

## MSK Commissioners Update – October 2018

Since the patient engagement event held on the 2<sup>nd</sup> July 2018, we have:

- Started to develop a prevention plan and are working with all CCGs in the Black Country to develop a way to have consistent advice and information for patients in one place for Musculoskeletal (MSK) issues.
- Worked with our NHS provider to start to develop a way to make sure patients get into the correct service first time (physiotherapy, pain management, rheumatology, trauma and orthopaedics), and to create more capacity in the service.
- We have listened to patient views on the first contact practitioner (FCP) and will feed those views in to the national evaluation of FCPs.

The table below outlines our actions in more detail:

You Said	We did / are developing	By when
When the doctor prescribes pills for pain, they don't tell you about lifestyle.	<p>The CCG is really keen to work with local partners such as the local authorities to make sure patients can access services to support a healthier lifestyle and we are working with our local authority partners to improve the referral and uptake process. We are also working with our communication team to ensure that consistent and clear messages are shared about healthy lifestyles and what that means.</p> <p>We have developed a business case for investing in social prescribing which will support GPs to be able to prescribe lifestyle services as well as / instead of pills for pain. There is more work to do and when this develops further we will be asking patients on how this is working for them.</p>	The social prescribing business case was approved within the CCG in October 2018. An implementation plan will now be developed with agreed actions and funding in place (subject to agreement) by March 2019.
Is there a correlation between back pain and lifestyle?	The CCG shared some myth busting questions and answers about back pain so that patients could learn more about it. Please see attachment 1 for myth busters	Myth busters shared to patients in July 2018.

You Said	We did / are developing	By when
<p>It isn't helpful when going to physiotherapy, to just be given the papers (with the exercises), especially for those who can't read/ write, and if physio provision is limited to a certain number of weeks.</p>	<p>The CCG is working to improve service provision by asking providers to transform services and be more accessible and innovative to support patients' needs. One example is working to develop a website where videos can be viewed to show exercises (for groups of patients that would value watching a video). The CCG is developing an approach to buying services based on patient outcomes and making sure there is enough capacity within the physiotherapy services.</p>	<p>Service development and improvement with providers agreed by March 2019 to improve accessibility and innovation in the short term.</p> <p>April 2020 onwards – the CCG will begin to buy services based on outcomes for patients, which will require providers to provide innovative and accessible services.</p>
<p>There needs to be consistency in what is offered/ available to people</p>	<p>The CCG is working with BSOL CCG to make sure that patients in West Birmingham can achieve the same outcomes as those in Sandwell. This will take time and a lot of partnership working.</p>	<p>Throughout 2019-2020, the SWBCCG will be working with BSOL CCG through a joint commissioning committee to develop ways to make sure that patients, wherever they live can achieve good health outcomes.</p>
<p>For prevention and self-care, patients shared their views on resources that could promote self-care. Points below were suggested:</p> <ul style="list-style-type: none"> <li>• Internet e.g. NHS Choices</li> <li>• NHS 111</li> <li>• NHS app</li> <li>• Lifestyle services e.g. Leisure Trust</li> <li>• Support groups</li> <li>• Social workers</li> <li>• Meeting friends</li> <li>• Going for a short walk</li> </ul>	<p>The CCG is developing a prevention strategy and will use patient feedback to shape the strategy. One aspect that the CCG is looking at is a website as one platform to provide information for patients on MSK conditions, and links to local leisure services and voluntary sector groups.</p> <p>In the meantime, we have shared the local information currently available:  <a href="https://www.healthysandwell.co.uk/">https://www.healthysandwell.co.uk/</a>   <a href="https://www.birmingham.gov.uk/info/50118/health_and_wel_lbeing">https://www.birmingham.gov.uk/info/50118/health_and_wel_lbeing</a></p>	<p>Prevention strategy to be agreed within the CCG – December 2018.</p> <p>March 2019 – confirm if there will be a National self-care MSK website.</p> <p>May 2019 – Implement an agreed local or Black Country website to provide one place for self-care and prevention information.</p>

