

Regional Back Pain Programme

April 2017

The purpose of this paper is to provide a briefing on the implementation of the Regional Back Pain Pathway Programme and to update members on current progress.

Background

Back pain is a major cause of disability in the UK. The 2010 Global Burden of Disease results for the UK estimates that musculoskeletal (MSK) diseases cause the third greatest loss of disability-adjusted life years (DALYs) after cardiovascular diseases and cancers, and that 71% of these lost DALYs result from back and neck pain. One of the most common reasons for seeing a doctor is spinal problems, and it is a frequent reason for lost working days and low worker productivity.

Most people who have acute lower back pain recover within three months, while others do not and progress to chronic (lasting longer than three months) back pain. The majority of CCGs in the region have an above national average prevalence for both this general and severe back pain.

A significant proportion of back pain morbidity is preventable. Modifiable lifestyle risk factors are shared with other chronic diseases, including obesity, socioeconomic class and occupation (in particular occupational physical demands), psychosocial factors and smoking.

National Institute for Clinical Excellence (NICE) guidance in 2009 made recommendations on acute back pain management based on best evidence that nationally and regionally have been poorly implemented.

The information available to commissioners suggests that how patients are currently managed is not based on best practice in many cases and - there is wide variation in how patients are referred into hospital for back pain and sciatica (leg pain) for both planned and emergency care services. This leads to a poor targeting of NHS resources and poor patient experience and poor outcomes from their back pain.

Regional developments

In 2012, the Northern Clinical Commissioning Group (CCG) forum representing all of the CCGs in the North East and Cumbria agreed to support the development of a pathway at scale across the region to improve the way in which these patients are managed.

Clinical support was achieved through a multi-stakeholder clinical event was held in Gosforth March 2013 which included GPs, physiotherapists, orthopaedic surgeons, neurosurgeons and pain management specialists.

There is a regional programme group is led by Dr Andrea Jones, Chair of NHS Darlington CCG as the GP clinical sponsor.

CCGs in the North East and Cumbria will adopt the pathway in waves, and learning as it is rolled out. This will make sure the process is adapted appropriately and effectively to fit local NHS commissioned services.

Funding

The Academic Health Science Network (AHSN) for the North East and North Cumbria has funded the initial 'early implementer' areas, which has been used to develop the local pathway in NHS South Tees and NHS Hambleton Richmondshire and Whitby CCGs and local project management carried out by South Tees NHS Foundation Trust.

The full programme is supported by the Health Foundation, an independent charity working to improve the quality of health care in the UK. The learning from the implementation of service improvement at scale across CCG areas in the North East and Cumbria is an important part of the programme and, subject to positive evaluation in the early sites, the pathway should be fully implemented across all the North East and Cumbria by 2019.

About the pathway

The pathway is being refreshed to reflect current NICE guidance (2016). 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 principles of the pathway are:

- All healthcare professionals involved will receive education and training prior to the launch in their area.
- All patients will receive the same advice and guidance to help manage their condition effectively.
- All clinicians using the pathway will be applying right care/right time/right place principles.

The evidence shows that most people get better from the acute episode of back pain in the first 6 weeks and there is no evidence to support physical interventions such as physiotherapy during this period. Patients are encouraged to keep active and moving and use painkillers as and when necessary.

The GP or physiotherapist will assess the patient at approximately 2 weeks if they are still experiencing symptoms. They will use a questionnaire assessment tool called STaRT Back, which has been developed to stratify the patients into low, medium and high risk of

the episode not resolving in the expected 6 weeks. The medium and high risk patients will then be referred to a 'Triage and Treat' practitioner. The 'Triage and Treat' practitioners will help the patients' journey through the pathway. These 'Triage and Treat' practitioners are either experienced specialist nurses or physiotherapists. They will assess, advise and treat the patient, making sure there are no barriers to other services and treatments that the patient might need.

