COMMISSIONING CHIROPRACTIC SERVICES WITHIN A MULTIDISCIPLINARY SETTING

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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 316,000 people served by some 43 GPs 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 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 professional, 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 commences 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 the 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 15 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 measures for 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 other 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 lower back pain were initially assessed to rule out 'red flag' pathologies and receive conservative management for up to four weeks prior to referral to the service, with provisions for those requiring more urgent access.

- Following referral:
  - Patients had choice of discipline and clinic or could discuss with GP
  - 74% were offered an appointment within 14 days
  - All patients assessed using a bio-psychosocial questionnaire and clinical examination
  - An assessment was available to the referring GP
  - Additional treatments required GP approval
  - Patients discharged to GP with report and recommendations

Service outcomes

A total of 2117 patients (39% male and 61% 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 46 years.

- The average wait time from referral to first consultation was 4 days and 57% 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

In 4% of patients did not gain improvement in their condition from the Manual Therapy Service, compared with 74% whose condition was much or much improved (Figure 3).

- At least 87% 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 NDT (Figure 4).

- Satisfaction & impact analysis

The Manual Therapy Service is highly popular with GPs and patients - patient surveys reflect a 95% response of either excellent or good in terms of satisfaction with the service overall, and a positive GP satisfaction in response of 92%.

- Referrals levels to the spinal surgeon at Colchester Hospital University Hospital increased from 36 patients seen in 2008 to 51 patients seen in 2010, a reduction of 38%.

- Access to the Manual Therapy Service was temporarily restricted during February and March 2010. During that time, referrals to the spinal surgeon 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.

Conclusions

- The results of the pilot study demonstrate that it is possible for the NHS to successfully commission interventions characterised by high cost and demand, as part of a multidisciplinary service, to treat back and neck pain.

- The resulting service utilised a bio-psychosocial approach that was easily effective and cost effective and delivered:
  - High quality care
  - Care closer to home
  - Voluntary referral
  - Improved choice
  - Patient clinical outcomes
  - High levels of satisfaction

Acknowledgments

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NHS Alliance Acorn Award

NHS North East Essex was awarded an NHS Alliance Acorn Award in 2010 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

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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

Patient presents to GP
Up to 4 weeks of care
Identification of red flags
<2 weeks
Chiropractor/Osteopath/Physiotherapist
Up to 6 treatments
Psychotherapy
Recommendation to GP
Discharge with advice
Secondary care

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

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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