

	<ul style="list-style-type: none"> <li>- <b>Change in Pain and Quality of Life Affected by Pain</b> - The proposed minimum core dataset includes questions on: <ul style="list-style-type: none"> <li>o Pain Site(s).</li> <li>o Underlying Diagnosis.</li> <li>o Pain Duration.</li> <li>o Pain Severity.</li> <li>o Emotional Impact.</li> <li>o Functional Impact.</li> <li>o Health-Related Quality of Life.</li> </ul> </li> <li>- <b>Numbers Receiving Advice and Guidance on Managing Pain.</b></li> </ul>
<b>Target</b>	<p>The following areas should be routinely recorded:</p> <ul style="list-style-type: none"> <li>- Type of clinic.</li> <li>- Staffing Standards. Clinical discipline and WTE*</li> <li>- Diagnosis and Treatment Coding</li> <li>- Waiting Times (average wait to first appointment; percentage waiting &gt;12 weeks).</li> <li>- Multidisciplinary Team meetings.</li> <li>- Change in Pain and Quality of Life Affected by Pain.</li> <li>- Numbers Receiving Advice and Guidance on Managing Pain.</li> </ul> <p><b>*Appropriate standards for these remain to be determined</b></p>

QPI 5 – Exercise and Activity Therapies (Levels 1-4)

QPI Title:	Exercise and Activity Therapies (Levels 1-4)
Description:	<p>Patients should be provided with advice to increase and/or maintain their physical activity and/or improve their exercise uptake and signposted to a relevant service to improve adherence to exercise, where relevant.</p> <p>Physical exercise is defined as is any bodily activity that enhances or maintains physical fitness and overall health and wellness [15].</p> <p>Physical activity is defined as is defined as any bodily movement produced by skeletal muscles that requires energy expenditure [16].</p> <p>We cannot make specific recommendation as specific exercise will depend on individual needs.</p> <p>Information regarding the benefits of activity and exercise should be provided by the Pain Service. The following examples are recommended by Scottish Intercollegiate Guidelines Network [2]:</p> <ol style="list-style-type: none"> <li>1) Provision of educational material</li> <li>2) Signposting to online resources (e.g. <a href="#">Couch to 5k</a>)</li> <li>3) Supervised exercise or activity sessions.</li> <li>4) Individualised exercises in group settings.</li> <li>5) Provision of a combined group and home exercise and activity programmes.</li> <li>6) Referral to external provider (e.g. Live Well)</li> </ol>

	The patient should be provided with support to improve their adherence to the exercise regime.
<b>Rationale and Evidence:</b>	SIGN 136 recommends all forms of exercise and exercise therapy in the treatment of chronic pain patients [2]. It has been found that physical activity and exercise therapy is safe and beneficial in the treatment of chronic pain [17], particularly those with chronic tension-type headaches and migraine [18]. However this needs to be appropriately managed and tailored to the individual with a particular emphasis on managing flare-ups and promoting recovery [18]. Advice to exercise alone, unaccompanied by support, is not sufficient [2].
<b>Specifications:</b>	<p><b>Numerator:</b> Number of patients with chronic pain recorded as being provided with information regarding the importance of activity and exercise, and support to increase this where relevant.</p> <p><b>Denominator:</b> All patients that attend an NHS Service for pain treatment.</p>
<b>Target</b>	<b>90%</b> of patients with chronic pain who were provided with information and support regarding physical activity, exercise and/or exercise therapy

Appendix 3 – Data Collection Form for Quality Performance Indicators

Quality Performance Indicators  
Chronic Pain Services in Scotland

**1. General information**

**Submitted by:**

(Name and title)

[Click here to enter text.](#)

**Contact information:**

[Click here to enter text.](#)

**Profession:**

[Click here to enter text.](#)

**Name of organisation responsible for submission:**

[Click here to enter text.](#)

**Reporting period:**

[Click here to enter text.](#)

**Authorised by:**

(Name, title and organisation)

[Click here to enter text.](#)

**Date:**

[Click here to enter text.](#)

## **2. Guidance:**

- I) Please complete the form below
  
- II) If you cannot submit data for a QPI please explain why this is not possible at present (in the comments section below). Similar, please include any other comments in the commentary section.
  
- III) The last section includes a table (table 4) with the list of QPIs for chronic pain (target, numerator and denominator definitions).

