Appendices:

Appendix 1 Boolean phrasing:

pain management AND referral criteria; chronic pain AND management AND referral AND criteria; chronic pain AND service AND referral; chronic musculoskeletal pain AND service AND referral; chronic pain AND clinical practice guideline AND referral; chronic pain AND guideline AND referral; chronic pain management AND guideline AND referral; chronic musculoskeletal pain management guideline; chronic MSK pain management guideline; pain management AND referral AND primary health OR primary care; chronic pain management AND referral criteria AND primary health OR primary care; primary care AND chronic pain AND guideline

Appendix 2 screenshots of diagrams and summary table

Author	Paper	Year	Key Recommendations
Lee J; Ellis B; Price C; Baranowski A [17]	Chronic widespread pain, including fibromyalgia: A pathway for care developed by the British Pain Society	2014	Defines widespread pain as: Pain lasting more than 3 months, affecting both sides of the body, and sites above and below the waist, plus pain in the axial skeleton Screening and investigation of red flags prior to accepting a diagnosis of chronic widespread pain/ FMS. Recommends early referral into a pain service when predictors of poor treatment outcome are present. Or after reviews when the patient isn't responding to usual care or is worsening – then to referral for specialist assessment and support. Also recommends the use of clinical judgement vs outcome measure or screening tool implementation.
Royal College of Physicians [16]	Complex regional pain syndrome in adults 2nd edition	2018	Referral of confirmed CRPS "Other than in mild cases of CRPS (see Referral earlier in this section), patients should be referred to a pain specialist for further management. It may also be appropriate instead to refer cases of confirmed CRPS to specialist rehabilitation or vocational rehabilitation services if: • CRPS presents in the context of another existing disabling condition (eg stroke or severe multiple trauma) • specialist facilities, equipment or adaptations are required or need review • the patient needs specialist vocational rehabilitation or support to return to work (this service is sometimes also provided by pain management services) • litigation is ongoing, requiring support to facilitate an early conclusion." Mild CRPS signs and symptoms: "To categorise CRPS as 'mild', a patient would have few signs of significant pain-related disability

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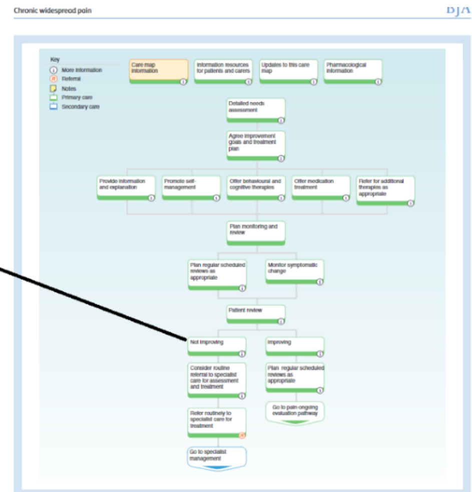
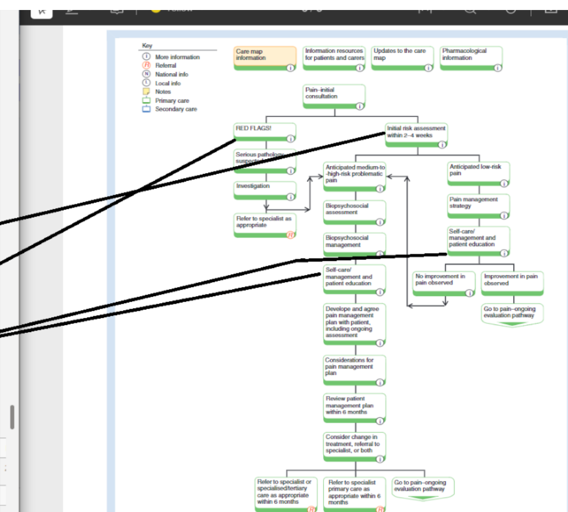


