

COMMISSIONING CHIROPRACTIC SERVICES WITHIN A MULTIDISCIPLINARY SETTING

Mark Gurden MSc (Chiro), DC, PhD and Marcel Morelli MSc (Chiro), DC.
Private Practice, North East Essex.

Background

A service was commissioned by North East Essex PCT in March 2009 to provide patients with back and neck pain a choice of manual therapy delivered in the community by chiropractors, osteopaths and physiotherapists working in the independent sector.

With a registered population of over 318,000 people, served by some 43 GP practices, there has historically been an unsustainably high demand on the spinal manual therapy service at the local acute trust. The existing service utilised traditional physiotherapy outpatient clinics held within the local hospitals.

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 chiropractic (3), osteopathic (3) and physiotherapy (10) providers under the Any Willing Provider (AWP) contract.

Patients presenting to their GP with back or neck pain were given a choice of provider and profession, and were provided with an appointment within 14 calendar days of referral.

Service design

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 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. The Manual Therapy Service meets recommendations arising from the NHS Musculoskeletal Services Framework (2006) that 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

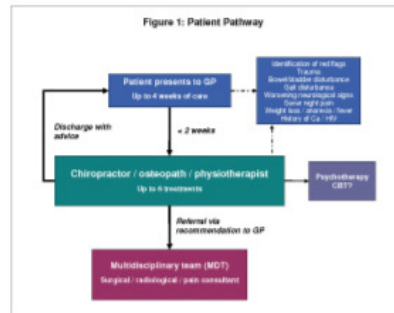
In addition, NICE guidelines issued in May 2009 (Early management of persistent non-specific low back pain, CG88) provide evidence and recommendation of the treatment of low back pain by manual therapists, including spinal manipulation, spinal mobilisation and exercise advice, which can be delivered by chiropractors, osteopaths and some 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.

The Pathway

The patient pathway is illustrated in figure 1. Patients presenting to their GP with back or neck pain were initially assessed to rule out 'red flag' pathologies and receive conservative management for up to four weeks prior to referral into the service, with provision for those requiring more urgent access.

Following referral:

- Patients had choice of discipline and clinic or could discuss with GP
- Patients were offered an appointment within 14 days
- All patients assessed using a bio-psychosocial questionnaire
- An assessment and up to 6 treatments offered
- Additional treatments required GP approval
- Patients discharged to GP with report and recommendations.



Data collection

The service was run initially as a one-year pilot, during which time clinical and quality outcomes were measured using the following methods:

- Through referral data supplied to the PCT by manual therapy providers on a monthly basis that recorded 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. All patients were asked to complete a satisfaction survey that was sent directly to the PCT. All GPs were surveyed using an on-line anonymous survey tool.
- 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 was supported and analysed by Professor Jenni Bolton (Anglo-European College of Chiropractic). Analysis of the Questionnaire was used to conduct a sub-type analysis and to determine clinical outcomes, psychosocial factors, fear avoidance, locus of control and back to work times, impact of treatment and responsiveness of therapies.
- Monthly project steering group meetings were held 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 and a program of education events were held for the providers and GPs.

Service outcomes

A total of 2810 patients (38% male and 63% female) with back and/or neck pain conditions were referred into the service (see figure 2). Of these patients, 23% were seen by chiropractors, 32% by osteopaths and 45% by physiotherapists. The mean patient age was 52 years (range 16-96 years).

The average wait time from referral was 4 days and 97% of patients were seen within 2 weeks of referral.

The median number of treatments was 6 and 77% of patients had completed their treatment within 12 weeks of referral.

Clinical outcomes

Only 6% of patients did not gain improvement in their condition from the Manual Therapy Service, compared with 74% whose condition was very much or much improved (Figure 3).

At least 97% of patients referred into the Manual Therapy Service were kept out of secondary care. Only 3% of patients discharged were recommended for referral to the MDT (Figure 4).

