



## Press Release from Bournemouth University

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### **Bournemouth University research helps improve the care of patients with back pain**

Healthcare academics from Bournemouth University (BU) have been working with general practices from across Dorset and Wiltshire to look at ways the profession can further support patients with acute back pain.

Following a plea by patients who are keen for the local health care profession to “stop trying to cure and start listening”, the Learning to Improve the Management of Back Pain in the Community (LIMBIC) Project saw academics from the School of Health & Social Care share their expertise and healthcare knowledge with local practitioners to develop new ways to treat and prevent back pain through self-management.

The project, which aimed to develop and evaluate an inter-professional approach, was funded by the Health Foundation in collaboration with Bournemouth & Poole and Wiltshire NHS Trusts.

Nine practices from Dorset and Wiltshire were involved in eight half-day workshops, providing an opportunity to learn from each other. The practice teams were encouraged to adopt a ‘team approach’ that utilised the skills and experience of all those healthcare professionals involved in dealing with and caring for those with back pain, from GP receptionists to clinicians. The workshops also involved input from patients and patient representatives, including national patient organisation BackCare.

The workshops identified that there was a tendency to make assumptions based on a traditional medical approach, and there was a strong need for practice managers, patients, practice staff, GPs and nurses to work closely together to ensure that the views of patients are heard. Having practice managers who saw the project as part of the whole team’s development and GPs who saw their practice committed to learning and developing was vital in leading change.

In addition, it was important to provide better information on back pain and provide different access routes to help, such as referral to physiotherapy, drawing on local knowledge to provide appropriate services. For example, a practice in an area of low literacy chose to offer information in a more graphic way.

Dr Charles Campion-Smith, a GP and Senior Adviser in Primary Care Education & Development who lead the clinical part of the LIMBIC Project said: “Back pain is a condition where GPs feel particularly frustrated because clinical guidelines and evidence don’t seem to fit with everyday practice and patient needs. Until you have the whole team on board you are unlikely to be able to provide a holistic approach, which has been shown to benefit patients. Continuous improvement is about understanding how the bits fit together before you can make changes.”

Dr Eloise Carr, Associate Dean (Postgraduate students) at Bournemouth University and member of the LIMBIC Project Steering Group, said: “The workshops were very successful, with participants commenting on the usefulness of ‘role play’ and patients’ perspectives being incorporated into the day. Our approach to collaborative learning was also received positively.”

Patient representative Carole Cooper, 70, said: “I’ve suffered from back pain for most of my life and the hospital treatment I’ve received has been horrendous. My biggest complaint is that consultants haven’t listened or responded to my needs, which became a running theme during the LIMBIC workshops. However, by the final session everyone – patients and practitioners alike – felt much more positively about their experiences and the best ways to treat back pain in the future.”

Discussing future research possibilities, Dr Carr said: “We are particularly interested in developing a further project to build on this work, ideally using a strong patient/user perspective. The topic could be related to back pain but we may consider how the approach could be used with other clinical issues.”

Ends

**Note to editors:**

(1) Non-specific low back pain is common with an estimated 12-month prevalence rate of 44% in the general population. When seeing patients with back pain, GPs have reported feelings of frustration, lack of time, conflict with the patient’s expectations, difficulties negotiating sick certification and inadequate local resources.

(2) The LIMBIC Project used a mixed method design which included a quantitative and qualitative component. The qualitative element comprised a baseline study of 64 prospective patients attending a primary care consultation for back pain across nine participating practices. This took place prior to the commencement of eight half-day workshops.

(3) The practice teams recruited to participate in the study consisted of patient representatives, GPs, clinical and non-clinical staff. To ensure useful patient involvement, all participants agreed a set of ground rules, such as avoiding jargon and abbreviations, respecting everyone's viewpoint and input.

(3) Prior to attending the workshops, each practice recruited patients with back pain who attended their practice. These patients completed questionnaires about their back pain and how it affected their lives. Following the workshops, another group of patients with back pain, from each of the practices, completed the same questionnaires. The data will continue to be collected until December 2009, when the academic team will assess any differences.

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