GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester EUR Policy Statement on:

Treatment for Low Back Pain (with or without sciatica)

GM Ref: GM046

Version: 1.1 (23 January 2019)

Commissioning Statement

Treatment for Low Back Pain	
Policy Exclusions **(Alternative commissioning arrangements apply)**	**See Appendix 1 for a list of 'red flag' signs and symptoms requiring urgent referral and therefore excluded from this policy.** Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).
Policy Inclusion Criteria	**Treatment for low back pain with or without sciatica referred to in NICE NG59 as being effective IS commissioned.** **NOTE:** The following Greater Manchester policies are still active and should be referred to when these specific treatments are being considered: • GM004: Radiofrequency Denervation for Back Pain • GM070: Facet Joint Injections for Back Pain • GM018: Out of Contract Spinal Procedures **Funding Mechanism:** Within contract for NICE NG59 and as per individual GM policies for the treatments listed above. **In line with NICE NG59 the following are NOT commissioned:** • X-ray of the lumbar spine for the management of non-specific low back pain • Imaging in a non-specialist setting for people with low back pain with or without sciatica. Imaging, if clinically appropriate should take place in specialist settings of care (for example, a musculoskeletal interface clinic or hospital) for people with low back pain with or without sciatica but only if the result is likely to change management. Imaging can be offered in a community setting if this is part of a locally commissioned pathway of care. • Belts or corsets for managing low back pain with or without sciatica • Foot orthotics for managing low back pain with or without sciatica • Rocker sole shoes for managing low back pain with or without sciatica • Traction for managing low back pain with or without sciatica • Acupuncture for managing low back pain with or without sciatica • Ultrasound for managing low back pain with or without sciatica • Percutaneous electrical nerve simulation (PENS) for managing low back pain with or without sciatica • Transcutaneous electrical nerve simulation (TENS) for managing low back pain with or without sciatica • Interferential therapy for managing low back pain with or without sciatica • Opioids for managing acute low back pain • Spinal injections for managing low back pain • Epidural injections for neurogenic claudication in people who have central spinal canal stenosis

	• Spinal fusion for people with low back pain unless as part of a randomised controlled trial • Disc replacement in people with low back pain (disc replacement where indicated is commissioned by NHS England) **In addition to those listed above from NICE NG59, the following are also <u>NOT</u> commissioned:** • Alexander Technique • Massage • Intradiscal electrothermal therapy (IDET) • Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) • Neuroreflexive therapy
Clinical Exceptionality	Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. Exceptionality means 'a person to which the general rule is not applicable'. Greater Manchester sets out the following guidance in terms of determining exceptionality; however the over-riding question which the IFR process must answer is whether each patient applying for exceptional funding has demonstrated that his/her circumstances are exceptional. A patient may be able to demonstrate exceptionality by showing that s/he is: • Significantly different to the general population of patients with the condition in question. ***and as a result of that difference*** • They are likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.
Best Practice Guidelines	All providers are expected to follow best practice guidelines (where available) in the management of these conditions.

Contents

Policy Statement

Greater Manchester Shared Services (GMSS) Effective Use of Resources (EUR) Policy Team, in conjunction with the GM EUR Steering Group, have developed this policy on behalf of Clinical Commissioning Groups (CCGs) within Greater Manchester, who will commission treatments/procedures in accordance with the criteria outlined in this document.

In creating this policy GMSS/GM EUR Steering Group have reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for the population of Greater Manchester.

This policy follows the principles set out in the ethical framework that govern the commissioning of NHS healthcare and those policies dealing with the approach to experimental treatments and processes for the management of individual funding requests (IFR).

Equality & Equity Statement

GMHCC/CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved, as enshrined in the Health and Social Care Act 2012. GMHCC/CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, GMHCC/CCGs will have due regard to the different needs of protected characteristic groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

In developing policy the GMHCC EUR Policy Team will ensure that equity is considered as well as equality. Equity means providing greater resource for those groups of the population with greater needs without disadvantage to any vulnerable group.

