

Eloise C. Carr<sup>1</sup>, Jennifer Langworthy<sup>2</sup>, Alan Breen<sup>2</sup>, Charles Campion-Smith<sup>1</sup>, Peter Wilcock<sup>3</sup>, Louise Worswick<sup>1</sup> Dawn Jackson<sup>1</sup>  
 1. Bournemouth University, Bournemouth, Dorset, UK,  
 2. Institute of Musculoskeletal Research & Clinical Implementation, Bournemouth, Dorset, UK,  
 3. Salisbury NHS Foundation Trust, Salisbury, Wiltshire, UK

## Introduction

Non-specific low back pain is common with an estimated 12 month prevalence rate of 44% in the general population<sup>1</sup>. When seeing patients with back pain, GP's have reported feelings of frustration, lack of time, conflict with the patients expectations, difficulties negotiating sick certification and inadequate local resources<sup>2</sup>. The challenge when evaluating an educational intervention is to develop a coherent evaluation which includes patient outcomes, health professional and organisational change<sup>3</sup>.

## Aim of Investigation

The aim of the project is to document baseline data evaluating an inter-professional learning approach (8 workshops) which links practice based learning with the principles and methods of healthcare improvement.

## Key objectives

- Improve clinical outcomes for the treatment of low back pain.
- Improve practice (e.g. implementation of national guidelines, team working, decision-making, improving quality and reducing costs).
- Improve understanding and develop capacity for continuous improvement learning and develop participating practices' capability to reduce gaps in other clinical areas for the future.

## Methods

This study uses a mixed method design which includes a quantitative and qualitative component. The quantitative element comprises a baseline study of 64 prospective patients attending a primary care consultation for back pain across 9 participating practices. This took place prior to commencement of 8 half-day workshops in 2008 and again 8 weeks later.

### Patient data:

Patients; demographic information, Roland and Morris Disability Questionnaire (Roland and Morris 1983), Deyo's Back Pain Symptom Frequency and 'Bothersomeness Index' (Deyo 1988), The Medical Outcomes Study SF-12 questionnaire, the Patient Satisfaction Scale (Cherkin and Deyo 1991).

### Practice process data

referral for investigations, NHS services, and visits to General Practitioner/Family Physician (GP)

### Professional

Practice teams will be evaluated in terms of their own learning and changes in their delivery of care around back pain using questionnaires and focus group interviews.

## Preliminary results

### Patient data (baseline)

- Mean age: 45.39yrs (range 22-69yrs)
- Gender: 52% (n=33) female 48% (n=30) male
- Duration of current episode: Mean 3.84wks (SD 2.88) (range 1-12wks)
- Chronicity: LBP on <50% of days in past 12mths 60% (n=3)  
LBP on >50% of days in past 12mths 16% (n=10)  
First ever episode 25% (n=16)
- Mean severity score over past week (1=no pain 10=worst possible pain): 7.36 (SD 1.82)
- Mean disability score (0=no disability 24=severe disability): 11.16 (SD 5.60)
- Mean LBP bothersomeness score over past wk (1=not at all bothersome 5=extremely bothersome): 3.84 (SD 0.96)
- Mean score for Interference with normal work (inside & outside the home (0=not at all 4=extremely): 2.94 (SD 1.11)
- Mean number of days cut down normal activity over past 4wks: 8.13 (SD 7.37)
- Mean days of work/school absence over past 4wks due to LBP: 4.91 (SD 5.93)
- Mean score for self-rated general health (0=poor 4=excellent) 2.61 (SD 0.90)
- Mean interference over past 4wks with social activities due to physical or emotional problems (0=none of the time 4=all of the time): 1.48 (SD 1.18)

### Practice data

Process data has been received from 7 of the practices and data is available for a total of 351 patients. Referral (diagnostics) and costs

### Professional data

Preliminary analysis on the Attitudes to Back Pain Questionnaire for General Practitioners (ABQ-GP) has been undertaken on a returned sample of 21/42 (50%). GPs in this sample were found to have, a moderately positive (61%, SD 2.13) outlook with regard to the management of patients with non-resolving low back pain.

### Expectations of interprofessional education from focus group interviews

I would really like to hear what the patients say, in a safe environment. I would really like to hear what they want [GP]

So I am looking forward to it [Receptionist]

interesting...exciting...[Practice Manager]

### The practice improvement projects selected by the Practices:

"Quality improves as we improve the match between our services and the care needs