

Acute Low Back Pain Pilot - NHS Lanarkshire – Final Report

<p>Title</p>	<p>Acute Low Back Pain Drop In Clinic – a Pilot Project</p>
<p>Background / Context</p>	<p>The Triple Aim of the 20:20 Vision is Quality of Care, the Health of the Population and Value and Financial Sustainability and the proposal below helps to ensure these aims are delivered and measurable with person centred, safe and effective care offered to all who present.</p> <p>The demand for MSK Physiotherapy is increasing, with reduced staffing resources and subsequent increased waiting times for patients. Within NHS Lanarkshire, the current demand for MSK physiotherapy is 37,000 per annum with a current longest wait of 15 weeks. Of this demand, 28% is low back pain, equating to 10,360 back pain referrals per annum or 863 referrals per month.</p> <p><u>Situation</u> The current model of service delivery is a referral is received electronically via the SCI system, receives a clinical vet and is added to the routine or urgent physiotherapy MSK waiting list. Each patient then receives a face to face individual assessment and a tailored management plan with a patient attending, on average, for assessment then 2.67 return visits with an NHSL waiting time target of 12 weeks. Patients who require escalation or further intervention are referred on to specialist services or extended scope practitioners within Orthopaedics. This model is, however, unsustainable within the constraints of the current financial challenge and the increasing demands on services.</p> <p><u>Background</u> The current evidence would suggest only 1%-2% of those presenting with low back pain have serious pathology and a further 5-10% radicular features with or without neurological deficit, leaving most patients diagnosed with ‘non specific’ low back pain (1) with evidence suggesting 80% of these patients resolve spontaneously without investigation or medical intervention (2). Patients are often worried about why they are in pain and their expected prognosis. Effective communication between physiotherapist and patient aims to understand patient concerns, identify and address negative beliefs about low back pain, reassure patients, discuss the limitations of investigation and restore normal movement and function. Sensitive and motivational communication builds health literacy about low back pain and empowers patients to take an active role in their rehabilitation.</p> <p><u>Demand</u> Current NHS Lanarkshire annual referral demand : 37,000 Back pain referrals per annum : 28% = 10,360 Back pain referrals per month : 863 17% of these from the East Kilbride locality = 146 per month</p> <p><u>Assessment</u> With the establishment of the NHS Lanarkshire Spinal Pathway in 2010, referrals for back pain were redirected from Orthopaedics to Physiotherapy with the MSK physiotherapy staff within primary care as the first assessors. It has been shown that physiotherapists in primary care have a safe record in identifying serious pathologies requiring further investigation (3), (4). Targeted care can be</p>

	<p>facilitated by a careful patient assessment in conjunction with screening tools. The STarT Back Screening Tool is designed for use in a primary care setting and is a validated tool which stratifies patients into three risk groups, low, medium and high, with a management plan for each.</p> <p><u>Recommendation</u> The drop in clinic will be the first point of contact for patients who present to their GP with an acute episode of low back pain, thus reducing the delay for triage and advice. With early access to screening questions and objective testing, any patients who require medical review or intervention can be signposted to the appropriate service.</p> <p>As a high percentage of back pain settles without physiotherapy treatment, appropriate patients can be issued with evidence based advice and guidelines to enable effective self management with an aim of increasing this beyond the 13% achieved by NHS24(MATS).</p> <p>Furthermore, the clinic will enhance the available capacity of the 2 clinicians involved thus enabling more new patients to be seen within a session than the historic 1:1 model. This will be evaluated with the opportunity to replicate the clinic throughout NHS Lanarkshire.</p>
<p>Problem</p>	<p>2 main problems were identified</p> <ul style="list-style-type: none"> - Patients with an acute episode of low back pain can wait on the routine physiotherapy waiting list for up to 12 weeks if their symptoms are not clearly identified on the referral form - Complaints had been received from GPs within the locality regarding patients they had referred who they felt had waited too long for physiotherapy to commence
<p>Aim</p>	<p>The aims of the clinic were to</p> <ul style="list-style-type: none"> - Identify if a drop in Clinic for patients presenting with Acute Low Back Pain reduces demand for 1:1 assessment and intervention within the East Kilbride Locality, by monitoring the referral rate to the core service - To measure the uptake of a Drop in Clinic for acute low back pain - To evaluate the use of the STarT back tool in screening patients from this clinic by stratifying patients with a greater score to a more senior clinician - Work with our ESP colleagues within Orthopaedics to improve the pathway for patients presenting with acute symptoms requiring early intervention or investigation - Reduce delay in onward referral for those patients who require further intervention or investigation - Improve GP satisfaction with the physiotherapy management of acute low back pain patients <p>In addition the following aims was indentified:</p> <ul style="list-style-type: none"> - Provide quick access to information and advice with a person centred approach
<p>Action Taken</p>	<p><u>Model</u> Direct and swift access to a drop in clinic will be offered by GPs within the East Kilbride locality as the first point of contact for patients with new onset acute low back pain. The signposting GP will issue the patient with an invitation leaflet. The lead GP within the EK locality has already been approached and is supportive of the test of change.</p>

