Back Pain Report

Bracknell & Ascot

June 2016

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 Central 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 Central Region are:

- Frimley Health NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Royal Berkshire NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Oxford University Hospitals NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust

The Independent Sector Providers included for the South Central Region are:

- Circle Reading Hospital
- BMI - Bath Clinic

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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

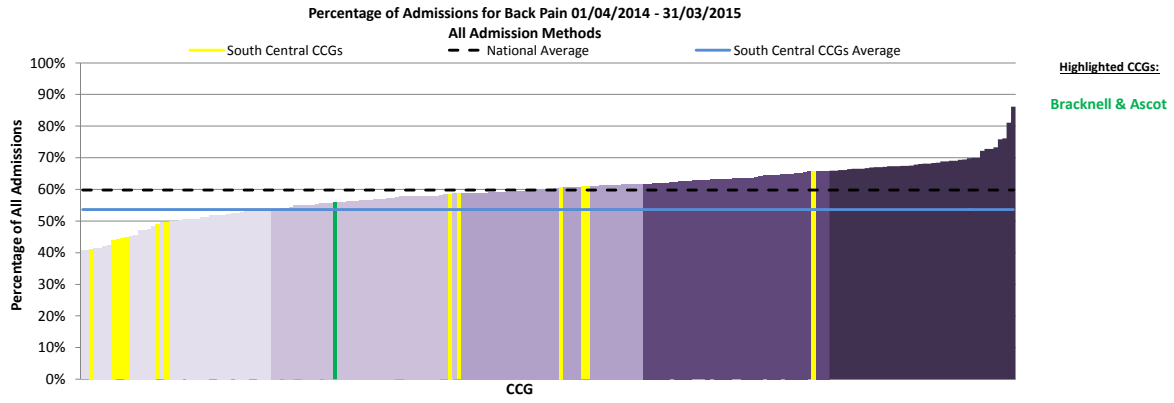
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

South Central CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	6,759	6,654	**13,413**	50.4%	49.6%
Emergency	1,931	855	**2,786**	69.3%	30.7%
Other	51	38	**89**	57.3%	42.7%
Total	**8,741**	**7,547**	**16,288**	**53.7%**	**46.3%**

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)

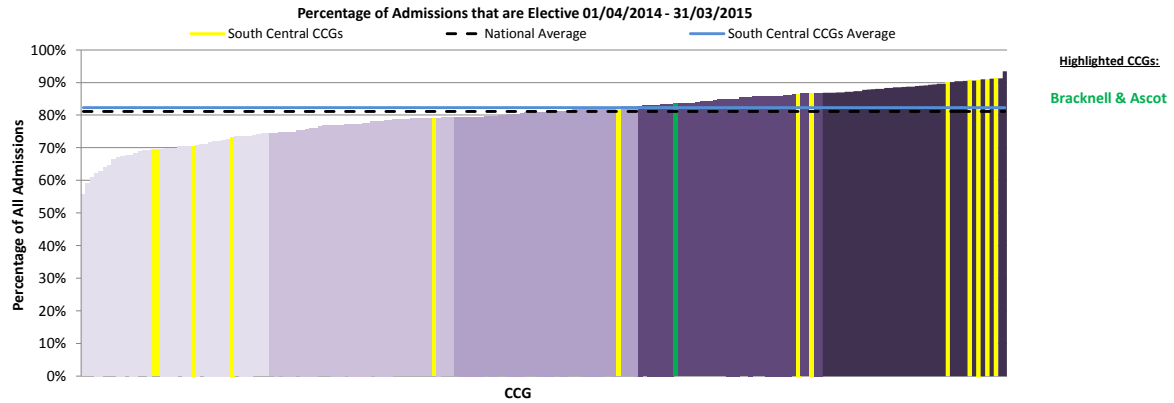
Swindon	41.2%	Bracknell & Ascot	55.9%
Newbury & District	44.1%	Slough	58.5%
South Reading	44.1%	Gloucestershire	58.8%
Wokingham	44.4%	Chiltern	60.7%
North & West Reading	44.8%	Aylesbury Vale	60.9%
Wiltshire	48.9%	Oxfordshire	61.0%
Bath & North East Somerset	49.6%	Windsor, Ascot & Maidenhead	65.7%
South Central CCGs	**53.7%**	**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

Oxfordshire	69.5%	Chiltern	86.5%
Swindon	69.5%	Aylesbury Vale	86.7%
Slough	70.5%	South Reading	90.0%
Windsor, Ascot & Maidenhead	73.3%	Bath & North East Somerset	90.6%
Gloucestershire	79.1%	North & West Reading	90.7%
Wiltshire	82.4%	Wokingham	91.0%
Bracknell & Ascot	83.5%	Newbury & District	91.2%
South Central CCGs	**82.3%**	**England**	**81.1%**



What is the data telling us?

In the latest 12 month period there were almost 300,000 admissions for back and radicular pain in England, with 16,288 (5.6%) of these from patients registered within the South Central CCGs included in this report.

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 South Central the proportion of admissions for back pain ranges from 41.2% to 65.7%.

Approximately 81% of back and radicular pain admissions are elective, with the South Central mirroring the national rate. At CCG level in the South Central region the proportion of elective admissions ranges from 69.9% in Oxfordshire to 91.2% in Newbury and District.

