

**NHS North West London Collaboration of Clinical Commissioning Groups  
Patient Representative Workshop for Chronic Low Back Pain 2017**

**Date:** 6<sup>th</sup> February 2017

**Time:** 11:00 -13:30

**Venue:** Room 5.3, 15 Marylebone Road, London, NW1 5JD

	Item	Action
1	<b>Introductions</b>	<b>Complete</b>
2	<p><b>Quorum check</b></p> <p>It was noted that the majority of attendees today were from Brent CCG. Central London CCG was also represented but there were no representatives from the other six CCGs in North West London (NWL).</p>	<b>Complete</b>
3	<p><b>Key feedback:</b></p> <ul style="list-style-type: none"> <li>• There was a range of diverse patient views in the forum, with patients detailing their experience of using NHS services; some of these patients having had chronic long standing back pain for many years. It was evident that some patients had benefited from certain therapies, whilst others had not and there were variations in the level of benefit seen using the treatments currently provided in North West London.</li> <li>• There were queries raised over the evidence review NICE had conducted to determine that many of the treatments provided in NWL for chronic low back pain were ineffective. The forum required further detail on how the studies had been conducted, what sampling had been done and if NICE's review was focused on cure rather than prevention of back pain.</li> <li>• There was a consensus amongst the group that acupuncture was largely ineffective in reducing pain for a prolonged duration of time.</li> <li>• Whilst facet joint injections provided pain relief, this was often temporary lasting between three and six months. Epidural injections were of similar efficacy. It was agreed, though, that as therapeutic injections provided considerable pain relief and aided in keeping patients mobile and independent that these should continue to be provided in NWL if they were effective for individuals.</li> <li>• Discectomy should not be discontinued as it could be very effective. However, there was also concern raised over the potential risks of this procedure and that some patients would be averse to receiving this treatment.</li> <li>• There was consensus that orthotics should remain as a service commissioned by NWL CCGs - both as a treatment and a preventative measure for lower back pain. This point was raised as orthotics covers a wide range of devices so attendees asked for clarity on which orthotic devices NICE no longer recommended.</li> <li>• There was a strong consensus that patients with lower back pain need to be better managed with training provided for GP's, community and secondary care clinicians. In particular the group felt:</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Treatment should be specifically tailored to individual patients</li> <li>○ There was a lack of GP referrals to pain clinics for formal assessment and too much reliance on prescribing analgesics</li> <li>○ A lack of sharing of relevant patient information between the GP and physiotherapists with little follow-up on outcomes</li> <li>○ Lack of information to patients on formal NHS pathways and treatment options available to them</li> <li>○ Patients should be given X-rays by their GP if lower back pain becomes chronic</li> <li>● Attention should be paid to the placebo effect. If a treatment is working for a patient, perhaps because of a placebo effect, is it right to withdraw that treatment just because, overall there is no evidence it works? If it's working for some people – especially for the most complicated cases that have tried many of the other treatments in the NICE guidance – it is not right to decommission them through a blanket withdrawal.</li> <li>● There was a consensus that physiotherapy is an important part of pain management. There should be more physiotherapists specialising in back pain (long waiting times were also flagged as an issue) and patients should be offered more sessions with better follow-up. It was also noted, however, that some patients are in debilitating pain to the extent they cannot manage physiotherapy. By removing interventions provided by the pain clinics (i.e. therapeutic injections) that allow patients to undergo physiotherapy, these patients are left with very limited treatment options.</li> <li>● There was a view that hydrotherapy was of benefit in managing back pain and funding should be provided for this. There was also a call for hydrotherapy to be made available at the primary care level.</li> <li>● The group agreed on the benefits of exercise (e.g. yoga and pilates) and proper diet and the beneficial impact this had on their condition. The group raised the possibility of the NHS providing exercise classes to patients for management of pain. Additionally it was also agreed that the NHS should provide the public with more information on proper nutrition and lifestyle, and particularly provide advice for individuals who may experience back pain as a result of their employment – for example through a set of guidelines that could be made available to employers.</li> <li>● There was a concern raised regarding continuity of patient care if services are decommissioned, and a lack of treatment options left for patients. Additionally it was queried that if a policy change occurred in NWL, would this affect patient access to care in non-NWL hospitals such as UCLH?</li> <li>● There was a concern raised over whether the NICE guidance accounted for the management of patients with multiple comorbidities or chronic conditions that increase susceptibility to pain.</li> <li>● It was discussed that sciatica should be considered separately to</li> </ul>	
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	<p>other conditions that cause chronic low back pain, as sciatica can be so disabling.</p> <ul style="list-style-type: none"> <li>• It is important to have access criteria to these treatments provided in NWL.</li> </ul>	
<p><b>4</b></p>	<p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• The forum was informed that the key feedback made at this meeting would compose a brief that would be presented at the wider workshop on the 21st February.</li> <li>• Workshop attendees are also invited to attend the workshop on the 21st February and feed into the breakout sessions and listen to the clinical debate.</li> <li>• The key feedback from this meeting will be circulated with an accompanying email re-iterating the importance of gathering a wider patient viewpoint. It was acknowledged that this forum was a good starting point but wasn't fully representative.</li> <li>• Policy recommendations as to whether to adopt the NICE recommendations will be made by the Policy Development Group (PDG), which includes lay representatives such as Healthwatch. The PDG would look at the strength of the evidence, both published and local, and make a recommendation to the NWL CCGs' Collaboration Board, which is clinically led by local GPs.</li> <li>• It was expected the review by the CCG Collaboration Board will take place in June of this year. This however was not a final date as was subject to feedback from the workshop.</li> </ul>	
<p><b>5</b></p>	<p><b>Any Other Business</b></p> <p>The patient representatives gave special thanks to the UK Carers Network who distributed the flyer for this workshop, as many of the attendees found out about the workshop through the network.</p>	
<p><b>6</b></p>	<p><b>Date of Next Meeting</b></p> <p>Chronic Low Back Pain Workshop on 21st February 2017</p>	