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Canolfan Ganser Felindre
Velindre Cancer Centre

Ffôn/Phone : (029) 20196161

<https://velindre.nhs.wales>

Date: 20th December 2023

Ref: CORP 2023 - 205

Dear xxxxx

Freedom of Information request: Pain Education (CORP 2023 - 205)

Thank you for your request for information which the Trust received on 8th December 2023.

Your Request:

NHS Pain Education

This information is being requested as a freedom of information request. We are trying to find out what education is taking place in the workplace for staff who work directly with patients. Although this form is several pages long it should take less than 10 minutes to complete.

The complete list of questions is contained in Appendix 1 (pages 3-9).

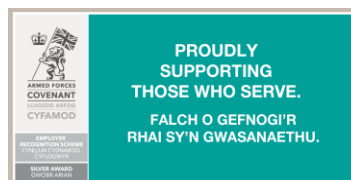
Please find the Trust's response below:

The Chronic Pain Service at the Trust does not deliver any teaching to Velindre Staff. They deliver self-management programmes to patients living with non-malignant cancer pain.

Appendix 2 (pages 10-16) contains the response from Palliative Medicine Cancer Centre team, as far as is possible. They note it is related more to acute and chronic pain management and interventional pain teams rather than palliative care, therefore they have not been able to answer all of the request.

I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

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You should forward your complaint to:

Mr Ian Bevan via FOI.VUNHST@wales.nhs.uk
Head of Information Governance
Velindre University NHS Trust
2, Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff / Caerdydd
CF15 7QZ
Tel / Ffon - 029 20196161

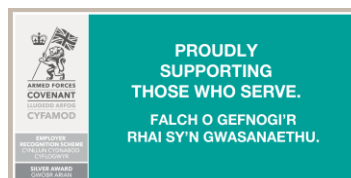
Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:-

Information Commissioner's Office - Wales
2nd Floor,
Churchill House,
Churchill Way,
Cardiff,
CF10 2HH
Telephone: 0330 414 6421
email: wales@ico.org.uk

Yours sincerely

Lauren Fear
Director of Corporate Governance and Chief of Staff
Velindre University NHS Trust
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
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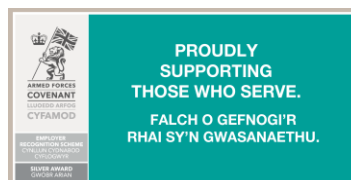
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Appendix 1

<p>NHS Pain Education This information is being requested as a freedom of information request. We are trying to find out what education is taking place in the workplace for staff who work directly with patients. Although this form is several pages long it should take less than 10 minutes to complete.</p>					
Section 1					
1. Name of your organisation					
2. Do you provide education for your healthcare staff about pain management? (Delete as appropriate – if NO please do not continue with the form and return it to a.swift@bham.ac.uk)					
		Yes		No	
Section 2					
3. Who do you deliver pain education to? The following section is divided into staff groupings. Please add a cross in the relevant box to indicate who you provide pain management education to at least annually.					
	Mandatory	Optional	Mandatory for some but not all	Not provided	Not a staff group in this organisation
Band 3 support worker (nursing or midwifery)					
Nurses					
Midwives					
Health visitors					
FY1/FY2					
ST1/CT1					
ST2/CT2					
ST3-6					
Consultant					
Support worker (therapy)					
Physiotherapists					

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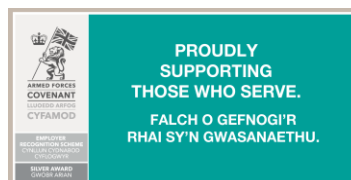
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Occupational therapists					
Speech and language therapists					
Dieticians					
Art therapists					
Counselling team					
Social workers					
Dieticians					
Chaplaincy					
Psychologists					
Pharmacists					
Radiography and imaging team					
Others (please list)					
4. What percentage of each of the following staff groups attending at least one pain education event in the last 12 months.					
Support workers (nursing and midwifery)					
Nurses					
Doctors					
AHPs					
Other (please list)					
5. Who delivers pain education in your organisation?					
6. What methods do you use to deliver pain education to staff?					
	Face to face	Online – asynchronous	Online – synchronous	Both F2F and online, participant chooses	Method not used.
Classroom or lecture theatre (LT) -lecture (didactic)					
Classroom or LT discussion/Q&A					

