

The New Surgery Outcome Data

In 2012 we were one of the first osteopathic clinics in the country to be awarded an AQP licence to deliver a NHS musculoskeletal back and neck pain clinic. The contract came to an end in September 2015, and sadly, despite exceeding all our contract requirements, West Hampshire CCG decided that they would not continue with any of the AQP back and neck pain service contracts in their area. This meant that all non-NHS providers were no longer able to offer a service to patients through the NHS.

We are extremely proud of the outcomes that we achieved for our patients and we are keen to share the data so that we can prove how effective osteopathic treatment can be for back and neck pain. Each of our NHS patients completed questionnaires before treatment and after completion of treatment. These questionnaires were Patient Reported Outcome Measures (known as PROMs) and patient satisfaction questionnaires. We also sent out satisfaction questionnaires to our referring GPs. Here are the results of the questionnaires:

The Highlights

- Just under half of our patients had experienced pain for longer than 3 months.
- 68% had not experienced a whole month without pain in the last 6 months.
- Patients waited on average 5.51 days between us receiving their GP referral and their first treatment.
- On average our patients received 5.75 treatments.
- Patients mean PROMS scores were significantly higher before treatment compared with treatment completion, which means that we achieved significant improvements in all pain and quality of life measures.
- 100% of our patients said that they had definitely had enough time to discuss their health problem.
- 99.4% of patients said that they would recommend us to their family and friends.
- Our patients told us that they appreciated our holistic approach and the advice we gave them to help them keep well.
- All GPs said they were very satisfied or satisfied with our service.

Patient data

Patients who received osteopathic treatment through the NHS AQP back and neck pain service in 2014 had a mean age of 52.3 years (SD 17.1, range 16-92 years), 64.3% were female, and the majority of patients were White British (this reflects the demographic for the area). Just under half of patients

(46.8%) had experienced their pain for longer than 3 months, 72.5% had experienced a similar complaint before, and 68% had not experienced a whole month in the past 6 months without any pain from a similar complaint. 64.2% of patients described their pain as constant, and 55.4% were taking medication to help them control the pain. The most common place that patients had experienced pain was their lower back (68.9%) followed by their neck (33.1%). Patients were optimistic that their condition would respond to treatment with 94.1% expecting to recover or improve. The majority of patients rated their general health as excellent or good (80.8%) and compared themselves as being more or similarly physically active to people of a similar age (72.2%).

Patients waited a mean 5.51 (SD 4.25) calendar days between the clinic receiving their referral and their first appointment and completed a mean of 5.75 (SD 1.84) sessions.

Patient outcomes

Patient Reported Outcome Measures (PROMS) were collected using the Bournemouth Questionnaire (BQ). The BQ has been validated for use in patients with low back and neck pain. Paired sample *t*-tests were conducted to analyse the BQ pre and post-PROM data. Cohen's *d* effect size was calculated using mean difference divided by the standard deviation of the baseline (pre treatment). Analysis of the summed total score reveal a statistically highly significant improvement in MSK problems, which means that it is highly improbable that we would have achieved these results if there wasn't a true difference between patients' pre and post treatment scores. Patients' pre-treatment scores (Mean=35.03, SD = 14.38) were higher than their post-treatment scores ((Mean=18.04, SD=15.67). This difference, 16.99, 95% CI [15.27, 18.69] was significant $t(348) = 19.54, p = <.001$ which represents a large effect size $d = 1.81$. Effect size provides a standardised measure for the magnitude of the effect that we can observe between the two means, an effect size above .50 is regarded as a large effect. All seven subscales showed significant improvement between the pre and post-treatment mean scores and large effect sizes (see table 1).