	<p>On arrival at the clinic each patient will be asked to complete a self referral form and the STarT back tool. Those patients scoring between 1 – 6 on the STarT tool will be assessed by the band 5 physiotherapist with those who score between 7-10 triaged by the band 7, thus ensuring that more complex presentations are seen by the most experienced therapist. Patients will be seen on a first come, first served basis and will have a 15 – 20 minute appointment time comprising of a 1:1 triage with a neurological assessment (H&W Outcome 7) as well as an offer of a Back Pain Information and advice pack including myth busters and information on what is available to them within local leisure services to assist in managing their recovery from this episode, attaining the best possible standard of general health and wellbeing. (H & W Outcome 1).</p> <p>The following were offered as exit routes from the clinic:</p> <p>Drop in clinic exit routes</p> <ul style="list-style-type: none"> - Urgent physiotherapy appointment for patients with neurological deficit - Routine physiotherapy appointment - Self management including signposting to leisure and NHS inform - A&E for patients presenting with clinical signs of potential serious pathology
<p>Results</p>	<p>Aim : To measure the uptake of a Drop in Clinic for acute low back pain</p> <p>Result : Whilst we were able to measure the number of attendees at each clinic we were not able to determine the number signposted. Initial capacity was agreed at 15 patients per session, however this was reduced to 12 as it was not possible to assess 15 patients within the time allocated.</p> <p>Aim : To evaluate the use of the STarT back tool in screening patients from this clinic by stratifying patients with a greater score to a more senior clinician</p> <p>Result: Where possible those with a high STarT score were assessed by the senior clinician, however given the acute nature of the patients pain, often the STarT score was 7 or above, hence the band 5 staff were also involved in the assessment of these patients. The band 5 most frequently involved grew in confidence and her skills managing these patients enhanced.</p> <p>Aim : Work with our ESP colleagues within Orthopaedics to improve the pathway for patients presenting with acute symptoms requiring early intervention or investigation</p> <p>Result: No patients within the 6 month period required early Orthopaedic intervention from our ESP colleagues, however they were kept informed of the ongoing nature of the clinic and the results. They were invited to participate but declined.</p> <p>Aim : Reduce delay in onward referral for those patients who require further intervention or investigation</p> <p>Result: within the 6 month period, 2 patients were sent round to A&E for assessment of CES, reducing delay in any required medical investigation and intervention.</p> <p>Aim : Provide quick access to information and advice with a person centred</p>

approach

Result : all patients who attended the clinic received a comprehensive 1:1 assessment and left with verbal and written information.

Aim : Identify if a drop in Clinic for patients presenting with Acute Low Back Pain reduces demand for 1:1 assessment and intervention within the East Kilbride Locality, by monitoring the referral rate to the core service

Result : Data Collection

Between January and June 2017 there were 132 patients who attended the drop in clinic with a maximum capacity of 12 patients per clinic. 54 male and 78 female patients attended, age ranges between 18 and 84 with a mean age of 51. From the clinic, 58 patients were referred on for routine physio and 42 for urgent physio with 29 patients discharged with self management. Patients were signposted from 25 GP practices within South Lanarkshire. The data is captured in the flash report below.



Acute Low Back Pain Clinic - 6 Month Flash

Demand Data

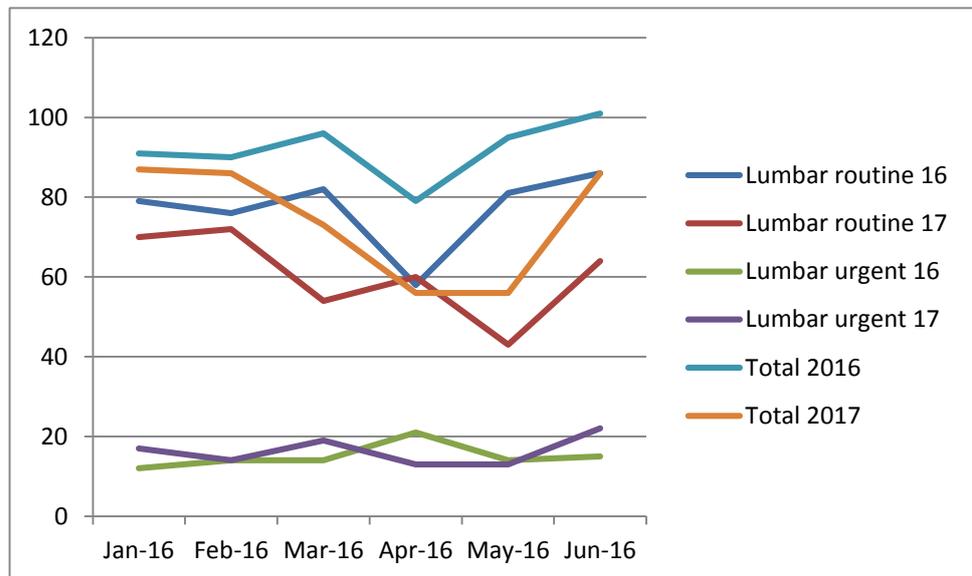
Current NHS Lanarkshire annual referral demand : 37,000