Satisfaction & impact analysis

The Manual Therapy Service is highly popular with GPs and patients - patient surveys reflect a 96% response of either excellent or good in terms of satisfaction with the service overall, and a positive GP satisfaction response of 92%.

Referrals levels to the spinal surgeon at Colchester Hospital University Foundation Trust have reduced by almost 30% since introduction of the Manual Therapy Service.

Access to the Manual Therapy Service was temporarily restricted during February and March 2010. During that time, referrals to the spinal triage service increased by an average of 30%, which proved to be unsustainable.

Due to the success of the pilot study the service has been extended until April 2011.

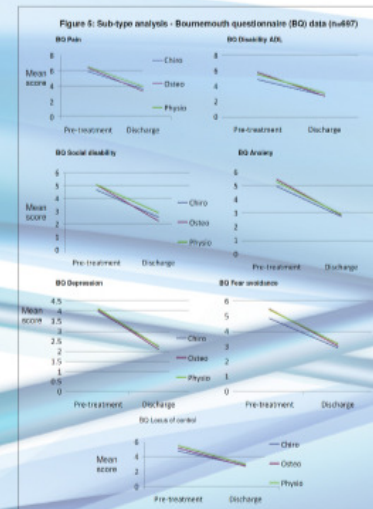


Figure 2: Referrals into service and presenting complaint (n=2810)

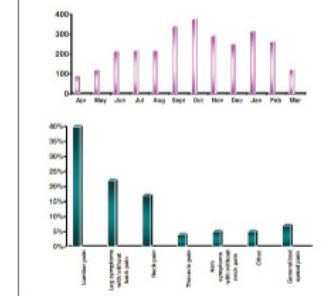


Figure 3: Clinical outcome using a Clinical Global Impression Scale

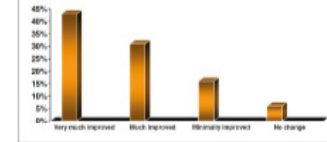
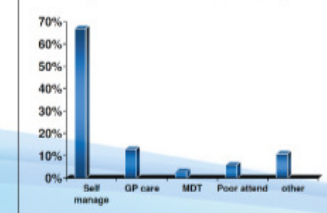


Figure 4: Recommendations on discharge



Conclusions

The results of the pilot study demonstrate that it is possible for the NHS to successfully commission independent chiropractors, as part of a multidisciplinary service, to treat back and neck pain.

The resultant service utilised a bio-psychosocial approach that was safe, effective and cost effective and delivered:

- High quality care
- Care closer to home
- Value for money service
- Improved choice
- Proven clinical outcomes
- High levels of satisfaction

Acknowledgements

We are grateful for the help and support from our colleagues, in particular Sarah Esson from NHS North East Essex and Professor Jenni Bolton from the Anglo European College of Chiropractic, Bournemouth UK.

NHS Alliance Acorn Award

NHS North East Essex was awarded an NHS Alliance Acorn Award in 2009 for the Manual Therapy Service for the treatment of back and neck pain.

Evaluation of a GP referral service for manual treatment of back and neck pain

Mark Gurden,¹ Marcel Morelli,¹ Greg Sharp,² Katie Baker,³ Nicola Betts,³ Jennifer Bolton⁴
¹Chiropractor, independent practice; ²Osteopath, independent practice,
³Physiotherapist, independent practice, ⁴Research professor, AECC.

