

# Delivering Effective Multidisciplinary Pain Services

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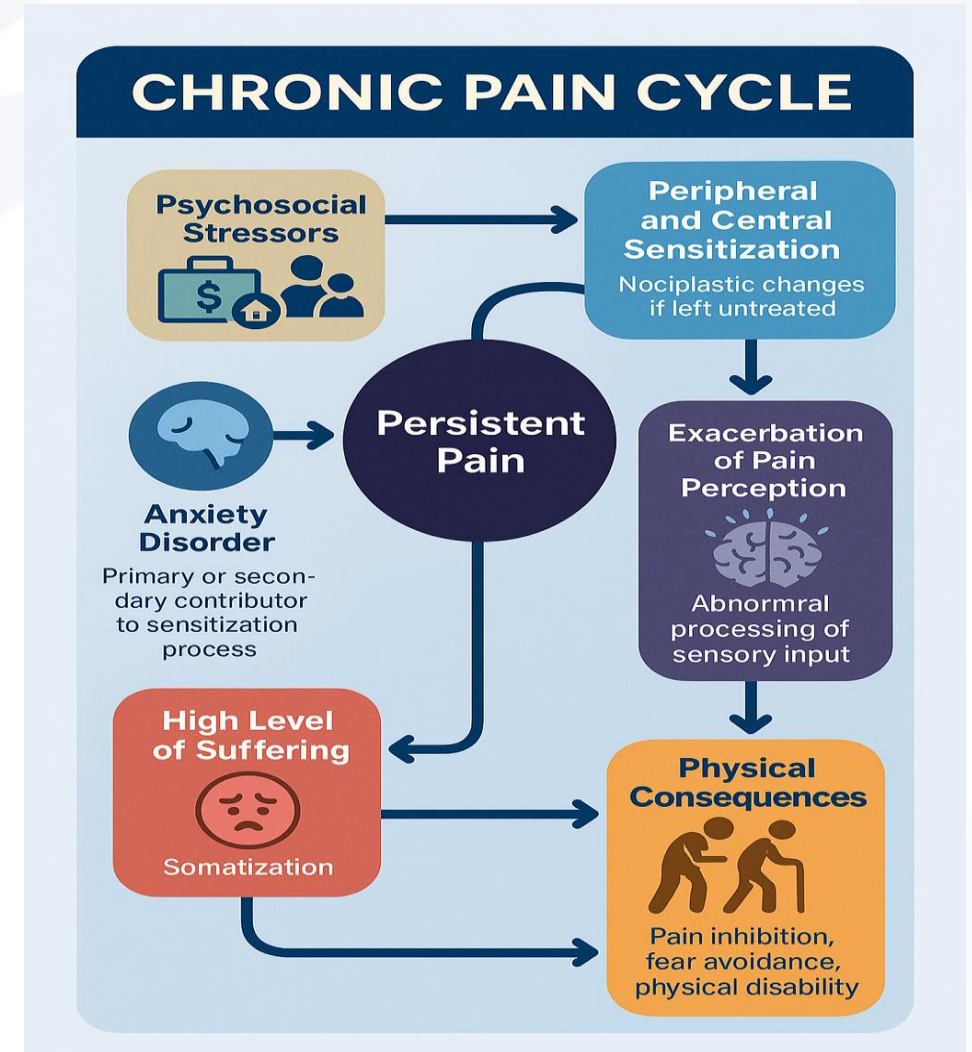
# Overview

- Complexities of Chronic Pain
- The multidimensional impact of Pain & need for an MDT approach
- UHB Pain Service
- Core MDT Services in Practice
- Key Aspects of delivering effective MDT Service
- Challenges of MDT working
  - Operational challenges
  - Changing nature of needs
- Integration with Primary Care & other services
  - Current collaborations
  - Future Plans

# Complexities of Chronic Pain

Chronic pain is a complex interaction between:

Altered biological pain pathways  
Maladaptive behavior  
Physical deconditioning



## • Chronic persistent pain

Primary or chronic secondary pain (such as OA)

### • Persistent nociceptive input

Peripheral and Central sensitization.

Nociplastic changes in CNS

In susceptible patients can be associated with imbalance between pronociceptive and antinociceptive NT.