Back pain referrals per annum : 28% = 10,360

Back pain referrals per month : 863

17% of these from the East Kilbride locality = approx 146 per month

The chart below demonstrates the pre and post pilot demand for referrals vetted as 'lumbar routine' or 'lumbar urgent' for Jan – June 2016 (pre pilot) and Jan – June 2017 (post pilot).



These figures would demonstrate that

- The total demand has reduced from Jan - June 2016 and Jan – June 2017.
- The routine demand has reduced
- The urgent demand is comparable

Further work will include tracking a few patient journeys to determine if the length of the patient journey has altered with the introduction of the acute low back pain drop in clinic.

Staff Feedback

A feedback survey was sent out to the staff involved with the results captured below. 6 staff were invited to feedback with 6 complete responses and one partial response.

1. How well do you feel the drop in clinic is working

100% gave the clinic 4 or 5 stars

2. Do you feel 2 hours is adequate time for the clinic?

Yes – 50%

No – 50%

3. Is the paperwork used fit for purpose?

100% agreed or strongly agreed the paperwork was fit for purpose, easy to use and captured all the necessary information.

4. What information is most useful from the Back Pain Information Packs available?(select all appropriate)

75% - NHS Inform Back Problems page

50% - CSP Myth Busters

25% - MATS NHS24 self referral card

5. Do you think the majority of patients have been appropriate referrals to the clinic?

Yes – 50%

No – 50%

Reflection on staff feedback

The staff involved identified the process, flow and paperwork used within the clinic was successful, however the clinic could run for more than the time allocated. This has resultant implications for our core service and would need to be explored further. In addition, not all patients directed to the clinic from their GP had an acute episode of back pain, some had longstanding issues and a number had already been referred to physiotherapy and were awaiting assessment. Further clarification on inclusion and exclusion criteria for the signposting GPs is required.

Aim : Improve GP satisfaction with the physiotherapy management of acute low back pain patients

Result: There have been no complaints from back pain patients or GPs within the locality during the duration of the pilot.

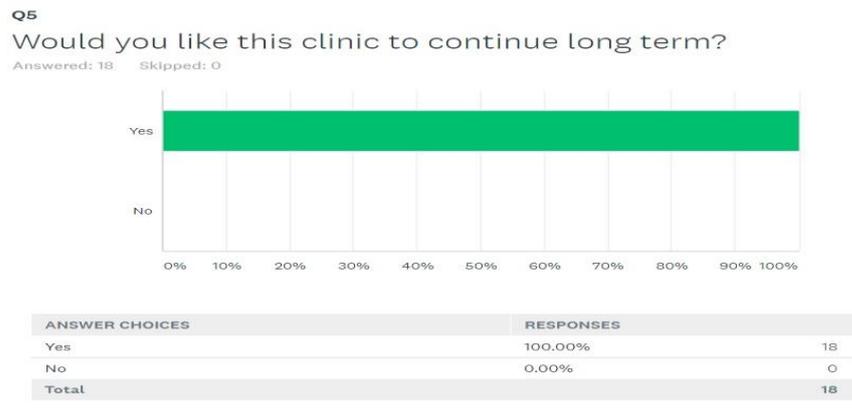
GP Feedback

A survey monkey was sent out to the practice managers in the locality to send to their GPs. 18 responses were received with the results shown below:

1. Are you aware of the physiotherapy led Acute Low Back Pain clinic currently offered each Monday morning in Hairmyres Hospital?

