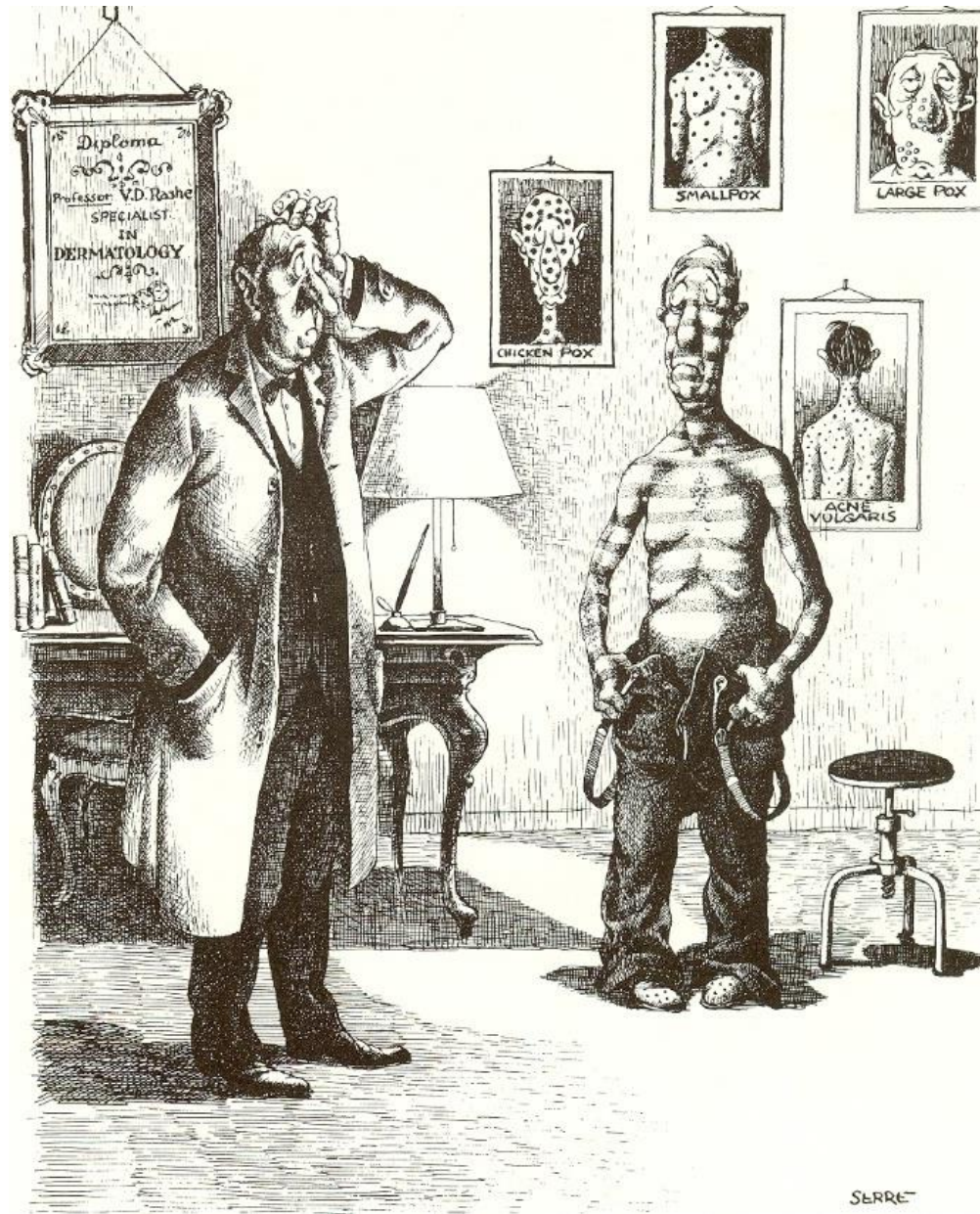


Back pain & Spinal referral Pathways – National and local perspective

Mr Imran Rafiq
Consultant Spinal Orthopaedic surgeon
Medway NHS Foundation Trust

“The clinician`s heart should be gladdened not saddened , by the patient with back pain.”

*Prof Richard Porter –
Management of Back Pain
1989.*



Background

- 30 million working day loss
- Back Pain – largest cause of disability in UK
- Life time prevalence of acute back pain 84%
- CBP – 23% , 12% Disable
- Associated cost of CBP is 2% of national GDP
- Historically no coherent plan and in charge of management for this cohort of patient

NICE Low back Pain 30th Nov 2016

National Institute for Health and Care Excellence

National Institute for Health and Care Excellence

Final version

Low back pain and sciatica in over 16s: assessment and management

Assessment and non-invasive treatments

NICE guideline NG59

Methods, evidence and recommendations

November 2016

Final, 2016

*Developed by the National Guideline Centre,
Hosted by the Royal College of Physicians*