		that is causing the pain. • Shared decision-making for treatment of chronic pain needs an understanding of the patient's ethnic and cultural background, age, gender and spirituality in order to work with the patient's chronic pain symptomatology. • A clinician should choose positive language and imagery. • Self-management insures active patient participation in the care plan is essential."
Initial assessment and management of pain: A pathway for care developed by the British Pain Society	2014	This guideline also encompasses cancer related pain**** Recommendations for biopsychosocial assessment for all those who have pain. Assessment of "risk" of chronicity – stratified care and quicker assessment within specialist services for those at higher risk. Referral appears to be recommended for these patients within 8-12/52. Screening for and investigation of red flags prior to referral into a specialist service. Support self-management of patients from the outset.
Chronic Pain Management Guidelines SIGN	2013	"Referral should be considered when non-specialist management is failing, chronic pain is poorly controlled, there is significant distress, and/or where specific specialist intervention or assessment is considered". "Healthcare professionals referring patients for psychological assessment should attempt to assess and address any concerns the patient may have about such a referral. It may be helpful to explicitly state that the aims of psychological interventions are to increase coping skills and improve quality of life when faced with the challenges of living with pain" Referral to a specialist service:



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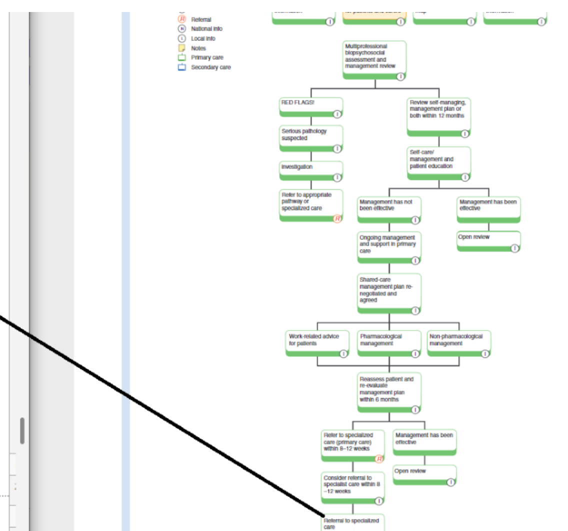


Appendix 3 Agenda for Co-creation session

Agenda

0830-0840 – Introduction and Scene Setting

0840-0850 – Group Work – Reviewing Recommendation Table

0850-0900 – Group Work – Prioritising Recommendations

0900-0920 – Group Work - Forming of Draft Criteria – "Rough Prototyping"

0920-0930 – Closing and Summarising

Appendix 4 Images of In & Out Criteria from co-creation session

Red flags/ screening

Have they been investigated

Clinician judgement

Previous care

Non progression with Rx

No progress

Not responding to usual care

IN

Pt wants to learn self manage

Evidence of BPS + evidence based care.

MSK mechanical

Chronic >3/12

Act +16

Psych.

'Psychological distress'

High levels of distress

Chronic pain & comorbidity (mental health)

Risk or catastrophising

↑ Health Anxiety.

Comorbidity, depression vs pain

Function.

Social + occupational roles (pain)

Functional limitations

Conditions

FM Δ

Early ref for fibro

CRPS

CRPS Δ

Medication

Refractory pain → ? pain clinic

High doses.

Meds not effective

Addictions, misuse

OUT

Pain Clinic only r/f by complex (P)

