Final report

August 2017

Innovating for Improvement

Specialist led back pain service in primary care

Royal Free London NHS Foundation Trust

The Health Foundation

About the project

Project title: Specialist led back pain service in primary care

Lead organisation: Royal Free London NHS Foundation Trust

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Part 1: Abstract

There is a national shortage of GPS as highlighted in The General Practice Forward View. This, combined with a growing and ageing population, with complex multiple health conditions, has placed GP's under increasing pressure.

To address this, we piloted a first-contact Advanced Practice Physiotherapist (APP) back pain service in a GP practice which serves a population of 14,500. We named it the Back Pain Service (BPS). The GP practice had difficulty recruiting GPs and was eager to support a new service that would help their staffing problem and enable patients to see a spinal specialist in primary care.

We saw a total of 474 new patients and had 611 contacts. As APPs, we managed the whole patient pathway including investigations, diagnosing, prescribing, referral to secondary care and listing for spinal injections. The innovative aspect of our intervention was our link with secondary care, and ability to directly list patients for injections from the back pain service in the GP practice.

The main impacts of the BPS were:

- A reduction in secondary care referrals and investigations resulting in a cost saving of over £10,000.
- A reduction of the average waiting time from initial consultation to injection from 31 weeks on the old pathway average to 9 weeks
- 80% of patients were seen once and discharged and 100% of the 611 contacts were extremely likely or likely to recommend us to friends and family.

The main enablers of the success of the project were;

- Our experience of managing back pain and enthusiasm to ensure the success of the project.
- The linking of IT services of primary and secondary care to enable viewing of investigations and direct listing

The main challenge of the intervention was the difficulty in retrieving accurate data from the GP databases. This impacted on the reliably of our cost comparison analysis.

The BPS has not yet been commissioned but we are still optimistic that with our excellent results, this will occur in the future and we continue to work on this with widespread communication of the outcomes. For now our model of care will be used to inform and influence the decisions of how new MSK services will be delivered in Barnet and Enfield.

Part 2: Progress and outcomes

Introduction

Our project enabled patients with back pain to self-refer to the Back Pain Service (BPS) in their local GP practice to see a spinal specialist. Traditionally, GPs are the gate keepers and would refer patients to secondary care for a spinal specialist opinion. Our project was innovative as the patients did not need to be referred by their GP. We were working as first contact Advanced Practice Physiotherapists (APP) and are able to manage the whole patient pathway in primary care including:

- Investigations
- Diagnosis
- Prescribing
- Referral to secondary care and other health care professionals
- Listing for spinal injections from primary care.

The new pathway seamlessly integrated primary and secondary care services. For all patients the journey to a specialist opinion was considerably shorter and patients were only referred to secondary care when necessary.
Working in the GP practice provided an opportunity for collaborative working between primary and secondary care services and ensured a patient centred pathway.

Adjustments

The two significant adjustment to our original plan were:

- We decided not to use a proforma as this would create extra work for reception and over complicate the pathway.
- We added urgent slots to the diary template to manage the demand and capacity issues. This enabled us to offer same day appointments and to more effectively manage the waiting list.

Outcomes

We measured patients' back pain related disability at every encounter to evaluate the effect of the interventions the patients had received.

The primary outcome measure was The Keele STarT Back Tool which is an internationally validated tool and recommended by NICE in the management of lower back pain and sciatica (see Appendix 1.1 and 1.7). This tool has 9 questions about predictors for persistent disabling back pain. They include radiating leg pain, pain elsewhere, disability, fear, anxiety, pessimistic patient expectations, and low mood and how much the patient is bothered by their pain. It produces two scores: overall and distress (psych) subscale. These are used to stratify patients into low, medium and high risk groups eg a high score equals a high risk of patients having persisting LBP with disability. The score is used to inform the care that they should receive.

Patients also reported their pain level on a visual analogue scale (VAS) at every encounter. Both VAS and STarT Back are widely used in healthcare and are free and easily accessed from the internet.

