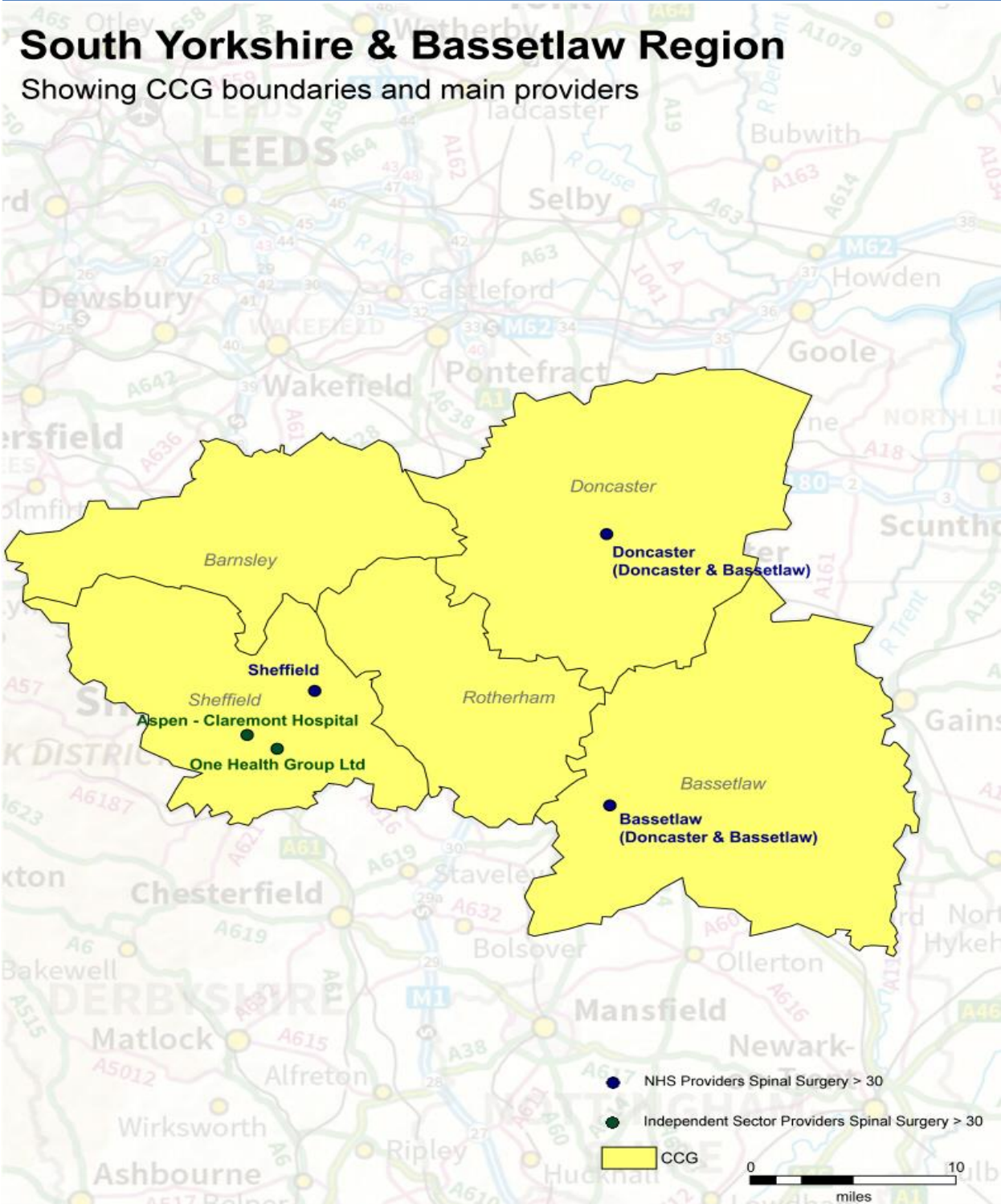


Back Pain Report

Bassetlaw
June 2016



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BetterKnowledgeBetterCareBetterOutcomes

NEQOS Back Pain Report

This back pain report contains health intelligence produced by NEQOS to support the implementation of the national pathfinder project to provide better pathways of care for people with low back and radicular pain. The NHS England Pathfinder Projects were established to address high value care pathways which cross commissioning and health care boundaries. Many conditions require a pathway of care which moves from the general practitioner through primary care and community services and into secondary care and sometimes specialised services. Difficulties in commissioning across boundaries, however, can cause artificial interruptions in what should be a seamless care pathway. The Pathfinder Projects are designed for all Stakeholders to work collaboratively to examine in depth these health care interfaces and to develop commissioning structures to commission care across the whole pathway. The Trauma Programme of Care Board selected low back pain and radicular pain as the Pathfinder Project as this is a high value care pathway in view of the very large number of patients involved.

The future of the pathway is that it is designed to be run in primary care (general practice and community physiotherapy) and referral into secondary specialist care is only at the end of the pathway. Key to the success of the pathway are the Triage and Treat practitioners; the highly trained practitioners, either extended scope physiotherapists or nurse specialists who essentially run the pathway and have access to bookable slots for the core therapies, nerve root blocks, spinal surgical clinic appointments or pain clinic appointments. This reduces very significantly the delays in the previous system and also reduces the “pinball” management that is a feature of so many health care systems. Quality care is less expensive by reducing ineffective or repetitive treatment and by reducing conversion into chronic disability

In this profile, the current utilisation of secondary care services for back and radicular pain are shown by CCG and providers, including both NHS Trusts and Independent Sector providers to demonstrate variation in activity regionally and across England. This report is based on the population of patients under the care of CCGs in the South Yorkshire & Bassetlaw Region and provides important information about patient flows from these CCGs across all providers within this region.

Information on hospital admissions is presented by admission method (elective vs. emergency) and type of procedure (surgery, injections, pain management etc.) undertaken. The aim of this report is to assist both clinicians and commissioners in comparing treatment activity rates between regional providers and against national data to reduce variation and develop evidence based care pathways to improve patient outcomes.

Ongoing monitoring of this secondary care activity will evidence where changes implemented through the national pathfinder project for acute low back and radicular pain to provide timely access to evidence based treatments can improve the quality of patient care, provide community based alternatives to secondary care admissions for back pain and reduce secondary care expenditure.

It is important to note that this report is based on the cohort of patients with back and/or radicular pain but does not include patients who have back pain due to specific diagnosis such as cancer, infection, spinal trauma, inflammatory arthritis, cauda equine syndrome as these patients have very different treatment pathways of care.

Acknowledgements

This work has been funded through the Getting It Right First Time (GIRFT) project that is part of the Department of Health funded Clinically-Led Quality and Efficiency Programme.

Acknowledgements to the Health & Social Care Information Centre (HSCIC) as the source of data used in this report and to Professor Greenough and Mr Ashley Cole for their expert clinical guidance and advice.

Introduction and background

Low back pain is extremely common and is the largest single cause of loss of disability adjusted life years, and the largest single cause of years lived with disability in England (Global Burden of Disease, 2013). In terms of disability adjusted life years lost per 100,000, low back pain is responsible for 2,313. By contrast the remainder of musculo-skeletal complaints counts for 911, depression 704 and diabetes 337. It should be borne in mind that this is principally occurring in people of working age, or with families. UK specific data shows that LBP was top cause of years lived with disability in both 1990 and 2010 – with a 12% increase over this time. Back pain accounts for 11% of the entire disability burden from all diseases in the UK; furthermore the burden is increasing both absolutely (3.7% increase) and proportionally (7% to 8.5%).

NEQOS have produced CCG and hospital Trust level activity profiles to understand the current position in terms of secondary care activity for back and radicular pain and have worked with a range of key stakeholders from both provider and commissioner organisations to develop the profiles to ensure that the indicators shown are appropriate and relevant to the project. This information needs to be viewed in conjunction with data soon to become available from Arthritis Research UK about the prevalence of back pain and associated risk factors and where possible with locally available data from general practice, including prescribing rates, and onward referrals from primary care (e.g. physiotherapy and radiology).

Technical specification

Following a data discovery exercise supported by Professor Charles Greenough (National Clinical Director for Spinal Disorders, South Tees NHS Foundation Trust), definitions for low back and radicular pain were developed based on a combination of diagnosis codes (ICD-10) and relevant secondary care procedures were identified using OPCS 4.7 codes. These codes have been supported by Mr Ashley Cole, Chair of Specialised Spinal Surgery Clinical Reference Group (Consultant Orthopaedic Surgeon, Northern General Hospital and Sheffield Children's Hospital).

Data definitions

Data Source: Hospital Episode Statistics (Health & Social Care Information Centre via HDIS). Please note that 2014/15 data is currently classed as provisional.

CCG populations: Health & Social Care Information Centre (Ages 15 & over as at April 2015) (Data was provided in 5 year ages bands, therefore we were unable to use exact figures for Ages 16 & over)

A summary of the data definitions used is shown below:

- Time period: April 2011 - March 2015
- Primary diagnosis = back pain (specific ICD10 codes)
- Limited to episode 1
- Age 16 years and over
- Private patients are included unless specified
- Admission costs are based on the national tariff
- Directly Age & Sex Standardised Rates use the European Standard Populations

The NHS Trusts included for the South Yorkshire & Bassetlaw Region are:

- Barnsley Hospital NHS Foundation Trust
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust

The Independent Sector Providers included for the South Yorkshire & Bassetlaw Region are:

- Pain Management Solutions - Oaks Park PCC
- Aspen - Claremont Hospital
- One Health Group Ltd

Clinical Commissioning Group (CCG) activity summary

1. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015), summary

a. Hospital admissions at national level, indicating back pain type and admission method

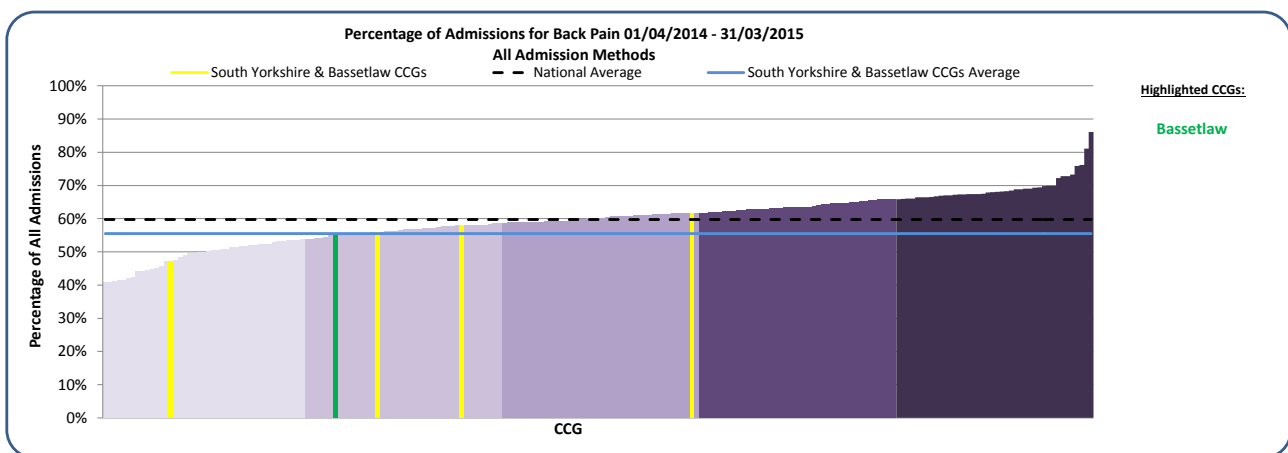
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	237,256	56.7%	43.3%
Emergency	39,331	14,309	53,640	73.3%	26.7%
Other	771	951	1,722	44.8%	55.2%
Total	174,550	118,068	292,618	59.7%	40.3%

South Yorkshire & Bassetlaw	Back	Radicular	Total	% Back	% Radicular
Elective	3,144	2,987	6,131	51.3%	48.7%
Emergency	1,113	424	1,537	72.4%	27.6%
Other	20	20	40	50.0%	50.0%
Total	4,277	3,431	7,708	55.5%	44.5%

b. Hospital admissions at CCG level, indicating proportion of admissions for back pain

Table indicates the proportion of admissions for back pain only (and not radicular pain)

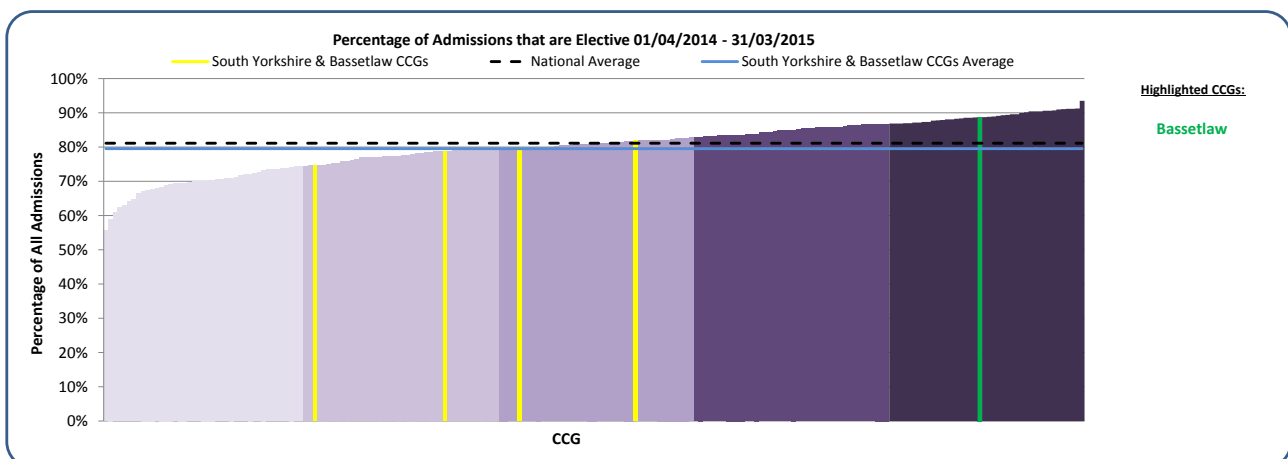
Sheffield	47.2%	Doncaster	57.9%
Bassetlaw	54.9%	Barnsley	61.7%
Rotherham	56.0%		
South Yorkshire & Bassetlaw CCGs	55.5%	England	59.8%



c. Hospital admissions at CCG level, by admission method

Table indicates the proportion of admissions for back and radicular pain that is recorded as elective

Sheffield	74.7%	Rotherham	81.9%
Barnsley	78.7%	Bassetlaw	88.7%
Doncaster	79.5%		
South Yorkshire & Bassetlaw CCGs	79.5%	England	81.1%



What is the data telling us?

