

HEALTH AND WELLBEING BOARD: 26 September 2017

REPORT OF:- LEICESTER CITY CCG, EAST LEICESTERSHIRE & RUTLAND CCG AND WEST LEICESTERSHIRE CCG

Decommissioning of non-evidenced based treatments for lower back pain, with or without sciatica

Purpose of report

1. The purpose of this report is to inform the Health and Wellbeing Board of joint plans from the three clinical commissioning groups across Leicester, Leicestershire and Rutland to decommission a number of interventions for the treatment of lower back pain, with or without sciatica, in line with National Institute for Health and Care Excellence (NICE) guidance published in November 2016.
2. To share with the Health and Wellbeing Board the plan for public engagement supporting this piece of work.

Link to the local Health and Care System

3. Clinical Commissioning Groups (CCGs) are responsible for the commissioning of the majority of health services on behalf of their local population and have a statutory duty to ensure that:
 - The services they commission meet the NHS Policy Mandate from NHS England and the health needs of their local population(s)
 - The resources utilised and prioritised to deliver healthcare within LLR, provide services with proven benefit, and demonstrate value for money.

Recommendation

4. The Health and Wellbeing Board is asked to:
 - a) **NOTE** the change to the NHS funded treatments that will be offered to patients with lower back pain, in line with NICE guidance.
 - b) **NOTE** the timeline for public engagement, and how patients will be informed of the implications.

Policy Framework and Previous Decisions

5. The following NHS Boards and Committees have approved, in principle, the decommissioning of three specific interventions (namely acupuncture, electrotherapies and spinal injections) in line with the NICE guidance.
 - East Leicestershire and Rutland CCG (ELRCCG) Integrated Governance Committee
 - Leicester City CCG (LCCCG) Governing Body
 - West Leicestershire CCG (WLCCG) Finance and Planning Committee
 - University Hospitals of Leicester (UHL) Executive Strategy Board

Background

NICE Guidance

6. The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body responsible for providing evidence-based guidance on health and social care. It is accountable to the Department of Health, but operationally independent of government.
7. It was established in 1999 to provide an independent, systematic source of evidence to support commissioning decisions about drugs and treatments, in particular to reduce variations in the availability and quality of treatments and care across the country (for example the so-called 'postcode lottery').
8. NICE aims to improve outcomes for people using the NHS and public health and social care services, by producing guidance setting out the evidence base and recommendations that should be referenced across the country in order to assess the efficacy of drugs and treatment.
9. In November 2016, NICE published guidance for low back pain and sciatica in the over 16s.

The NICE guidance sets out specific recommendations for the assessment of back pain, its initial and ongoing treatment and the management of chronic or recurrent back pain:-

- Initial treatment should be focused on self-management advice and information to promote an early return to normal activities (unless red flags are present).
- Assessment should be undertaken using the STarT Back Risk Stratification tool which uses a short questionnaire to determine further intervention based on modifiable prognostic indicators.
- StarT Back then allocates patients to different pathways depending whether their risk of persistent disability is low, medium or high.
- Those triaged to low or medium risk (around 75% of non-specific back pain presenting in the community) should be managed by a combination of ongoing self-management, community based physiotherapy and lifestyle advice, including exercise referral.

- The 25% identified at high risk of a poor prognosis and persistent disability should be offered early intervention with a combined physical and psychological programme.

11. The table below summarises what the evidence shows for each type of intervention and whether these interventions should be commissioned and offered by NHS commissioners in the future.