### • Amplified pain perception

#### Mental:

##### • Anxiety disorder:

Primary or secondary to chronic illness

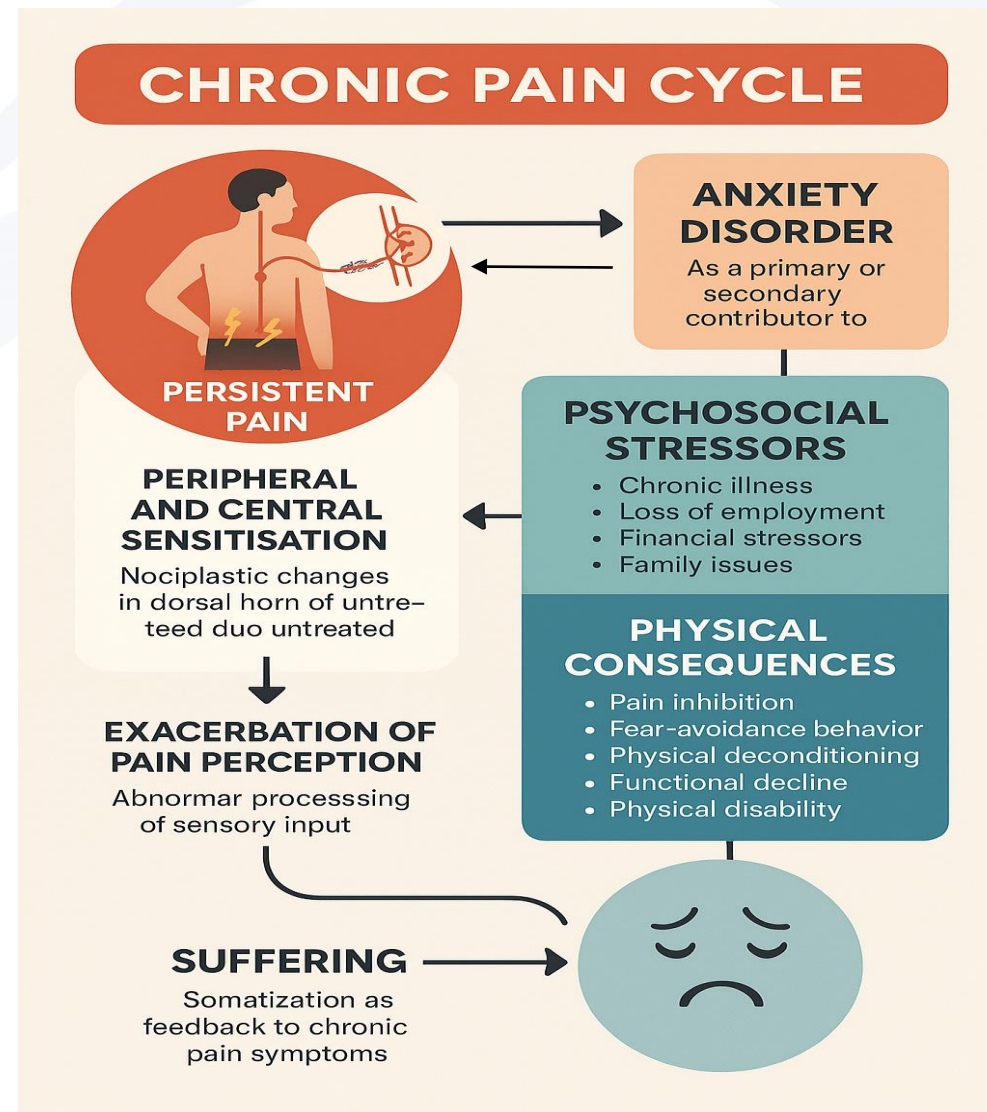
- Psychosocial stressors: secondary to chronic illness or to other social circumstances.

#### Physical

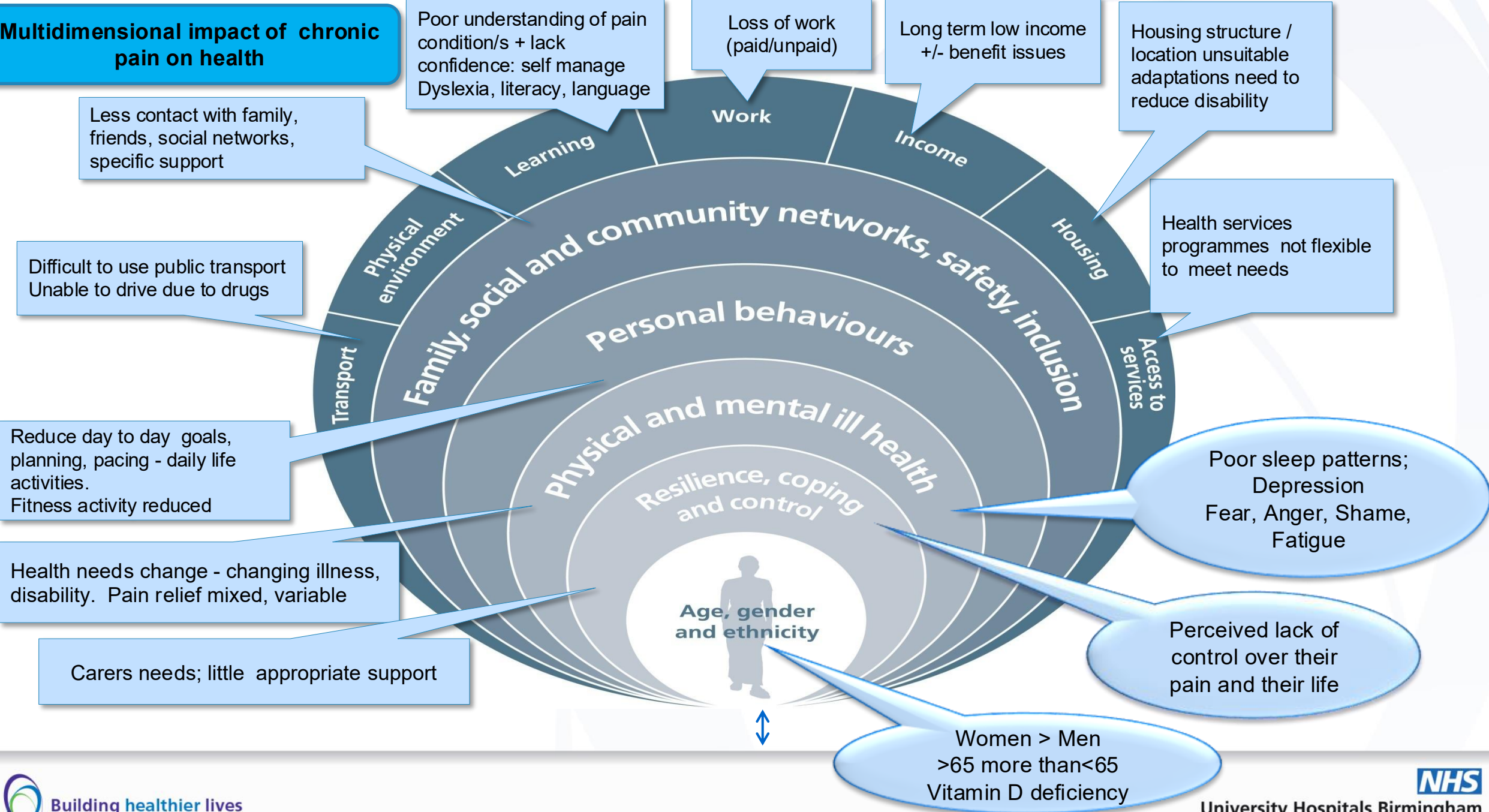
- Pain inhibition
- Fear avoidance
- Physical deconditioning
- Functional decline
- Unemployment
- Disability