In the 2014/15 financial year period there were almost 300,000 admissions for back and radicular pain in England, with 7,708 (2.6%) of these for patients registered within the South Yorkshire & Bassetlaw CCGs.

At a national level the proportional split for hospital admissions is 60% for back pain and 40% for radicular pain, and at CCG level in the South Yorkshire & Bassetlaw CCGs the proportion of admissions for back pain ranges from 47% to 62%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the South Yorkshire & Bassetlaw CCGs having a slightly lower proportion (79.5%). At a CCG level in this region, the proportion of elective admissions for these populations ranges from 75% in Sheffield to 89% in Bassetlaw.

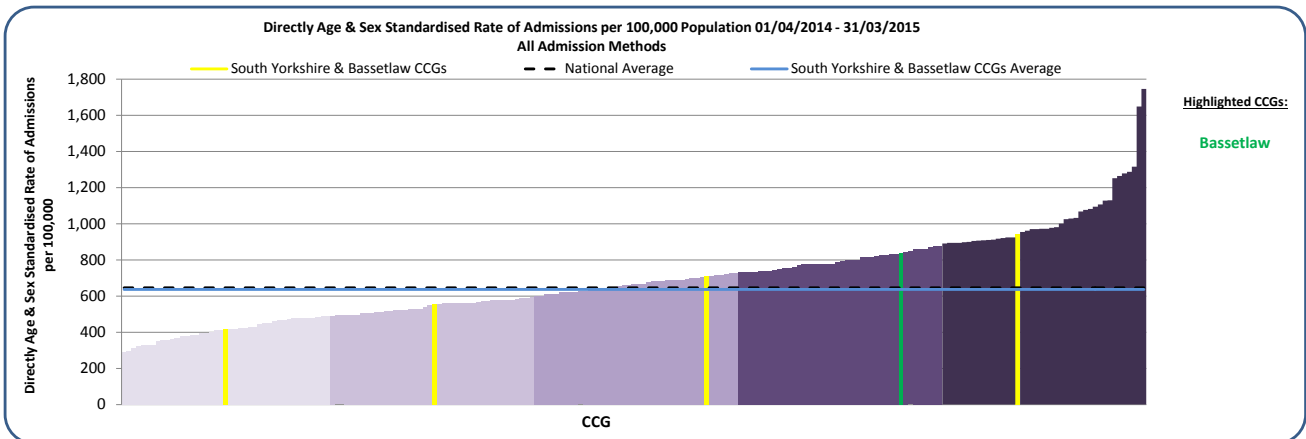
Clinical Commissioning Group (CCG) activity

2. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

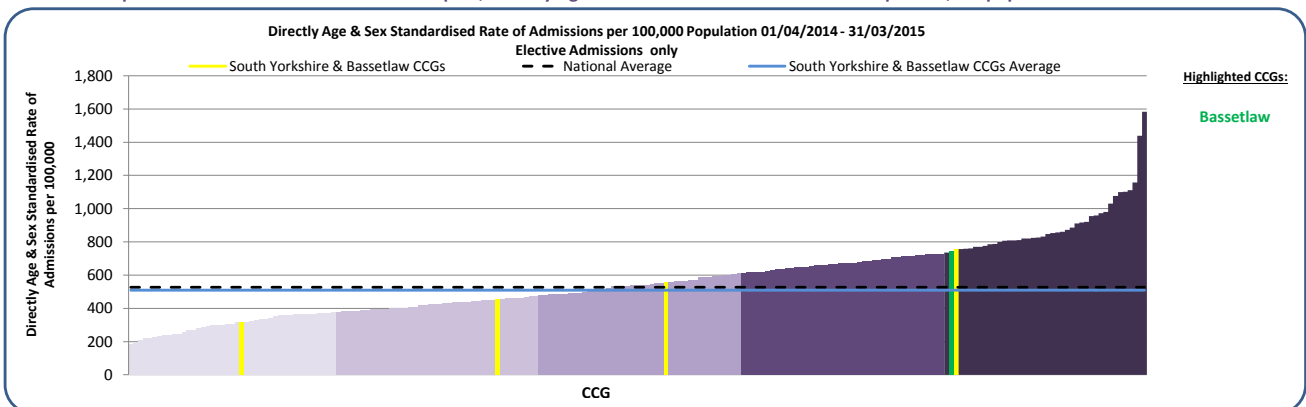
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Doncaster	945.4	753.8	188.8	Rotherham	557.1	454.5	94.9
Bassetlaw	837.5	740.8	95.7	Sheffield	416.9	316.2	99.9
Barnsley	709.3	556.2	147.1				
South Yorkshire & Bassetlaw CCGs	637.0	508.7	125.0	England	645.6	526.5	115.4

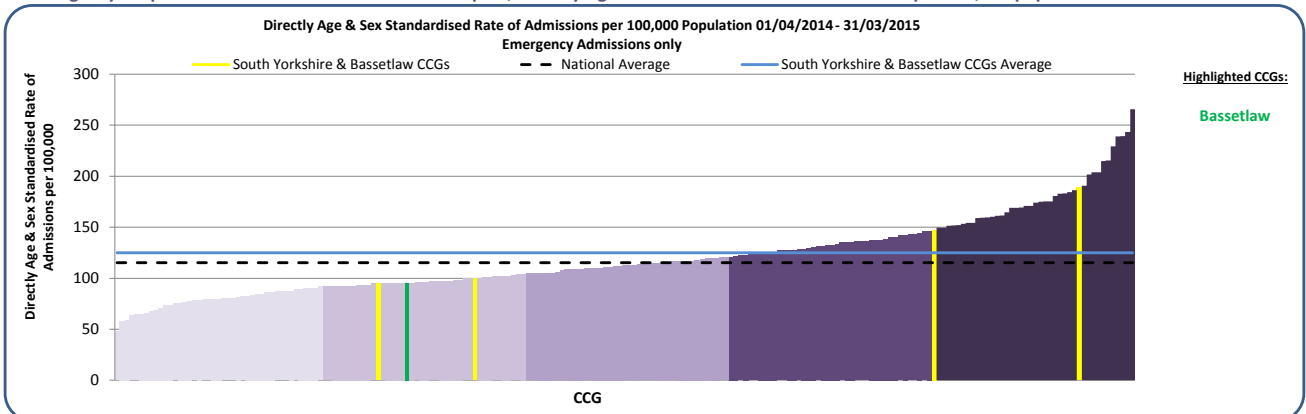
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



c. Elective hospital admissions for back and radicular pain, Directly Age & Sex Standardised Admission rate per 100,000 population



d. Emergency hospital admissions for back and radicular pain, Directly Age & Sex Standardised Admission rate per 100,000 population



What is the data telling us?

There is considerable variation in elective admission rates across the CCGs within South Yorkshire and Bassetlaw with a 2.4-fold difference between the regional lowest (Sheffield CCG) and the highest CCG for the region (Doncaster CCG). Similarly, there is wide variation for emergency admissions across the CCGs in the region, with a 2-fold difference between the regional lowest (Rotherham CCG) and the highest CCG for the region (Doncaster CCG), which is in the highest quintile nationally for both elective and emergency admissions.

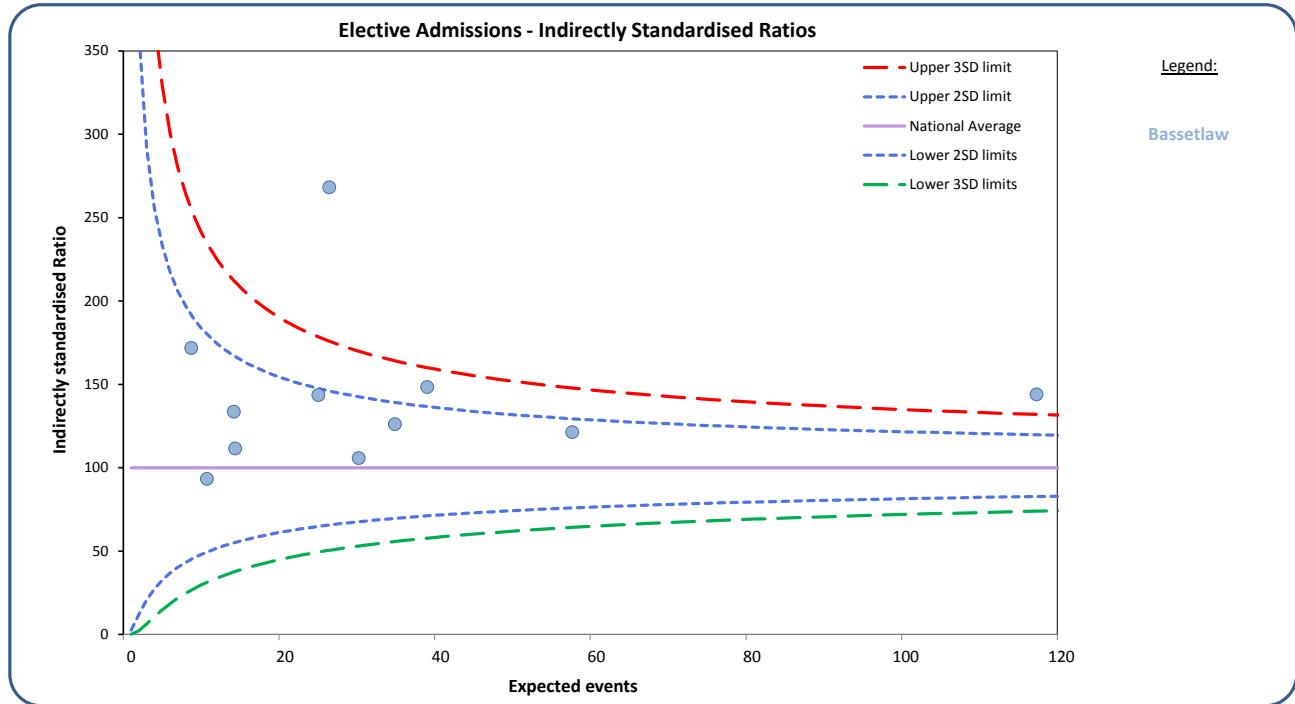
Clinical Commissioning Group (CCG) activity - GP practice level

3. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

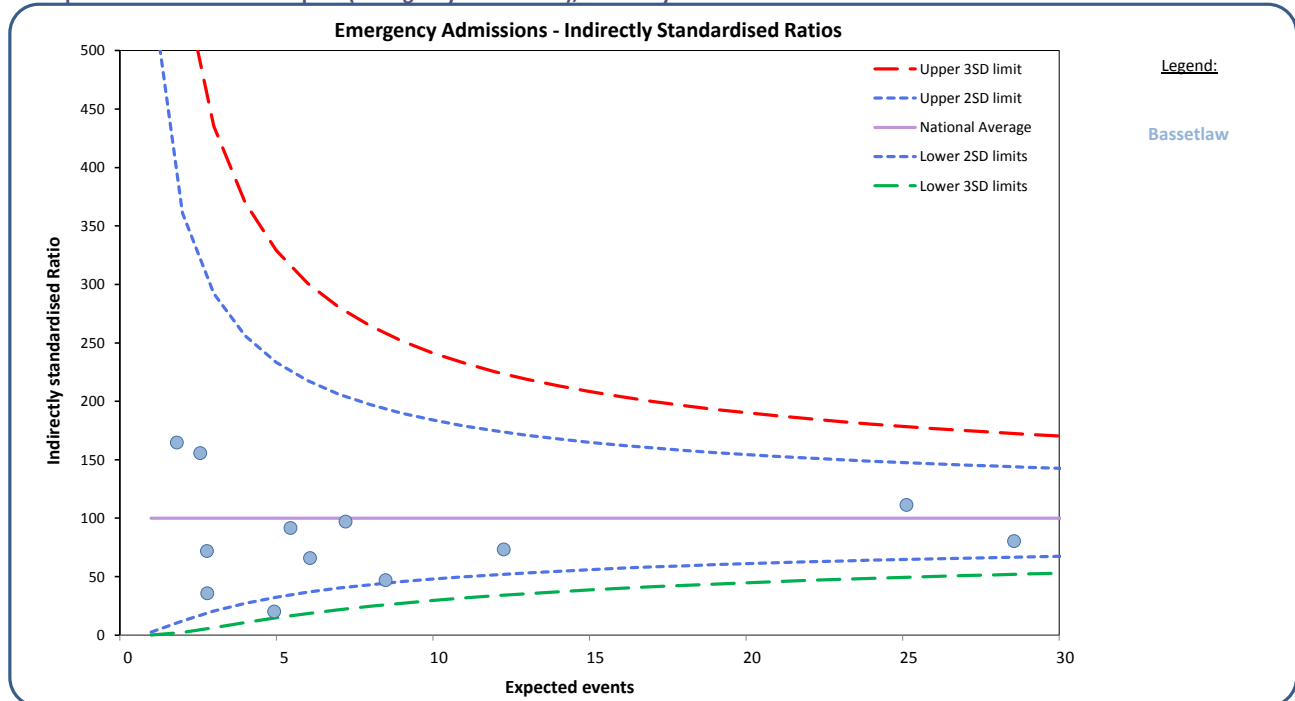
Each symbol represents one GP practice

a. Hospital admissions for back pain (Elective admissions), Indirectly Standardised Ratio

Bassetlaw



b. Hospital admissions for back pain (Emergency admissions), Indirectly Standardised Ratio



What is the data telling us?

The admission rates for elective and emergency admissions for each GP practice within the CCG are expressed as Indirectly Standardised Ratios with 100 representing the national average. This adjustment has been made due to small numbers and in order that comparisons can be made between practices.

The upper and lower confidence limits on the funnel charts above are based on national data. Each circle represents the constituent GP Practices for the selected CCG(s). All GP practices within the funnel have admission rates that are not significantly different that the national rates with those above the upper blue funnel having significantly higher rates than the national average.

4. Indirectly Standardised Ratios for Elective & Emergency Admissions for Back & Radicular Pain, by GP Practice Bassetlaw

Indirectly Standardised Ratios that are coloured Red are higher than 3 standard deviations from the mean. Those coloured Yellow are between 2 and 3 higher standard deviations from the mean.