Treatment	Offer/ Do not offer	Supporting Information on the Rationale & Evidence Base
Self-Management	Offer	There is some evidence that self-management (advice and education) improves quality of life and reduces use of health services. NICE supports giving information to all patients and recommends they continue with their normal activities.
Exercise	Offer	Exercise of all types is beneficial to reduce longer term functional disability. NICE supports group exercise programmes for people with a specific episode, or flare-up, of low back pain with or without sciatica.
Orthotics <ul style="list-style-type: none"> • Belts or corsets • Foot orthotics • Rocker sole shoes 	Do not offer	NICE reviewed all the trial data and found no benefit between those using orthotics (or any other appliance) and usual care.
Manual therapies <ul style="list-style-type: none"> • Traction • Manual therapy e.g. massage, spinal manipulation and mobilisation carried out by chiropractors, osteopaths and physiotherapists 	Do not offer Offer as part of a treatment package	There is no evidence from trials that traction adds benefit for back pain. Manual therapies in isolation are not cost-effective but NICE supports their use as part of a treatment package including exercise, with or without psychological therapy.
Acupuncture	Do not offer	NICE reviewed 29 randomised controlled trials including those that compared 'sham' treatment (needles are placed but in the "wrong" locations or not deep enough), and a real acupuncture group. No clinically important benefit was identified. NICE concluded that any benefit perceived by patients was likely to be to the context of the treatment, rather than acupuncture itself, and it should not be offered for patients with back pain or sciatica.
Electrotherapies <ul style="list-style-type: none"> • Ultrasound • Percutaneous electrical nerve stimulation (PENS) • Transcutaneous electrical 	Do not offer	NICE reviewed trials for all the major modalities used to treat back pain - (ultrasound, percutaneous electrical nerve stimulation (PENS) , transcutaneous electrical nerve

<p>nerve simulation (TENS)</p> <ul style="list-style-type: none"> • Interferential therapy 		simulation (TENS) - and interferential therapy and decided there was insufficient evidence of their benefit for managing low back pain with or without sciatica.
Psychological therapy	Offer as part of a treatment package	Behavioural, mindfulness and cognitive-behavioural (CBT) approaches have all been studied in trials and do not offer clinical benefit in isolation.
Combined physical and psychological programmes (multidisciplinary biopsychosocial “functional” rehabilitation)	Offer especially for people with persistent low back pain	Combining a physical component (exercise, mobilisation) with a biopsychosocial component (CBT) has been shown to be cost effective in improving quality of life, but not reducing pain, based on a course delivered by experienced physiotherapists with additional psychological training. Initial risk stratification helps to identify those patients who will benefit (those at most risk of developing long term disability) by focusing on significant psychosocial obstacles to recovery.
Return to work programmes	Offer	NICE recommends promoting return to work or normal activities of daily living for people with low back pain with or without sciatica.
Pharmacological interventions	Guidance provided for the various options	NICE offers recommendations to reduce medication use for chronic back pain including not offering opioids.
Spinal injections (facet joint injections, trigger point injections, prolotherapy)	Do not offer	The studies show minimal evidence of benefit compared with the potential harms and NICE recommends they should not be part of the management of low back pain.
Radiofrequency denervation	Offer and provides criteria for when	NICE recommends that this should only be offered for chronic pain that has not responded to alternative non-surgical therapies after a positive response to a diagnostic medial branch block.
Epidural	Offer and provides criteria for when	Trial indicate a clinical benefit after epidural injections of local anaesthetic and steroid in people with acute and severe sciatica
Spinal decompression	Offer and provides criteria for when	Surgical decompression may be an option for people with sciatica when non-surgical treatment has not improved pain/function and radiological findings are consistent with sciatic symptoms.
Spinal fusion	Do not offer	Not supported by NICE unless part of research trial

Current Position

12. Within the local NHS, the Pain Management Service at UHL currently provides the following treatments which NICE now no longer supports as evidence based:-
 - Acupuncture
 - Electrotherapies (TENS and PENS)
 - Spinal injections
13. Around 360 patients per year will be affected by the change. The cost of these treatments would have equated to £42,000 per annum for patients in Leicester, Leicestershire and Rutland.
14. In LLR, some of the services that NICE does recommend already exist for the treatment of back pain.
15. Most back pain gets better by itself without the need for intervention the guidance recommends self-care as a key component of the treatment options for back pain. Where this is not successful, physiotherapy, functional rehabilitation and lifestyle advice and exercise programmes are already available for patients, as well as services for higher risk patients within UHL.
16. In Leicester, Leicestershire and Rutland the existing services are currently being developed into a new integrated back pain service along with other NICE recommended services.
17. The model will utilise existing community services more cost-effectively (reducing referrals and imaging for low/medium risk patients) and also focus the activity of specialist services, including Musculoskeletal (MSK) extended scope practitioners, on those at high risk of a poor outcome who require more intensive input.