Heightened overall suffering

### Somatization



**Multidimensional impact of chronic pain on health**



# University Hospitals of Birmingham

University Hospitals Birmingham (UHB) provides one of the widest ranges of specialist and general acute services in the UK.

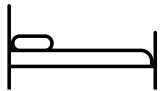
The Trust delivers extensive specialist services such as cancer care, trauma, neurosciences, burns and plastics, renal dialysis, and one of Europe's largest solid organ transplantation programmes, alongside advanced cardiac, liver, and thoracic surgery services



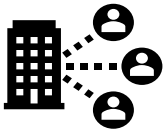
The population across the West Midlands combined authority areas is approximately £2.9 million.  
Birmingham is one of the top 10 deprived local authorities in England



UHB is among the busiest acute trusts in the UK with approximately 2 million outpatient attendances each year, 360,000 attendances to A&E and urgent treatment centres, and 310,000 inpatient episodes per year



2,750 inpatient beds across the four acute sites



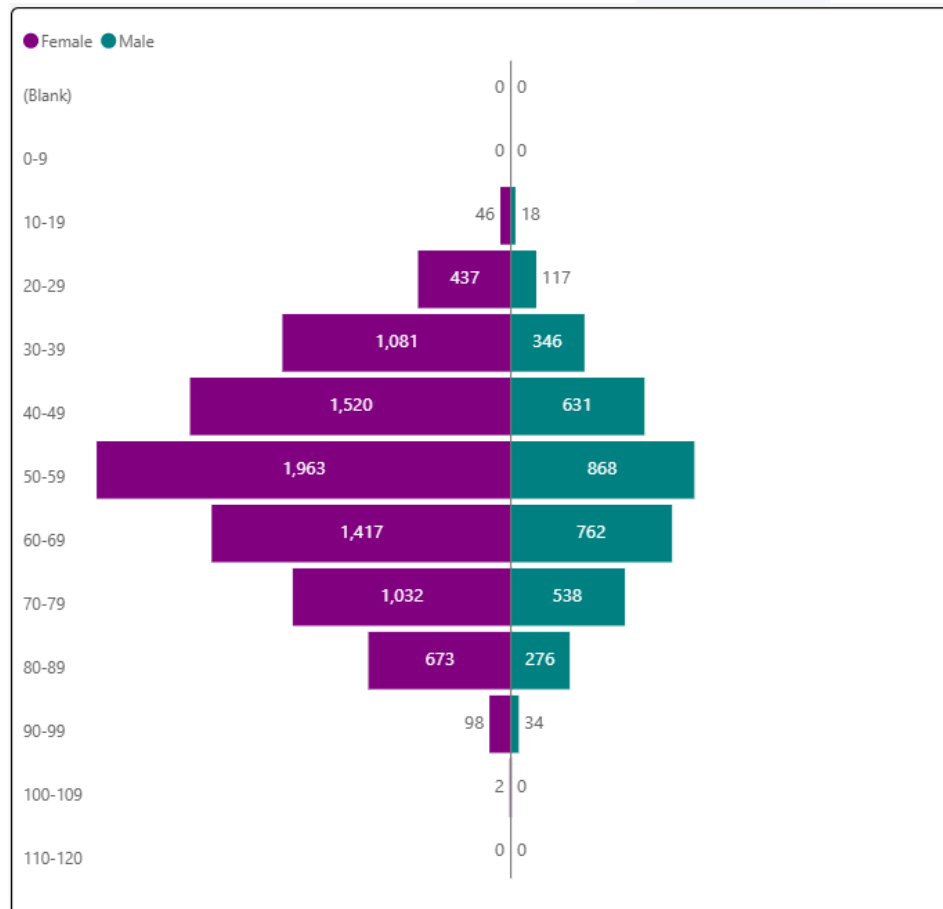
UHB employs around 24,000 staff, making it the largest employer in the West Midlands  
This includes clinical, scientific, support and administrative roles across the hospitals and community services



