Making it easier to do the right thing (right patient, right treatment) – implementing the STarT Back approach in everyday practice

Helen Duffy on behalf of the Impact Team
Integrating the evidence

• Healthcare which doesn’t integrate evidence runs the risk of harm but also misses the opportunity to benefit patients

(Grol and Grimshaw 2003, Dawes 2005)

• No single strategy is likely to work and may need to be tailored to suit different groups

(Grol and Grimshaw 2003)

‘Evidence consistently suggests that spread depends on more than good ideas and willing adopters…it is a complex social process’

Buchanan et al 2007
Implementation - Challenges

• Changing the model of care – whole system change
• Health care practitioners barriers to implementation

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."
NHS Context - the Challenge ...

Click on the map stops to see examples of QIPP case studies, further information and resources.
Key Drivers (e.g.)

- **Quality**
  - Preventing harm
  - Timely access
  - Enhanced experience / satisfaction

- **Innovation**
  - Best practice
  - Independence
  - Care closer to home

- **Productivity**
  - Dealing with increasing demand
  - Speedier access

- **Prevention**
  - Early intervention
  - Maximise independence
  - Prevent reliance on health care
  - Quality of life

Selecting an initiative..
Quality, Productivity and Innovation

Stratified care
Case Study: STarT Back Dissemination

*Lancet* article (2011)
Stratified management approach to target provision of primary care physiotherapy significantly improves patient outcomes & offers an average saving of £34.30 per patient

Risk screening tool (identify patient’s level of risk for chronicity)

- Minimal treatment of advice & medication
- Referral to standardised physiotherapy
- Referral to psychologically informed physiotherapy

Improvements in pain, function, patient satisfaction & cost effectiveness
Key STarT Back message
(Hill et al, 2011; Foster et al, 2014)

1. Improved clinical outcomes
2. Improved patient satisfaction
3. Much less time off work
4. Reduces healthcare & societal costs

Stratified care was cheaper, saving:
• an average £34 per individual (health costs)
• An average £675 per individual (societal costs)
Key results

Change in physiotherapy referral patterns
- Low risk referral:
  - 49% controls
  - 7% targeted group
- Medium risk patients:
  - 60% controls
  - 98% targeted group
- High risk patients:
  - 65% controls
  - 100% targeted
  - Fewer referrals
  - More referrals early

Cost Savings
- GP consultations
- Visits to NHS consultants
- Investigations
  - MRI & x-rays
- Epidural injections
- Other private healthcare
- Medication
- Significant reduction in time off work

Whitehurst et al 2012 Ann Rheum Dis
GP barriers — ‘oh no not another tool’

• Beliefs that back pain low clinical priority and / or uninteresting
• Time pressures and focus on QoF
• Variable engagement with educational events
• Lack of coherence between members of practices
• Tendency to revert to ‘usual’ practice

Sanders et al 2011 BMC Medicine
Service implications

• GPs (and PTs) supporting low risk patients in good self-management but not over-treating this group

• Using the tool
  – Gives clinicians confidence in decision-making
  – Leads to clearer prioritisation of patients for referral

• Changes referral patterns to physiotherapy
  – But this leads to improved patients outcomes at lower costs

• Training and support to deliver matched treatments
Local Implementation – some examples

- CCG Cluster Pilot
- SSOTP Community Physiotherapy

- Vale Royal, South & East Cheshire CCGs – East Cheshire NHS Trust adopted as CQUIN
Staffordshire and Stoke on Trent NHS Partnership Trust – North Staffs CCG pilot implementation

- Leek and Biddulph GP cluster - covers rural and market town population
- 615 referrals of low back pain in 12 months
- Patient referred through GP contact/Physio direct triage
- Quality initiative's such as QIPP and Therapies Outcomes were key drivers
- GP/Physiotherapy leads – reviewed pathway and confirmed need to improve communication at discharge – QP monies offered to GPs to complete tool
Problems identified locally

• Patients expect active investigation/treatment

• GPs may be uncertain about:
  – Best management
  – Services available

• Physiotherapy access and waiting times

• Lack of feedback from Physio
Reality check

- Skill mix issues
- Mentorship
- AQP – ‘innovation monies’!!!
- Impact on morale!

“Billy, you’ve been a fine son, but it’s time for a change. I found a child overseas who can do it cheaper.”
Implementation in clinical practice:

• Incentivising did not increase GP use of tool!

• Avoided over treating patients
  New to follow up ratios: Low Risk (24%) 1:1.3
  Medium Risk (35%) 1:3   High Risk (41%) 1:4

• Reduced waiting times
  Pre pilot = 52%; During pilot - 80% seen within target wait time

• Achieved 100% patient satisfaction

• Improved discharge letters back to GP (90% vs 26%)

• Reduced the number of patients being referred on for second opinion (1% to Impact service)

• Ensured patients receive appropriate treatment, delivered by appropriately trained physiotherapists
Implementing STarT Back

- Regional Pilots across West Midlands AHSN
Community of Practice Meeting

- 22\textsuperscript{nd} August 2013
- Highlighted STarT Back results
- Workshop
  - Barriers
  - Enablers
  - Key individuals
  - 2 groups
    - GPs, rheumatologists
    - Physiotherapists, patients, commissioners
## What 3 things…..