Next steps including engagement plans

18. LCCCG Governing Body, ELRCCG's Integrated Governance Committee, WLCCG's Finance and Planning Committee and UHL's Executive Strategy Board have all agreed in principle to the decommissioning of the above treatments, in line with the NICE guidance.
19. As NICE has made a clear decision not to support certain treatments based on the clinical evidence of the treatment, the CCGs are not required to enter into a period of formal consultation with patients and other stakeholders.
20. However, the CCGs would wish to engage with patients, particularly those who are or have been in receipt of these services, or may be in receipt in the future, to inform them of the proposals and proposed future treatment options. It will also allow their views to inform the development of future services for the treatment of back pain.
21. The CCGs have agreed to undertake an eight week period of public and clinical engagement which will be led by Leicester City CCG Communications and

Engagement Department on behalf of all three CCGs in LLR. This will commence on Monday 25th September 2017.

22. Engagement with primary care is also planned to commence on 18th September 2017.

23. The purpose of the engagement is to:

- inform the public and clinical staff of the outcome and implications of the NICE guidance
- confirm that acupuncture, electrotherapies and spinal injections will no longer be carried out for the treatment of lower back pain within the NHS in LLR
- provide clear advice and information about the options that are available to people with lower back pain, and how NHS resources will be prioritised to the NICE approved interventions in the future

24. The risks of continuing to provide non-evidence-based treatments will also be explained, along with how the evidence demonstrates that exercise, increasing the person's mobility and physiotherapy are the best interventions for the management of lower back pain.

25. The engagement plan will include targeted communications for those patients waiting for the treatments that are to be decommissioned, and for those who have already commenced treatment, as well as a set of general messages and advice for the public at large and clinicians.

26. This will include clear information on the process to access services for lower back pain, which will include (but not be limited to) self-care, information online, exercise and self-referral to physiotherapy.

27. Patients currently waiting for appointments for acupuncture, electrotherapy or spinal injections will receive specific information to advise them that, as a result of these changes, patients will no longer be referred for such treatments within the NHS or be added to waiting lists, with effect from 1st November 2017.

28. Their options will be clearly explained, along with education on the recommended treatment options in the future. These patients will have the option to continue with their planned treatment or choose to receive physiotherapy instead, which is a NICE recommended treatment.

29. Patients who have already commenced their treatment will be advised they are able to complete their current treatment cycle, but they will also be informed of the implications of the NICE guidance, the timing of the cessation of these services within the NHS in LLR, and the options available to them in the future, along with who to contact for further advice.

30. Some Patient Public Partnership Group representatives have already been involved in the decision making process, through:-

- The Pain Management Service
- The Planned Care Work stream

- The Alliance Clinical Reference Group

33. Their input will continue to be used to finalise the communications and engagement plan and products

Timetable for Decisions

34. Key dates for the decommissioning of acupuncture, electrotherapies and spinal injections for the treatment of back pain are as follows:-

Date	Activity
18 th September	Engagement with Primary Care commences
21 st September	Leicestershire Health and Wellbeing Board
25 th September	Engagement with public commences
26 th September	Rutland Health and Wellbeing Board
4 th October	Leicester City OSC
1 st November	Date that patients will no longer be added to the waiting list for acupuncture, electrotherapies and injections (subject to final confirmation by CCGs).
19 th November	Engagement with the public ends
12 th December	CCG Governing Bodies will review engagement feedback.

Officer to Contact

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List of Appendices

NICE guidance

Relevant Impact Assessments

On request

Partnership Working and associated issues

The proposals within this report have been produced jointly by University Hospitals Leicester, the 3 CCGs across Leicester, Leicestershire and Rutland, Public Health departments across LLR, with engagement from the patient representatives noted in para 30.