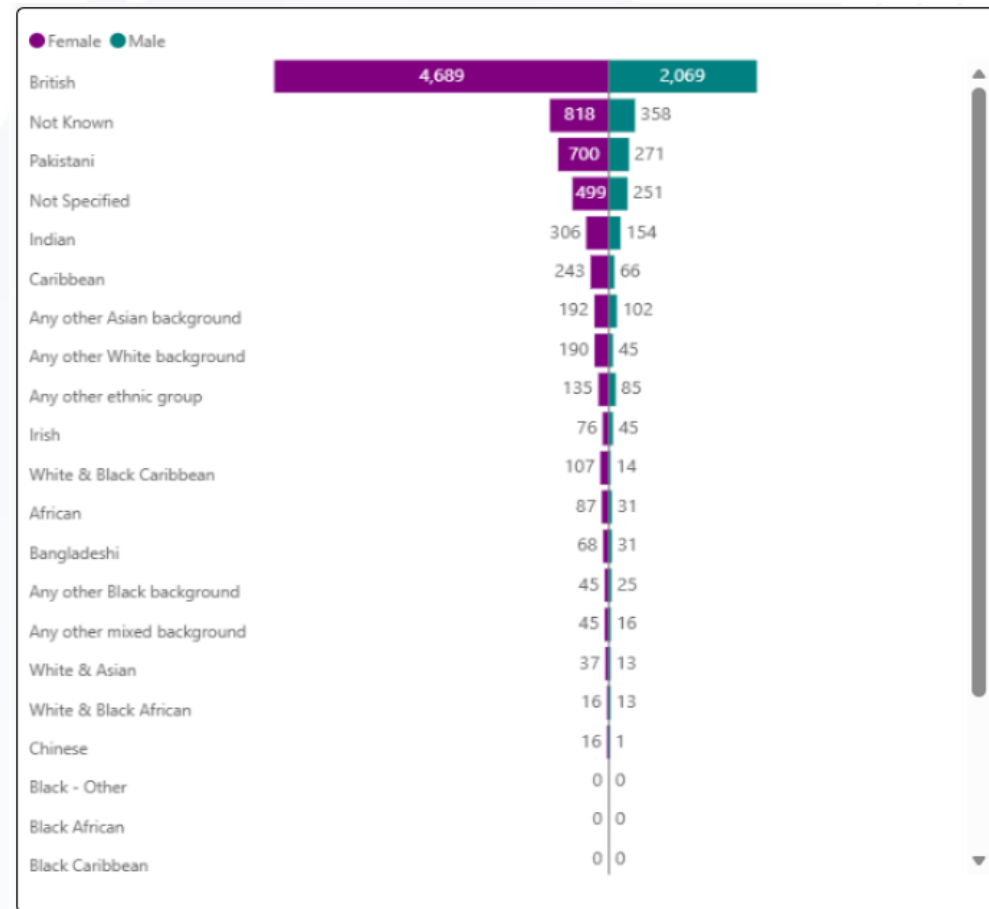
UHB operates with an annual turnover of approximately £2.4 billion, reflected in its size and service breadth

# Pain Management Demographics

## Age Range – 2025



## Ethnicity – 2025



# Pain Management Statistics

8,000  
Approximate  
Referrals per year

10,022  
Outpatient  
Attendances in 2025

1.73  
New: FU Ratio

Clinical Intervention  
on 1<sup>st</sup> OPA

13%  
Average DNA % in  
2025

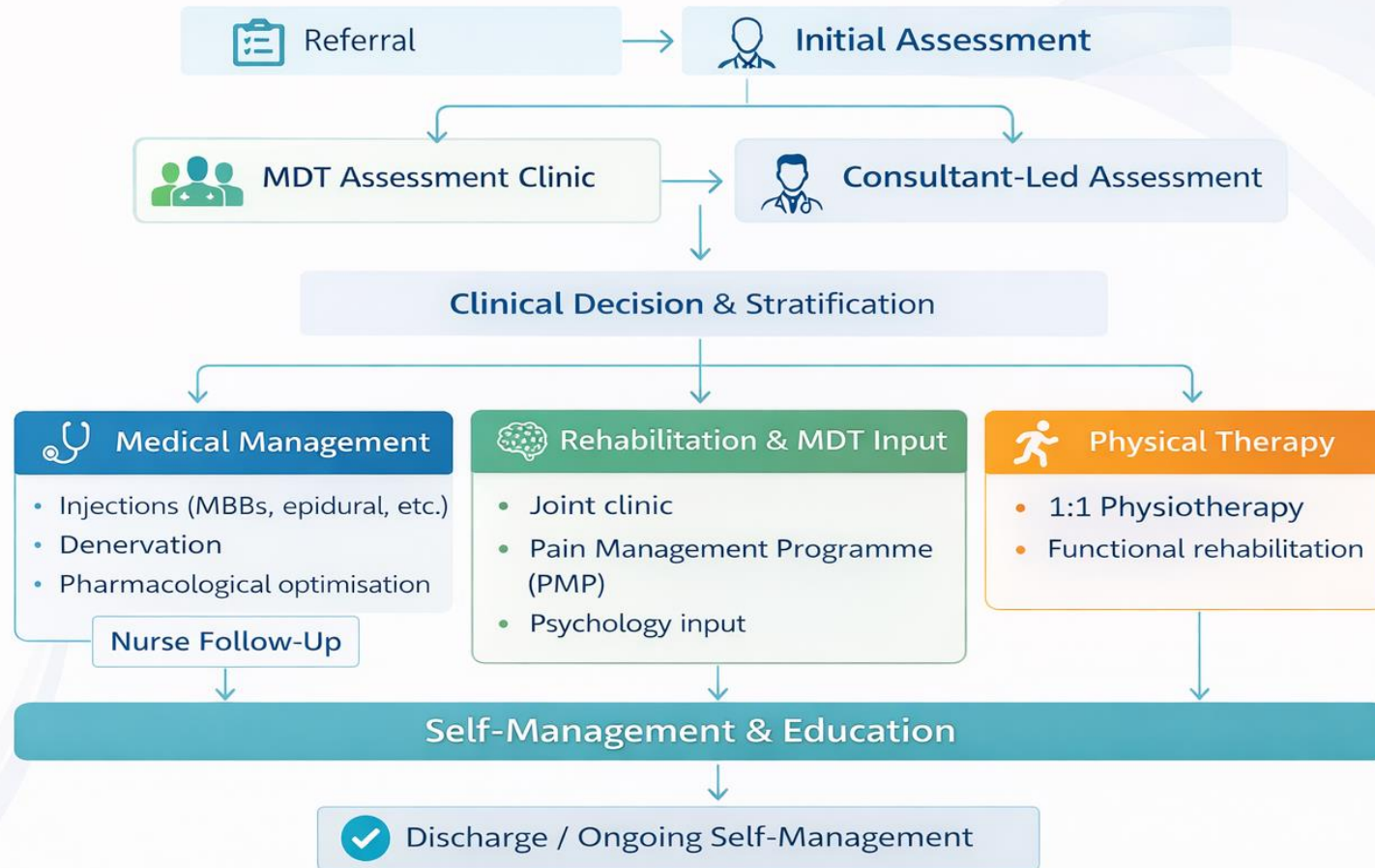
Procedures  
Performed

# UHB Pain MDT Configuration

- 11 Pain Consultants, with shared clinical commitments within Anaesthesia
- 5.71 WTE Clinical Specialist Pain Nurses
- 1.52 WTE Clinical Specialist Pain Physiotherapists
- 2..38 WTE Clinical & Health Psychologists

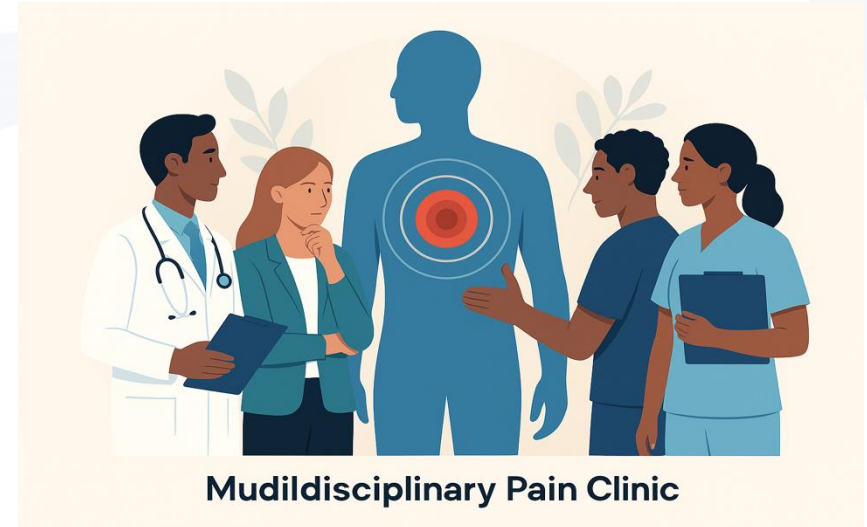


# UHB Pain Service Pathway



# The role of the MDT

- Diagnose primary or secondary pain etiology.
- Identify consequences of chronicity:
- Which stage in the pain cycle the patient is at now?
- Assessment of self management and coping mechanisms
- Associated primary or secondary Mental health illness.
- Patient education and detailed explanation:
  - What is happening?
  - Why in so much pain? How pain perception can be amplified secondary to chronicity and due to impact of mental health?
- Explanation of different lines of Holistic approach of treatment and the role / position of each line in the cycle of chronic pain.
- Engagement of patient in management decisions – Explanation of the patient's role and ownership in management .