There will also be a Combined Physical and Psychological Programme (CPPP) in place recommended by NICE, for the small proportion of patients with significant problems in managing their back pain, which up until this programme, has not been available to patients in the North East. This is an intensive programme of graduated exercises, work simulated tasks, pharmacological and psychological support, in a non-NHS location. Evidence shows this is effective, particularly for patients in relation to return to work, sick leave and their view of their own disability.

The pathway expects this CPPP to be offered and the course undertaken before the patient is considered for surgery. For those who do not sufficiently improve following CPPP, a multidisciplinary team of experts including physiotherapists, spinal surgeons and pain specialists will meet with the patient and discuss fully the pros and cons with each patient of surgery or continuing on other chronic pain programmes.

Patients presenting with worrying "red flag" symptoms such as a past history of cancer will be referred urgently at any stage of the pathway to the right service for their symptoms.

The over-arching aim is to improve patient outcomes and experience reduce disability and personal and societal costs of chronic back pain, with the expectation that expenditure will be re-directed to evidenced based interventions provided in a more timely manner.

Progress

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.

South Tees and Hambleton, Richmond and Whitby CCG were the 'early implementer' areas and they launched the pathway on 3rd August 2015 following a period of awareness raising and education with local health professionals.

Darlington CCG and Hartlepool and Stockton-on-Tees CCG launched the pathway on 1st March 2016 as part of Wave 1, and North Durham CCG went live on 1st December 2016. Wave 1 and Wave 2 are part of the Health Foundation supported Programme.

There have been a few queries in the first few months of the launch across all sites, which is to be expected when delivering a new patient pathway of care. These have involved mostly technical queries, such as how the electronic template works on the local GP system and from individual members of staff developing understanding of how the pathway works.

A third wave is planned, following the successes of wave 1 and 2, in 2017, as the remaining CCGs mainstream the programme. Learning from each phase will help evolve the pathway and ensure the patient voice is heard, and responded to, as the programme progresses. Each launch will be preceded by education sessions with local healthcare professionals on how to use the pathway.

Myths about back pain

What patients and the public know about back pain is poor, resulting in unrealistic expectations and demands on healthcare systems. This demand is met by varied advice and guidance, and treatment, of patients with back pain problems by both professional groups in NHS and those working in the private sector. Many myths exist about what patients should and should not do when they experience back pain. The result is expensive investigations and ineffective care leading to poor outcomes and patient experience. If patients are given the right advice early enough, significant long-term problems can be avoided.

Education and promotion of the regional back pain programme is taking place for professionals prior to each launch. In addition, the programme will be supported by campaigns in each area on the “normality” of simple back pain and measures that can be taken in self-management to improve and shorten the experience. A public health representative is a member of the sponsor group.

Plans are currently underway to promote general myth-busting messages about back pain. A social media campaign to deliver these key messages about back pain started in March 2016 as part of the launch of the main programme, Wave 1. People are being asked to re-tweet and promote messages such as #factsaboutbacks and #justhurtmyback and the golden rules for back pain through their own social media accounts.

Baseline data and evaluation of the project

Patients are being asked to give their experiences of their back pain generally, through surveys, focus groups and feedback forms. This will also help with the development of public information about back pain.

North East Quality Observatory System (NEQOS) have undertaken some detailed work on behalf of South Tees NHS Foundation Trust to evaluate the implementation of the Back Pain Pathway that is delivered by the Trust to both South Tees and Hambleton, Richmond and Whitby CCGs. The report shows definite improvements for 300 patients with complete data: there have been improvements across all outcome measures collected and the majority of patients have reported better score at discharge. The generic quality of life scale EQ-5D demonstrates a significant improvement, which was 5 times higher than the threshold set by NICE as the minimum improvement required for healthcare interventions

NEQOS are also an important contributor establishing a baseline data set to enable impact to be evaluated and allow national benchmarking to take place.

Patient experience will be closely monitored in the implementing sites. A comprehensive evaluation is being conducted by Teesside University who will look at measuring and explain changes in clinical and social outcomes for patients as a result of the programme. They will also look at health service elements and provide an assessment of how well the implementation of this programme has worked.

Further information on the Programme is currently available from:

www.noebackpainprogramme.nhs.uk

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