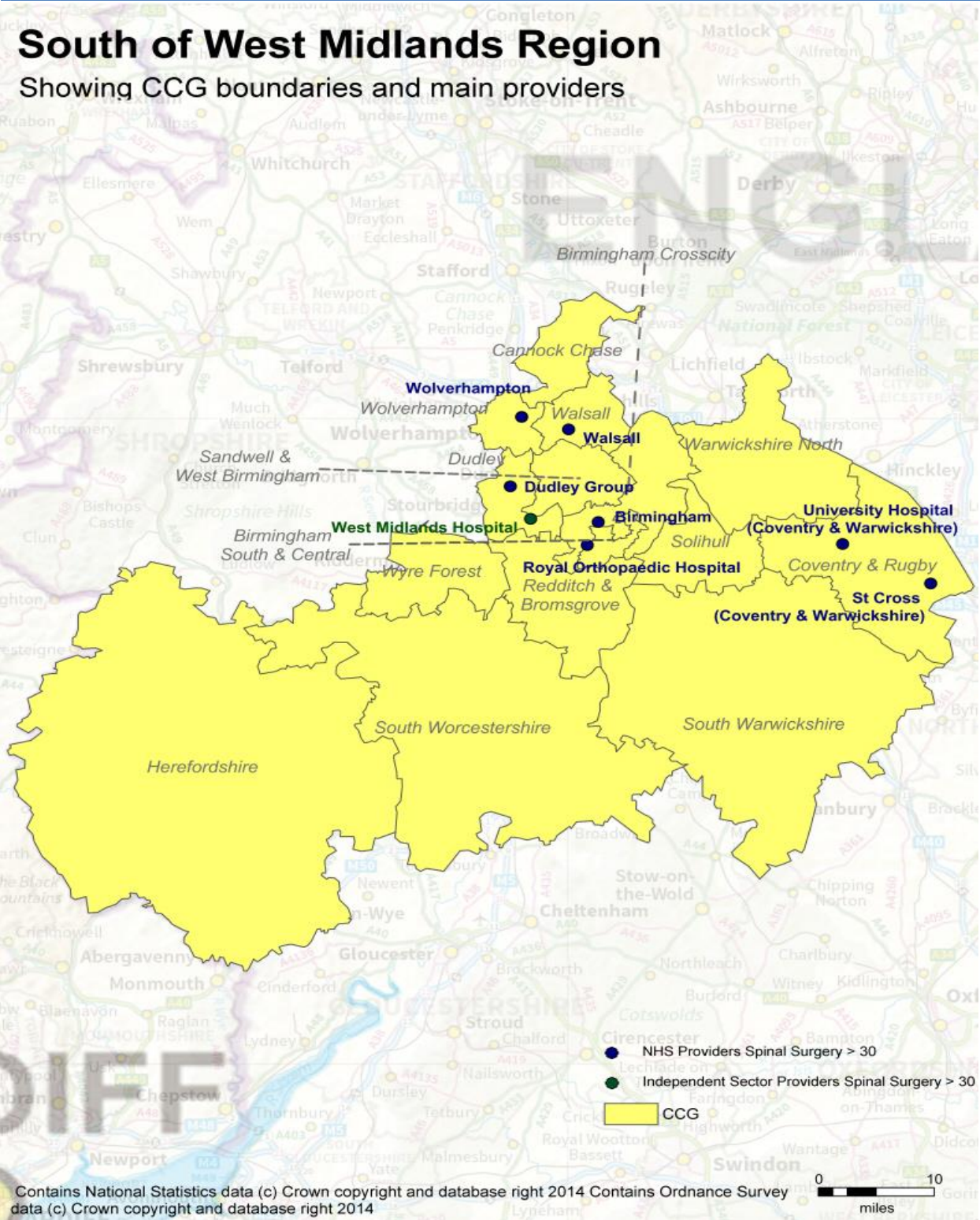


Back Pain Report

Birmingham Crosscity

June 2016



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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 of West Midlands 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 of West Midlands Region are:

- The Royal Wolverhampton NHS Trust
- Walsall Healthcare NHS Trust
- The Dudley Group NHS Foundation Trust
- Sandwell & West Birmingham Hospitals NHS Trust
- Heart Of England NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- George Eliot Hospital NHS Trust
- University Hospitals Coventry & Warwickshire NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- Wye Valley NHS Trust

The Independent Sector Providers included for the South of West Midlands Region are:

- West Midlands Hospital

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

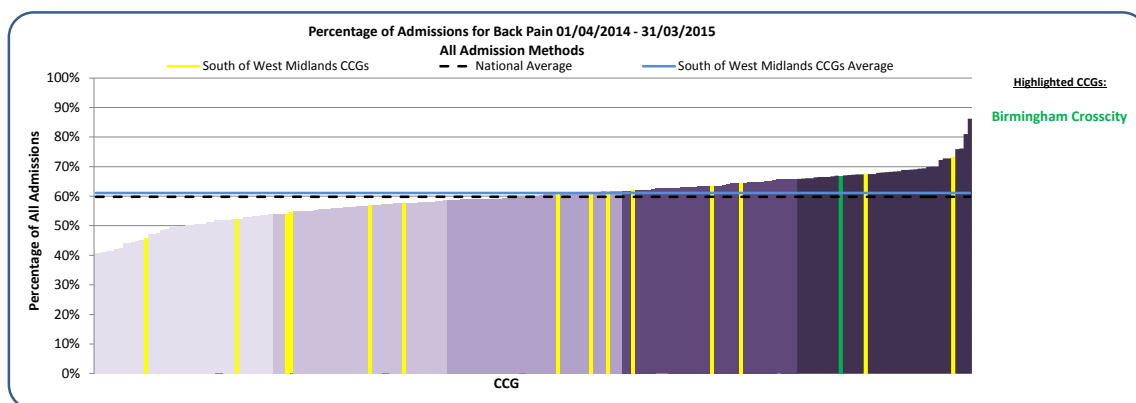
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	237,256	56.7%	43.3%
Emergency	39,331	14,309	53,640	73.3%	26.7%
Other	771	951	1,722	44.8%	55.2%
Total	174,550	118,068	292,618	59.7%	40.3%

South of West Midlands CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	8,506	6,184	14,690	57.9%	42.1%
Emergency	2,860	954	3,814	75.0%	25.0%
Other	43	116	159	27.0%	73.0%
Total	11,409	7,254	18,663	61.1%	38.9%

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)

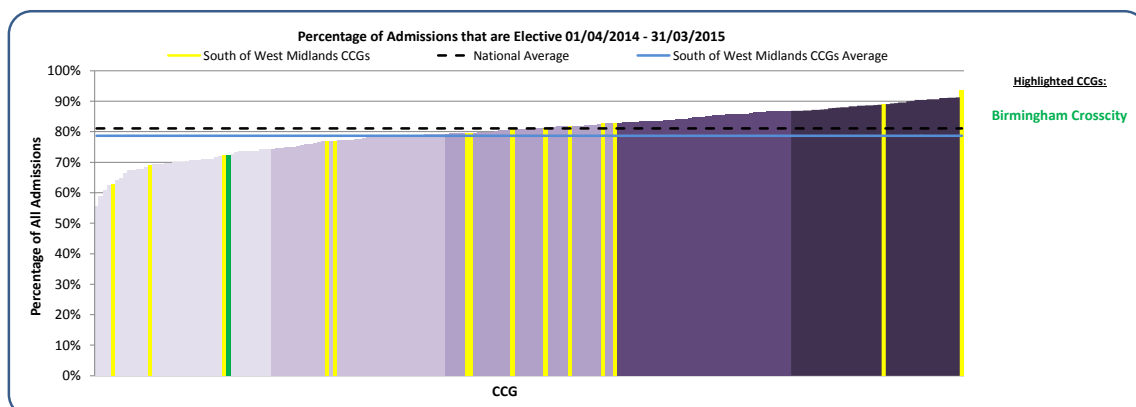
Herefordshire	45.7%	Sandwell & West Birmingham	61.6%
South Warwickshire	52.4%	Birmingham South & Central	62.0%
Coventry & Rugby	54.0%	Wolverhampton	63.5%
Wyre Forest	54.5%	Warwickshire North	64.5%
Walsall	56.9%	Birmingham Crosscity	67.0%
Cannock Chase	57.8%	Dudley	67.4%
South Worcestershire	60.9%	Solihull	73.3%
Redditch & Bromsgrove	61.5%		
South of West Midlands CCGs	61.1%	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

Solihull	62.8%	Sandwell & West Birmingham	80.7%
South Warwickshire	68.9%	Redditch & Bromsgrove	81.2%
Wolverhampton	72.1%	Walsall	81.9%
Birmingham Crosscity	72.3%	Cannock Chase	82.7%
Warwickshire North	76.9%	Dudley	82.7%
Coventry & Rugby	77.0%	South Worcestershire	89.0%
Herefordshire	79.5%	Wyre Forest	93.5%
Birmingham South & Central	79.5%		
South of West Midlands CCGs	78.7%	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 18,663 (6.4%) of these for patients registered within the South of West Midlands 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 of West Midlands the proportion of admissions for back pain ranges from 45.7% to 73.3%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the South of West Midlands having a lower proportion (78.7%). At a CCG level in the South of West Midlands, the proportion of elective admissions for these populations ranges from 62.8% in Solihull to 93.5% in Wyre Forest.

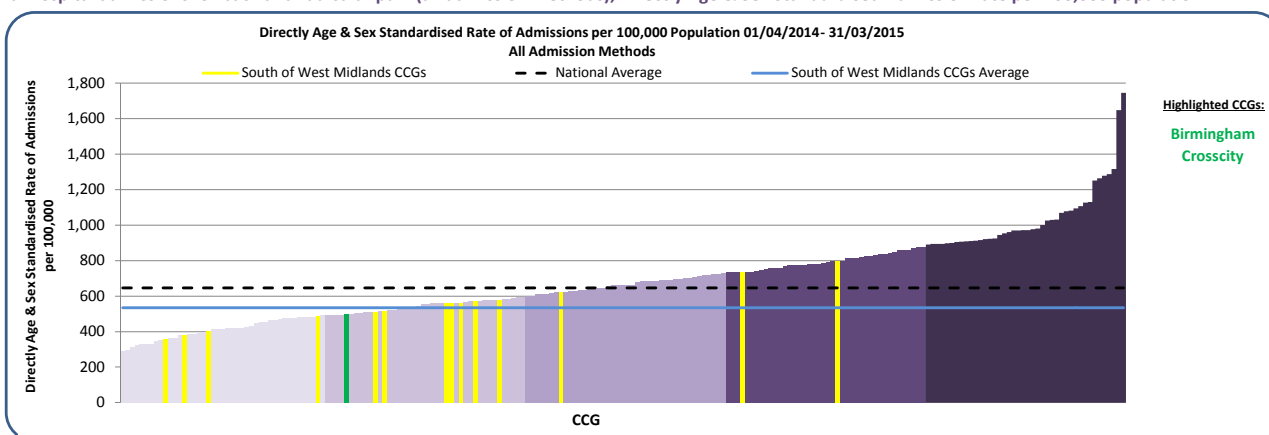
Clinical Commissioning Group (CCG) activity

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

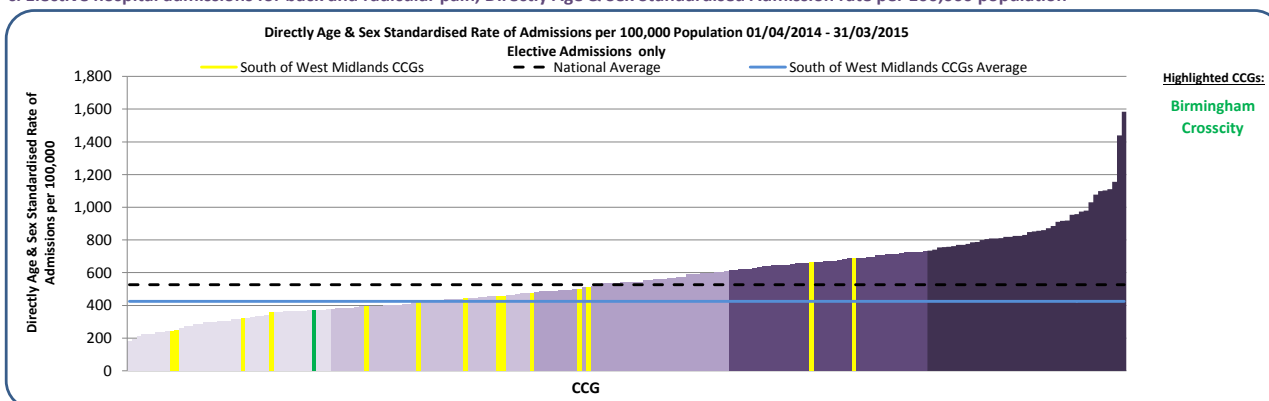
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Dudley	798.4	659.8	132.6	Birmingham South & Central	514.9	420.3	92.4
Wyre Forest	735.7	686.0	48.1	Warwickshire North	512.5	392.5	111.3
Walsall	622.2	512.6	105.5	Birmingham Crosscity	497.9	368.1	125.8
Cannock Chase	577.6	474.8	96.6	Wolverhampton	487.2	354.9	127.6
Coventry & Rugby	570.0	442.4	127.4	Herefordshire	402.4	318.5	80.2
South Worcestershire	563.2	500.9	57.9	Solihull	378.9	240.2	135.3
Redditch & Bromsgrove	561.8	457.4	98.2	South Warwickshire	357.4	246.4	105.1
Sandwell & West Birmingham	560.8	458.0	95.7				
South of West Midlands CCGs	535.4	424.5	106.5	England	645.6	526.5	115.4

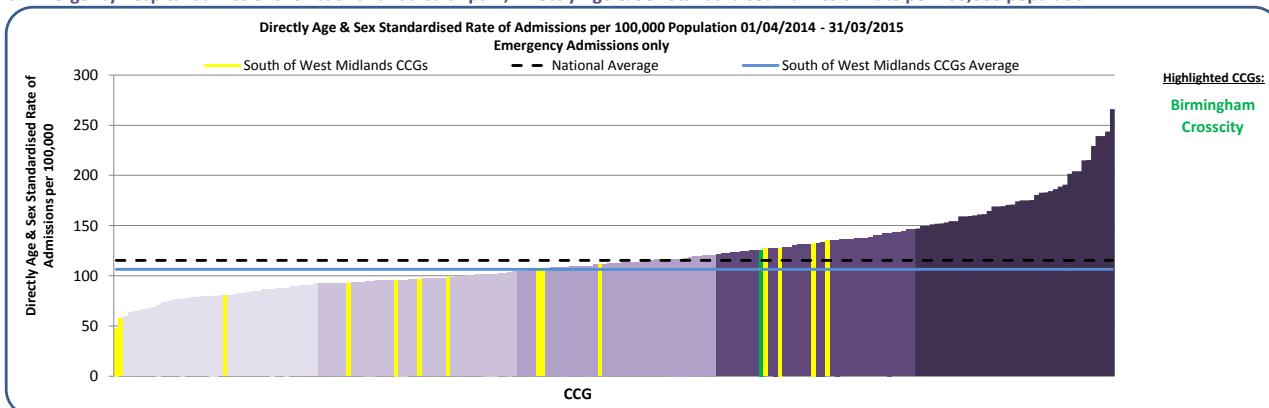
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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?