### **Please answer the following questions:**

1. How many patients, in total, attended the Pain Service for management of chronic pain during the reporting period?

[Click here to enter text.](#)

2. How many of these were new referrals?

[Click here to enter text.](#)

## QPI 1 - Educational information about pain (Levels 1-4)

- a) Does this service provide all new patients with educational information about chronic pain? (Please estimate percentage).

[Click here to enter text.](#)

- b) What information is provided?

- **signposting to relevant services**
- **signposting to relevant literature**
- **pain education sessions**
- **information leaflets**
- **other (please specify)**

[Click here to enter text.](#)

### **Commentary notes**

[Click here to enter text.](#)

## QPI 2 – Outcome Measures (Levels 3-4)

### **Numerator:**

- a) How many patients have at least the partial core minimum dataset collected and entered?

[Click here to enter text.](#)

b) How many patients have the full core minimum dataset collected and entered?

[Click here to enter text.](#)

**EXCLUSIONS - Patients excluded from the denominator:**

a) What was the total number of patients who attended but declined to complete relevant measures?

[Click here to enter text](#)

**Commentary notes (if data not provided):**

[Click here to enter text.](#)

## **QPI 4 - Service Evaluation and Audit (Levels 3-4)**

**Numerator:**

Please provide information on the following areas:

**1. Type of service**

What types of Pain clinics are provided by your Health Board? (Please tick all that apply. Please refer to the table 1 below for guidelines)

a) **Modality orientated clinic**

- b) Pain clinic
- c) Multidisciplinary pain clinic
- d) Multidisciplinary pain centre
- e) Pain Management Programme
- f) Neuromodulation
- g) Intrathecal Drug Delivery

Table 1

Type of clinic (Services as classified by self-assessment according to the IASP definitions)	
<b>Modality orientated clinic</b>	Clinic carrying out one treatment only e.g. Acupuncture Clinic.
<b>Pain clinic</b>	Clinic carrying out more than one treatment but service has single profession.
<b>Multidisciplinary pain clinic</b>	Service carrying out more than one treatment, with more than one type of healthcare professional
<b>Multidisciplinary pain centre</b>	As per multidisciplinary pain clinic but also carrying out research.

**2. Staffing Standards. Clinical discipline and WTE (whole time equivalent):**

In Table 2 below, please provide information about:

a) How many consultant pain specialists, clinical psychologists, physiotherapists, nurses and occupational therapists are employed in the service?

b) How many whole time equivalent staff are dedicated to the service in each of these categories?



Table 2

Position title	Headcount	WTE (in the Pain Service)
Consultant Pain Specialist		
Clinical Psychologist		
Physiotherapist		
Nurse		
Occupational Therapist		
Pharmacist		

### 3. Diagnosis and Treatment Coding

What approach to diagnosis and coding is being used in this service?

- a) ICD-11
- b) Read code
- c) Other (please expand)

[Click here to enter text.](#)

### 4. Waiting times

a) What is the length of time patients waited from referral to first appointment with the Pain Clinic?

Length of Time (Referral to Treatment)	Number of Patients
0-3 weeks	
3-6 weeks	
9-12 weeks	
12-15 weeks	
15-18 weeks	
18-21 weeks	
21-24 weeks	
24-27 weeks	
27 weeks +	

b) What percentage of patients wait longer than 18 weeks between receipt of referral and the first appointment attended?

[Click here to enter text.](#)

#### 5. Multidisciplinary care.

a) How often do you hold multidisciplinary team case discussions?

- More than weekly
- Weekly
- Monthly
- Irregular
- Never

b) How many were held during the reporting time?

[Click here to enter text.](#)

#### 6. Change in pain and quality of life affected by pain

What evidence has the Service collected to demonstrate changes in pain and quality of life affected by pain during the reported period?

[Click here to enter text.](#)

**Commentary notes (please comment on any areas where the criteria is not met):**

[Click here to enter text.](#)

### QPI 5 – Exercise and Activity Therapies (Levels 3-4)

#### **Numerator:**

- a) What was the total number of patients with chronic pain recorded as being provided with information regarding the importance of activity and exercise? (Please see below (Table 3) for some examples)

[Click here to enter text.](#)

Table 3

---

**The following examples are recommended by Scottish  
Intercollegiate Guidelines Network:**

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7) Provision of educational material

---

- 
- 8) Signposting to online resources (e.g. [Couch to 5k](#))
  - 9) Supervised exercise or activity sessions.
  - 10) Individualised exercises in group settings.
  - 11) Provision of a combined group and home exercise and activity programmes.
  - 12) Referral to external provider (e.g. Live Well)
- 

b) What was the total number of new patients with chronic pain offered with support to increase their physical activity and exercise where relevant?

