







BeST Implementation Team



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The problem of low back pain





In the last month

The financial cost of back pain in the UK:

£3.8 billion in lost production

80 million lost working days

"People need help to live better with their pain, without prescription drugs"

Underwood and Tysall 2021





NICE guidelines

"Consider psychological therapies using a cognitive behavioural approach for managing low back pain with or without sciatica but only as part of a treatment package including exercise, with or without manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage)"





Research – practice gap



www.freepik.com

The National Spinal Taskforce

Identified patient access to a combined psychological and physical treatment programme as the largest gap in the UK spinal services.

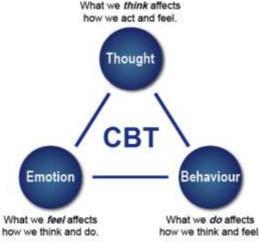




Applying a CB approach to back pain

Back pain can lead to unhelpful **thinking** such as "hurt = harm"

These thoughts then influence how a person acts and feels.







Aims of the BeST programme:

To "undo" unhelpful beliefs people have about back pain

Provide skills and motivation to become more active, despite pain.

Focuses on:

re-evaluating thinking reducing the use of passive coping strategies promoting helpful behavioural responses

The BeST Programme

Initial one to one session

- Clinical assessment
- Goal setting
- Home exercises

Group sessions X 6

- Understanding pain
- Overcoming unhelpful thoughts & behaviours
- Baseline setting & pacing
- Role of exercise in managing LBP
- Relaxation exercises









Exercises

During the 1:1 session each patient is provided with a home exercise programme.

Reviewed during the group as required.

Increasing physical activity is a key focus of the groups.

Hamstring Stretch

Back Twist

Back Arching

Back Bending

Sit to Stand

Tummy Curls

The Bridge





BeST Trial – does it work?

701 adults with troublesome sub-acute or chronic low-back pain recruited from 56 general practices.

All received active management advice.

2/3 also received the Back Skills Training Programme.

Primary outcomes: Roland Morris Disability Questionnaire and modified Von Korff scores at 12 months.



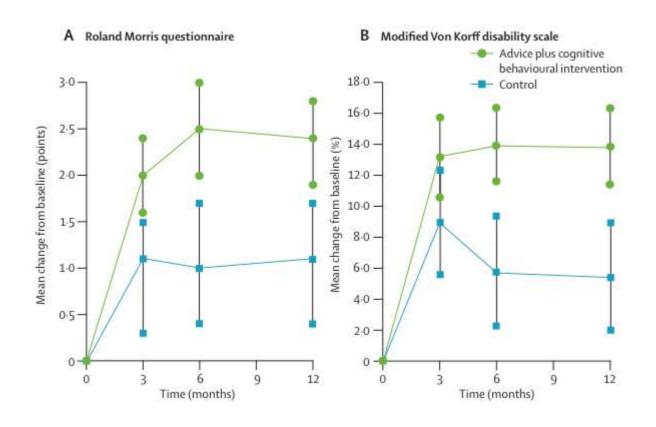








Does it work?







Does it work?

Clinically effective at improving function at 12 months

Effects were maintained at longer term follow up.

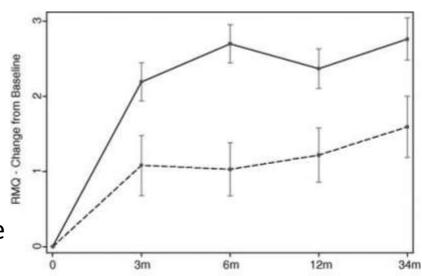
It is also cost-effective.

Complete health care costs over one

year BeST = £228

A standard package of physiotherapy

for low back pain = £274 to £476



W t

Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effectiveness analysis

Santh E Lamb, Zani Humin, Ranjit Lafi, Emanuela Castelnuova, Emma J Withen, Vivien Nichols, Bachel Putter, Martin R Underwood, on behalf of the Back Skills Training Trial investigators*

THE LANCET





Implementation



Back Skills Training - online course Accessible & low cost.



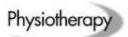


The initial version was developed by *Dr Helen Richmond*. The enhanced version was launched in March 2016.