94% were aware the clinic was offered

2. In the last 6 months, have you signposted any patients to this clinic?
 23% had not signposted any patients to the clinic
 53% had signposted some patients
 24% had signposted all appropriate patients
3. Are you familiar with the inclusion / exclusion criteria for this clinic?
 Yes – 53%
 No – 24%
 Not sure – 24%
4. How would you rate this clinic?
 5 stars – 27%
 4 stars – 47%
 3 stars – 20%
5. Would you like this clinic to continue long term?
 Yes – 100%



7 comments have been received from the GPs who responded

- Limited experience but good feedback from patients so far. Would like it continued and expanded to allow greater capacity
- Camglen area really only informed when trial period nearly over.
- The timing of the clinic restricts who can be sent. Would like referral to made electronically
- I have suggested to a few patients to attend but have not had any feedback yet about the service from them
- Need to make arrangements and criteria more visible
- Still to get feedback / see some of outcomes to fully assess but so far has proved useful resource and good feedback from patient.
- Patients are delighted with the service. Surprised they can actually see a physio- rather than talk to call handler and get sent out a sheet they could have accessed themselves

Reflection on GP Feedback

Positive feedback from the Gps was encouraging with more than 50% of those who responded signposting patients to the clinic. Further work is needed to ensure the inclusion and exclusion criteria are easily visible.

A flow diagram was produced and sent to the GPs with the possibility of producing this on a mouse mat or coffee coater to be explored.



Acute Low Back Pain
 Drop In Clinic Exclusic

Patient Feedback

	<p>Numerous patient feedback forms have been received with the following comments included:</p> <ul style="list-style-type: none"> • <i>excellent service to find out what has been causing me pain</i> • <i>quick appointment with drop in clinic</i> • <i>provided with useful information and advice</i> • <i>very understanding</i> • <i>extremely helpful</i> • <i>physio was excellent</i> • <i>love the fact it was a 'drop in' clinic</i> • <i>eased my back pain worries and got good information</i> <p>Of the 71 feedback forms received 66 (93%) indicated the service was good  with 5 (7%) indicating it was OK  and 0% indicating it was 'not so good' </p> <p><u>Reflection on patient feedback</u></p> <p>Patient feedback was very positive with only 7% not rating the service offered as 'good'. Further work would explore if these patients had long standing issues or were already 'in the system'.</p>
Sustainability	<p>The clinic currently runs for 2.5 – 3 hours each Monday morning, staffed by a HCSW, a band 5 and a band 6 or 7 MSK Physiotherapist. For the first three months of the pilot, 4 staff were involved, 2 band 5s and 2 band 7s on a rota basis. For the second three months of the pilot the staff group was extended to include an additional 2 band 6 staff with occasional input from the 8A service lead.</p> <p>To run this clinic reduces the face to face time available with patients currently on the MSK waiting list or caseload, so it is imperative that the capacity used for the clinic is balanced by the activity sustained by the clinic and the impact on the regular MSK service.</p> <p>To this end the staff pool involved in the drop in clinic will be increased to involve all the band 6 staff in the locality who work on a Monday morning. This will reduce the impact on one site or clinician and will also help meet the loss of the band 7 staff who have been seconded posts out with the core service. The current data indicates a significant percentage of those who attend the clinic and referred for routine or urgent physiotherapy (76%). Further analysis of this will need to be carried out to measure the impact on the South Locality demand and waiting times for routine and urgent physiotherapy appointments before long term sustainability is determined.</p> <p>At present the local GPs have been informed the clinic will continue to run until the end of September.</p> <p>NHS Lanarkshire is also commencing a pilot of an Advance Practice Physiotherapist as a first assessor within three GP practices in the same locality so data from this project will also help determine if the numbers signposted to the drop in clinic from these practices will impact demand for the drop in clinic.</p>
Learning	The key learning points from this pilot are captured in the staff feedback :

- length of the clinic
- advertising the clinic
- visibility of inclusion/exclusion criteria
- appropriateness of the patients signposted

Length of the clinic

The clinic will continue to run between 0830 and 1100 on a Monday morning to reduce the impact on the local patient facing time. Staff new to the service will be supported to assess and form a management plan with the patients they see within the 20 minutes allocated per patient

Advertising the clinic

The information is cascaded to the GPs via their practice managers. We will explore with the communications team ways of advertising the drop in clinic on the practice TV screens within the waiting areas.

Posters have also been printed and sent out to each practice.

Visibility of inclusion/ exclusion criteria

To date the inclusion/exclusion criteria has been cascaded in written format to each practice along with the patient information leaflet. We will explore alternate visual formats eg; mind maps, pathways and capture feedback on these.

Appropriateness of patients signposted

Along with clearer visibility of the inclusion/ exclusion criteria, a patient discharge letter is sent back to each GP from the clinic, with the clinic outcome and comments. This will help to reinforce inclusion / exclusion criteria above.

Sharing the learning

The learning from this pilot project has already been shared with the local physiotherapy managers, staff and the ESP service.

The learning will also be shared by Ruth Currie at the National MSK leads meeting in September 2017.