

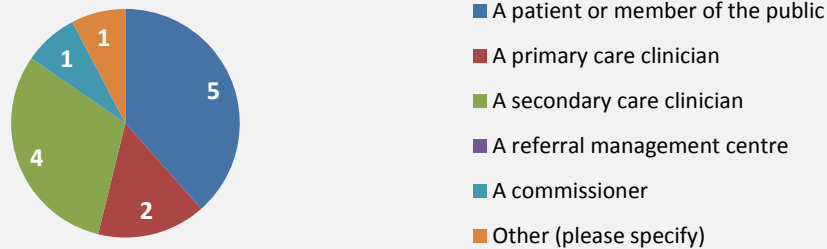
APPENDIX 8B

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

Treatment of subacromial shoulder 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.
- 21 respondents opened the survey, but only 13 fully completed it. An additional 2 responses were received directly over email. The breakdown of the 15 respondents is as follows:



- Whilst response rates were fairly low, there was a good balance of feedback from clinicians and from patients / the public.
- The British Orthopaedic Society (BOA) also responded (marked 'other') and stating that their experts are happy with the policy.
- All patches in London provided feedback apart from North Central London.
- The average rating for the draft policy on subacromial shoulder decompression was greater than 3.4 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:
 - The policy has been updated to provide greater clarity on what constitutes urgent referral, including additional information in the 'advice for primary care' section on rotator cuff tears.
 - The policy has been updated to clarify that 6 weeks is not a cut off for conservative management, as it was found that the wording was open to interpretation, and the policy now includes a statement that where there is beneficial impact, conservative management should be continued.
 - The use of technical language was raised but as the policy is aimed at clinicians, this language is necessary and no changes have been made. Locally, CCGs may produce information for their local communities on policies and what this means for them, as part of their engagement process.
 - Additional emphasis has been placed on shared decision making although it was noted that a tool for subacromial shoulder decompression does not currently exist.

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 sense check and feedback phase online form questions for treatment of subacromial shoulder 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. [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

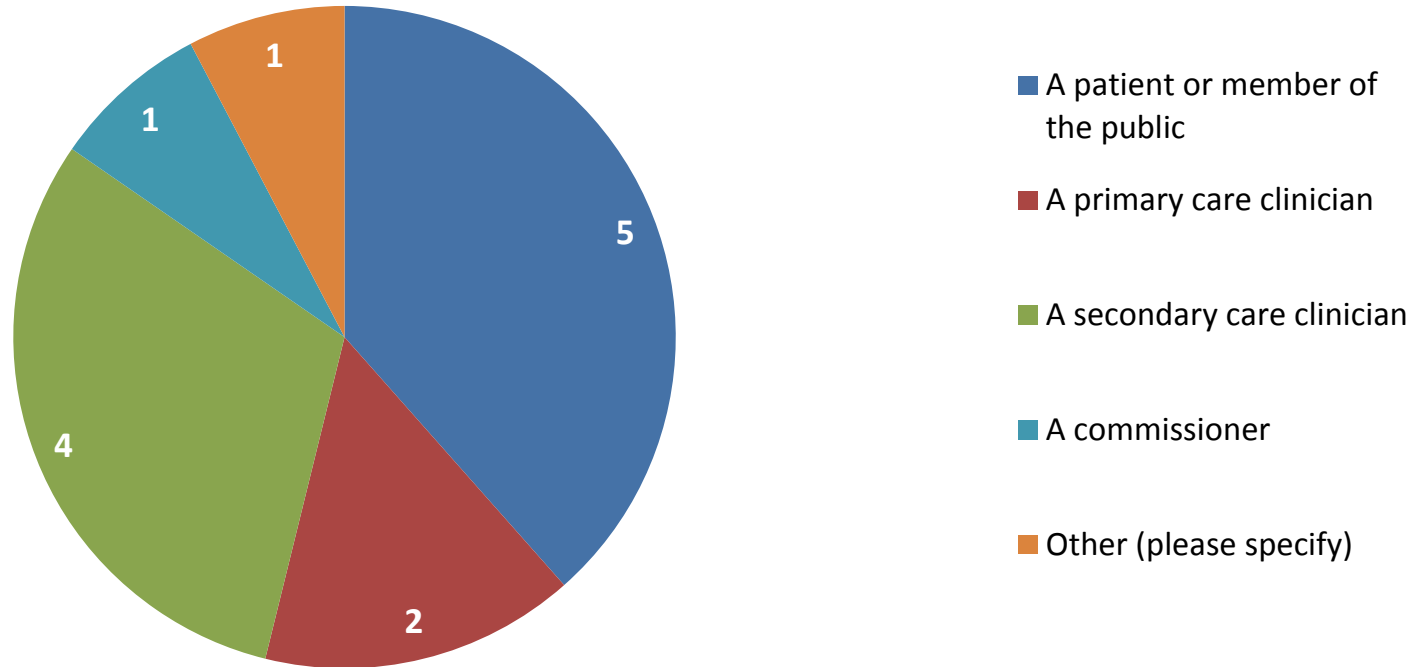
Procedure	sense check phase opened	sense check phase closed	Number of responses
Treatment of subacromial shoulder pain	5 June 2018	5pm Tuesday, 19 June 2018	15 responses (with 13 completed online and 2 via e-mail direct)

