

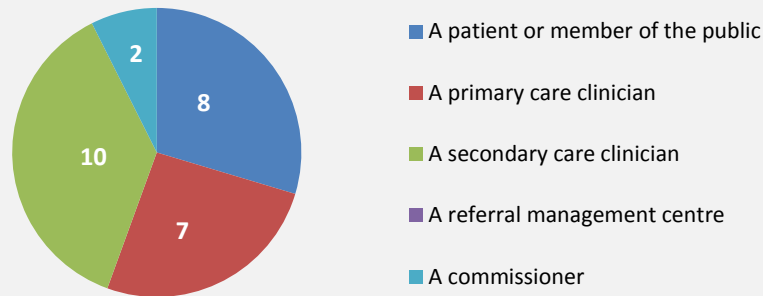
# **APPENDIX 6B**

## **Analysis of sense check and feedback phase for London Choosing Wisely draft policy for:**

### **Interventional treatments for back pain**

# Results - sense check of the draft London policy

- The draft London policy was circulated to key stakeholders with a request to share the online feedback form with their own networks and interested parties, with a 2 week period for feedback to be provided.
- 39 respondents opened the survey, but only 21 fully completed it. An additional 6 responses were received directly over email. The breakdown of the 27 respondents is as follows:



- There was a good response rate, with feedback from all STP patches and a good balance of responses from clinicians and patients / public.
- Key comments were on the language used in the policy and areas that were open to interpretation, the importance of conservative management, ensuring that the policy fully aligns with NICE guidelines and clarity of why some interventions were included and others not.
- The average rating for the draft policy was greater than 3.2 out of 5, where 1 is the lowest rating and 5 is the highest (this only refers to data captured through the online survey).

# Updates to the Policy

- Key comments were discussed with the T&F Group Chair with refinements made as necessary:
  - There was feedback on the heterogeneity of patients and the policy has been updated to clarify that it will apply to patients new to the system / pathway as well as those with more complex needs.
  - Given the feedback on the importance of conservative management which applies to the majority of patients, the policy now emphasises this upfront, to give sufficient weight to this.
  - Spinal cord stimulation has been removed from the draft policy. The main NICE source used in the evidence review (2016 low back pain guidelines) does not cover spinal cord stimulation. An updated NICE Technology Appraisal is due in Oct 2018.
  - The policy makes clear that epidural lysis can be funded once but further treatment, via IFR, would need to demonstrate a positive impact of the initial treatment. Reference to the NICE IPG is now included and the 'evidence summary' of the policy highlights that the commissioning criterion is based on relevant papers brought to the notice of the T&F Group and best available clinical opinion.
  - The policy now makes clear that the majority of evidence reviewed dealt specifically with lumbar back pain, though wider spinal pain / interventions were included where this was possible, to explain why some areas such as cervical pain and upper arm radicular pain are not included.
  - The policy makes clear that an radiofrequency denervation procedure relates to one per level, rather than one per patient as this was flagged as open to misinterpretation.
  - The reference to a patient experiencing persistent pain for 12 weeks (for diagnostic spinal injections) has been removed. It had been included following T&F discussions that 12 weeks reflected the likely timescale over which a patient might be seen, conservative management strategies pursued and the time taken from referral to initial injection for those patients who don't improve from this approach. However, there were concerns that this may not fully align with NICE guidelines.
  - The feedback on trigger point injections was conflicting, on whether it should be easier to access or not, and therefore the policy was not updated.
  - The use of technical language was flagged from a patient / public perspective. Whilst technical language is needed in the policy, it is clear that there is a need for patient information on what a London policy means for them.
- A summary of key responses is in appendix 8.