[Click here to enter text.](#)

c) What kind of support to increase physical activity and exercise is provided by the service?

[Click here to enter text.](#)

Please comment on any areas where criteria are not met:

[Click here to enter text.](#)

## Summary of QPIs

Table 4

QPI	Description	Target	Numerator	Denominator	Data source
QPI 1	<b>Pain education</b>	Each service provides information about chronic pain	Number of NHS services making information about chronic pain available	Number of NHS services providing chronic pain treatment	Level 3 and 4 services
QPI 2	<b>Outcome measures</b>	Completed questionnaires  Incomplete questionnaires	90% of patients have partially completed questionnaires. 75% of patients have fully completed questionnaires.	All patients that attended an NHS service for pain treatment	Level 3 and 4 services
QPI 4	<b>Service evaluation and audit</b>	The following areas should be routinely recorded: <ul style="list-style-type: none"> <li>• Type of clinic.</li> <li>• Staffing Standards. Clinical discipline and WTE*</li> <li>• Diagnosis and Treatment Coding</li> <li>• Waiting Times (average wait to first appointment; percentage waiting &gt;12 weeks).</li> </ul>	The criteria that are not being met by health boards.		Level 3 and 4 services

		<ul style="list-style-type: none"> <li>• Multidisciplinary Team meetings.</li> <li>• Change in Pain and Quality of Life Affected by Pain.</li> <li>• Numbers Receiving Advice and Guidance on Managing Pain.</li> </ul>			
QPI 5	Exercise and activity therapies	90 % of patients with chronic pain who were provided with information and support regarding physical activity, exercise and/or exercise therapy	Number of patients with chronic pain recorded as being provided with information regarding the importance of activity and exercise, and support to increase where relevant.	All patients that attended an NHS service for pain treatment	Level 3 and 4 services

## Appendix 4 – SPaRC Poster



# Data and Measurement for Chronic Pain Services. A Project to Inform National Service Improvement

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### Introduction

This project was established to address the lack of standardised measurement of Chronic Pain in Scotland. This remains an important issue as there is no clear way of measuring the prevalence of Chronic Pain nationally, understanding the demographics of the patient group, or the impact chronic pain has on them, which often presents a problem when funding services and treatments for patients.

### Aims

The aims of the project were to:

- develop and test a Core Minimum Dataset (CMD) for Chronic Pain, collected by all Pain Services, and;
- develop Quality Performance Indicators (QPIs) for Chronic Pain.

### Core Minimum Dataset (CMD)

Age
Gender
Pain
• List of Body Parts
Pain Duration
• Categorized List
Pain Severity
• Question 1 of the Chronic Pain Grade Questionnaire (CPG) [1]
Underlying Diagnosis
• Map to ICD-11 (develop Read code (SNOMED))
Emotional Impact
• Patient Health Questionnaire-2 (PHQ-2) [2]
Functional Impact
• Question 6 of the Chronic Pain Grade Questionnaire (CPG) [1]. No conclusive evidence exists regarding a single self-report physical activity questionnaire [3]
Health-Related Quality of Life
• Health-Related Quality of Life: Question 1 of the Short Form Health Survey (SF-36) [4]

### Quality Performance Indicators (QPIs)

Quality Performance Indicators (QPIs) are a set of standards used to measure and monitor chronic pain service improvement in Scotland.

All QPIs have been modelled against the four levels of the Scottish Service Model for Chronic Pain.

The QPIs are undergoing a formal and rigorous consultation process with feedback welcome on all areas, specifically attainable and realistic targets for each indicator.

Five QPIs have been developed initially in the following areas:

1. Pain Education
2. Outcome Measures
3. Pharmacy Review
4. Service Evaluation and Audit
5. Exercise and Activity Therapies

### Discussion and Next Steps

The Core Minimum Dataset is continuing to undergo a formal and rigorous consultation process. The next phase of the study aims to test and validate the revised dataset in NHS Tayside, Lothian and Fife Pain Services against the outcome measures currently used in these health boards. As well as examining methods of collecting CMD data using available routine clinical systems.

The QPIs will continue to undergo development, subject to further testing. The next phase of this project will test the QPIs in a "shadow exercise" in an NHS Pain Service.

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## Appendix 5 – Gant Chart





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