816 Pages

Report Total 1067 Pages
Appendix Total 2496 Pages

Final version

Low back pain and sciatica in over 16s: assessment and management

Invasive treatments

NICE guideline NG59

Methods, evidence and recommendations

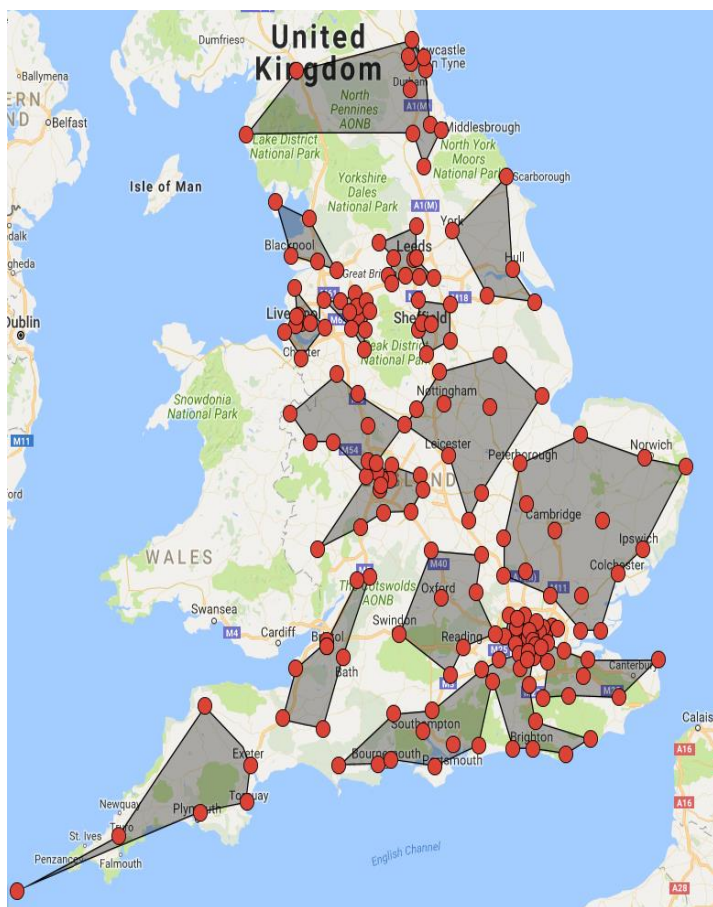
November 2016

Final, 2016

*Developed by the National Guideline Centre,
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251 Pages

Proposed Regional Spine Networks in England



Regional Spinal Networks

Improving Spinal Care Project National Low Back Pain Pathway and Regional Spinal Networks

Charles Greenough, National Clinical Director for
Spinal Disorders

Pathways already developed:
Liverpool
North East England
East of England

Coming soon
South-East London & Kent...



Spine Project

- Promote referral from GP to MCATS services for non-emergency Spine
- Reduce inappropriate referrals from GP direct to Surgical opinion
- Organise systems for Spine Management within our region – *‘Hub and Spoke model’ ‘Clinical Pathways’*
- Establish a Regional Spine Network RSN

Benefits of a RSN

- Regional policies and pathways
- Consistency of MRI policies
- Electronic referral and response system
- Repatriation policy
- BSR implementation
- Regional Service evaluation, audit and MDT
- Equalisation of waiting times
- Implementation of Pathfinder
- Quality assurance of AQP
- Orthopaedic and Neurosurgery collaboration
- Improved spinal training
- Agreed spinal consultant appointment strategy
- Co-ordinated research, audit and service evaluation

Elective Spinal Management Pathways GSTT +Kings+Kent

- Clinician Driven
- Co-Operative
- Multi-Disciplinary
- Evidence Based
- Cost Effective —

North-East England projected saving per CCG
100,000 of population is £229,766.50

“Best for the Patient”

Local Data

Inaccurate and incomplete – various sources

- **GSTT around 3000 referrals per annum KCH around 5000 referrals per annum with additional referrals to Medway Maritime (~500 p.a (40 per month)), William Harvey and Pembury Hospitals.**
- **Of the King's referrals (per year);**
Just over 50% come direct from GPs (~2500 referrals)
5.9% from Darent Valley (~300 referrals)
4.8% from Lewisham (~240 referrals)
3.3% from Maidstone Hospital (~165 referrals)
2.5% from Medway Maritime (~125 referrals)
3% from William Harvey (~150 referrals)
- **For King's, All referrals are reviewed in MDT , 50% go on to have OPA only 20% have surgery**
- **No cervical spine surgery occurs in South East London and Kent outside of GSTT and KCH**
- **We need robust data set for Spine across the region – this would hopefully be facilitated through the RSN and the introduction of an electronic referral system connecting the five surgical sites of the region (KCH, GSTT, MM, WH (EKHT), Pembury (M&TW))**

NHS England National Pathfinder Projects

Trauma Programme of Care Pathfinder Project – Low Back Pain and Radicular Pain

Report of the Clinical Group

National Pathway of Care for Low Back and Radicular Pain

17th December 2014

Modelled data and savings

Using calculation tools from 'National Back Pain and Radicular Pain Pathway Savings Calculator'

Enter CCG Region	SE London & Kent
Enter CCG Population	3,608,400
Estimated Yearly Cost of Current Back Pain Services (these costs vary depending on services in your area - the figures used in this calculator are based on South Tees CCG Region)	£4,410,321.04
Potential Estimated Secondary Care Savings	£8,290,894.53
Estimated Yearly Cost of Implemented Pathway - (Includes recurring costs)	£9,137,233.02
Estimated Savings after non-recurring costs*	£3,563,982.55
Number of GP Appointment Savings	831635

The Savings Calculator below is based on the North East (including Cumbria and Hambleton, Richmondshire and Whitby) average secondary care procedures and tariff. Please note these are only estimated savings and costs as a guidance only for Secondary Care.


* Please note there is an expectation of increased activity - this may have an impact on the cost, this needs to be discussed with providers during the contracting discussions.