CCG level admissions are presented here as directly age and sex standardised rates (DSR) to enable comparisons between organisations to be made. Nationally, the hospital admission rate (DSR) for back and radicular pain (all admission methods) by CCG ranges from 292 to 1,746 admissions per 100,000 population.

Admission rates overall and for elective admissions for the South of West Midlands CCGs vary; two of the 15 CCGs highlighted (Dudley and Wyre Forest) having admission rates higher than the national average ranging to several CCGs with rates in the lowest quintile. There is also wide variation in rates of emergency admissions with five CCGs above national average as well as the two CCGs with the lowest rates nationally (Wyre Forest and South Worcestershire).

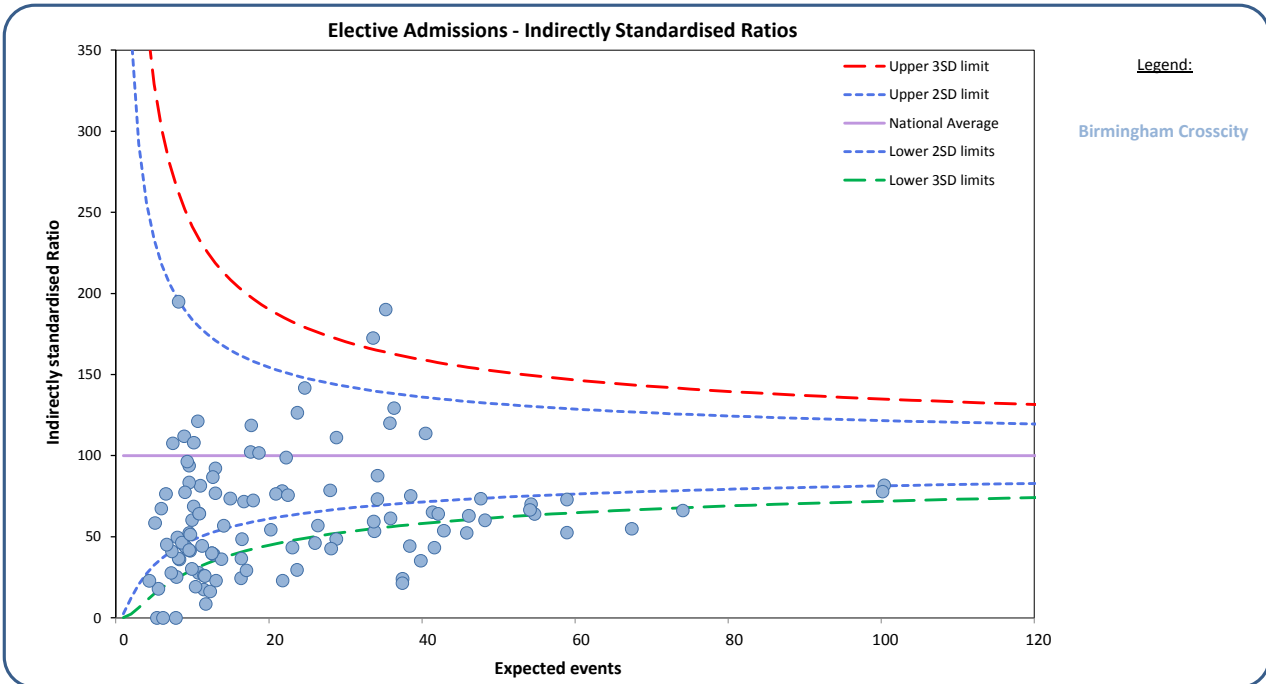
Clinical Commissioning Group (CCG) activity - GP practice level

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

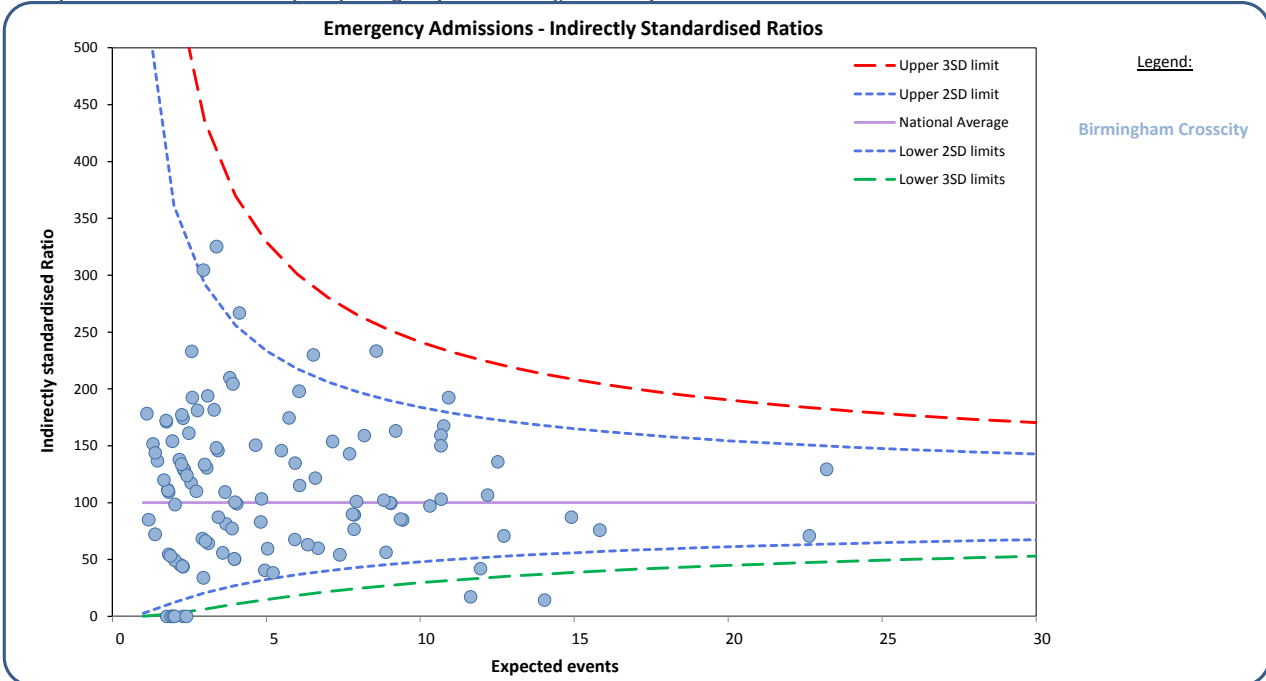
Each symbol represents one GP practice

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

Birmingham Crosscity



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.

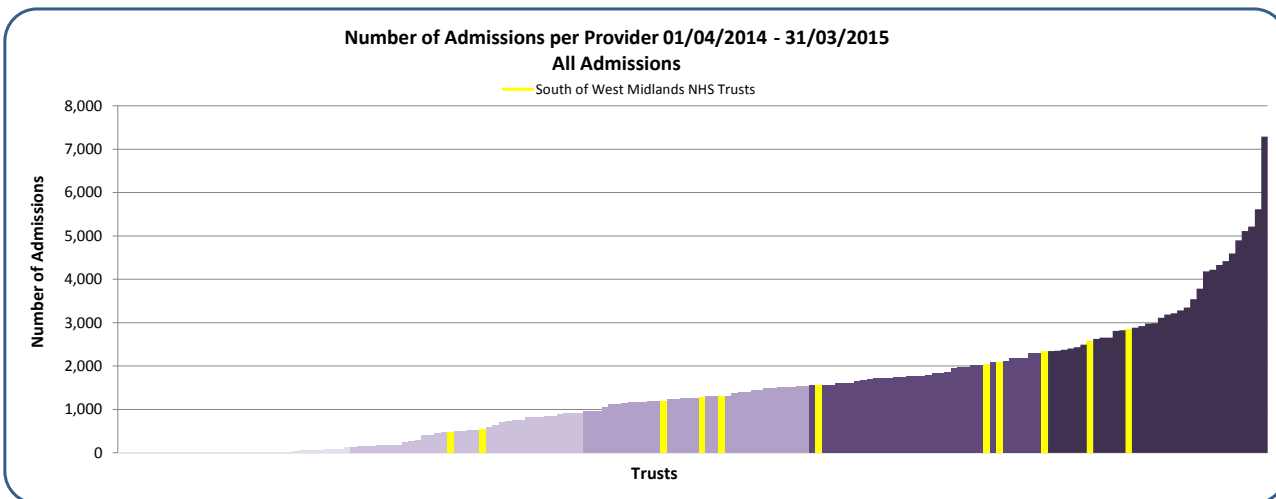
The upper and lower confidence limits on the funnel charts above are based on national data. Each circle represents the constituent GP Practices for the selected CCG(s). All GP practices within the funnel have admission rates that are not significantly different that the national rates with those above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

Hospital Trust activity

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

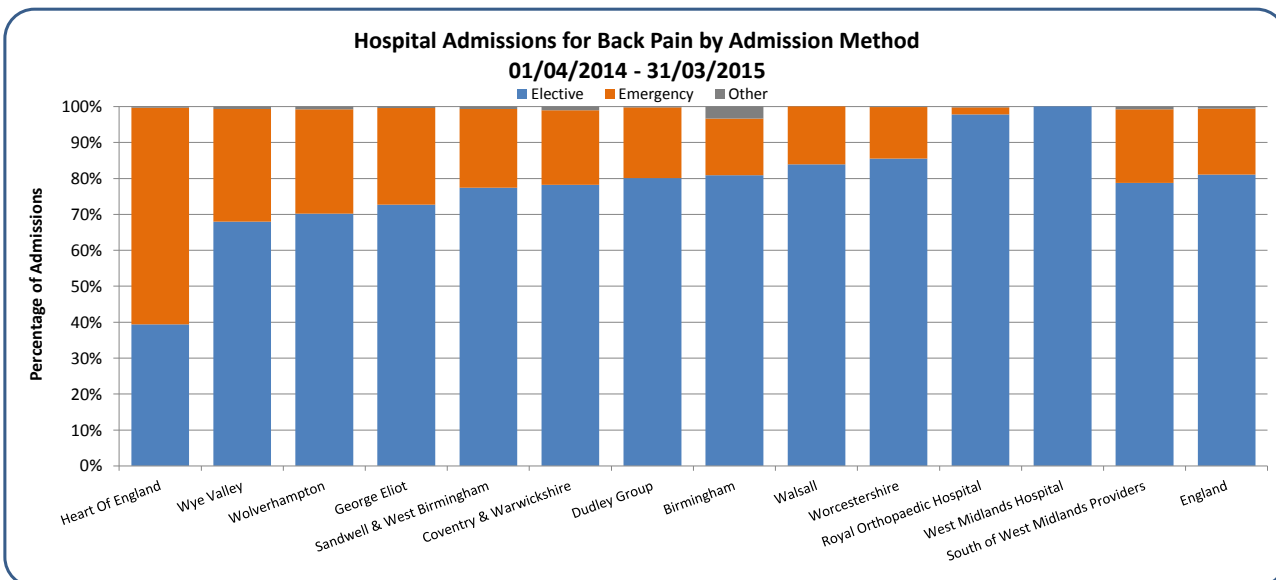
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Coventry & Warwickshire	2,838	Sandwell & West Birmingham	1,288
Royal Orthopaedic Hospital Birmingham	2,568	Wolverhampton	1,278
Dudley Group	2,094	Walsall	1,196
Worcestershire	2,050	George Eliot	545
Heart Of England	1,564	Wye Valley	465
South of West Midlands NHS Trusts	18,221	England	251,444



b. Number of admissions per hospital Trust, by admission method

(South of West Midlands 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 10 NHS Trusts is to some degree proportional to the size of the Trust and is spread across the quintile chart.