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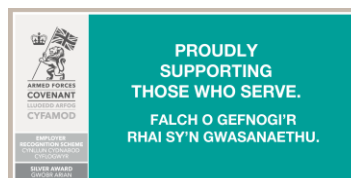
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Case study presentation and discussion					
Video of past teaching sessions					
Video of expert giving lecture or being interviewed					
Simulation lab-management of a lifelike scenario					
Skills demonstration e.g. injections					
Supervised skills practice					
Role play					
Supervision in clinical area (supervised practice)					
Specialist embedded in the ward – work alongside					
One to one coaching on request					
Pain ward rounds include ward staff					
Posters in the clinical area					
Pocket guides					
Dashboard messaging					
Audit feedback					

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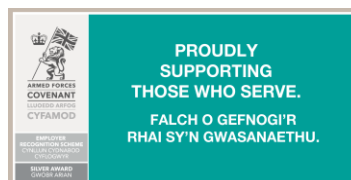
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Intranet guidelines					
Smartphone or app					
Guidance pop-ups in electronic patient management or prescribing system					
Ask the expert sessions					
WhatsApp discussion groups					
Pain meetings in clinical areas					
Schwarz rounds					
QI programmes					
7. If you have a virtual learning environment as part of your pain management education please describe what methods are used (e.g. case studies, narrated powerpoints, quizzes, reading materials)					
8. Are there any other methods that you use?					
9. Content of pain education. The EFIC core curriculum contains seven domains. Please indicate which aspects of the curricula you include in your pain education all or some of the time.					
	Pain as a biopsychosocial phenomenon impact on the individual and their family/carers showing understanding of the cognitive, sensory and affective dimensions				
	The impact of pain on the patient and their family/carers				
	Pain as a multidimensional phenomenon with cognitive, sensory, and affective dimensions				
	The individual nature of pain and the factors contributing to the person's understanding, experience and expression				

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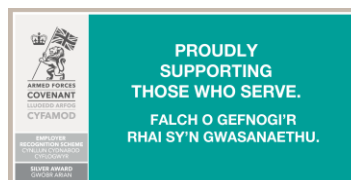
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	Understand the importance of social roles, school/ work, occupational factors, finances, housing and recreational/leisure activities in relation to the patients' pain
	The importance of working in partnership with and advocating for patients and their families,
	Promoting independence and self-management where appropriate
	Prevalence of acute, chronic/persistent and cancer-related pain and the impact on healthcare and society
	The characteristics and underlying mechanisms of nociceptive pain, inflammation, neuropathic pain, referred pain, phantom limb pain and explain nociplastic pain syndromes
	The distinction between nociception and pain, including nociceptive, neuropathic and nociplastic pain
	Mechanisms of transduction, transmission, perception and modulation in nociceptive pathways
	The relationship between peripheral/central sensitization and primary/secondary hyperalgesia
	Mechanisms involved in the transition from acute to chronic/ persistent pain and how effective management can reduce this risk
	The changes that occur in the brain during chronic/persistent pain and their possible impact (including cognition, memory and mood) and cognitive-behavioural explanations such as fear-avoidance
	The overlap between chronic/persistent pain and common co-morbidities, including stress, sleep, mood, depression and anxiety
	The mechanisms underlying placebo and nocebo responses, and their relation to context, learning, genetics, expectations, beliefs and learning
	The role of genetics and epigenetic mechanisms in relation to risk of developing chronic/persistent pain and pharmacotherapy
	The importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
	How to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
	Team working skills (communication, negotiation, problem solving, decision-making, conflict management)
	The professional perspectives, skills, goals and priorities of all team members
	How to take a comprehensive pain history, an assessment of the patient across the lifespan and in care planning, consider social, psychological, and biological components of the pain condition