# Summary – sense check and feedback phase

- As part of the development of each draft policy a sense check and feedback phase has been introduced to ensure that the draft policy is easy to follow and use, and ensure that patients will receive the most effective clinically appropriate treatment available to them.
- Stakeholders (listed below) were invited to comment on the draft policy via an online feedback form. Specifically, the online feedback form was aimed to receive comments on how easy the draft policy was to follow and on the clarity of the language used.
- The link to the online feedback form was sent to the following audience groups with a request to share the online feedback form with their own networks and interested parties (for example, key CCG colleagues, primary and secondary care colleagues, local patient groups, professional associations, and referral management centres):
  - London's STP clinical leads
  - Members of the London Choosing Wisely Programme Board (which includes London's STP PoLCE leads)
  - London Choosing Wisely Task and Finish Group members or contributors who had developed the draft policy
  - London Choosing Wisely Steering Group patient representatives
  - London's Healthwatch networks and patient-facing organisations
  - Relevant royal colleges and professional associations (including the BMA's London executive)

# Summary - questions

The following is an extract of the London Choosing Wisely feedback and testing phase online form questions for interventional treatments for back pain:

## ***Section 1: About you***

1. In what capacity are you responding to this survey?

- A patient or member of the public
- A primary care clinician
- A secondary care clinician
- CCG referral management
- Other (please state)

- South East London
- South West London

2. Which part of London do you work (clinician) or live (public/patient):

- East London
- North London
- North West London

3. Please provide your e-mail address so that we can keep you informed about the development of London Choosing Wisely policies:

# Summary - questions

## Section 2: Feedback questions on the draft policy

Please rate the following [Qs 4 – 9] on a scale of 1 to 5 where 1 is the lowest and 5 is the highest:

- 1) Strongly disagree
- 2) Somewhat disagree
- 3) Neither agree nor disagree
- 4) Somewhat agree
- 5) Strongly agree
- 6) Unable to rate (N/A)

*Note: through the online feedback form there is an options comment box for all questions asking for the reason for that rating.*

4. The draft policy is clear and unambiguous.
5. The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.
6. It is clear which conditions this draft policy applies to.
7. The draft policy is clear on when treatments or referral should be offered to patients.
8. The draft policy reflects the commissioning codes you are currently using.
9. The draft policy can be easily implemented as part of your local compliance process.
10. It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.
11. [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

# Summary – overall response

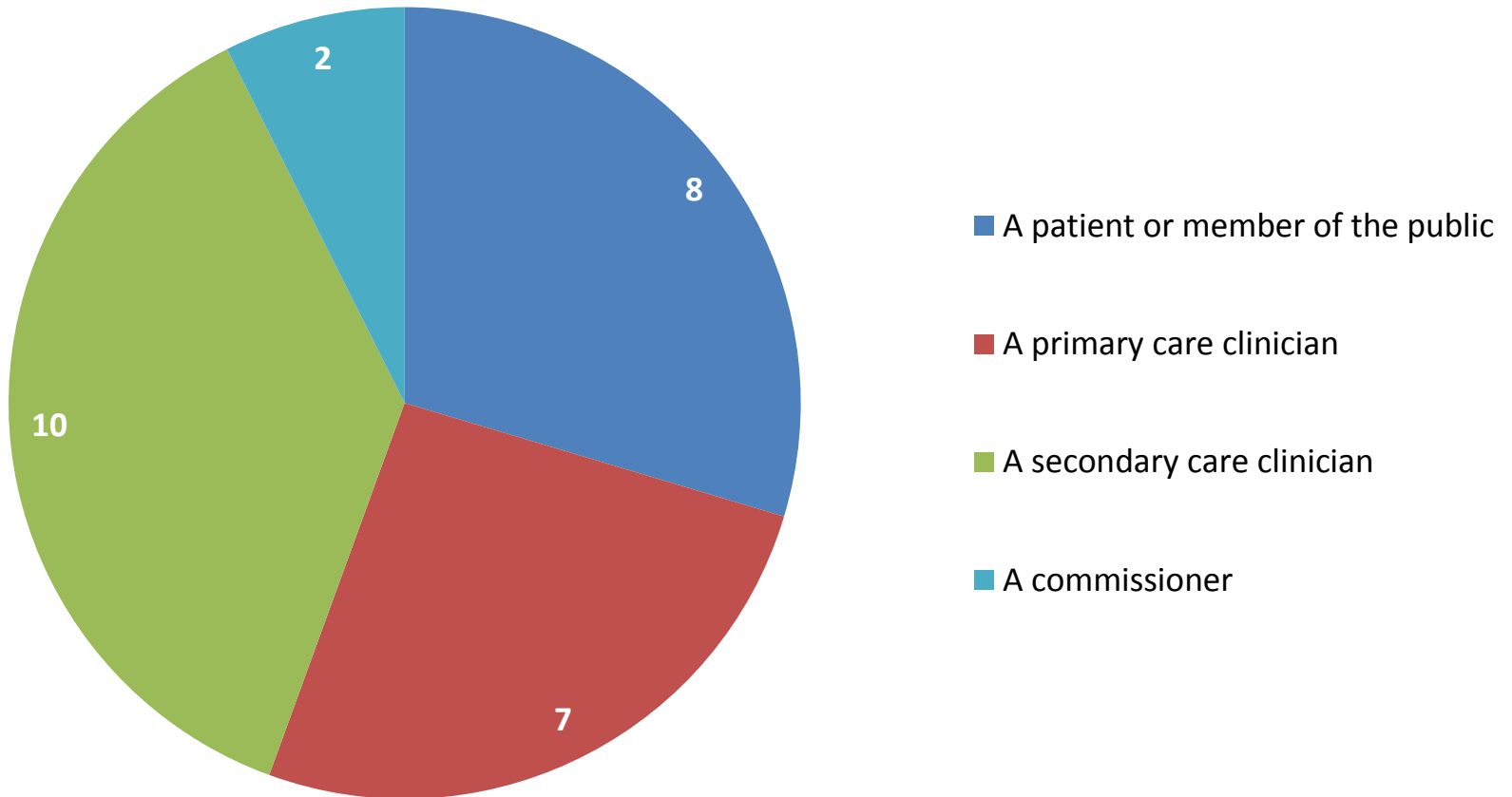
Procedure	Testing phase opened	Testing phase closed	Number of responses
Interventional treatments for back pain	5 June 2018	5pm Tuesday, 19 June 2018	27 responses (with 21 completed online and 6 via e-mail direct)