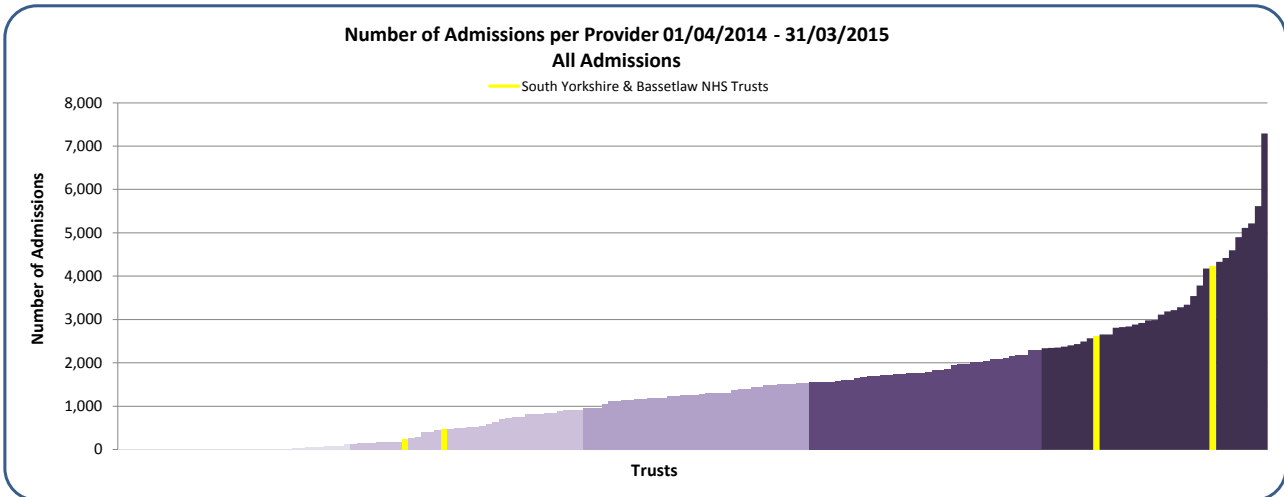
Practice Code	Practice Name	CCG	Population 15+	Elective			Emergency		
				Observed	Expected	Ratio	Observed	Expected	Ratio
C84001	Larwood Surgery	02Q	22,483	169	117.32	144.05	28	25.13	111.42
C84008	Tuxford Medical Centre	02Q	4,263	36	25.08	143.54	<6	4.93	20.30
C84013	Bridgegate Surgery	02Q	6,288	44	34.87	126.17	7	7.21	97.07
C84024	Newgate Medical Group	02Q	25,639	182	134.32	135.50	23	28.56	80.54
C84035	Crown House Surgery	02Q	10,266	70	57.68	121.36	9	12.26	73.42
C84052	The Misterton Group Pract	02Q	5,068	32	30.25	105.78	<6	6.08	65.82
C84094	Riverside Health Centre	02Q	7,577	58	39.06	148.49	<6	8.49	47.13
C84101	Bawtry & Blyth Medical	02Q	2,373	19	14.21	133.69	<6	2.78	71.89
C84143	Tall Trees Surgery	02Q	4,850	71	26.48	268.12	<6	5.45	91.74
C84692	North Leverton Surgery	02Q	2,364	16	14.35	111.46	<6	2.80	35.77
C84700	Harworth Medical Centre	02Q	1,583	15	8.73	171.75	<6	1.82	164.68
Y02833	Westwood 8-8 Primary Care Centre	02Q	2,763	10	10.73	93.22	<6	2.57	155.61

Hospital Trust activity

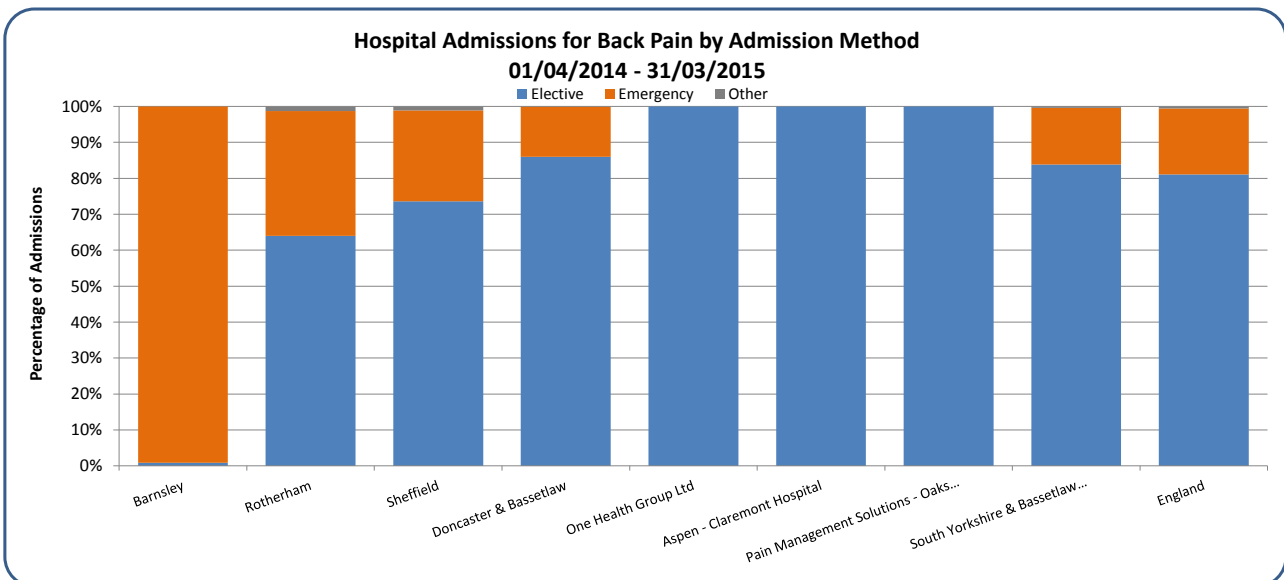
5. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Doncaster & Bassetlaw	4,221	Rotherham	461
Sheffield	2,625	Barnsley	240
South Yorkshire & Bassetlaw NHS Trusts	7,547	England	251,444



b. Number of admissions per hospital Trust, by admission method (South Yorkshire & Bassetlaw Providers only)



What is the data telling us?

The total number of admissions for back pain, rather than a rate, is presented due to the absence of a relevant denominator at hospital Trust level. Activity for the 4 NHS Trusts used by the South Yorkshire & Bassetlaw CCGs is highly variable with 2 Trusts in the second lowest quintile and 2 Trusts in the highest quintile when comparing all NHS Trusts nationally.

The proportion of hospital activity for back pain which is classed as elective care for providers used by South Yorkshire & Bassetlaw CCGs is slightly higher than the England proportion. At NHS Trust level the proportion varies between <6 elective admissions at the low volume Barnsley Trust to 86% of admissions at Doncaster & Bassetlaw Trust, which is the highest volume provider in the region.

All NHS activity at the Independent Sector Providers is classed as elective.

Hospital Trust activity

5. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

c. Elective admissions for back and radicular pain, by treatment speciality (South Yorkshire & Bassetlaw Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Barnsley	-	-	-	-	-	<6	-
Doncaster & Bassetlaw	2,239	1,352	-	-	-	37	3,628
Sheffield	622	28	805	-	440	37	1,932
Rotherham	17	248	-	-	-	30	295
Pain Management Solutions - Oaks Park	766	-	-	-	-	<6	766
Aspen - Claremont Hospital	52	446	-	-	546	-	1,044
One Health Group Ltd	-	14	-	-	1,106	-	1,120
Total	3,696	2,088	805	-	2,092	104	8,785

d. Elective admissions for injections for back and radicular pain, by injection type and treatment speciality (national data)

Treatment Function Title	Other Back Pain Injection	Epidural (not specified)	Epidural Lumbar	Epidural Sacral	Injection Facet Joint	Spinal Nerve Root Injection	Total
Pain Management & Anaesthetics	11,485	1,572	19,926	12,780	46,506	12,482	104,751
Trauma & Orthopaedics	1,286	175	4,190	15,658	10,080	11,518	42,907
Spinal Surgery Service	200	60	590	1,430	2,338	3,571	8,189
Neurosurgery	191	123	1,074	600	1,270	1,303	4,561
Interventional Radiology	14	1	18	3	656	2,961	3,653
Rheumatology	38	12	138	2,428	390	32	3,038
Other Treatment Functions	24	10	81	278	223	591	1,207
Total	13,238	1,953	26,017	33,177	61,463	32,458	168,306

What is the data telling us?

For elective activity the treatment speciality code indicated within the hospital data varies by hospital trust. Overall the most common specialities are Trauma and Orthopaedics and Pain Management/Anaesthetics. The providers for the South Yorkshire & Bassetlaw CCGs record 24% of their activity as Neurosurgery (over 50% within the Independent Sector Provider, One Health Group Ltd) which is higher than most other regions.

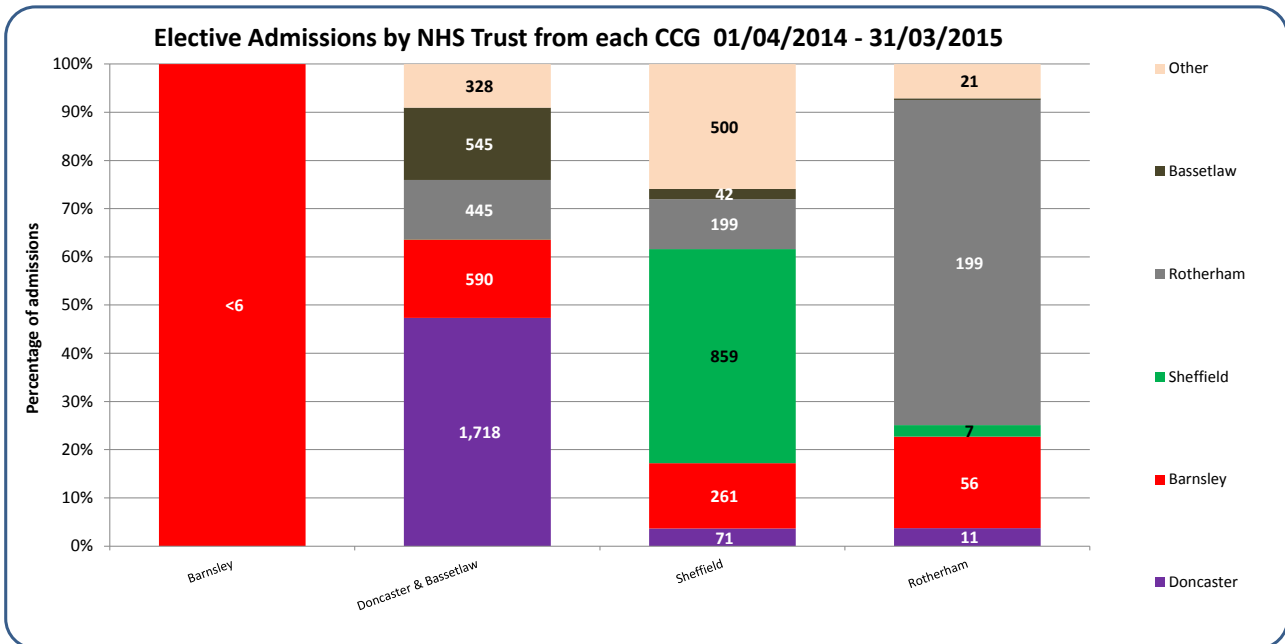
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

The most common injection type is facet joint injections, which mainly take place within Pain Management/Anaesthetics treatment function, but are also being used in Trauma and Orthopaedics, Spinal Surgery Service and Neurosurgery.

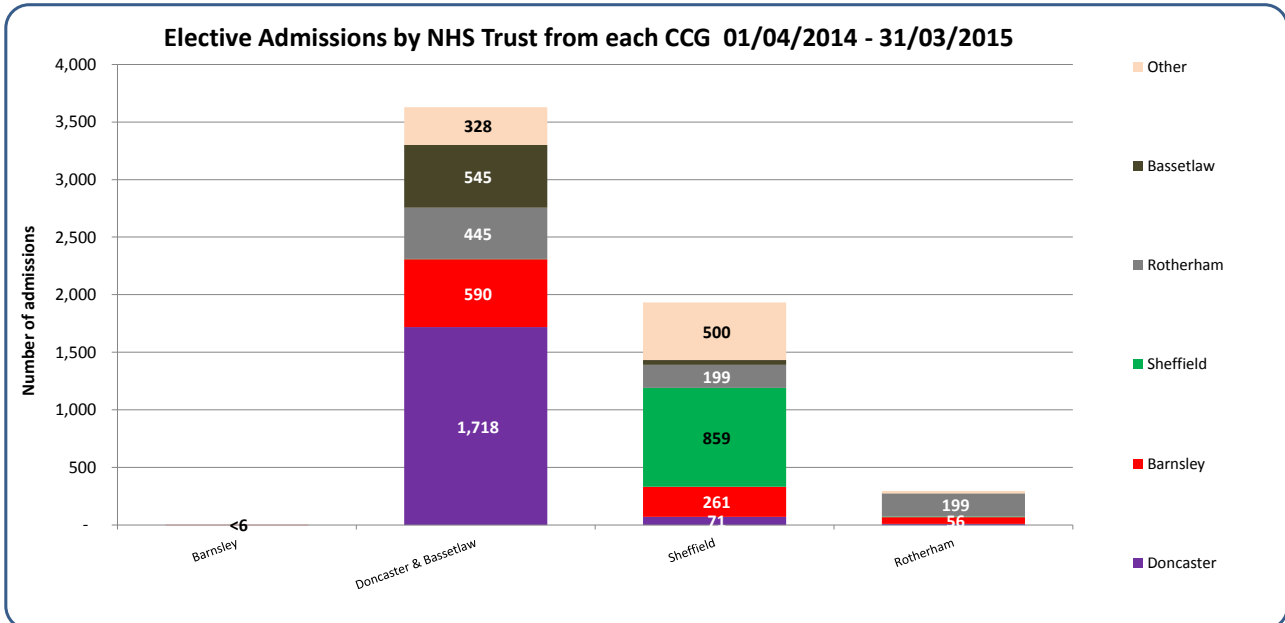
Hospital Trust activity from CCGs

6. Patient flows from CCG to Hospital Trust for back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

a. Hospital elective admissions by CCG population (percentage of activity)



b. Hospital elective admissions by CCG population (actual activity)



What is the data telling us?

There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for back and radicular pain.

