



Painmanagementsolutions

breaking the pain cycle

Who are Pain Management Solutions?

Our background

Pain Management Solutions (PMS) exists primarily to develop and deliver NHS pain services as a vehicle of change. It was formed in 2006 by experienced healthcare professionals who shared a common interest in revolutionising pain management in the NHS. The pivotal element of PMS has been the creation of a community-based approach focused on early intervention and the cessation of chronicity.

- April 2007 - PMS started its first community-based service, commissioned by Sheffield PCT.
- April 2007 - PMS was contracted by a private hospital in Sheffield to deliver a Choose & Book pain service.
- 2008 – PMS commissioned by a PBC GP Consortium in Nottingham.
- January 2009 - Nottingham City PCT commissioned PMS to deliver a spinal service, offering an integrated Trauma & Orthopaedic, Pain Management and Neurosurgical pathway.
- Since 2007 the PMS service has grown exponentially, becoming the provider of choice for increased numbers of patients and GPs in the SHA regions of Yorkshire, Humber and East Midlands.
- **PMS is now the largest non hospital based provider of Choose & Book services in the UK.**

What are Pain Management Solutions?

Our vision

We passionately believe that primary care is the appropriate setting for pain management. PMS is committed to developing pain services that ensure the expertise of specialists is harnessed and their maximum potential is made more accessible to patients in their local community. This requires a paradigm shift in the expectations, perceptions and fundamental beliefs which many professional people hold about the purpose and place of pain clinics and other associated services. PMS therefore understands that it must offer support and education to primary care.

We believe that when pain management is placed towards the beginning of the patient journey, and is supported by effective relationships between clinicians within and outside of the service, it is realistic to expect improvements in clinical outcomes. This is being borne out in services that we deliver.

Why Change Things?

The future

Pain clinics have traditionally been the place to send patients as a last resort. Commonly the patient is 'lost' within secondary care for some time before being referred to the pain clinic, often without the GP's involvement. At this point the associated co-morbidities (chronicity) are well established and may be entrenched into a patient's behavioural patterns. These factors make pain management complex, costly and seemingly ineffective.



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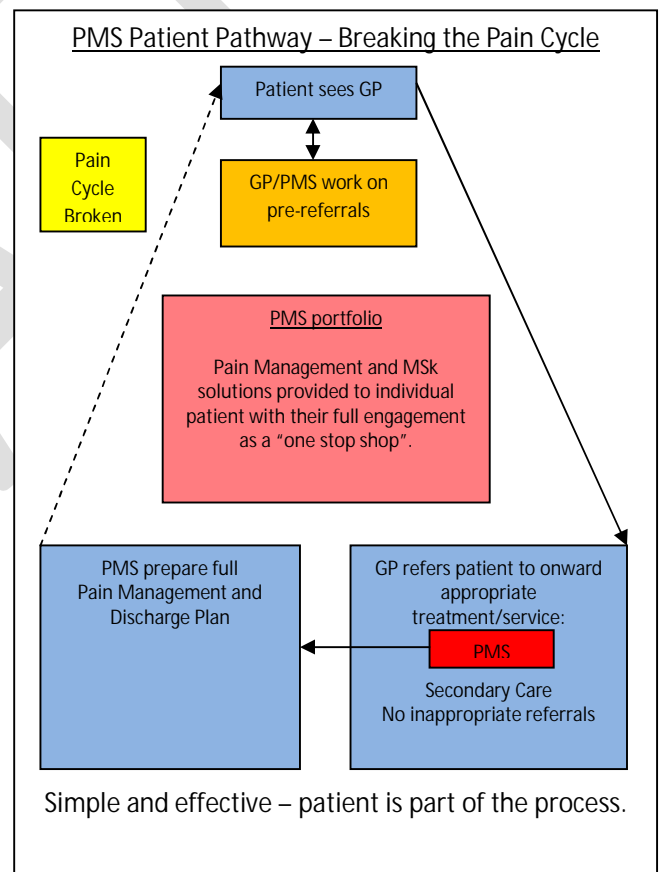
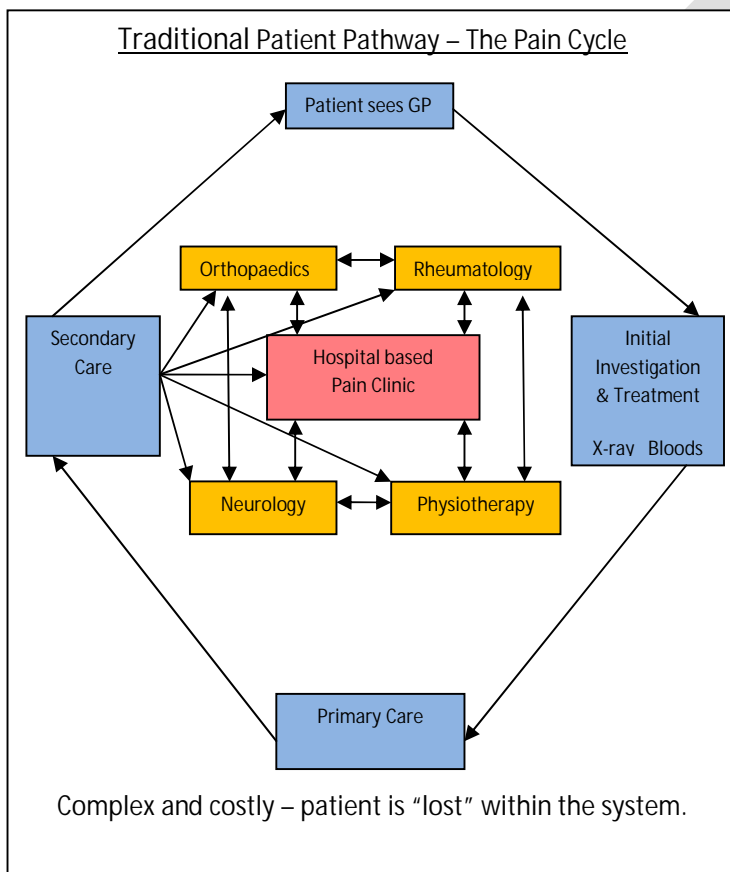