The proportion of hospital activity for back pain which is classed as elective care for the South of West Midlands is slightly lower than the England proportion. However at NHS Trust level the proportion varies between 40% at Heart of England Hospital to 98% at Royal Orthopaedic Hospital. All NHS activity at the independent 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 of West Midlands Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Wolverhampton	326	510	-	-	-	61	897
Walsall	173	818	-	-	-	13	1,004
Dudley Group	743	918	-	-	-	16	1,677
Sandwell & West Birmingham	992	-	-	-	-	<6	992
Heart Of England	577	8	-	26	-	<6	611
Birmingham	936	<6	-	-	934	14	1,884
Royal Orthopaedic Hospital	417	1,504	13	-	-	577	2,511
George Eliot	380	16	-	-	-	-	396
Coventry & Warwickshire	750	594	-	-	867	9	2,220
Worcestershire	1,694	47	-	-	-	12	1,753
Wye Valley	-	309	-	-	-	7	316
West Midlands Hospital	-	27	358	-	-	<6	385
Total	6,988	4,751	371	26	1,801	709	14,646

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 specialty code indicated within the hospital data varies by hospital trust. Overall the most common specialties are trauma and orthopaedics and pain management, however for Birmingham and Coventry & Warwickshire Hospitals the highest volume of activity is recorded within neurosurgery.

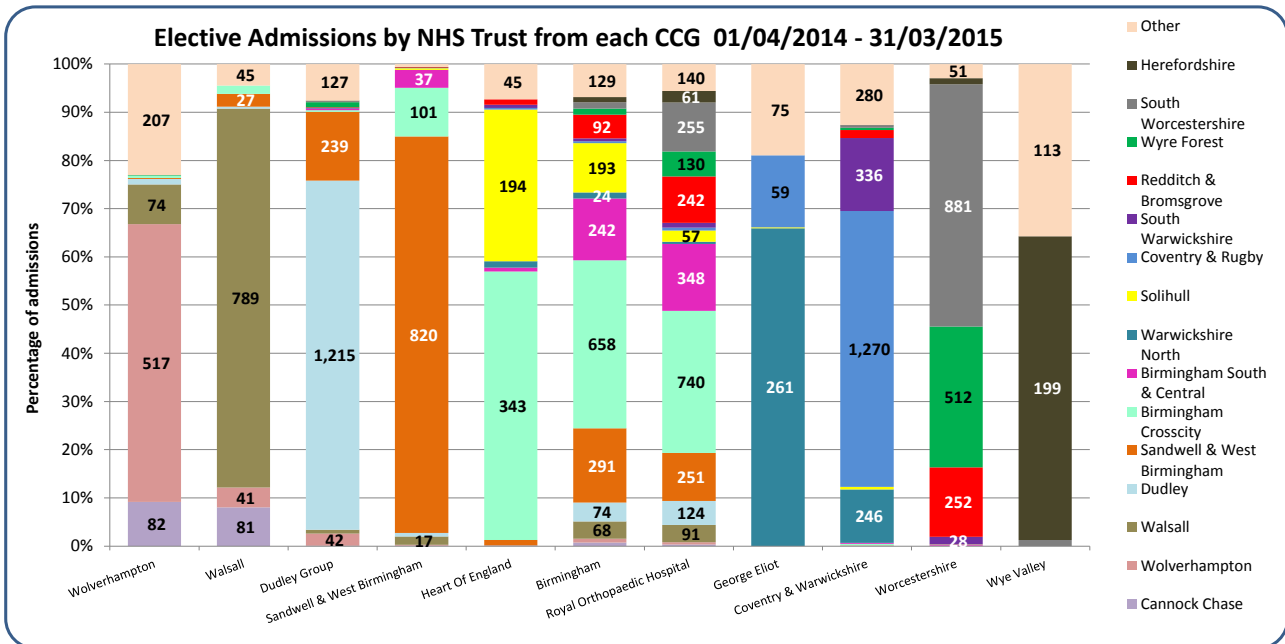
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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.

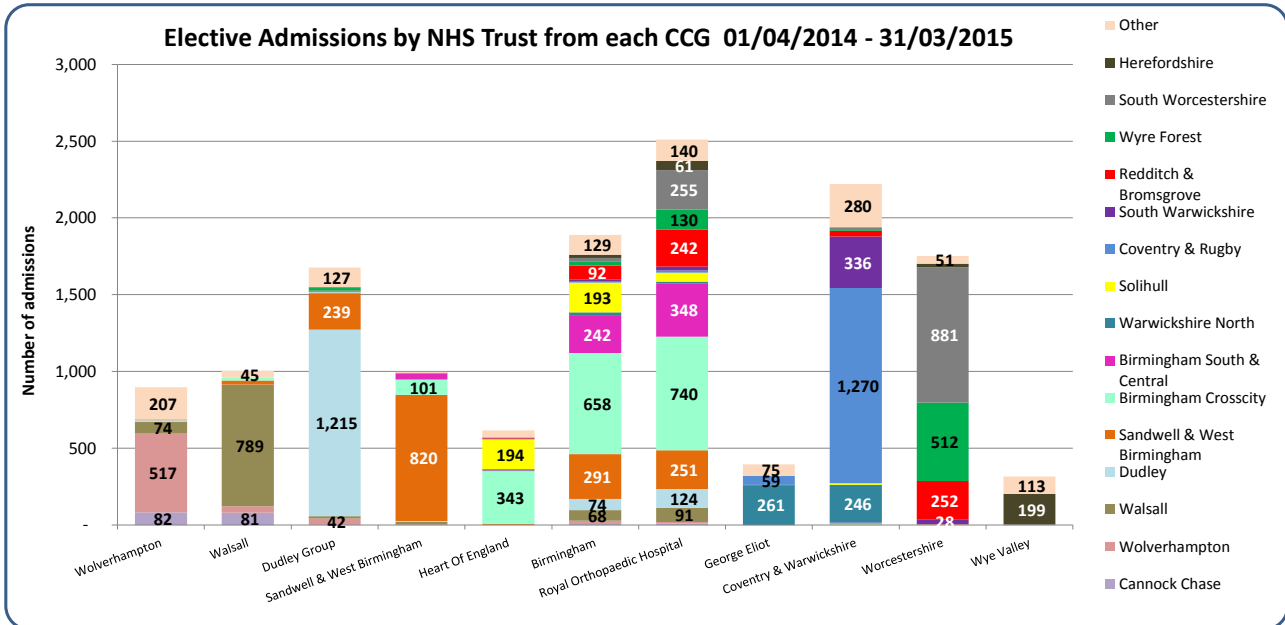
Hospital Trust activity from CCGs

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?

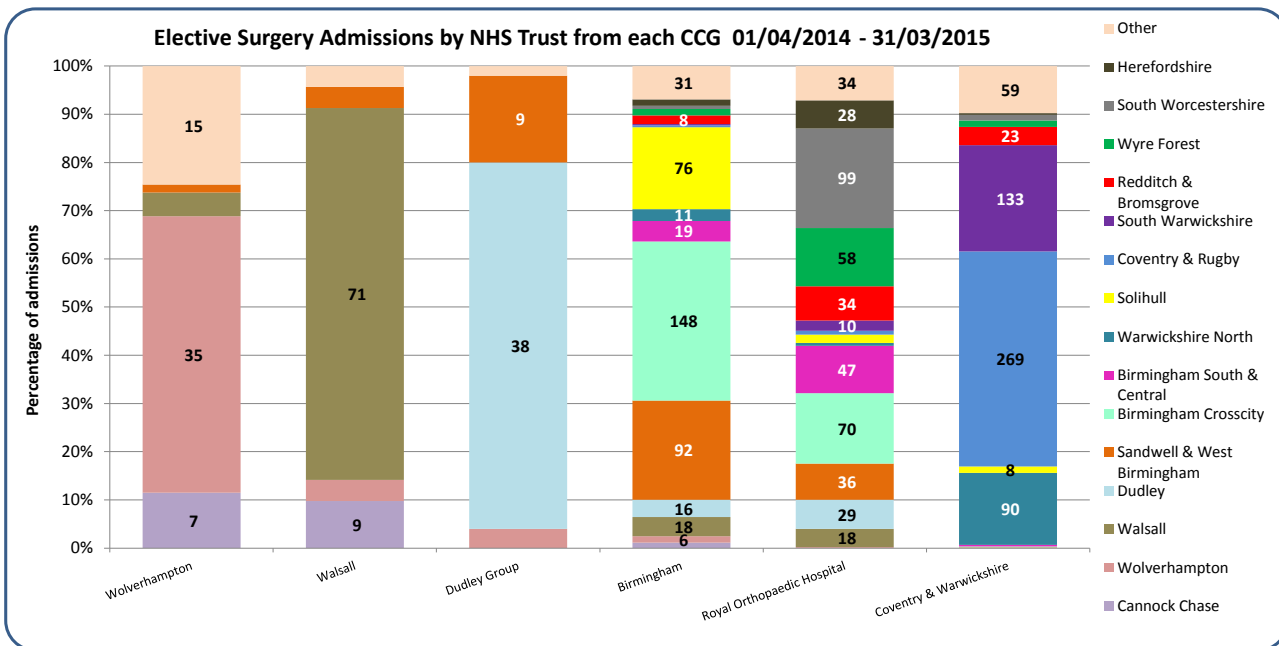
There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for back and radicular pain.

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

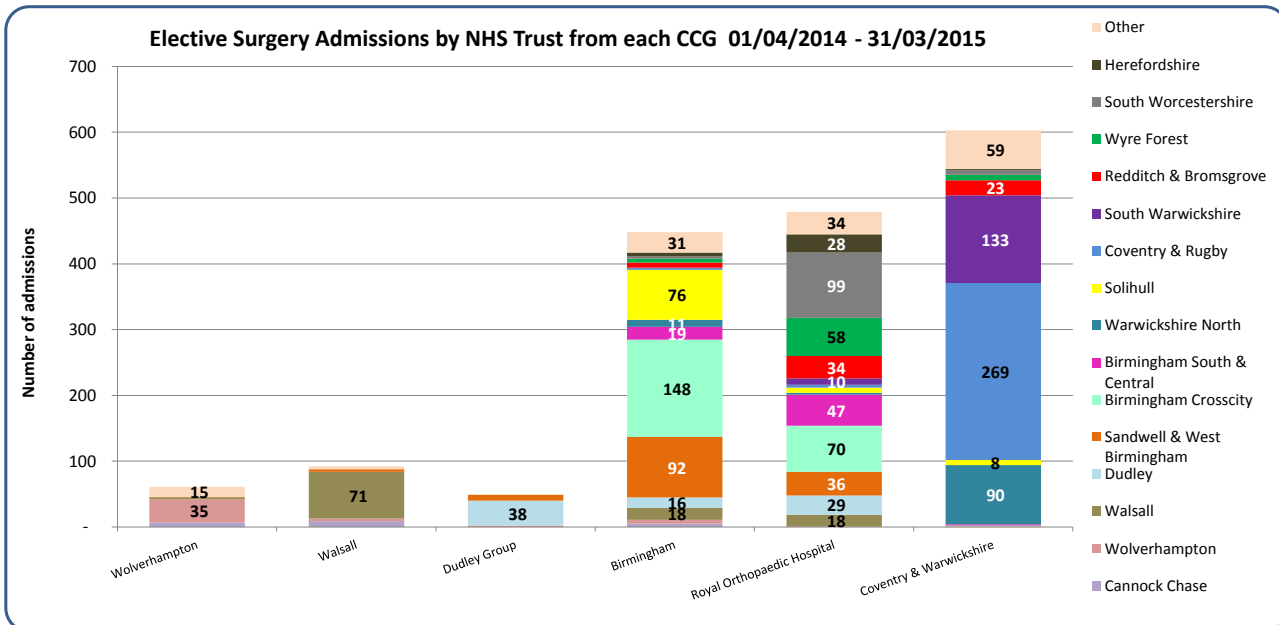
Hospital Trust activity from CCGs

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?

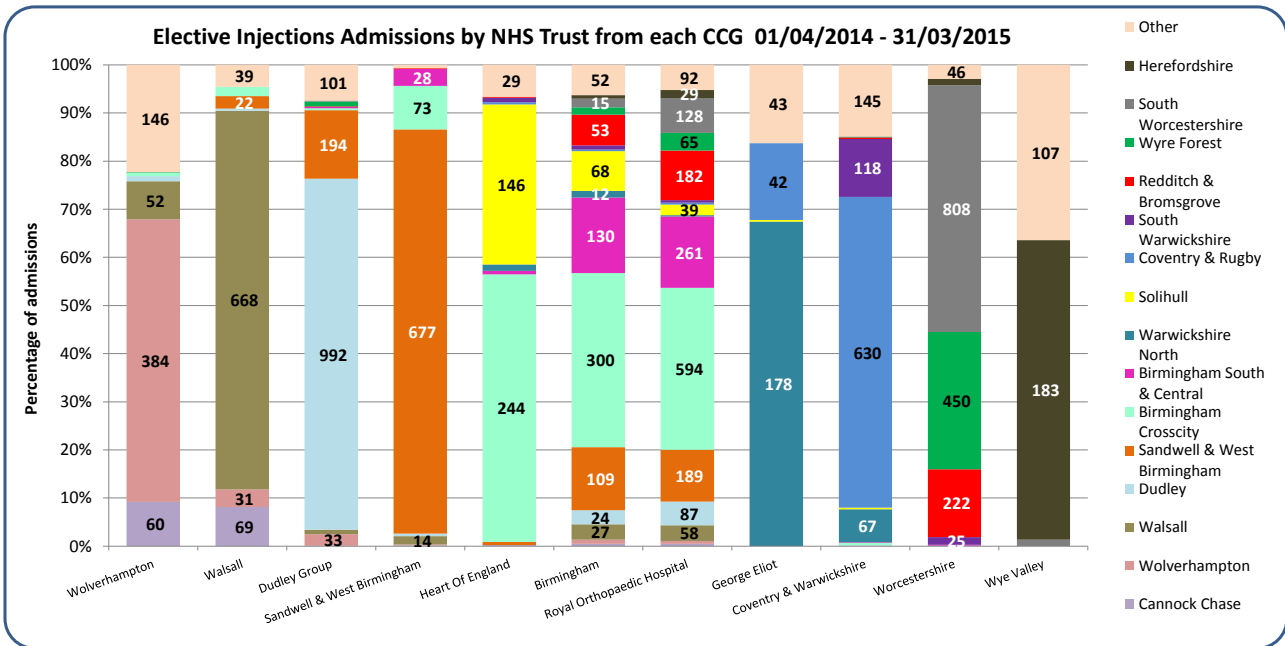
There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for spinal surgery back and radicular pain.