Task and Finish Group members should note:

- This online feedback reflects a small sample size but one with a good spread of patients (PPI), primary care, and secondary care professionals.
- Of the 39 online respondents only 22 completed the online feedback form, i.e. 17 individuals exited the survey without submitting any response to questions 4-11.
- The average rating for questions 4–10 was greater than 3.2 out of 5 for each question.
- 6 responses were received directly via e-mail – this feedback is summarised at the end of this pack. The full detail of the responses recorded via e-mail is outlined in a separate free text comment document.

# Analysis – question 1

*Question 1: In what capacity are you responding to this survey?*



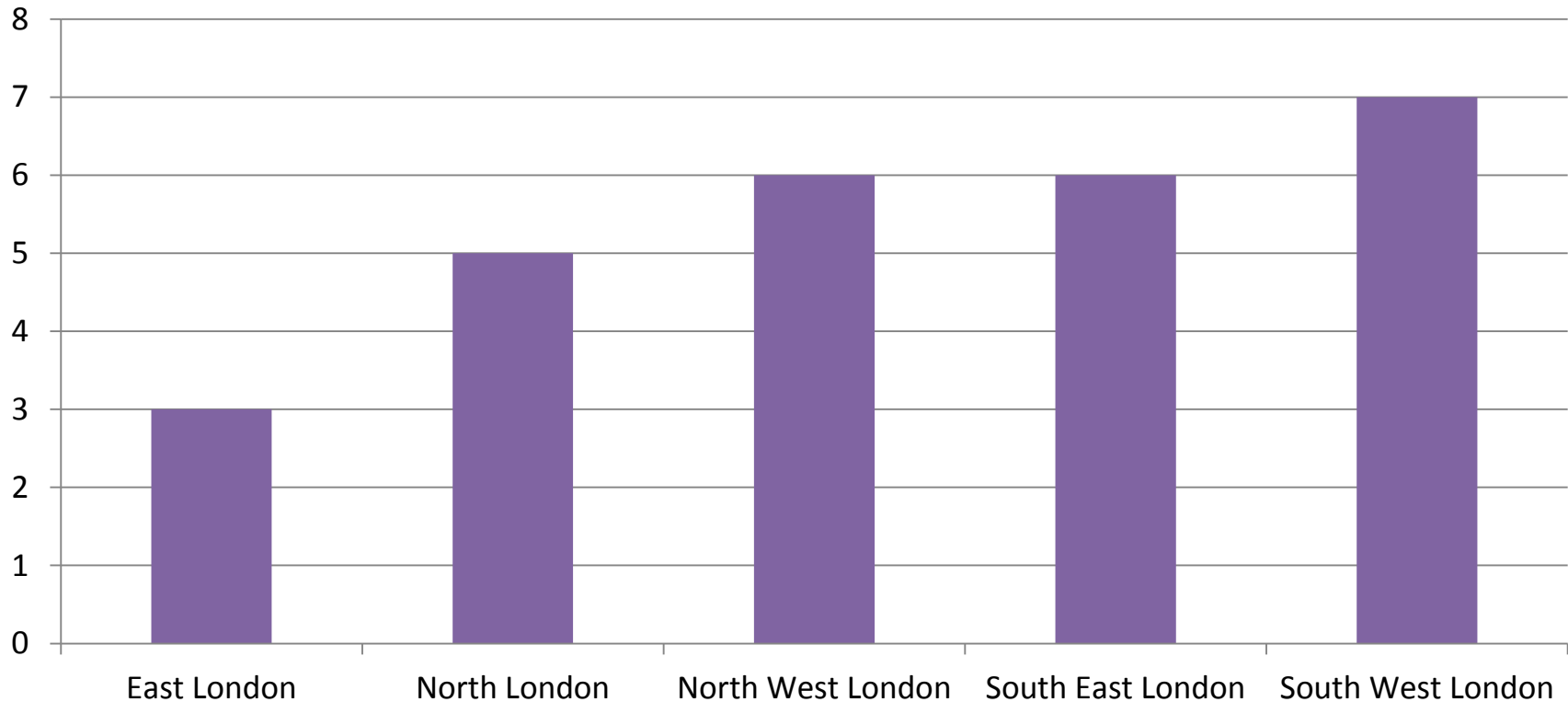
**Total number of completed responses:**

27 responses (with 21 completed online and 6 via e-mail direct)



## Analysis – question 2

**Question 2: Which part of London do you work (clinician) or live (public/patient):**

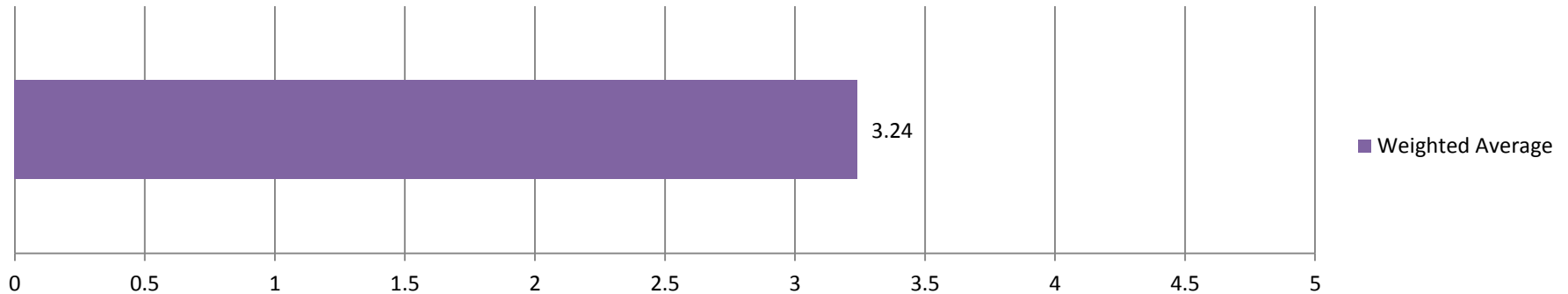


**Total number of completed responses:**

27 responses (with 21 completed online and 6 via e-mail direct)

