

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:8.....

Date of Meeting:29th June 2018.....

TITLE OF REPORT:	GM Policies for Consideration – Lower Back Pain Policy.	
AUTHOR:	GM Shared Services Effective Use of Resources Team	
PRESENTED BY:	Jane Bradford, Clinical Director Governance and Safety	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	<p>This paper updates the Board on the new GM Policy which has been through the agreed GM EUR governance arrangements and approved by the AGG in May.</p> <p>This policy has already been through a rigorous governance process at GM level and via the CCG Executive. If approved by the Board, this policy will be published on the CCG website, varied in to Provider contracts and shared throughout primary care.</p> <p>There are no cost or activity implications and this GM policy aligns to NICE guidance.</p>	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 3 Locality Plan.	<input type="checkbox"/>
	Joint collaborative working with Bolton FT and the Council.	<input type="checkbox"/>
	Supporting people in their home and community.	<input type="checkbox"/>
	Shared health care records across Bolton.	<input type="checkbox"/>
	Regulatory Requirement Standing Item	<input checked="" type="checkbox"/>
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to approve the policy which will be varied into our contract with providers and disseminated throughout primary care thereafter.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	CCG Heads of Commissioning. CCG Chief Finance Officers. Greater Manchester AGG. CCG Executive.	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of Interest are reviewed through the GM governance and consultation processes.	

VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Full clinical consultation undertaken as part of this review process.
EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED & OUTCOME OF ASSESSMENT:	EIA and an assessment undertaken as part of the GM policy development process.

Greater Manchester EUR Policy Statement on:

Treatment for Low Back Pain (with or without sciatica)

GM Ref: GM046

Version: 0.2 (15 Nov 2017)



Commissioning Statement

Treatment for Low Back Pain	
Policy Exclusions	<p>See Appendix 1 for a list of 'red flag' signs and symptoms requiring urgent referral and therefore excluded from this policy.</p> <p>Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).</p>
Policy Inclusion Criteria	<p>Treatment for low back pain with or without sciatica referred to in NICE NG59 as being effective <u>IS</u> commissioned.</p> <p>NOTE: The following Greater Manchester policies are still active and should be referred to when these specific treatments are being considered:</p> <ul style="list-style-type: none"> • GM004: Radiofrequency Denervation for Back Pain • GM070: Facet Joint Injections for Back Pain • GM018: Out of Contract Spinal Procedures <p>Funding Mechanism: Within contract for NICE NG59 and as per individual GM policies for the treatments listed above.</p> <p>In line with NICE NG59 the following are <u>NOT</u> commissioned:</p> <ul style="list-style-type: none"> • X-ray of the lumbar spine for the management of non-specific low back pain • Imaging in a non-specialist setting for people with low back pain with or without sciatica. Imaging, if clinically appropriate should take place in specialist settings of care (for example, a musculoskeletal interface clinic or hospital) for people with low back pain with or without sciatica but only if the result is likely to change management. Imaging can be offered in a community setting if this is part of a locally commissioned pathway of care. • Belts or corsets for managing low back pain with or without sciatica • Foot orthotics for managing low back pain with or without sciatica • Rocker sole shoes for managing low back pain with or without sciatica • Traction for managing low back pain with or without sciatica • Acupuncture for managing low back pain with or without sciatica • Ultrasound for managing low back pain with or without sciatica • Percutaneous electrical nerve simulation (PENS) for managing low back pain with or without sciatica • Transcutaneous electrical nerve simulation (TENS) for managing low back pain with or without sciatica • Interferential therapy for managing low back pain with or without sciatica • Opioids for managing acute low back pain • Spinal injections for managing low back pain • Epidural injections for neurogenic claudication in people who have central spinal canal stenosis

	<ul style="list-style-type: none"> • Spinal fusion for people with low back pain unless as part of a randomised controlled trial • Disc replacement in people with low back pain (disc replacement where indicated is commissioned by NHS England) <p>In addition to those listed above from NICE NG59, the following are also <u>NOT</u> commissioned:</p> <ul style="list-style-type: none"> • Alexander Technique • Massage • Intradiscal electrothermal therapy (IDET) • Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) • Neuroreflexive therapy
<p>Clinical Exceptionality</p>	<p>Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality.</p> <p>Exceptionality means ‘a person to which the general rule is not applicable’. Greater Manchester sets out the following guidance in terms of determining exceptionality; however the over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is:</p> <ul style="list-style-type: none"> • Significantly different to the general population of patients with the condition in question. <p>and as a result of that difference</p> <ul style="list-style-type: none"> • They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

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Policy Statement

Greater Manchester Shared Services (GMSS) Effective Use of Resources (EUR) Policy Team, in conjunction with the GM EUR Steering Group, have developed this policy on behalf of Clinical Commissioning Groups (CCGs) within Greater Manchester, who will commission treatments/procedures in accordance with the criteria outlined in this document.

In creating this policy GMSS/GM EUR Steering Group have reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for the population of Greater Manchester.

This policy follows the principles set out in the ethical framework that govern the commissioning of NHS healthcare and those policies dealing with the approach to experimental treatments and processes for the management of individual funding requests (IFR).

