

Content

Department Name: Pain Management Service

Process Name: Advice & Guidance

Change History:

Version	Draft	Date	Author	Comments
0.1	Y	08/04/2024	Jenny Poole	First draft issued following mapping meeting
0.2	Y	02/05/2024	Jenny Poole	Revised draft issued following feedback
0.3	Y	10/05/2024	Jenny Poole	Revised draft issued following feedback
1.0	N	20/05/2024	Jenny Poole	Sign of received from EF, final map issued



Improvement team

● **Improve health** ● **Better care** ● **Lower costs**

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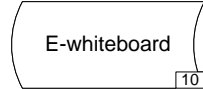
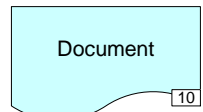
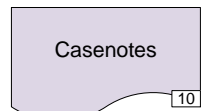
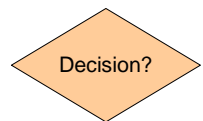



Map 1a Pain Management – Advice & Guidance – As Is	Page 5
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Map 2 Pain Management – Advice & Guidance – Issues & Ideas – As Is	Page 7


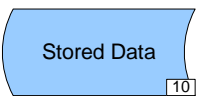




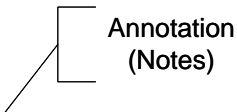
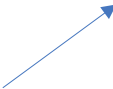




Improvement team

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Legend

	Symbol used to Indicate the start or end of a process
	Symbol used to indicate an event, task or action
	Symbol used to indicate whiteboard actions
	Symbol used to indicate e-whiteboard actions
	Symbol used to indicate paper documents and proforma activity excluding patient Case Notes
	Symbol used to indicate Case Note activity
	Symbol used to indicate a decision point. The question is shown in the icon and there will be two options
	Symbol used to indicate a choice as to which path to take. There can be multiple outputs.
	Symbol used to indicate a point whereby all output paths should be actioned.
	Symbol used to illustrate Diary/Whiteboard Updates , labelled accordingly i.e Admission Diary = AD Receptionist Diary = RD Transfers Whiteboard = TW Patient Whiteboard = WB

	Symbol used to Indicate the start or end of a process
	Symbol used to indicate a system where data is captured inc. emails
	Symbol used to indicate a reporting point i.e. system generated reports or escalation points to management etc.
	Symbol used to indicate a link to another map
	Symbol used to indicate a link from another map
	Symbol used to illustrate link to maps within other Visio documents
	Symbol used to include a comment or additional information
	One-way arrow used to show sequence of events and what is produced by an event.
	Symbol used to illustrate multiple issues , numbered accordingly
	Symbol used to illustrate multiple ideas , numbered accordingly