National Pathfinder for Back Pain

- Pt care in close to home in Primary/Second care in CCG
- GPs unable to refer directly to Ortho/Neuro spinal units/Pain team rather refer in to pathways
- Unable to refer for diagnostics prior to referral to TTP (Traige & Treat practitioner)
- TTP to decide for further investigation-guidance by local spinal units/teams
- Patient expectation and demands on healthcare system

STarT

Subgroups for Targeted Treatment Back Trial

 **Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial**

Jonathan C Hill, David GT Whitehurst, Martyn Lewis, Stirling Bryan, Kate M Dunn, Nadine E Foster, Kika Konstantinou, Chris J Main, Elizabeth Mason, Simon Somerville, Gail Sowden, Kanchan Vohora, Elaine M Hay

Lancet 2011; 378:1560-71

BMC Musculoskeletal Disorders

BioMed Central

Study protocol

Open Access

A randomised clinical trial of subgrouping and targeted treatment for low back pain compared with best current care. The STarT Back Trial Study Protocol

Elaine M Hay, Kate M Dunn*, Jonathan C Hill, Martyn Lewis, Elizabeth E Mason, Kika Konstantinou, Gail Sowden, Simon Somerville,

Published: 22 April 2008

Received: 20 March 2008

BMC Musculoskeletal Disorders 2008, 9:58 doi:10.1186/1471-2474-9-58

Accepted: 22 April 2008

This article is available from: <http://www.biomedcentral.com/1471-2474/9/58>

The Keele STarT Back Screening Tool

Patient name: _____ Date: _____

Thinking about the **last 2 weeks** tick your response to the following questions:

	Disagree 0	Agree 1
1 My back pain has spread down my leg(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2 I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 2 weeks, I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6 Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8 In general I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

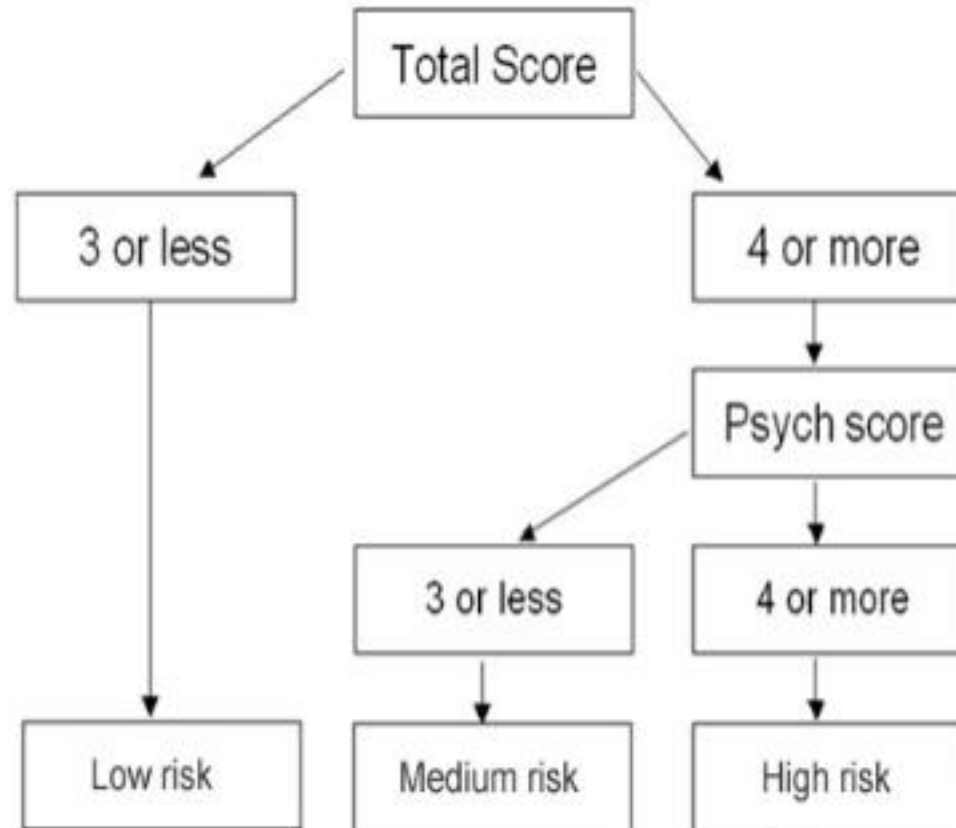
9. Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