# Analysis – question 4

**Question 4: The draft policy is clear and unambiguous.**



**Total answered: 21**

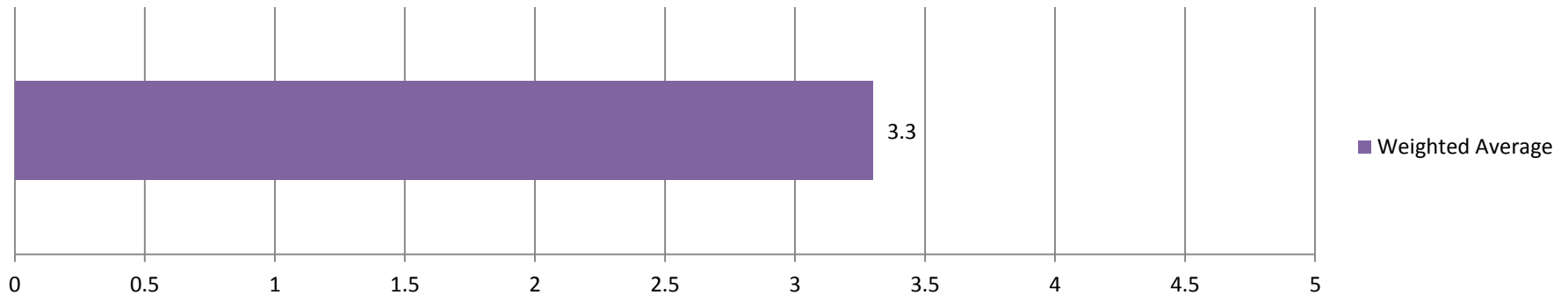
**Skipped: 18**

## **Themes and comments by audience group:**

<b>PPI</b>	<b>Primary care/ community care</b>	<b>Secondary care</b>	<b>Commissioners</b>
Difficult for lay person with non medical training and/or knowledge to follow	Small sample - mixed views on clarity. One comment suggested that the recommendations are not concordant with NICE guidance. And raised concern that that the review did not appear to take account of cost-effectiveness, affordability and the opportunity costs.	Generally positive. Some specific comments recorded in free texts to be reviewed. Early education and continuous physiotherapy support in primary care needs to be enhanced for the policy to work.	Clear definitions for each intervention and thresholds for access.

# Analysis – question 5

**Question 5: The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.**



**Total answered: 21**

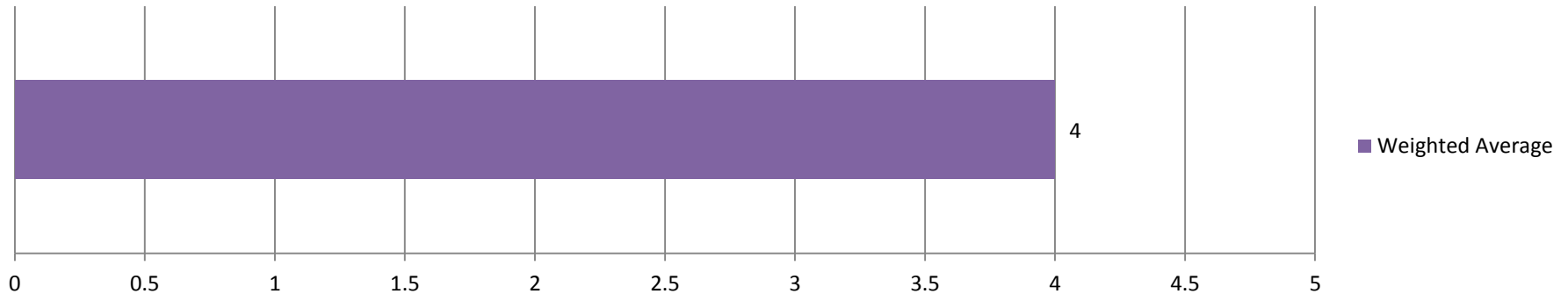
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## Themes and comments by audience group:

PPI	Primary care/ community care	Secondary care	Commissioners
t needs a more succinct summary of the acceptable and effective treatments.	May be difficult for primary care physicians to put this into practice as most cases for back pain with radicular type symptoms are referred to physiotherapists. More clarity needed for persistent patients.	The fact that has been forward as a draft for discussion is good. Q raised on use of NICE NG59 within policy development.	Policy appears easy to follow for clinicians but probably not for patients.