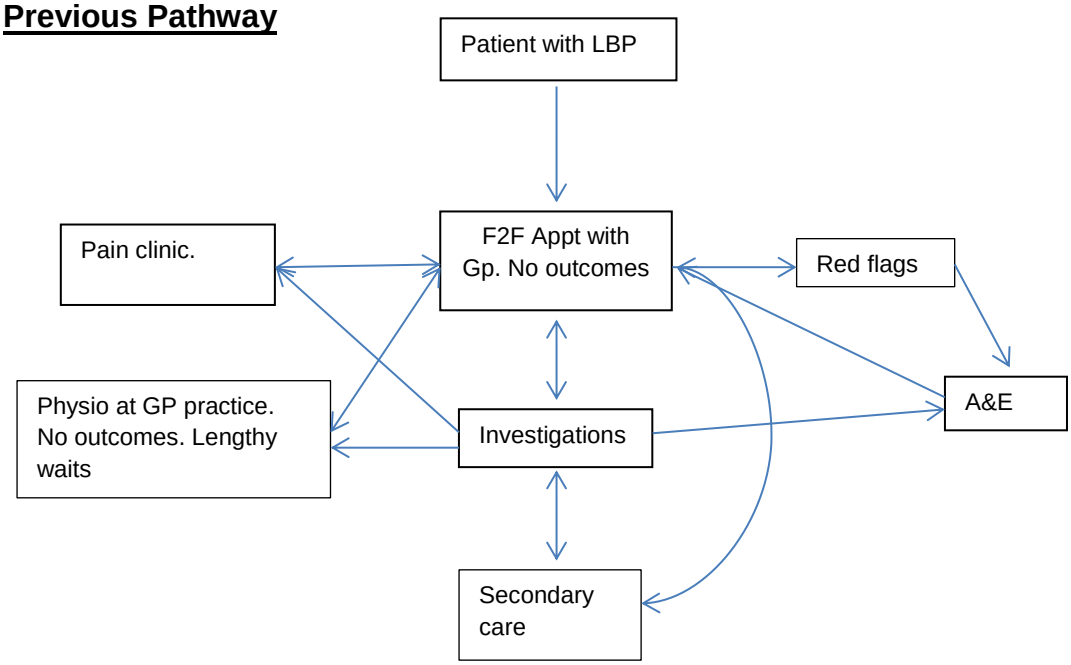
Quantative data collected included STarT Back, VAS, referrals, patient journey and appointment time and outcome was recorded to monitor the activity and cost of the service. This data was used to compare cost and activity of the old service to the new streamlined service.

We gathered qualitative data via patient and staff reported experience using an experience questionnaire designed specifically for the project (see appendix 1.1) and case study narrative including video testimonials (see appendix 1.5 link to video) The data analysis has been carried out by the project team. No independent analysis has been conducted.

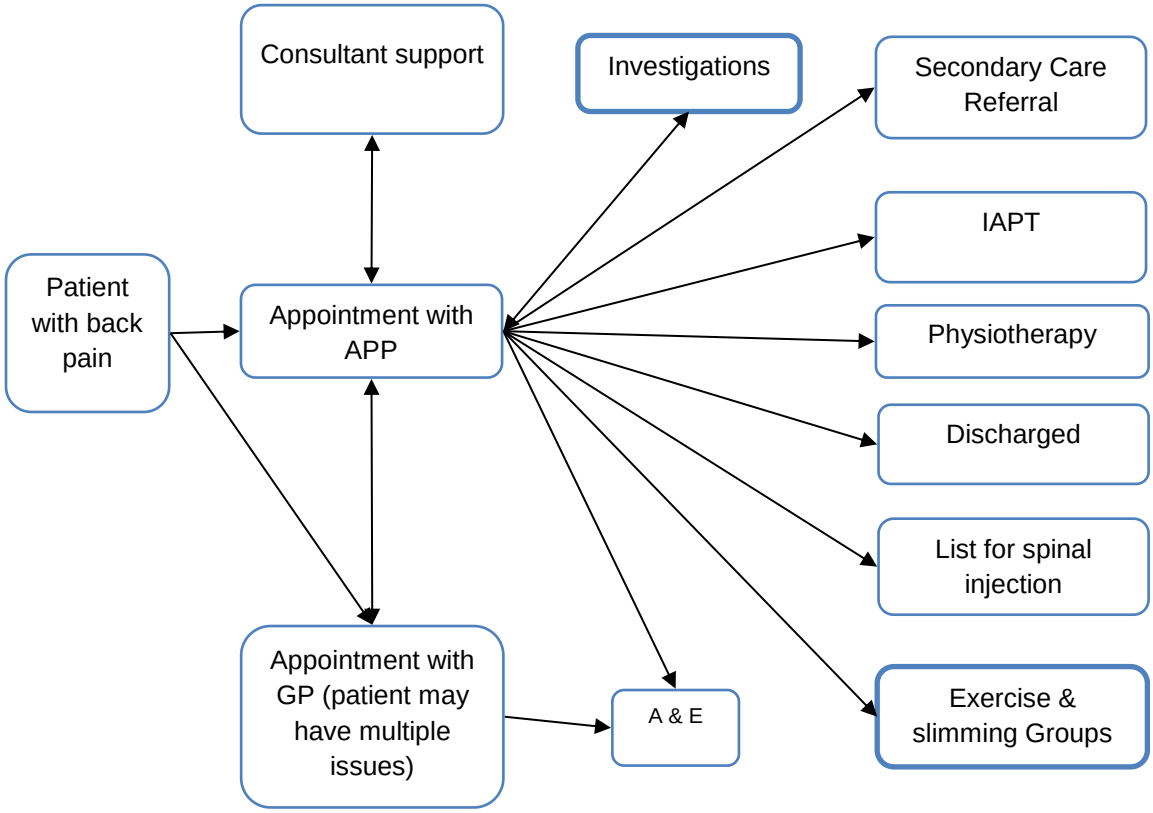
We decided that the Oswestry Disability Index (ODI) was not required as the STarTback tool was sufficient is the outcome measure recommended by NICE in the lower back pain and sciatica guideline. The Keele STarT Back tool is easy to use in a clinical setting as it is short and easy to complete. No other adjustments of outcome measures were made during the course of the project.