# MDT Pain Clinic; Roles of MPS members:

## **Pain Physiotherapist:**

MSK and Neurological assessment and examination

Identifying physical consequences of chronic pain: Deconditioning – fear avoidance – pain anticipation and catastrophizing

Assess base line physical function

Review of previous physiotherapy treatments provided

## **Pain Physician:**

Pain assessment including:

Pain history:

Going through the patient's symptoms

Identifying red flags

Ensure appropriate work up is complete / Onward referrals or diagnostic tests

Past Medical history.

Past current mental health illnesses.

Functional assessment: ADLs – Employment status

Social circumstances: identifying stressors; Family – Housing – Financial

Past and current treatments: Medications – minimally invasive interventions – nonpharmacological.

## **Pain Psychologist**

Assess the impact of chronic pain on mood and ability to cope.

Identify the need for mental health input and signpost to appropriate services

Assess for suitability and feasibility for pain psychology interventions

# MDT Pain Clinic Outcome

- MDT assessment concludes the clinical impression
- Formulate a personalized holistic management plan:
  - **Pain Physician**
    - Analgesic optimization
    - Offer minimally invasive interventions where indicated: Injections – RF - Neuromodulation
    - Advice / refer for non pharmacological treatments:
      - Acupuncture
      - TENS
      - Nutrition and supplements.
      - Life style changes: Smoking cessation – Weight management
  - **Pain Psychology:**
    - Offer Pain Psychology interventions where indicated, 1:1 psychology, Joint Pain/Physio clinic - PMP
  - **Physiotherapy:**
    - Formulate functional restoration program tailored to the patient's ability form reconditioning and mobilizing, desensitization and up to strengthening exercise prescription

