



Osteopathy as complementary medicine in national health systems

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Aims

- Public healthcare quality, costs and rationing
- UK model – National Institute of Health and Clinical Excellence (NICE)
- Clinical Guidelines for the treatment of persistent non specific back pain
- Examples of osteopathic care models in the UK National Health System



Healthcare quality, costs and rationing

- Population aging
- Technological advancement
- Health care costs rising and increasing proportion of the Gross Domestic Product spent on healthcare
- What would you choose to add to or remove from the budget and why?



National Institute of Health and Clinical Excellence (NICE)

- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process





Guideline development process

- Commissioning of topic
- Scoping
- Guideline development group
- Key clinical questions
- Evidence appraisal
- Forming recommendations



Why develop guidelines?

- Inappropriate variations in clinical practice
- Persisting use of ineffective treatments
- Need to apply established treatments of proven clinical and cost effectiveness
- Failure to adopt clinically and cost effective new treatments
- “Post-code” prescribing
- Impossible for clinicians to read and appraise all relevant evidence themselves



Key priorities for implementation

Information, education and patient preferences

- Provide people with advice and information to promote self-management of their low back pain.
- Offer one of the following treatment options, taking into account patient preference: an exercise programme, a course of manual therapy or a course of acupuncture. Consider offering another of these options if the chosen treatment does not result in satisfactory improvement.

Physical activity and exercise

- Consider offering a structured exercise programme tailored to the person:
 - This should comprise up to a maximum of eight sessions over a period of up to 12 weeks.
 - Offer a group supervised exercise programme, in a group of up to 10 people.
 - A one-to-one supervised exercise programme may be offered if a group programme is not suitable for a particular person.

Manual therapy¹

- Consider offering a course of manual therapy, including spinal manipulation, comprising up to a maximum of nine sessions over a period of up to 12 weeks.

Invasive procedures

- Consider offering a course of acupuncture needling comprising up to a maximum of 10 sessions over a period of up to 12 weeks.
- Do not offer injections of therapeutic substances into the back for non-specific low back pain.

Combined physical and psychological treatment programme

- Consider referral for a combined physical and psychological treatment programme, comprising around 100 hours over a maximum of 8 weeks, for people who:
 - have received at least one less intensive treatment **and**
 - have high disability and/or significant psychological distress.

continued

¹ The manual therapies reviewed were spinal manipulation, spinal mobilisation and massage. Collectively these are all manual therapy. Mobilisation and massage are performed by a wide variety of practitioners. Manipulation can be performed by chiropractors and osteopaths, as well as by doctors and physiotherapists who have undergone specialist postgraduate training in manipulation.

Manual therapy:
Consider offering a course of manual therapy, including spinal manipulation... up to nine sessions over 12 weeks

Spinal manipulation, mobilisation, massageperformed by Osteopaths and others



Helpful?

- Endorsement of the types of approaches used by many osteopaths - not all
- Opens door to widespread commissioning of osteopathic services
- But – conflates osteopathy with chiropractic and physiotherapy
- Challenges to practice eg injections, imaging, traction
- Clarifies need for high quality evidence of effectiveness and cost effectiveness



Examples of NHS osteopathy services



Acute & Sub-acute community Low Back Pain Clinic

- Run by NHS Plymouth (Feb 2000)
- An integrated package of evidence-based care
- Consists of evidence-based modalities delivered by:
 - GPs (4)
 - Osteopaths (4)
 - Extended Scope Physiotherapist (1)
 - Cognitive Behavioural Therapist (1)
 - Non-medical aerobic exercise programme