# Analysis – question 6

**Question 6: It is clear which conditions this draft policy applies to.**



**Total answered: 21**

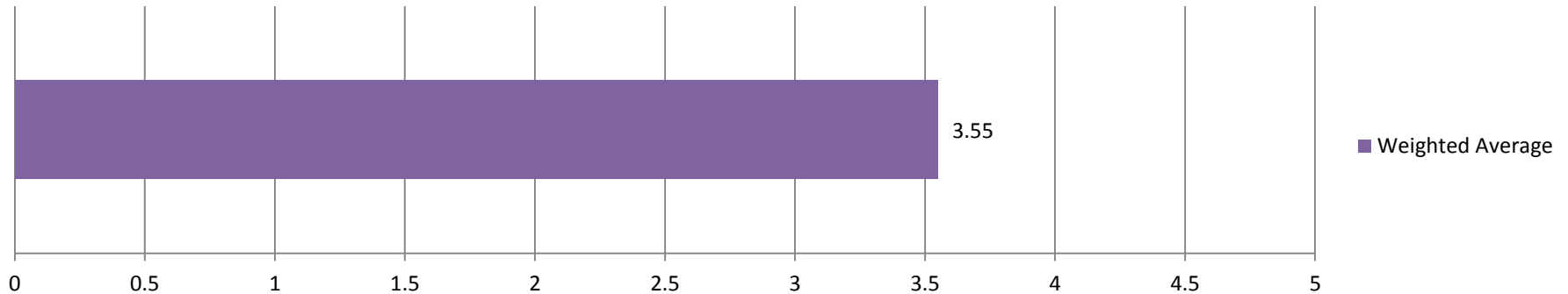
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## **Themes and comments by audience group:**

<b>PPI</b>	<b>Primary care/ community care</b>	<b>Secondary care</b>	<b>Commissioners</b>
It covers most conditions that could cause back or radicular pain but is confusing in the presentation.	Physio: This information does not include sufficient holistic information.	Elderly groups need to be better represented in the policy and what to do with exceptional cases where surgery and self management has reached the limit of what is possible.	Yes - there are clear definitions regarding what conditions each intervention applies to.

# Analysis – question 7

**Question 7: The draft policy is clear on when treatments or referral should be offered to patients.**



**Total answered: 21**

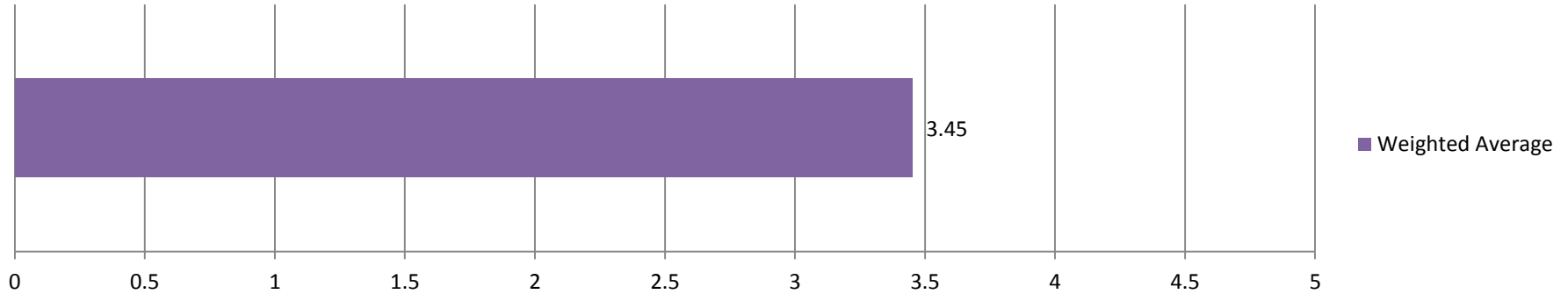
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## Themes and comments by audience group:

PPI	Primary care/ community care	Secondary care	Commissioners
The treatment options need to be summarised more succinctly with benefits and risks.	Physio: Injection is only appropriate for a minority of persistent spinal pain patients - physiotherapy is likely to be required. One PC comment: The policy does not reflect NICE guidance or the full body of evidence.	Contradiction on current policy on Epidural steroid injection. - Some areas are not fully represented, myofascial back pain is not talked about. Early education and psychology needs mentioning.	Yes - there are clear thresholds for access.

