with an education / rehabilitation programme*
- Use of pain-relieving medication at doses causing excessive sedation or cognitive impairment*

*Patients who are referred with these difficulties can be assessed with the understanding that local services might be able to help address some of these problems prior to commencement on a group programme.

Scottish National Pain Management Programme Referral Form

Date of Referral

Patient Details	
CHI/DOB	
Name	
Patient's Health Board	
Address	
Postcode	
Telephone number	
Email address	
GP	
GP practice and address	
GP telephone	
Does the patient require an interpreter? Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes, please state language	

Referrer's Details	
Name	
Designation	
Health Board	
Address	
Postcode	
Referrer's telephone / email or secretary name and contact telephone / email	

Pain History	
What is the main pain problem?	
Approximately how long has the patient had this problem?	
When were they last seen in the pain clinic	
Please tick to confirm that relevant correspondence is attached – this should include AT LEAST the initial and most recent pain clinic letters <input type="checkbox"/>	
What is the main reason your patient requires an intensive PMP?	
Geography / travel issues	Y <input type="checkbox"/> N <input type="checkbox"/>
Need for intensive input	Y <input type="checkbox"/> N <input type="checkbox"/>
Other (and reason)	Y <input type="checkbox"/> N <input type="checkbox"/>
Does your health board provide a PMP?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, approximately how far from the local PMP does your patient live? [miles. approx]	

Please tick all the reasons that apply to your patient

Intensity		Travel / Geography	
Local PMP completed but did not meet patient's needs	<input type="checkbox"/>	Excessive distance to local PMP, such that attendance on an outpatient PMP isn't practical, regardless of means of transport	<input type="checkbox"/>
Moderate to high levels of distress	<input type="checkbox"/>	Pain / physical disability preclude travel to local PMP	<input type="checkbox"/>
Moderate to high levels physical disability	<input type="checkbox"/>	Transport issues make attending local PMP impractical, regardless of distance	<input type="checkbox"/>
Other reason(s) – please specify			

Engagement with self management	
Has the patient had any previous self management input in relation to their pain (e.g. pain specialist physiotherapy, patient education classes)?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have they had any difficulty complying with self-help guidance?	Y <input type="checkbox"/> N <input type="checkbox"/>
Please indicate any areas of difficulty.	
Has this patient already attended a pain management programme?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please give details:	

Medical co-morbidities	
Are there any medical co-morbidities which would potentially make it difficult for your patient to live <u>unaided</u> in self-catering accommodation for the three-week duration of the residential programme (for example, poorly controlled diabetes, unstable epilepsy)?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please specify	

Sensory, learning or cognitive impairment	
Visual impairment	Y <input type="checkbox"/> N <input type="checkbox"/>
Hearing difficulties	Y <input type="checkbox"/> N <input type="checkbox"/>
Literacy problems	Y <input type="checkbox"/> N <input type="checkbox"/>
Cognitive impairment	Y <input type="checkbox"/> N <input type="checkbox"/>
Memory problem	Y <input type="checkbox"/> N <input type="checkbox"/>
Please give details of any assistance required i.e. colour of paper, larger font or hearing loop	

Physical Function	
When mobilising indoors, do they use a walking/mobility aid?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please give details... walking stick, crutches, wheelchair (self propelling/ electric).	
Do you anticipate any difficulty with activities of daily living staying independently in self catering accommodation?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please specify:	

Risk	
Are you aware of the patient having a history of any of the following? [tick all that apply and please give further details below]	
Any previous alcohol or substance dependency issues?	Y <input type="checkbox"/> N <input type="checkbox"/>
Self harm?	Y <input type="checkbox"/> N <input type="checkbox"/>
Previous suicide attempts?	Y <input type="checkbox"/> N <input type="checkbox"/>
Violence towards others?	Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, please specify:	

Mental Health Difficulties	
Are you aware of the patient having mental health difficulties? If yes, please give details	Y <input type="checkbox"/> N <input type="checkbox"/>
Currently under care of CMHT? (if known)	Y <input type="checkbox"/> N <input type="checkbox"/>
Name, Designation and Contact Details of Consultant Psychiatrist/CMHT	
Previous psychology input – eg primary care, pain specialist, comments	

Further comments

Following referral all cases will be triaged by the interdisciplinary team. Where appropriate assessment appointments will then be offered to decide suitability for the PMP.

Post or email

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