Low back pain and sciatica in over 16s

NICE quality standard

Draft for consultation

March 2017

This quality standard covers the assessment and management of non-specific low back pain and sciatica in young people and adults aged 16 years and over. It describes high-quality care in priority areas for improvement.

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 9 March to 6 April 2017). The final quality standard is expected to publish in July 2017.

Quality statements

Statement 1 Primary care services have an approach to risk stratification for young people and adults presenting with a new episode of low back pain with or without sciatica.

Statement 2 Young people and adults with low back pain with or without sciatica are not referred by primary care services for imaging.

Statement 3 Young people and adults with low back pain with or without sciatica are supported to self-manage their condition.

Statement 4 Young people and adults are not offered anticonvulsants, antidepressants or paracetamol alone to treat low back pain.

Statement 5 Young people and adults are not offered opioids to treat chronic low back pain.

Statement 6 Young people and adults are not treated with spinal injections for low back pain.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing low back pain and sciatica services include:

- Workplace: long-term sickness absence and management
- Pain management (young people and adults)

A full list of NICE quality standards is available from the quality standards topic library.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 2: In cases where serious underlying pathology is suspected, it may be appropriate for primary care services to refer people with low back pain for imaging. Do you think this statement has the potential to inappropriately reduce these referrals? If so, how could this be avoided?

Quality statement 1: Risk stratification

Quality statement

Primary care services have an approach to risk stratification for young people and adults presenting with a new episode of low back pain with or without sciatica.

Rationale

Risk stratification can be used to identify a person's risk of poor functional outcome or long-term problems from low back pain with or without sciatica. Risk stratification tools can help to determine how complex and intensive the support is that a person may need.

Quality measures

Structure

Evidence of an approach to risk stratification for young people and adults presenting with a new episode of low back pain with or without sciatica.

Data source: Local data collection.

Outcome

Young people and adults presenting with a new episode of low back pain with or without sciatica identified as having a risk of poor functional outcome.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary care services) have an approach to risk stratification for young people and adults presenting with new episodes of low back pain with or without sciatica. This can help support decisions about whether risk stratification is used with individual patients and if so, which risk stratification tool is selected.

Healthcare professionals (such as GPs and nurses) are aware of the approach to risk stratification for use at the first consultation with young people and adults presenting with a new episode of low back pain with or without sciatica. This can

determine whether risk stratification is used and if so which risk stratification tool is selected.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services in which there is an approach to risk stratification for people presenting with a new episode of low back pain with or without sciatica.

Young people and adults presenting with a new episode of low back pain with or without sciatica are assessed in a way consistent with a local approach to risk stratification. Their treatment and support is then chosen in line with the results of the assessment.

Source guidance

Low back pain and sciatica in over 16s (2016) NICE guideline NG59, recommendations 1.1.2 and 1.1.3

Definition of terms used in this quality statement

Risk stratification

There are many methods of stratification but in general they divide patients into one of three groups:

- Stratification by risk of on-going disability is used to divide patients into different groups on the basis of whether they have single or multiple risk factors for persistent, disabling back pain. Examples include the OMPSQ and STarT Back.

- Stratification by underlying mechanism for back pain uses many approaches whether based on anatomy, pathology, pain mechanisms or psychosocial factors, with the purpose of targeting treatment at the proposed mechanism of pain. An example is the Classification Based Cognitive Functional Therapy approach which combines patient history, examination findings, psychological assessment and investigation results to classify patients and thus direct treatment.

- Stratification by likelihood of response to treatment is often achieved using a clinical prediction rule. Common examples are those patients who might respond to spinal manipulation or spinal stabilisation. [NICE's full guideline on low back pain and sciatica]

Quality statement 2: Referrals for imaging

Quality statement

Young people and adults with low back pain with or without sciatica are not referred by primary care services for imaging.

Rationale

Imaging does not often change the initial management and outcomes of someone with back pain. This is because the reported imaging findings are common and not necessarily related to the person's symptoms. Many of the imaging findings associated with causing low back pain (for example disc and joint degeneration) are frequently found in asymptomatic people. Referrals for imaging by primary care services can therefore lead to further referrals for findings that are not relevant to low back pain. Expert specialist clinicians are best placed to decide when imaging is required and assess the findings.

Quality measures

Structure

Evidence of local arrangements to ensure that young people and adults with low back pain with or without sciatica are not referred by primary care services for imaging.

Data source: Local data collection.

Process

Proportion of young people and adults with low back pain with or without sciatica who are referred by primary care services for imaging.

Numerator – the number in the denominator who are referred by primary care services.

Denominator – the number of young people and adults with or without sciatica who are referred for imaging.

Data source: Local data collection.

