Hywel Dda Chronic Pain Service
Referral Information

Important Information:

Prior to making a referral, please be aware of current guidelines (Living with Persistent Pain in Wales Living with Persistent Pain in Wales (gov.wales) (WG 2019/2023), NICE NG193, NG59, CG173, CG150) which are very specific about which interventions may be offered and the indications for these. (For example, do not offer injections for non-specific low back pain). Discussing specific interventions with people who may not meet the criteria, may not assist them in fully engaging with approaches that are likely to be more helpful and sustainable.

If a person's behaviour and ability to engage with a self-management process is significantly compromised (e.g. severe or unmanaged psychotic symptoms, problematic substance misuse, severe cognitive impairment), please inform us of the specific issues. This will allow us to identify whether we are the best service to assist with their care or whether this is better done through another service with our support. People who are actively suicidal / high risk should be referred to the Crisis Team initially.

Pre-Referral requirements:

Please ensure the following have been attempted prior to referral:

- Appropriate medication management has been explored and optimised in line with guidelines e.g. Neuropathic Pain Guidelines (Appendix 3), HDUHB Chronic Non-Malignant, Non-palliative Pain in Adults.
- Appropriate investigations into treatable pathology have been completed and any indicated onward referral to other services has been done.
- The person has been directed to and shown some engagement with appropriate self-management options such as Versus Arthritis, EPP (Bydd Iach / Be Well) and virtual resources such as www.paintoolkit.org and www.flippinpain.co.uk
- There has been appropriate discussion about the nature and management of persistent pain in line with the Living Well with Persistent Pain guidance (WG 2019, updating 2023).

Failure to demonstrate this in the referral letter will result in the referral being declined and returned

Referral Criteria

Urgent:-

- Post-surgical pain not managed with protocol/appropriate strategies/Acute pain team involvement, less than 3 months post-surgery.
- Trigeminal neuralgia with difficulty eating or drinking – In most instances these referrals are forwarded to Cardiff and Vale UHB for specialist treatment. This can be done from paper triage by the pain team if sufficient information is provided by the referrer.

- Chronic Regional Pain Syndrome (CRPS) of less than 6 months onset which meets the Budapest criteria for diagnosis.
- Severe unresolving post herpetic neuralgia that has not responded to anti-viral medication, with symptoms for more than 12 weeks.
- Ischemic pain not amenable to surgery (as identified by a Vascular Consultant).

Routine:-

- Pain is considered to be persistent, if it is not improving with appropriate management after a period of 3 months (if pre-referral criteria are met)
- Persistent pain failing to respond to primary care or other management as outlined above in the pre-referral criteria
- There is evidence of “yellow flags” after primary care management outlined above has been exhausted. (As identified from Keele STarT Back Screening Tool or Information provided). (See Appendix 1)
- Trigeminal neuralgia without significant impact on eating and drinking.

Exclusion criteria:-

- Red flag symptoms that have not been investigated. (See Appendix 2)
- People with vascular pain (Please refer to vascular surgeon).
- The pain service will only accept referrals for patients under the age of 18 from Paediatric services or after discussion and agreement to assess.
- Please note that the Biopsychosocial service only accepts Adults (over 18’s), but may be able to work jointly with Paediatric services or the medical pain management service as appropriate.
- The person is currently waiting to see or waiting for definitive treatment with another speciality for the same condition (e.g., Rheumatology, Orthopaedics, CMATS, Gastroenterology)
- ME/Chronic Fatigue **without** pain (Please refer to Post-Viral and Fatigue management service, if indicated)
- Cancer pain is managed by a separate pathway – referrals would only be accepted in line with these specific agreements.

Appendix 1

Yellow flags are psychosocial indicators suggesting increased risk of progression to long-term distress, disability and pain. Yellow flags were designed for use in acute back low back pain. In principle, they can be applied more broadly to assess the likelihood of development of persistent problems from any acute pain presentation.

Yellow flags	
Attitudes and beliefs	• Pain is harmful or severely disabling • Expectation that passive treatment rather than active participation will help • Feeling that 'no-one believes the pain is real' – may relate to previous encounters with health professionals
Emotions and behaviour	• Fear-avoidance behaviour (avoiding activity due to fear of pain) • Low mood and social withdrawal
Other psychosocial factors	• Poor family relationships or history of abusive relationships • Financial concerns particularly related to ill-health or ongoing pain • Work related factors e.g. conflict over sick-leave, ability to perform current job tasks • Ongoing litigation related to persistent pain condition

The presence of multiple biopsychosocial factors may highlight the need for a multi-disciplinary approach to care. If it is evident that these are a significant feature of the pain presentation exploring a biopsychosocial approach is indicated by current guidelines.

Appendix 2

Red flags are clinical indicators of possible serious underlying conditions requiring further medical intervention. Red flags were designed for use in acute low back pain, but the underlying concept can be applied more broadly in the search for serious underlying pathology in any pain presentation.

Red flags		
Differential diagnosis	**Red flags from patient history**	**Red flags from examination**
Possible fracture	• Major trauma • Minor trauma in elderly, or osteoporotic	• Evidence of neurological deficit (in legs or perineum in the case of low back pain)
Possible tumour, or infection	• Age <20 or >50 years old • History of malignancy • Constitutional symptoms (fever, chills, weight loss)	

	• Recent bacterial infection • Intravenous drug use • Immunosuppression • Pain worsening at night, or when supine	
Possible significant neurological deficit	• Severe or progressive sensory alteration, or weakness • Bladder, or bowel dysfunction	

The presence of red flags in acute low back pain suggests the need for further investigation and possible specialist referral as part of the overall strategy. If there are no red flags present in this situation, guidelines suggest reassuring the patient and progressing to a multi-modal management approach.

Appendix 3

Neuropathic pain guidelines HDUHB
https://viewer.microguide.global/HDUHB/PAGU#content,ce57c227-561a-4d1e-8f85-4759858b0ee9