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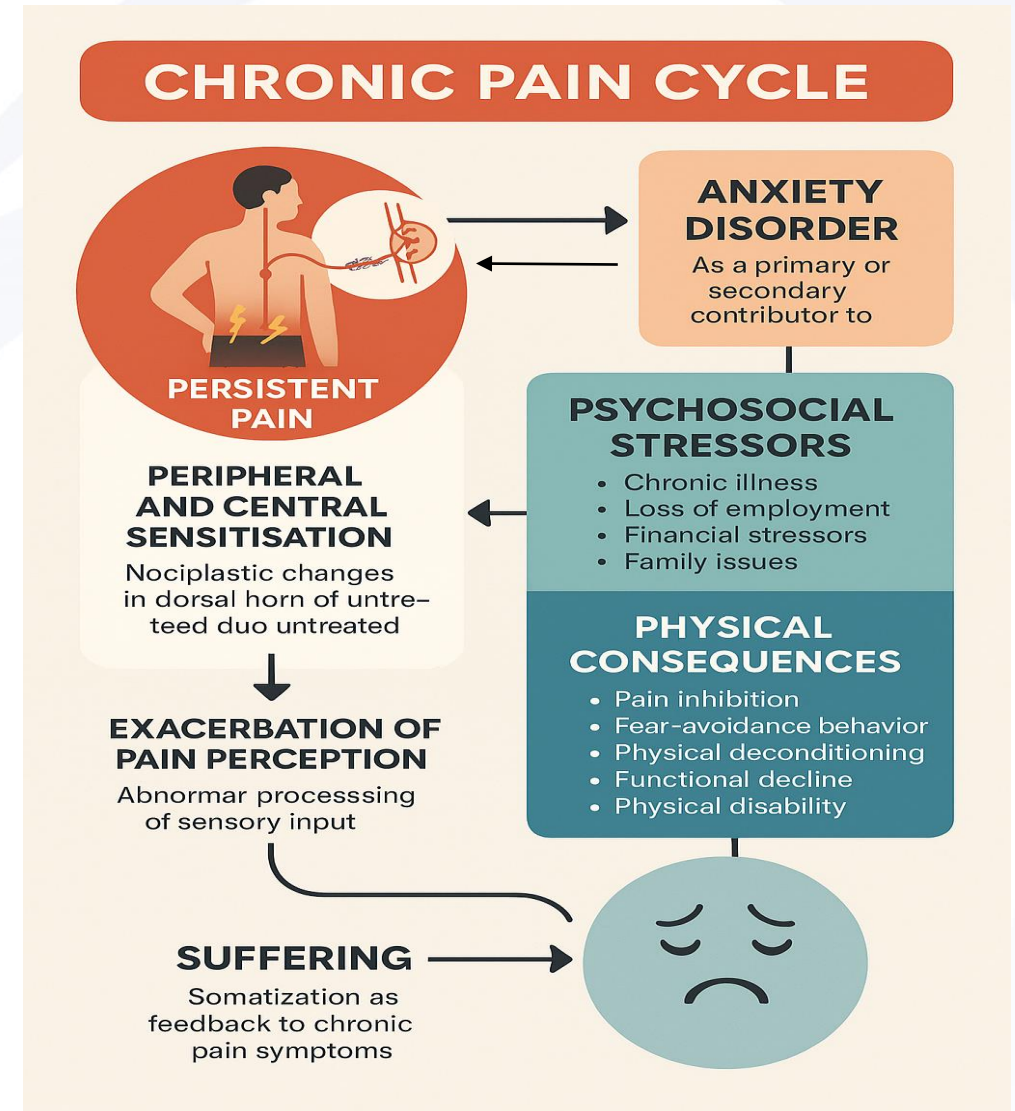
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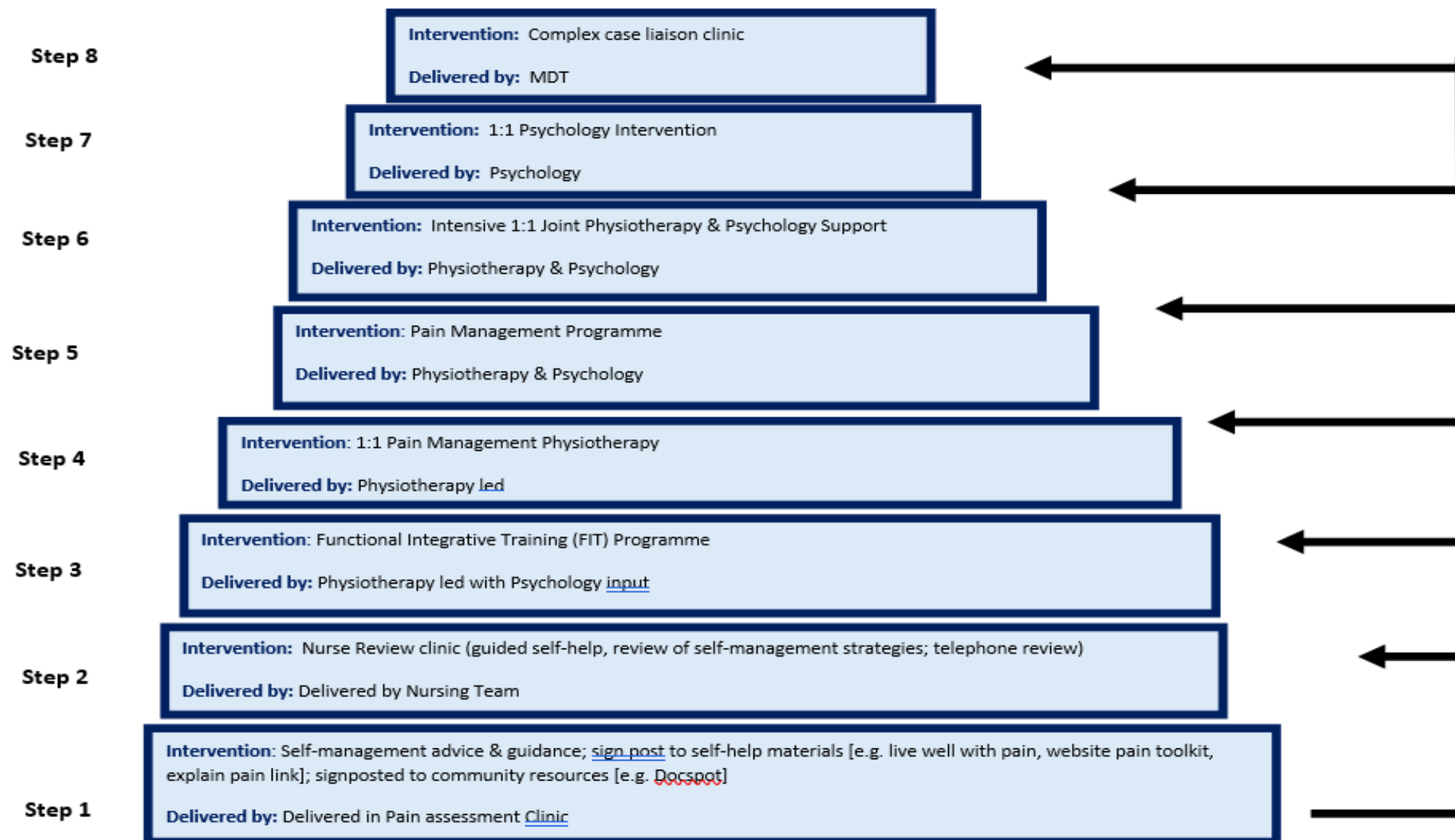
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## UHB Pain Service - Psychology Stepped Care Model



# Core MDT services in UHB Pain Service



**MDT Pain Clinic**



**Joint working**



**Complex Cases MDT Meetings**



**Professional opinion & consultation**

# Joint working between professionals

- The Joint Psychology and Physiotherapy clinic, is where patients with more complex needs will see both specialities in a single appointment, spending one hour with each clinician.
- In this, the (cognitive) barriers to self-management are addressed by the psychologist in conjunction with an immediate (behavioural) coaching session from the physiotherapist.
- This normalises the psychological input of the service and preserves the integrity of the multifactor, biopsychosocial model which underpins it
- Potential for a CNS and Psychologist Clinic aimed at reducing reliance on medication and engaging in self-management