Outcome

a) Rates of imaging for young people and adults with low back pain with or without sciatica.

Data source: Local data collection

b) Proportion of young people and adults with low back pain with or without sciatica for whom imaging changes management.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (primary care services) ensure that young people and adults with low back pain with or without sciatica are not referred for imaging. Service providers should ensure that when young people and adults are referred for a specialist opinion, it is explained to them that they may not need imaging.

Healthcare professionals (such as GPs and nurses) do not refer young people and adults with low back pain with or without sciatica for imaging. Healthcare professionals should explain to young people and adults who are referred for a specialist opinion, that they may not need imaging.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they do not commission primary care services in which young people and adults with low back pain with or without sciatica are referred for imaging.

Young people and adults with low back pain with or without sciatica are not referred for imaging by primary care services (such as a GP practice).

Source guidance

Low back pain and sciatica in over 16s (2016) NICE guideline NG59, recommendation 1.1.4 & 1.1.5

Definitions of terms used in this quality statement

Primary care services

Services such as GP practices where people where people often first present with low back pain. [Expert opinion]

Question for consultation

In cases where serious underlying pathology is suspected, it may be appropriate for primary care services to refer people with low back pain for imaging. Do you think this statement has the potential to inappropriately reduce these referrals? If so, how could this be avoided?

Quality statement 3: Self-management

Quality statement

Young people and adults with low back pain with or without sciatica are supported to self-manage their condition.

Rationale

Low back pain and sciatica are common and recurrent conditions and they can be long term. It is therefore important for the person to learn how to manage their symptoms to reduce their pain and distress and improve their functioning and quality of life. Healthcare professionals can support the person's ability to self-manage their condition by giving advice about the benign nature of the condition, the high probability of a rapid improvement in symptoms and the importance of early return to normal life activities, including return to work where applicable.

Quality measures

Structure

Evidence of local arrangements to ensure that young people and adults with low back pain with or without sciatica are supported to self-manage their condition.

Data source: Local data collection.

Process

Proportion of young people and adults with low back pain with sciatica who are given advice to self-manage their condition.

Numerator – the number in the denominator who are given advice to self-manage their condition.

Denominator – the number of young people and adults with low back pain with sciatica.

Data source: Local data collection such as patient notes.

Outcome

Rates of repeat GP appointments for low back pain and sciatica.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GP practices) ensure that young people and adults with low back pain with or without sciatica are given advice and information to self-manage their condition. This can include verbal information provided by a healthcare professional, leaflets or information about support groups.

Healthcare professionals (such as GPs, nurses and physiotherapists) advise and provide information to young people and adults with low back pain with or without sciatica to help them self-manage their condition. This can include verbal information provided by a healthcare professional, leaflets or information about support groups.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services in which young people and adults with low back pain with or without sciatica are given advice and information to self-manage their condition. This can include verbal information provided by a healthcare professional, leaflets or information about support groups.

Young people and adults with low back pain with or without sciatica are given advice and information to manage their condition themselves. The information can cover the importance of continuing with normal activities and, where applicable, returning to work.

Source guidance

Low back pain and sciatica in over 16s (2016) NICE guideline NG59, recommendation 1.2.1

Definition of terms used in this quality statement

Supported to self-manage their condition

People are provided with advice and information, tailored to their needs and capabilities, to help them self-manage their low back pain with or without sciatica, at all steps of the treatment pathway. It includes:

- information on the nature of low back pain and sciatica
- encouragement to continue with normal activities

[NICE's guideline on low back pain and sciatica]

Quality statement 4: Anticonvulsants, antidepressants and paracetamol for low back pain

Quality statement

Young people and adults are not offered anticonvulsants, antidepressants or paracetamol alone to treat low back pain.

Rationale

The use of medicines without a significant clinical benefit in managing low back pain can lead to unnecessary side effects for the person, risk of dependency and inappropriate use of resources.

Quality measures

Structure

Evidence of local arrangements to ensure that young people and adults are not offered anticonvulsants, antidepressants or paracetamol alone to treat low back pain unless they have other indications for those medicines.

Data source: Local data collection such as GP prescribing audits.

Process

a) Proportion of young people and adults with low back pain, who are offered anticonvulsants and have no other indications for them.

Numerator – the number in the denominator who are offered anticonvulsants.

Denominator – the number of young people and adults with low back pain and no other indication for anticonvulsants.

Data source: Local data collection.

b) Proportion of young people and adults with low back pain, who are offered antidepressants and have no other indication for them.

Numerator – the number in the denominator who are offered antidepressants.

Denominator – the number of young people and adults with low back pain and no other indication for antidepressants.

Data source: Local data collection.

c) Proportion of young people and adults with low back pain, who are offered paracetamol alone and have no other indication for it.