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

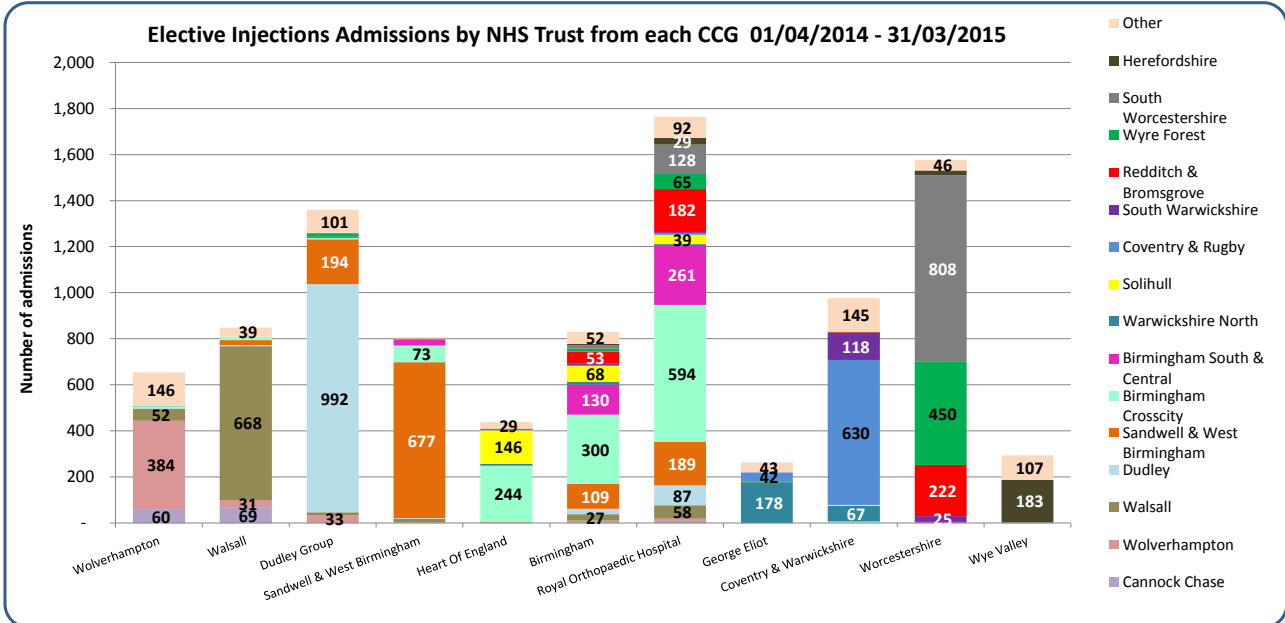
Hospital Trust activity from CCGs

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?

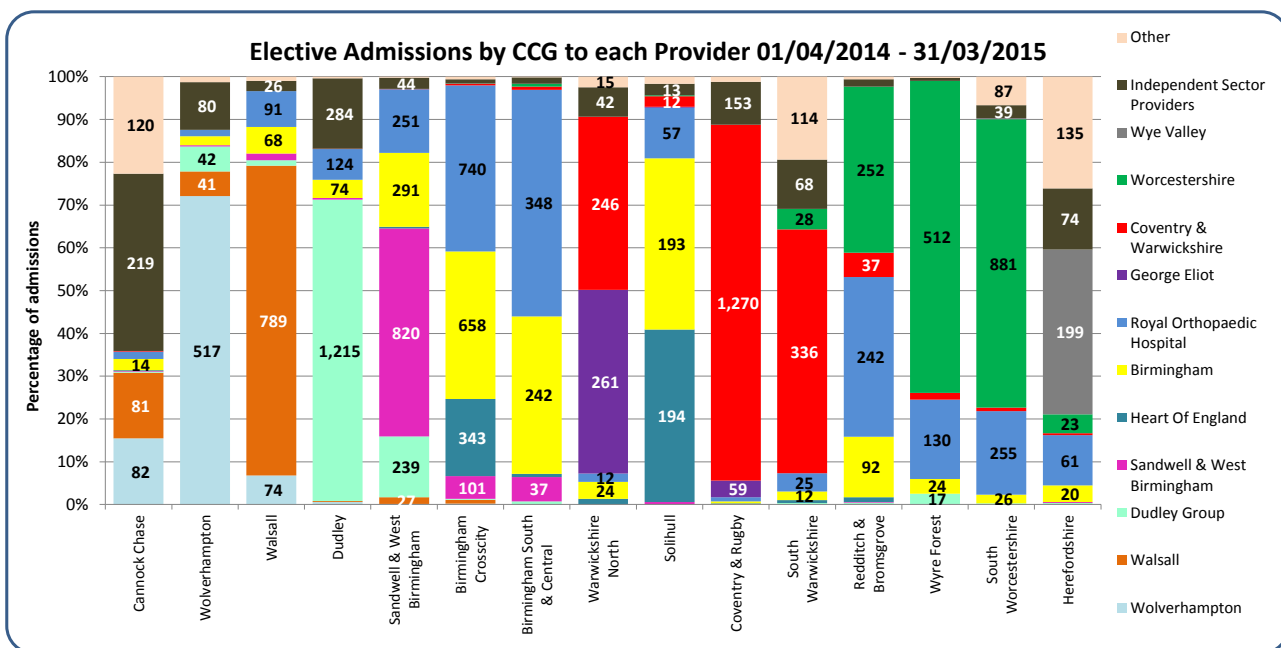
There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for injections for back and radicular pain.

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

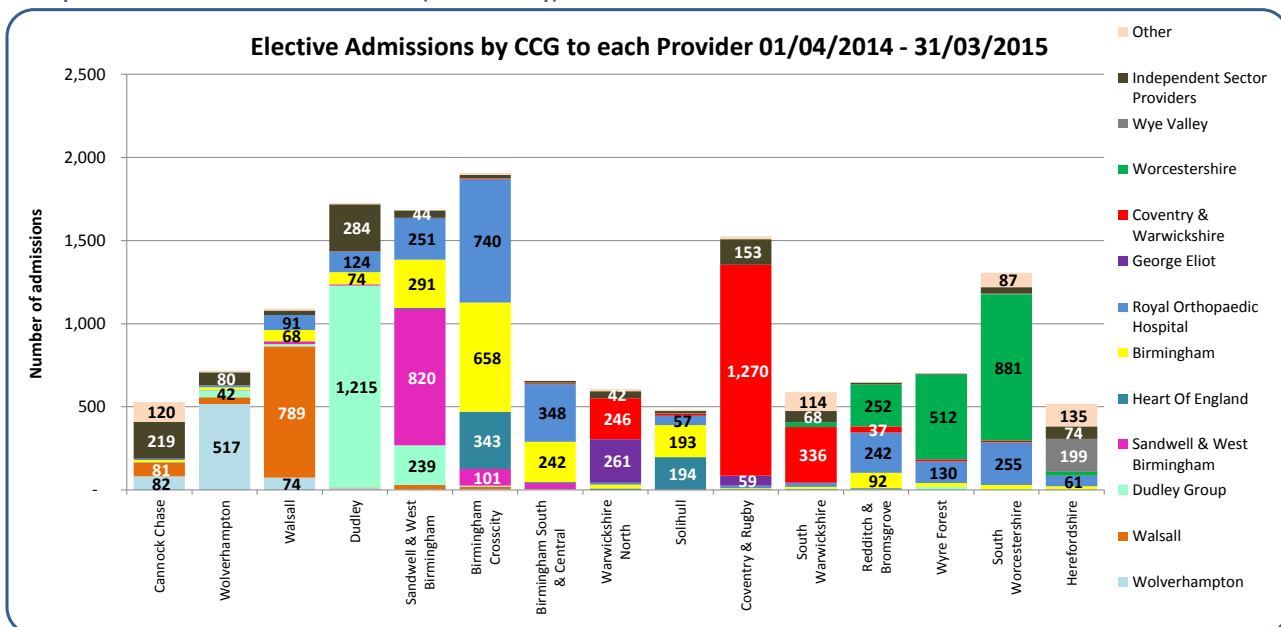
CCG activity to Hospital Trust

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 Dudley, Sandwell & West Birmingham and Birmingham Cross City CCGs. Patients from these CCGs were admitted to at least three acute hospital trusts; and Dudley CCG also frequently used Independent Sector Providers.

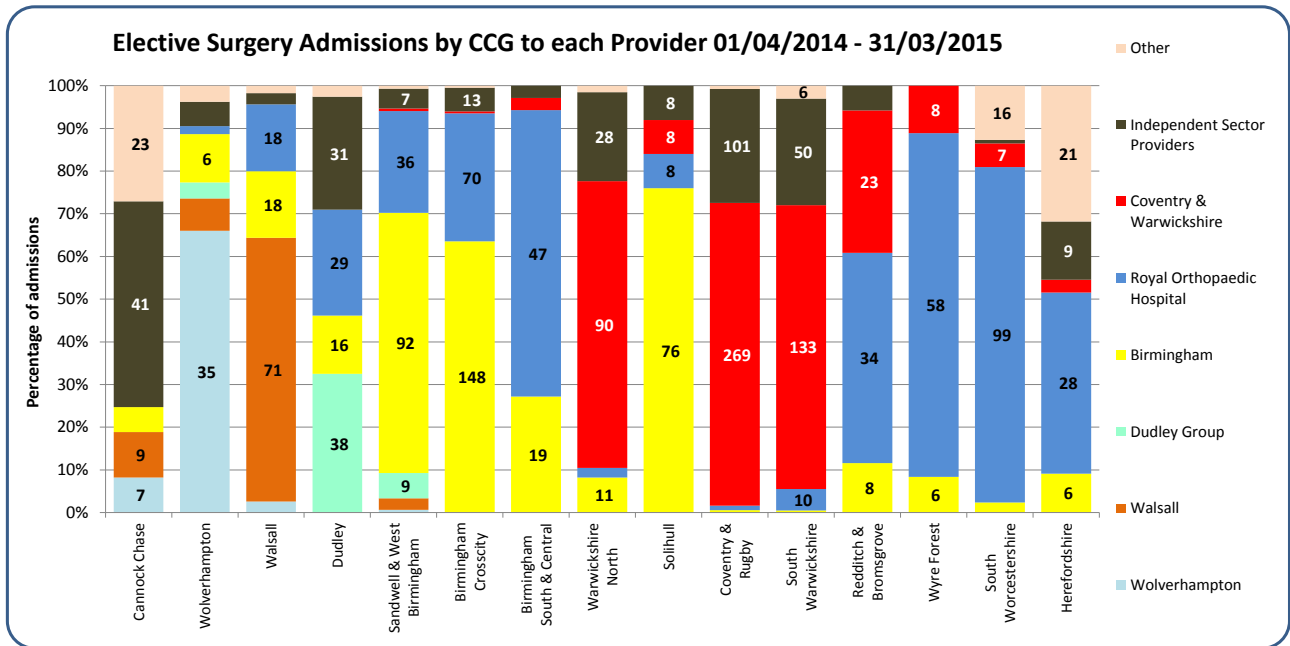
Cannock Chase and Dudley CCGs are the highest users of Independent Sector activity in the South of West Midlands.

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

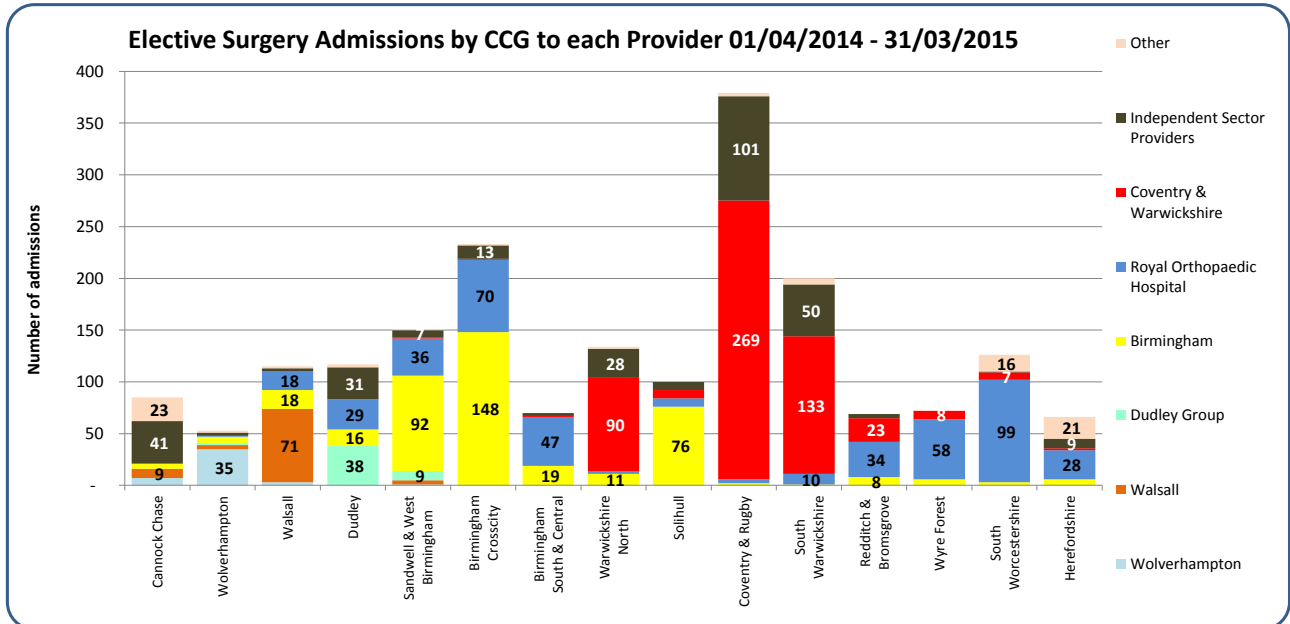
CCG activity to Hospital Trust

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 for spinal surgery.