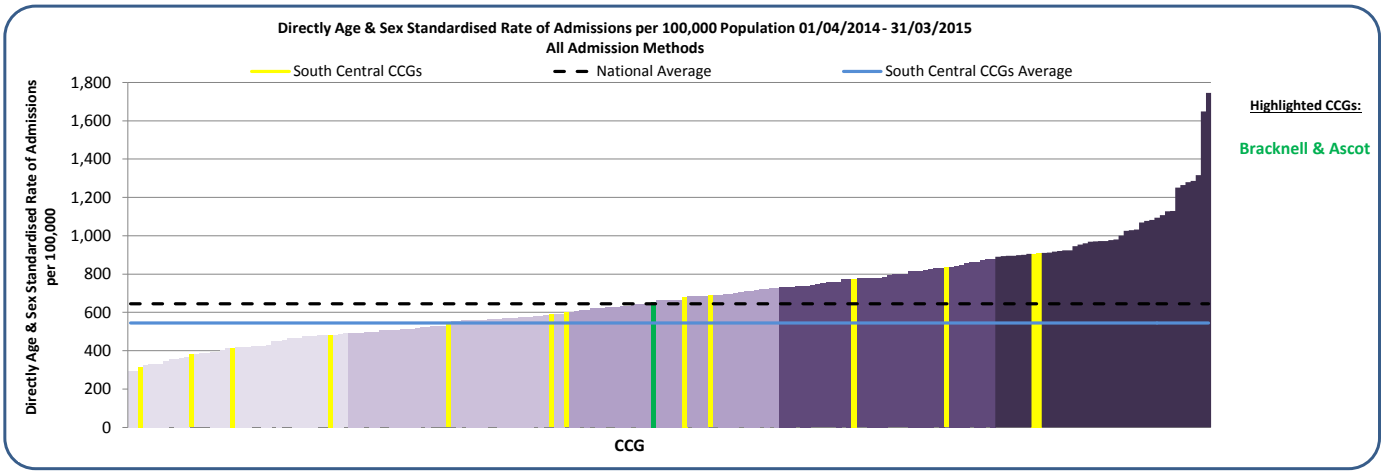
Clinical Commissioning Group (CCG) activity

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

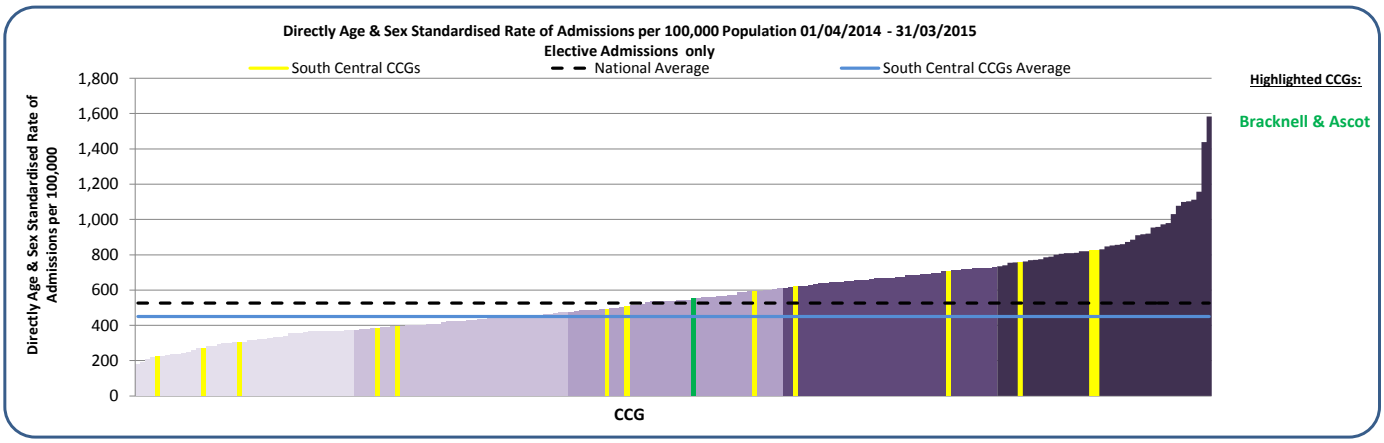
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
South Reading	909.1	824.4	84.3	Wiltshire	599.6	491.9	104.6
North & West Reading	906.0	825.7	79.3	Chiltern	590.1	510.8	78.2
Newbury & District	834.3	758.6	73.9	Slough	542.1	393.4	146.4
Wokingham	775.3	705.6	68.8	Gloucestershire	480.8	382.0	92.4
Aylesbury Vale	687.9	594.0	93.3	Windsor, Ascot & Maidenhead	414.5	303.8	109.3
Bath & North East Somerset	680.9	618.1	59.2	Swindon	378.5	270.2	108.3
Bracknell & Ascot	654.2	550.9	102.5	Oxfordshire	313.9	221.7	89.4
South Central CCGs	544.2	450.1	91.2	England	645.6	526.5	115.4

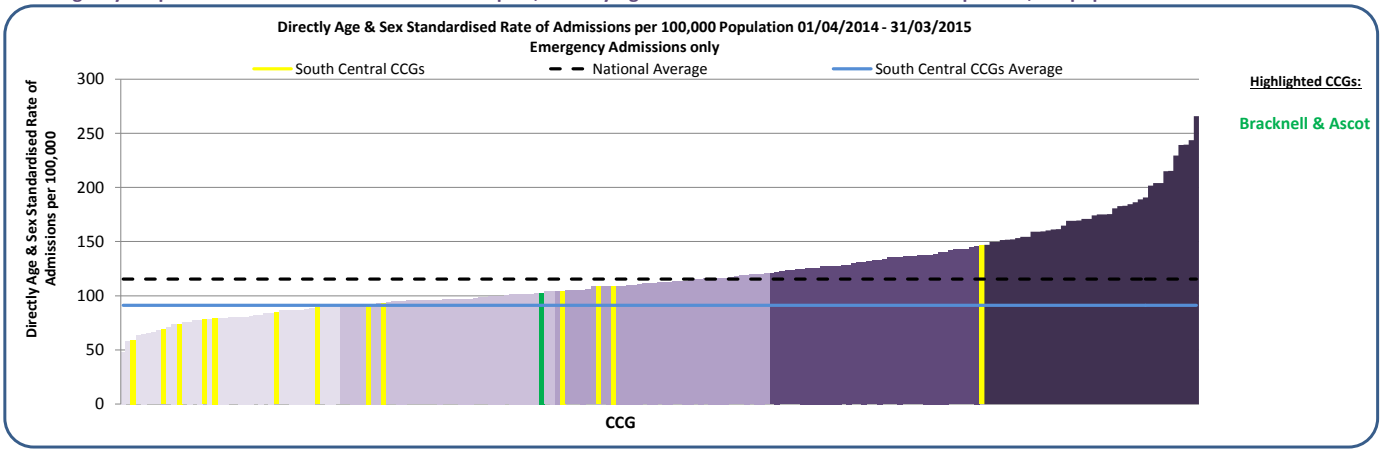
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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 wide variation in elective admission rates across the CCGs within South Central with over a 3.7-fold difference between the regional lowest (Oxfordshire CCG) and the highest CCG for the region (North and West Reading CCG). Similarly, for emergency admissions there is wide variation across the CCGs in the region with all South Central CCGs, except Slough CCG, below the national average; 7 CCGs in the lowest quintile.