The Equality Act 2010 states that we must treat disabled people as *more equal* than any other protected characteristic group. This is because their 'starting point' is considered to be further back than any other group. This will be reflected in GMHCC evidencing taking 'due regard' for fair access to healthcare information, services and premises.

An Equality Analysis has been carried out on the policy. For more information about the Equality Analysis, please contact policyfeedback.gmscu@nhs.net.

Governance Arrangements

Greater Manchester EUR policy statements will be ratified by the Greater Manchester Joint Commissioning Board (GMJCB) prior to formal ratification through CCG Governing Bodies. Further details of the governance arrangements can be found in the GM EUR Operational Policy.

Aims and Objectives

This policy document aims to ensure equity, consistency and clarity in the commissioning of treatments/procedures by CCGs in Greater Manchester by:

- reducing the variation in access to treatments/procedures.

- ensuring that treatments/procedures are commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- reducing unacceptable variation in the commissioning of treatments/procedures across Greater Manchester.
- promoting the cost-effective use of healthcare resources.

Rationale behind the policy statement

The previous back pain policy (GM021 Persistent non-specific low back pain) was based on old NICE guidance and has therefore been replaced with this one. In addition, feedback on the previous policy pointed out that it was complex and difficult to follow. This policy has been simplified in line with NICE NG59: Low back pain and sciatica in over 16s: assessment and management. The policy includes cross references to other relevant policies which are still in effect.

Treatment / Procedure

This policy does not apply to a specific treatment but to a group of interventions for back pain, with or without sciatica, that are generally non-specific and where an underlying cause cannot be identified for treatment.

The policy is based on the NICE guidance and the associated high level pathway, so a further evidence review has not been carried out. The previous evidence review from the GM021 Persistent non-specific low back pain policy is available on request, but this is now out of date.

Epidemiology and Need

The lower back is commonly defined as the area between the bottom of the rib cage and the buttock creases.

About 8 in 10 people have one or more bouts of low back pain. Non-specific low back pain is the most common type of back pain. About 19 in 20 cases of sudden-onset (acute) low back pain are classed as non-specific. Non-specific low back pain is tension, soreness and/or stiffness in the lower back region for which it is not possible to identify a specific cause of the pain. Several structures in the back, including the joints, discs and connective tissues, may contribute to symptoms. This is the type of back pain that most people will have at some point in their life. It is called non-specific because it is usually not clear what is actually causing the pain. In other words, there is no specific problem or disease that can be identified as the cause of the pain.

Adherence to NICE Guidance

The guidance is produced in line with the recommendations of NICE NG59: Low back pain and sciatica in over 16's: assessment and management. Published: 30 November 2016

Audit Requirements

There is currently no national database. Service providers will be expected to collect and provide audit data on request.

Date of Review

One year from the date of approval by the governance process and thereafter at a date agreed by the Greater Manchester EUR Steering Group, unless new evidence or technology is available sooner.

The evidence base for the policy will be reviewed and any recommendations within the policy will be checked against any new evidence. Any operational issues will also be considered at this time. All available additional data on outcomes will be included in the review and the policy updated accordingly. The policy will be continued, amended or withdrawn subject to the outcome of that review.

