



The Royal College of
Chiropractors

Chiropractic Quality Standard
Acute Low Back Pain



About The Royal College of Chiropractors' Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, promoting the services that you provide, tendering for NHS contracts, or education at a local and national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

Chiropractic Quality Standard

Acute Low Back Pain

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Quality Statements

1. On contacting a chiropractic clinic, patients seeking care for uncomplicated acute low back pain are offered an appointment within three working days.
2. Patients presenting with suspected acute low back pain are assessed on the basis of a full history and the findings of a clinical examination, which includes an assessment of the neurology of the lower limb.
3. Patients with acute low back do not normally require diagnostic imaging tests (including x-rays, CT or MRI).
4. Patient with acute low back pain are given an explanation of their condition, the likely causal factors, details of any proposed treatment and the expected prognosis.
5. Patients with acute low back pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and alternative treatment options.
6. Patients with acute low back pain are recommended a plan of care only after their personal goals and expectations have been considered. The plan of care includes a formal review within two weeks of the commencement of treatment.
7. The aims of treatment for patients with acute low back pain are to reduce symptoms and disability, and to maximise function, subject to patients' personal expectations and preferences.
8. Patients with acute low back pain are treated with a package of care, including advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies and psychosocial intervention aimed at resolving cognitive barriers to recovery.
9. Patients with acute low back pain with symptoms that are either progressing or very severe are assessed at least twice a week.
10. As part of their treatment plan, patients with acute low back pain are given advice and encouragement to remain as active as possible and, where appropriate, to continue normal daily activities including work.
11. Subject to receiving consent, one or more reports are sent to the GPs of patients with acute low back pain detailing their presentation, diagnosis and response to treatment.
12. Patients with acute low back pain are referred if their condition shows no sign of improvement, or worsens, over a four week period, if not before.
13. Patients with acute low back pain are discharged from acute care within four weeks of their signs and symptoms being absent.
14. Ongoing rehabilitation and prophylactic care is offered to patients following discharge from treatment for acute low back pain.

Scope of Quality Standard

This quality standard covers the chiropractic management of patients with simple, non-specific, mechanical low back pain of less than 6 weeks in duration that is not attributable to specific pathology.

Non-specific mechanical low back pain encompasses a large number of different onsets, presentations, and sources of pain. These quality statements are therefore general, but nevertheless provide aspirational, but achievable, markers of high-quality, cost-effective patient care.

Quality Measures

The quality measures accompanying each quality standard aim to improve the structure, process and outcomes of care. They are not a new set of targets or mandatory indicators for performance management, but might be used to form the basis of future audit. They also specify what each statement means to each stakeholder (provider, commissioners, patients).

Chiropractic Quality Statement 1: Waiting Times

Quality Statement

On contacting a chiropractic clinic, patients seeking care for uncomplicated acute low back pain are offered an appointment within three working days.

Quality Measure

Structure: Evidence of practice policy listing waiting time targets and the necessary practitioner availability to reasonably meet the targets.

Process: Proportion of patients seeking care for uncomplicated acute low back pain being offered appointments within three working days.

Numerator: the number of patients in the denominator being offered an appointment within three days.

Denominator: the total number of patients contacting the clinic with uncomplicated acute low back pain.

Description of what the quality statement means for each audience

Service Providers should ensure that their clinic has the appropriate capacity to provide appointments within three working days for patients contacting the clinic with acute low back pain.

Commissioners should look at the current capacity of a service provider to offer appointments to patients with acute low back pain within three working days, together with any plans in place to expand this capacity should a contract necessitate this.

Patients with acute low back pain should have an expectation that they will be provided an appointment within three working days.

Source

A reasonable expectation by both the service providers and service users.

Chiropractic Quality Statement 2: History and Examination

Quality Statement

Patients presenting with suspected acute low back pain are assessed on the basis of a full history and the findings of a clinical examination, which includes an assessment of the neurology of the lower limb.

Quality Measure

Structure: Evidence of practice policy regarding history taking and clinical examination procedures for patients with suspected acute low back pain.

Process: Proportion of patients presenting with acute low back pain having a record in their clinical notes that a full history and examination has taken place, including a neurological assessment of the lower limb.

Numerator: the number of patients in the denominator in which a full history and clinical examination, including a neurological assessment of the lower limb, has been recorded in the patient's notes.

Denominator: the total number of patients presenting with uncomplicated acute low back pain.

Description of what the quality statement means for each audience

Service Providers should ensure that they are taking the appropriate history and carrying out the necessary examination, which will include assessment of the neurology of the lower limb, in order to carry out diagnostic triage of patients presenting with acute low back pain.

Commissioners should ensure that the necessary policies and infrastructure are in place to carry out and record the history and examination findings of patients with acute low back pain.

Patients with low back pain should expect to have a detailed history taken and undergo a thorough examination, which will include an assessment of the nerves in the leg.

Source

GCC Standard of Proficiency (S2.2, S2.3) [http://www.gcc-uk.org/page.cfm?page_id=15]

European Guidelines for Acute Non-Specific Low Back Pain [http://www.backpaineurope.org/web/html/wg1_results.html]

Chiropractic Quality Statement 3: Diagnostic Imaging

<p>Quality Statement</p>	<p>Patients with acute low back do not normally require diagnostic imaging tests (including x-rays, CT or MRI).</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy with regard to the use of diagnostic imaging for patients presenting with acute low back pain.</p> <p>Process:</p> <p>1) Proportion of patients with uncomplicated acute low back pain receiving diagnostic imaging.</p> <p>Numerator: the number of patients in the denominator having received diagnostic imaging.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p> <p>2) Proportion of patients with uncomplicated acute low back pain, for which there is documentary evidence of a reasonable clinical justification for a diagnostic imaging procedure having being performed.</p> <p>Numerator: the number of patients in the denominator with a reasonable clinical justification for a diagnostic imaging procedure to have been performed.</p> <p>Denominator: the total number of patients for whom a diagnostic imaging procedure was performed.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that diagnostic imaging tests are not requested routinely for patients with acute low back pain, but only used with specific individual clinical justification.</p> <p>Commissioners should not expect diagnostic imaging to be a standard procedure for patients with acute low back pain, but one that may on occasions be required, based on clinical need.</p> <p>Patients with acute low back pain should not expect to have an x-ray or scan of their back.</p>
<p>Source</p>	<p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p> <p>European Guidelines for Acute Non-Specific Low Back Pain [http://www.backpaineurope.org/web/html/wg1_results.html]</p>

Chiropractic Quality Statement 4: Patient Explanations

<p>Quality Statement</p>	<p>Patient with acute low back pain are given an explanation of their condition, the likely causal factors, details of any proposed treatment, and the expected prognosis.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies relating to the communication to patients with acute low back pain of the details of their condition, including causes, proposed treatment and expected prognosis.</p> <p>Process: Proportion of patients with acute low back pain who have received an explanation of their condition, the likely causal factors, any proposed treatment, and the expected prognosis.</p> <p>Numerator: the number of patients in the denominator who have been given an explanation of their condition, the likely causal factors, any proposed treatment, and the expected prognosis.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that appropriate time is allocated to give accurate, relevant and clear information to patients with acute low back pain about their condition, the likely causal factors and any proposed treatment, together with the expected prognosis.</p> <p>Commissioners should seek evidence that patients with acute low back pain are given an explanation of their condition and any proposed treatment, together with the expected prognosis.</p> <p>Patients with acute low back pain should expect to be given an explanation of their condition and what may have caused it, together with details of any proposed treatment and the likely outcome.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (B3, S2.1, S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p>

Chiropractic Quality Statement 5: : Informed Consent

<p>Quality Statement</p>	<p>Patients with acute low back pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and alternative treatment options.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies relating to consent, and the information supplied to patients prior to consent being sought.</p> <p>Process: Proportion of patients with acute low back pain that have consented to treatment following an explanation of risks, benefits, likely outcomes and alternative treatments.</p> <p>Numerator: the number of patients in the denominator who have consented to treatment following an explanation of risks, benefits, likely outcomes and alternative treatments.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that the risks, benefits, likely outcomes and alternative treatments have been explained to patients with acute low back pain prior to consent to treatment being requested and documented.</p> <p>Commissioners need to ensure that there is a mechanism by which patients with acute low back pain are given information about the risks, benefits, and likely outcomes of treatment, together with the alternatives, prior to consent being given.</p> <p>Patients with acute low back pain should expect to be given information about the risks and benefits of treatment, the likely outcomes both with and without treatment, and details of any alternatives, before being asked to consent to receiving treatment.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (B3, B4, C1, S2.1, S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p>

Chiropractic Quality Statement 6: Management Plan

<p>Quality Statement</p>	<p>Patients with acute low back pain are recommended a plan of care only after their personal goals and expectations have been considered. The plan of care includes a formal review within two weeks of the commencement of treatment.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies and procedures with regard to management plans, then inclusion of formal reviews, and the consideration of the patients' personal goals and expectations.</p> <p>Process: Proportion of patient with acute low back pain who receive a plan of care, including the inclusion a formal review within two weeks, after having their personal goals and expectations taken into consideration.</p> <p>Numerator: the number of patients in the denominator who have received a formal plan of care, including a formal review, and having had their personal goals and expectations taken into consideration.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should have the systems in place to ensure that the personal goals and expectations of patients with acute low back pain are taken into consideration before a plan of care is recommended, which will include a formal review within two weeks of the commencement of treatment.</p> <p>Commissioners should expect that the personal goals and expectations of patients with acute low back pain are taken into consideration before a plan of care is recommended, which will include a formal review within two weeks of the commencement of treatment.</p> <p>Patients with acute low back pain should expect to have their personal goals and expectations taken into consideration before being recommended a plan of care, which will include a formal review within two weeks of starting treatment.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (B1, B3, B5, S3.1, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p> <p>European Guidelines for Acute Non-Specific Low Back Pain [http://www.backpain europe.org/web/html/wg1_results.html]</p>

Chiropractic Quality Statement 7: Treatment Aims

<p>Quality Statement</p>	<p>The aims of treatment for patients with acute low back pain are to reduce symptoms and disability, and to maximise function, subject to the patients' personal expectations and preferences.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of policy statements on the intention of treatment, and the acknowledgement of the personal expectations and preferences of the patient in reaching that decision.</p> <p>Process: Proportion of patients with acute low back pain whose agreed aims are to be the reduction in symptoms and disability, and to maximise function.</p> <p>Numerator: the number of patients in the denominator whose treatment aims are to reduce symptoms and disability, and to maximise function.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should aim to reduce symptoms and disability, and to maximise function, of patients with acute low back pain, subject to their own expectations and preferences being taken into consideration.</p> <p>Commissioners should look for evidence that the aim of treatment of patients with acute low back pain is to reduce symptoms and disability, and to maximise function, subject to the patients own expectations and preferences being taken into consideration.</p> <p>Patients with acute low back pain should expect the aims of treatment to be to reduce symptoms and disability, and to maximise function, subject to their own expectations and preferences being taken into consideration.</p>
<p>Source</p>	<p>A reasonable expectation by both the service providers and service users.</p> <p>GCC Code of Practice (B1, B3, B5) [http://www.gcc-uk.org/page.cfm?page_id=15]</p>

Chiropractic Quality Statement 8: Package of Care

<p>Quality Statement</p>	<p>Patients with acute low back pain are treated with a package of care, including advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies, and psychosocial intervention aimed at resolving cognitive barriers to recovery.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy on the provision of a package of care, including advice on activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and psychosocial intervention, for the treatment of acute low back pain.</p> <p>Process: Proportion of patients with acute low back pain who are treated with a package of care including advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies, and psychosocial intervention.</p> <p>Numerator: the number of patients in the denominator who receive activity and lifestyle advice, manipulation and/or mobilisation, soft tissue therapies, and psychosocial intervention.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should provide a package of care, including advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies, and psychosocial intervention for the treatment of acute low back pain.</p> <p>Commissioners should seek evidence that patients with acute low back pain are treated with a package of care, including advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies, and psychosocial intervention.</p> <p>Patients with acute low back pain should expect to be treated with a number of different techniques including being given advice on activity and lifestyle, manipulation and/or mobilisation, soft tissue therapies, and addressing the psychological and social implications associated with low back pain.</p>
<p>Source</p>	<p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p> <p>European Guidelines for Acute Non-Specific Low Back Pain [http://www.backpaineurope.org/web/html/wg _results.html]</p>

Chiropractic Quality Statement 9: Early Monitoring

<p>Quality Statement</p>	<p>Patients with acute low back pain whose symptoms are either progressing or very severe are assessed at least twice a week.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies or procedures with regard to the degree of contact with patients while their symptoms are either progressing or severe.</p> <p>Process: Proportion of patients with acute low back pain, whose symptoms are either progressing or severe, that are assessed at least twice a week.</p> <p>Numerator: the number of patients in the denominator that are assessed at least twice a week.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain whose symptoms are either progressing or severe.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should assess patients with acute low back pain at least twice a week while signs and symptoms are either progressing or severe.</p> <p>Commissioners should expect patients with acute low back pain to be assessed at least twice a week while signs and symptoms are either progressing or severe.</p> <p>Patients with acute low back pain should expect to be assessed at least twice a week while signs and symptoms are either progressing or severe.</p>
<p>Source</p>	<p>A reasonable expectation by both the service providers and service users.</p> <p>European Guidelines for Acute Non-Specific Low Back Pain [http://www.backpaineurope.org/web/html/wg1_results.html]</p>

Chiropractic Quality Statement 10: Advice on Activity

<p>Quality Statement</p>	<p>As part of their treatment plan, patients with acute low back pain are given advice and encouragement to remain as active as possible and, where appropriate, to continue normal daily activities including work.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy for the provision of advice and encouragement to remain as active as possible including, where appropriate, continuing with normal daily activities and work.</p> <p>Process: Proportion of patients with acute low back pain that are provided with advice and encouragement to remain as active as possible including, where appropriate, continuing with normal daily activities and work.</p> <p>Numerator: the number of patients in the denominator who are given advice and encouraged to remain as active as possible including, where appropriate, continuing with normal daily activities and work.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should offer patients with acute low back pain specific tailored exercises, together with advice to remain as active as possible and, where appropriate, to continue normal daily activities including work.</p> <p>Commissioners should ensure that patients with low back pain to be offered specific tailored exercises, together with advice to remain as active as possible and, where appropriate, to continue normal daily activities including work.</p> <p>Patients with acute low back pain should expect to offered exercises, together with advice to remain as active as possible and, where appropriate, to continue normal daily activities including work.</p>
<p>Source</p>	<p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p> <p>European Guidelines for Acute Non-Specific Low Back Pain [http://www.backpaineurope.org/web/html/wg1_results.html]</p>

Chiropractic Quality Statement 11: GP Reports

Quality Statement

Subject to receiving consent, one or more reports are sent to the GP of patients with acute low back pain detailing their presentation, diagnosis and response to treatment.

Quality Measure

Structure: Evidence of practice policy that reports are sent to the GPs of patients with acute low back pain detailing their presentation, diagnosis and response to treatment.

Process: Proportion of patients with acute low back pain for which a report has been sent to the patient's GP detailing their presentation, diagnosis and response to treatment.

Numerator: the number of patients in the denominator who have had a report sent to their GP detailing their presentation, diagnosis and response to treatment.

Denominator: the total number of patients presenting with uncomplicated acute low back pain.

Description of what the quality statement means for each audience

Service Providers should have systems in place to ensure that reports are written and sent to the GPs of patients with acute low back pain detailing their presentation, diagnosis and response to treatment.

Commissioners should seek evidence that reports are sent to the GPs of patients with acute low back pain detailing their presentation, diagnosis and response to treatment.

Patients with acute low back pain should expect that, with their consent, a report will be sent to their GP detailing their presentation, diagnosis and response to treatment.

Source

GCC Code of Practice and Standard of Proficiency (A8, A9, S3.4) [http://www.gcc-uk.org/page.cfm?page_id=15]

Chiropractic Quality Statement 12: Referrals

Quality Statement

Patients with acute low back pain are referred if their condition shows no sign of improvement, or worsens, over a four week period, if not before.

Quality Measure

Structure: Evidence of practice policy with regard to the referral of patients whose condition shows no sign of improvement, or worsens.

Process: Proportion of patients with acute low back pain that are referred if their condition shows no sign of improvement, or worsens, over a four week period.

Numerator: the number of patients in the denominator who have been referred after they have shown no sign of improvement, or worsened, over a four week period.

Denominator: the total number of patients presenting with uncomplicated acute low back pain.

Description of what the quality statement means for each audience

Service Providers should refer patients with acute low back pain if their condition shows no sign of improvement, or worsens, over a four week period, if not before.

Commissioners should expect to see evidence that patients with acute low back pain will be referred if their condition shows no sign of improvement, or worsens, over a four week period.

Patients with acute low back pain should expect to be referred if their condition shows no sign of improvement, or worsens, over a four week period.

Source

GCC Code of Practice and Standard of Proficiency (D1, S2.1, S2.4, S2.7, S3.1, S3.3)
[http://www.gcc-uk.org/page.cfm?page_id=15]

Chiropractic Quality Statement 13: Discharge from Acute Care

<p>Quality Statement</p>	<p>Patients with acute low back pain are discharged from acute care within four weeks of their signs and symptoms being absent.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy regarding the discharge of patients from acute care when presenting with acute low back pain.</p> <p>Process: Proportion of patients with acute low back pain who, after their signs and symptoms being absent for 4 weeks, have been discharged from acute care.</p> <p>Numerator: the number of patients in the denominator who have been discharged from acute care after four weeks of their signs and symptoms being absent.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that patients with acute low back pain are discharged from acute care within 4 weeks of their signs and symptoms being absent.</p> <p>Commissioners should expect patients with acute low back pain to be discharged from acute care by the time their symptoms have been absent for 4 weeks.</p> <p>Patients with acute low back pain should expect to be discharged from acute care by the time their symptoms have been absent for 4 weeks.</p>
<p>Source</p>	<p>A reasonable expectation by both the service providers and service users.</p>

Chiropractic Quality Statement 14: Prophylactic Care

<p>Quality Statement</p>	<p>Ongoing rehabilitation and prophylactic care is offered to patients following discharge from treatment for acute low back pain.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy regarding the provision of rehabilitation and prophylactic care for patients with acute low back pain.</p> <p>Process: Proportion of patients that, once discharged from treatment for acute low back pain are offered ongoing rehabilitation and prophylactic care.</p> <p>Numerator: the number of patients in the denominator who have been offered ongoing rehabilitation and prophylactic care following discharge from treatment for acute low back pain.</p> <p>Denominator: the total number of patients presenting with uncomplicated acute low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that patients are offered ongoing rehabilitation and prophylactic care following discharge from treatment for acute low back pain.</p> <p>Commissioners should seek evidence that patients are offered ongoing rehabilitation and prophylactic care following discharge from treatment for acute low back pain.</p> <p>Patients should expect to be offered ongoing rehabilitation and prophylactic care following discharge from treatment for acute low back pain.</p>
<p>Source</p>	<p>A reasonable expectation by both the service providers and service users.</p> <p>GCC Code of Practice and Standard of Proficiency (S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>The Musculoskeletal Services Framework, Department of Health [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p>



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