Equality & Equity Statement

GMSS/CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved, as enshrined in the Health and Social Care Act 2012. GMSS/CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, GMSS/CCGs will have due regard to the different needs of protected characteristic groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

In developing policy the GMSS EUR Policy Team will ensure that equity is considered as well as equality. Equity means providing greater resource for those groups of the population with greater needs without disadvantage to any vulnerable group.

The Equality Act 2010 states that we must treat disabled people as *more equal* than any other protected characteristic group. This is because their 'starting point' is considered to be further back than any other group. This will be reflected in GMSS evidencing taking 'due regard' for fair access to healthcare information, services and premises.

An Equality Analysis has been carried out on the policy. For more information about the Equality Analysis, please contact policyfeedback.gmscu@nhs.net.

Governance Arrangements

Greater Manchester EUR policy statements will be ratified by the Greater Manchester Association Governing Group (GMAGG) prior to formal ratification through CCG Governing Bodies. Further details of the governance arrangements can be found in the [GM EUR Operational Policy](#).

Aims and Objectives

This policy document aims to ensure equity, consistency and clarity in the commissioning of treatments/procedures by CCGs in Greater Manchester by:

- reducing the variation in access to treatments/procedures.

- ensuring that treatments/procedures are commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- reducing unacceptable variation in the commissioning of treatments/procedures across Greater Manchester.
- promoting the cost-effective use of healthcare resources.

Rationale behind the policy statement

The previous back pain policy (GM021 Persistent non-specific low back pain) was based on old NICE guidance and has therefore been replaced with this one. In addition, feedback on the previous policy pointed out that it was complex and difficult to follow. This policy has been simplified in line with NICE NG59: Low back pain and sciatica in over 16s: assessment and management. The policy includes cross references to other relevant policies which are still in effect.

Treatment / Procedure

This policy does not apply to a specific treatment but to a group of interventions for back pain, with or without sciatica, that are generally non-specific and where an underlying cause cannot be identified for treatment.

The policy is based on the NICE guidance and the associated high level pathway, so a further evidence review has not been carried out. The previous evidence review from the GM021 Persistent non-specific low back pain policy is available on request, but this is now out of date.

Epidemiology and Need

The lower back is commonly defined as the area between the bottom of the rib cage and the buttock creases.

About 8 in 10 people have one or more bouts of low back pain. Non-specific low back pain is the most common type of back pain. About 19 in 20 cases of sudden-onset (acute) low back pain are classed as non-specific. Non-specific low back pain is tension, soreness and/or stiffness in the lower back region for which it is not possible to identify a specific cause of the pain. Several structures in the back, including the joints, discs and connective tissues, may contribute to symptoms. This is the type of back pain that most people will have at some point in their life. It is called non-specific because it is usually not clear what is actually causing the pain. In other words, there is no specific problem or disease that can be identified as the cause of the pain.

Adherence to NICE Guidance

The guidance is produced in line with the recommendations of NICE NG59: Low back pain and sciatica in over 16's: assessment and management. Published: 30 November 2016

Audit Requirements

There is currently no national database. Service providers will be expected to collect and provide audit data on request.

Date of Review

One year from the date of approval by Greater Manchester Association Governing Group and thereafter at a date agreed by the Greater Manchester EUR Steering Group, unless new evidence or technology is available sooner.

The evidence base for the policy will be reviewed and any recommendations within the policy will be checked against any new evidence. Any operational issues will also be considered at this time. All available additional data on outcomes will be included in the review and the policy updated accordingly. The policy will be continued, amended or withdrawn subject to the outcome of that review.

Glossary

Term	Meaning
Alexander technique	A system designed to promote well-being by retraining one's awareness and habits of posture to ensure minimum effort and strain
Cauda equina syndrome	A serious neurologic condition in which damage to the cauda equina (the bundle of nerve roots from the lumbar and sacral levels that branch off the bottom of the spinal cord like a "horse's tail.") causes loss of function of the lumbar plexus (nerve roots) of the spinal canal below the termination (conus medullaris) of the spinal cord
Epidural injections	An injection of a local anaesthetic into the space outside the dura mater (the tough outermost membrane enveloping the brain and spinal cord of the spinal cord in the lower back region to produce loss of sensation, especially in the abdomen or pelvic region
Facet Joint Injections	Facet joints are small joints at each segment of the spine that provide stability and help guide motion. Facet joints can become painful due to arthritis, back injury or mechanical stress. A facet joint injection delivers a steroid medication which anesthetizes the joints and blocks the pain.
Interferential therapy	A form of electrical stimulation therapy using two or three distinctly different currents that are passed through a tissue from surface electrodes. Portions of each current are cancelled by the other, resulting in the application of a different net current to the target tissue.
Low back pain	Tension, soreness and/or stiffness in the lower back region.
Non-specific low back pain	Tension soreness and/or stiffness in the lower back region where it is not possible to identify a specific cause
Orthotics	The branch of medicine that deals with the provision and use of artificial devices such as splints and braces.
PENS	Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) are therapies that combine the features of electro-acupuncture and transcutaneous electrical nerve stimulation (TENS). PENS is generally reserved for patients who fail to get pain relief from TENS.
Sciatica	Pain affecting the back, hip, and outer side of the leg, caused by compression of a spinal nerve root in the lower back.
Spondyloarthritis	A type of arthritis that attacks the spine and, in some people, the joints of the arms and legs. It can also involve the skin, intestines and eyes. The main symptom (what you feel) in most patients is low back pain.
StarT Back risk assessment	The Keele STarT Back Screening Tool (SBST) is a simple prognostic questionnaire that helps clinicians identify modifiable risk factors (biomedical, psychological and social) for back pain disability.
TENS	Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device to stimulate the nerves for therapeutic purposes.