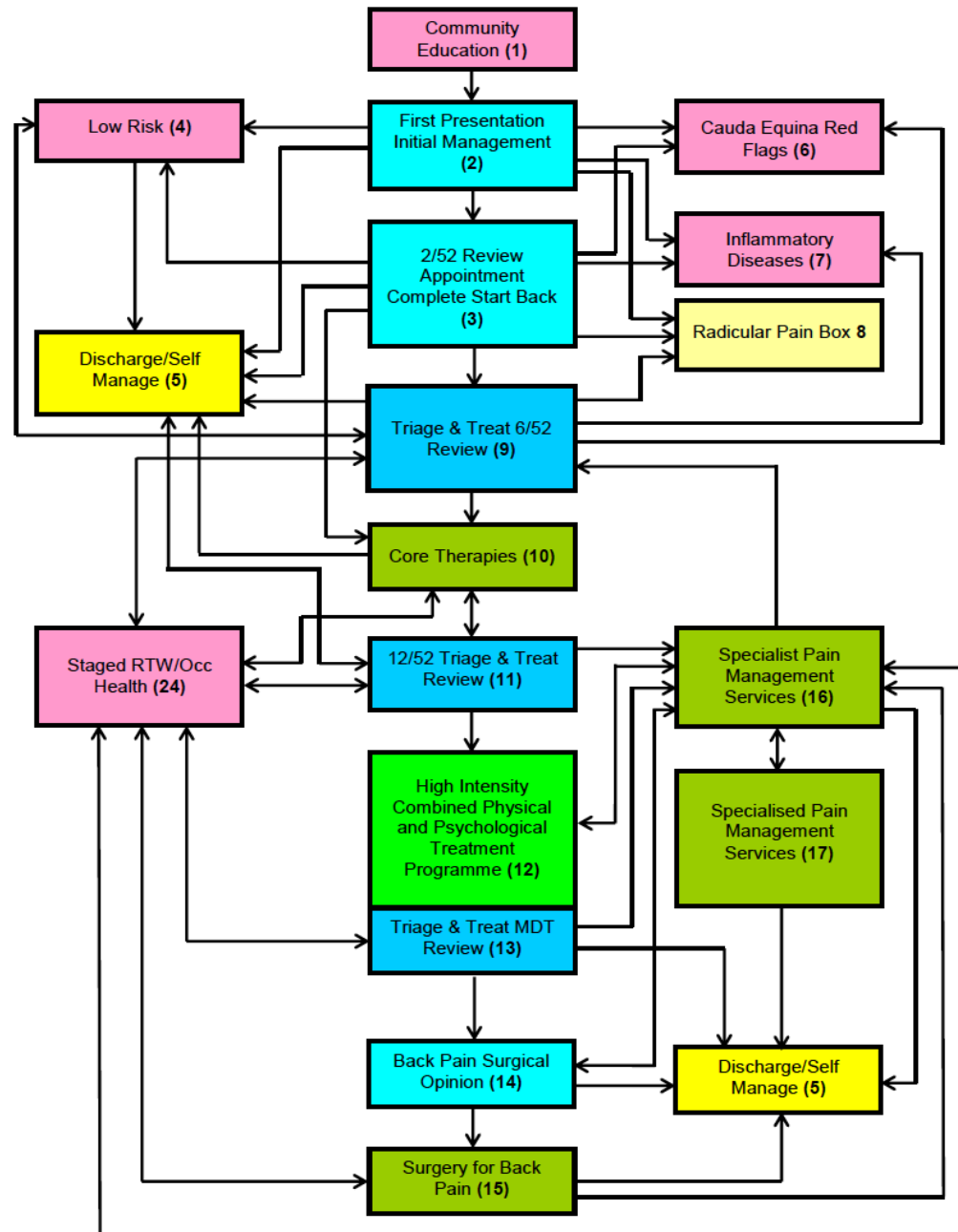
Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