Diagram 1: A comparison of the previous pathway before the implementation of the Back Pain Service and the new pathway led by the APPs.

Previous Pathway



Back Pain Service Pathway



The Back Pain Service ran for 12 months and over that time we:

- Saw 474 new patients
- Had a total of 611 contacts
- Discharged 80% of patients after their first appointment
- Referred 3.5% to secondary care
- Reduced the waiting time from initial consultation to injection from 31 weeks on the old pathway to 9
- Saw 17% of patients who had self-referred
- Referred <1% of patients back to the GP
- Referred 47% to physiotherapy at Barnet Hospital

Discussion of this data

The total numbers of contacts were as we had anticipated at the set up phase of the project. Due to the difficulty in obtaining accurate data from the GP practice, we were unable to compare our data for discharge percentage after 1st appointment (80%) to the previous pathway. We have tried to compare this outcome to other MSK services but due to our innovative service design were unable to draw any meaningful comparisons.

We referred 3.5% of patients to secondary care compared to 12% in the old pathway.

2% of patients were referred to orthopaedics for spinal injections. The waiting time, from initial consultation to injection was reduced to an average of 9 weeks compared to an average of 31 weeks on the old pathway.

The low self-referral rate (17%) is discussed in Part 4 of this document.

Less than 1% of patients were referred back to the GP because they were not appropriate to be seen in this pilot service due to their presenting condition.

We referred 47% of patients to the spinal physiotherapy service at Barnet Hospital and 12% to the GP practice physiotherapy service. The GPs referred 38% of patients to their in-house physiotherapy service and did not refer any patients to the spinal service at Barnet Hospital in the previous year. The percentage of patients referred to physio by the BPS is greater than the percentage referred by the GPs in the previous year.
The outcome of the STarTback data, the reduction in referral to secondary care and the outcome of the 6 month telephone review justify this appropriate increase in referrals. These outcomes are discussed later on the report. We believe this possibly reflects a previously unmet need.

Patient Outcome Data.

We compared the following data obtained from the GP practice for the year before the BPS started (old pathway) to the BPS data (new pathway).

Table 1: Comparison of patient outcomes

Outcome	Old pathway % n = 537	New Pathway (BPS) % n = 611
Ref to sec care pain	2%	1%
Ref to sec care orthopaedics	10%	2%
Ref to Rheumatology	0%	0.5%
MRI	9%	9%
Xray	37%	1%
Listed for spinal injection in orthopaedics	No data available	100% (n=15)

Discussion of this data

Over the 12 month duration of the project we saw 611 contacts and in the previous year the GP data demonstrated that they had seen 537 contacts. We believe that the GP data is unreliable and is a low estimate of their activity, investigation rate and referral on to secondary care. For example when we analysed the GP practice referral rate using the secondary care data base, the totals were not the same. This was particularly evident when looking at x-ray and MRI referral rates. The discrepancy is due to the GP information technology patient data base being difficult to obtain accurate reports from.