# Analysis – question 8

**Question 8: The draft policy reflects the commissioning codes you are currently using.**



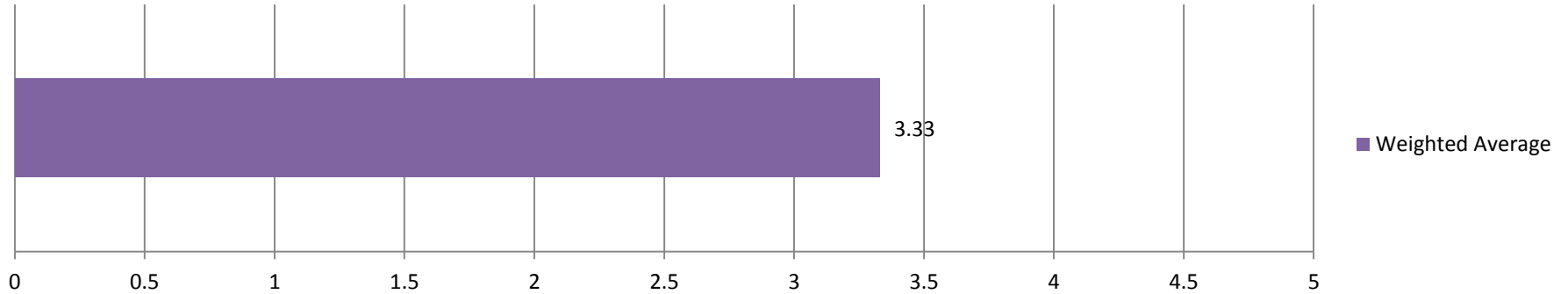
**Total answered: 20**  
**Skipped: 19**

## Themes and comments by audience group:

PPI	Primary care/ community care	Secondary care	Commissioners
	Physio: Suggested exploring Homertons Locomotor pain service has a series of KPI's agreed with commissioners including achieving a reduction in the number of spinal injections.	Specific coding issues raised.	

# Analysis – question 9

**Question 9: The draft policy can be easily implemented as part of your local compliance process.**



**Total answered: 21**

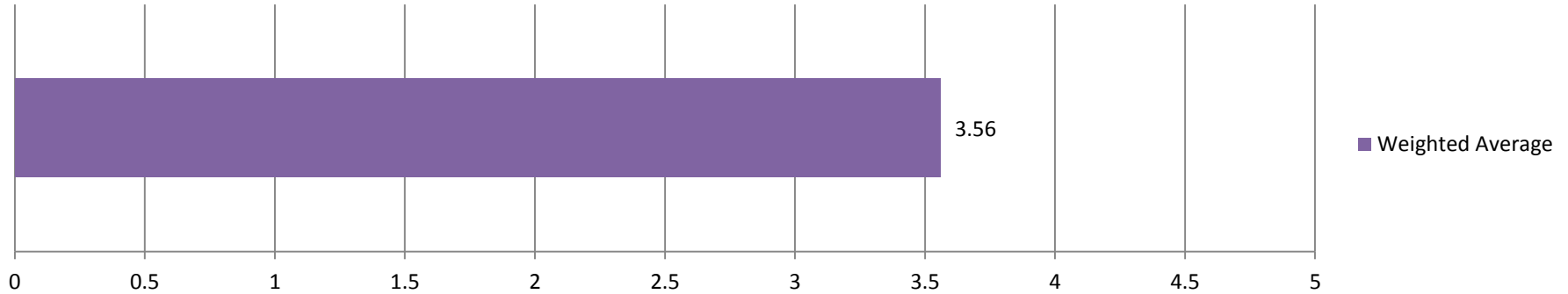
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## **Themes and comments by audience group:**

PPI	Primary care/ community care	Secondary care	Commissioners
It is far too confusing for non medical administrators.			Yes - prior approval and IFR processes are already in place.

# Analysis – question 10

**Question 10: It is clear how the draft *London Choosing Wisely* policy compares with local policies currently in place across London.**



**Total answered: 21**

**Skipped: 18**

## **Themes and comments by audience group:**

PPI	Primary care/ community care	Secondary care	Commissioners
Those who responded did not find the comparison very clear.	Physio: this policy does not suggest a cohesive system.		



# Analysis – question 11

**Question 11: [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.**

PPI	Primary care/ community care	Secondary care	Commissioners
<p>Difficult for lay person with non medical training and/or knowledge to follow the policy.</p>	<ul style="list-style-type: none"> <li>• Specific comments from one respondent. Including:</li> <li>• Spinal decompression: may be clinically appropriate before 12 months - NICE specifically made no rec on timing.</li> <li>• Concern regarding the review/policy and its link with NICE guidance.</li> <li>• Discectomy: may be clinically appropriate before 12 weeks.</li> <li>• Diagnostic injections: have no place for LBP without serious underlying pathology</li> <li>• Highlights that IFR may be more appropriate for some of these treatments due to varying clinical evidence available.</li> <li>• Also questions raised about what measures can be placed to ensure patients have suitably engaged with physiotherapy/non-surgical measures?</li> </ul>	<ul style="list-style-type: none"> <li>• Set a follow up date as further evidence will need to be employed to update the policy from time to time and depending on clinical experience of operating the policy.</li> <li>• Remove the contradiction on page 10 (epidural lysis as an excluded procedure).</li> <li>• RF Denervation: only one therapeutic RF is allowed. Is that one procedure only at the same level?</li> <li>• There is no mention about sacro iliac denervation.</li> <li>• Trigger points for low back pain. It is a low cost intervention and has helped several patients who consider spinal injections to be too invasive. It will be helpful if there is a limit imposed on triggers rather than completely banning them.</li> </ul>	<p>No further comments.</p>

# Analysis – additional comments via e-mail

*Below are additional observations on the draft policy:*

<b>Commissioner - NWL</b>	Not sure why the back pain document says that NWL CCG's do not have a low back pain policy?
<b>Secondary care clinician - SWL</b>  [Further specific points captured in full free text comment document]	<ul style="list-style-type: none"> <li>• Back pain includes the whole spine. The document refers to lower back primarily.</li> <li>• Physiotherapy in conjunction with steroid injections with early psychological support is not highlighted well enough.</li> <li>• There is no guidance for complex or elderly patients.</li> <li>• A plan for complex patients or possible further back injections post RF needs to be agreed with the CCG. There nothing in the policy about this.</li> </ul>
<b>Primary care clinician - SEL</b>	<ul style="list-style-type: none"> <li>• It would be really helpful to get something sorted out re MRI.</li> </ul>
<b>Secondary care clinician - SWL</b>	<ul style="list-style-type: none"> <li>• There is no explicit mention of physiotherapy.</li> <li>• We should insist that commissioning bodies prepare a leaflet explaining why they refuse funding for a treatment.</li> <li>• There is no point in sending patients to secondary care units unless this has been arranged prior to referral.</li> </ul>
<b>Secondary care clinician - NWL</b>	<ul style="list-style-type: none"> <li>• There needs to be greater acknowledgement that injections in particular are adjunctive second line intervention designed to facilitate exercise therapy and cognitive behavioural interventions.</li> <li>• Re myofascial back pain – essentially this should be effectively managed in physiotherapy.</li> <li>• Patients with acute sub/acute radiculopathy may well benefit from earlier onset access to epidurals (if failed to improve with physio/neuropathic analgesics) and surgical interventions (if motor loss).</li> <li>• Those who have become dependent on interventional procedures such as injections over the years are more complex to manage and there needs to be some flexibility within the guidance in managing these appropriately.</li> </ul>
<b>Secondary care clinician - NCL</b>	<ul style="list-style-type: none"> <li>• Page 10: Remove epidural lysis from exclusions- this contradicts the previous section which gives more clear advice.</li> <li>• Best to use British , not US, spellings (e.g. “recognise” in place of “recognize”).</li> <li>• Could we have a review date, as there will be additional evidence for various approaches coming off the press going forward.</li> </ul>