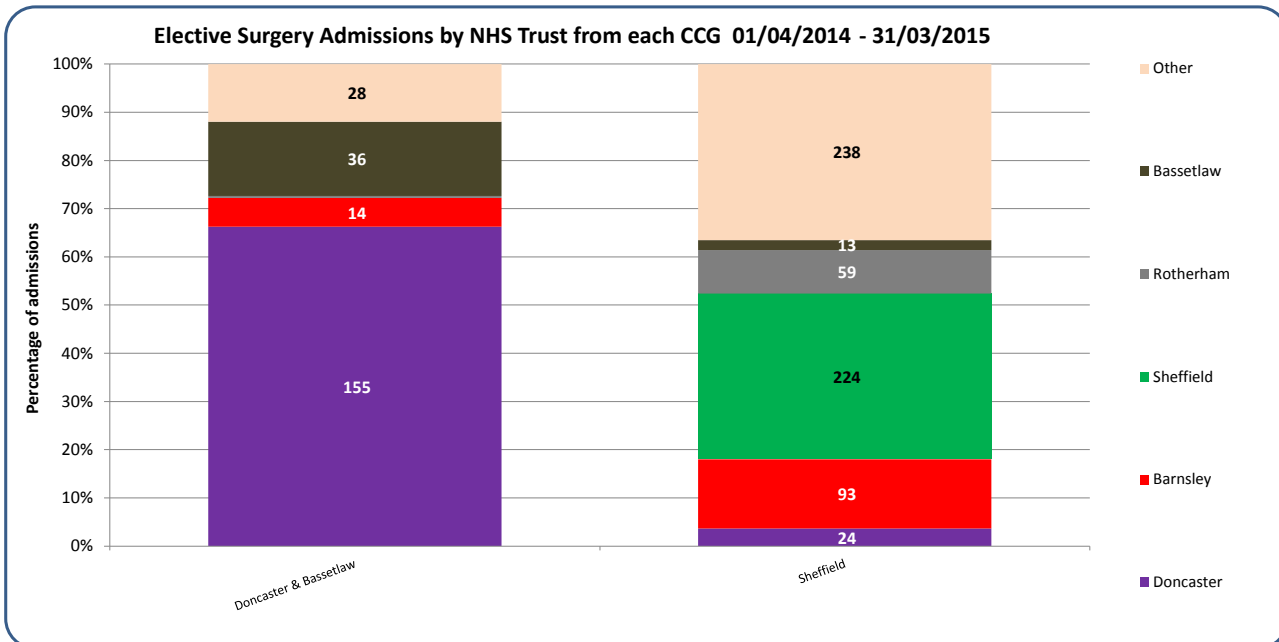
Doncaster & Bassetlaw Trust is the highest volume provider and admits patients from all of the South Yorkshire & Humber CCGs except Sheffield CCG who mainly use Sheffield Trust. The two high volume NHS Trusts also admit patients from CCGs outside of this region.

The data is shown in two ways, indicating both the proportion and number of admissions relating to each CCG.

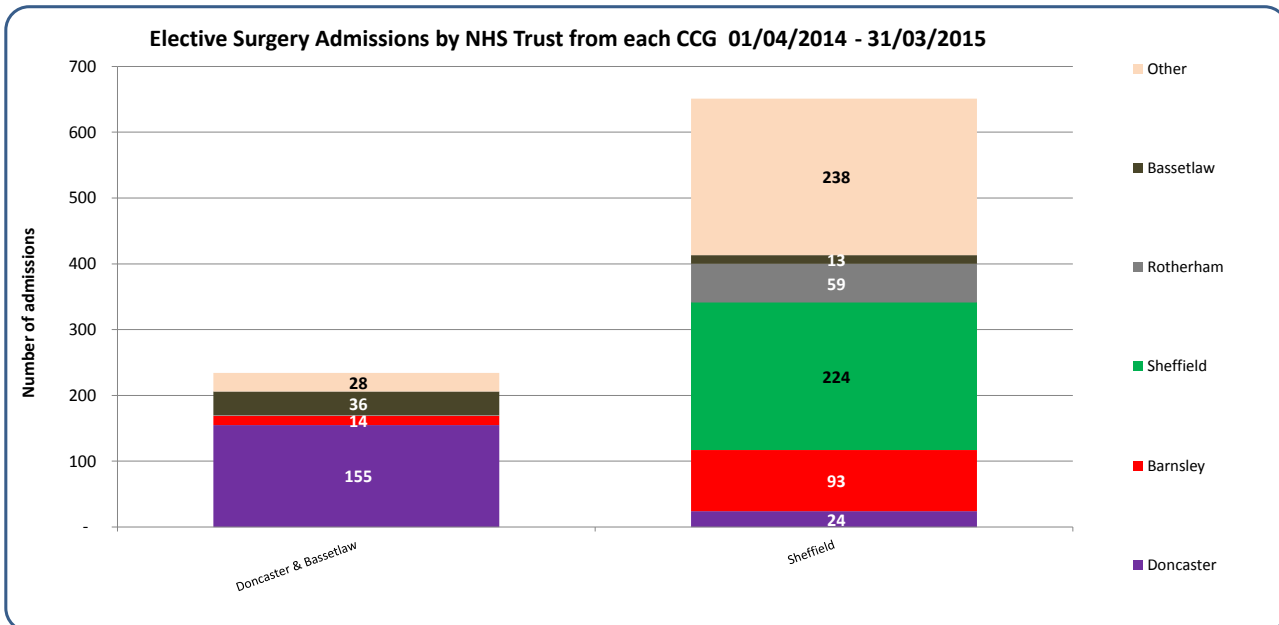
Hospital Trust activity from CCGs

6. Patient flows from CCG to Hospital Trust for back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

c. Hospital elective admissions for surgery by CCG population (percentage of activity)



d. Hospital elective admissions for surgery by CCG population (actual activity)



What is the data telling us?

There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for spinal surgery for back and radicular pain.

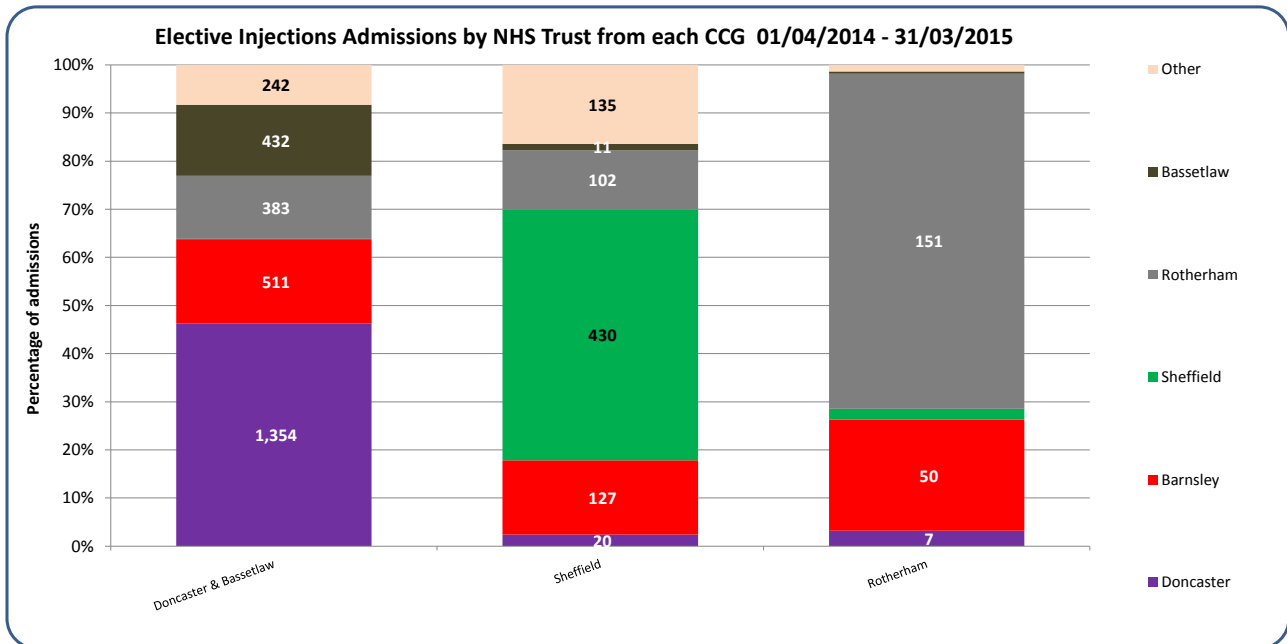
Sheffield Trust is the highest volume provider for spinal surgery for South Yorkshire & Bassetlaw CCGs and admits patients from all of the CCGs in the region, however Doncaster and Bassetlaw CCGs mainly use the Trust located in their region. Sheffield Trust also admits a high volume of patients from CCGs outside of this region.

The data is shown in two ways, indicating both the proportion and number of admissions relating to each CCG.

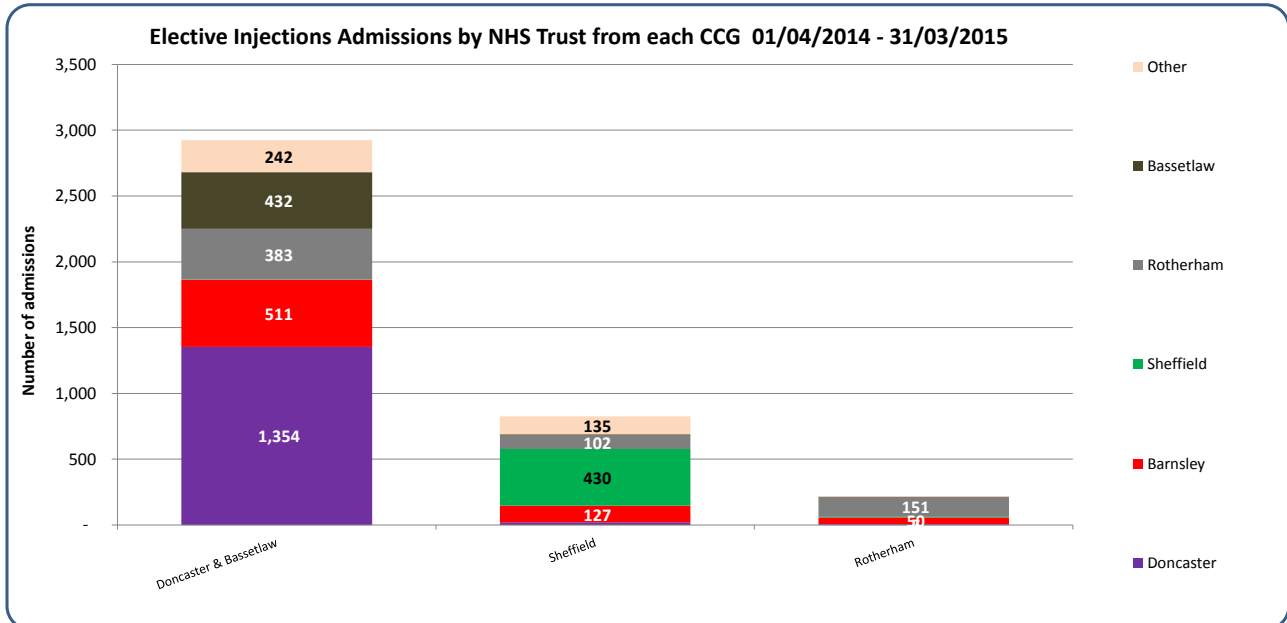
Hospital Trust activity from CCGs

6. Patient flows from CCG to Hospital Trust for back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

e. Hospital elective admissions for injections by CCG population (percentage of activity)



f. Hospital elective admissions for injections by CCG population (actual activity)



What is the data telling us?

There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for injections for back and radicular pain.

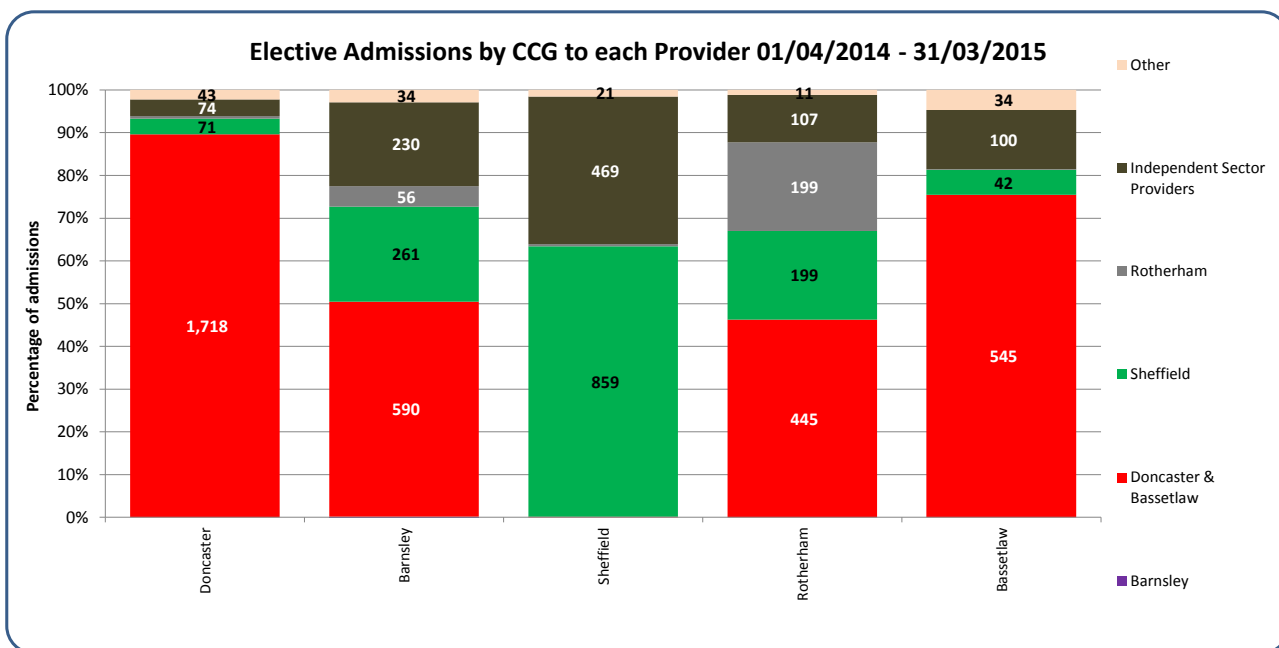
Doncaster & Bassetlaw Trust is the highest volume provider and admits patients from all of the South Yorkshire & Humber CCGs except Sheffield CCG who use Sheffield Trust. In contrast to the spinal surgery activity data, Doncaster and Bassetlaw Trust has notably higher activity than the Sheffield Trust with both Trusts also admitting patients from CCGs outside of this region.

The data is shown in two ways, indicating both the proportion and number of admissions relating to each CCG.

