NICE National Institute for Health and Care Excellence

NICE quality standard

Low back pain and sciatica in over 16s

Quality standard

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This standard is based on NG59.

This standard should be read in conjunction with NG12, NG41, NG65 and QS170.

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NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE Pathway on patient experience in adult NHS services), which should be considered alongside these quality statements.

A full list of NICE quality standards is available from the quality standards topic library.

Quality statement 1: Risk stratification

Quality statement

Primary care services have an approach to risk stratification for young people and adults presenting with a new episode of low back pain with or without sciatica.

Rationale

Risk stratification can be used to identify a person's risk of poor functional outcome or long-term problems from low back pain with or without sciatica. Risk stratification tools can help to determine the complexity and intensity of support that a person may need.

Quality measures

Structure

Evidence of a locally defined approach to risk stratification and of systems in place to make staff aware of the approach.

Data source: Local data collection, for example, service specifications and written communications to staff.

What the quality statement means for different audiences

Service providers (primary care services) have an approach to risk stratification that they communicate to staff who undertake consultations for young people and adults presenting with a new episode of low back pain with or without sciatica. This can help support decisions about whether risk stratification is used with individual patients and, if so, which risk stratification tool is selected.

Healthcare professionals (such as GPs and nurses) are aware of their service's approach

to risk stratification for use at the first consultation with young people and adults presenting with low back pain with or without sciatica. This can determine whether risk stratification is used and, if so, which risk stratification tool is selected.

Commissioners (such as clinical commissioning groups and NHS England) ensure that the services they commission have an approach to risk stratification for people presenting with a new episode of low back pain with or without sciatica and systems in place to make staff aware of their local approach.

Young people and adults presenting with a new episode oflow back pain with or without sciatica are assessed in a way that is consistent with a local approach to risk stratification. Their treatment and support is then chosen in line with the results of the assessment.

Source guidance

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59 (2016, updated 2020), recommendation 1.1.2

Definition of terms used in this quality statement

Risk stratification

Stratification aims to improve the outcome by selecting treatments that may be more likely to work in certain groups of people. There are several methods of stratification which are all similar in outcome. The STarT Back risk assessment tool is an example of a validated tool for stratification by risk of ongoing functional impairment. [Adapted from NICE's guideline on low back pain and sciatica in over 16s, recommendation 1.1.2 with expert opinion]

Quality statement 2: Referrals for imaging

Quality statement

Young people and adults with low back pain with or without sciatica do not have imaging requested by a non-specialist service unless serious underlying pathology is suspected.

Rationale

Imaging does not often change the initial management and outcomes of someone with back pain. This is because the reported imaging findings are usually common and not necessarily related to the person's symptoms. Many of the imaging findings (for example, disc and joint degeneration) are frequently found in asymptomatic people. Requests for imaging by non-specialist clinicians, where there is no suspicion of serious underlying pathology, can cause unnecessary distress and lead to further referrals for findings that are not clinically relevant.

Quality measures

Structure

a) Evidence of local arrangements for young people and adults with low back pain with or without sciatica to be referred for specialist opinion.

Data source: Local data collection, for example, service protocols.

b) Evidence of local protocols outlining serious underlying pathology in relation to presentations of low back pain with or without sciatica.

Data source: Local data collection, for example, service protocols.

Process

Proportion of young people and adults with low back pain with or without sciatica who

have imaging requested by a non-specialist service when no serious underlying pathology is suspected.

Numerator – the number in the denominator who have imaging requested by a non-specialist service.

Denominator – the number of young people and adults with low back pain with or without sciatica for whom there is no suspicion of serious underlying pathology.

Data source: Local data collection, for example, patient notes.

What the quality statement means for different audiences

Service providers (non-specialist services) ensure that staff are aware of and use local referral pathways to specialist services and do not request imaging for young people and adults with low back pain with or without sciatica unless serious underlying pathology is suspected.

Healthcare professionals (such as GPs and nurses) do not request imaging within a non-specialist service for young people and adults with low back pain with or without sciatica unless serious underlying pathology is suspected. Healthcare professionals should explain to young people and adults who are referred for a specialist opinion that they may not need imaging.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission specialist services with clinicians who have the expertise to make a decision about whether young people and adults with low back pain with or without sciatica should have imaging and that these services accept referrals from non-specialist services.

