

Direct Line: 01623 672232
Our Ref: 53604
E-mail: sfh-tr.foi.requests@nhs.net

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Tel: 01623 622515
Join today: www.sfh-tr.nhs.uk

RE: Freedom of Information Request

22nd December 2023

Dear Sir/Madam

With reference to your request for information received on 8th December 2023, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

In your request you asked:

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.

Section 1

1. Name of your organisation

Sherwood Forest Hospitals NHS Trust –
Kings Mill Hospital

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

Home, Community, Hospital.

Patient Experience Team
01623 672222
sfh-tr.pet@nhs.net



We are proud to
be a smoke-free
site

Chair Claire Ward
Chief Executive Paul Robinson

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	Yes		
Midwives	Yes	Yes			
Health visitors					N/A
FY1/FY2		Yes			
ST1/CT1		Yes			
ST2/CT2					
ST3-6					
Consultant		Yes			
Support worker (therapy)		Yes			
Physiotherapists		Yes			
Occupational therapists		Yes			
Speech and language therapists				Not provided	
Art therapists					N/A
Counselling team					N/A
Social workers					N/A
Dieticians				Not provided	
Chaplaincy				Not provided	
Psychologists					N/A
Pharmacists		Yes			
Radiography and imaging team				Not provided	
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)	Not held
Nurses	Not held
Doctors	Not held
AHPs	Not held
Other (please list)	Not held

5. Who delivers pain education in your organisation?					
Pain specialist team / induction for doctors / Pain consultants with their juniors pharmacists					
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				
Case study presentation and discussion	Yes				
Video of past teaching sessions					Not used
Video of expert giving lecture or being interviewed					Not used
Simulation lab-management of a lifelike scenario					Not used
Skills demonstration e.g. injections	Yes				
Supervised skills practice	Yes				
Role play					N/A
Supervision in clinical area (supervised practice)	Yes				
Specialist embedded in the ward – work alongside	Yes				
One to one coaching on request	Yes				
Pain ward rounds include ward staff	Yes				

Posters in the clinical area	Yes				
Pocket guides					N/A
Dashboard messaging					N/A
Audit feedback	Yes				
Intranet guidelines	Yes				
Smartphone or app					N/A
Guidance pop-ups in electronic patient management or prescribing system	Yes				
Ask the expert sessions					N/A
WhatsApp discussion groups					N/A
Pain meetings in clinical areas	Yes				
Schwarz rounds	Yes				
QI programmes					N/A
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)					
E-Learning – video / powerpoints/ question and answer					
8. Are there any other methods that you use?					
No					
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				
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
Yes	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	The relationship between peripheral/central sensitization and primary/secondary hyperalgesia
Yes	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
Yes	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
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-centred 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
Yes	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).
	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)
Yes	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
Yes	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	Risk of addiction in different patient groups (e.g. post-operative management, chronic pain management)
Yes	Addiction risk factors
Yes	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?
	No
	11. Is there anything else that you would like to tell us about?
	We advocate our E-learning teaching/assessment.

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.