Total score (all 9): _____ Sub Score (Q5-9): _____

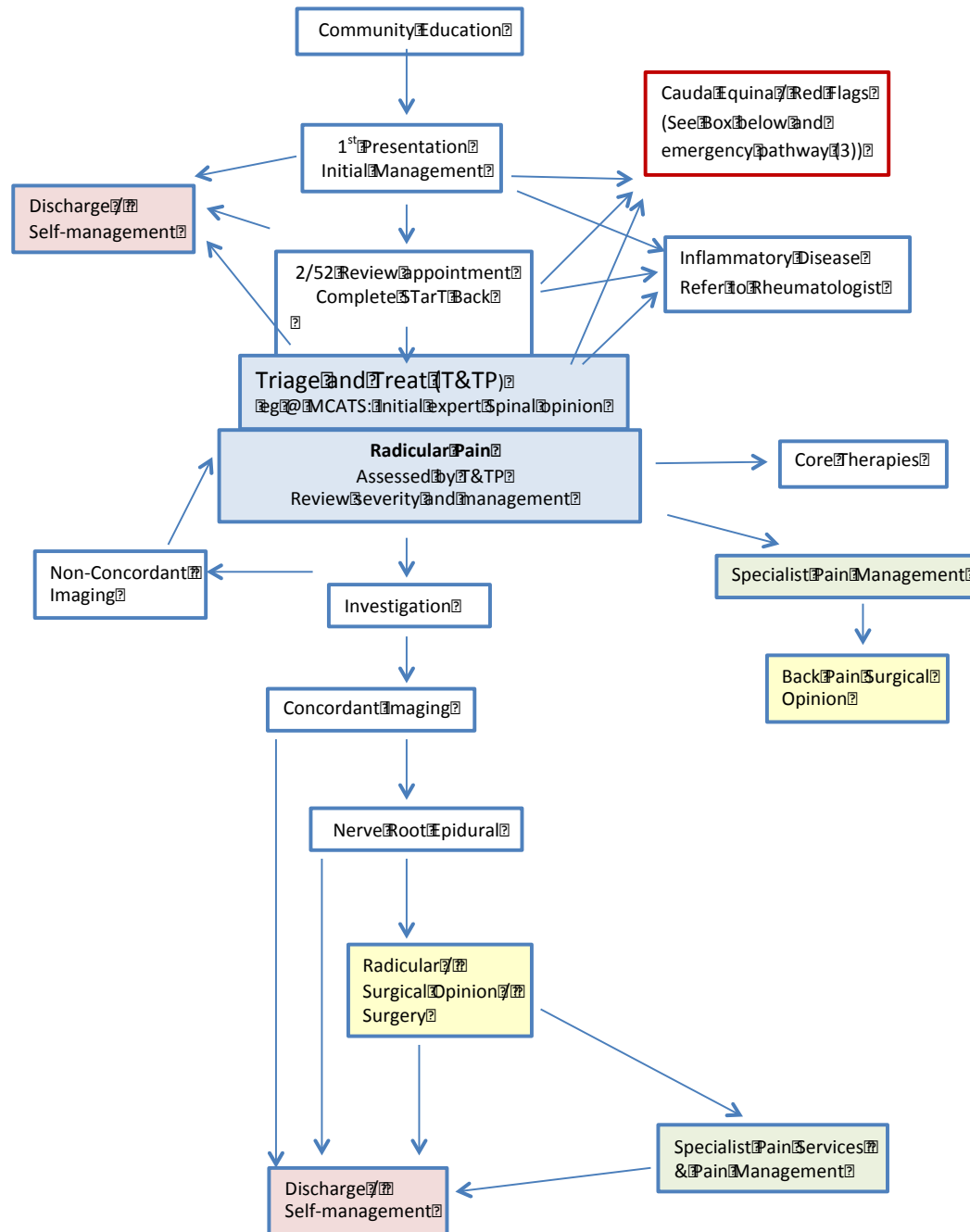
Keele STarT Screening Tool Scores

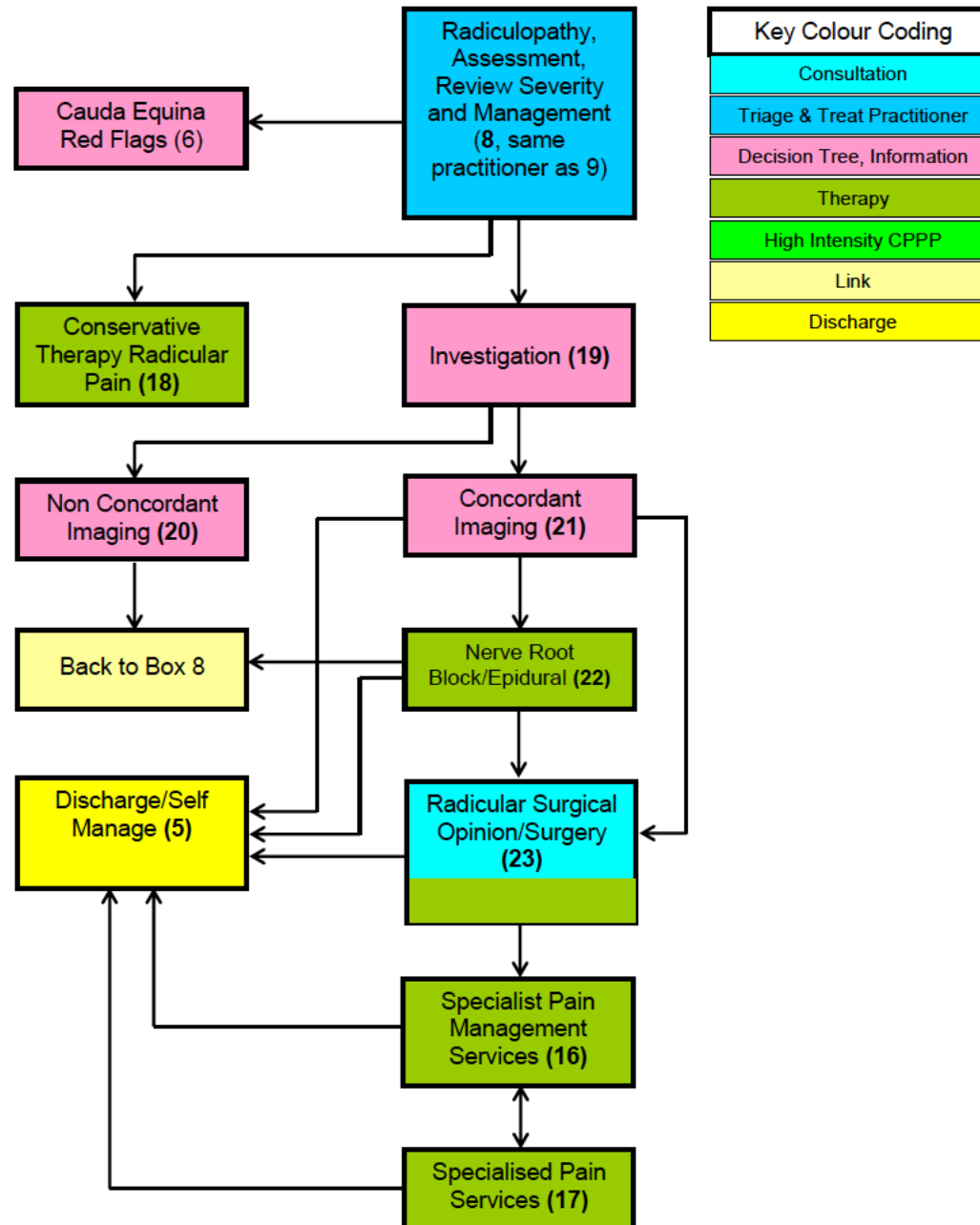