Young people and adults withlow back pain with or without sciatica do not have imaging requested by a non-specialist service (such as a GP practice) unless serious underlying disease is suspected.

Source guidance

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59 (2016, updated 2020), recommendations 1.1.1 and 1.1.4

Definitions of terms used in this quality statement

Non-specialist service

Services such as a GP practice in primary care. [Expert opinion]

Serious underlying pathology

Example of serious underlying pathology include but are not limited to: cancer, infection, trauma or inflammatory disease such as spondyloarthritis. If serious underlying pathology is suspected, refer to relevant NICE guidelines on metastatic spinal cord compression in adults, spinal injury, spondyloarthritis in over 16s and suspected cancer. [Adapted from NICE's guideline on low back pain and sciatica in over 16s, recommendation 1.1.1]

Quality statement 3: Self-management

Quality statement

Young people and adults with low back pain with or without sciatica are given advice and information to self-manage their condition.

Rationale

Low back pain and sciatica are common and recurrent conditions that can be long term. It is therefore important that the person learns how to manage their symptoms to reduce their pain and distress and improve their functioning and quality of life. Healthcare professionals can support the person's ability to self-manage their condition by giving reassuring advice about the benign nature of the condition, the high probability of a rapid improvement in symptoms and the importance of early return to normal life activities. These include returning to work where applicable, physical activity and exercise.

Quality measures

Structure

Evidence of local arrangements to ensure that staff have access to information and the knowledge needed to signpost to other services for young people and adults with low back pain with or without sciatica.

Data source: Local data collection, for example, service protocols.

Process

Proportion of young people and adults with low back pain with or without sciatica who are given advice and information to self-manage their condition.

Numerator – the number in the denominator who are given advice and information to self-manage their condition.

Denominator – the number of young people and adults with low back pain with or without sciatica.

Data source: Local data collection, for example, audit of patient notes.

Outcome

a) Number of repeat GP appointments for young people and adults with low back pain with or without sciatica.

Data source: Local data collection, for example, audit of patient notes.

b) Levels of satisfaction amongst young people and adults with the management of their low back pain with or without sciatica.

Data source: National Pain Audit 2012 and local data collection.

What the quality statement means for different audiences

Service providers (such as GP practices) ensure that staff have the knowledge and information needed to support young people and adults with low back pain with or without sciatica to self-manage their condition. This can include having the expertise to give verbal information, providing leaflets or giving information about access to exercise schemes such as walking support groups.

Healthcare professionals (such as GPs, nurses and physiotherapists) advise and provide information to young people and adults with low back pain with or without sciatica to help them self-manage their condition. This can include verbal information provided by a healthcare professional, leaflets, or information about access to exercise schemes such as walking support groups.

Commissioners (such as clinical commissioning groups and NHS England) ensure that the services they commission employ healthcare professionals with the expertise to give verbal information, provide leaflets or give information about access to exercise schemes such as walking support groups for young people and adults with low back pain with or without sciatica to self-manage their condition.

Young people and adults withlow back pain with or without sciatica are given advice and information to manage their condition themselves. The information can cover the importance of continuing with normal activities and, where applicable, returning to work and access to exercise schemes such as walking support groups.

Source guidance

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59 (2016, updated 2020), recommendation 1.2.1

Definition of terms used in this quality statement

Advice and information to self-manage their condition

People are provided with advice and information, tailored to their needs and capabilities, to help them self-manage their low back pain with or without sciatica, at all steps of the treatment pathway. It includes:

- information on the nature of low back pain and sciatica
- encouragement to continue with normal activities and access to exercise schemes.

[Adapted from NICE's guideline on low back pain and sciatica in over 16s, recommendation 1.2.1 with expert opinion]

Quality statement 4: Gabapentinoids, antiepileptics, antidepressants and paracetamol for low back pain without sciatica

Quality statement

Young people and adults are not given paracetamol alone, gabapentinoids, antiepileptics or antidepressants to treat low back pain without sciatica.

Rationale

The use of medicines without a significant clinical benefit in managing low back pain with or without sciatica can lead to unnecessary side effects for the person, risk of dependency and inappropriate use of resources.

Quality measures

Structure

Evidence of local arrangements to ensure that no GP prescriptions include paracetamol alone, gabapentinoids, antiepileptics or antidepressants to treat young people and adults with low back pain without sciatica unless the young person or adult has other indications for those medicines.

