

## Solent Fibromyalgia Living Well Programme

We are offering face to face and virtual programmes

A model of care mirroring the established Bath FMS programme - A holistic patient centred approach

"The goal setting was fantastic;  
I cannot recommend this  
programme enough"

"It was a great course, found  
it really helpful and I would  
recommend this to others"

### Programme format

1-hour assessment for group suitability  
X 6 group sessions once a week  
2.5 hours per session – with a comprehensive patient booklet  
3-month group follow up

### What we don't provide at the moment:

A "clinic" for diagnosis or review  
1:1 treatment sessions  
Carer sessions / attendance  
Direct in group psychological intervention

Dear Colleagues,

We would like to invite you to continue to refer your patients to the new Fibromyalgia Service currently running for the Southampton CCG area. As we continue to develop this new service during it's 1-year pilot phase we would appreciate it if you could be aware of the following:

The Solent fibromyalgia service is a **self-management group** for those patients who have a confirmed diagnosis of FMS.  
**It is not a "clinic" for diagnosis or review.**

Please use the appropriate **FMS Living Well Programme referral form** that you can find on your electronic systems  
We need you to confirm that you have diagnosed or agree with a previous diagnosis of FMS as per ACR criteria 2016.  
Clinical criteria and suggested investigations in Primary Care to exclude alternative diagnosis can be found as a guide alongside the referral proforma.

### **Diagnosis of FMS should be made in Primary Care**

You should only refer to UHS Rheumatology service if there is level of diagnostic uncertainty. If this is the case, and to ensure your patient is not automatically redirected on to the FMS Living Well programme by the UHS team, please state clearly your specific diagnostic concerns & question.

We have had a number of referrals whereby a confirmed diagnosis has not been given by Primary Care or Rheumatology.

**Please remember that the clinicians running our Living Well Programme cannot make a diagnosis of FMS.**

**If patients have significant mental health concerns it may not be the right time for them to join our group** – Patients' acceptance of their diagnosis is key for engagement with the programme, allowing for active listening to build their self-efficacy. Please consider this before you send a referral to us. On assessment if our clinical team feel the patient has significant barriers to learning and group participation, they will contact you and advise accordingly. Please remember that patients can be re-referred in the future and are more likely to get a favourable outcome.

### Inclusion Criteria

- ✓ Southampton CCG patient
- ✓ Over 18
- ✓ Confirmed diagnosis of FMS as per ACR 2016 criteria
- ✓ Patient willing to implement changes in order to self-manage their fibromyalgia
- ✓ Patient willing to actively participate in a group treatment

### Exclusion Criteria

- × Under 18's
- × Anyone who does not meet the ACR 2016 criteria for the diagnosis of Fibromyalgia (please see referral proforma to confirm criteria has been met and you are formally diagnosing patient)
- × Anyone who requires assessment for, or confirmation of, diagnosis of Fibromyalgia - Referral for opinion from Rheumatology services should be made if other condition concerns are present and definitive Fibromyalgia diagnosis cannot be made
- × Major psychiatric illness with psychotic or manic features
- × Complex or significant unmanaged mental health needs with no plan for support established prior to the referral
- × Anyone requiring a carer to be present during the programme sessions
- × Patient has attended pain management / CFS / ME programme in the past 2 years
- × Patient Is waiting for a pain management / CFS / ME or mental health team referral / programme

#### Clinical Fibromyalgia Diagnostic Criteria to aid diagnosis

1. Widespread pain index (WPI) and symptom severity score (SSS)  
**WPI ≥ 7 and SSS ≥ 5 OR WPI 4-6 and SSS ≥ 9 2**
2. Generalized pain: pain in 4/5 regions
3. Symptom's present ≥ 3 months

[https://www.fpmx.com.au/resources/office/New\\_Clinical\\_Fibromyalgia\\_Diagnostic\\_Criteria.pdf](https://www.fpmx.com.au/resources/office/New_Clinical_Fibromyalgia_Diagnostic_Criteria.pdf)

**Suggested investigations to exclude alternative diagnosis (if these are negative and diagnosis of Fibromyalgia is made a referral may be made to the Fibromyalgia Self-Management Service)**

#### Bloods:

FBC	Bone profile
CRP	Thyroid function
U&E	HbA1C or random blood glucose
LFT's	

#### Urine dipstick:

Blood
Protein
Glucose

#### Red flags for further investigation

- **Predominant articular pain, swelling or stiffness and/or raised CRP?**  
Consider arthritis – RF and/or rheum referral
- **Predominance of weakness rather than pain with raised CRP?**  
Consider myositis – ANA/CK and/or rheum referral
- **Raynaud's/photosensitivity?**  
Consider SLE – test ANA – if positive consider rheum referral
- **Axial stiffness?**  
Consider spondylarthritis – CRP, HLAB27 and/or a rheum referral

