

BACK PAIN PROGRAMME UPDATE

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to provide a briefing on the implementation of the Regional Back Pain Pathway Programme across Darlington.

Summary

2. The paper provides:
 - a. An outline of the back pain programme;
 - b. Rationale for implementation;
 - c. Current progress of implementation across Darlington; and
 - d. Details of regional evaluation plans for the project

Recommendations

3. It is recommended that members note the contents of the report

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S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	This proposed pathway programme will provide improvement for health and well-being of residents with Long Term Conditions.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All

Groups Affected	All
Budget and Policy Framework	Not applicable
Key Decision	Not applicable
Urgent Decision	Not applicable
One Darlington: Perfectly Placed	Not applicable
Efficiency	Not applicable

MAIN REPORT

Background

4. 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.
5. 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.
6. 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.
7. 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.
8. 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

9. 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.
10. There is a regional programme group 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 learn as it is rolled out. This will make sure the

process is adapted appropriately and effectively to fit local NHS commissioned services.

Funding

11. 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.
12. The Regional Back Pain 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 3 CCG areas in Cumbria North East is an important part of the programme and, subject to positive evaluation in these early sites; the pathway should be fully implemented across all the North East and Cumbria by 2019. The Health Foundation funded programme finishes September 2017, however, an in-depth 6 month evaluation will continue as part of the post implementation requirements.

About the pathway

13. 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.
14. The principles of the pathway are:
 - a. All healthcare professionals involved will receive education and training prior to the launch in their area;
 - b. All patients will receive the same advice and guidance to help manage their condition effectively; and
 - c. All clinicians using the pathway will be applying right care/right time/right place principles.
15. 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.
16. The GP or physiotherapist will reassess 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.

17. 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.
18. 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.
19. 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.
20. 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 timely manner.

Progress

21. Darlington CCG was due to go live with implementation of the new pathway in March 2016, part of existing MSK services in place. A number of contractual issues with the MSK providers at the time however meant that implementation of the pathway was delayed and the pathway achieved ‘go live’ in November 2016.
22. Delays with implementation of the new pathway unfortunately resulted in a loss of momentum with local clinicians and referral patterns initially remained the same, meaning that the new service was not fully utilised. Some staffing issues with a provider also impacted upon provision of the pathway in a timely manner. These issues were all addressed via contract management arrangements in place however and appropriate action was taken to ensure full provision of service resumed.
23. The CCG have had issues collating data from providers involved in delivery of the pathway to assess utilisation and quality outcomes associated with the pathway itself. Again, these have been addressed via contract management arrangements in place to ensure the changes to service delivery and associated quality outcome documentation is adhered to.
24. Recently, the CCG has undertaken a procurement process to re-commission MSK services, including the back pain pathway. This was successful and a new provider of service has been in place since 1st April 2017. This offers the opportunity to re-

launch the pathway and ensure that it properly embeds and is monitored appropriately. The new provider is an established MSK provider who delivers services across the region, including the back pain pathway, and the CCG is confident that the provider fully understands the pathway and will ensure everything is in place to fully deliver this appropriately.

25. Clear contractual arrangements are in place with the new provider including activity planning assumptions, local quality requirements and minimum data set requirements which will ensure that the CCG has a robust data source available to them to assess utilisation and quality outcomes of the community MSK service and more specifically, the back pain pathway.

Baseline data and evaluation of the project

26. Alongside information that will be collated from the service provider, 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.

27. 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.

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

29. 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.

30. Further information on the Programme is currently available from www.noebackpainprogramme.nhs.uk