Data source: Local data collection, for example, service protocols.

Process

a) Proportion of young people and adults with low back pain without sciatica, who are given gabapentinoids or antiepileptics and have no other indications for them.

Numerator – the number in the denominator who are given gabapentinoids or antiepileptics.

Denominator – the number of young people and adults with low back pain without sciatica and no other indications for gabapentinoids or antiepileptics.

Data source: Local data collection, for example, GP prescribing audits.

b) Proportion of young people and adults with low back pain without sciatica, who are given antidepressants and have no other indications for them.

Numerator – the number in the denominator who are given antidepressants.

Denominator – the number of young people and adults with low back pain without sciatica and no other indications for antidepressants.

Data source: Local data collection, for example, GP prescribing audits.

c) Proportion of young people and adults with low back pain without sciatica, who are given paracetamol alone and have no other indications for it.

Numerator – the number in the denominator who are given paracetamol alone.

Denominator – the number of young people and adults with low back pain without sciatica and no other indications for paracetamol.

Data source: Local data collection, for example, GP prescribing audits.

Outcome

Number of medicines-related adverse events for young people and adults with low back pain without sciatica.

Data source: Local data collection, for example, GP prescribing audits.

What the quality statement means for different audiences

Service providers (such as GP practices) have systems in place to make staff aware that they should not give paracetamol alone, gabapentinoids, antiepileptics or antidepressants to treat low back pain without sciatica. Young people and adults should only be given these medicines if they have other indications for them.

Healthcare professionals (such as GPs and nurses) do not treat low back pain without sciatica with paracetamol alone, gabapentinoids, antiepileptics or antidepressants. They should only offer these medicines if there are other indications for them.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they have agreed service specifications which state that services do not treat low back pain without sciatica with paracetamol alone, gabapentinoids, antiepileptics or antidepressants.

Young people and adults withlow back painwithout sciatica are not given paracetamol alone, gabapentinoids, antiepileptics or antidepressants unless they need them for other conditions. This is because these medicines are not effective in either easing back pain or restoring function such as walking and doing daily tasks.

Source guidance

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59 (2016, updated 2020), recommendations 1.2.26, 1.2.29 and 1.2.30

Quality statement 5: Opioids for chronic low back pain without sciatica

Quality statement

Young people and adults are not given opioids to treat chronic low back pain without sciatica.

Rationale

The use of opioids does not have a significant clinical benefit in the management of chronic low back pain without sciatica. It can therefore lead to unnecessary side effects for the person, risk of dependency and inappropriate use of resources.

Quality measures

Structure

Evidence of local arrangements to ensure that no GP prescriptions include opioids to treat young people and adults with chronic low back pain without sciatica unless they have other indications for those medicines.

Data source: Local data collection, for example, service protocols.

Process

Proportion of young people and adults who are given opioids to treat chronic low back pain without sciatica and have no other indications for them.

Numerator – the number in the denominator who are given opioids.

Denominator – the number of young people and adults with chronic low back pain without sciatica and no other indications for opioids.

Data source: Local data collection, for example, GP prescribing audits.

Outcome

Number of opioids-related adverse events for young people and adults with chronic low back pain without sciatica.

Data source: Local data collection, for example, GP prescribing audits.

What the quality statement means for different audiences

Service providers (such as GP practices) have systems in place to make staff aware that they should not give opioids to treat chronic low back pain without sciatica. Young people and adults should only be offered opioids when there are other indications for those medicines.

Healthcare professionals (such as GPs and nurses) do not give opioids to young people and adults to treat chronic low back pain without sciatica. They should only offer opioids when there are other indications for those medicines.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they have agreed service specifications which state that services do not treat chronic low back pain without sciatica using opioids.

Young people and adults withlow back painwithout sciatica are not given opioids to treat their condition unless they need them for other conditions. This is because these medicines are not effective in either easing pain or restoring function such as walking and doing daily tasks.

Source guidance

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59 (2016, updated 2020), recommendation 1.2.28

Definition of terms used in this quality statement

Chronic low back pain

Having symptoms for more than 3 months. [Adapted from NICE's full guideline on low back pain and sciatica in over 16s]

Quality statement 6: Spinal injections

Quality statement

Young people and adults do not have spinal injections for low back pain without sciatica with the exception of radiofrequency denervation for people who meet the criteria.