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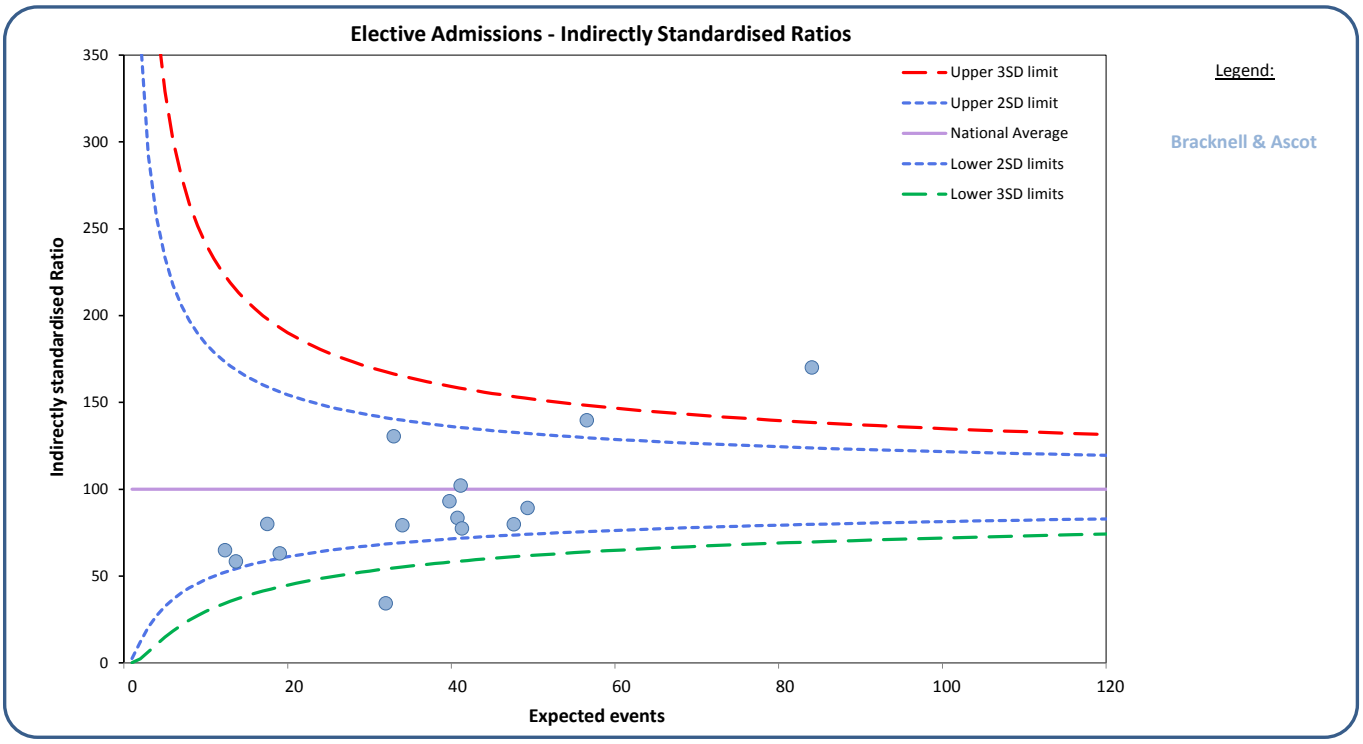
Clinical Commissioning Group (CCG) activity - GP practice level