Total score 9 - Psych Score Qu's 5-9



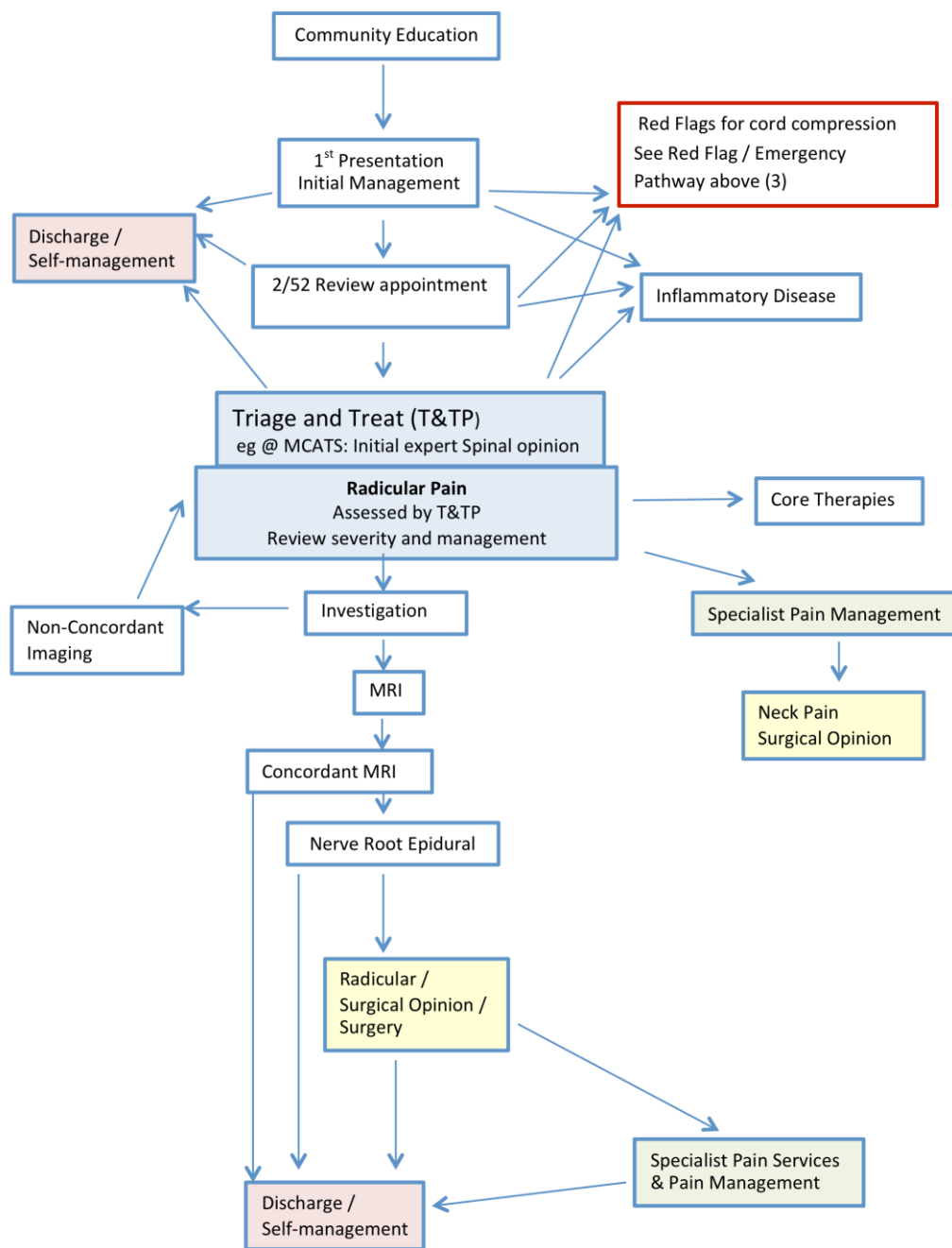


1. Low back pain with Radicular Pain (Pathfinder model)