Glossary

Term	Meaning
Alexander technique	A system designed to promote well-being by retraining one's awareness and habits of posture to ensure minimum effort and strain
Cauda equina syndrome	A serious neurologic condition in which damage to the cauda equina (the bundle of nerve roots from the lumbar and sacral levels that branch off the bottom of the spinal cord like a "horse's tail.") causes loss of function of the lumbar plexus (nerve roots) of the spinal canal below the termination (conus medullaris) of the spinal cord
Epidural injections	An injection of a local anaesthetic into the space outside the dura mater (the tough outermost membrane enveloping the brain and spinal cord of the spinal cord in the lower back region to produce loss of sensation, especially in the abdomen or pelvic region
Facet Joint Injections	Facet joints are small joints at each segment of the spine that provide stability and help guide motion. Facet joints can become painful due to arthritis, back injury or mechanical stress. A facet joint injection delivers a steroid medication which anesthetizes the joints and blocks the pain.
Interferential therapy	A form of electrical stimulation therapy using two or three distinctly different currents that are passed through a tissue from surface electrodes. Portions of each current are cancelled by the other, resulting in the application of a different net current to the target tissue.
Low back pain	Tension, soreness and/or stiffness in the lower back region.
Non-specific low back pain	Tension soreness and/or stiffness in the lower back region where it is not possible to identify a specific cause
Orthotics	The branch of medicine that deals with the provision and use of artificial devices such as splints and braces.
PENS	Percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) are therapies that combine the features of electro-acupuncture and transcutaneous electrical nerve stimulation (TENS). PENS is generally reserved for patients who fail to get pain relief from TENS.
Sciatica	Pain affecting the back, hip, and outer side of the leg, caused by compression of a spinal nerve root in the lower back.
Spondyloarthritis	A type of arthritis that attacks the spine and, in some people, the joints of the arms and legs. It can also involve the skin, intestines and eyes. The main symptom (what you feel) in most patients is low back pain.
StarT Back risk assessment	The Keele STarT Back Screening Tool (SBST) is a simple prognostic questionnaire that helps clinicians identify modifiable risk factors (biomedical, psychological and social) for back pain disability.
TENS	Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device to stimulate the nerves for therapeutic

	purposes.

References

1. GM EUR Operational Policy
2. NICE NG59: Low back pain and sciatica in over 16s: assessment and management
3. National Low Back and Radicular Pain Pathway (30 June 2017 3rd Edition v1.0)

Governance Approvals

Name	Date Approved
Greater Manchester Effective Use of Resources Steering Group	15/11/2017
Greater Manchester Chief Finance Officers / Greater Manchester Directors of Commissioning	10/04/2018
Greater Manchester Association Governing Group	01/05/2018
Bolton Clinical Commissioning Group	29/06/2018
Bury Clinical Commissioning Group	01/05/2018
Heywood, Middleton & Rochdale Clinical Commissioning Group	01/05/2018
Manchester Clinical Commissioning Group	17/07/2018
Oldham Clinical Commissioning Group	01/05/2018
Salford Clinical Commissioning Group	01/05/2018
Stockport Clinical Commissioning Group	01/05/2018
Tameside & Glossop Clinical Commissioning Group	01/05/2018
Trafford Clinical Commissioning Group	19/06/2018
Wigan Borough Clinical Commissioning Group	04/07/2018

Appendix 1 – List of 'red flag' signs and symptoms

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The following are considered 'red flags' and individuals with these signs/symptoms should be referred for URGENT investigation:

NOTE: Symptoms suggestive of cauda equina should be treated as a surgical emergency requiring immediate referral.

Neurological

- Sphincter and gait disturbance
- Saddle anaesthesia
- Severe or progressive motor loss
- Widespread neurological deficit

Other: Age <20 or >55 years

- First episode of back pain occurring after age 50
- Previous malignancy
- Systemic illness
- HIV
- Weight loss
- IV drug use
- Steroid use
- Structural deformity
- Non-mechanical pain (no relief with bed rest)
- Fever
- Thoracic pain

Appendix 2 – The Keele STarT Back Screening Tool

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Patient name: _____ **Date:** _____