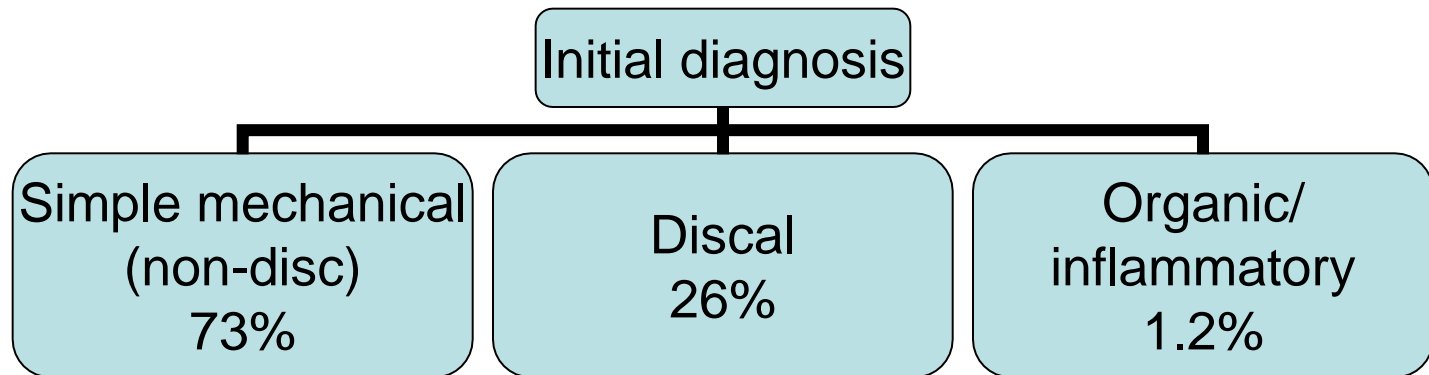
Referral criteria

□ Essential criteria

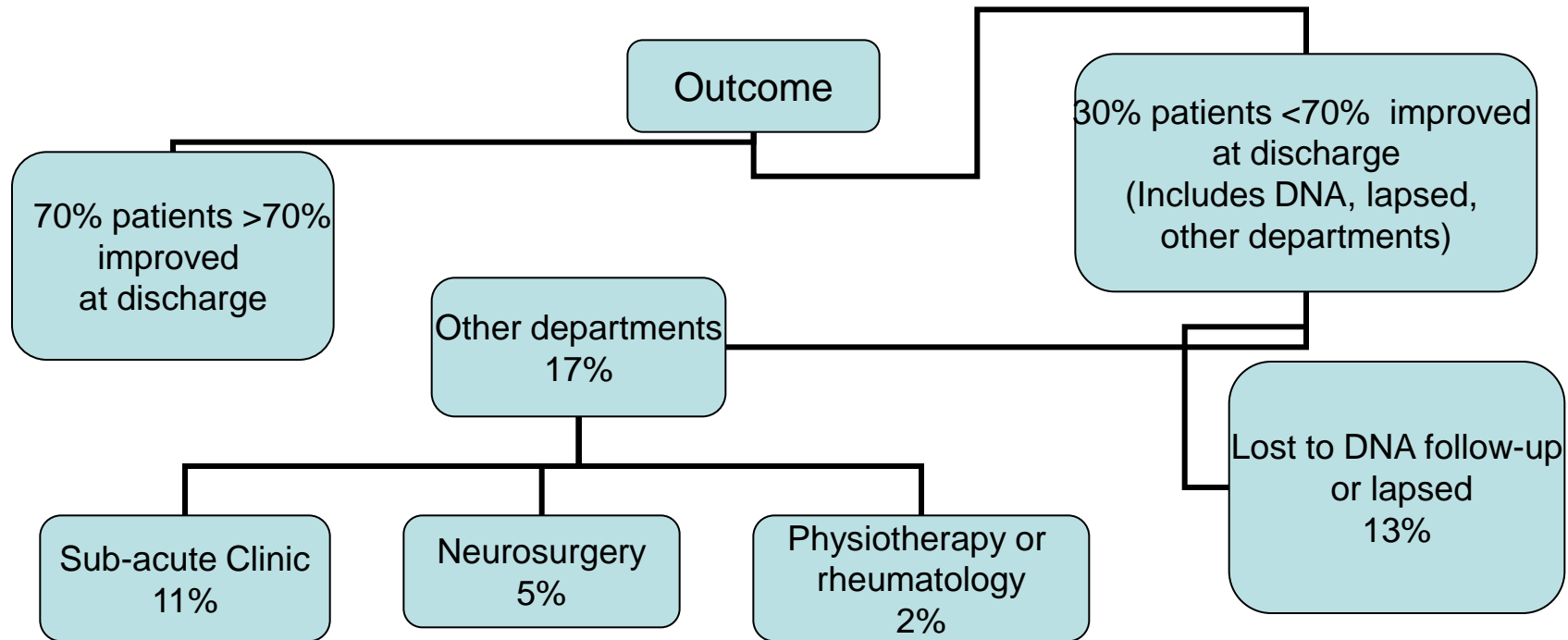
- Symptoms less than 6 weeks
- Trial of adequate analgesia and mobility
- Age 18–65
- Plus one or more of the following:
 - moderately severe pain or worse
 - not making progress
 - limited Straight leg raise (SLR)
 - neurological deficit
 - off work
 - restricted spinal movement / scoliosis