Symbol used to Indicate Happy



Symbol used to Indicate Indifferent



Symbol used to Indicate Unhappy



Symbol used to Indicate Worried



Symbol used to Indicate Angry



Defects



Over Production



Waiting



Un-utilised Skills



Transportation



Inventory



Motion

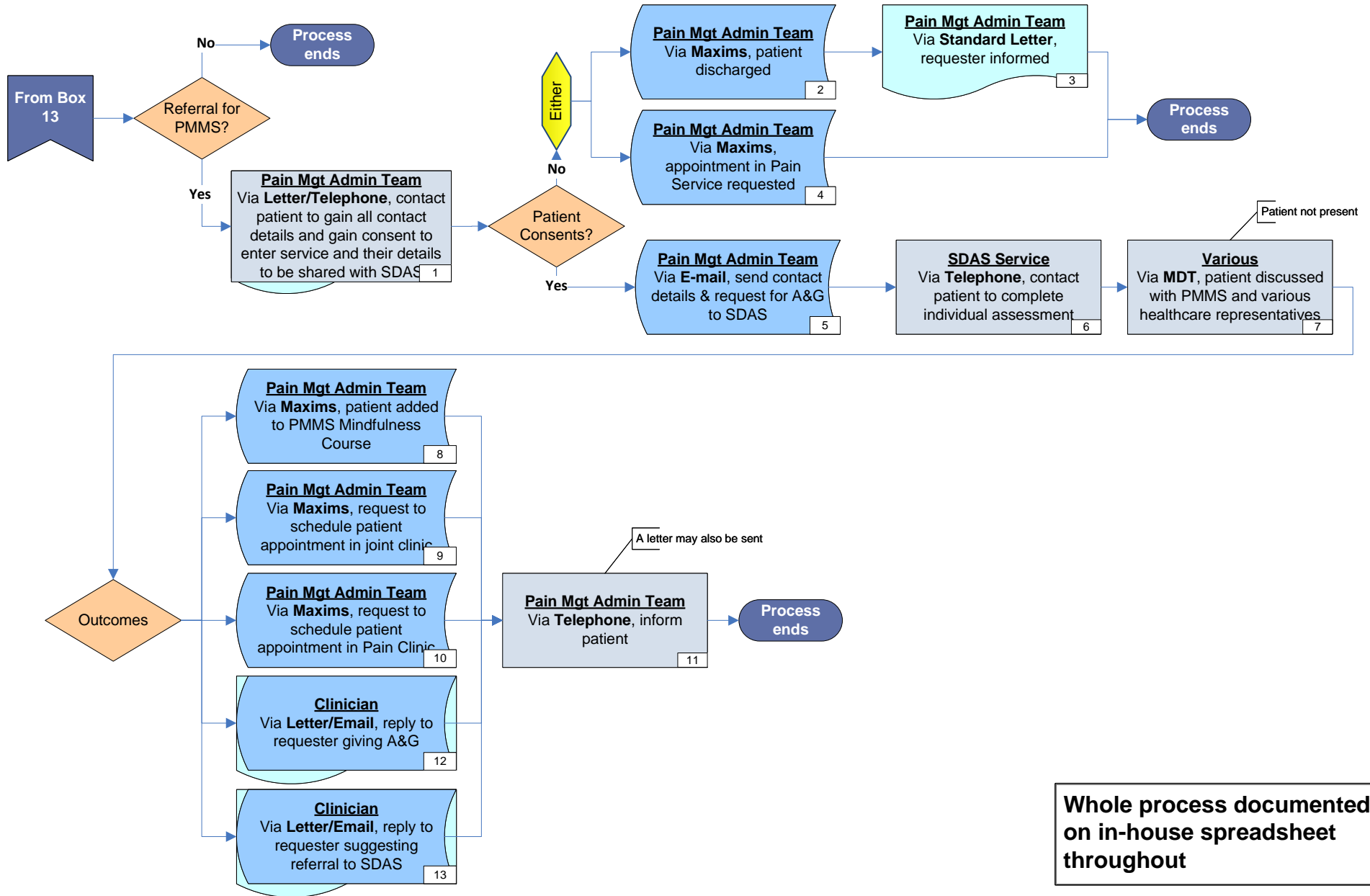


Extra Processing

Pain Management – Advice and Guidance – Map No 1a – As Is

PMMS – Pain and Medicines Management Service | SDAS – Somerset Drugs & Alcohol Service |

Pain Management



Whole process documented on in-house spreadsheet throughout

Issues	Ideas
Unable to convert A&G into a referral. Requires communication back, requesting referral made via e-RS (if GP).	Ability for clinician to add a comment to a referral with their thoughts requesting a colleague's opinion/review.
Receipt of referrals that do not meet service criteria – out of county, under 18, ongoing investigations etc.	Inbound referrals directed to appropriate service pathway e.g. virtual introductory session, 1:1 appointment, SDAS, ?injection.
Referrals missing information.	Admin ability to see the request (currently only see referrals once patient activates it in eReferrals).
Inappropriate referral - incorrect service/further investigation required	Ability to categorise A&G requests – opioid related/pain management for reporting purposes.
Unable to see referral on e-referrals until patient has activated it.	Within service clinician ability to make own referral for patients seen on Ward/in Palliative Care.
Only able to redirect referrals to services who use Maxims and not services like OASIS. Requires rejection letter and advice to re-refer.	Ability to convert A&G request into a referral without needing to respond to the requester and ask them to make the referral via e-referrals.
No reliable record of A&G requests and actions.	Ability to respond direct to requester with queries/requests for missing information via system.
A&G emails currently forwarded to all clinical team – often results in clinician email conversation and final decision/outcome/responsible clinician unclear. One clinician will give advice but say to await another's agreement/input. Often not received and requires follow up/chasing.	One place for all requesters to be able to make A&G/referrals via. Currently lot emailed. Non-GPs.
Service has high DNA rates at first appointment – virtual introductory session. Not currently capturing whether patients can access virtual appointments for all referrals.	Ability to capture transfer of care RTT dates without manual requirement to update.
A&G currently responded to by email so no visibility to admin of response/if advice has been given when sent from personal inboxes.	Specific criteria for what A&G can be requested and what info is needed to enable advice to be given e.g. full medication list and doses.
Receipt of referrals and A&G requests for patients already in service. Generates duplicate pathways.	Ability to highlight if new patient or FU as often receive re-referrals for patients already in the service resulting in duplicate pathways.
When requested information received and imported to referral in Maxims, the awaiting information flag remains and so an email is required to alert the clinical team to save them checking each time they triage.	Compatibility with OASIS.
	Signposting for specific actions would be a useful addition, e.g. appointment only requested to be sent to Admin.