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

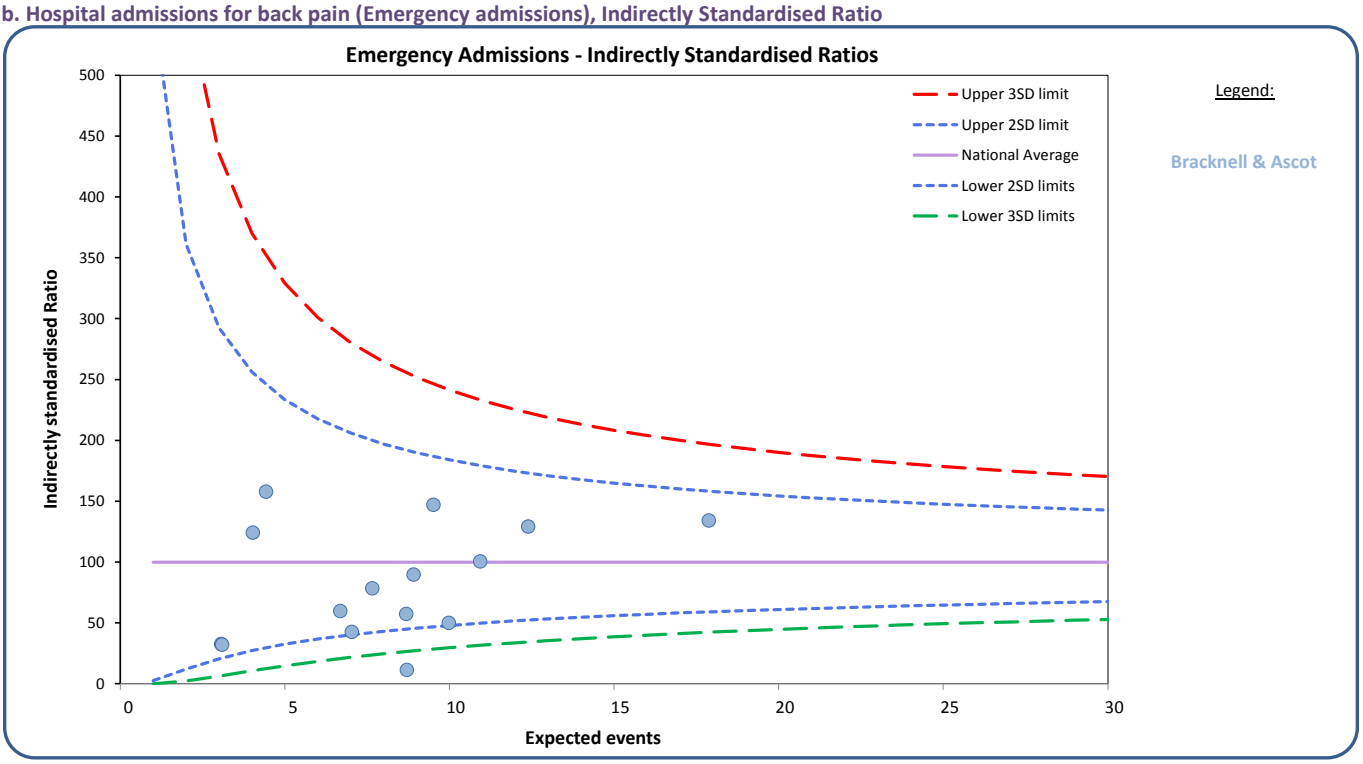
Each symbol represents one GP practice

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

Bracknell & Ascot



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

Bracknell & Ascot

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.

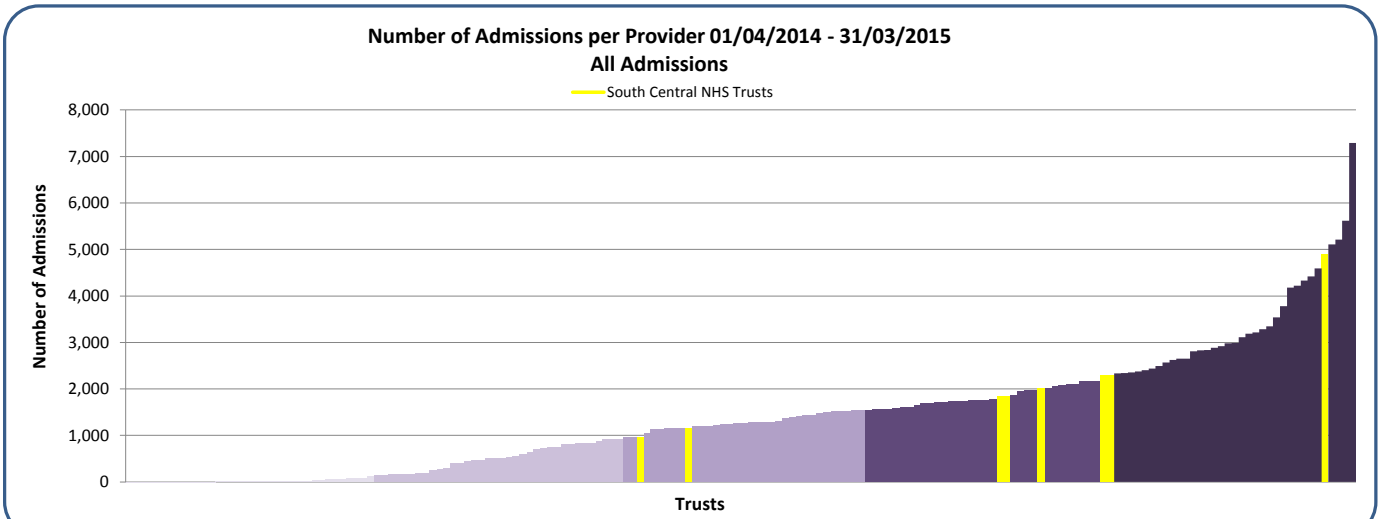
				Elective			Emergency		
Practice Code	**Practice Name**	**CCG**	**Population 15+**	**Observed**	**Expected**	**Ratio**	**Observed**	**Expected**	**Ratio**
K81001	The Waterfield Practice	10G	9,803	44	49.30	89.25	11	10.94	100.59
K81006	The Sandhurst Group Practice	10G	16,336	143	84.07	170.09	24	17.88	134.22
K81010	Kings Corner Surgery	10G	6,029	11	32.00	34.38	<6	6.68	59.84
K81023	Heath Hill Surgery	10G	5,952	43	32.95	130.50	<6	7.03	42.66
K81028	Magnolia House Surgery	10G	7,570	34	40.74	83.45	<6	8.69	57.55
K81030	Ringmead Medical Practice	10G	12,510	79	56.55	139.71	16	12.39	129.16
K81032	Boundary House Surgery	10G	7,207	27	34.02	79.36	6	7.66	78.35
K81059	The Gainsborough Practice	10G	8,092	32	41.31	77.47	8	8.91	89.77
K81060	Binfield Surgery	10G	8,204	37	39.76	93.05	<6	8.70	11.49
K81076	Green Meadows Surgery	10G	8,347	38	47.62	79.80	<6	9.98	50.10
K81087	Easthampstead Surgery	10G	4,218	12	19.03	63.05	7	4.43	157.98
K81094	Great Hollands Practice	10G	3,035	8	13.69	58.42	<6	3.07	32.60
K81610	Forest End Medical Practice	10G	9,175	42	41.15	102.06	14	9.51	147.15
K81656	Crown Wood Medical Centre	10G	3,897	14	17.50	80.01	<6	4.03	124.11
K81657	Evergreen Practice	10G	3,200	8	12.33	64.86	<6	3.10	32.28