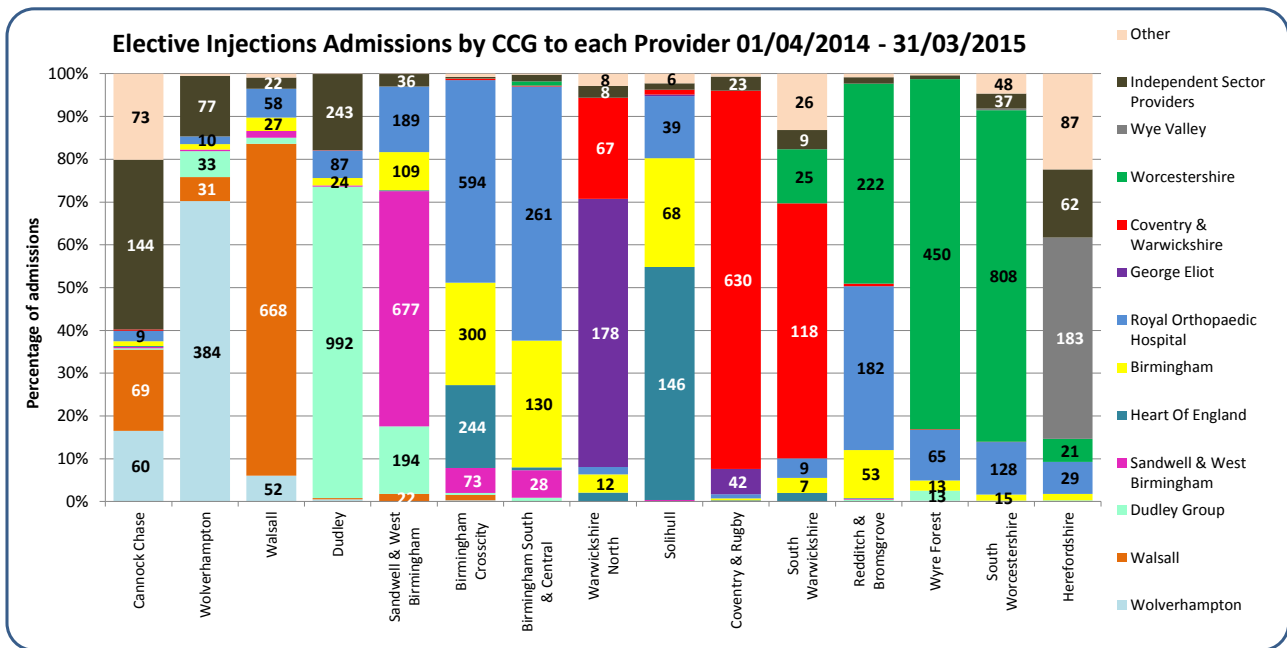
Activity is highest for Coventry and Rugby CCG. Patients from this CCG were admitted to Coventry & Warwickshire as well as Independent Sector Providers. Channock Chase, Dudley, Warwickshire North and South Warwickshire CCGs are also high users of Independent Sector activity in the South of West Midlands.

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

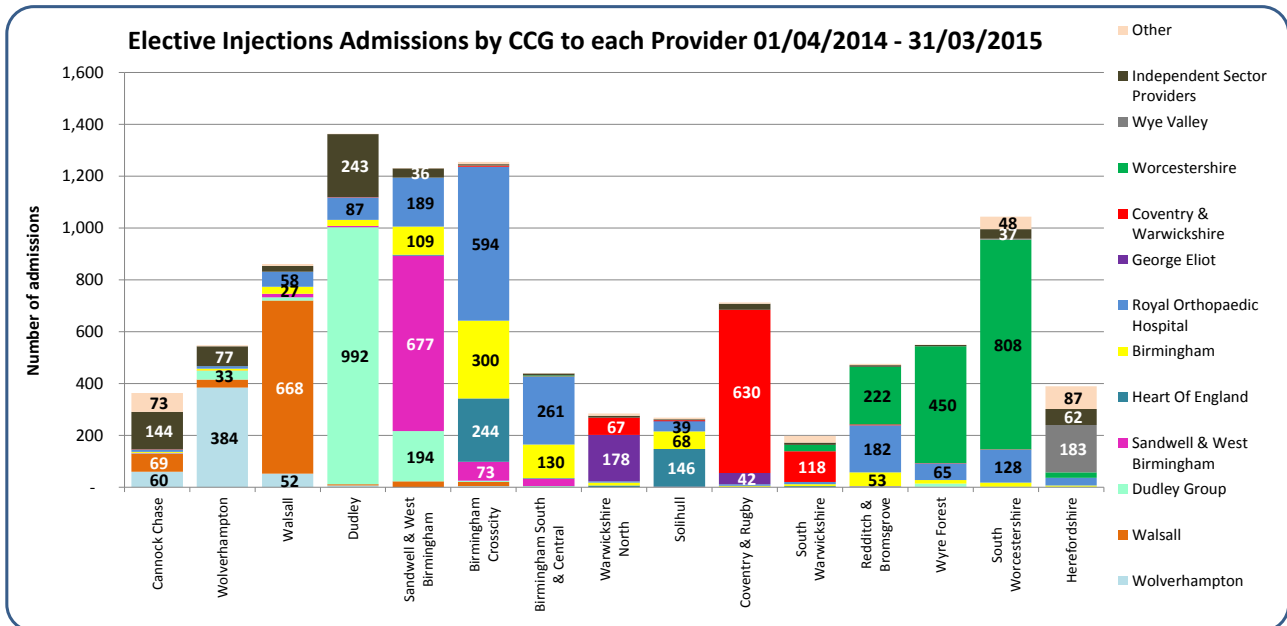
CCG activity to Hospital Trust

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.

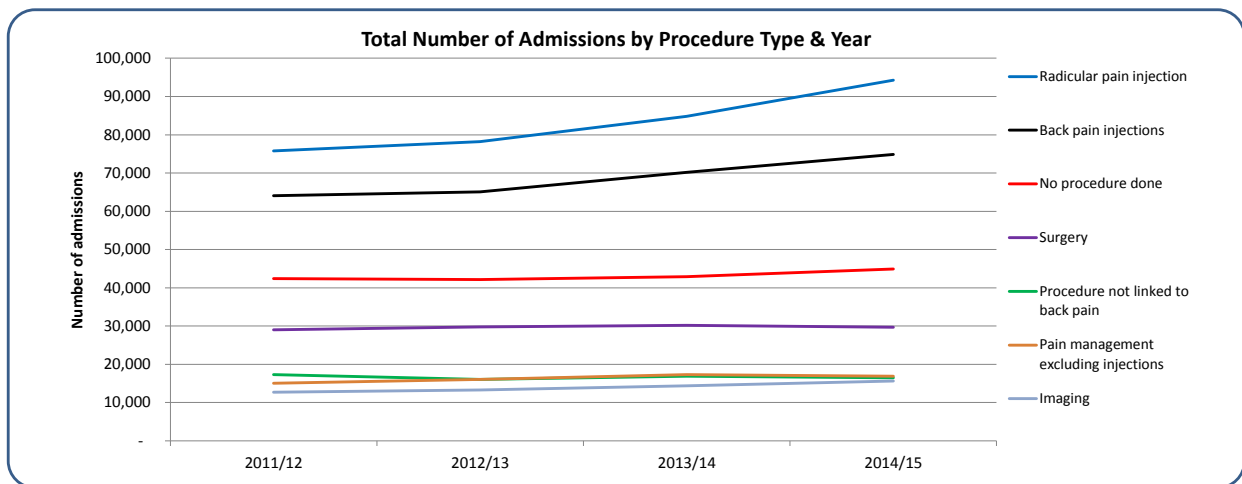
Activity is highest for Dudley, Sandwell & West Birmingham and Birmingham Cross City CCGs. Patients from Dudley CCG were admitted to Dudley Group as well as having considerable activity with Independent Sector Providers.

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

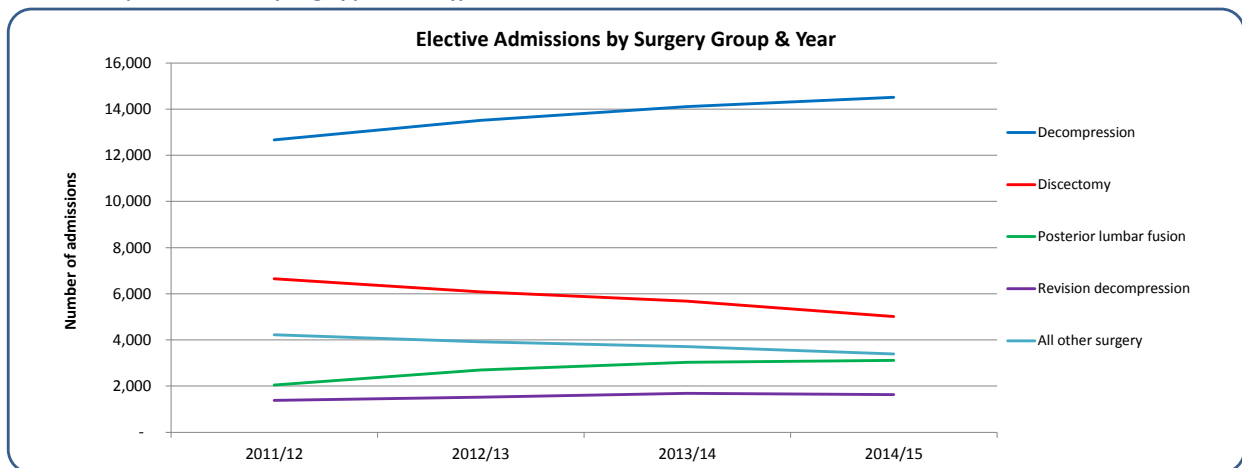
Hospital Trust activity (national level)

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.

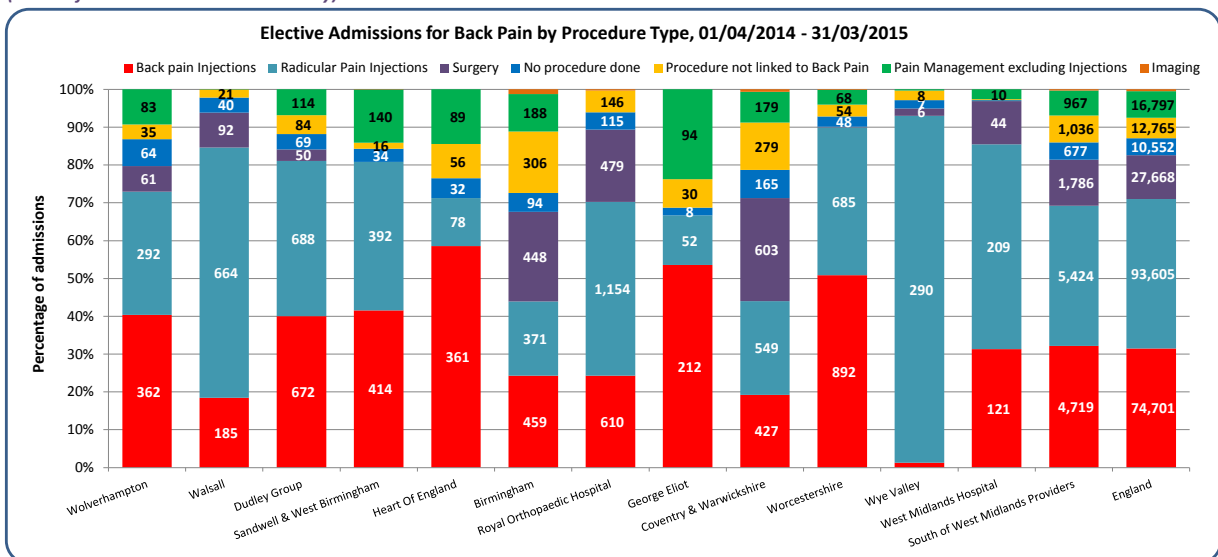
Hospital Trust activity

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

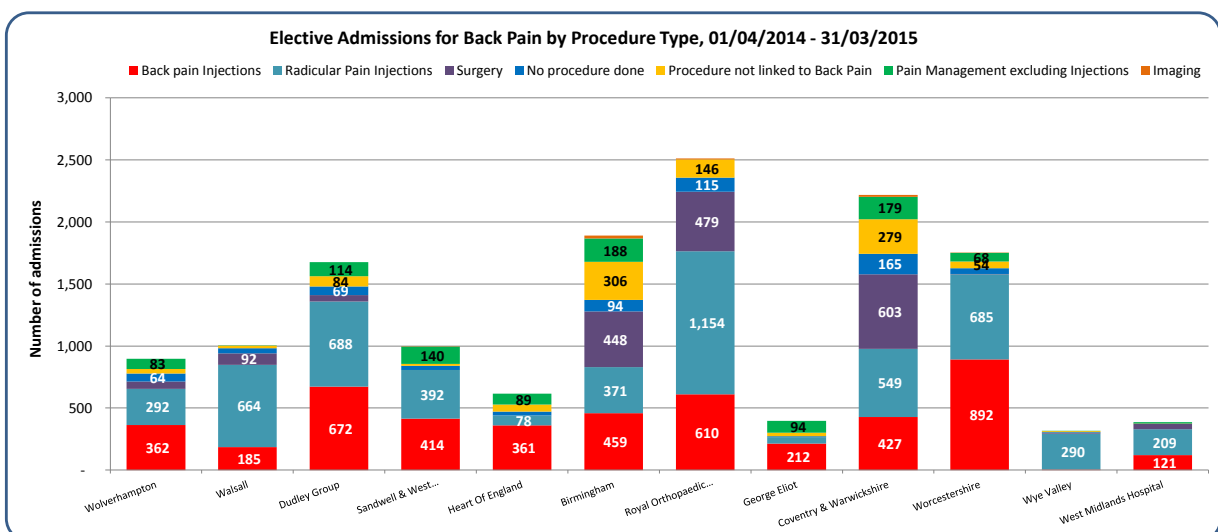
a. Elective hospital admissions by procedure type (national level including all providers)

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 of West Midlands Providers only)



c. Number of elective admissions per hospital Trust, by procedure type (actual activity) (South of West Midlands 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 but this is more likely to occur in Coventry & Warwickshire Trust (7.5% elective admissions).