We referred 8.5% less patients for secondary care pain, orthopaedics and rheumatology appointments in comparison to the old pathway. 96.5% of our patients were successfully managed within primary care. MRI rates were equal between both services (9%) and x-ray rates were considerably lower in the new pathway (36%). We are unable to compare the conversion rates to spinal injection in orthopaedics due to no data being available from the old pathway. The financial impact of these outcomes is discussed in section 3.

We were unable to obtain accurate data regarding the number of GP new to follow up contacts per back pain patient in the old pathway. Therefore we chose to compare 50 random patients from the old to new pathways to calculate the percentage of patients only seen once. This showed:

Table 2: Comparison of patient seen once in the service

Outcome	Old pathway n = 50	New pathway n = 50
% discharged after 1 appointment	52%	94%

Discussion of this data

Our new pathway shows that we significantly increased the number of patients discharged after one appointment compared to the old pathway. This demonstrates that the APPs are effectively managing patients with back pain in primary care within a 30 minute appointment slot.

Outcome measures

We used the following outcome measures and questionnaires which can be found in Appendix 1.1:

- STarT Back at every face to face consultation
- STarT Back and 6 month patient experience survey (6 month telephone review)
- VAS
- Patient experience questionnaire
- Fairbrook staff experience survey at 6 months.

Summary of Keele STarT Back Tool

We analysed 50 patients STarT Back scores from their initial appointment in the BPS and compared it to their score following discharge from physiotherapy at the Royal Free London NHS Trust.
The following changes in score were identified:

High to low = 44%
High to medium = 4%
High to High = 2%

Medium to Low = 34%
Medium to Medium = 4%
Medium to High = 4% (1 was pregnant, 1 chose to self-manage)

Low to Low = 8%

Discussion of STarTback

82% of patients reduced their score by 1 or 2 categories with management in the BPS and in the physiotherapy department at the Royal free London Trust (Barnet Hospital). This clearly demonstrates an improvement in patients back pain related disability when managed on the BPS pathway.

STart Back and patient experience questionnaire at 6 month follow up

We also analysed STarT Back scores from 10 randomly selected patients six months following their initial appointment in the BPS. The patients were telephoned for a progress report using a patient experience survey. These were the results:

Table 3: STarTback scores

Initial BPS STarTback score	6 month STarT Back score	Percentage of patients %
High	Low	60%
Medium	Low	10%
*Medium	High	20%

*2 patients **increased** their score – 20%
-1 had a flare up
-1 had inappropriate management by a private physio

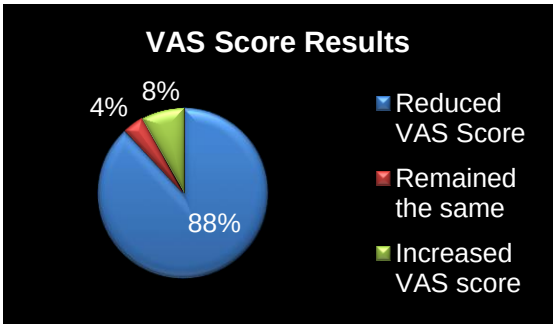
Patients reported:
'*I feel very confident'*
'I feel positive to self-manage my condition and have a different mind-set'
'My back feels better than it has in years. I now exercise 6 days a week and did nothing before'
'I still have pain but I am confident self-managing it'

The changes in STarT Back scores at the 6 month follow-up demonstrate an improvement in patients' back pain related disability. It also showed patients had been able to maintain their improvement and continued to effectively self-manage their condition.

Of these patients 50% had physiotherapy intervention and 50% had only been seen once in the back pain service and discharged. We anticipate that the improved confidence in managing their condition with associated behaviour change will potentially result in less demand on the NHS.