Task and Finish Group members should note:

- This online feedback reflects a small sample size amongst clinician audience groups, however, members should note BOA/BESS support for this draft policy.
- There were 21 online responses but only 13 completed the online feedback form, i.e. 8 individuals exited the survey without submitting any response to questions 4-11.
- 2 additional responses were received directly via e-mail – this feedback is recorded at the end of this pack.
- The average rating for questions 4–9 was greater than 3.4 out of 5 for each question.

Analysis – question 1

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



Total number of online form responses:

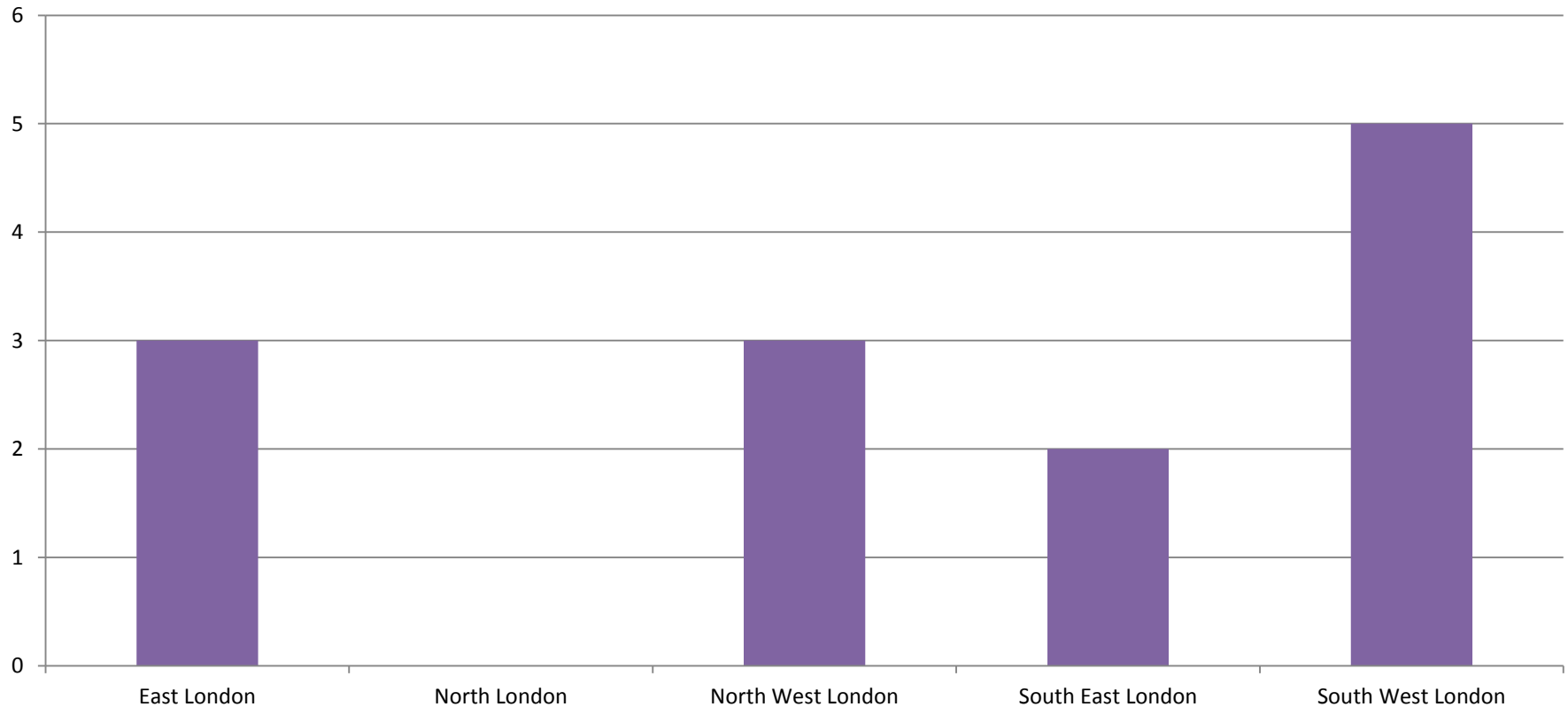
13 (with 2 further responses received directly via e-mail)