Five of the South of West Midlands Trusts have a higher proportion of elective activity for injections than the England rate (approx. 70%) and it is possible that the variation is 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).

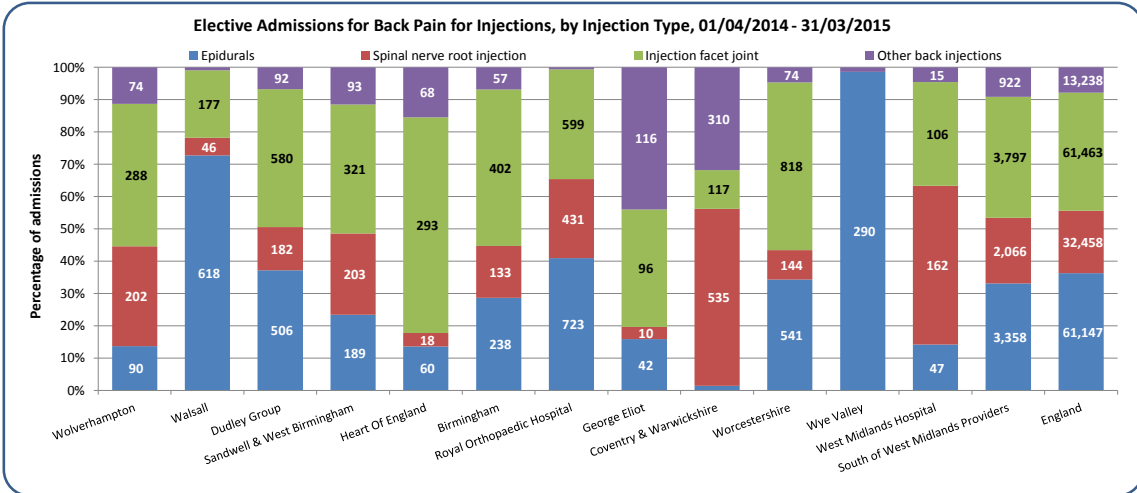
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

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

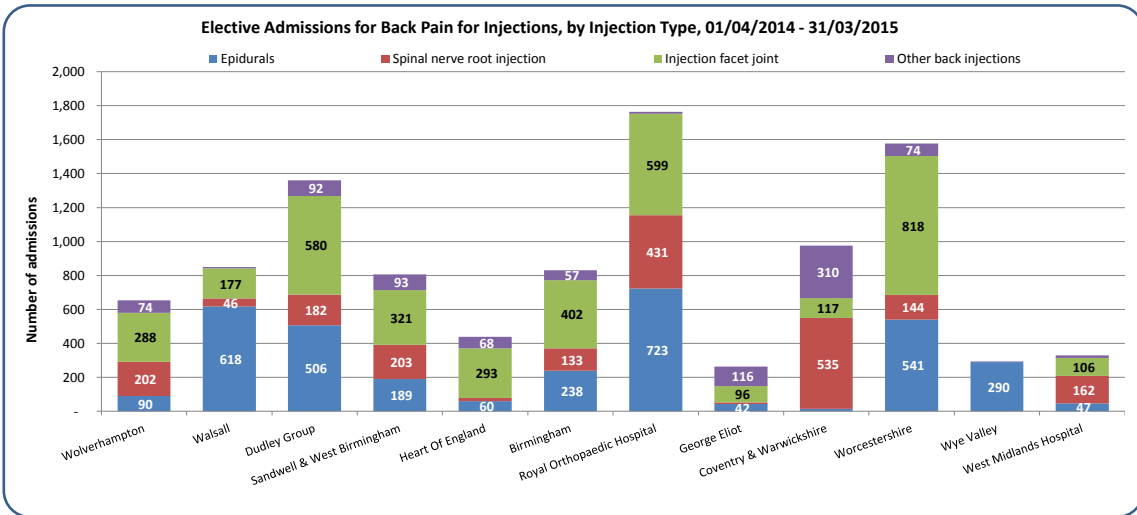
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(South of West Midlands Providers only)

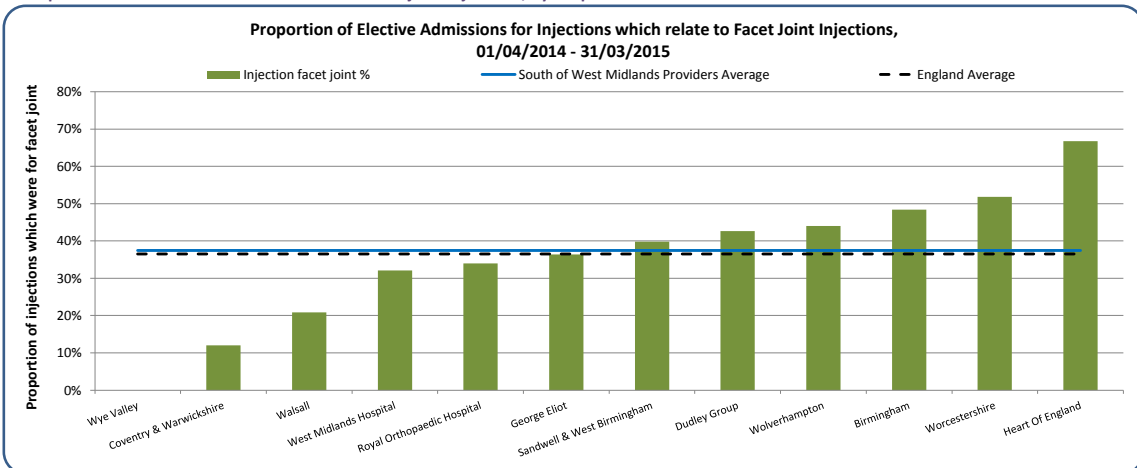


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(South of West Midlands Providers only)



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



What is the data telling us?

Epidurals and spinal nerve root are those most frequently done within South of West Midlands, constituting over 52% of injection activity which is just under the England proportions. South of West Midlands providers overall do slightly higher rates of lumbar facet joint and other back injections and slightly lower rates of epidurals. The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

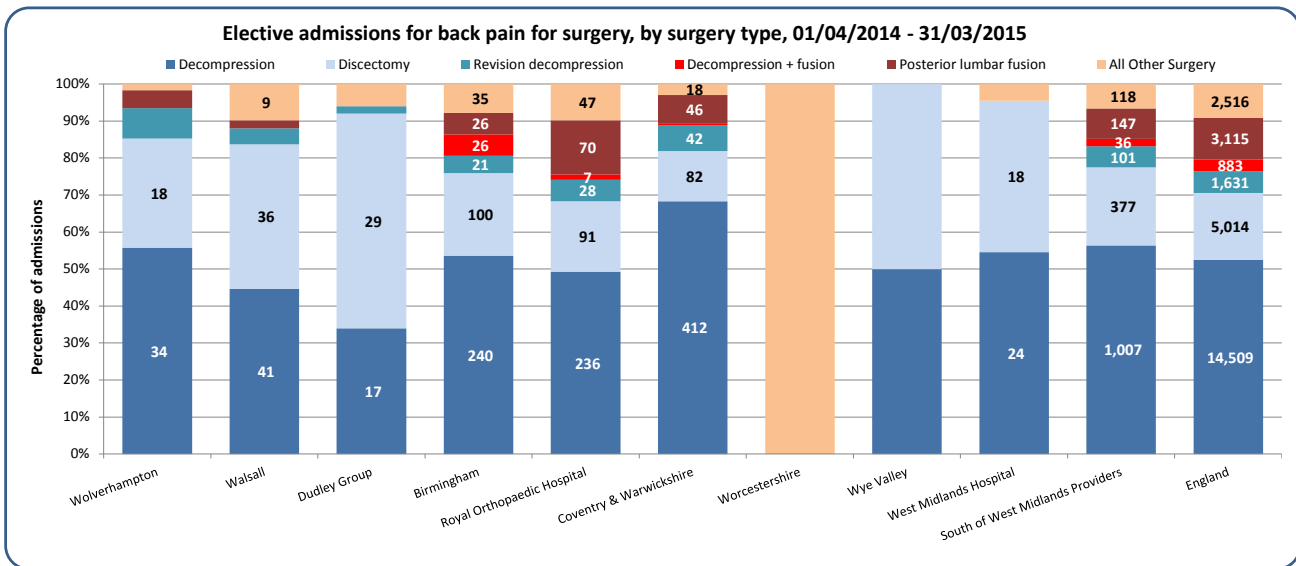
Coventry and Warwickshire Trust does a markedly higher number of spinal nerve root injections compared to all of the other providers. The proportion of facet joint injections done at Trust level ranges from 12% (Coventry & Warwickshire Hospital) to 67% (Heart of England) compared to the England figure of 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)

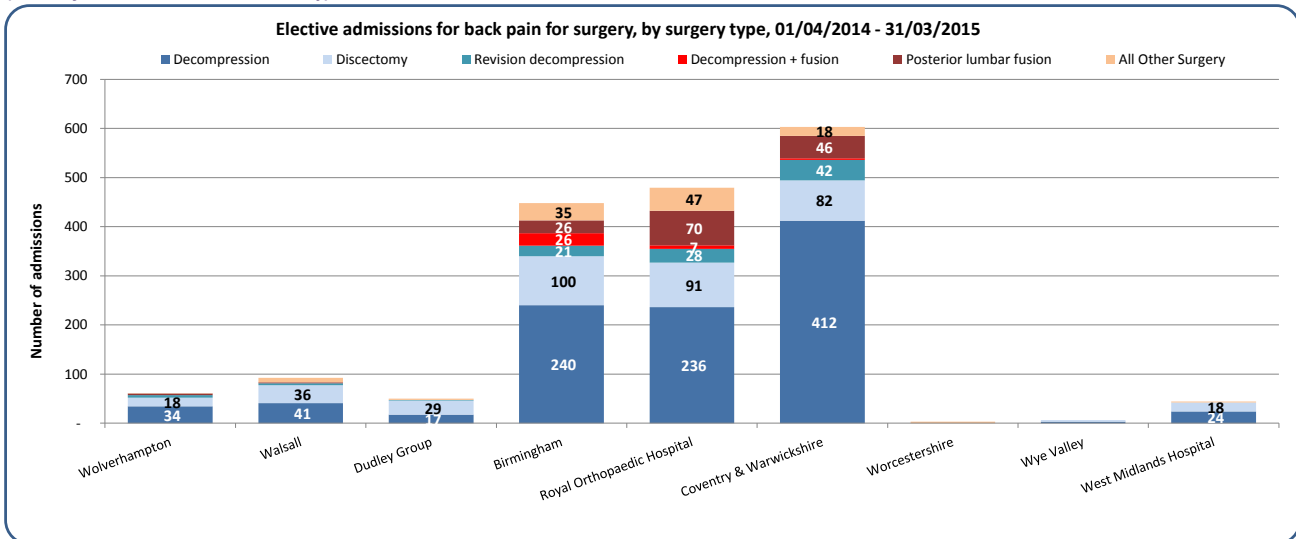
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South of West Midlands Providers only)



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

(South of West Midlands Providers only)



What is the data telling us?

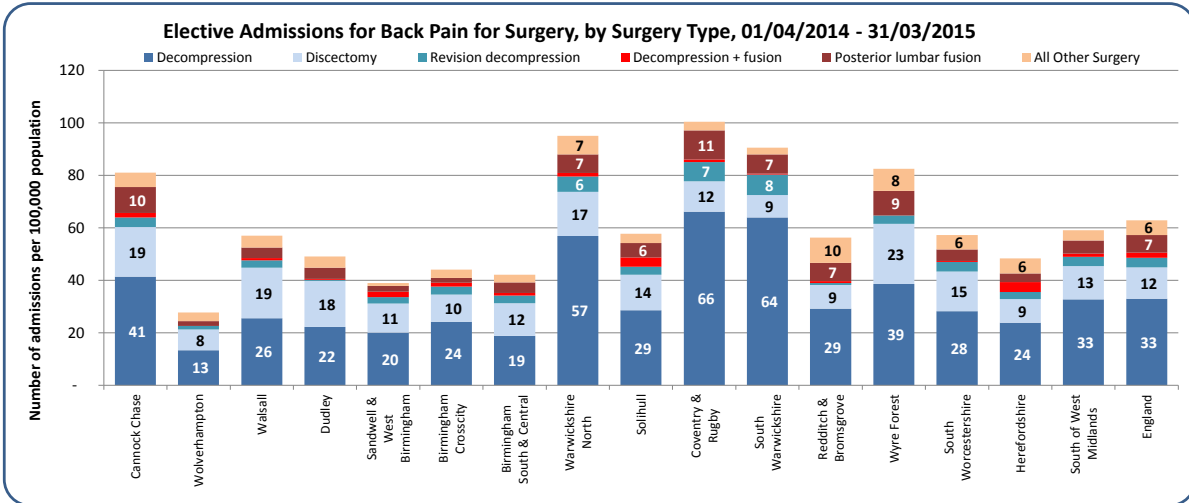
The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for the South of West Midlands Providers. South of West Midlands providers overall do a higher proportion of decompressions and lower proportion of fusions compared to the England profile. There are variations at Trust level between the high volume centres with higher proportion of fusions at Royal Orthopaedic Hospital compared to Coventry and Warwickshire Trust.

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

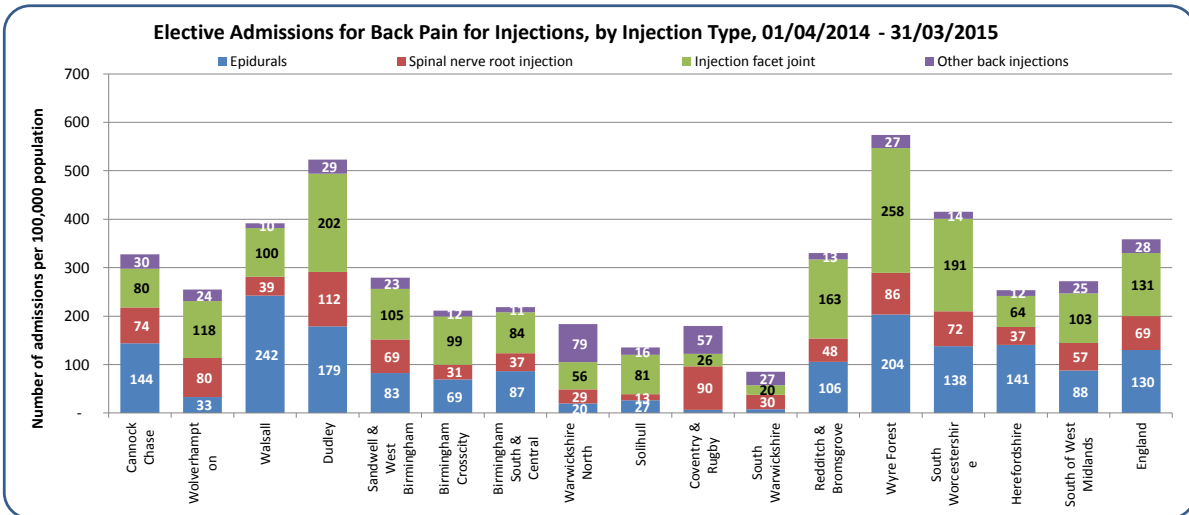
CCG activity by back pain procedure group

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

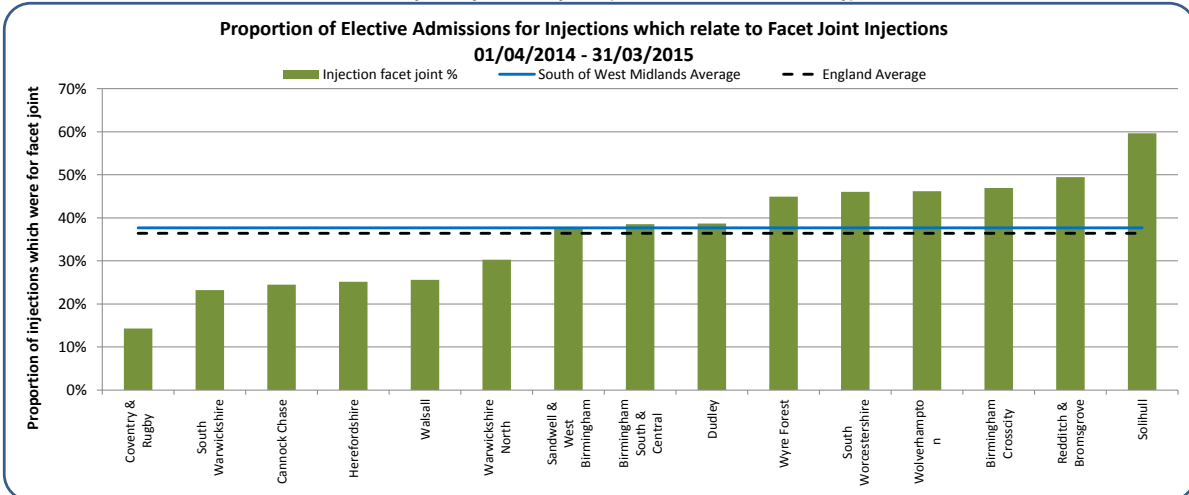
a. Number of elective admissions for surgery per CCG, by surgery type (South of West Midlands only)



b. Number of elective admissions for injections per CCG, by injection type (South of West Midlands only)



c. Number of elective admissions for lumbar facet joint injections, by CCG (South of West Midlands 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 of West Midland CCGs, with chart 9b showing the same for injections.

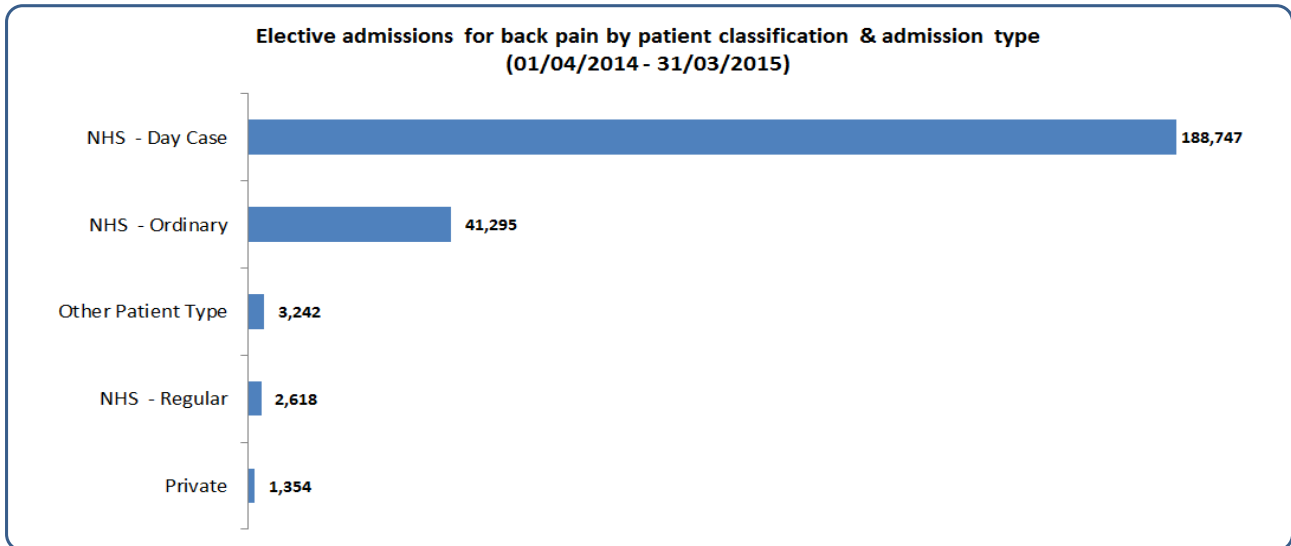
Dudley, Wyre Forest and South Worcestershire CCGs have notably higher rate of facet joint injections (202, 258 and 191 respectively per 100,000 population) compared to the regional (103 per 100,000) and England (131 per 100,000) rates.

The proportion of facet joint injections done at CCG level ranges from 14% (Coventry and Rugby) to 60% (Solihull) 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



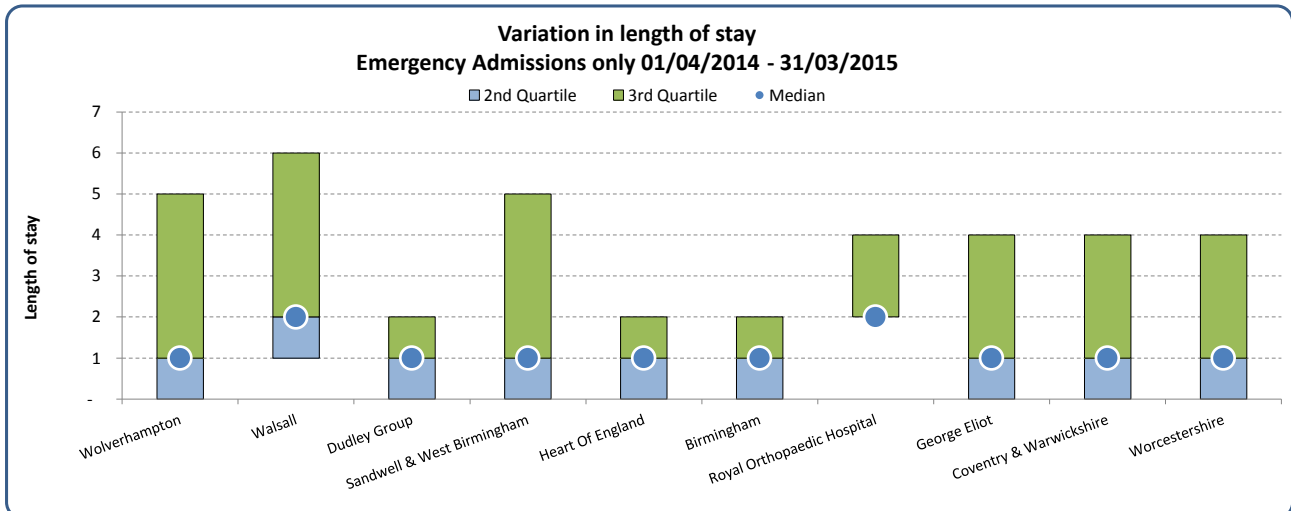
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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 of West Midlands 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 to the South of West Midlands Trusts and shows that there all Trusts 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 of West Midlands FTs only)

Provider Name	Elective	Emergency	Other	Total
Coventry & Warwickshire	£ 4,182,556	£ 1,272,238	£ 122,181	£ 5,576,974
Birmingham	£ 3,369,469	£ 814,917	£ 314,530	£ 4,498,915
Royal Orthopaedic Hospital	£ 3,686,752	£ 224,632	£ 32,735	£ 3,944,119
Dudley Group	£ 1,189,280	£ 394,385	£ 9,188	£ 1,592,853
Worcestershire	£ 1,062,633	£ 327,354	£ 3,589	£ 1,393,576
Heart Of England	£ 359,597	£ 936,356	£ 13,259	£ 1,309,213
Walsall	£ 976,418	£ 276,912	£ -	£ 1,253,330
Wolverhampton	£ 757,901	£ 456,809	£ 4,701	£ 1,219,411
Sandwell & West Birmingham	£ 592,889	£ 323,810	£ 27,184	£ 943,883
Wye Valley	£ 245,735	£ 228,619	£ 8,012	£ 482,366
George Eliot	£ 197,194	£ 146,140	£ 4,442	£ 347,775
Total	£ 16,620,424	£ 5,402,171	£ 539,821	£ 22,562,415

b. Total Costs by Procedure Type (South of West Midlands 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
Coventry & Warwickshire	£ 3,101,338	£ 333,135	£ 304,014	£ 526,678	£ 776,279	£ 370,571	£ 162,741	£ 2,220	£ 5,576,974
Birmingham	£ 2,559,843	£ 247,989	£ 284,087	£ 195,037	£ 784,799	£ 202,894	£ 224,266	£ -	£ 4,498,915
Royal Orthopaedic Hospital	£ 2,506,206	£ 797,315	£ 370,260	£ 4,230	£ 249,107	£ 17,001	£ -	£ -	£ 3,944,119
Dudley Group	£ 187,041	£ 473,752	£ 419,956	£ 297,204	£ 71,504	£ 70,202	£ 73,193	£ -	£ 1,592,853
Worcestershire	£ 5,515	£ 449,875	£ 544,763	£ 134,405	£ 55,290	£ 166,940	£ 36,786	£ -	£ 1,393,576
Heart Of England	£ -	£ 50,144	£ 191,762	£ 631,803	£ 142,122	£ 227,486	£ 65,894	£ -	£ 1,309,213
Walsall	£ 426,487	£ 469,103	£ 113,546	£ 95,634	£ 37,682	£ 107,011	£ 1,510	£ 2,356	£ 1,253,330
Wolverhampton	£ 290,935	£ 193,251	£ 201,005	£ 238,669	£ 131,636	£ 114,573	£ 49,343	£ -	£ 1,219,411
Sandwell & West Birmingham	£ -	£ 256,297	£ 259,708	£ 177,417	£ 33,745	£ 142,097	£ 74,619	£ -	£ 943,883
Wye Valley	£ 25,416	£ 218,490	£ 2,332	£ 105,287	£ 35,178	£ 94,965	£ 699	£ -	£ 482,366
George Eliot	£ -	£ 34,991	£ 99,665	£ 64,649	£ 35,218	£ 70,655	£ 42,597	£ -	£ 347,775
Total	£ 9,102,781	£ 3,524,342	£ 2,791,099	£ 2,471,013	£ 2,352,561	£ 1,584,395	£ 731,648	£ 4,576	£ 22,562,415

What is the data telling us?

Across all South of West Midlands Trusts in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £22 million, with 74% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the South of West Midlands region.

The surgery procedures group accounts for almost 41% of the total cost of all procedures, and the cost of injections is an additional 27% of the total.