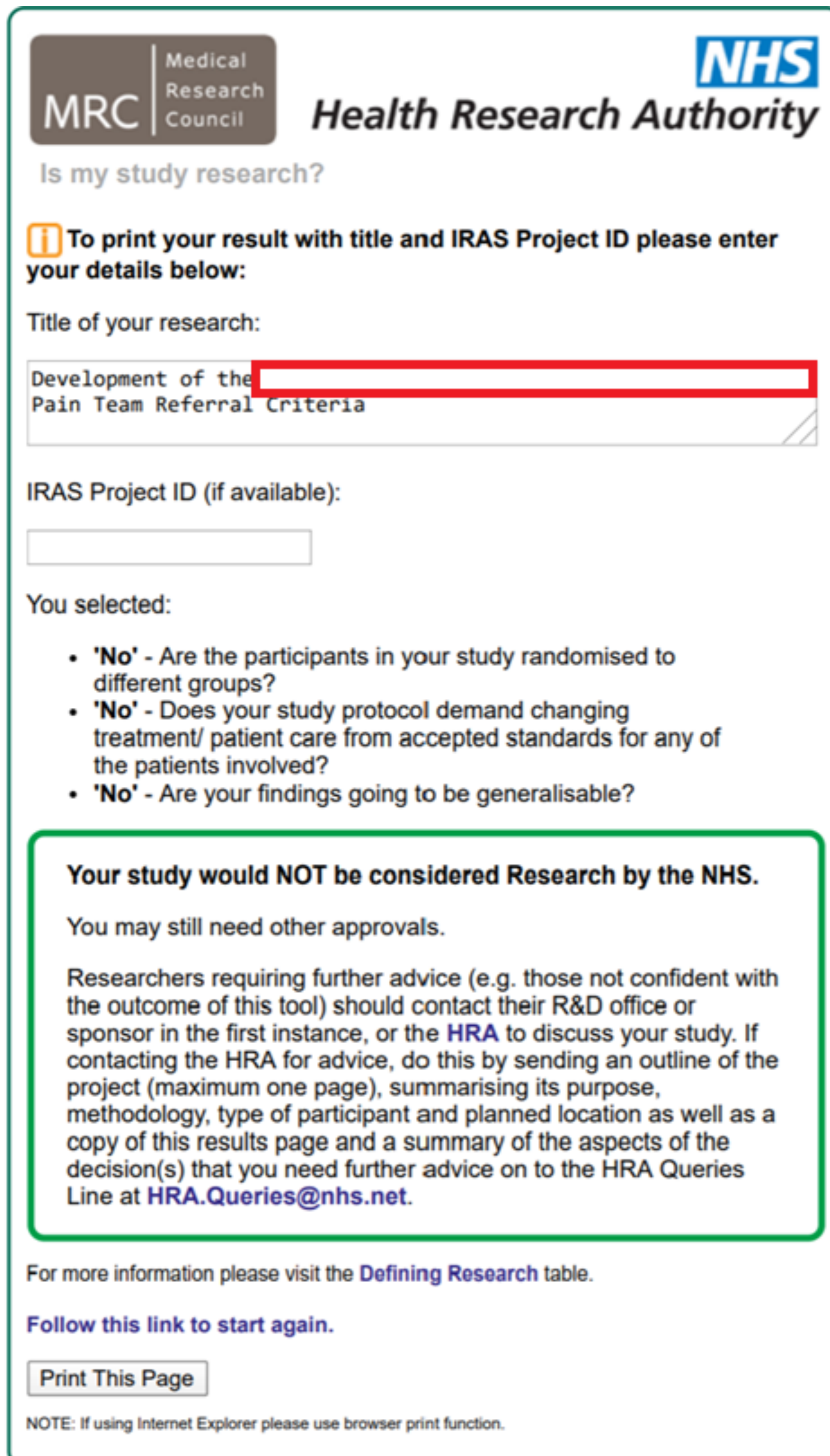
• A/W Ivx/procedure

? mental Health?

Cancer (P) not within TIMS!

Non-MSK

Appendix 5 Health Research Authority Flowchart



MRC Medical Research Council

NHS Health Research Authority

Is my study research?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

Development of the
Pain Team Referral Criteria

IRAS Project ID (if available):

You selected:

- **'No'** - Are the participants in your study randomised to different groups?
- **'No'** - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- **'No'** - Are your findings going to be generalisable?

Your study would NOT be considered Research by the NHS.

You may still need other approvals.

Researchers requiring further advice (e.g. those not confident with the outcome of this tool) should contact their R&D office or sponsor in the first instance, or the **HRA** to discuss your study. If contacting the HRA for advice, do this by sending an outline of the project (maximum one page), summarising its purpose, methodology, type of participant and planned location as well as a copy of this results page and a summary of the aspects of the decision(s) that you need further advice on to the HRA Queries Line at **HRA.Queries@nhs.net**.

For more information please visit the **Defining Research** table.

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