



British Osteopathic Association

Stripped Back:

An investigation into the 'postcode lottery' of the availability of osteopathy on the NHS in England

September 2009

Executive Summary

Key findings

- ▶ Only 16% of PCTs allow GPs to refer patients to Osteopaths on the NHS
- ▶ Despite 24% of PCTs responding that they would consider funding through exceptional case procedures or individual funding requests, only a small number of patients have been granted funding in 2008/09 through these processes
- ▶ Only 15% of PCTs gave evidence of funding any patients for osteopathy in 2008-2009
- ▶ Where osteopathy has been provided as an option by PCTs, the number of patients referred has increased year on year, indicating GPs and patients are pleased with the results
- ▶ The numbers of treatments funded varied widely, from 1 patient in Lincolnshire Teaching PCT in the year 2008/9, to 1970 patients in South West Essex PCT in the same year
- ▶ A total of 9734 patients received treatment on the NHS in the year 2008/09. An estimated 7 million osteopathic treatments are carried out each year, so the number of patients on the NHS is currently a small proportion
- ▶ Under 100 osteopaths or practices are contracted to the NHS across the country as service providers, or listed as 'Any Willing Providers'

Recommendations

- ▶ Implement NICE guidelines on Low Back Pain to ensure that osteopathy is available to patients
- ▶ Broaden the use of osteopathy for conditions other than low back pain
- ▶ Increase investment in research and NHS pilot studies
- ▶ Remove barriers to osteopaths becoming NHS service providers



About Osteopathy

Osteopathy recognises the importance of the link between the structure of the human body and the way it functions, which leads to a focus on the body's skeleton and joint function along with the underlying muscles, soft tissue and internal organs. Osteopaths look at the whole person in order to treat the cause, rather than just the symptoms, of pain and other conditions. Treatments will vary depending on the individual's needs, but will usually consist of a combination of soft-tissue releasing techniques, and some specific adjustments affecting joints and soft-tissues (muscles, tendons and ligaments).

Osteopathy can be used to treat a wide range of conditions including back pain, neck pain, whiplash, joint pain, arthritis, sports injuries, headache and migraine, asthma and chest complaints, and stress.

The benefits of osteopathy are widely recognised and the efficacy of treatment is supported by an extensive body of research. The National Council for Osteopathic Research was set up in 2003 in order to explore and assure the place that osteopathy has to play in healthcare by improving the quality and quantity of research outputs. A number of other institutions and networks are also constantly working to increase the body of research available. The National Institute for Health and Clinical Excellence (NICE) has also recognised the effectiveness of osteopathy to treat lower back pain.

About the British Osteopathic Association

The British Osteopathic Association (BOA) has about 3000 members of which 2,500 are osteopaths practicing across the UK; the remainder are student of osteopathy and overseas osteopaths. As well as providing members with a range of professional support and advice, the BOA plays an important role in representing the views of the profession to external bodies.

A small team of dedicated staff work with an elected council to ensure that the views of members are represented to the professional regulator the General Osteopathic Council, as well as the Department of Health, local and national government agencies and other professional bodies.

One of the aims of the BOA is to widen access to osteopathy, in order that an increasing number of people can experience the health benefits of this established clinical and cost effective therapy.

Osteopathy on the NHS: the story so far

Over 7 million osteopathic treatments are carried out by almost 4,000 registered osteopaths in the UK each year.ⁱ Despite its efficacy in treating patients and a high level of ongoing patient support, osteopathic treatment is still almost entirely funded privately by the individuals receiving treatment. Many people who would potentially benefit from osteopathy are denied such treatment by their inability to pay.

In December 2008, the National Institute for Health and Clinical Excellence (NICE)ⁱⁱ recognised the benefits of osteopathy for NHS patients in a draft clinical guidance for treatment of low back pain. The guidelines recommend that referral for a course of manual therapies (to include osteopathy) is considered by GPs for patients with low back pain.ⁱⁱⁱ The final clinical guideline was published in May 2009.

The Government supports patient choice and expects this NICE guidance, which includes access to therapies such as osteopathy, to be taken into account by commissioners and health professionals. Phil Hope, Minister of State recently commented:

'People with chronic back pain expect the NHS to do its utmost to help them to manage their condition. The new NICE guidelines will bring new clarity and choice to patients, in line with the Next Stage Review vision and the work we are doing to improve pain management in general. I expect clinicians and commissioners to pay equal attention to the full range of options that the new NICE guidelines advocate.'^{iv}

However, the reality on the ground is far from this vision of choice and flexibility for patients.