You Said	We did / are developing	By when
Information is disjointed. While information is key, there is no single place to get it/ access it all.	The CCG is keen to make sure patients can access MSK related information and advice in one place. The action above will support us to get MSK information in one place, as well as training staff within primary care to enable them to signpost patients to the right place.	Training in primary care – from April 2019.
Lack of communication between hospitals and doctors, leading to longer waits	The CCG will be introducing a new approach to MSK services to help primary care to direct patients to the right place first time. Primary care will also receive training to make sure GPs can help patients manage MSK issues but can direct them to the right place first time in a timely way (to hospital or community services).	Service development and improvement plan agreed with NHS provider by March 2019.
<p>You had mixed views on the idea of seeing a First Contact Practitioner (FCP); a qualified clinician who can deal with MSK issues in primary care:</p> <ul style="list-style-type: none"> <li>• There was some support for the idea and one member thought that FCP's may be better than seeing a GP, suggesting they'll be better qualified and are more specialised in musculoskeletal medicine.</li> <li>• One member was concerned about the potential of things being missed, if for example a person has two separate complaints that may or may not be connected.</li> </ul>	The First Contact Practitioner is a National development that is being trialled across the Country. The CCG will take learning from the pilots (our nearest pilot is Dudley).	<p>National FCP pilots running from September 2018</p> <p>Learning from pilots from September 2019</p>

## ATTACHMENT 1

### Back Pain Information - Myth Buster

#### 1) Back pain is common, but it can get better



Back pain is very common and most cases of back pain will get better over a period of weeks. The best advice is to keep active, do normal activities as much as possible and return to work as soon as you can. About 8 out of 10 people will experience low back pain at some point in life and we know that it is one of the most common reasons people visit their GP and is equally common across all age groups. Some people may also experience periodic episodes of low back pain which will settle again.

#### 2) Persistent back pain can be a result of a number of factors in your life

If your assessment has shown no signs that there is a specific pathology causing your pain (such as a specific nerve irritation or a separate medical issue), there may be a combination of factors contributing to the symptoms, then your pain may be called “persistent back pain”. This is very unlikely to need any investigations.

Higher pain levels or longer-lasting symptoms do not mean there is a worse problem causing the symptoms. Pain can occur as a result of an interaction of a few factors in your life individual to yourself. These effect your symptoms and the way you move by adoption of:

- Protective movements (e.g. avoidance of certain activities, bracing, moving slowly, holding your breath with movement)
- Underlying stress (e.g. family, financial)
- Lifestyle changes (e.g. inactivity, poor sleep)
- How it makes you feel (e.g. frustration at not getting better)
- Being scared/fearful to move (e.g. in an attempt to avoid pain or protect the anatomy of your back). This may mean you feel more pain when you move or try to do something, even though you are not damaging your back.

A combination of these factors, individual to you, can make your back structures very sensitive and painful, but the majority of the time they are not damaged and things can often improve. This is the type of back pain that is likely to improve if the structures in your back are made less sensitive with return to normal activities and work.

#### 3) Sciatica can improve just like back pain

This is far less common and affects less than 5 in 100 people. It can be, but is not always caused by pressure or irritation of nerves as they come out of the lower back. The symptoms include pain, numbness and tingling that spread down the leg, sometimes reaching the calf or foot.

The majority of people do recover from sciatica in the same way they would get better from a sprained wrist or ankle. Returning to normal activity and work and moving in a normal way without protecting and guarding yourself as your pain allows is likely to help you get better as quickly as possible.

#### **4) Investigations are not useful in the majority of people with low back pain**



Scans will almost always show something but many of these findings are expected and normal, which are common in people that have no pain and are poorly linked with persistent back pain. Scans or blood tests could be useful only if there are specific findings on your assessment and your clinician is checking for very specific things. X-rays are rarely needed

and of very little help.

#### **5) The back is a strong robust structure and is not that vulnerable to damage.**

Your back is capable of coping with multiple postures, positions, activities and challenging situations. Most back pain is NOT associated with structural damage. Pain intensity is determined by many factors including physical, psychological, health, lifestyle and social factors. Even though it is commonly believed that the back needs to be protected, scientific research has shown that the back structures do not go 'out of alignment', 'out of place' or 'slip'. These beliefs are incorrect and can lead to fear, avoidance of activities, protective movement and disability that can increase pain.