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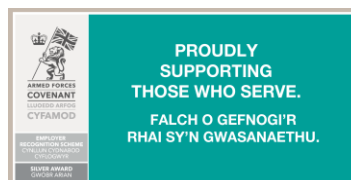
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	Person-centred care including how the following may influence the experience of illness, pain, pain assessment and treatment: Social factors, Cultural factors, Language, Psychological factors, Physical activity, Age, Health literacy, Values and beliefs, Traditional medical practices, Patients' and families' wishes, motivations, goals, and strengths
	Patients' and families' different responses to the experience of pain and illness including affective, cognitive, and behavioural responses
	The rationale for self-report of pain and the understand in which cases nurse-led ratings are necessary
	At risk individuals for under-treatment of their pain (e.g., individuals who are unable to self-report pain, neonates, cognitively impaired) and how to mitigate against this.
	Using different assessment tools in different situations, using a person-centred approach
	Valid, reliable and sensitive pain-assessment tools to assess pain at rest and on movement; tools that are appropriate to the needs of the patient and the demands of the care situation
	Culturally sensitive and appropriate pain assessment for individuals who speak a different language to the language spoken by the healthcare professionals
	Understand the rationale behind basic investigations in relation to serious pathology
	What specialist assessment is, when it is needed, and how to refer.
	Importance of accurate documentation
	Assessment of pain coping skills and pain behaviours
	Health promotion and self-management
	Importance of non-pharmacological management
	How to work with patients to develop goals for treatment
	Evidence based complementary therapies for pain management (e.g. acupuncture, reflexology)
	Physical pain management strategies (e.g. exercise, stretching, pacing, comfort, positioning, massage, manual therapies, heat/cold, hydrotherapy).
	Psychological pain management strategies (e.g. distraction, relaxation, stress management, patient and family education, counselling, health promotion and self-management).
	Evidence based behavioural therapies (e.g. CBT, mindfulness, acceptance and commitment, couple/family therapy, hypnosis/guided imagery, biofeedback)
	Electrotherapies (e.g. TENS, spinal cord stimulation)
	Types of analgesics and potential combinations (non-opioids, opioids, antidepressants, anticonvulsants, local anaesthetics)
	Routes of delivery

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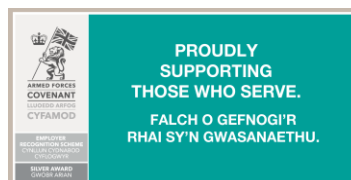
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	Risks and benefits of various routes and methods of delivery (PCA, Epidural, Nerve blocks, Plexus blocks).
	Onset, peak effect, duration of effect.
	Adverse events and management of these
	Which drugs are appropriate to particular conditions and contexts
	Side effects, detecting, limiting and managing these.
	Long-term opioid use risks and benefits
	Risk of addiction in different patient groups (e.g. post-operative management, chronic pain management)
	Addiction risk factors
	Identification of aberrant drug use
	Tapering opioid therapy
	Preparation for discharge and ongoing pain management
	10. Do you include anything else in your pain education that has not been captured so far?
	11. Is there anything else that you would like to tell us about?

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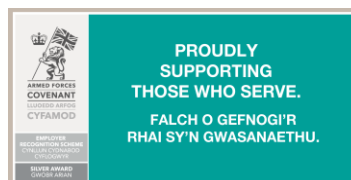
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Appendix 2

<p>NHS Pain Education This information is being requested as a freedom of information request. We are trying to find out what education is taking place in the workplace for staff who work directly with patients. Although this form is several pages long it should take less than 10 minutes to complete.</p>					
Section 1					
1. Name of your organisation		Velindre University NHS Trust Cancer Centre			
2. Do you provide education for your healthcare staff about pain management? (Delete as appropriate – if NO please do not continue with the form and return it to a.swift@bham.ac.uk)		Yes, but as part of palliative care education. We deliver self-management programmes to patients living with non-malignant cancer pain.			
Section 2					
3. Who do you deliver pain education to? The following section is divided into staff groupings. Please add a cross in the relevant box to indicate who you provide pain management education to at least annually.					
	Mandatory	Optional	Mandatory for some but not all	Not provided	Not a staff group in this organisation
Band 3 support worker (nursing or midwifery)		Yes			
Nurses		Yes			
Midwives					N/A
Health visitors					N/A
FY1/FY2		Yes			
ST1/CT1		Yes			
ST2/CT2		Yes			
ST3-6		Yes			
Consultant		Yes			
Support worker (therapy)		Yes			
Physiotherapists		Yes			
Occupational therapists		Yes			