'Other' categories:

Professional body (British Orthopaedic Association)

Analysis – question 2

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

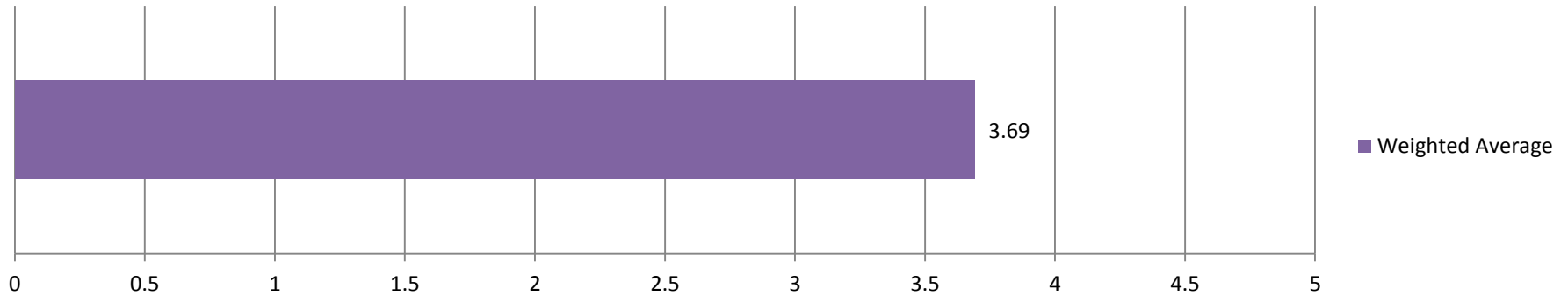


Total number of completed online responses:

13

Analysis – question 4

Question 4: The draft policy is clear and unambiguous.



Total answered: 13

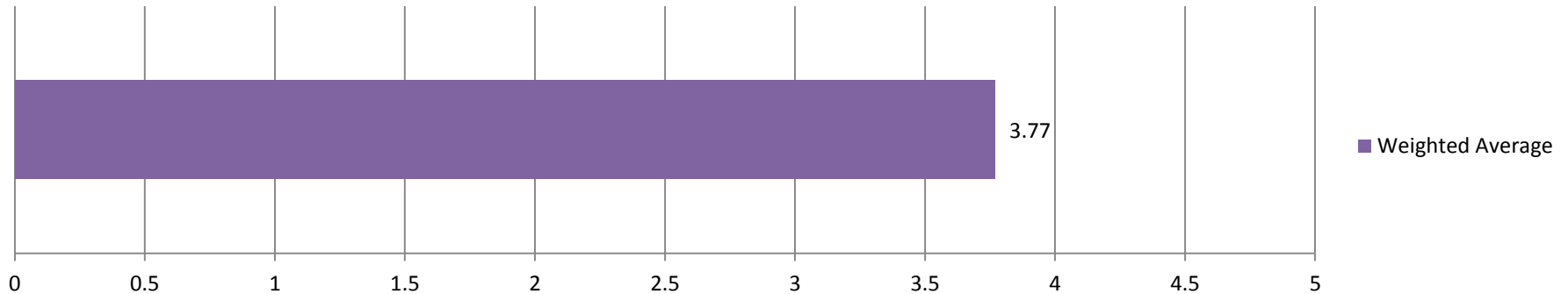
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Themes and comments by audience group:

PPI	Primary/community care	Secondary care	Commissioners
Needs a clearer and more succinct summary. Most lay people would be daunted by the volume of evidence and conflicting trial results.	Physio: It is clear but does not reflect clinical practice and gives unhelpful messages to patients and GPs.	There is confusion over what constitutes urgent referral.	Clear definition for this intervention and threshold for access. However whether the policy is clear and unambiguous will only be tested when a real case is presented for prior approval.