<table>
<thead>
<tr>
<th>Physio/patients/commissioner group</th>
<th>GP/Medic group</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resourced champions</td>
<td>• Resource Commissioners on the Board at the highest level, aim for the people in charge of money and quality. Give support to GPs and physios (master class and education). Consider onward referral and feedback loop</td>
</tr>
<tr>
<td>• Help contextualise the proposal</td>
<td>• Credibility Research plus real life data. Fit with clinical approaches, use experience of other GPs</td>
</tr>
<tr>
<td>Help clinicians understand the burden of referrals</td>
<td></td>
</tr>
<tr>
<td>• Patient power Capturing patient stories, use of website, videos, consider what difference patient involvement could make</td>
<td>• Impact Feedback loop, positive outcomes, real life stories. Evidence of difference and sustained difference</td>
</tr>
</tbody>
</table>
Referral to Physiotherapy generated automatically

Appropriate Physiotherapy treatment

Good quality patient information

System developed with GPs

Training for physios provided
What we aimed to achieve

• Assist GP referral by using:
  – Integrated referral template
• Better use of physiotherapy services:
  – Early targeted referral
  – Shorter waiting times
  – Improved feedback to GP on outcome
• Improved patient information
• Fewer repeat consultations for GPs
• Template fires with back pain read codes
• Red flag screening question first
• 9 Item tool
• Auto-calculates score
• Treatment recommendations ‘pop up’

• Bespoke printable patient information
• Designed with patients with back pain
• Contains key messages

• Physiotherapy referral automatically generated for those with medium or high risk score
• Physiotherapists received training in psychosocial factors
Integrated Care Theme – West Midlands Academic Health Science Network

- Pilot clusters across WM AHSN – stratified care for low back pain
- Project Management Support/Clinical champions
- Identify GP locality & referring sites
- Install screening tool – offer GP training
- Competency/Training for Physiotherapy – matched treatment options
- Working with EMIS & System One to embed tool
- Promotional DVDs
- Website
- Pilot with North Staffs CCG – integrated IT platform
CCG Engagement
15 CCGs engaged out of 22
Provider Trusts – Physios trained

- Birmingham Community Healthcare NHS Trust
  - 15 Trained
- Wye Valley NHS Trust
  - 2 Trained
- The Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust
  - 5 trained
- Shropshire Community Health NHS Trust
  - 17 trained
- Staffordshire and Stoke-on-Trent Partnership NHS Trust
  - 53 trained
- Burton Hospitals NHS Foundation Trust
- Walsall Healthcare NHS Trust
- Shrewsbury and Telford Hospital NHS Trust
  - 1 trained
- Black Country Partnership NHS Foundation Trust
- Shrewsbury and Telford Hospital NHS Trust
  - 1 trained
- The Dudley Group NHS Foundation Trust
  - 2 trained
- South Warwickshire NHS Foundation Trust
  - 2 trained
- Coventry and Warwickshire Partnership NHS Trust
- George Eliott Hospital NHS Trust
  - 2 trained
- Staffordshire and Stoke-on-Trent Partnership NHS Trust
  - 53 trained
- Wolverhampton Hospitals NHS Trust
  - 13 trained
- Walsall Healthcare NHS Trust
  - 13 Trained
- Worcestershire Health and Care NHS Trust
  - 15 Trained
- Wye Valley NHS Trust
  - 2 Trained

Diagram of the region with provider trusts indicated.
Key Outputs – STarT Back

Tool Kit:
- On line STarT Back tool free via website
- STarT Back Screening App
- E-tool for GP practices
- Treatment schedules & training resources
- Audit tools
- Example pathways
- www.keele.ac.uk/sbst

Training
- Delivery of Training programme – Bio-psycho-social management of complex patients
Welcome to STarT Back

It is well known that back pain can be a considerable problem for some people, with great costs to them individually and to society as a whole. Effective treatments for back pain exist but often management based on clinical intuition alone fails to match the right patient to the right
<table>
<thead>
<tr>
<th>Local Implementation</th>
<th>National Dissemination</th>
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</table>
| • North Staffs CCG GP QP Pilot – use of tool – development of IT platform  
• Community Physio QiPP Targetted treatments – audit of pilot showed reduced wait times  
• Community Physio CQuin – STarTBack tool  
• Electronic Templates  
• Free local training + support WM AHSN  
• Knowledge Mobilisation Fellowship | • QiPP Right Care Workstream  
• Pain management guidelines  
• EMIS/System 1  
• Map of Medicine  
• NICE LBP review  
• National Conference 2012  
• National Spine Registry British of Spinal Surgeons  
• Department of Health  
  - AHP QiPP Guidelines  
  - Any Qualified Provider documentation  
  - MSK commissioning online toolkit  
• Regular training courses (bio-psychosocial approach)  
• Arthritis Research UK/BMJ e-learning modules; GP Update Course (NB Medical)  
• App Dev.  
• AXA PPP DVD  
• Website |
Implementation strategies