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The PMS pain clinics are designed as a rehabilitation service as opposed to a mere palliative care service for long-term benign pain. We believe that the prevalence and intensity of chronicity is something that can be reduced if the expertise of a pain service is delivered to the patient sooner, rather than later, after a problem begins to develop.

Our portfolio of treatments does not vary greatly from any other pain clinic. Pain management has more to do with the 'how' and 'when' than it has to do with the 'what'. Interdisciplinary team working is an essential component, as is the relationship between the pain clinic, the GP and the patient.



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How are PMS different ?

Our strengths

- We work closely with GPs and Commissioners to ensure that patients are referred earlier in the pathway.
- Patients are managed proactively with a clear discharge plan.
- We communicate closely with patients and GPs, maintaining a comprehensive management plan throughout the treatment process.
- We prioritise self-management.
- We rationalise medication.
- We use interventions to support rehabilitation.
- We encourage integration with established community services minimising duplication.
- Patients are managed in a progressive and cohesive manner.
- Patients have rapid access to treatments and diagnostic tests, our referral-to-treatment time average is approximately 4 weeks.
- We train GPwSIs, and other professional disciplines, driving forward the development of expertise within the community.

Notes for GPs and First Contact Practitioners

PMS recognises the importance of the relationship between the patient and their GP, and other First Contact Practitioners. The success of a long-term plan of care relies upon the support and input of the GP and others within the community setting. It is therefore vital that patients are not 'lost' to services outside of the GPs control. A strong relationship between the service and the community team is a key component of our philosophy. We communicate very closely with the community team and train GPwSIs and other practitioners wanting to work more closely with us.

Notes for Commissioners

PMS can be commissioned in a number of ways. Regardless of the approach, the service itself does not vary. The vehicle for commissioning is just that, a vehicle. Our focus is on offering an alternative approach to pain management.

Choose and Book

During October 2009 PMS became available on the Choose and Book system. If you wish to utilise our services we can arrange an initial clinic in your area. Primary Care Centres or GP Surgeries are perfect environments.

Practice-Based Commissioning

This helps establish the special relationship with the GP and the patient that we believe are necessary. Primarily GPs may find they have a strong sense of ownership of the service.

Any Willing Provider/Tendering

PMS is currently involved with a number of tendering processes and aims to diversify its portfolio in order to build more robust integration between related community services.

Pain Management Solutions

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