#### **6) In less than 1 in 100 cases back pain can be associated with an underlying medical condition.**

This is very rare and is less than 1% of back pain across the world. This could require medical treatment and include, for example, infection, fracture, tumour or inflammation. It is important to remember that these problems are extremely rare, and make up less than 1% of back pain patients.

#### **7) Using some form of pain relief can help in the early stages of your symptoms and allow you to move normally and continue with day to day activities.**

This could include for example heat or cold compresses or packs, analgesics, pain relieving creams, etc. Your GP, pharmacist or qualified prescriber could advise you on analgesic tablets. It should be noted that scientific research has showed that strong painkillers do not always provide greater relief than simpler options for back pain and actually have the potential to do harm your health with prolonged use.



## 8) Exercise is good for back pain but often people are afraid

Activity and exercise is exceptionally helpful for back pain. Doing sensible levels of exercise can help you return to your activities faster. Exercise could be your own stretching or usual activities. Sometimes, additional exercises are needed to help your recovery and should help you improve the daily



activities you are having problems with. Whilst you have back pain, moving or exercising could be sore but it is safe to do and important to get better. Use your comfortable limit as a guide and they should not increase your discomfort much later in the day. The back is designed to be active and bend and lift. Sometimes people can experience pain doing these activities but it is not bad for you and the key thing is to move and practice in a relaxed confident way. This is no different than gradually increasing your activity levels to do a long walk or run a marathon. Once your back is feeling better, regular exercise is one of the best ways to keep your spine healthy and in the future may also help to prevent the symptoms from returning. More than 30 minutes a day has the greatest health benefits and it should be something you enjoy.

## 9) Lack of sleep can make increase you back pain

Getting enough sleep is essential for your general health and your back pain. Scientific research has shown that lack of sleep can increase the amount of pain you feel. Busy life's today can make this a challenge. Improving your sleep hygiene can help with this by not over stimulating your body with modern life (TV, IPADS, computers, lights) and making sure you are organised for the following day up to 30min/1hr before bed time.

## 10) Getting back to work can help your recovery



If you have a job, try to return to work as soon as possible. It is safe to return to work before you are pain-free. Talk to your GP and your employer about this at an early stage to assist your speedy return to work. The longer you stay off work, the more likely you are never to return. Research tells us that you are more likely to improve quickly by getting moving and getting back to work as soon as possible.

## 11) Don't rush for surgery

There is overwhelming evidence that a gradual return to normal activities including work, day to day activities and exercise is most important in helping recovery. Surgery is rarely an option needed for back pain. Non-surgical options which include a graded return to the activities and exercises that you value and enjoy should always come first. If you believe you may need this treatment, ask your GP, physiotherapist or clinician for advice to help address your concerns.

## **12) When to seek medical help (GP)**

Some symptoms do need to be checked by your doctor before starting treatment:

- If you have had a fall that caused your back pain to start
- If you have had cancer in the past
- If you are have or taken or are taking corticosteroid tablets or have osteoporosis
- If you have a fever or are generally unwell
- If you have difficulty or changes in passing urine or opening your bowels
- Numbness around your genitals or back passage
- Weakness of the leg(s) that is getting worse.
- You have had TB infection in the past

## **13) When to seek emergency (A&E) medical help**

Other rare symptoms need to be checked on the same day by a medical doctor. This is to make sure they are treated efficiently and do not turn into lasting symptoms:

- If you have difficulty or changes in passing urine or opening your bowels
- Increased difficulty when you try to urinate or try to control your flow of urine
- Loss of feeling when you pass urine
- Changes to sensation (Does it feel the same?) around your genitals or back passage
- Altered feeling when using toilet paper to wipe yourself
- Loss of sensation and/or erection during sexual activity

**If you have any of these symptoms and they are new to you, phone NHS 111 or check with a doctor as soon as possible at A&E**