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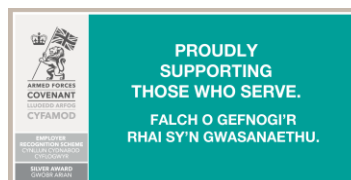
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Speech and language therapists		Yes			
Dieticians		Yes			
Art therapists					N/A
Counselling team		Yes			
Social workers					N/A
Dieticians		Yes			
Chaplaincy		Yes			
Psychologists		Yes			
Pharmacists		Yes			
Radiography and imaging team		Yes			
Others (please list)					
4. What percentage of each of the following staff groups attending at least one pain education event in the last 12 months.					
Support workers (nursing and midwifery)					
Nurses					
Doctors					
AHPs					
Other (please list)					
5. Who delivers pain education in your organisation					
6. What methods do you use to deliver pain education to staff?					
	Face to face	Online – asynchronous	Online – synchronous	Both F2F and online, participant chooses	Method not used.
Classroom or lecture theatre (LT) -lecture (didactic)	Yes	Yes			
Classroom or LT discussion/Q&A	Yes	Yes			

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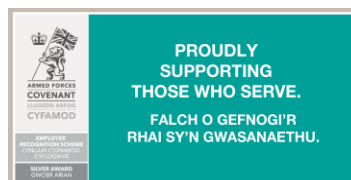
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Case study presentation and discussion	Yes	Yes			
Video of past teaching sessions	Yes	Yes			
Video of expert giving lecture or being interviewed	Yes	Yes			
Simulation lab-management of a lifelike scenario	Yes				
Skills demonstration e.g. injections	Yes	Yes			
Supervised skills practice	Yes	Yes			
Role play	Yes	Yes			
Supervision in clinical area (supervised practice)	Yes				
Specialist embedded in the ward – work alongside	Yes	Yes			
One to one coaching on request	Yes				
Pain ward rounds include ward staff	Palliative WR				
Posters in the clinical area					
Pocket guides	Yes	Yes			
Dashboard messaging					
Audit feedback	Yes	Yes			
Intranet guidelines	Yes	Yes			

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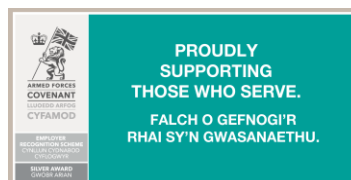
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Smartphone or app	Yes	Yes			
Guidance pop-ups in electronic patient management or prescribing system	Being developed				
Ask the expert sessions	Yes	Yes			
WhatsApp discussion groups					
Pain meetings in clinical areas	MDT & referrals to interventional pain team.				
Schwarz rounds	MDT & Grand Rounds	Grand Rounds			
QI programmes	Yes	Yes			
7. If you have a virtual learning environment as part of your pain management education please describe what methods are used (e.g. case studies, narrated powerpoints, quizzes, reading materials)					
All the above					
8. Are there any other methods that you use? Virtual Reality					
9. Content of pain education. The EFIC core curriculum contains seven domains. Please indicate which aspects of the curricula you include in your pain education all or some of the time.					
Yes	Pain as a biopsychosocial phenomenon impact on the individual and their family/carers showing understanding of the cognitive, sensory and affective dimensions				
Yes	The impact of pain on the patient and their family/carers				
Yes	Pain as a multidimensional phenomenon with cognitive, sensory, and affective dimensions				
Yes	The individual nature of pain and the factors contributing to the person's understanding, experience and expression				

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**GIG
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**Gwasanaeth Gwaed Cymru
Welsh Blood Service**

Pencadlys Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust Headquarters
2 Cwrt Charnwood
Heol Billingsley
Parc Nantgarw
Caerdydd/Cardiff
CF15 7QZ



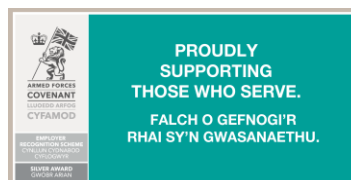
**Canolfan Ganser Felindre
Velindre Cancer Centre**