Hospital Trust activity

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

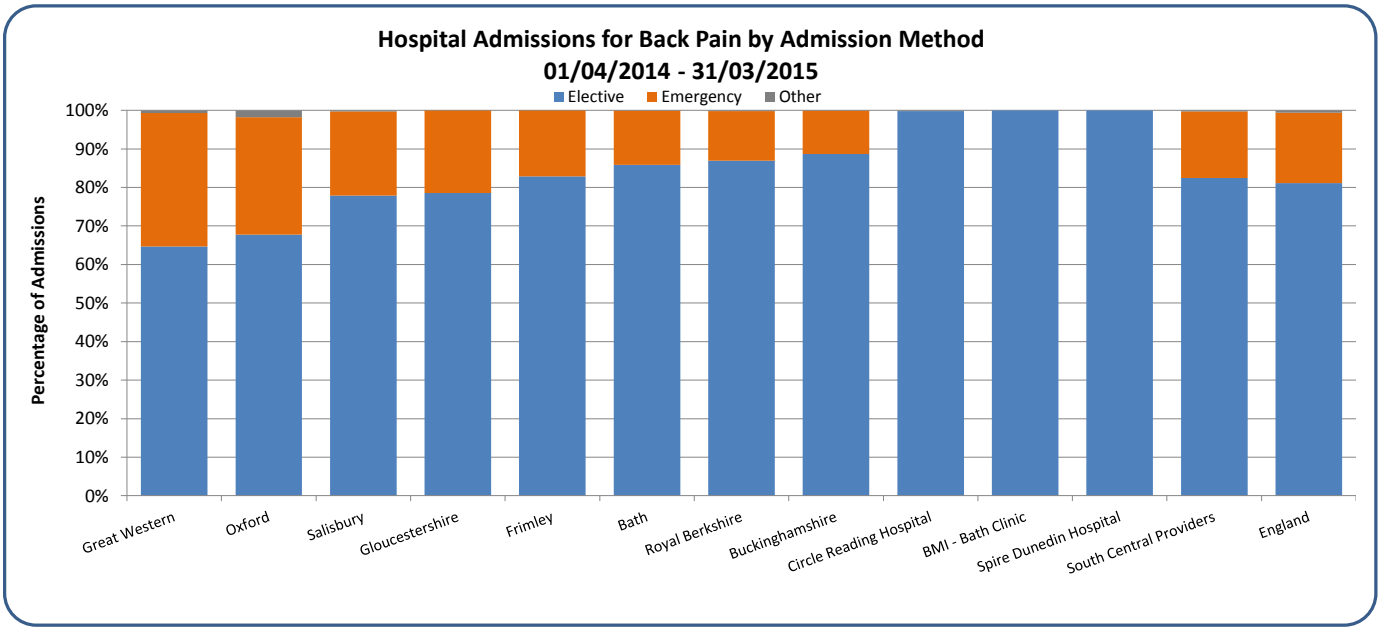
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Frimley	4,899	Bath	1,837
Buckinghamshire	2,302	Oxford	1,830
Royal Berkshire	2,283	Salisbury	1,157
Gloucestershire	2,011	Great Western	966
South Central NHS Trusts	17,285	England	251,444



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

(South Central Providers only)



What is the data telling us?

The total number of admissions for back pain is presented due to the absence of a relevant denominator at hospital Trust level. Activity for the 8 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 is slightly higher than England for the South Central providers overall, however at NHS Trust level the proportion varies between 65% at Great Western to 89% at Buckinghamshire.

All NHS activity at independent sector providers is classed as elective.

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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 specialty

(South Central Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Gloucestershire	908	659	-	-	-	12	**1,579**
Oxford	567	-	512	-	142	19	**1,240**
Buckinghamshire	1,162	728	-	140	-	11	**2,041**
Great Western	125	491	-	-	-	9	**625**
Bath	1,383	134	<6	-	-	55	**1,572**
Frimley	2,325	1,716	-	-	-	20	**4,061**
Royal Berkshire	320	1,070	27	131	-	436	**1,984**
Salisbury	-	894	-	-	-	7	**901**
Spire Dunedin Hospital	235	62	-	-	130	<6	**427**
Circle Reading Hospital	26	456	-	-	-	<6	**482**
BMI - Bath Clinic	74	408	-	-	-	-	**482**
Total	**7,125**	**6,618**	**539**	**271**	**272**	**569**	**15,394**

d. Elective admissions for injections for back and radicular pain, by injection type and treatment specialty *(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/anaesthetics, however for Oxford Hospitals the highest volume of activity is recorded within pain management/anaesthetics and spinal surgery service.

