Questions and help notes for the Gap Analysis survey 2023

Core Standards for Pain Management Services in the UK edition 2 (CSPMS UK) can be found on the Faculty website.

All survey questions will have the options below and will include a free text comment box

- Me
- Partially met
- Unmet

Standard number	Standard	Priority	CSPMS domain reference	Help note
1 Medical involvement	Safe delivery of all clinical services demands that they are commissioned to include medical involvement within the care pathway. The scope and place of medical involvement is clearly defined for each pain management service, including route of accountability	1	Chapter 3.3 Pain management services in the community (Tier 1)	
2 Waiting list times	The service collects information on waiting times to	1	Chapter 3.1 Population needs of people in pain attending	

	both first appointment and treatment. The service manages patient flow through service pathways, with managers and commissioners, to ensure that long waiting lists do not develop.		specialist pain services in the UK, Chapter 3.2 Access to pain management services	
Standard number	Standard	Priority	CSPMS domain reference	Help note
3 Availability of paediatric pain services referral pathway	The service manages paediatric patients with pain. If not, the service has a referral pathway to a centre which offers paediatric services The service provides visible referral criteria to referrers and patients for paediatric pain patients.	1	Chapter 6.7.1 Managing acute pain in children and young people, Chapter 6.7.2 Managing procedural pain in children and young people, Chapter 6.7.3 Managing chronic pain in children and young people	This standard is influenced by the nature of your department and whether it delivers paediatric pain services. If the department provides paediatric pain services, then 1,2,3,4 are relevant for your answer. If the department does not provide paediatric pain services, then only 1 is relevant for your answer.

4 Availability of neuromodulation services	The service provides neuromodulation services. If not, the service has functioning links with a centre offering neuromodulation	1	Chapter 7.3 Interventional techniques in pain management	Neuromodulation for the purposes of this exercise covers spinal cord stimulators, implantable peripheral nerve stimulators and implantable intrathecal drug delivery pumps. If yes to Q1, please answer the following questions in the comments box. 1. Please outline what neuromodulation procedures are offered by your centre in the comments box. 2. Approximately how many of the neuromodulation procedures detailed in 3 does your centre perform per annum? 3. If your centre receives referrals of neuromodulation patients from external centres – how many per annum do you receive? 4. If your centre performs neuromodulation, is data regularly inputted to the NSUKI national neuromodulation registry?
Standard number	Standard	Priority	CSPMS domain reference	Help note
5 Pathways for chronic pain	The service's pain management pathways for chronic pain in adults meet the current evidence based standards as outlined in CSPMS UK. The service collects Patient Reported Outcome Measures (PROMS) data.	1	Chapter 6.4 Chronic non- cancer pain	The relevant standards as per chapter 6.4 CSPMS are as follows: 1. People with chronic pain must have access to multidisciplinary pain management services as defined in Chapter 5.1. 2. Specialist (tier 2) pain services must be able to refer people with complex chronic pain conditions onwards to tertiary higher specialist (tier 3) services for assessment and management. 3. Specialist (tier 2) pain services must be able to safely discharge people with pain

6 Pain trainees	The service is able to provide supervision for Stage 1 and 2 pain training as per the RCoA curriculum. The service is able to provide supervision for Stage 3 and Specialist Interest Area pain training as per the RCoA curriculum. The service has a member of staff who has been formally appointed as a Faculty Tutor for pain training	1	Chapter 5.2.3 Doctors in training	to primary/community (tier 1) care for comprehensive supported management according to proposed pain management plans. The link to various stages of RCoA pain training is provided below: 1.Stage 1 pain training - https://rcoa.ac.uk/documents/202 1-curriculum-learning-syllabusstage-1/pain 2. Stage 2 pain training https://rcoa.ac.uk/documents/202 1-curriculum-learning-syllabusstage-2/pain 3. Stage 3 pain training https://rcoa.ac.uk/documents/202 1-curriculum-learning-syllabusstage-3/pain 4.https://rcoa.ac.uk/documents/2 021-curriculum-learning-syllabusstage-3-special-interestareas/pain-medicine
Standard number	Standard	Priority	CSPMS domain reference	Help note
7 Availability of cancer pain services	The service is able to provide cancer pain services If your centre offers cancer pain services what level of care do you provide?	1	Chapter 6.6 Cancer related pain	Please familiarise yourself with CSPMS and the document entitled 'Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease' which will aid in answering these questions. You may answer the following in the comments box:

	8 Effective data management support available	Clinical governance systems are in place to allow appropriate reflection and discussion on outcome data, in particular to highlight areas of concern and/or areas that require change or improvement. The service has a pain database for research and it has either Research Ethics committee [REC] or Caldicott Guardian approval.	Priority	Chapters 3.7 Outcomes, Chapter 5.1 Definition, membership and interaction of the multidisciplinary and multispecialty team	clicking the following link https://www.engage.england.nhs.uk/consultati on/adult-highly-specialist-pain- managementservices/user uploads/1767-adult- highlyspecialist-pain-management- servicesengagement-service-specificaiton.pdf 2. Approximately how many cancer pain patients does your centre treat per annum? Help note
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9 Research and development	The department has protected time to discuss relevant research and newer developments.	2	Chapter 9.3 Research and development	
10 Consultation facilities	General facilities are well signed, accessible, comfortable and welcoming in compliance with the Equality Act 2010. The service is able to communicate to patients regarding delays and current waiting times. The service has provision to provide patient information leaflets.	1	Chapter 4.1 Consultation/assessment facilities, Chapter 4.2 Facilities, equipment and monitoring for delivery of therapies	
11 Safeguarding	A chaperone is available for patients seen in outpatient pain clinics and in theatre/procedure suite.	1	Chapter 10 Safeguarding practice for children, young people and	Intimate examinations can be embarrassing or distressing for patients and whenever you examine a patient you should be sensitive to what they may think of as intimate. This is likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient. When you carry out an intimate examination, you should offer the patient the option of having an impartial observer (a chaperone) present wherever possible. This applies whether or not you are the same gender as the patient.(GMC)

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12 Access to specialised pain management services	The service ensures that national standards as per CSPMS [Core Standards for Pain Management Services] for access to pain management services are met, irrespective of whether your service is situated in the community or in a hospital setting.	1	Chapter 3.2 Access to pain management services	Specialised services definition can be found at https://www.england.nh https://www.england.nh https://www.england.nh https://www.england.nh https://www.england.nh https://www.england.nh https://www.england.nh

	The service ensures that there is provision for early assessment of psychological /suicidal risk for patients referred to the service.		Chapter 6.1 Management ahead of referral to other specialist pain management services, Chapter 5.8 Psychologists	
16 Medical consultants- education, appraisal and revalidation	Medical qualified pain specialists participate in relevant MDT meetings and joint peer learning.	1	Chapters 5.9 Multidisciplinary teamworking in pain clinics, Chapter 5.2.1 Medical consultants, Chapter 8.1 Continuing professional development, Chapter 8.3 Appraisal, Chapter 9.1 Quality improvement	Peer learning is an educational practice in which medical consultants interact with other peers to attain educational goals. For eg observing another colleague's outpatient clinic/theatre, joint clinics, being proctored etc. https://fpm.ac.uk/sites/fpm/files/documents/2022-02/Good%20Pain%20specialist%202022.pdf
17 MDT working	There is provision for regular MDT meetings in pain at least once a month	1	Chapter 5.9 Multidisciplinary teamworking in pain clinics, Chapter 5.1 Definition, membership and interaction of the multidisciplinary and multispecialty team, Chapter 5.4 Nurses	
18 In-hospital pain service	The in-hospital pain service has access to a Pain Medicine specialist who satisfies the training standards as outlined in the RCoA curriculum for pain training. There is a referral pathway between the in-hospital pain team and the	1	Chapter 6.5 Adult acute and inpatient pain management	Who is a pain medicine specialist is highlighted in the following link https://fpm.ac.uk/patients/whatpain-medicine-doctor

Standard number	chronic pain service. Standard	Priority	CSPMS domain reference	Help note
19 Physiotherapy services	There is a specialist pain physiotherapist working within the service.	1	Chapter 5.1 Definition, memberships and interaction of the multidisciplinary and multispecialty team, Chapter 5.7 Physiotherapists	
20 Pain management service	The service has access to a pain management programme.	2	Chapter 3.4 Specialist pain management services (tier 2), Chapter 5.9 multidisciplinary teamworking in pain clinics, Chapter 7.1 Pain management programmes	
21 Interventional pain procedure	The service offers interventional pain procedures for suitable pain patients.	1	Chapter 7.3 Interventional techniques in pain management	