• Engaged CCGs, GPs and Physiotherapists
• Use of local audit
• Use of local clinical champions
• Language/drivers
• Make it easier to do the right thing
• Presented ideas in a variety of formats
  – Protected Learning Events
  – Webinars
  – Newsletters
Implementation strategies

• Created partnerships e.g. Academic Health Science Network (AHSN)
  – Funded training for over 150 Physiotherapists

• Utilised skills of:
  – Information Specialist
  – Data Quality Facilitators
  – Practice Managers
  – Clinical Commission Group leads
Implications Internationally?

Health care funding models:
- Example of AXA PPP as private healthcare provider
- Expectation of patients – implications for managing low risk
- US/Canada – embedded into EMR
- Denmark – roll out across whole primary care system
- ? Insurance Companies

Training
- Delivery of Training programme

Translations
- Validated/published x 8

Dr Simon Somerville + AXA PPP
- High quality short DVD for low risk patients
- Free to use
Thank you
For further information:

Please contact

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• Helen Duffy - h.c.duffy@keele.ac.uk
Acknowledgements

http://www.keele.ac.uk/sbst/

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The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health

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EMIS Protocol & Template

Information about generating the Keele STAR-TRACK Back Screening Tool score

Ask the patient the following questions whilst considering their back pain in the last two weeks.

All nine questions have to be answered to enable the template result to be filled in the patient record.

For questions one to eight:

If the answer is NO, enter '0' (zero).
If the answer is YES, enter '1' (one).

For question nine:

Score '0' (zero) if the patient answers Not at all, Slightly or Moderately.
Score '1' (one) if the patient answers Very much or Extremely.

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STAR-TRACK Screening Tool - Website and Clinical User Information

Have you screened for Red Flags?

A. No red flag symptoms
B. Red flag symptoms

Q1: Has your back pain spread down your leg(s) at some time in the last 2 weeks?

Q2: Have you had pain in the shoulder or neck at some time in the last 2 weeks?

Q3: Have you only walked short distances because of your back pain?

Q4: In the last 2 weeks, have you dressed more slowly than usual because of back pain?

Q5: Do you think it's not really safe for a person with a condition like yours to be physically active?

Q6: Have worrying thoughts been going through your mind a lot of the time?

Q7: Do you feel that your back pain is terrible
Low Back Pain - STarT Back Information Leaflet

This leaflet has been written by Keele University, Research Institute for Primary Care and Health Sciences to accompany the STarT Back Screening Tool which enables GPs to classify back pain patients according to their risk of on-going disability and then to target them to appropriate matched treatments.

Introduction

Back pain is very common and affects most of us at some point in our lives. About 8 out of 10 people will experience low back pain and we know that it is one of the most common reasons why middle-aged people visit their GP. Although it is common, it is very rare that back pain is caused by a serious disease. Most cases of back pain 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.

Causes of back pain

Non-specific - the cause in the vast majority of people
It is often impossible to find a precise cause for low back pain. Less than 1 in 100 people have a serious problem. It can be caused by an injury or sprain, but most of the time it isn’t and may be due to poor posture, lack of exercise or stiffness. You may have heard your doctor, physiotherapist or nurse describing your back pain as 'non-specific' or 'simple' back pain. This means that after your examination, the clinician is not concerned that you have a serious medical condition. This is the type of back pain that is likely to get better over the next few weeks as you gradually return to normal activities and work.

Sciatica
This is far less common and affects less than 1 in 20 people. It is most often caused by nerves as they come out of the lower back. The symptoms include pain, numbness and tingling in the leg, sometimes reaching the calf or foot. Most people do recover from sciatica over time but it often takes longer than with non-specific back pain.
Private and Confidential

**ADULT PHYSIOTHERAPY REFERRAL FORM**

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**Patient Details**
- NHS Number:
- Title Miss
- Name Tester: Appts Second Test
- Address: Stoke On Trent Postcode ST4 6QG
- DOB: 01-Jan-1997
- Telephone Number:
- Mobile Number:

**Next of Kin**
- Name:
- Telephone Number:

**GP Details**
- Fax Number:
- Telephone Number:

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**Is this referral**
- Routine
- Urgent
- If Urgent why?

**Does the patient require an Outpatient appointment**
- Yes
- No

**Is the patient off work due to this current episode**
- Yes
- No

**Sign Language Y/N**
- Preferred Language:

**Risk Markers Y/N**
- Yes
- No

**Symptom onset (please circle)**
- Acute
- Chronic
- Chronic with acute episode

**Main Reason for Referral**
- Face/Head Pain (25064002)
- Neck Pain (11860006)
- Chronic Pain (373621006)
- Neurological problems (118940003)

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