Pain Visual Analogue Scale
50 patients were reviewed comparing their VAS from their initial appointment in the BPS to their score following discharge from physiotherapy at the Royal Free London NHS Trust

- Reduced their score = **88%**
- Remained the same = 4%
- Increased their score = **8%**



The VAS scores demonstrate that patients perception of pain is reduced following management in the BPS and with physiotherapy

Summary of the Patient Experience Questionnaire (Appendix 1.2)
We had a 72% return rate on the patient experience questionnaires post consultation with the APP's in the BPS. The results from the questionnaires demonstrated that:

- 100% of patients were extremely likely or likely to recommend our service to friends and family
- 100% felt that the APP explained the next steps clearly in a way they could understand
- 97% felt they were involved in decisions about their care
- 99% felt they were treated with dignity and respect
- 97% felt they had trust and confidence in the APP

- 92% preferred a face to face rather than phone appointment

These are some of the quotes that patients wrote on their questionnaires:

'*She listened to me and gave me advice to help my back pain'*
'Friendly service, explained everything about my back so I could understand'
'*I feel reassured regarding my back issues and have come away with lots of helpful advice. Very impressed!*'
'*Listened and explained. Answered questions. Did not feel rushed on a clock'*
'Explained and did not judge'
'*She has given me so much confidence to cope'*

Summary of GP surgery staff experience questionnaire (Appendix 1.4)
Six months into the BPS pilot, we asked all members of staff at Fairbrook Medical Centre to complete a staff experience questionnaire. 17 completed forms were returned from the reception team, practice manager and GP's.
All feedback was very positive with 100% indicating that they would like the BPS to remain. 24% suggested increasing the capacity of the BPS to cope with the demand. We were unable to do anything about this for the duration of the project due to our availability and the project budget.
These are some of the quotes that we received from the feedback questionnaires:

'It's a great service which puts patients first and offers them a service which is beneficial to their health'
'It is a great service for our patients. Brilliant feedback and problem solving. Saved on referral and patient waiting in pain'
'Definitely benefits. Patients are able to see the BPS for back pain rather than having to wait to see the GP and then be referred'
'Friendly and professional team'
'We won't cope we need the BPS to stay'

Part 3: Cost impact

The Health Foundation Award of £74,000 was used to fund our pilot project for eighteen months. The pilot was completed on 7th August 2017 and is yet to be commissioned.

The table below compares the data of 500 patients seen by the GPs before the BPS started versus 500 patients seen by the BPS. We used this to calculate the cost comparison and the total saving for the BPS for 500 contacts.

Due to the already identified inaccuracy of the GP data earlier in the report, we have taken the lower referral number from the data for the calculation below and would therefore suggest that the total saving would be higher.
We have been unable to calculate the follow up appointment costs of patients seen in secondary care for either pathway due to the lack of available data.

Table 4: Cost comparison of GP referrals to BPS referrals for 500 patients

Outcome	Cost of NP	GP referrals	BPS referrals	Cost GP	Cost BPS	Cost comparison
Referral to secondary care pain	£165	10	5	£1,650	£825	£825
Referral to secondary care orthopaedics	£131	50	10	£6,550	£1,310	£5,240
Referral to secondary care rheumatology	£225	0	2	£0	£450	£450
MRI*	£124	45	45	£5,580	£5,580	0
Xray*	£25	185	5	£4,925	£175	£4,750
Total cost				£18,705	£8,340	**Total Saving £10,365**

*xray and MRI costs from national tariffs NHS England FUP cost - Pain £92, orthopaedics £86, Rheumatology £103

Discussion of this data

For these 500 patients, referrals and investigations to the Royal Free London NHS Trust by the BPS was £10,365 less than referrals and investigations by the GPs. Therefore the BPS was 65% cheaper that the previous GP pathway. We believe that our financial saving has been underestimated and anticipate that there are additional savings from a reduction in secondary care follow up appointments.

New patient to follow up data

We have compared 50 patients seen in the old pathway to 50 seen in the BPS. We reviewed the number of follow up appointments, cost per appointment in both services and then calculated the financial saving for patients being seen in the BPS

Table 5: Comparison of new patient to follow up data

Number of appointments	GP	BPS
1 appointment	26 patients	47 patients
2 appointments	14 patients	3 patients
3 appointments	8 patients	0 patients
4 appointments	1 patient	0 patients
5 appointments	5 patients	0 patients
Total number of appointments for 50 patients	87	53
Total cost	****£36 per appt (10 mins)** **£3132**	***£30.5 per appt (30 mins)** **£1616.5**
Average primary care consultation costs per patient per episode of back pain	**£62.64**	**£32.33**