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: 13

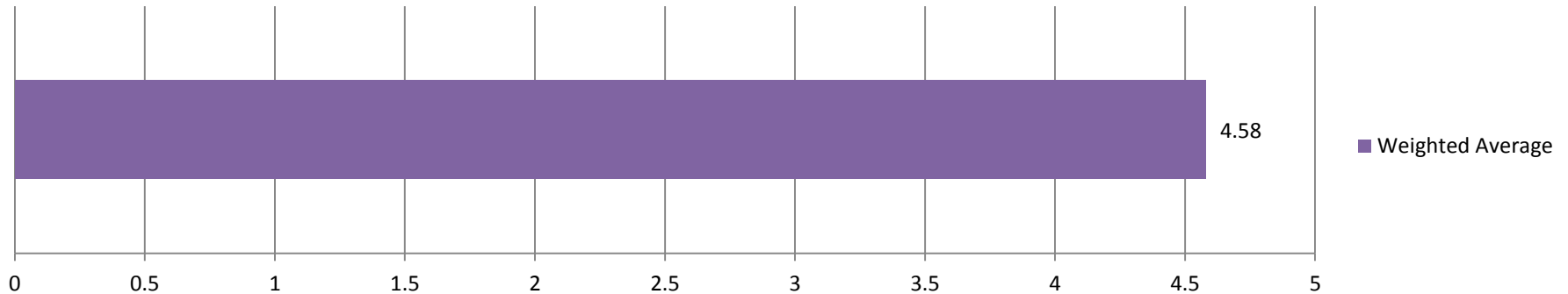
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Themes and comments by audience group:

PPI	Primary/community care	Secondary care	Commissioners
The clinician would also need a more patient friendly document to discuss with patients. Including glossary to explain medical terminology.	Physio: There is no need to refer for a surgical opinion in such a short time frame.		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: 13

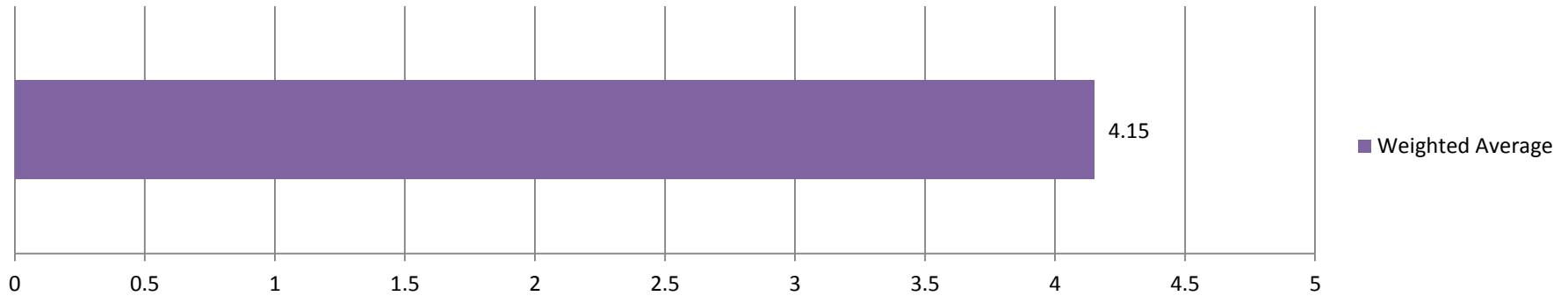
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Themes and comments by audience group:

PPI	Primary/community care	Secondary care	Commissioners
Agreement that the draft policy is clear which conditions it applies to.	Physio: It not clear what the clinical justification for early sub acromial decompression is.	One comment: This document does not discuss the importance of rotator cuff tears.	Yes - there is a clear definition regarding what conditions this 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: 13

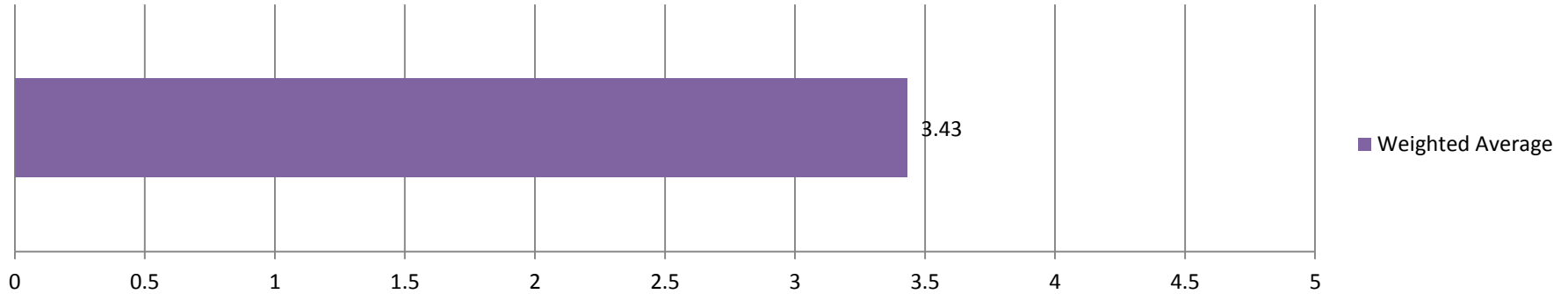
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Themes and comments by audience group:

PPI	Primary/community care	Secondary care	Commissioners
	Physio: referral to surgery requires additional consideration and review by an extended scope physiotherapist before surgery is offered to a patient.	One comment: The concept of referring all traumatic subacromial pain needs to be discussed and made clear. Missing acute rotator cuff tears (which rarely present with complete inability to lift the arm) is no longer acceptable and these patients require early surgical opinion.	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: 13

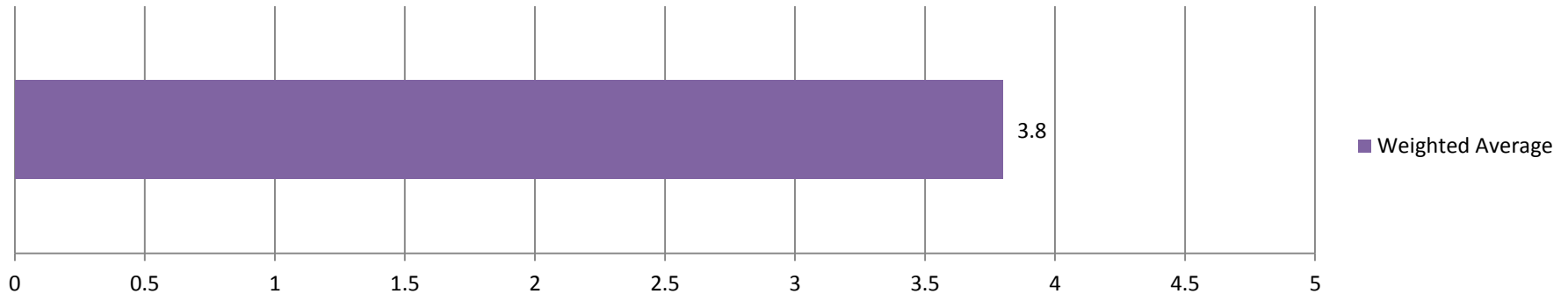
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Themes and comments by audience group:

PPI	Primary/community care	Secondary care	Commissioners
Commissioning codes' need to be more accurately described/detailed on CCG websites.			

Analysis – question 9

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



Total answered: 13

Skipped: 8

Themes and comments by audience group:

PPI	Primary/community care	Secondary care	Commissioners
One comment: The biggest problem in conservative management is the timely availability of sufficient physiotherapy sessions.	Physio: with this guidance patients may be referred for surgical opinion too early when they may benefit from non surgical options which might avoid the need for surgery.		Yes - prior approval and IFR processes are already in place.

Analysis – question 10

Question 10: [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/community care	Secondary care	Commissioners
<p>One response was supportive of the draft policy in the current financial climate. Another view felt that the comparison between trials and the professional opinions is too lengthy and confusing.</p>	<p>Referring a patient for SAD surgery at just 3 months doesn't seem long enough as physiotherapy rehabilitation for the shoulder can take anything from 3 months to 2 years. Further physio input needed.</p>	<p>The evidence strongly supports early surgical opinion for acute and chronic rotator cuff tears. Plus, there is a role for development of patient information resources for diagnoses and exercises (ie. leaflets or video links) which can start management.</p>	<p>No further comments.</p>

Analysis – additional comments via e-mail

Below are additional observations on the draft policy:

Professional Body

British Orthopaedic Association (BOA)

- Our experts are happy with the document.

Secondary Care clinician

- Well drafted and balanced document.
- Whilst the CSAW trial has certainly advanced the evidence base substantially it is important to recognise the limitations of this trial:
 - What the CSAW trial does not tell us is which patients are most likely to benefit from surgery – an area which challenges us as Orthopaedic surgeons and on which there is some limited evidence.
 - The CSAW trial also found that there was a significant difference in patients' perception of outcome between decompression and no treatment at 1 year, but not between arthroscopy only and no treatment.
- In my practice, with the triage services that we have in our area, most of the patients that we see have already tried an adequate period of physiotherapy as well as 1 or 2 injections before they even see us for the first time. Patients who end up having surgery are often those who have suffered from prolonged symptoms for more than six months and have failed conservative treatment.
- There is one inaccuracy in the draft document– on page 9 in the section discussing the findings of the CSAW trial at six months – the second bullet point states “Both surgical groups showed a similar but smaller benefit compared with no treatment in terms of mean Oxford Shoulder Score”. This should instead read “Both surgical groups showed a similar but greater benefit compared with no treatment in terms of mean Oxford shoulder score.”