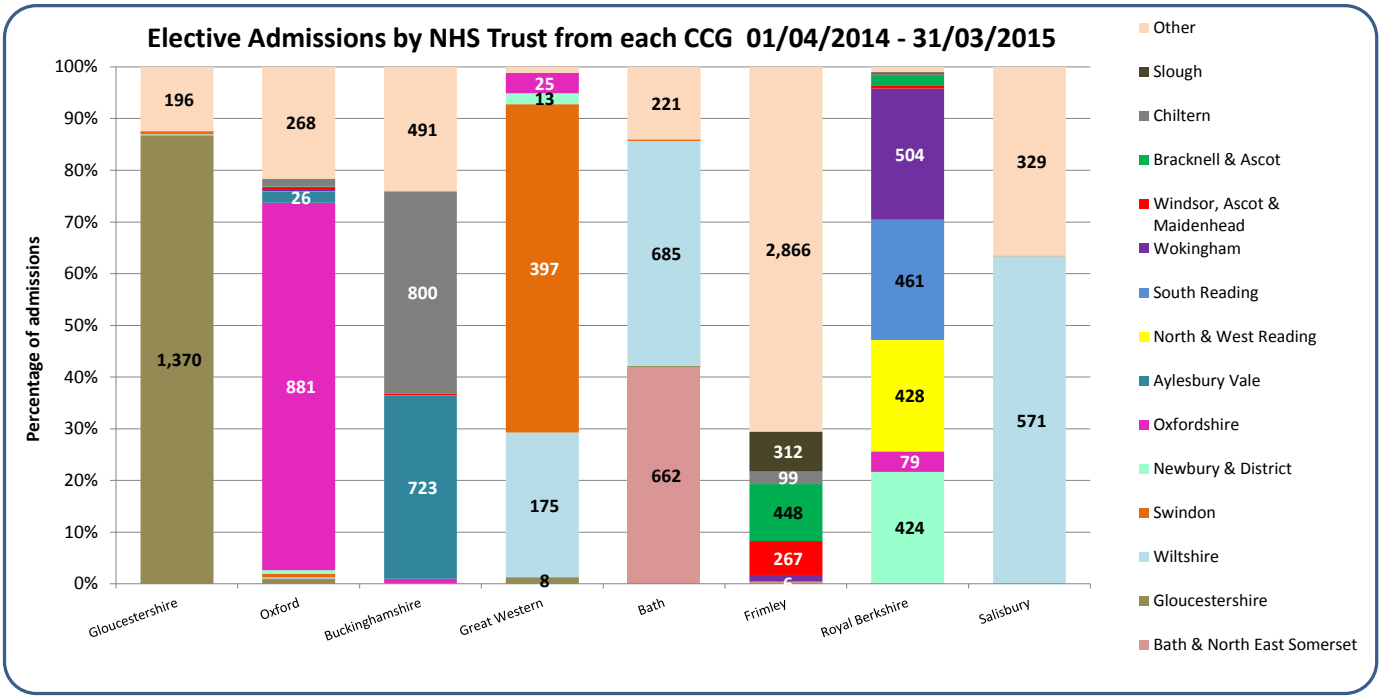
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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.

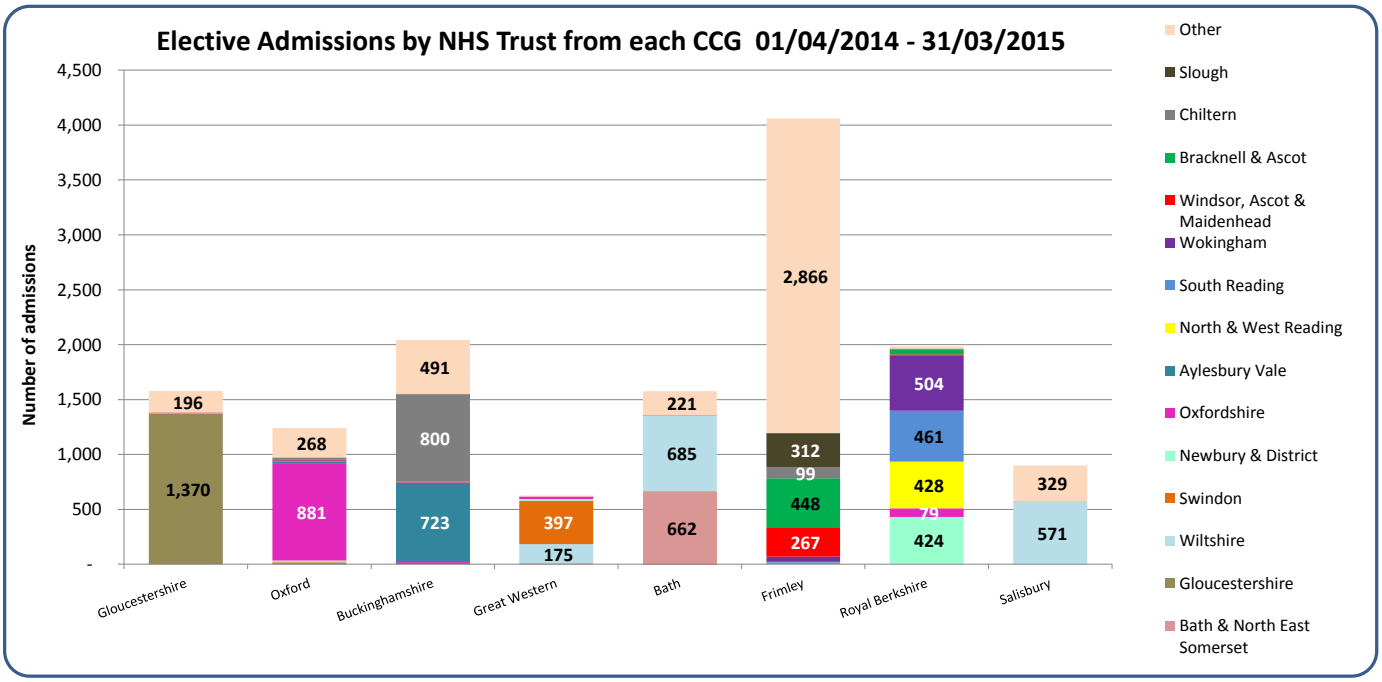
Hospital Trust activity from CCGs

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.