References

1. [GM EUR Operational Policy](#)
2. [NICE NG59: Low back pain and sciatica in over 16s: assessment and management](#)
3. [National Low Back and Radicular Pain Pathway \(30 June 2017 3rd Edition v1.0\)](#)

Governance Approvals

Name	Date Approved
Greater Manchester Effective Use of Resources Steering Group	15/11/2017
Greater Manchester Chief Finance Officers / Greater Manchester Directors of Commissioning	
Greater Manchester Association Governing Group	
Bury Clinical Commissioning Group	
Bolton Clinical Commissioning Group	
Heywood, Middleton & Rochdale Clinical Commissioning Group	
Manchester Clinical Commissioning Group	
Oldham Clinical Commissioning Group	
Salford Clinical Commissioning Group	
Stockport Clinical Commissioning Group	
Tameside & Glossop Clinical Commissioning Group	
Trafford Clinical Commissioning Group	
Wigan Borough Clinical Commissioning Group	

Appendix 1 – List of 'red flag' signs and symptoms

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The following are considered 'red flags' and individuals with these signs/symptoms should be referred for **URGENT** investigation:

NOTE: Symptoms suggestive of cauda equina should be treated as a surgical emergency requiring immediate referral.

Neurological

- Sphincter and gait disturbance
- Saddle anaesthesia
- Severe or progressive motor loss
- Widespread neurological deficit

Other: Age <20 or >55 years

- First episode of back pain occurring after age 50
- Previous malignancy
- Systemic illness
- HIV
- Weight loss
- IV drug use
- Steroid use
- Structural deformity
- Non-mechanical pain (no relief with bed rest)
- Fever
- Thoracic pain

Appendix 2 – The Keele STarT Back Screening Tool

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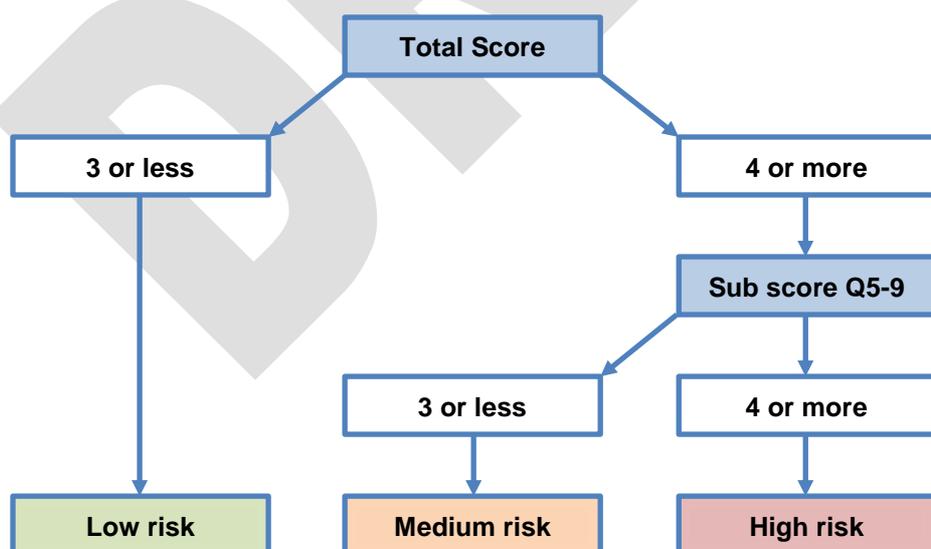
Patient name: _____ Date: _____

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 <input type="checkbox"/> 0	Slightly <input type="checkbox"/> 0	Moderately <input type="checkbox"/> 0
Very much <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 1	

Total score (all 9):

Sub Score (Q5-9):



Appendix 3 – Diagnostic and Procedure Codes

Treatment for Low Back Pain GM046

(All codes have been verified by Mersey Internal Audit's Clinical Coding Academy)

[To add when final policy approved]

DRAFT

Appendix 4 – Version History

Treatment for Low Back Pain GM046

The latest version of this policy can be found here [\[To add link when final policy approved\]](#)

Version	Date	Summary of Changes
0.1	20/09/2017	Initial draft statement produced as low back pain will now be commissioned in line with NICE NG59 and will replace the GM021 Non Specific Low Back Pain Policy once implemented.
0.2	15/11/2017	Statement transferred into a policy and approved at the GM EUR Steering Group on 15/11/2017 to progress through the governance process.