Numerator – the number in the denominator who are offered paracetamol alone.

Denominator – the number of young people and adults with low back pain and no other indication for paracetamol.

Data source: Local data collection.

Outcome

Medicines-related adverse events for young people and adults with low back pain.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GP practices) have systems in place to ensure that young people and adults are not offered anticonvulsants, antidepressants or paracetamol alone to treat low back pain. They should only be given these medicines if they have other indications for them.

Healthcare professionals (such as GPs and nurses) do not treat low back pain with anticonvulsants, antidepressants or paracetamol alone. They should only offer these medicines if there are other indications for them.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they do not commission services in which healthcare professionals treat low back pain with anticonvulsants, antidepressants or paracetamol alone. These medicines should only be offered if there are other indications for them.

Young people and adults with low back pain are not offered anticonvulsants, antidepressants or paracetamol alone unless they need them for other conditions.

This is because these medicines are not effective in either easing back pain or restoring function such as walking and doing daily tasks.

Source guidance

Low back pain and sciatica in over 16s (2016) NICE guideline NG59, recommendations 1.2.21 and 1.2.24-25

Quality statement 5 Opioids for chronic low back pain

Quality statement

Young people and adults are not offered opioids to treat chronic low back pain.

Rationale

The use of opioids does not have a significant clinical benefit for the management of chronic low back pain and can lead to unnecessary side effects for the person, risk of dependency and inappropriate use of resources.

Quality measures

Structure

Evidence of local arrangements to ensure that young people and adults are not offered opioids to treat chronic low back pain unless they have other indications for those medicines.

Data source: Local data collection such as GP prescribing audits.

Process

Proportion of young people and adults who are offered opioids to treat chronic low back pain and have no other indication for them.

Numerator – the number in the denominator who are offered opioids.

Denominator – the number of young people and adults with chronic low back pain and no other indication for opioids.

Data source: Local data collection.

Outcome

Opioids-related adverse events for young people and adults with chronic low back pain.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GP practices) have systems in place to ensure that young people and adults are not offered opioids to treat chronic low back pain. Opioids should only be offered when there are other indications for those medicines.

Healthcare professionals (such as GPs and nurses) do not offer opioids to young people and adults to treat chronic low back pain. They should only offer opioids when there are other indications for those medicines.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they do not commission services in which healthcare professionals offer opioids to young people and adults to treat chronic low back pain. Opioids should only be offered when there are other indications for those medicines.

Young people and adults with low back pain are not offered opioids to treat their condition unless they need them for other conditions. This is because these medicines are not effective in either easing pain or restoring function such as walking and doing daily tasks.

Source guidance

Low back pain and sciatica in over 16s (2016) NICE guideline NG59, recommendation 1.2.23

Quality statement 6: Spinal injections

Quality statement

Young people and adults are not treated with spinal injections for low back pain.

Rationale

Spinal injections for treating low back pain without sciatica are not clinically or cost-effective.

Quality measures

Structure

Evidence of local arrangements to ensure that young people and adults are not treated with spinal injections for low back pain.

Data source: Local data collection.

Process

Proportion of young people and adults who have spinal injections for the treatment of low back pain.

Numerator – the number in the denominator who have spinal injections for the treatment of low back pain.

Denominator – the number of young people and adults with low back pain.

Data source: Local data collection.

Outcome

Rates of spinal injections for young people and adults with low back pain.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as hospitals) have systems in place to ensure that young people and adults are not treated with spinal injections for low back pain.

Healthcare professionals (such as physicians, surgeons and radiologists) do not treat young people and adults with spinal injections for low back pain.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they do not commission services in which young people and adults are treated with spinal injections for low back pain.

Young people and adults with low back pain are not treated with spinal injections for low back pain. This is because spinal injections are not likely to improve their condition.

Source guidance

Low back pain and sciatica in over 16s (2016) NICE guideline NG59, recommendation 1.3.1

Definition of terms used in this quality statement

Spinal injections

These are variations of injected agents which aim to either reduce inflammation in tissue or induce inflammation to stimulate healthy tissue regrowth, or reduce firing of nerve fibres that may be contributing to pain. They include steroid spinal injections, intradiscal therapy, prolotherapy and trigger point injections. However, medial branch block injections can be used as a diagnostic tool to establish if the person would respond to radiofrequency denervation. [NICE's guideline on low back pain and sciatica]

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 4 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been incorporated into the NICE pathway on low back pain and sciatica.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- Functional improvement

- Avoidance of harm
- Return to work.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- Adult social care outcomes framework 2015–16
- NHS outcomes framework 2016–17
- Public health outcomes framework for England, 2016–19.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: