

Combined Physical and Psychological Programme⁽¹⁾

A Comprehensive Multi-Disciplinary **Combined Physical and Psychological Programme (M-CPPP)** is appropriate at this stage in the pathway for people with disabling back pain that has been refractory to optimal treatment including the core therapies. These are always multidisciplinary with intensive physical and psychological elements, using cognitive behavioural principles throughout the programme. Suitable referrals for this programme are those patients where recovery, and for example return to normal activities, including work, is anticipated. **Patients with more complex or widespread pain related disability are more suitable for a PMP (box 16) with a greater depth of psychology.** Effectiveness is supported by NICE NG59. The intensity of CPPP was not formally reviewed in NICE NG59⁽²⁾. The exact duration will depend upon patient needs. Longer, more intensive programmes may give greater and longer-term benefit but intensive programmes are not required as standard for all patients. CPPP may be delivered in a variety of community, primary or secondary care settings.

Entry criteria:

Consider a combined physical and psychological programme, incorporating a cognitive behavioural approach (preferably in a group context that takes into account a person's specific needs and capabilities), for people with persistent low back pain or radicular pain when:

- they have significant psychosocial obstacles to recovery (for example, avoiding normal activities based on inappropriate beliefs about their condition) or when treatments earlier in the pathway have not been effective.
- they have significant back pain related disability
- they have difficulty returning to or maintaining in work
- they have expectations of symptom improvement and return to activity
- they have no physical co-morbidity which would preclude exercise

Pain Management Services⁽¹⁾

Patients should be referred if:-

- Pain has not responded to previous treatment (including this pathway)
- Multiple pain sites rather than focused in the back and leg.
- Patients taking prescribed and/or additional pain management medication without evidence of benefit.
- Patients are exhibiting disabling levels of distress, depression or anxiety
- Patients are using alcohol or prescribed drugs inappropriately to relieve symptoms of pain and distress
- Patients are using recreational drugs to relieve their pain
- Patients are significantly functionally impaired and other interventions have failed
- Patients are referred for consideration of spinal cord stimulation
- Patients are considered appropriate for epidural, nerve root block or medial branch nerve blocks / radiofrequency lesioning assessment as a part of a MDT management plan

Pain Management Programmes (PMP)⁽¹⁾

The general aim of a PMP is to improve participation in daily activities, increase functionality and enhance quality of life for those with persistent pain and disability. There may be similarities and overlap between PMPs and Combined Physical and Psychological Programme (CPPP). Both are group programmes which use psychological principles throughout. **However, PMPs are for patients with more complex pain related disability, involve a wider MDT in integrated care, and applies a greater depth of psychology, whereas CPPP contains a more intensive physical therapy base.** It is quite possible that some patients will be involved with more than one PMP like process.

1.) National low back and radicular pain pathway; (2017) trauma programme of care: NHS England. Available: https://www.ukssb.com/files/ugd/dd7c8a_caf17c305a5f4321a6fca249dea75ebe.pdf (pages 48-49, Pages 60-63)

2.) Nice guideline NG59 low back pain and sciatica in over 16s: assessment and management 2016