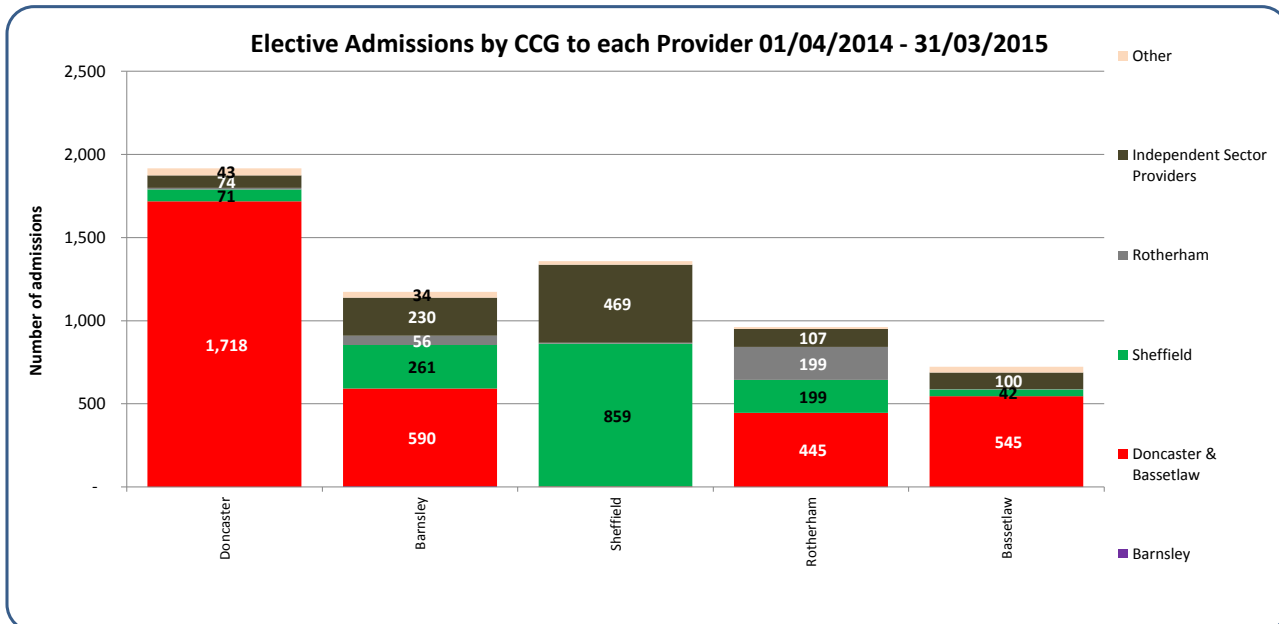
CCG activity to Hospital Trust

7. Patient flows to Hospital Trusts from CCGs for back pain in people aged 16 years and over (April 2014 - March 2015)

a. Hospital elective admissions by CCG population (percentage of activity)



b. Hospital elective admissions from each CCG (actual activity)



What is the data telling us?

There is variation between CCGs in terms of the number of hospital trusts to which their patients are admitted.

Activity is highest for Doncaster CCG with the majority of patients admitted to the Doncaster & Bassetlaw Trust as well as some using Sheffield Trust and Independent Sector Providers.

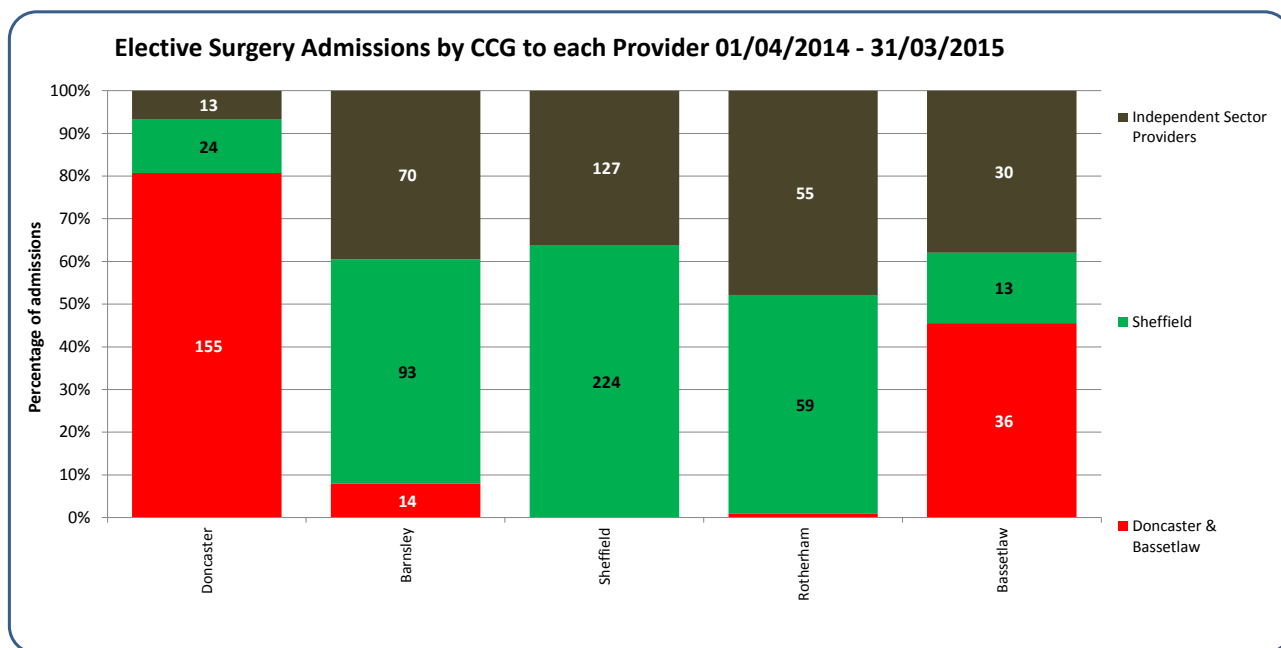
Sheffield CCG is the highest user of Independent Sector activity in South Yorkshire & Bassetlaw CCGs.

The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

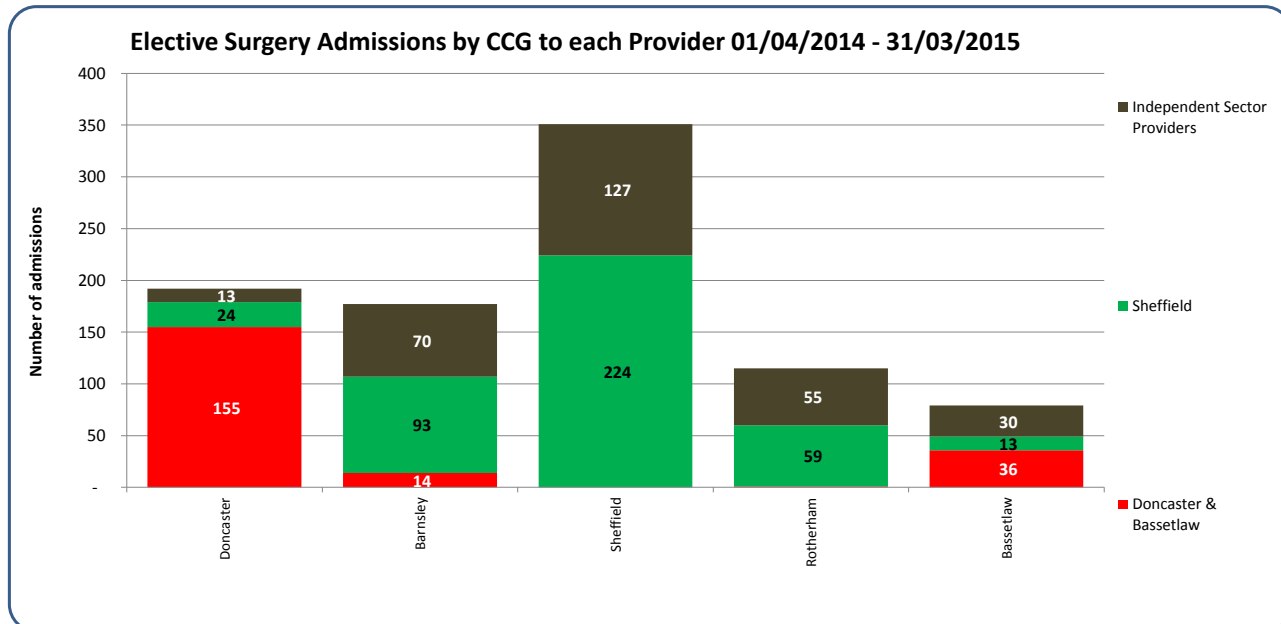
CCG activity to Hospital Trust

7. Patient flows to Hospital Trusts from CCGs for back pain in people aged 16 years and over (April 2014 - March 2015)

c. Hospital elective admissions for surgery by CCG population (percentage of activity)



d. Hospital elective admissions for surgery from each CCG (actual activity)



What is the data telling us?

There is variation between CCGs in terms of the number of hospital trusts to which their patients are admitted.

Activity is highest for Sheffield CCG with the majority of patients admitted to the Sheffield Trust as well as relatively high use of Independent Sector Providers.

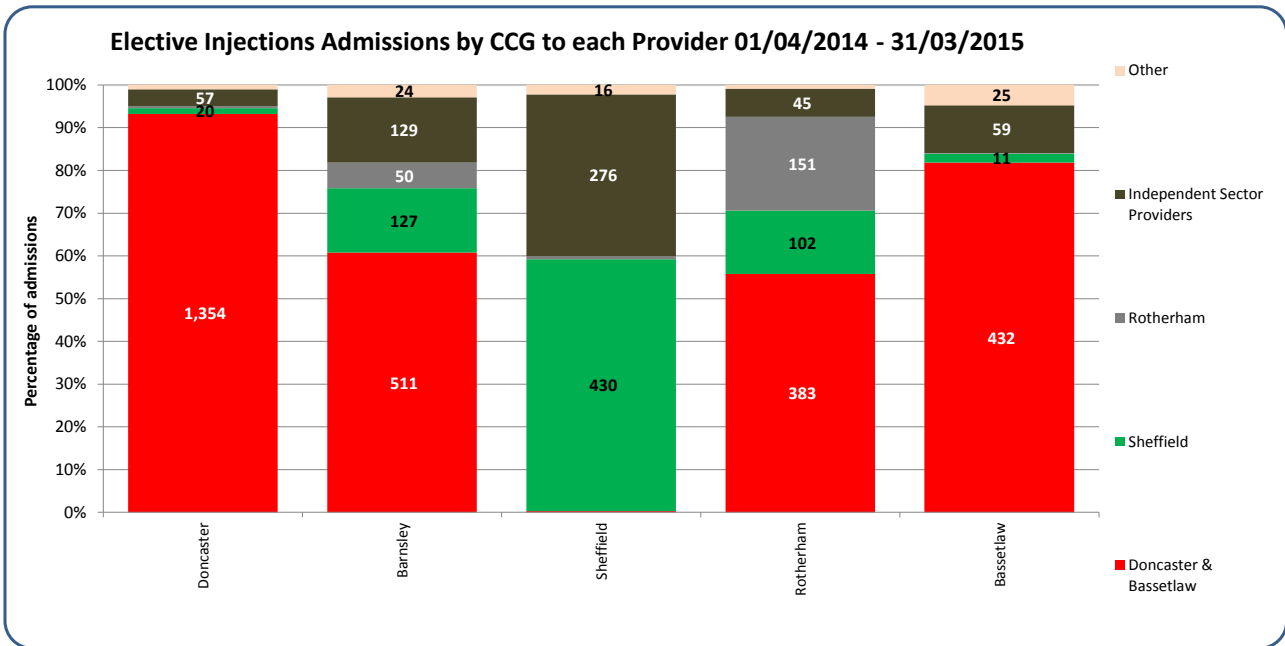
All CCGs except Doncaster CCG are relatively high users Independent Sector Providers in South Yorkshire & Bassetlaw CCGs.

The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

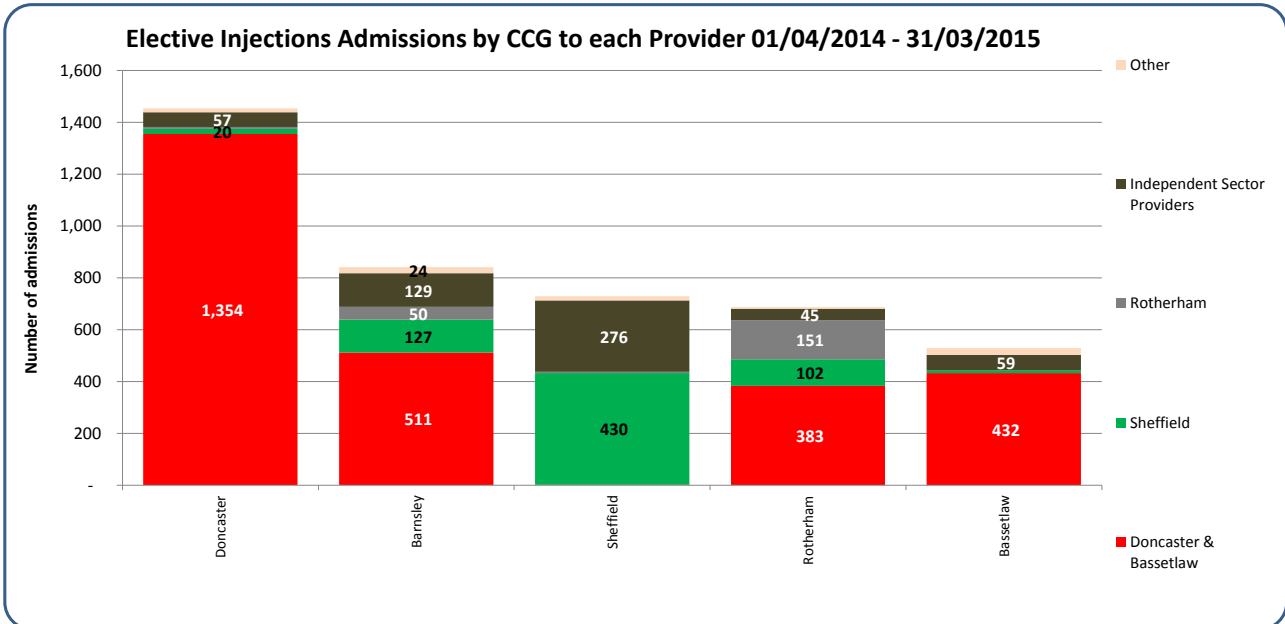
CCG activity to Hospital Trust

7. Patient flows to Hospital Trusts from CCGs for back pain in people aged 16 years and over (April 2014 - March 2015)

e. Hospital elective admissions for injections by CCG population (percentage of activity)



f. Hospital elective admissions for injections from each CCG (actual activity)



What is the data telling us?

There is variation between CCGs in terms of the number of hospital trusts to which their patients are admitted for injections.

Activity is highest for Doncaster CCG with the majority of patients admitted to the Doncaster & Bassetlaw Trust as well as some using Sheffield Trust and Independent Sector Providers.

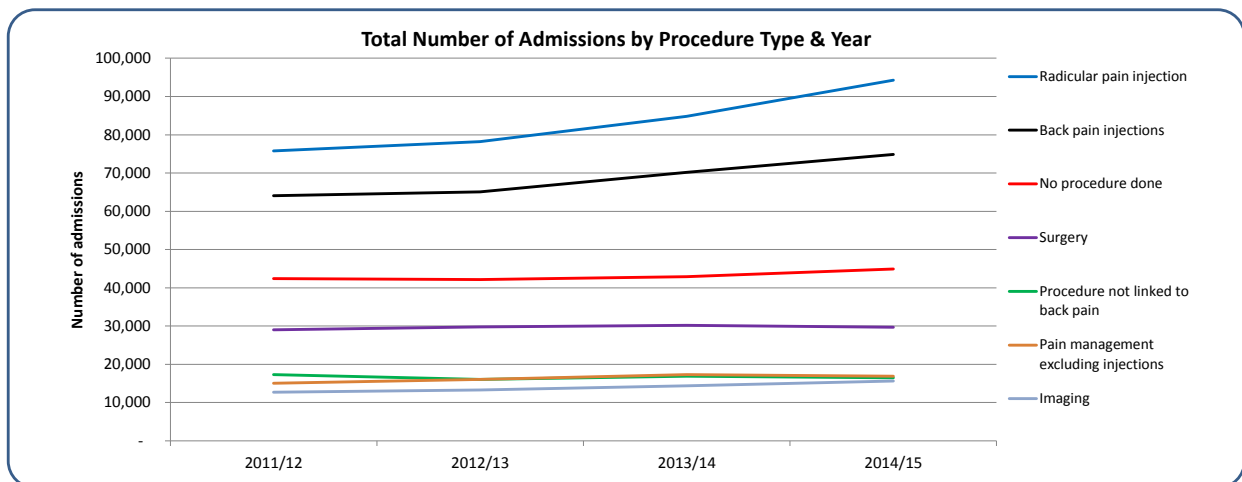
Sheffield CCG is the highest user of Independent Sector activity in South Yorkshire & Bassetlaw CCGs.

The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

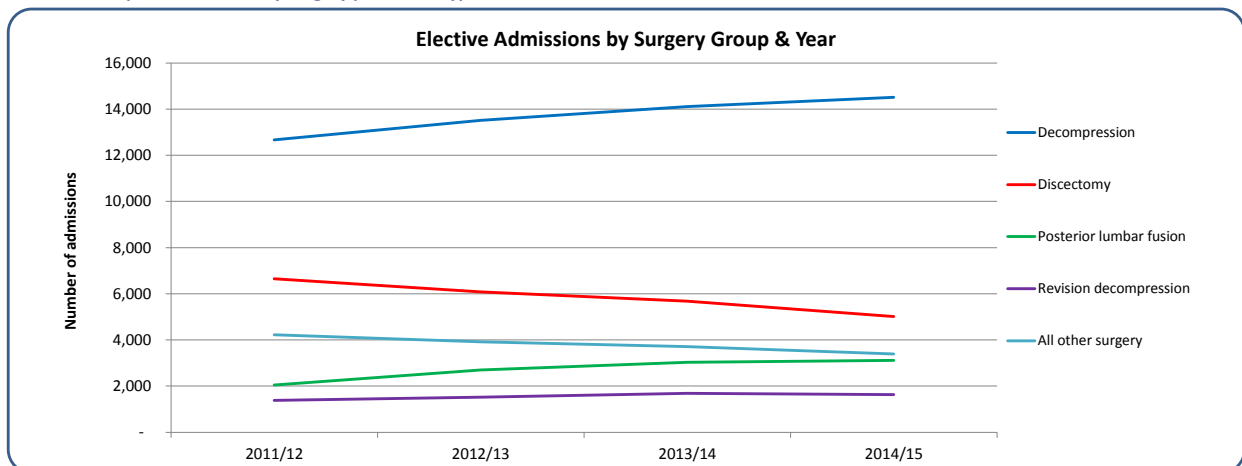
Hospital Trust activity (national level)

8. Hospital admissions for low back and radicular pain in people aged 16 years and over (1st April 2011 - 31st March 2015)

a. Hospital admissions by procedure type over time (all admission types)



b. Elective hospital admissions by surgery procedure type over time



c. Hospital admissions by injection procedure type over time



What is the data telling us?

These charts show national trends in the types of procedures undertaken during elective admissions including a group where no procedure was undertaken during their admission. There is also a category listed as 'procedure not linked to back pain' which reports admission activity where there is a primary diagnosis of back pain but with a procedure not linked to back pain.

The main procedure type relating to elective admissions are for back and radicular pain injections which has increased from a combined total of just under 140,000 to 170,000 episodes over the four year period. This is in stark contrast to number of admissions related to surgery which has remained relatively constant at 30,000 admissions per year. The proportion of admissions with no procedure reported has remained at approximately 15-16% of all activity.

The charts in sections b and c show the elective admissions over time specifically for different groups of surgery procedures and injections.

Hospital Trust activity

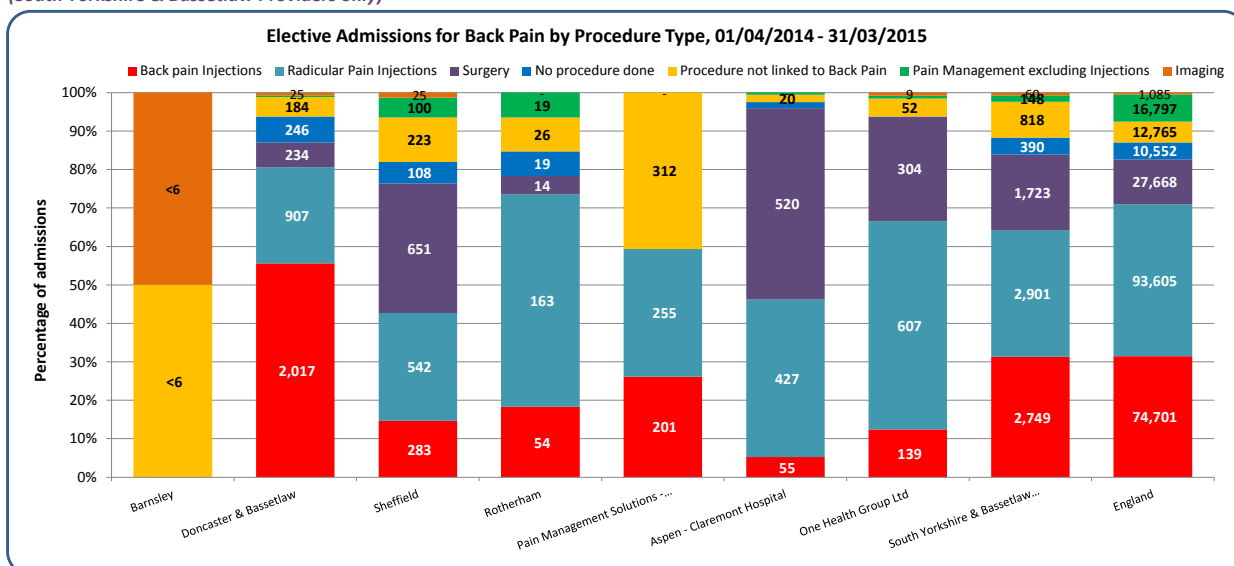
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

a. Elective hospital admissions by procedure type (national level including all providers)

Procedure type	Back	Radicular	Total	%
Radicular Pain Injections	40,034	53,571	93,605	39.5%
Back Pain Injections	62,317	12,384	74,701	31.5%
Surgery	3,925	23,743	27,668	11.7%
Pain Management excluding Injections	13,150	3,647	16,797	7.1%
Procedure not linked to Back Pain	8,197	4,568	12,765	5.4%
No procedure done	6,060	4,492	10,552	4.4%
Imaging	712	373	1,085	0.5%
Other Non-Surgical	53	30	83	0.0%
Total	134,448	102,808	237,256	100%

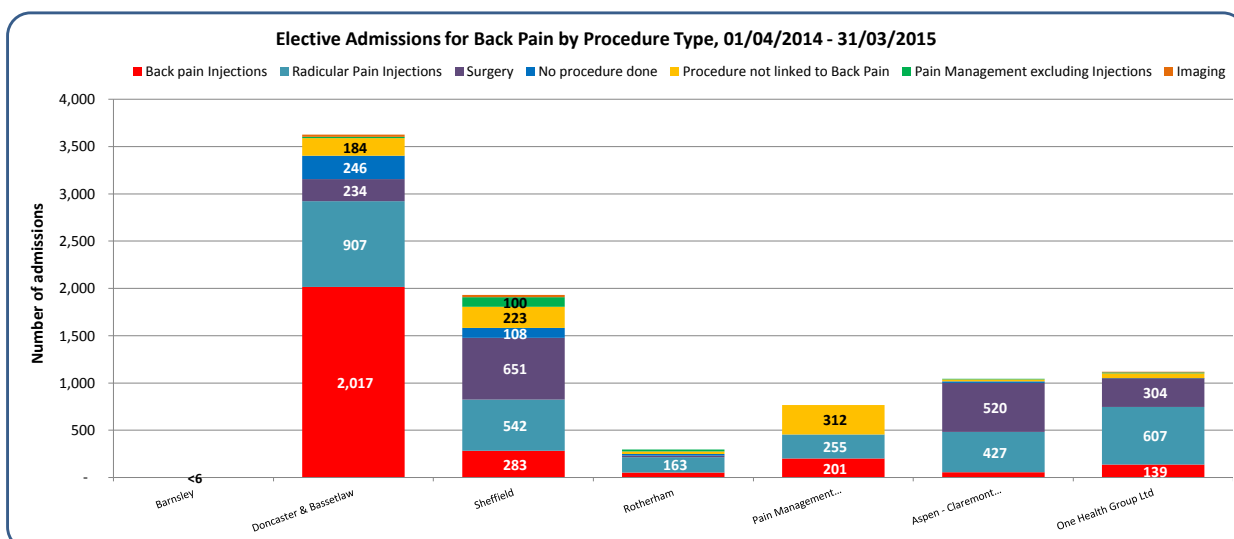
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(South Yorkshire & Bassetlaw Providers only)



c. Number of elective admissions per hospital Trust, by procedure type (actual activity)

(South Yorkshire & Bassetlaw Providers only)



What is the data telling us?

The table shows the number of procedures done in the latest 12 month period, by procedure type, with injections being the most common elective procedure. Nationally only 4.4% of elective admissions have no procedure recorded indicating that there are relatively few elective admissions where no procedure is undertaken (compared to 15-16% of all admission types - see previous sheet).

Doncaster & Bassetlaw and Rotherham Trusts have a higher proportion of elective activity for injections than the England rate (approx. 70%) and it is possible that the variation may be even greater due to differences in the point of delivery of care across hospital Trusts (for example it is possible that activity may also take place as outpatient procedures).

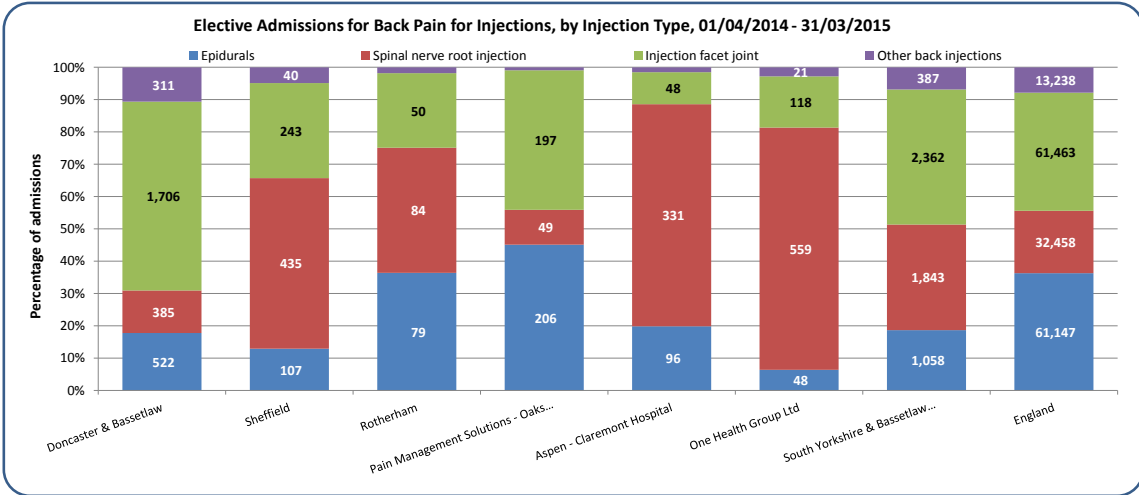
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

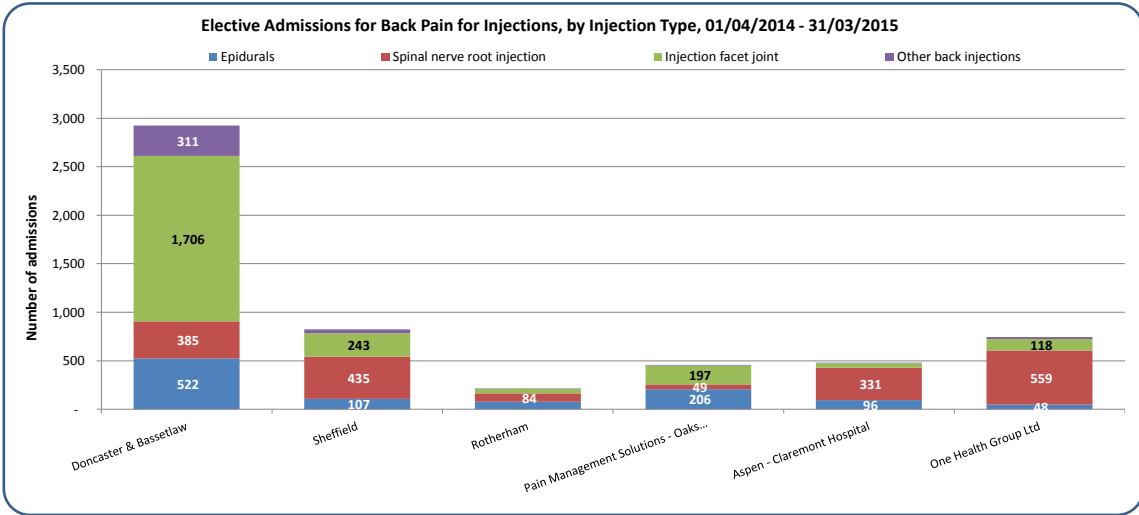
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(South Yorkshire & Bassetlaw Providers only)

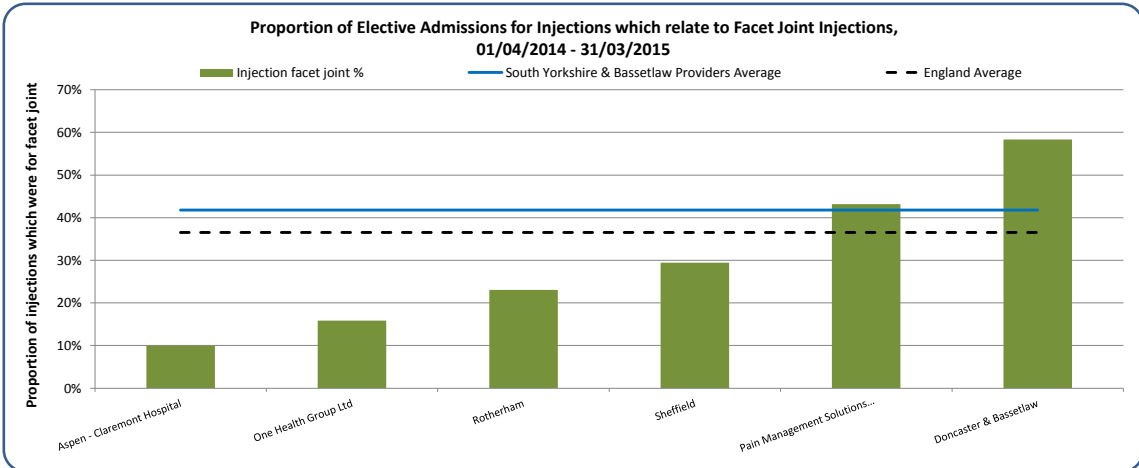


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(South Yorkshire & Bassetlaw Providers only)



f. Proportion of elective admissions for lumbar facet joint injections, by hospital trust



What is the data telling us?

Facet joint injections are those most frequently done within the South Yorkshire & Bassetlaw CCGs, constituting almost 40% of injection activity which is higher than the England proportion (37%). These providers overall do higher rates of spinal nerve injections (33%) and slightly lower rates of epidurals (19%) but there is wide variation across all the providers.

The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

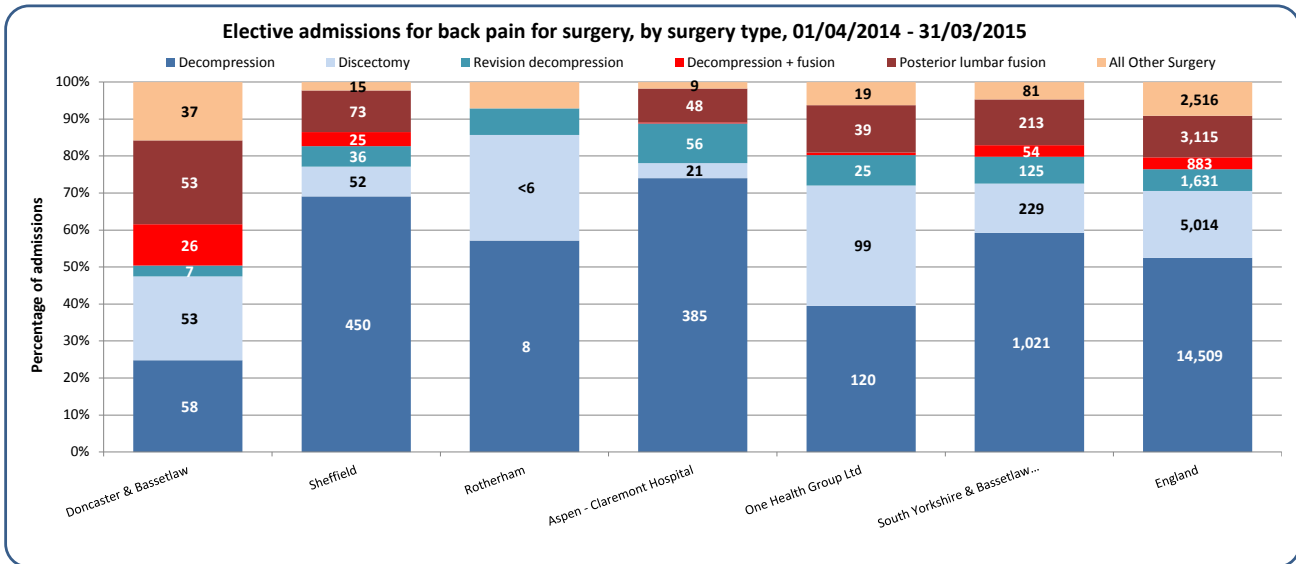
Sheffield Trust does a higher proportion of spinal nerve root injections compared to Doncaster & Bassetlaw Trust. The proportion of facet joint injections done at NHS Trust level ranges from 23% (Rotherham) to 58% (Doncaster & Bassetlaw) compared to the England (37%).

Hospital Trust activity

9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

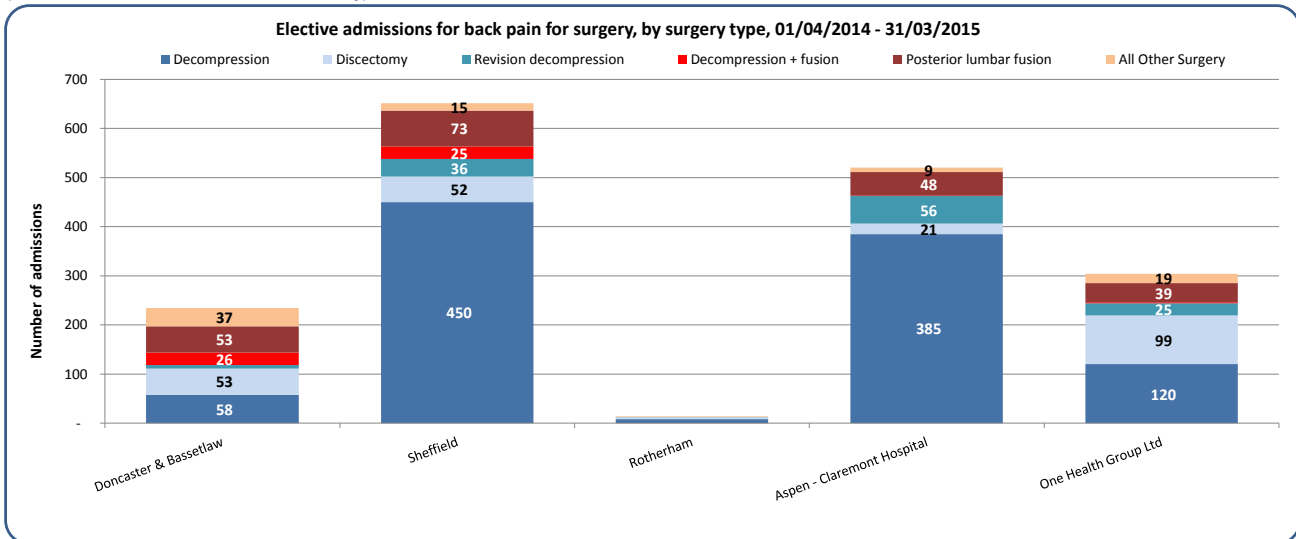
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South Yorkshire & Bassetlaw Providers only)



h. Number of elective admissions for surgery per hospital Trust, by surgery type (actual activity)

(South Yorkshire & Bassetlaw Providers only)



What is the data telling us?

The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for the providers who admit patients from the South Yorkshire & Bassetlaw CCGs.

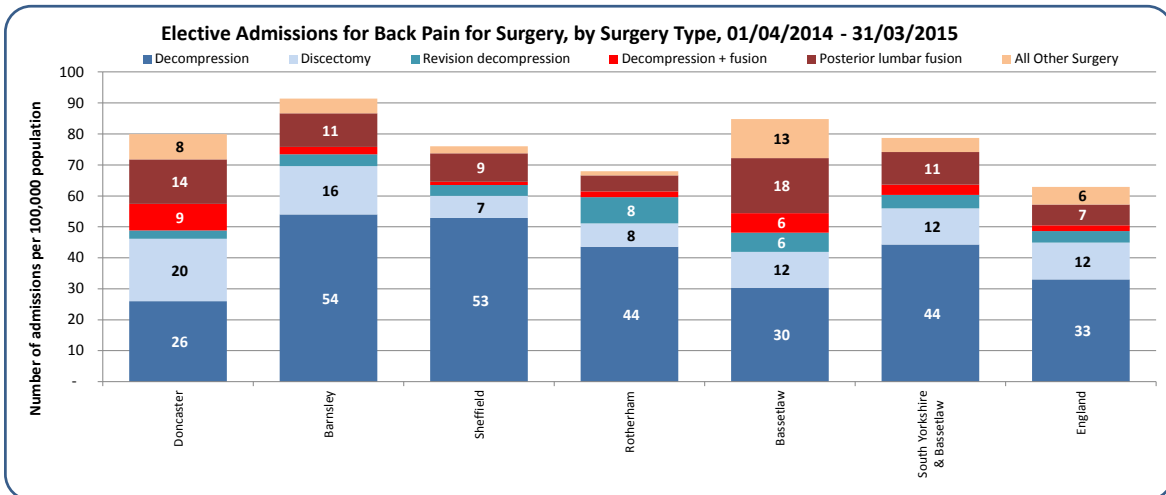
These providers combined do a slightly higher proportion of decompressions and lower proportion of fusions compared to England but there are wide variations at Trust level. Sheffield Trust is the highest volume provider for this region and has a similar proportion of the different types of surgery as England overall. In contrast, Doncaster & Bassetlaw Trust do a much higher proportion of fusions and almost equal numbers of discectomies and decompressions.

The data is shown in two ways, indicating both the proportion and amount of activity relating to each surgery type.

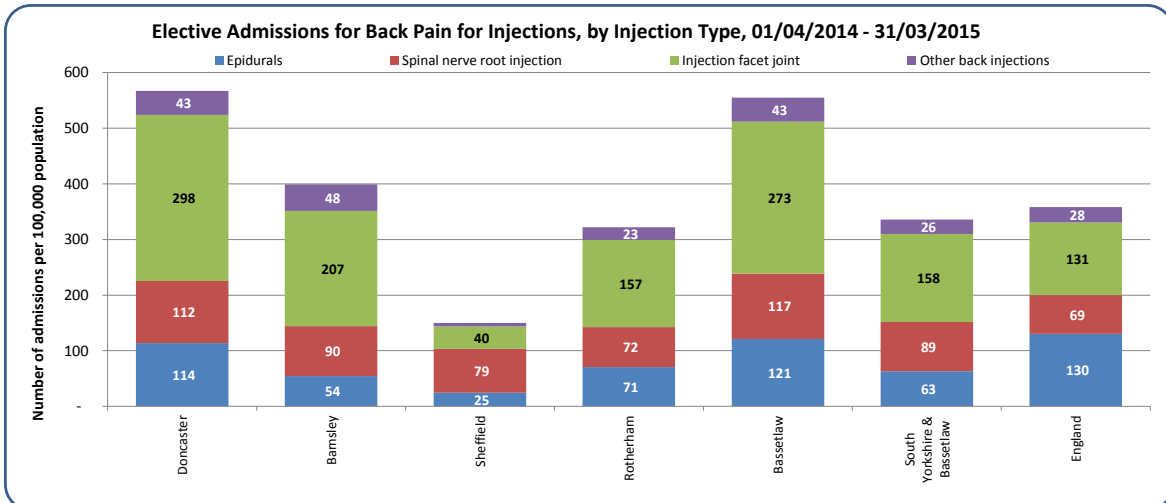
CCG activity by back pain procedure group

10. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

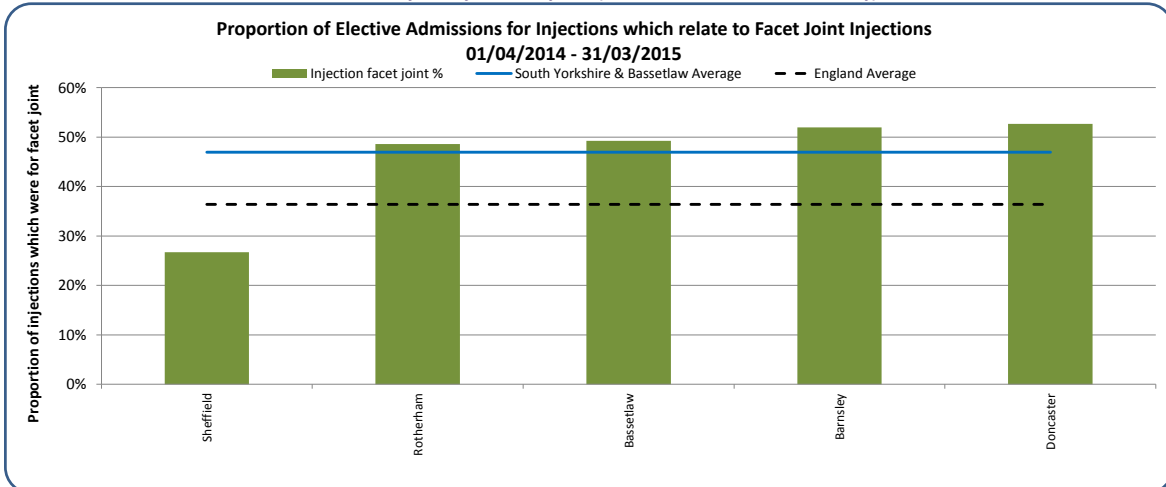
a. Number of elective admissions for surgery per CCG, by surgery type (South Yorkshire & Bassetlaw only)



b. Number of elective admissions for injections per CCG, by injection type (South Yorkshire & Bassetlaw only)



c. Number of elective admissions for lumbar facet joint injections, by CCG (South Yorkshire & Bassetlaw only)



What is the data telling us?

Chart 9a shows the range in the activity rate relating specifically to elective admissions for surgery, by type of surgery, for the South Yorkshire & Bassetlaw CCGs, with chart 9b showing the same for injections.

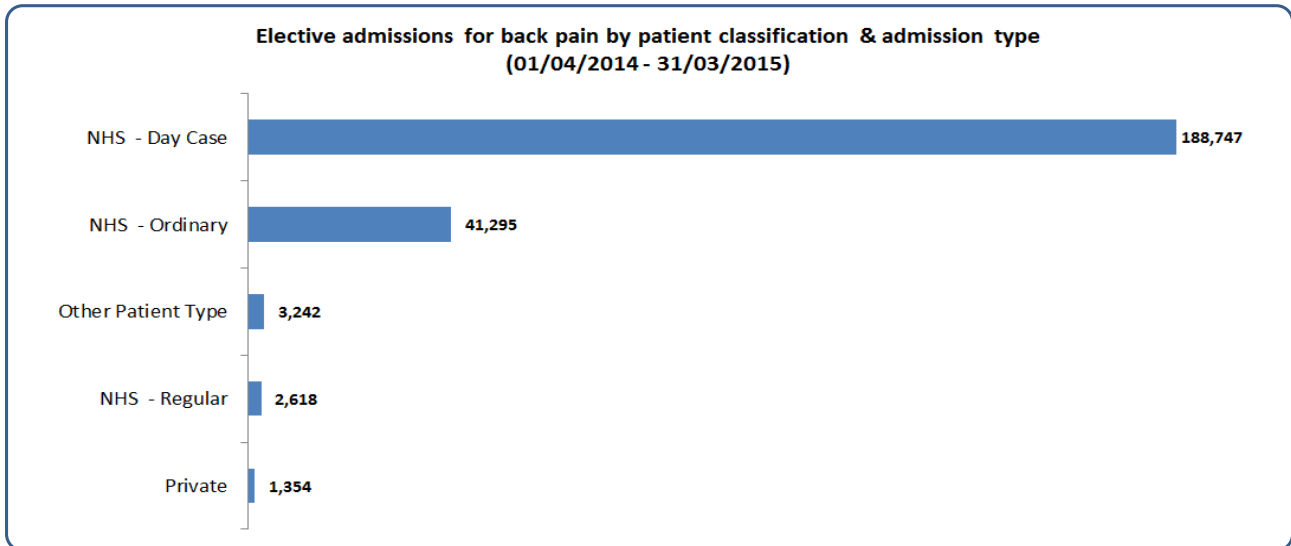
Overall South Yorkshire & Bassetlaw CCGs have a higher rate per 100,000 for spinal surgery with slightly lower rates of injections compared to the England rates. It is notable that Doncaster and Bassetlaw CCGs have over twice the rate of fusion surgery and markedly higher rates of injections compared to the other CCGs in the region and England rates.

The proportion of facet joint injections done at CCG level ranges from 27% (Sheffield) to 53% (Doncaster) compared to the England figure of 37%.

Hospital Trust activity

11. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

a. Elective admissions for back pain by patient classification and type, all providers



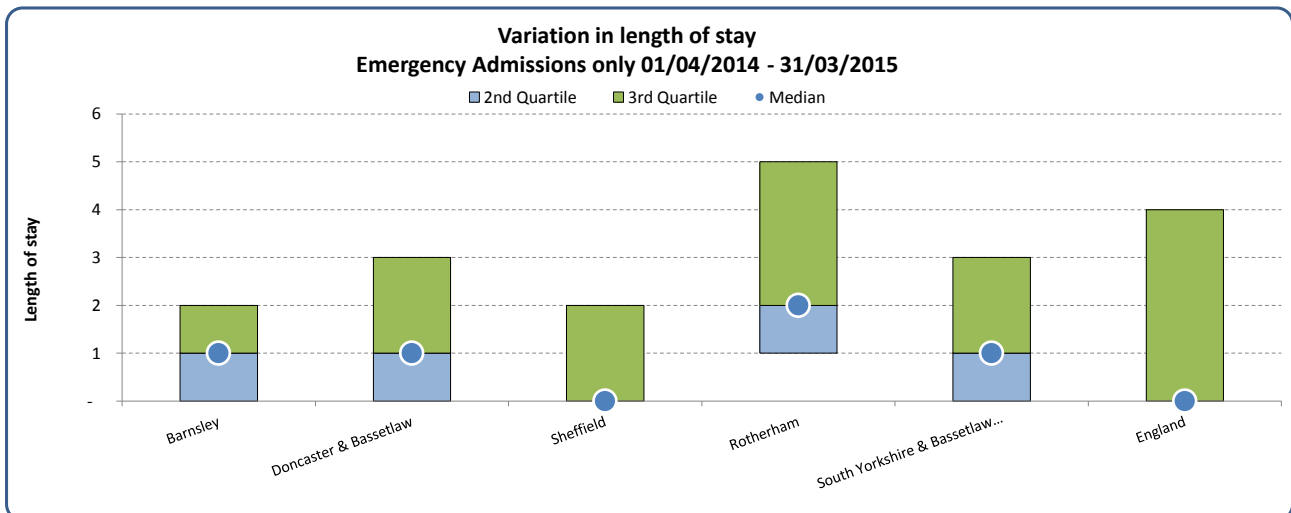
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

b. Elective admissions for back pain, average length of stay by provider

67% of elective admissions for back pain are day cases, therefore the range in length of stay has not been calculated.

c. Emergency admissions for back pain, average length of stay by provider

(South Yorkshire & Bassetlaw Trusts only)



What is the data telling us?

Over 98% of elective admissions for back pain in the current data extraction relate to NHS patients, with just over 0.5% relating to private patients.

The boxplot indicates the variation in length of stay for emergency admissions for NHS Trust providers used by the South Yorkshire & Bassetlaw CCGs and shows that there all Trusts, except Sheffield, have a median length of stay of 1 or 2 days, compared to the England average of zero days.

Hospital Trust Activity Total Costs

12. Total costs to the commissioner for hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

a. Total Costs by Admission Method Type (South Yorkshire & Bassetlaw FTs only)

Provider Name	Elective	Emergency	Other	Total
Sheffield	£ 4,263,895	£ 1,057,587	£ 110,121	£ 5,431,603
Doncaster & Bassetlaw	£ 3,177,489	£ 573,938	£ 6,169	£ 3,757,596
Rotherham	£ 200,034	£ 182,018	£ 7,934	£ 389,986
Barnsley	£ 2,261	£ 225,481	£ -	£ 227,743
Total	£ 7,643,679	£ 2,039,024	£ 124,225	£ 9,806,928

b. Total Costs by Procedure Type (South Yorkshire & Bassetlaw FTs only)

Provider Name	Surgery	Radicular pain Injections	Back pain Injections	No procedure done	Procedure not linked to back pain	Imaging	Pain Management excluding Injections	Other Non-Surgical	Total
Sheffield	£ 3,340,509	£ 350,217	£ 158,669	£ 378,209	£ 818,503	£ 295,902	£ 89,595	£ -	£ 5,431,603
Doncaster & Bassetlaw	£ 1,285,413	£ 618,589	£ 1,156,259	£ 337,141	£ 177,173	£ 175,610	£ 7,412	£ -	£ 3,757,596
Rotherham	£ 61,706	£ 100,456	£ 31,716	£ 74,525	£ 48,274	£ 65,484	£ 7,825	£ -	£ 389,986
Barnsley	£ -	£ -	£ -	£ 157,487	£ 5,046	£ 65,209	£ -	£ -	£ 227,743
Total	£ 4,687,629	£ 1,069,262	£ 1,346,643	£ 947,362	£ 1,048,995	£ 602,206	£ 104,831	£ -	£ 9,806,928

What is the data telling us?

Across all NHS Trust providers used by the South Yorkshire & Bassetlaw CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £9.8 million, with 78% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the region.

The surgery procedures group accounts for almost 48% of the total cost of all procedures, and the cost of injections is an additional 25% of the total.

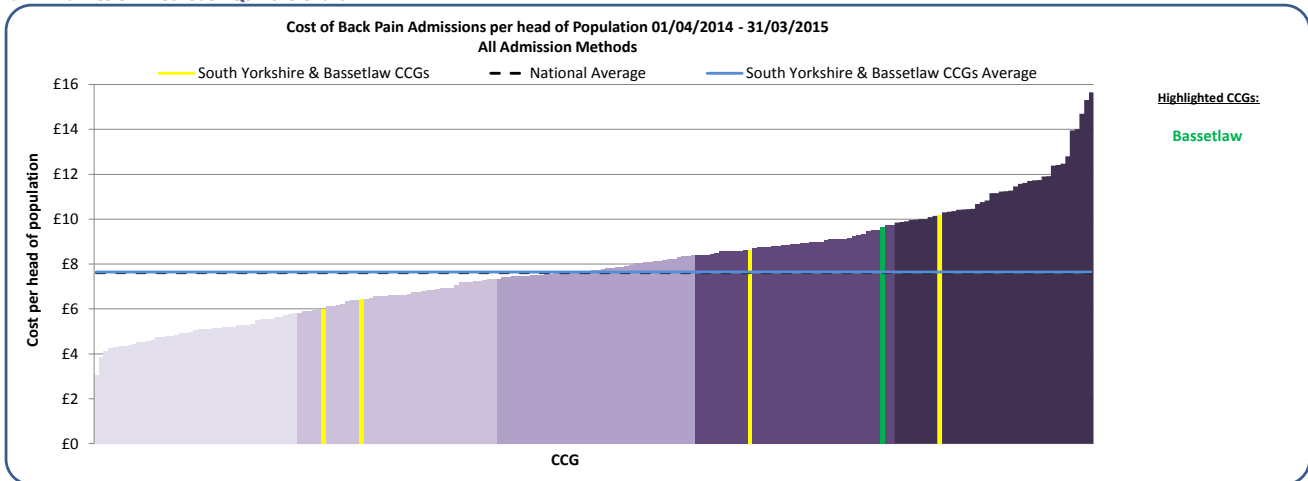
CCG Activity Total Costs

13. Hospital admissions Total Cost for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

a. All Admission Methods - Table

Responsible CCG Name	All Admissions		Elective Admissions		Emergency Admissions		Registered Population (Ages 15+)
	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	
Sheffield	£ 6.00	£ 2,932,465	£ 4.78	£ 2,332,350	£ 1.22	£ 595,888	488,340
Rotherham	£ 6.46	£ 1,376,880	£ 5.06	£ 1,079,442	£ 1.15	£ 244,353	213,243
Barnsley	£ 8.63	£ 1,821,021	£ 6.74	£ 1,423,445	£ 1.67	£ 352,460	211,119
Bassetlaw	£ 9.65	£ 921,473	£ 8.68	£ 829,182	£ 0.96	£ 91,479	95,517
Doncaster	£ 10.16	£ 2,619,021	£ 8.00	£ 2,061,898	£ 2.09	£ 537,380	257,700
South Yorkshire & Bassetlaw Total	£ 7.64	£ 9,670,860	£ 6.10	£ 7,726,316	£ 1.44	£ 1,821,559	1,265,919

b. All Admission Methods - Quintile Chart



c. Elective Admissions only, by Procedure Type

Responsible CCG Name	Surgery	Radicular pain Injections	Back pain Injections	No procedure done	Procedure not linked to back pain	Imaging	Pain Management excluding Injections	Other Non-Surgical	Total Cost
Sheffield	£ 1,571,048	£ 298,832	£ 124,711	£ 11,656	£ 278,152	£ 11,969	£ 35,981	£ -	£ 2,332,350
Doncaster	£ 995,783	£ 375,407	£ 506,082	£ 27,889	£ 124,801	£ 23,108	£ 8,828	£ -	£ 2,061,898
Barnsley	£ 799,218	£ 187,833	£ 290,709	£ 5,035	£ 125,459	£ 2,859	£ 12,331	£ -	£ 1,423,445
Rotherham	£ 572,226	£ 188,907	£ 212,960	£ 3,398	£ 92,894	£ 1,452	£ 7,605	£ -	£ 1,079,442
Bassetlaw	£ 432,501	£ 147,438	£ 178,368	£ 706	£ 61,317	£ 2,684	£ 6,167	£ -	£ 829,182

What is the data telling us?

There is wide variation across the CCGs in South Yorkshire & Bassetlaw in cost per head of population for admissions related to back and radicular pain.

Doncaster CCG has the highest spend per head of population regionally (£10.16) driven mainly by high costs for elective admissions. Sheffield CCG has the lowest costs per head for both emergency and elective admissions regionally (£6.00) and is below the national average.

The final table shows the total spend for elective admissions for each CCG for 2014/15 (based on national tariff) and includes a breakdown of this spend by procedure type. Surgery generally accounts for the majority of spend and we observe this consistently across all CCGs in the region. It is notable that Doncaster CCG has almost the same spend on injections as it does for surgery compared to Sheffield CCG where there is considerably less spend on injections compared to what is spent on surgery.

14. Back & Radicular Pain Admissions Breakdown for the South Yorkshire & Bassetlaw Region

Highlighted Provider Data is included in this report

(Blue=NHS Trust & Green=Independent Sector Provider)

Code	Provider Name	Elective Admissions			Emergency Admissions	Other Admission Types	Total
		Surgery	Injections	Other			
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	206	2,682	412	544	<6	3,849
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	413	690	329	565	22	2,019
NYW04	ASPEN - CLAREMONT HOSPITAL	191	254	15	-	-	460
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	14	214	46	158	6	438
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST	-	-	<6	226	-	228
NY601	PAIN MANAGEMENT SOLUTIONS - OAKS PARK PCC	-	114	92	-	-	206
NTX01	ONE HEALTH GROUP LTD	57	109	6	-	-	172
NVC14	PARK HILL HOSPITAL	8	56	<6	-	-	69
NT440	BMI - THORNBURY HOSPITAL	32	17	<6	-	-	50
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	<6	23	8	<6	-	35
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	<6	21	<6	<6	-	30
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	-	14	<6	<6	-	21
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	<6	7	9	-	-	19
NTP13	BARLBOROUGH NHS TREATMENT CENTRE	7	11	-	-	-	18
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	-	<6	7	<6	-	14
RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	-	-	9	-	-	9
RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	-	-	-	-	7	7
RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	<6
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	-	<6	<6	<6	-	<6
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	-	<6	<6	<6	-	<6
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	-	-	<6	<6	-	<6
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST	<6	-	-	<6	-	<6
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	-	<6	<6	<6	-	<6
RWJ	STOCKPORT NHS FOUNDATION TRUST	<6	<6	-	<6	-	<6
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	-	<6	-	<6	-	<6
NT350	SPIRE METHLEY PARK HOSPITAL	-	<6	-	-	-	<6
RCB	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	<6	<6	-	-	-	<6
RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	-	<6	<6	-	-	<6
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	-	-	<6
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	<6	-	-	<6	-	<6
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	-	<6	-	-	-	<6
NV313	CIRCLE - NOTTINGHAM NHS TREATMENT CENTRE	-	<6	-	-	-	<6
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	-	<6	-	-	-	<6
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RET	THE WALTON CENTRE NHS FOUNDATION TRUST	<6	-	-	-	-	<6
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RHU	PORTSMOUTH HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RK9	PLYMOUTH HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RNL	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	-	-	-	<6	-	<6
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	-	-	-	<6	-	<6
Total		939	4,238	954	1,537	40	7,708

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CONFIDENTIALITY CHECKLIST – FOR COMPLETION PRIOR TO ANY DRAFTS SENT TO CLIENTS	
Does the report include any small numbers?	Yes
If yes, can we produce a meaningful suppressed version?	Yes, the small numbers in this report have been suppressed. Observed events less than 6 have been replaced by "<6". Rates where the numerator or denominator are less than 6 have been shown, although to calculate that small number would not be possible from the data shown here.
If not, the Epidemiologist AND Director must justify why not here, highlight, and agree the need for an NDA	
Have Lightfoot/HSCIC approved use of NDA in order to disclose small numbers?	
Has the recipient of the report signed the NDA?	