

The Combined Physical and Psychological Programme (CPPP)

NICE guidance on the early management of persistent non-specific low back pain was published in May 2009. It identified ten key priorities for implementation including the promotion of self-management, offering one of three core therapies, a reduction of injection therapies and of imaging, and the provision of a combined physical and psychological treatment programme (CPPP) with restriction of referral for surgery to people who had completed such a programme without sufficient improvement.

The Spinal Taskforce review in 2013 noted that whereas many of these key priorities had been implemented, no progress had been made in implementation of the CPPP. They considered this “the single most serious gap in the provision of services for [back pain patients at present]”.

The CPPP is a key element for the North of England Regional Back Pain and Radicular Pain Pathway. It addresses the serious deficit identified by the Spinal Taskforce. Suitable patients will be those with a significant disability or distress and who have had insufficient relief from the core therapies. Patients will not normally be referred on for surgical opinion for axial pain without participating in this multi-disciplinary programme. The programme is extremely intensive. NICE reviewers found that evidence of effectiveness and cost effectiveness was best for programmes with approximately 100 contact hours. A review in the BMJ in 2015 noted the multi-disciplinary programme had long term benefits in pain and disability and in particular increased rates of return to work.

The clinical group have visited the programme at the Royal National Orthopaedic Hospital in London where results have been very successful. The programme will be run on a residential basis in a non-healthcare environment with access to a pool, gym and equipment and rooms for group and individual interactions. The multi-disciplinary team will be led by a specialist physiotherapist and comprise substantial exercise and training input together with group and individual sessions based on CBT principals. Sessional input will be provided by psychologists, pain specialists, pharmacists, dieticians and occupational therapists. Group sessions facilitated by the staff will allow positive reinforcement of progress and will allow restricting beliefs to be discussed and addressed. The setting of the programme in a normal environment is designed to de-medicalise back pain and re-engage in normal activities. Self-management and sustainability will be a priority. The programme will run from Monday morning until Thursday evening for three weeks.

Very great thought has been given to the format of the programme, and encouragingly the team in London report few barriers to uptake. Provision, however, will be made for the exceptional case where such an intensive programme is difficult to attend.

The CPPP has both a strong research evidence, as described by NICE, and a strong practical experience as the centre in London has found. The team are excited to be able to bring the benefits of this programme to the North of England for the benefit of our patients.

The first cohort of this programme has been successfully piloted by South Tees NHS Foundation Trust as an early implementer of the North of England Regional Back Pain Programme. Information on the views of professionals and patients about the effectiveness of the programme will be available from the website shortly.

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