The multidisciplinary team management of LBP and sciatica in primary care

Understanding the problem

Low back pain (LBP) is a common disorder affecting about one third of the UK adult population each year. 20% of people with LBP consult their GP each year resulting in 2.6 million GP consultations per year. The UK Office for National Statistics reports that 131 million working days were lost to sickness in 2013; of these 30.6 million days were lost to work related musculoskeletal problems of which back pain was the most common. Back pain care is often fragmented with different professions offering “silos of care” making it difficult for GPs to be sure which service to refer to. In order to address this, a single point of entry to a multidisciplinary back pain pathway delivered in a primary care environment is seen to be a cost effectively and efficaciously solution.

Aims and objectives

This service was initially commissioned to test the hypothesis that this approach would work for complex low back pain and sciatica presentations.

Service description

For the last 19 years, Plymouth Community Back Pain Service has delivered a sustainable primary care service with measurable outcomes run by a multidisciplinary team including GPs, osteopaths, cognitive behavioural therapists and physiotherapists. Assessment and treatment is currently provided by Sentinel Healthcare and the gym based exercises programme by Plymouth Marjon University. These are delivered in parallel with the Extended Scope Physiotherapy assessment service run by University Hospitals Plymouth.

Initial point of contact for referred patients is with one of three osteopaths or two physiotherapists. The role of the GP includes administration of caudal epidural injection for radicular pain. Osteopaths triage, treat and organise appropriate imaging. Cognitive behavioural therapy is provided to help patients manage depression, anxiety and other yellow flags where these are identified. The six week exercises programme aims to enable patients to overcome fear avoidance issues, improving their confidence to exercise and ultimately to encourage self-management.

It should be noted that many of the patients that access the service have already tried and failed other conservative interventions prior to presenting to the service and that referring GPs in the area are unable to refer directly for MRI scans without accessing this service.

Method and approach

Sequential audits of the service took place between the inception of the service and 2014. These audits provided a wealth of data on a variety of subjects, including activity, outcome and costs across 16,051 consecutive patients.
Results and evaluation

The results of the most recent audit of the community wing of the service demonstrate that:

- 483 new patients were seen over a six month period, 253 (52%) seen in less than two weeks
- 176 (36%) received MRI scans
- 82 (47%) had nerve root compression eight had other significant pathology
- Only 42 (8.6%) were referred to secondary care (Neurosurgery)
- 90% were successfully managed in the community clinic including referral for CBT in patients with yellow flags and/or Marjon exercise programme 38 (7.8%) via the Sub-acute Clinic
- Oswestry Disability Index score: average start 39%. Average change at discharge 16.4% (where 10% change is clinically meaningful1)
- Visual Analogue Scale average start 5.87. Average change at discharge 2.7 (where the minimum clinically important difference is 1 point change2)
- 92% of patients rated their confidence in the service and treatment as very good or excellent

Key learning points

The results support the contention that most low back pain and sciatica can be effectively and safely treated in specialised multidisciplinary community clinics. The role of a limited number of “Triage and Treat” clinicians is also supported with the different therapists working within the team being able to provide a fully integrated service.

Plan for spread

Presentations at professional conferences, most recently at the University de l’Universite Libre de Bruxelles (March 2019).

Published papers


Key contacts

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