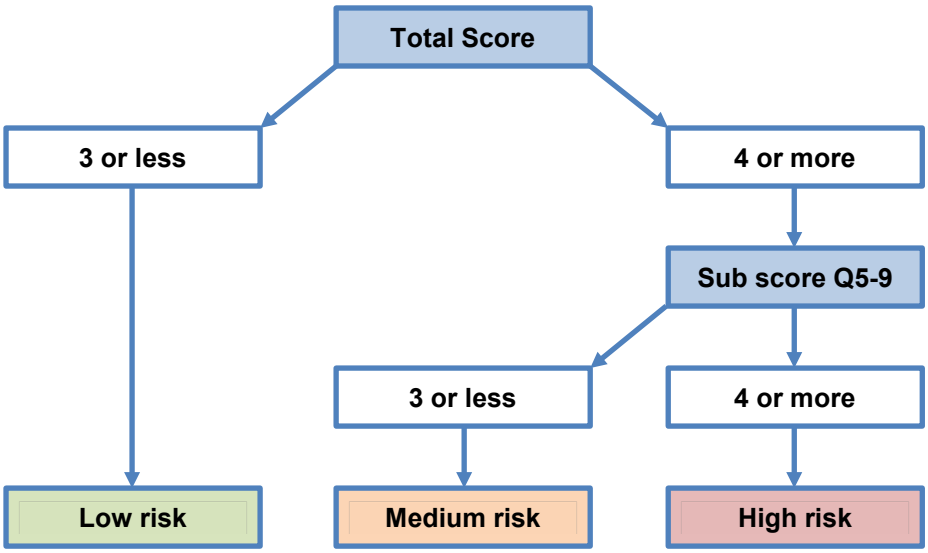
Thinking about the last **2 weeks** tick your response to the following questions:

		Disagree 0	**Agree** 1
1.	My back pain has **spread down my leg(s)** at some time in the last 2 weeks	☐	☐
2.	I have had pain in the **shoulder** or **neck** at some time in the last 2 weeks	☐	☐
3.	I have only **walked short distances** because of my back pain	☐	☐
4.	In the last 2 weeks, I have **dressed more slowly** than usual because of back pain	☐	☐
5.	It's not really safe for a person with a condition like mine to be physically active	☐	☐
6.	**Worrying thoughts** have been going through my mind a lot of the time	☐	☐
7.	I feel that **my back pain is terrible** and **it's never going to get any better**	☐	☐
8.	In general I have **not enjoyed** all the things I used to enjoy	☐	☐

9. Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
☐	☐	☐	☐	☐
0	0	0	1	1

Total score (all 9): ☐ **Sub Score (Q5-9):** ☐



Appendix 3 – Diagnostic and Procedure Codes

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(All codes have been verified by Mersey Internal Audit's Clinical Coding Academy)

Please refer to procedure codes in relevant policies below:

- GM004: Radiofrequency Denervation for Back Pain
- GM070: Facet Joint Injections for Back Pain
- GM018: Out of Contract Spinal Procedures

Appendix 4 – Version History

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The latest version of this policy can be found here: GM Treatment for Low Back Pain policy

Version	Date	Summary of Changes
0.1	31/07/2017	Initial draft statement produced advising low back pain will now be commissioned in line with NICE NG59. This was following discussion of clinical engagement feedback for the draft GM Low Back Pain with or without sciatica policy at GM EUR Steering Group on 19/07/2017. The statement will replace the GM021 Non Specific Low Back Pain Policy once implemented.
0.2	20/09/2017	• *'unless part of a national pathway'* be added on the end of the heading *'Not commissioned'* • Link to NICE NG59 added Following the above amendments, the statement was approved at GM EUR Steering Group to progress through the governance process.
	15/11/2017	Statement brought back to GM EUR Steering Group for approval as it was transferred into a policy following feedback from CCG Commissioners • Keele STarT Back Screening Tool added as an appendix for information The policy was approved at GM EUR Steering Group to progress through the governance process.
1.0	01/05/2018	Approved by Greater Manchester Association Governing Group
2.1	23/01/2019	• Branding changed to reflect change of service from Greater Manchester Shared Services to Greater Manchester Health and Care Commissioning. • Links updated as documents have all moved to a new EUR web address. • Date of Review: Wording updated due to change of governance arrangements. • Commissioning Statement: ○ *'Best Practice Guideline'* section added ○ *'(Alternative commissioning arrangements apply)'* added after Policy Exclusions