



January 2017 News and resources



Progress!

This briefing gives an update on progress with the implementation of the Regional Back Pain pathway.

We now have five Clinical Commissioning Group delivering the full pathway for patients in their areas: South Tees, Hambleton, Richmondshire and Whitby, Darlington, Hartlepool and Stockton-on-Tees and now North Durham.

A further two CCGs are likely to be delivering the pathway over the next twelve months and we will share details in our next newsletter once all is agreed.

Across the North East and Cumbria and North Yorkshire, all 12 CCGs have committed to implementing the pathway by March 2019 and are actively working with all CCGs to ensure they are sufficiently prepared for implementation using the learning from those who have implemented the pathway before them.

In this update, we wish to remind GPs, Nurse practitioners and MSK practitioners in the areas the pathway has gone live, to encourage patients to consent to the patient experience app being activated at the bottom of the clinical template at the first attendance. This app has been developed as an exciting digital innovation in collaboration with Inhealthcare (a digital innovations company) with sponsorship from the Academic Health and Science Network and the Health Foundation.

What's the 'App' used for?

The "App" allows the patient journey to be tracked across the full pathway of care from entry at first attendance to discharge and even allows ability to gain patient feedback of patients that don't attend their final appointment, often because they are better. This allows patient outcomes to be systematically captured which is something that has never happened in Musculoskeletal and back pain services and, if successful, could be applied to a number of other clinical pathways. Ideally this needs to be activated at the very first attendance for care and advice, whether that is with the GP, nurse or physio. This gives us useful information on the effectiveness of services and interventions and allows benchmarking which will help services understand how good they are in comparison to other areas and drive up quality and patient experience across the North East.

The data that is being collected is also being used as part of the evaluation on the effectiveness of the full pathway by the CHASE team at Teesside University and, should the approaches that have been implemented in the pathway prove successful through that evaluation here in this region, it has the potential to be rolled out into other areas of England.

What is the process and what do I say to the patient?

The App is a very quick and easy way of, with one click of a button, extracting the patients NHS number, DOB, gender and contact number or email that allows the patient to be contacted. The patient can be reassured that no other data is extracted from their records but they will be contacted, usually that day, by an automated text or email inviting them to take part in a questionnaire on how they are feeling and how their back symptoms are affecting their daily living. If the patient needs to go onto other services this will allow similar questions to be asked along their journey usually in the presence of the Practitioner overseeing their care.

6 months after the initial consultation, a further automated contact will be made requesting similar information looking at longer term outcomes, particularly to understand the longer term outcomes for the patients who may no longer be within a service.

We have developed a patient information sheet to give to the patient during the consultation to assist the consent process (<http://www.noebackpainprogramme.nhs.uk/wp-content/uploads/2015/05/Regional-Back-Pain-Pathway-Patient-Information-1st-Attendance-ver3-Nov15-301115.pdf>).

If you have any questions or feedback please contact us on rbpp.project@nhs.net



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New NICE guidance November 2016!

NICE guidance on management of back pain was, at last, published in November 2016 superseding the original 2009 guidance on which the Regional Back Pain Programme has been developed.

The fundamental principles in the guidance have not changed. There are some minor but expected changes in the latest guidance, the most significant being that acupuncture is no longer being advocated as one of the 3 core therapy interventions. The project team is working through the changes and ensuring that our documentation is refreshed in line with the latest guidance. The new guidance will not affect the roll out of the pathway across the region. The revised guidance will be available on our website shortly.

Event



TEESSIDE PAIN SYMPOSIUM

Low Back Pain: From first clinical contact to self-management

15th February 2017, 9am – 3:30pm

- The Teesside Pain Symposium, hosted by Teesside University, will focus on the North East Back Pain Pathway currently being rolled out across the North East of England
- The event is free (lunch is not provided but there are extensive catering facilities on campus)
- Registration begins at 9:00am in the Centuria building at Teesside University
- Please email hsci@tees.ac.uk to book your place

Andrea Jones
(9:30-10:10am)

Chair Darlington Clinical Commissioning Group
The NE of England Back Pain Pathway - rhetoric to reality



Pete Moore

Developer of 'The Pain Toolkit'

(10:10-10:50am)

David Waddingham
(11:30-11:50am)

Self-Management. Your first choice or last resort?
Transformation Manager – Spinal Services, NHS England
The National Back Pain Pathway: The Pathfinder Project



Paul Green
(11:50-12:10pm)

CPPP programme manager and clinician
The practicalities of a 100 hour residential program for back pain

Nadine Foster
(1:30-2:10pm)

NIHR Professor of Musculoskeletal Health in Primary Care, Keele University
Stratified care for low back pain: Why? How? What is the evidence?