Rationale

Spinal injections for treating low back pain without sciatica are not clinically or cost effective, except for people who meet the criteria for a procedure called 'radiofrequency denervation'. To determine whether these people will benefit from this procedure, they may be offered a diagnostic block of the nerves that supply the joints between the vertebrae. If they experience significant pain relief they may then be offered radiofrequency denervation in an attempt to achieve longer-term relief.

Quality measures

Structure

Evidence of local arrangements to ensure that spinal injections are not given to young people and adults to treat low back pain without sciatica, with the exception of radiofrequency denervation for people who meet the criteria.

Data source: Local data collection, for example, service protocols.

Process

Proportion of young people and adults who have spinal injections for low back pain without sciatica who meet the criteria for radiofrequency denervation.

Numerator – the number in the denominator who meet the criteria for radiofrequency denervation.

Denominator – the number of young people and adults who have spinal injections for low back pain without sciatica.

Data source: Local data collection, for example, patient notes.

What the quality statement means for different audiences

Service providers (such as hospitals) have systems in place to make staff aware that spinal injections for low back pain without sciatica should not be performed, with the exception of radiofrequency denervation for people who meet the criteria.

Healthcare professionals (such as physicians, surgeons and radiologists) do not give young people and adults spinal injections for low back pain without sciatica, with the exception of radiofrequency denervation for people who meet the criteria.

Commissioners (such as clinical commissioning groups and NHS England) specify in contracts that services that treat young people and adults with low back pain without sciatica do not perform spinal injections, with the exception of radiofrequency denervation for people who meet the criteria.

Young people and adults withlow back painwithout sciatica do not have spinal injections with the exception of the procedure of 'radiofrequency denervation' for people who meet the criteria. To check whether the procedure is suitable for the person, an anaesthetic is injected to temporarily block some of the nerves in the spine. If the pain is significantly reduced, the nerves are permanently sealed off using heat (radiofrequency ablation). This stops them from transmitting pain signals.

Source guidance

Low back pain and sciatica in over 16s: assessment and management. NICE guideline NG59 (2016, updated 2020), recommendations 1.3.1, 1.3.2 and 1.3.3

Definitions of terms used in this quality statement

Spinal injections

These are injected agents which aim to either reduce inflammation in tissues (for example, steroid injections), induce inflammation to stimulate healthy tissue regrowth (for example, prolotherapy) or reduce firing of nerve fibres that may be contributing to pain (for example, local anaesthetic). However, medial branch block injections can be used as a diagnostic tool to establish whether the person is likely to respond to radiofrequency denervation. [Adapted from NICE's guideline on low back pain and sciatica in over 16s with expert opinion]

Radiofrequency denervation

The procedure called 'radiofrequency denervation' involves sealing off some of the nerves to the joints of the spine to stop the nerves transmitting pain signals. It aims to achieve longer-term pain relief in people with low back pain who experience significant but short-term relief after a diagnostic block by injection of local anaesthetic. [Adapted from NICE's guideline on low back pain and sciatica in over 16s with expert opinion]

Criteria

Referral for assessment for radiofrequency denervation for people with chronic low back pain should be considered using the following criteria:

- non-surgical treatment has not worked for them **and**
- the main source of pain is thought to come from structures supplied by the medial branch nerve **and**
- they have moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral.

Only perform radiofrequency denervation in people with chronic low back pain after a positive response to a diagnostic medial branch block. [Adapted from NICE's guideline on low back pain and sciatica in over 16s, recommendations 1.3.2 and 1.3.3 with expert opinion]

Update information

Minor changes since publication

September 2020: Changes have been made to align this quality standard with the updated NICE guideline on low back pain and sciatica in over 16s. The wording of statement 4 has been amended in line with the updated guideline. References and source guidance have also been updated.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice, and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standard advisory committees for details of the standing committees that advise on quality standards. Information about the topic experts invited to join the committee is available on the webpage for this quality standard.

This quality standard has been included in the NICE Pathway on low back pain and sciatica, which brings together everything we have said on this topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- functional improvement
- avoidance of harm
- return to work.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- Adult social care outcomes framework
- NHS outcomes framework
- Public health outcomes framework for England
- Quality framework for public health.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Public Health England
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Pain Concern