**10 minute appointment costs for GP from National PSSRU unit costs 2016 data is £36

*30 minute appointment costs of a Band 8a APP not including London supplement from national PSSU unit cost 2016 is £30.50

Discussion of this data

The average primary care consultation costs per patient, per episode of back pain of a patient being seen in the BPS was £32.33 in comparison to £62.64 when seen by a salaried GP. This is 52% less than the previous pathway, with excellent patient satisfaction and acceptability for the new model. Further savings accrue to the patient in terms of time such as time off work, travel, and parking for unnecessary xrays, GP follow up and secondary care referrals. This represents an affordable model that can deliver significant savings once scaled up across a CCG area

Part 4: Learning from your project

Our achievements can be measured against the objectives that we set for for the BPS eighteen months ago (see Appendix 1.2). In summary, these were:

- Patients being able to self-refer to the BPS
- Improving the patients' confidence and ability to manage their condition
- Reducing the amount of investigations ordered
- Reducing the number of referrals to secondary care and for injections
- Reduction in follow up appointments
- Improving patient satisfaction with the management of their back pain (see Appendix 1.4 for quotes)
- Improving GP satisfaction with the management of their patients with back pain

We have been very successful in achieving the above, apart from self-referral, as discussed in the section below and demonstrated in the data in chart 5 in Appendix 1.2.
The following were key to the success of the BPS:

- Team working amongst APP's
- Clear communication between all stakeholders
- IT support to link primary and secondary services
- Springfield Consultancy support to help with direction and focus
- Dedicated time for regular meetings, analysis and clinical work
- Keeping a clear focus and planning ahead towards the next milestone

Key enablers for the success of the project were:

- The Royal Free Hospital IT team created the links between the primary and secondary care services. This was an essential part of the project as it enabled the APP's to view patient scans and x-rays in primary care. It also enabled them to list patients directly for injections from the GP practice which is an innovative component of the project.
- The excellent team working of the APPs and their knowledge and expertise in the management of patients with back pain was integral in the success of the project.
- Patient and staff acceptance for the new model was achieved by clear regular communication with regular updates to the staff on the progress of the project. This was achieved through monthly email updates and regular presentations in the staff meetings when milestones had been reached. Patients had confidence in the abilities of the APPs as evidenced in the experience questionnaire outcome chart 16 in Appendix 1.2.

The following aspects of policy and culture were utilised to help the project:

- The APP's used the recommendations detailed in NICE guidance (NG59) (Appendix 1.7) to ensure patients seen in the BPS were managed appropriately. This included using The Keele STarT Back screening tool, ensuring patients had adequate help to be able to self-manage, and discussions regarding their pain medications.
- Although it is not a policy, The GP Forward View document (Appendix 1.7) makes recommendations to ease the burden on GPs and develop other ways of working. Our BPS is an affordable and efficient way of achieving this.

- The GP practice where we were based has a strong culture of teamwork, fairness, and a feeling that everyone wanted to help to make the project a success. This made our integration in to the practice a very enjoyable one with support readily available from practice staff whenever required.

The following are the unexpected challenges that we encountered throughout the duration of the project.

- Self-referral rate was low with only 17.1% of patients self-referring to the BPS over the course of the year.

Attempts were made to improve this with education of the GP practice staff, information posters in the practice waiting area and advertisements on the GP practice website.
To improve this rate we suggested that reception staff could ask the patients if their problem was back pain related at the point of booking an appointment. This was met with some resistance from some of the practice staff as they felt it breached the confidentiality rules of the practice. They did agree however, to inform all patients about the BPS when booking an appointment to allow the patient to choose whether they saw a GP or an APP in the BPS. Unfortunately the self-referral rate did not change with these attempts. It was concluded that to improve this percentage it would need a significant shift in the historical behaviour of the staff and patients. To achieve this behaviour change would take more time than was available for this project and require more strategies.

- Keeping up to date on our expenditure was difficult at times.

The budget statement from the Royal Free London Trust's finance department was not always received on time. As the project developed and this problem became more apparent we kept more complete records of expenditure ourselves. If we were to do a project again we would keep more comprehensive records for ourselves from the start and not rely on the finance department.

- When completing our analysis of the project we were expecting to be able to use the Trusts and the Practice's IT system to retrieve accurate data.