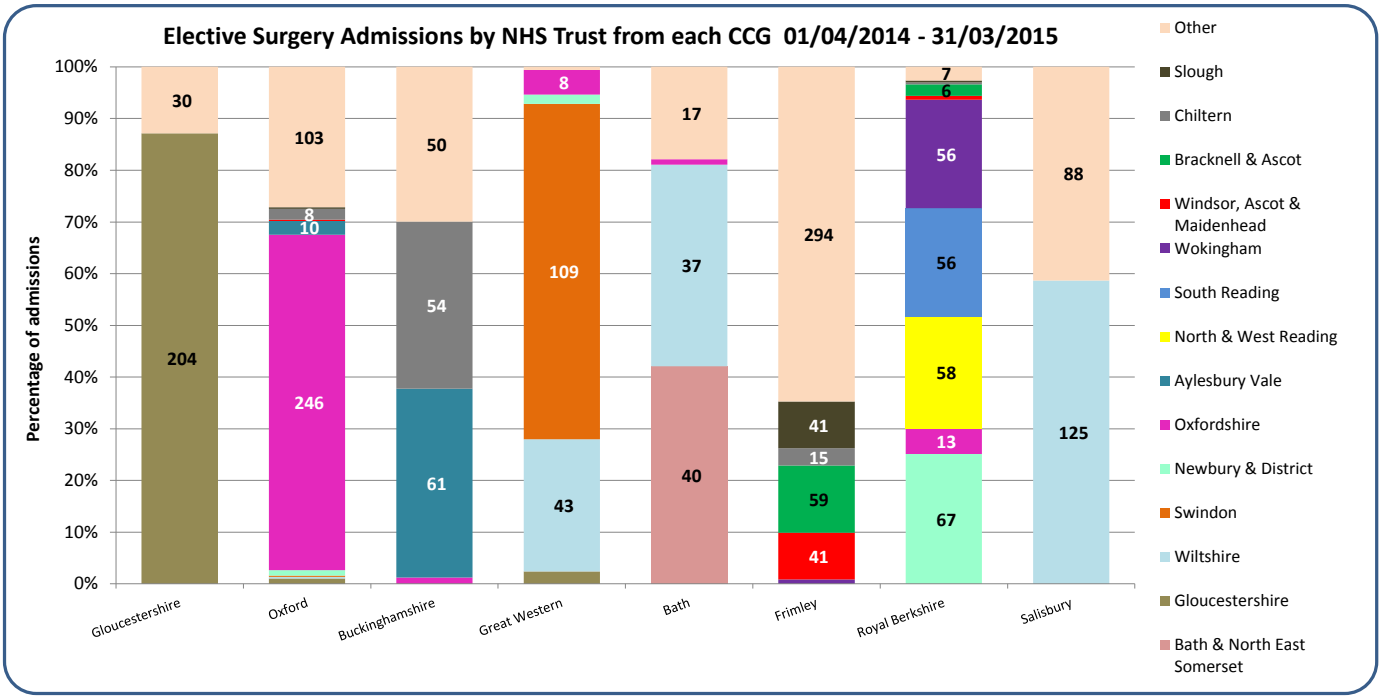
Royal Berkshire hospital have activity from multiple South Central CCGs as does Frimley Hospital even though it is located in a neighbouring CCG to the South Central region. For this reason, the majority of Frimley's activity comes from CCGs not included in this report but in the Trust level data we will report all of Frimley's activity related to back and radicular pain.

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

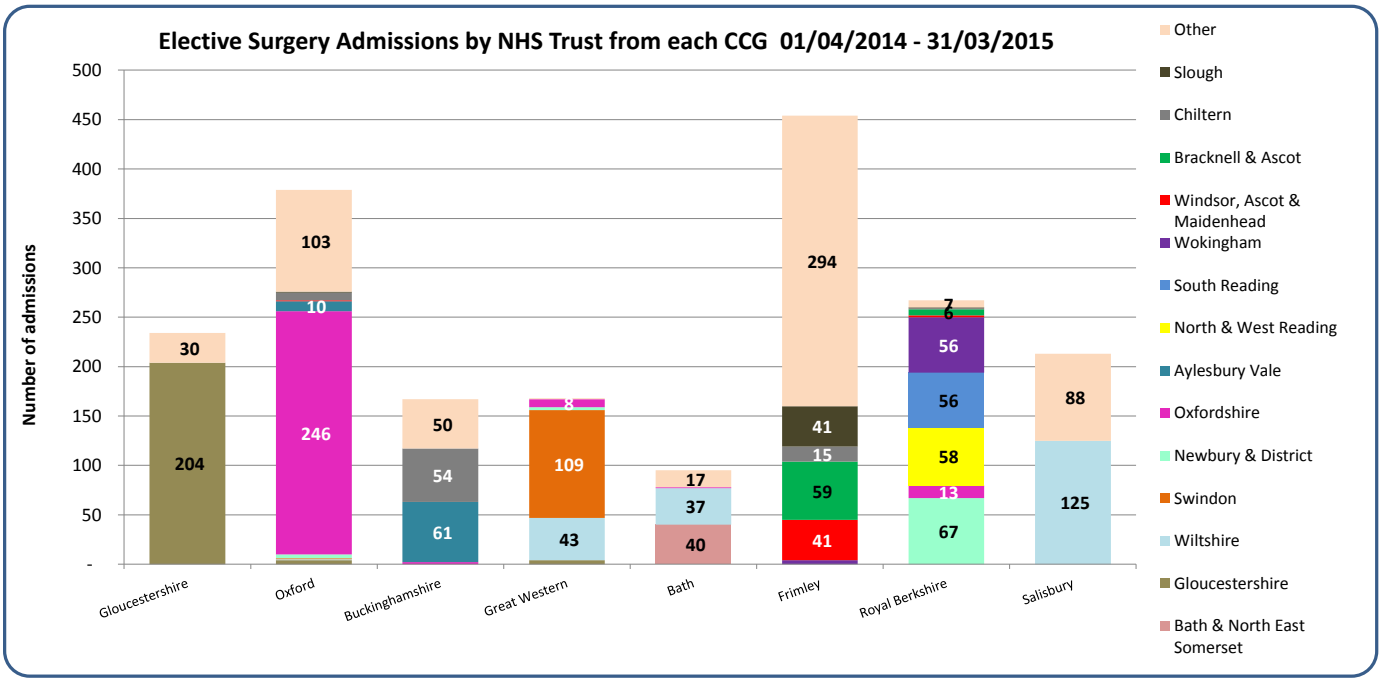
Hospital Trust activity from CCGs

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 surgery for back and radicular pain. In the South Central, Oxford and Frimley do the highest volume of spinal surgery.