Table 1 BQ total and subscale scores pre and post treatment

	Pre-treatment		Post-treatment		95% CI for Mean difference	<i>t</i>	<i>p</i>	<i>d</i>	<i>df</i>
	Mean	SD	Mean	SD					
BQ total score (range 0 – 70. 70 = worse)	35.03	14.38	18.04	15.67	15.27, 18.69	19.54	<.001	1.18	348
BQ subscales (range 1 – 10. 10 = worse)									
Pain	6.16	2.02	3.20	2.49	2.68, 3.24	21.02	<.001	1.46	371
Interference with activities	5.35	2.53	2.51	2.53	2.54, 3.14	18.43	<.001	1.12	372
Interference with social routine	4.66	2.85	2.09	2.54	2.26, 2.89	16.03	<.001	0.90	371
Anxiety	4.58	2.87	2.52	2.72	1.74, 2.37	12.80	<.001	0.72	362
Depression	3.76	3.00	2.05	2.50	1.39, 2.03	10.61	<.001	0.57	369
Effect of work on complaint	4.95	2.93	2.73	2.55	1.90, 2.53	13.83	<.001	0.76	370
Controlling and coping with pain	5.12	2.49	2.58	2.41	2.22, 2.86	15.73	<.001	1.02	364

SD = standard deviation; CI – confidence interval; *t* = *t* test (a test for difference between the means of two groups); *p* = significance; *d* = effect size; *df* = degrees of freedom.

Patient satisfaction with the service

Patients completed a patient satisfaction questionnaire after completing their treatment. Satisfaction with the service was extremely high with every patient saying that they had definitely had enough time to discuss their health problem, 99.7% said that their treatment had been explained to them in a way that they could understand, 99.7% saying that they definitely had confidence in the person treating them, 98.1% said the risks and benefits of the treatment had definitely been explained to them, and 95.4% said that they had received advice on how they could prevent the problem from recurring. 99.4% of patients would recommend us to their family and friends.

When asked what we had done well, a large number of patients said that we had explained why the problem had occurred and how to prevent it happening in the future:

"[You gave me] some really helpful tips and information on keeping myself well and to prevent reoccurrence."

"Explained how my neck problem could be made worse by posture and explained some exercises to help."

Other comments identified excellent listening skills, communication and professionalism:

"Listened, explained, clean concise empathy with condition. Excellent people skills"

"Communication - full discussion about the problem, possible solutions, referrals and the future. Took my pain seriously."

"Positive, professional, friendly attitude."

Several patients said that we had given them hope and confidence that their condition would improve:

"Gave me constructive and positive ways to work on a problem that I'll face my whole life - at 21 it's nice to have hope I will still walk at 41!"

"Gave me confidence to carry on with my engineering hobby (but carefully!!)"

"When I first came here I didn't really think that it would help but it did. The pain is much reduced and is far more manageable, I even manage to sleep through the night sometimes!"

Patients appreciated our holistic approach:

"Holistic care - felt individual and tailored to my needs."

"Explaining damage to my knee (although that was not original complaint) and how to improve it."

"I appreciated the holistic approach to treatment. My problem was not treated just as a physical one."

One of the recurring themes from the comments was that people appreciated that they were listened to, and they appreciated advice on how they could help themselves:

"Advice on exercise which can be done at home and self help is really useful."

“Explained how I can continue to improve my complaint in the future.”

“Advice given for life style and management very helpful as well as treatment.”

“Talked about maintaining the health of my back personally through stretching and how other areas of life can affect our body's health.”

When asked what we could do to improve the service there was only one suggestion and that was to: *“Offer a cup of tea.”*

GP satisfaction

At the beginning of 2015 an electronic satisfaction questionnaire was sent out to the 20 GP practices who had referred patients to us. Satisfaction with the service was extremely high. All the GPs said it was very likely (91%) or likely (9%) that they would refer to us. All the GPs said they were very satisfied (91%) or satisfied (9%) with our service. When asked to identify things that we were doing well GPs identified short waiting time, appropriate treatments, satisfied patients, good communication and positive feedback from patients.

Conclusion

Our AQP MSK Back and Neck Pain patient, GP and service data for 2014 has shown that The New Surgery has excelled on all key performance indicators; offering patients a fast and effective evidenced based osteopathic treatment resulting in highly significant, large effect improvements in all pain and quality of life measures. We achieved exemplary patient and GP satisfaction with 99.4% of our patients saying that they would recommend us to their family and friends and 100% of our referring GPs saying that they were very satisfied or satisfied with our service.

The New Surgery October 2015