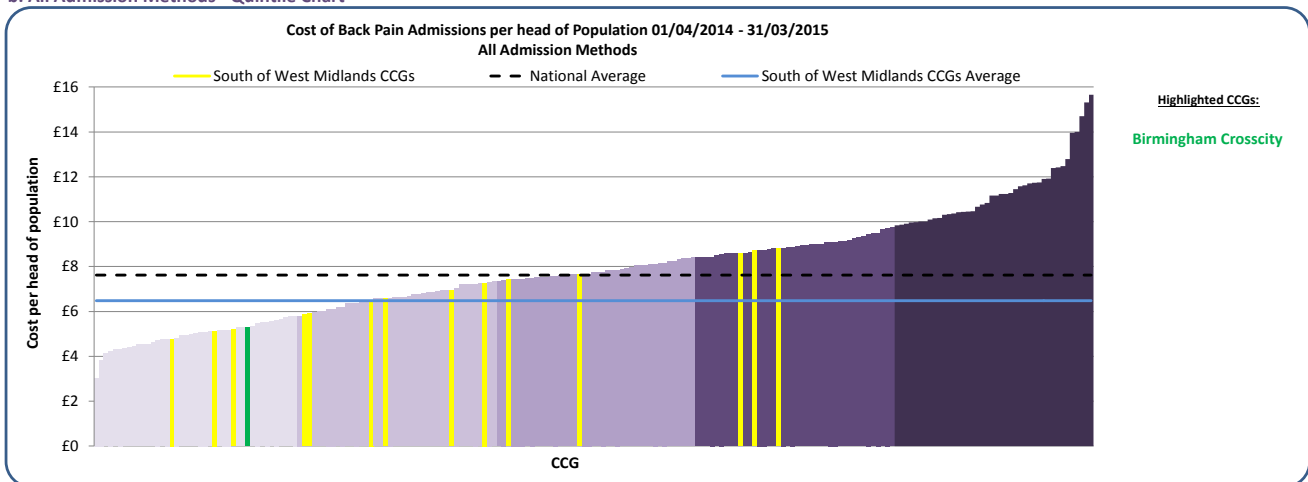
CCG Activity Total Costs

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	
Wolverhampton	£ 4.77	£ 1,032,832	£ 3.14	£ 680,203	£ 1.51	£ 326,539	216,458
Birmingham South & Central	£ 5.14	£ 1,035,715	£ 3.58	£ 721,933	£ 1.38	£ 278,565	201,557
Sandwell & West Birmingham	£ 5.21	£ 2,308,965	£ 3.93	£ 1,744,216	£ 1.04	£ 459,560	443,569
Birmingham Crosscity	£ 5.29	£ 3,162,685	£ 3.63	£ 2,171,889	£ 1.48	£ 886,472	598,002
Herefordshire	£ 5.88	£ 910,646	£ 4.29	£ 664,007	£ 1.45	£ 224,921	154,897
Solihull	£ 5.90	£ 1,175,503	£ 3.74	£ 744,817	£ 2.01	£ 401,312	199,263
South Worcestershire	£ 6.47	£ 1,625,147	£ 5.40	£ 1,357,198	£ 0.85	£ 213,981	251,259
Redditch & Bromsgrove	£ 6.58	£ 945,573	£ 5.15	£ 740,634	£ 1.22	£ 175,167	143,781
Walsall	£ 6.93	£ 1,543,683	£ 5.23	£ 1,165,494	£ 1.49	£ 332,609	222,808
South Warwickshire	£ 7.27	£ 1,692,394	£ 5.42	£ 1,261,855	£ 1.64	£ 382,833	232,910
Dudley	£ 7.43	£ 1,938,917	£ 5.91	£ 1,543,141	£ 1.37	£ 357,372	261,038
Cannock Chase	£ 7.66	£ 850,564	£ 6.12	£ 679,892	£ 1.44	£ 159,735	111,082
Wyre Forest	£ 8.59	£ 823,287	£ 7.72	£ 739,268	£ 0.84	£ 80,430	95,795
Warwickshire North	£ 8.73	£ 1,349,263	£ 6.46	£ 998,414	£ 1.92	£ 296,278	154,568
Coventry & Rugby	£ 8.81	£ 3,499,750	£ 6.72	£ 2,669,535	£ 2.09	£ 829,385	397,281
South of West Midlands Total	£ 6.49	£ 23,894,924	£ 4.85	£ 17,882,496	£ 1.47	£ 5,405,160	3,684,268

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
Coventry & Rugby	£ 1,741,717	£ 232,313	£ 223,726	£ 4,201	£ 358,364	£ 7,999	£ 99,364	£ 1,851	£ 2,669,535
Birmingham Crosscity	£ 1,019,109	£ 393,848	£ 387,358	£ 5,308	£ 229,426	£ 7,618	£ 129,222	£ -	£ 2,171,889
Sandwell & West Birmingham	£ 709,265	£ 435,986	£ 350,083	£ 8,007	£ 161,523	£ 3,266	£ 76,086	£ -	£ 1,744,216
Dudley	£ 506,705	£ 494,736	£ 370,458	£ 1,924	£ 100,935	£ 841	£ 67,541	£ -	£ 1,543,141
South Worcestershire	£ 557,171	£ 343,159	£ 324,416	£ 3,115	£ 74,882	£ 2,951	£ 51,503	£ -	£ 1,357,198
South Warwickshire	£ 910,726	£ 54,977	£ 84,051	£ 1,428	£ 158,559	£ 2,587	£ 48,827	£ 699	£ 1,261,855
Walsall	£ 534,642	£ 402,643	£ 145,915	£ 705	£ 66,901	£ 894	£ 13,793	£ -	£ 1,165,494
Warwickshire North	£ 617,727	£ 48,796	£ 110,825	£ 562	£ 165,184	£ -	£ 53,140	£ 2,179	£ 998,414
Solihull	£ 472,438	£ 51,945	£ 105,329	£ 518	£ 80,232	£ 1,461	£ 32,894	£ -	£ 744,817
Redditch & Bromsgrove	£ 348,581	£ 148,029	£ 151,701	£ 1,938	£ 53,798	£ 2,231	£ 34,356	£ -	£ 740,634
Wyre Forest	£ 343,504	£ 178,197	£ 166,292	£ -	£ 36,716	£ 2,529	£ 12,031	£ -	£ 739,268
Birmingham South & Central	£ 315,964	£ 176,262	£ 112,591	£ 673	£ 77,326	£ 2,117	£ 37,002	£ -	£ 721,933
Wolverhampton	£ 264,526	£ 144,481	£ 171,989	£ 7,666	£ 59,915	£ -	£ 29,269	£ 2,356	£ 680,203
Cannock Chase	£ 397,022	£ 152,726	£ 69,612	£ -	£ 43,539	£ 1,398	£ 15,594	£ -	£ 679,892
Herefordshire	£ 305,120	£ 186,433	£ 69,356	£ 14,526	£ 67,520	£ -	£ 21,053	£ -	£ 664,007

What is the data telling us?

Four of the fifteen South of West Midlands CCGs are in the lowest quintile for spend per head of population on admissions for back and radicular pain. The spend per head for three CCGs is above national average with Coventry & Rugby CCG having the highest spend per head of population (£8.81) in the region.

For emergency admissions only, Coventry & Rugby CCG has the highest spend per head (£2.09) and Wyre Forest has the lowest (£0.84) despite having the highest spend per head for elective admissions (£7.72).

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 the spend but in several CCGs (most notably Dudley CCG) more is being spent on injections than surgery.

14. Back & Radicular Pain Admissions Breakdown for the South of West Midlands Region

Highlighted Provider Data is included in this report

(Red=Complex Spinal Provider, Blue=NHS Trust & Green=Independent Sector Provider)

Code	Provider Name	Elective Admissions			Emergency Admissions	Other Admission Types	Total
		Surgery	Injections	Other			
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	544	831	565	545	27	2,512
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	445	1,672	254	47	<6	2,423
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	417	778	565	347	71	2,177
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	<6	1,531	169	286	<6	1,990
RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	49	1,259	242	396	<6	1,950
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	-	410	161	835	<6	1,411
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	-	801	190	276	9	1,276
RBK	WALSALL HEALTHCARE NHS TRUST	88	810	61	187	-	1,146
RL4	THE ROYAL WOLVERHAMPTON NHS TRUST	46	508	136	330	6	1,026
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	-	221	100	117	<6	440
NVC21	WEST MIDLANDS HOSPITAL	42	323	12	-	-	377
RLQ	WYE VALLEY NHS TRUST	<6	187	13	119	<6	324
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	-	14	77	186	<6	282
NT424	BMI - THE MERIDEN HOSPITAL	178	35	41	-	-	254
NVC17	ROWLEY HALL HOSPITAL	38	130	33	-	-	201
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	24	121	24	6	-	175
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	18	61	25	52	<6	157
NT242	NUFFIELD HEALTH, WOLVERHAMPTON HOSPITAL	<6	86	-	-	-	87
NVC22	WINFIELD HOSPITAL	6	50	-	-	-	56
NT219	NUFFIELD HEALTH, HEREFORD HOSPITAL	<6	33	-	-	-	34
NT224	NUFFIELD HEALTH, WARWICKSHIRE HOSPITAL	23	<6	6	-	-	34
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	13	13	7	-	-	33
RVJ	NORTH BRISTOL NHS TRUST	<6	8	15	<6	-	27
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	6	<6	10	<6	<6	26
RYW	BIRMINGHAM COMMUNITY HEALTHCARE NHS TRUST	-	-	<6	15	6	22
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST	<6	9	-	<6	-	17
R1A	WORCESTERSHIRE HEALTH AND CARE NHS TRUST	-	-	-	6	8	14
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST	-	-	-	10	<6	13
R1E	STAFFORDSHIRE AND STOKE ON TRENT PARTNERSHIP NHS TRUST	-	12	-	-	-	12
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	<6	<6	<6	<6	-	12
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	<6	<6	<6	<6	-	11
NT230	NUFFIELD HEALTH, NORTH STAFFORDSHIRE HOSPITAL	<6	<6	<6	-	-	10
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	-	<6	<6	-	-	8
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	-	7	<6	-	-	8
NT320	SPIRE PARKWAY HOSPITAL	<6	<6	<6	-	-	7
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	-	<6	<6	-	-	<6
8J2	#N/A	-	-	<6	<6	-	<6
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	-	<6	<6	<6	-	<6
RXW	SHREWSBURY AND Telford Hospital NHS Trust	-	<6	-	<6	-	<6
AAH	#N/A	-	<6	-	-	-	<6
RA3	WESTON AREA HEALTH NHS TRUST	-	-	-	<6	-	<6
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	-	<6	-	-	-	<6
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	-	-	<6	-	-	<6
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-	<6	-	<6	-	<6
NT301	SPIRE SOUTH BANK HOSPITAL	-	<6	-	-	-	<6
NT412	BMI - THE DROITWICH SPA HOSPITAL	-	<6	-	-	-	<6
NV302	CIRCLE BATH HOSPITAL	<6	<6	-	-	-	<6
NV313	CIRCLE - NOTTINGHAM NHS TREATMENT CENTRE	-	<6	<6	-	-	<6
R1J	GLOUCESTERSHIRE CARE SERVICES NHS TRUST	-	-	-	-	<6	<6
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RK9	PLYMOUTH HOSPITALS NHS TRUST	<6	-	-	<6	-	<6
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	-	<6	-	<6	-	<6
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	<6	-	-	<6	-	<6
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	-	<6	-	-	-	<6
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	<6	<6	-	-	-	<6
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
NT345	SPIRE CLARE PARK HOSPITAL	-	<6	-	-	-	<6
NT411	BMI - THE CLEMENTINE CHURCHILL HOSPITAL	<6	<6	-	-	-	<6
R1F	ISLE OF WIGHT NHS TRUST	-	-	-	<6	-	<6
R1H	BARTS HEALTH NHS TRUST	-	-	-	<6	-	<6
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	-	-	-	<6	-	<6
RCF	AIREDALE NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	-	-	<6	-	-	<6
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RET	THE WALTON CENTRE NHS FOUNDATION TRUST	-	-	<6	-	-	<6
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	<6	-	-	-	-	<6
RHU	PORTSMOUTH HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RJ6	CROYDON HEALTH SERVICES NHS TRUST	-	-	-	<6	-	<6
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RN7	DARTFORD AND GRAVESHAM NHS TRUST	-	-	<6	-	-	<6
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	-	-	-	<6	-	<6
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	-	<6	-	-	-	<6

14. Back & Radicular Pain Admissions Breakdown for the South of West Midlands Region

Highlighted Provider Data is included in this report

(Red=Complex Spinal Provider, Blue=NHS Trust & Green=Independent Sector Provider)

Code	Provider Name	Elective Admissions			Emergency Admissions	Other Admission Types	Total
		Surgery	Injections	Other			
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	<6	-	-	-	-	<6
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST				<6	-	<6
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST				<6	-	<6
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	-	-	<6
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST				<6	-	<6
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST				<6	-	<6
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	<6	-	-	-	-	<6
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST				<6	-	<6
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST				<6	-	<6
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST				<6	-	<6
RXC	EAST SUSSEX HEALTHCARE NHS TRUST				<6	-	<6
NT302	SPIRE BRISTOL HOSPITAL	-	<6	-	-	-	<6
NT347	SPIRE FYLDE COAST HOSPITAL	-	<6	-	-	-	<6
NT430	BMI - THE RIDGEWAY HOSPITAL	-	<6	-	-	-	<6
NVC01	ASHTAD HOSPITAL	-	<6	-	-	-	<6
NY601	PAIN MANAGEMENT SOLUTIONS - OAKS PARK PCC	-	<6	-	-	-	<6
Total		1,975	9,978	2,737	3,814	159	18,663

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0.2	Draft V2	15/03/2016	Amendments & Final QA	Adam Fearing, Kayoung Goffe
0.3	Draft V3	15/04/2016	Further minor amendments	Adam Fearing, Kayoung Goffe
0.4	Draft V4	03/05/2016	Further minor amendments	Adam Fearing
0.5	Draft V5	11/05/2016	Further minor amendments	Adam Fearing
0.6	Draft V6	13/06/2016	Narrative & formatting	Liz Lingard

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?	