Physiotherapy 109 (2020) 4-12

Evaluation of the implementation of the Back Skills Training (BeST) programme using online training: a cohort implementation study





Thavapriya Sugavanam a,b, Esther Williamson a, Beth Fordham a, Zara Hansen a, Helen Richmond c, Amanda Hall c, Usama Ali b, Bethan Copsey a, Sarah E, Lamb d, e

1324
clinicians
form 157
NHS Trusts
registered
for training

586 course completers
101 NHS
Trusts

Service
evaluation
34 Physio
Depts across
21 NHS Trusts

160 BeST groups
923 patients

Training outcomes

Clinical outcomes





Training outcomes

On training completion:

98% felt confident about their ability to implement the programme 52% felt confident in their capability to implement the programme 57% intended to implement the programme

6 month follow up:

148 participants responded 1/3 had run at least one group from 27 Trusts

Potential barriers/actual barriers:

Lack of suitable patients ~ patient drop-out and reluctance to attend Space to run groups

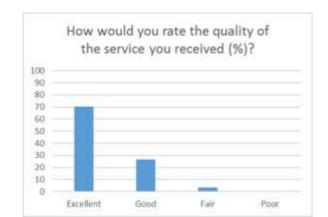
Staff capacity/time to introduce change ~ lack of managerial & organisation support ~ Funding issues

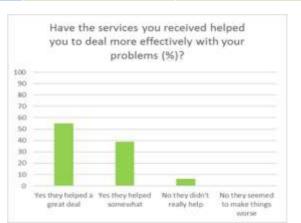




Clinical outcomes

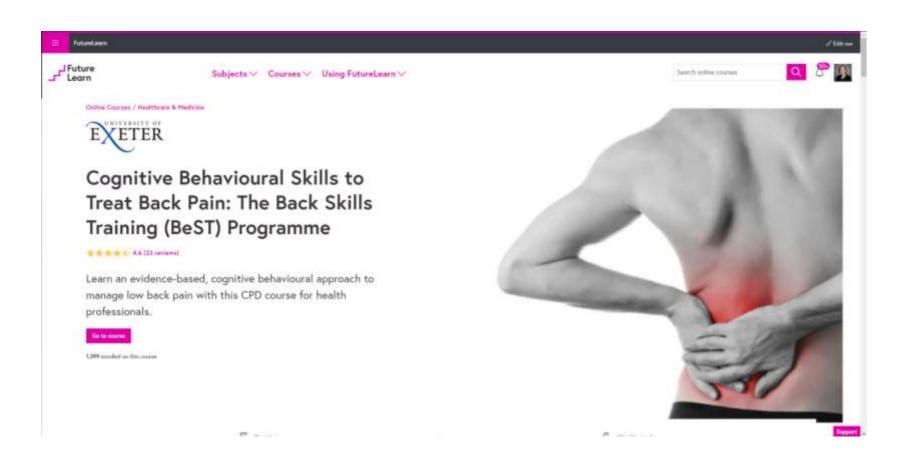
	Pain (0-10)		Function (0-10) Patient Specific Functional Scale	
	Mean change	Effect size	Mean change	Effect size
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
Post treatment (n=627)	-1.12*	0.55	2*	0.89
	(-1.28 to -0.96)	(0.47 to 0.63)	(1.83 to 2.18)	(0.80 to 0.98)
3 month	-0.91*	0.40	1.98*	0.71
(n=502)	(-1.11 to -0.71)	(0.31 to 0.49)	(1.71 to 2.25)	(0.58 to 0.84)
12 month	-0.84*	0.34	1.55*	0.56
(n=358)	(-1.1 to -0.58)	(0.23 to 0.45)	(1.25 to 1.86)	(0.42 to 0.71)















What is needed to run the BeST programe?

Complete the FutureLearn Training

Support from senior staff and management is vital

Equipment and space

A flipchart or whiteboard

Seating for up to 10 patients

A space where you can check exercises at breaktime







How do I select patients to take part in the BeST programme?

Suitable for anyone with back pain for 6 weeks or more.

How many people in the group?

We recommend ~6 patients.

Sites tend to book 8-10 into the group to ensure you always have good numbers.





Is the 1 to 1 session necessary?

Yes, it build rapport and allows you to identify unhelpful beliefs that need to be addressed during the group.

Individualised home exercises and set goals.

Can I adapt the programme?

We have only tested it's effectiveness in the current format but some sites have successfully made adaptations.





Should only experienced therapists run the groups?

No. More experienced staff may be more confident to deliver the programme but no difference in effectiveness based on grade of staff.

Consider supporting less experienced staff during their first group e.g. buddy system.

Staff need to be enthusiastic about using a cognitive behavioural approach.





Can we run the groups online?

Some sites are running the groups online (via Teams).

We can provide Powerpoint slides.

Adapted exercises to make them easier to demonstrate online.

Need to include information about how to access the groups online in the one to one session.

Send out patient workbook prior to the group.

Have offered telephone calls to people if access problems.





The Back Skills Training Class was one of the most useful things I have ever done in terms of support and management of my back pain. Firstly, it was nice to not feel so alone in my struggles by seeing & hearing about similar problems from other people It was nice to have a new and empowering way of looking at dealing with it. The new feeling of being in control certainly started from the training and I know this will continue.





Contact details

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https://www.futurelearn.com/courses/cbt-for-backpain

Thank you for listening