Ffôn/Phone : (029) 20196161

<https://velindre.nhs.wales>

Yes	Understand the importance of social roles, school/ work, occupational factors, finances, housing and recreational/leisure activities in relation to the patients' pain
Yes	The importance of working in partnership with and advocating for patients and their families,
Yes	Promoting independence and self-management where appropriate
Yes	Prevalence of acute, chronic/persistent and cancer-related pain and the impact on healthcare and society
if relevant to palliative pts.	The characteristics and underlying mechanisms of nociceptive pain, inflammation, neuropathic pain, referred pain, phantom limb pain and explain nociplastic pain syndromes
Yes	The distinction between nociception and pain, including nociceptive, neuropathic and nociplastic pain
Yes	Mechanisms of transduction, transmission, perception and modulation in nociceptive pathways
Yes where appropriate	The relationship between peripheral/central sensitization and primary/secondary hyperalgesia
No	Mechanisms involved in the transition from acute to chronic/ persistent pain and how effective management can reduce this risk
Yes	The changes that occur in the brain during chronic/persistent pain and their possible impact (including cognition, memory and mood) and cognitive-behavioural explanations such as fear-avoidance
Yes	The overlap between chronic/persistent pain and common co-morbidities, including stress, sleep, mood, depression and anxiety
No	The mechanisms underlying placebo and nocebo responses, and their relation to context, learning, genetics, expectations, beliefs and learning
No	The role of genetics and epigenetic mechanisms in relation to risk of developing chronic/persistent pain and pharmacotherapy
Yes	The importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
Yes	How to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
Yes	Team working skills (communication, negotiation, problem solving, decision-making, conflict management)
Yes	The professional perspectives, skills, goals and priorities of all team members
Yes	How to take a comprehensive pain history, an assessment of the patient across the lifespan and in care planning, consider social, psychological, and biological components of the pain condition

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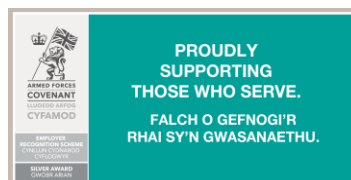
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Yes	Person-centred care including how the following may influence the experience of illness, pain, pain assessment and treatment: Social factors, Cultural factors, Language, Psychological factors, Physical activity, Age, Health literacy, Values and beliefs, Traditional medical practices, Patients' and families' wishes, motivations, goals, and strengths
Yes	Patients' and families' different responses to the experience of pain and illness including affective, cognitive, and behavioural responses
Yes	The rationale for self-report of pain and the understand in which cases nurse-led ratings are necessary
Yes	At risk individuals for under-treatment of their pain (e.g., individuals who are unable to self-report pain, neonates, cognitively impaired) and how to mitigate against this.
Yes	Using different assessment tools in different situations, using a person-centered approach
Yes	Valid, reliable and sensitive pain-assessment tools to assess pain at rest and on movement; tools that are appropriate to the needs of the patient and the demands of the care situation
Yes	Culturally sensitive and appropriate pain assessment for individuals who speak a different language to the language spoken by the healthcare professionals
Yes	Understand the rationale behind basic investigations in relation to serious pathology
Yes	What specialist assessment is, when it is needed, and how to refer.
Yes	Importance of accurate documentation
Yes	Assessment of pain coping skills and pain behaviours
More chronic pain than ourselves	Health promotion and self-management
Yes	Importance of non-pharmacological management
Yes	How to work with patients to develop goals for treatment
Yes	Evidence based complementary therapies for pain management (e.g. acupuncture, reflexology)
Yes	Physical pain management strategies (e.g. exercise, stretching, pacing, comfort, positioning, massage, manual therapies, heat/cold, hydrotherapy).
Yes	Psychological pain management strategies (e.g. distraction, relaxation, stress management, patient and family education, counselling, health promotion and self-management).
Yes	Evidence based behavioural therapies (e.g. CBT, mindfulness, acceptance and commitment, couple/family therapy, hypnosis/guided imagery, biofeedback)

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Yes (TENS)	Electrotherapies (e.g. TENS, spinal cord stimulation)
Yes	Types of analgesics and potential combinations (non-opioids, opioids, antidepressants, anticonvulsants, local anaesthetics)
Yes	Routes of delivery
More acute / chronic pain but we do cover the routes we use in palliation scsd , patches etc	Risks and benefits of various routes and methods of delivery (PCA, Epidural, Nerve blocks, Plexus blocks).
Yes	Onset, peak effect, duration of effect.
Yes	Adverse events and management of these
Yes	Which drugs are appropriate to particular conditions and contexts
Yes	Side effects, detecting, limiting and managing these.
Yes	Long-term opioid use risks and benefits
Yes but we take a specific view and individual assessment in palliative care	Risk of addiction in different patient groups (e.g. post-operative management, chronic pain management)
Yes	Addiction risk factors
No	Identification of aberrant drug use
Yes	Tapering opioid therapy
Yes	Preparation for discharge and ongoing pain management
10. Do you include anything else in your pain education that has not been captured so far?	
Fears and misconceptions regarding end of life care and pain/ pain management.	
11. Is there anything else that you would like to tell us about?	
This was quite a difficult questionnaire to complete as some aspects seem to relate more to the acute and chronic and interventional pain world than specifically palliative care.	

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