A recent survey of 200 GPs published in Pulse magazine indicated that PCTs are struggling to keep pace with a sudden rise in back pain referrals from GPs triggered by NICE guidelines on back pain. The survey of 200 GPs reveals PCTs have been slow to react to the guidelines and have yet to commission sufficient provision of acupuncture and osteopathy services - both recommended by NICE. 66% of GPs say acupuncture is difficult to access or is completely unavailable in their area, and 73% say the same for osteopathic treatments.^v

Reports from GPs, patients, and osteopaths engaging with the NHS prompted us to conduct a survey into the availability of osteopathy on the NHS, to build a true picture of the extent of the current 'postcode lottery' in the NHS in England.

Report Methodology

This report and the analysis it contains was compiled following a request made from the BOA under the Freedom of Information Act 2000 to every PCT in England during summer 2009. Each PCT was asked for information to detail:

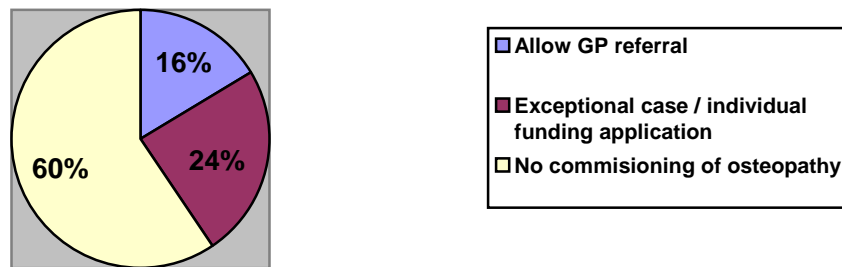
- How many osteopaths are currently contracted as service providers or listed as 'Willing Providers' in your PCT
- Whether commissioning policy allows GPs to refer patients for osteopathic treatment, and in what circumstances is this recommended
- How many patients were referred to osteopaths for treatment in years 2007/08 and 2008/09

Key Findings and Analysis of Responses

1. Only 16% of PCTs allow GPs to refer patients to Osteopaths on the NHS

PCTs were asked whether their commissioning policy allows GPs to refer patients for osteopathic treatment, and in what circumstances is this recommended. Of the 131 substantive responses to this question received from PCTs, 21 said they allowed GPs to refer patients to osteopaths or for GPs to commission this through practice-based commissioning. However, from these 21 who said that they allowed osteopathy, 5 indicated that no patients had been referred in 2007/08 or 2008/09, and several others did not give evidence that any patients had been referred.

Responses to the question 'Does your PCT commissioning policy allow GPs to refer patients for osteopathic treatment, and in what circumstances is this recommended?'

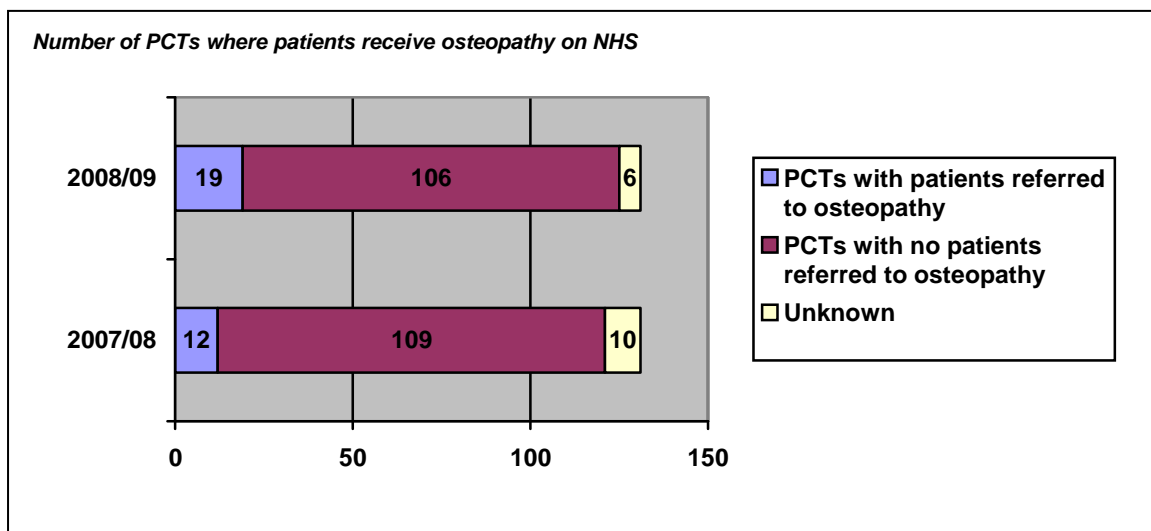


2. Despite 24% of PCTs responding that they would consider funding through exceptional case procedures or individual funding requests, only a small number of patients have been granted funding in 2008/09 through these processes

31 PCTs said that clinicians could apply for funding for individual cases through exceptional or individual case processes. However, out of these 31, 30 did not have any willing providers listed, and 25 had had no patients receiving osteopathy services in the years 2007/08 or 2008/09. For the 6 that allow osteopathy in exceptional cases, only small numbers of patients received treatment.

3. Only 15% of PCTs give evidence of funding any patients for osteopathy in 2008-2009

A number of PCTs said their policies in theory allowed for referral of patients to osteopathy. However, most PCTs also indicated whether or not they have actually had patients receiving osteopathy in the last 2 years in their response. Of the 131 responses received, 19 confirmed that they had funded patients in 2008/09. This was up from 12 PCTs who had funded patients in 2007/08. This equated to only 15% of PCTs which gave evidence of funding any patients for osteopathy.



4. Where osteopathy has been provided as an option by PCTs, the number of patients referred has increased year on year, indicating GPs and patients are pleased with the results

11 out of the 13 PCTs that provided comparable data showed that they had increased the number of osteopathic treatments funded year on year over the past few years. This indicates that PCTs, patients and health care professionals are finding benefit in referring to osteopaths and are increasing the number of osteopaths. It is positive that the numbers of PCTs who have funded patients to receive osteopathy has grown over the last few years. However, this remains a small portion of the total, as the graph above shows.

5. The numbers of treatments funded varied widely, from 1 patient in Lincolnshire Teaching PCT in the year 2008/9, to 1970 patients in South West Essex PCT in the same year

From those PCTs which have detailed their referral of patients, the number of patients which received treatment in the last two years varies wildly from single digits to over a thousand.

Number of patients referred to osteopaths in 2007/08 and 2008/9 for all PCTs who responded to this data.

PCT	No. of patients referred to Osteopaths in 2007/08	No. of patients referred to Osteopaths in 2008/09
South West Essex PCT	-	1970
Plymouth Teaching PCT	1688	1763
Camden PCT	-	1320
Isle of Wight NHS PCT	690	908
Nottinghamshire County Teaching PCT	492	734
Westminster PCT	-	700
West Sussex PCT	402	643
Redbridge PCT	461	638
Doncaster PCT	470	354
Wirral PCT	232	241
City And Hackney Teaching PCT	-	207
West Kent PCT	143	125
East and North Hertfordshire PCT	-	36
West Hertfordshire PCT	-	36
Liverpool PCT	10	29
Derbyshire County PCT	0	11
Leeds PCT	9	11
North East Lincolnshire PCT	0	7
Lincolnshire Teaching PCT	1	1
Lambeth PCT	560	-

6. A total of 9734 patients received treatment on the NHS in the year 2008/09. An estimated 7 million osteopathic treatments are carried out each year, so the number of patients on the NHS is currently a small proportion

7. Less than 100 osteopaths or practices are contracted to the NHS across the country as service providers, or listed as ‘any willing providers’

Where osteopathy has been available on the NHS, it has tended to be commissioned under the ‘any willing providers’ system, through which the principle of free choice of provider for routine elective services is practically administered. The PCT can approve a number of willing providers for the same service as long as they meet all required criteria and quality standards. PCTs give permission for the provider to supply services to their population without any promises regarding volume or income. Under practice based commissioning, GPs can commission services and build innovative models of care at a local level. The number of osteopaths on the ‘any willing provider’ list therefore gives an indication of whether GPs have the option to refer their patients to osteopaths.

The survey indicated that across the whole of the NHS in England, 60 osteopaths are contracted to the NHS as service providers, and 35 as ‘willing providers’ under the AWP process. This is a tiny proportion of the over 4000 registered osteopaths in the UK.

Recommendations

Implement NICE guidelines on Low Back Pain to ensure that osteopathy is available to patients

The National Institute for Health and Clinical Excellence (NICE) issued guidelines on Lower Back Pain in May 2009 which recommend that referral for a course of manual therapies (to include osteopathy) is considered by GPs for patients with low back pain. From the results of the survey conducted by the BOA, the guidelines are clearly not currently being implemented in 85% of PCTs. PCTs must make more effort to ensure the implementation of NICE guidelines allow a full range of effective treatments to be available to patients, as recommended by NICE.