This proved to be somewhat inaccurate and unreliable. This has resulted in unplanned extra time being spent on this analysis as we have had to find information from other additional sources.

At the beginning of the project, we identified that our 2 biggest risks were:

- Patient demand exceeding capacity
- Being unable to access appropriate secondary care IT systems within the GP practice

These were both predictable risks.

- Patient demand exceeding capacity

During the set - up phase we spent a lot of time analysing the GP figures to specifically determine how many patient slots were required. We identified early on that we would not be able to see all patients with back pain and advised the GP's of this at the time. However we did want to be able to see the urgent patients and not run a waiting list. This was achieved by putting in urgent appointments.

- Being unable to access appropriate secondary care IT systems within the GP practice

It was essential that we were able to access secondary IT systems such as EPR and PACS from the GP practice. We worked closely with primary and secondary care IT clinicians to ensure that the right systems were installed on all computers in the practice prior to us starting the clinical work.

There were 2 aspects of culture and technology that acted as a barrier. These were:

- The self-referral booking process of the BPS was a cultural barrier as there was resistance from some of the practice staff to change the process due to their policy.
- Retrieving data from the IT system used in the GP practice was not efficient or accurate. This made it extremely difficult to compare our data and effectiveness to that of the GP practice.

We were surprised by the following feedback:

- That our patient satisfaction rate remained at 100% throughout the whole project
- How happy the GP practice staff were to have us as part of their team.
- When a patient expressed their disappointment that they had heard that our service was coming to an end and not going to be commissioned. This occurred before we had been formally informed by the lead GP and practice manager (Appendix 1.4 for letter and email)

As a team we will take away the following from the experience of running this project:

- That it is very rewarding work with huge sense of satisfaction but you need to be resilient to be able to solve the challenges.
- That robust data collection is essential when trying to compare data across the services and new and old pathways.
- Having someone in the team with some business knowledge and experience of business plans is essential.
- To be persistent in ensuring close communication with CCGs to encourage them to recognise the benefits of the new service.

At the start of the project, we would have valued:

- More knowledge about how services are commissioned and where the money could be obtained from (eg GP resilience funds) from the start, and who to target early on with our project outcomes. It is a significant time of change in the NHS and therefore making links with people and services that are constantly changing is an on-going challenge.
- Being more aware that not all data or statistical analysis from other services and IT databases is accurate or easily accessible. To use any data with caution when making comparisons with other services.

The key things others would need to know / put in place if they were to adopt this model of care are:

- The comparable cost of the current pathway of managing back pain or MSK problems in primary care in their local area.
- The number of patients presenting with back pain in the GP practice.
- The availability of skilled APPs to staff the service
- The setting up of links between the IT services of primary and secondary care

- Allocate time for set up phase of new service
- Involve all stakeholders about the new service to reduce any threat
- A robust specialist physiotherapy service
- Virtual Consultant support for listing patients for injections

Part 5: Sustainability and spread

Sadly our project will not be sustained in the GP practice beyond the funding period, despite the positive feedback from the staff and their desire for us to continue working in the practice.
The practice staff applied for resilience funding but unfortunately they were unsuccessful in their bid (see email from Dr Mike Edwards in Appendix 1.5). They are hopeful that further funding opportunities will arise in the future and we remain in close communication with them.
The main reason that they stated was cost-related. However, their decision was based on our early statistical analysis. Our most recent cost impact analysis, as outlined in this report, demonstrates a considerable financial saving for the new BPS pathway. We will be using these figures for further commissioning discussions when we meet with the GP's again in October.
However, we continue to promote the project and the significant difference it can make to all stakeholders. Our Trust has recently won the contract to manage MSK services across Enfield and Barnet amounting to approximately £400 million. New, more cost-effective pathways will need to be established. The evidence from our BPS will be used to inform and develop the new pathways for this new service. Early development meetings are underway and we are in close communication with the project leads. We will be involved in the development of the pathways, training of the staff as well as working clinically.

