Queen Mary's Sidcup Back pain triage service: Frequently Asked Questions

- *Why is there not a comprehensive back pain service that covers all elements of back pain, including early acute management, recurring pain and emergency referrals?*

The triage service actually addresses all of these. We believe that the majority of patients with acute mechanical back pain do not require specialist intervention; there is no reliable evidence that *any* early treatment within the first six weeks is helpful. The RCGP guidelines set out the principles of acute early management – analgesics, minimal rest and rapid return to normal activities. Excessive rest is harmful.

The physiotherapy service provides both treatment (where appropriate) and education and advice on prevention and exercise.

Our triage system allows the *immediate* assessment of emergency “red flag” problems. Patients whose referral indicates urgency will be seen within days, and if scans are required these will be organised without the patient having to wait to see a consultant. Under the old system patients would have to await a rheumatology or orthopaedic opinion, which might take weeks even for an urgent case.

As the Queen Mary's orthopaedic surgeons do not operate on backs they will no longer see patients with back pain. If a surgical opinion is needed (for instance, with a disc prolapse or other serious pathology) then the rheumatologists will refer patients to the neurosurgeons at King’s College Hospital. For emergencies they will admit patients and arrange an urgent transfer if appropriate. The fastest transit recorded is nine hours from referral to transfer (including MRI scan and admission to Queen Mary's).

GPs can, of course, phone either the triage team, or the rheumatology consultants, for advice if they are really worried. Contact numbers are provided in the new information pack.

- *We don’t have enough information about the service or what to do before we can refer*

With the redesigned triage form we are circulating an updated “patient pathway” together with a self-management booklet. We hope in due course to make this available for computer use, so that forms and information sheets can be printed directly from surgery computers.

- *The referral form is too complicated*

We agree. The first draft was not easy to complete, and with the help of GP colleagues we have redesigned it to make it flow better. However we do need quite a

lot of information to be able to prioritise referrals properly and hope is not too much to expect that a simple physical examination has been completed.

You may wish to try using the electronic form on the website. At present you can complete it and print it immediately, and we are working on a version that you can submit directly.

- *Patients should see consultants, not physiotherapists*

There remains a misconception that all patients referred to the Back Pain Triage system will be given physiotherapy. This is not so. They will see a consultant, if it is necessary, but the first *assessment* is by an experienced physiotherapy specialist with particular expertise in the assessment and management of back pain. They will triage to a consultant where appropriate. The triage team are specialist enough to be authorised to organise MRI scans when necessary – something which to date has required a consultant's authorisation and signature.

However, triage to physiotherapy is far and away the most appropriate option. From September 2002 (for one year) 905 patients were triaged to physiotherapy, 98 to rheumatology and 28 to the Pain Clinic.

- *How does the service link to the Pain Clinic?*

The Pain Clinic is of particular importance for patients who might benefit from special techniques such as epidural and facet joint injection, and for those who might require chronic pain management. Referrals will be triaged directly to the Pain Clinic if appropriate, as is obvious from the above statistics. Many referrals to the clinic under the old system were inappropriate and clogged up the system. The waiting time for the Pain Clinic has reduced dramatically as a result of the introduction of the Back Pain Triage service.

- *What psychological support is available at Queen Mary's for back pain sufferers?*

Queen Mary's has no acute psychology service for any department. This is a major shortcoming, not only for back pain but also for other problems (such as chronic neurological disease). Queen Mary's has attempted to solve the problem for many years, but financial shortfall and recruitment difficulties have conspired against any development.

- *Why can't GPs request MRI scans?*

Quite simply because they are useless in the management of simple mechanical back pain, just as X-rays are in most cases. A normal scan does not mean nothing is wrong; a patient requiring a scan to exclude a disc prolapse or other sinister pathology will have this done much more quickly than under the old direct consultant referral system. Likewise there are many minor abnormalities that can be seen on scans which may cause concern to patients and GPs alike, but are irrelevant to the clinical picture. And some pathology does not show well on MRI; scoliosis, developmental asymmetry and facet problems are better demonstrated by X-ray.

- *The physiotherapy waiting time for back pain patients is not acceptable*

This is an inaccurate perception. Patients categorised as urgent will be seen within 2 weeks. "Soon" patients will be seen within 6 weeks. These two groups make up about *80%* of all back pain referrals. Of the total referrals between Sept 2002-Aug 2003 47% were seen within a week and 64% in 2 weeks; 84% were seen within 12 weeks. We think this is an impressive proportion. There is admittedly a long "tail" for the remaining 20% with a wait of up to 10 months for routine patients, but this is a resource issue and other routine physiotherapy patients, with conditions other than back pain, wait just as long. Physiotherapy is not included in government waiting time targets for new outpatients. We think it should be, as it would drive the provision of extra physiotherapy staff.

However, it should be remembered that under the old system patients would wait up to 4-6 months for a consultant appointment and *then* have to wait up to 9 months for physiotherapy. By redirecting referrals as we have done we have actually cut the overall wait. Furthermore, by clearing rheumatology, orthopaedic and Pain Clinic waiting lists of back pain referrals the waiting times for other conditions has also reduced markedly in all three departments.

- *GPs do not hear anything from the service once referred*

A fair point; we are introducing a "report back" system so that you will know what has happened to your patient.

- *We do not like your system, and will refer elsewhere*

That is up to you. However the number of patients passing through the Back Pain Service at Queen Mary's has almost doubled in the last year. Other nearby hospitals also have similar triage systems – indeed that recently introduced at the Queen Elizabeth Hospital, Woolwich is modelled on ours.