Broaden the use of osteopathy for conditions other than low back pain

Osteopathy can be used to treat a range of conditions from sport injuries through to chronic respiratory conditions. The NHS should be open to the potential of osteopathy to save money through the effective treatment of individuals with reduction of pharmaceutical prescriptions and reduced appointments for other NHS professionals.

Increase investment in research and NHS pilot studies

While there is a large body of evidence to support the effectiveness of osteopathy, investment in further research and studies to pilot new treatment pathways involving osteopathy should be encouraged by the Government. Best practice case studies should be shared between PCTs so services can be improved across the UK.

Remove barriers to osteopaths becoming NHS service providers, including under 'any willing providers' models

Any Willing Provider is a procurement model that PCTs can use to develop a register of providers accredited to deliver a range of specified services within a community setting. The model aims to reduce bureaucracy and barriers to entry for potential providers. However many osteopaths, most of whom work in small practices, find it difficult to negotiate this procurement process. In some PCTs, osteopaths are even excluded from the procurement process on the basis of the size of their practice and concentration solely on osteopathy. PCTs should look at how their procurement models can adapt so that processes are open to osteopaths to apply.

Case studies

Case Study 1: Northern Ireland Complementary and Alternative Medicine (CAM) Pilot Project

A year-long pilot scheme, 2007/08, in Northern Ireland found significant health benefits for patients offered complementary and alternative medicine (CAM) via the public health service.

In the pilot, 713 patients with a range of ages and demographic backgrounds and either physical or mental health conditions were referred to various CAM therapies, including osteopathy, via nine GP practices in Belfast and Londonderry. Patients assessed their own health and wellbeing pre and post therapy and GPs and CAM practitioners also rated patients' responses to treatment and the overall effectiveness of the scheme.

Following the pilot, 80% of patients reported an improvement in their symptoms, 64% took less time off work and 55% reduced their use of painkillers.

Despite initial scepticism, the GPs involved were almost unanimously in favour after seeing tangible results. In 99% of patient cases GPs said they would refer the patient, or a different patient, to the scheme again and in 98% of cases GPs said they would recommend the service to other GPs. However, they also called for more information to help build their understanding of CAM therapies.^{vi}

Case Study 2: Oxford and Buckinghamshire Mental Health NHS Foundation Trust

Where osteopathy is made available on the NHS, the results are positive. Bringing together different health professionals to build on their areas of expertise is the most effective route for treatment of patients and likely to produce a quicker return to work time and subsequently reduce the cost to the public purse. As Oxford and Buckinghamshire Mental Health NHS Foundation Trust have found:

“Musculoskeletal problems are the second highest cause of sickness absence in our Trusts and we have found rapid access to an osteopath can prevent or reduce sickness absence and allow employees to benefit physically from early intervention”

As well as promoting patient choice, investment by the Department of Health into osteopathic services could present multi-fold benefits to patients, employers, the NHS and to the economy as a whole. For example, if just half of the total number of patients on long-term sickness absence could be assisted back to work just one week earlier, this could potentially save the economy £88 million per year. This figure would double if the employee returned two weeks earlier. In addition, the potential savings to the healthcare system in terms of reduced GP consultations and secondary care referrals are estimated to be in excess of £130 million.^{vii} Osteopathy therefore holds immense promise for assisting patients on long-term sick leave back into work, benefiting themselves, employers, the NHS, and the UK economy as a whole.

ⁱ All osteopaths must be registered with the General Osteopathic Council, which is the professional regulator under the Osteopathy Act of 1993.

ⁱⁱ The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for producing guidance and recommendations on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales, based on the best available evidence.

ⁱⁱⁱ NICE, Guidance for Low Back Pain, May 2009 <http://guidance.nice.org.uk/CG88>

^{iv} Westminster Hall debate Back Pain Treatment (Costs) *Hansard 3 Jun 2009 : Column 133WH*

^v Praities, Nigel, *PCTs struggling to finance NICE back pain guidance*, 28th August 2009 <http://www.pulsetoday.co.uk/story.asp?storycode=4123515>

^{vi} Further information on the study can be found on <http://www.getwelluk.com/>

^{vii} Black Report, at p.82