Initial diagnosis: Acute service 2005/6



Acute outcomes 2005/6



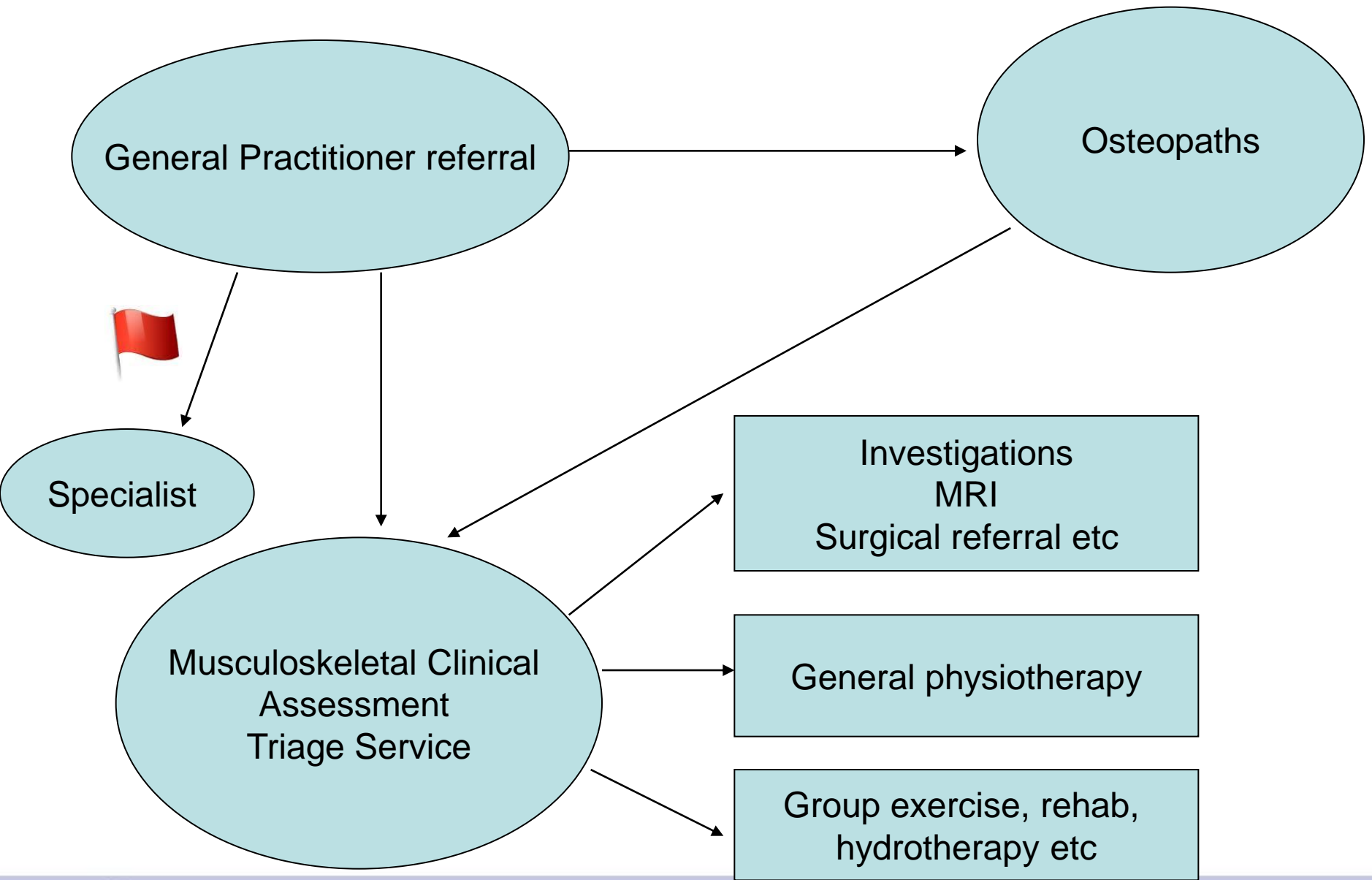
Service growing based on costs, outcomes, EB guidelines and audit



General Practice Based Services

- Established by application for funding in 90's
- Osteopaths work in primary care team
- Few formal referral criteria
 - Mostly musculoskeletal conditions
 - Spinal >60%
- Good relationship with General Practitioners – like holistic approach





Issues

- Philosophy and interventions
- Letters and communication
- Maintaining funding - audit and outcomes
- Constant uncertainty and change



Find out more

Visit www.nice.org.uk/CG88 for:

- the guideline
- the quick reference guide
- ‘Understanding NICE guidance’
- costing report and template
- audit support
- factsheet for commissioners
- patient information leaflet



Acknowledgements

- Plymouth Back Pain Service: Mr Charles Peers

Thank you for your attention – any questions