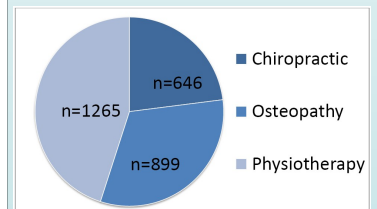
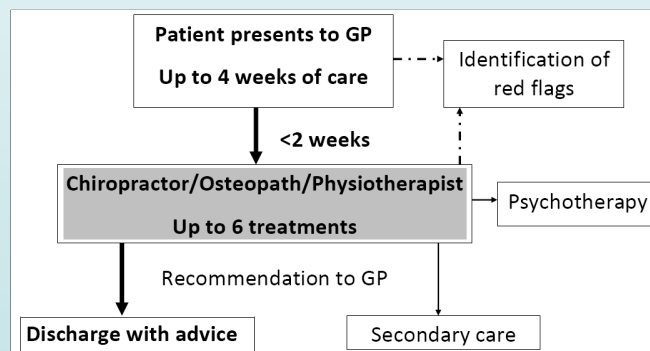
Background

- One in seven GP consultations is for a musculoskeletal problem
- Refer patients consulting for >6w in line with NICE guideline (2009)
 - Manual therapy by a chiropractor, osteopath or physiotherapist
- Most manual therapy services are physiotherapist-led at the primary-secondary care interface

Objectives

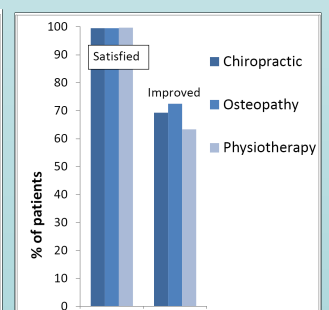
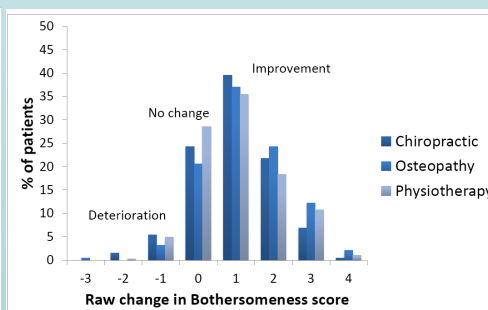
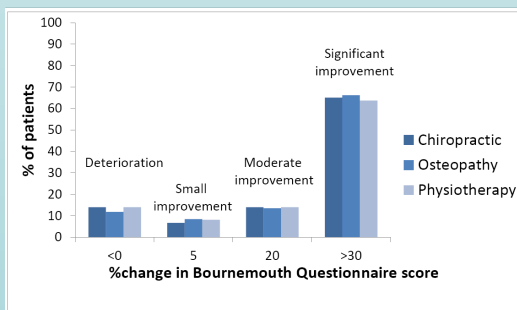
- Implement a novel primary care service of chiropractors, osteopaths and physiotherapists working in the independent sector
- Evaluate this service:
 - Patient-reported outcomes
 - Patient experiences
 - Impact on NHS resources

Service pathway

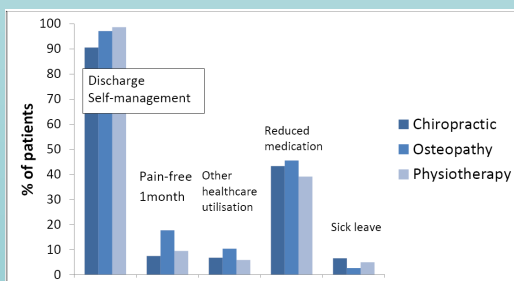


Results

Outcomes



Patient status at discharge



Impact analysis

- 92% of GPs were satisfied with the service
- Referrals to orthopaedic services reduced by ~30%
- Temporary suspension of the service resulted in an unsustainable rise in referrals to spinal triage services
- The service was extended to April 2011, thereafter to April 2012

Acknowledgements

We are grateful to all those practitioners who participated in the service and in collecting outcomes from their patients
 Our thanks to NHS NE Essex, in particular Ms. Sarah Esson



KEY MESSAGES

- This study describes an innovative primary care manual therapy service
 - Delivered high quality, evidence-based care to patients:
 - Shorter waiting times
 - Patient preference and choice of provider
 - Community-based
 - Cost savings:
 - Reduced GP workload (and costs)
 - Reduced secondary care services (and costs)
 - Patients discharged with self-management advice