Diarmaid Ferguson
(2:10-2:30pm)

NE of England Back pain programme – Triage and Treat Practitioner -
delivering a consistent message for back pain

Denis Martin
(2:30-3:10pm)

Professor of Rehabilitation, Teesside University
Update on the performance of the North of England Back Pain Pathway



Q&A
3:10-3:30pm

Twenty minute panel questions and answers and seminar close



@NoEbackpain
#justhurtmyback
#factsaboutbacks
 www.NoEbackpainprogramme.nhs.uk

What to say.....and what not to say!!

“Language is not merely a vehicle which carries ideas. It is itself a shaper of ideas”

Dale Spender (1990) in ‘Manmade language’ 2nd Edition, published by Pandora Press)

At briefing sessions provided by our extended scope practitioners over the last year and a half about the programme many GPs and other health professionals have asked for copies of the main messages. We’re told they find it helpful for discussion with patients in consultation. Here are the main messages in a simple one-off sheet – you can download a pdf of these from the Regional Back Pain Programme website <http://www.noebackpainprogramme.nhs.uk/wp-content/uploads/2015/05/Key-messages-and-phrases-for-clinicians-ver-3-161115.pdf>

Do say	What not to say
<p>For promoting a bio-psychosocial approach to pain</p> <ul style="list-style-type: none"> • ‘Back pain does not mean your back is damaged’ • ‘Your back can be sensitised by awkward movements and postures, muscle tension, inactivity, lack of sleep, stress, worry and low mood’ • ‘Sleeping well, exercise, a healthy diet and cutting down on your smoking will help your back as well’ • ‘The brain acts as an amplifier – the more you worry and think about your pain the worse it gets’ 	<p>We should not promote beliefs about structural damage/dysfunction</p> <ul style="list-style-type: none"> • ‘You have degeneration/arthritis/disc bulge/disc disease/a slipped disc’ • ‘Your back is damaged/ injured’ • ‘You have the back of a 70-year-old’ • ‘It’s wear and tear’
<p>For promoting resilience</p> <ul style="list-style-type: none"> • ‘Your back is one of the strongest structures of the body’ • ‘Your back is very robust and safe to move’ 	<p>We should not promote fear beyond the acute phase</p> <ul style="list-style-type: none"> • ‘You have to be careful/take it easy from now on’ • ‘Your back is weak’ • ‘You have poor core stability’ • ‘You should avoid bending/lifting’
<p>For encouraging normal activity and movement</p> <ul style="list-style-type: none"> • ‘Relaxed movement will help your back pain settle’ • ‘Your back gets stronger with movement’ • ‘Motion is lotion’ • ‘Protecting your back and avoiding movement can make you worse’ 	<p>Hurt equals harm</p> <ul style="list-style-type: none"> • ‘Stop if you feel any pain’ • ‘Let pain guide you’
<p>For addressing concerns about imaging results and pain</p> <ul style="list-style-type: none"> • ‘Your scan changes are normal, like grey hair’ • ‘A scan won’t make you better, moving will’ • ‘The pain does not mean you are doing damage – your back is sensitive’ • ‘Movements will be painful at first – like an ankle sprain – but they will get better as you get active’ 	<p>We should not promote a negative future outlook</p> <ul style="list-style-type: none"> • ‘Your back wears out as you get older’ • ‘This will be here for the rest of your life’ • ‘Better keep moving or you may end up in a wheelchair’
<p>Encourage self-management</p> <ul style="list-style-type: none"> • ‘Let’s work out a plan to help you help yourself’ • ‘Getting back to work / your normal activities as you’re able, even part of the time at first, will help you recover’ 	

At end of consultation the patient should say:

*“ Thank you, you’ve acknowledged my pain, it is sore but not serious, although it does hurt it’s not harmful,
I now have a plan as to how I can help myself.”*

O’Sullivan, Peter