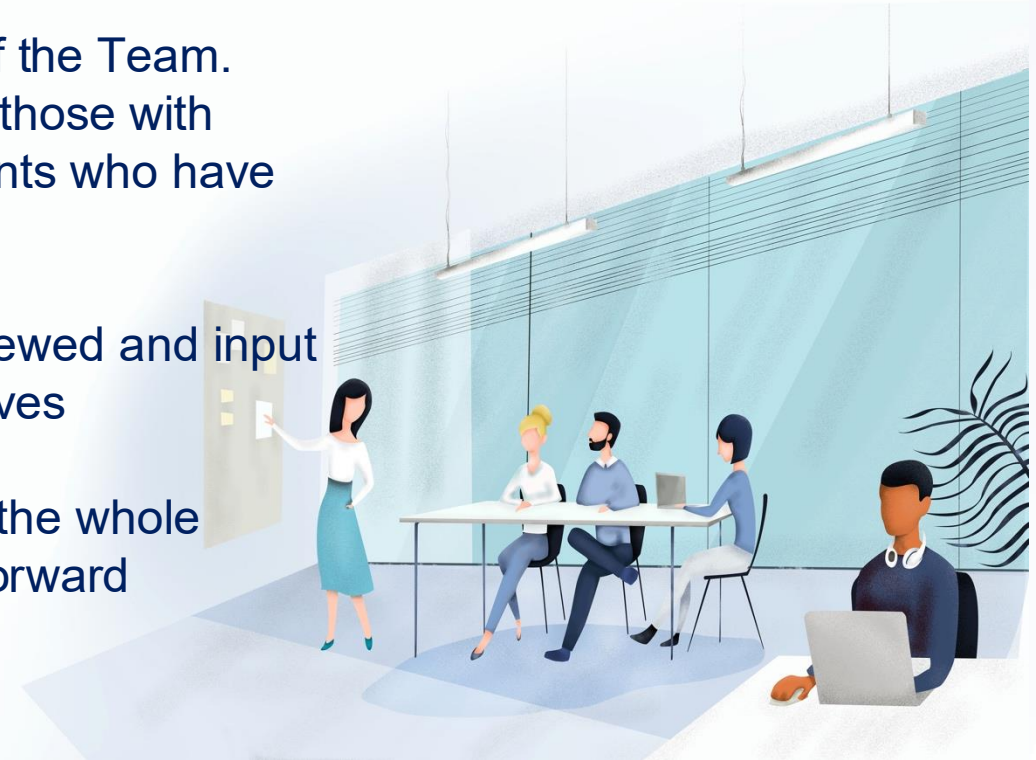
# Complex Cases MDT Meetings

The Complex Case MDT meetings take place once a quarter and are attended by all members of the team.

Patients are referred for MDT discussion by all members of the Team. Common referrals include complex medical presentations, those with dependence problems on medication and complaints patients who have contacted PALS.

At the case conference, each patient is discussed and reviewed and input is encouraged from the MDT to provide alternate perspectives

Following discussions, a decision agreed and a letter from the whole MDT is generated to confirm and outline the plan moving forward



# Professional Opinion & Consultation

- The MDT provide ongoing opinion and consultation in several different ways to help assess, plan, and deliver coordinated care for patients with pain conditions through ongoing collaboration aimed at delivering coordinated and patient-centered care



MDT Meetings



Case Discussions



Written Clinical Reports



Referrals and Feedback



Joint Assessments



Care Planning Sessions



Training & Knowledge Sharing



Communication with External Service

# Delivering MDT Services effectively; Key Aspects

Person centred  
care

Clear  
Communication  
within the team

Clearly defined  
roles and  
responsibilities

Comprehensive  
assessment

Co-ordinated  
treatment plans

Training and  
professional  
collaboration

# Challenges of MDT Working

- **Operational challenges**
  - Early Intervention & System Working
  - 18 Week RTT
  - Hospital Estate and facilities
- **Changing nature of need**
  - Highly complex presentations
  - Increasing needs for adapted Pain Management; creative & neurodiversity
- **IT infrastructure**
  - Clinical assessment template & shared notes template

# Future Vision

- **Integration with Primary Care**

- Collaborative working with Primary Care Pain Service & GP surgeries on initiatives like Pain Cafes, Community Assessment Days & direct referrals to Pain Management opt in days

- **Collaboration with Mental Health Services**

- Development of LTC pathway for UHB Pain patients within Birmingham Healthy Minds, Mental Health Services

- **BSOL PMMAG**

- Birmingham and Solihull Pain Medicine Medical Advisory group.

- **Chronic Primary Pain (CPP) Pathway Steering group**

- Development of LTC pathway for UHB Pain patients within Birmingham Healthy Minds, Mental Health Services

# Thank You!

## Q & A

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