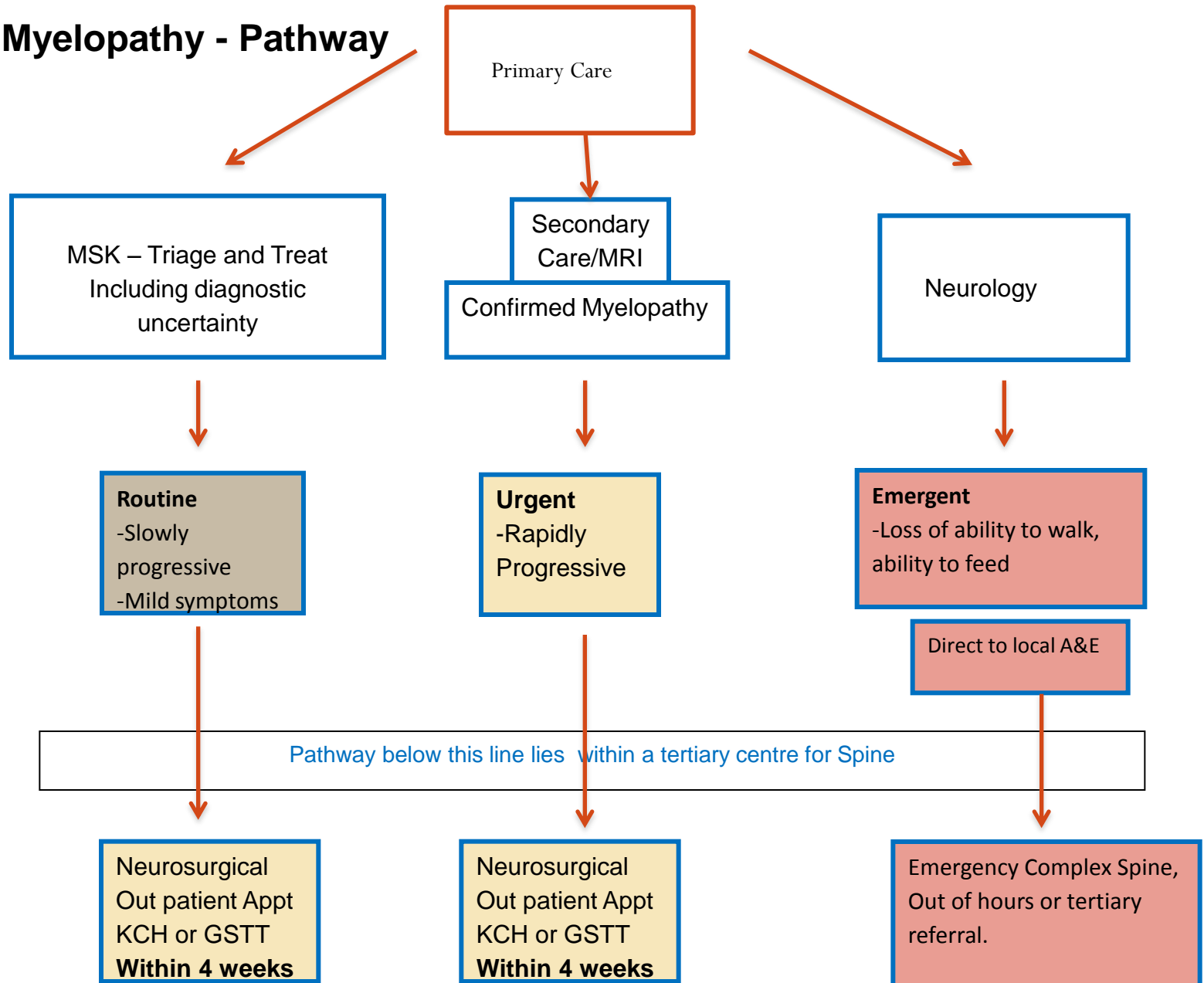




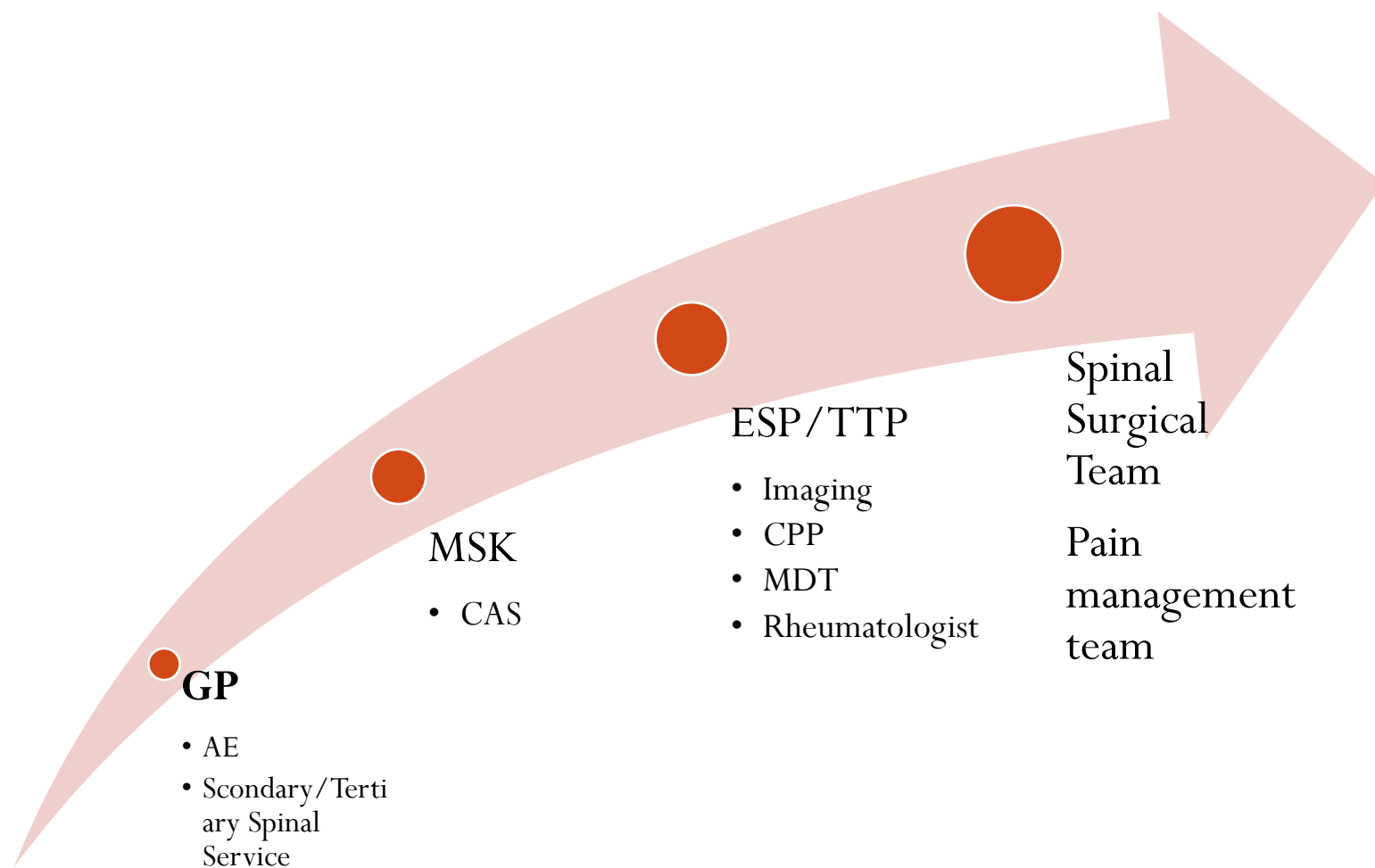
2.Cervical Pain with Radicular Pain (adapted from Pathfinder for LBP)