We have had the following interest and recognition for our innovation so far:

- We were published in The Frontline Physiotherapy Journal in June 2016 and will be submitting our final report for publication in September 2017
- Promotion on the Royal Free London NHS Foundation Trust website, newsletter and social media accounts
- Poster presentation at The Royal Free London NHS Foundation Trust Quality Improvement study day in January 2017 (Appendix 1.3)
- Poster presentation at The AHP's "In To Action Conference" in July 2017 where we won the category for Finance and Efficiency (Appendix 1.3)
- Colleagues either involved in or interested in setting up similar services have been in contact with us. They have been interested in our experience of implementation and service delivery, and the outcomes of the BPS.
- We have made contacts with the NCEL AHP Network which has enabled to keep up to date with developments in the AHP community and NHS England.
- We have made initial contact with commissioners within Herts Valley CCG which we hope to expand on in the future
- We are involved in the development of the pathways, training of staff and clinical work for the Barnet and Enfield Musculoskeletal Service
- We have applied for The HSJ and The General Practice Awards 2017 and are waiting to hear if we have been successful

Since implementing the BPS, our thoughts have not changed on how we would describe it. Essentially, how it works now is how we anticipated it working during the set-up phase. However, we are now more aware of the importance of quantative and financial outcomes as well as qualitative data. We are also more aware of the importance of recognising your

target audience and the need to present your data in the format that will achieve greatest impact at every opportunity.

We plan to spread the BPS beyond the innovation for improvement award by the release and circulation of our key outcomes, video and poster on You Tube, Twitter, The Royal Free London NHS Foundation Trust, NCEL AHP Network and CSP websites.
We are attending the National Back Pain Pathway Clinical Network Meeting in September to promote the BPS and network with colleagues working in the management of patients with spinal pain.

We will be involved in the design and implementation of the new MSK pathways in the Barnet and Enfield tender. The outcomes of the BPS will be used to influence decision making.

The BPS would be replicable in other locations. It requires APP's with specialist spinal expertise and IT links between primary and secondary care. This is to enable the APP to view investigations and hospital records and list for surgery, all essential for the improved patient journey.
Complete trust of the consultant in the APP's ability is essential for the success of any future projects.

The BPS is unsustainable without further funding from GP surgeries, CCG's or charitable sources. Backfill money would be required to enable the APPs to be released to work in the BPS.

Our upcoming milestones and activities beyond the funding are as follows:

- We are preparing to present the project outcomes to the GP practice staff in October.
- We will also be presenting to the Therapy and Orthopaedic staff at their monthly staff meeting.
- We are just finalising the final video for the project which will be ready for use at the Health Foundation Day in October 2017 (Appendix 1.5)
- We hope to be able to apply for the Small Scale Spreading Improvement grant from the Health Foundation in the future.

Appendix 1: Resources and appendices

Appendix 1.1 Questionnaires and Outcome Measures

a) Patient experience questionnaire

b) Fairbrook staff experience survey at six months

c) STarT Back outcome measure

d) Six month patient experience survey – telephone follow up

Appendix 1.2 Outcome and questionnaire data and project objectives

a) Project objectives

b) Patient Experience Questionnaire Data Analysis

Appendix 1.3 Posters and presentations

a) Poster for Royal Free London NHS Foundation Trusts Quality Improvement Study Day

b) Poster and presentation for the AHP's "In To Action Conference"

AHP poster

Presentation for AHP study Day

Appendix 1.4 Patient and staff quotes and communication

a) Results of Fairbrook staff six month experience questionnaire

b) Patient quotes on experience of BPS

c) Letter from patient

d) Email from practice GP regarding sustainability of BPS

Appendix 1.5 video link

https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKwjipYG9zYHWAhUTOsAKHazXBVcQtwIINzAD&url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DH79KXqC3Z2E&usg=AFQjCNGFij-bFaRnrBERUjuPdywMPZHL0Q

Appendix 1.6 web pages and logo

Fairbrook web site with BPS link

Fairbrook Medical Practice website

BPS page on Fairbrook website

BPS logo

Appendix 1.7 Clinical guidance documents

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59.
https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjbg5H61YPWAhVGFMAKHVW_BOIQFggmMAA&url=https%3A%2F%2Fwww.nice.org.uk%2Fguidance%2Fng59&usg=AFQjCNGbcCyi9EJfNA3w8LKcoXnH-MnQ4Q

General practice forward view – NHS England
https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj77L651oPWAhXlB8AKHc8BB4MQFggmMAA&url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2016%2F04%2Fgpfv.pdf&usg=AFQjCNHJPQCgDGjjPbYBjp6pQRwE-C_HQw