

**NHS ALLIANCE ACORN AWARDS 2009**

**Judging criteria: Integrated & Complementary Healthcare**

**NHS North East Essex Manual Therapies service**

**Background**

The service was set up to provide North East Essex PCT patients with a choice of manual therapists in the community as part of the back and neck pathway. With a registered population of over 318,000 people, there has historically been an unsustainably high demand on the spinal service at the local acute trust. In order to reduce the demand on local services, to maximise patient and GP choice and access, and to secure short waiting times, the PCT commissioned 16 local independent sector chiropractor, osteopath and physiotherapy providers under the Any Willing Provider (AWP) contract. Patients presenting to their GP with back or neck pain are given a choice of provider and profession, and are provided with an appointment within 14 calendar days of referral.

**Planning**

The PCT and local Practice Based Commissioning groups worked with local NHS and independent sector clinicians, practitioners (including chiropractors, osteopaths and physiotherapists) and a patient representative to develop the new back and neck pathway. This stakeholder work commenced approximately two years prior to start up of the Manual Therapies service.

In June 2008, all existing NHS and independent sector providers of chiropractic, osteopathy and physiotherapy operating within the North East Essex location were contacted individually to invite them to bid for provision of the new service under the AWP contract. Under the AWP contract, no guarantee of activity is offered, and volume is dependent entirely upon patient choice and GP referral patterns.

**Evidence for Manual Therapies**

The Manual Therapy service meets recommendations arising from the Musculoskeletal Service Framework (2006) which was aimed at helping local health communities to deliver the maximum wait of 18 weeks by improving orthopaedic services. These recommendations include:

- Full exploitation of skills
- High quality managed patient pathway

- Care close to home
- Rapid access
- Use of the bio-psychosocial model
- Multidisciplinary approach

In addition, NICE guidelines issued in May 2009 (Early management of persistent non-specific low back pain) provide evidence and recommendation of the treatment of low back pain by manual therapists, including spinal manipulation, spinal mobilisation and massage, which are performed by chiropractors, osteopaths and physiotherapists. The guidelines also recommend the use of acupuncture. Acupuncture is provided by the majority of the manual therapists within the North East Essex PCT scheme as part of the treatment package for the patient if deemed appropriate by the therapist, and if desired by the patient.

Prior to commencement of the Manual Therapy service, the PCT commissioned only NHS physiotherapists. However, local GPs have historically utilised their in-house budgets or Freed Up Resources to fund osteopathy, chiropractic and acupuncture for their patients. The PCT were therefore aware of the need and support, from both patients and GPs, for the provision of certain types of complementary treatment to be made available on the NHS.

One of the principle aims of North East Essex PCT is to help reduce health inequalities and improve health and well being, therefore it was felt that these services should be made available to patients who cannot afford to pay for complementary therapy. As part of the procurement process, providers were encouraged to demonstrate how they would ensure their service would be accessible to patients in the most deprived wards of North East Essex.

### **Information sharing Patients and public**

When a patient is referred into the Manual Therapies Service, GPs provide them with information outlining the referral process, what to expect when they see a practitioner, information to help them to decide whether to see a chiropractor, osteopath or physiotherapist, and details of how to make an appointment, along with the list of approved providers. Generic leaflets are being developed which will be provided to all pharmacists, GP surgeries and voluntary groups. The PCT has an ongoing communications strategy which includes attendance at local public events to help raise awareness of the service, press coverage including newspapers, radio, and website information. In addition, presentations are given at PPI groups.

### **Information sharing Clinicians**

As well as engaging primary and secondary care clinicians through communication including email, PCT and Practice Based Commissioning newsletters, other methods include educational/CPD events, presentations at

GP practice shut-down days and the PCT clinical website. In addition, the PCT has plans in place to hold a joint event with the Prince's Foundation for Integrated Health, to which representatives from professional associations and networks will be invited, to learn more about the challenges and successes of setting up this health project.

In addition, PEC and Board members receive updates on development of the service.

### **Provision and access**

GPs are required to provide conservative management for up to four weeks prior to referral into the service, with provision for those requiring more urgent access.

To make the service as accessible as possible for both the patient and GP, GPs are asked to complete the Manual Therapies referral form and hand this to the patient, who is then advised to contact the provider of their choice directly to make an appointment. Alternatively, and with the understanding in mind that as patients value the judgement of their GPs in accessing treatment and some may prefer to discuss their choice of practitioner and professional with their GP, there is the option for the GP to recommend a provider and fax the referral directly to the provider on behalf of the patient, in which case the chosen provider will contact the patient to make an appointment. It is a condition of the contract that each new patient must be offered an appointment within 14 days of referral.

Patients are each entitled to one course of six sessions, including assessment, however, should it be clinically appropriate for extra sessions to be provided, the therapist may contact the GP to request written approval.

100% of the service is funded by the PCT, giving greater provision of access and equality to all patients. The PCT has recently advertised the service again to providers who offer a service within the most deprived wards in North East Essex, to provide greater capacity in these areas where there is the most need.

The pathway has been set up to allow therapists to refer patients who are psychologically affected by their back pain into the Integrated Access to Psychological Therapies, to help them to manage any distress or depression arising from their pain, as it is understood that not only can tension arising from anxiety and stress lead to back pain, but that suffering back and neck pain over extended periods of time can lead to depression. The new NICE guidelines recommend this combined physical and psychological treatment programme.

Throughout the whole pathway, patients have ultimate choice of manual therapist provider.

## Evaluation

The service is being run initially as a one year pilot, during which time clinical and quality outcomes will be measured using the following methods:

- Through referral data supplied to the PCT by manual therapy providers on a monthly basis which demonstrate: referral patterns and patient choice, treatment outcomes and recommendations, access times, number of sessions provided, uptake of the service by GPs and patients, equality of access in terms of ethnicity, geographic location and age, and cost
- Patient satisfaction and GP surveys. The PCT will be working with the Prince's Foundation for Integrated Health to design their GP survey and improve their patient survey
- Patient experience of manual therapies, gained by carrying out face-to-face interviews on a one-to-one basis with patients in their own home
- An evaluation pilot using a patient reported outcome measure called the Bournemouth Questionnaire, which is being supported and analysed by the author and founding college of the Questionnaire. Analysis of the Questionnaire will be used to evidence clinical outcomes, social factors, improved general health and well being and back to work times, impact of treatment and responsiveness of therapies
- Monthly project steering group meetings to aid continuous development and evaluation of the service, and to ensure a consistent clear pathway and process
- Individual monitoring and feedback meetings with all providers held on a quarterly basis

In order to demonstrate whether provision of the manual therapy service has met patient needs and is cost effective, the PCT's objectives are to achieve a reduction in numbers of patients requiring long term care and of patients needing to access treatment in secondary care (and therefore to achieve quicker access times for those patients going on to use secondary care), improved social factors and return to work times, a reduction of health inequalities, increased patient and GP satisfaction with quick access to expert care, freed up GP time to work with other patients, and to help patients to learn self-management strategies to manage or improve their health.

If these aims are met and improved outcomes and access times are achieved, the PCT would wish to roll-out the service beyond the one-year pilot.

The PCT has referred to the Department of Health, Social Services and Public Safety evaluation of the Complementary And Alternative Medicines Pilot Project, May 2008, and has met with the authors of the Pilot, to help improve and widen their scope of the service and to help explore ways in which the PCT can benefit from the experience and outcomes of the Pilot.