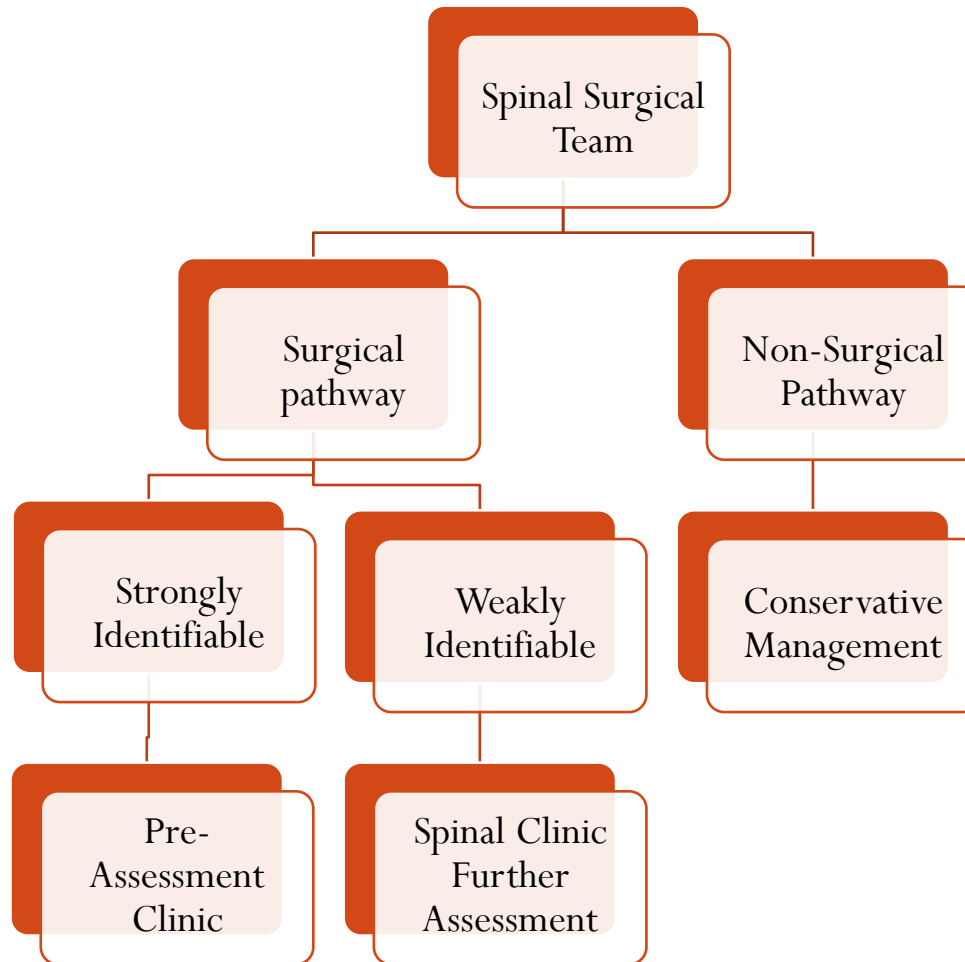
3. Myelopathy - Pathway



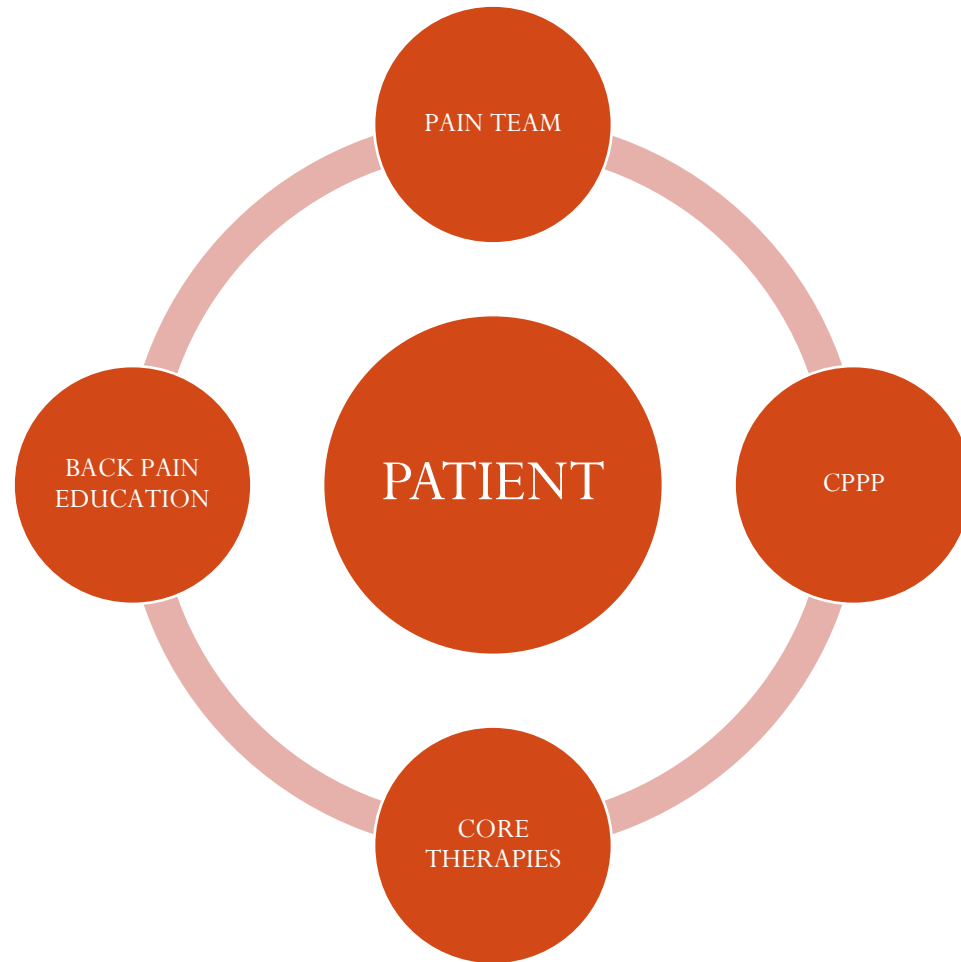
OVER VIEW



Surgical Assessment Pathways



CONSERVATIVE MANAGEMENT INVOLVES:



Specific Objectives

1. To agree a Network data set for the sharing of best practice and audit of care across the Network and identify an agreed set of Network benchmarking measures to identify common areas for service improvement and further development of the service
2. To ensure that the Network complies with recommendations from national documents and standards for the further development of spinal services

Conclusion

**This is the way forward for high quality, consistent,
cost effective, efficient, patient centered care within a
Network**