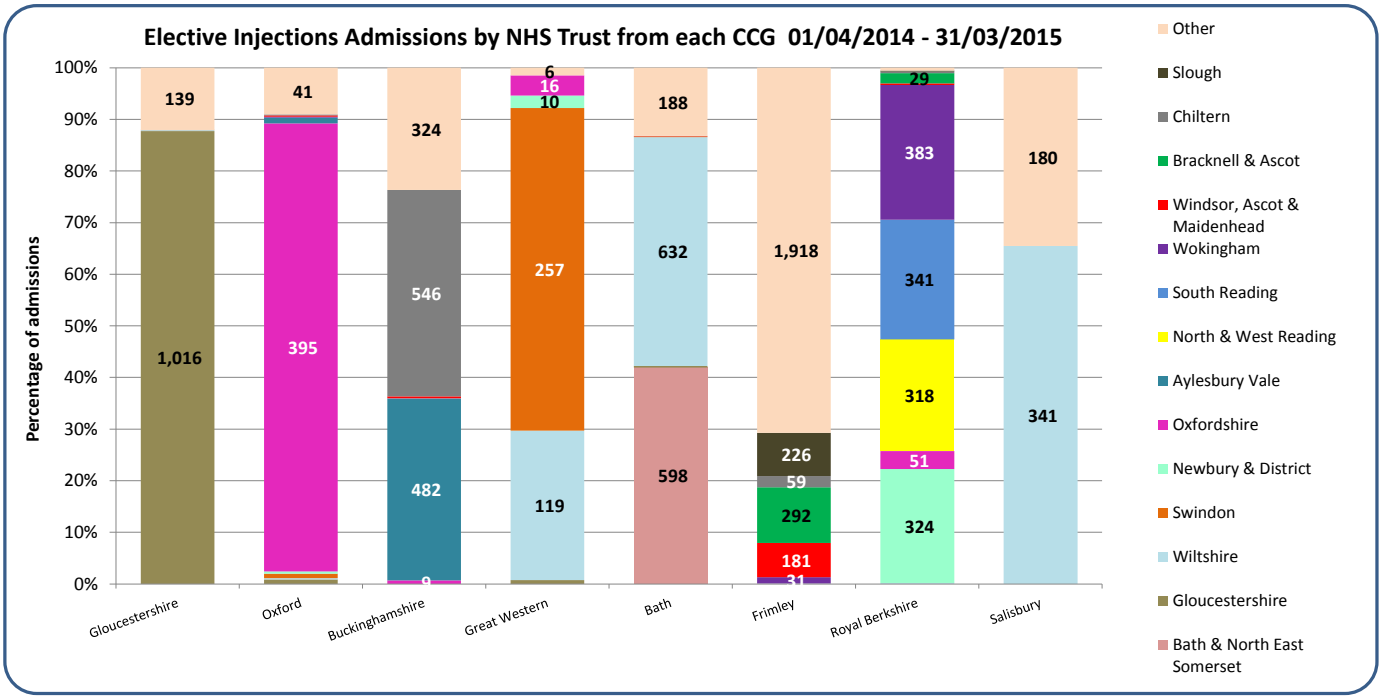
Frimley and Royal Berkshire providers are more likely to take patients from several different CCGs across the region compared to the other Trusts which predominantly admit patients from the CCG(s) where they are located.

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

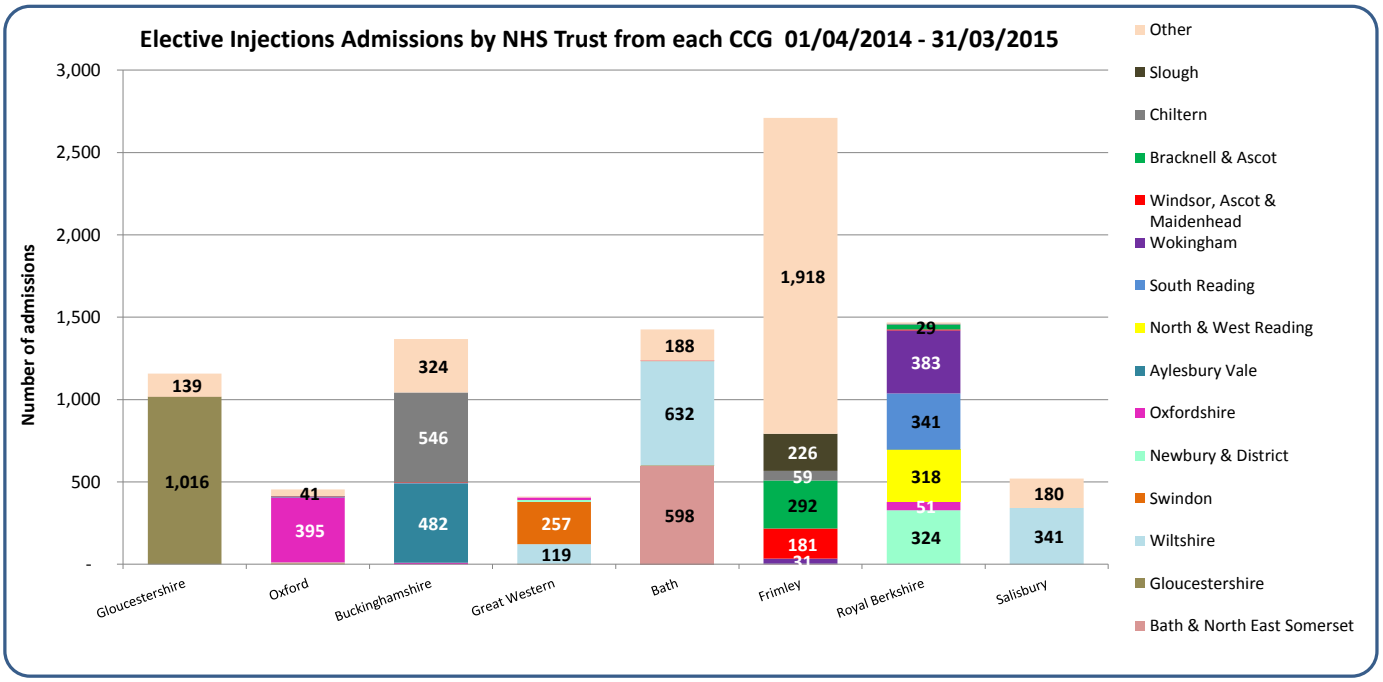
Hospital Trust activity from CCGs

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. In the South Central, Frimley do the highest volume of injections.

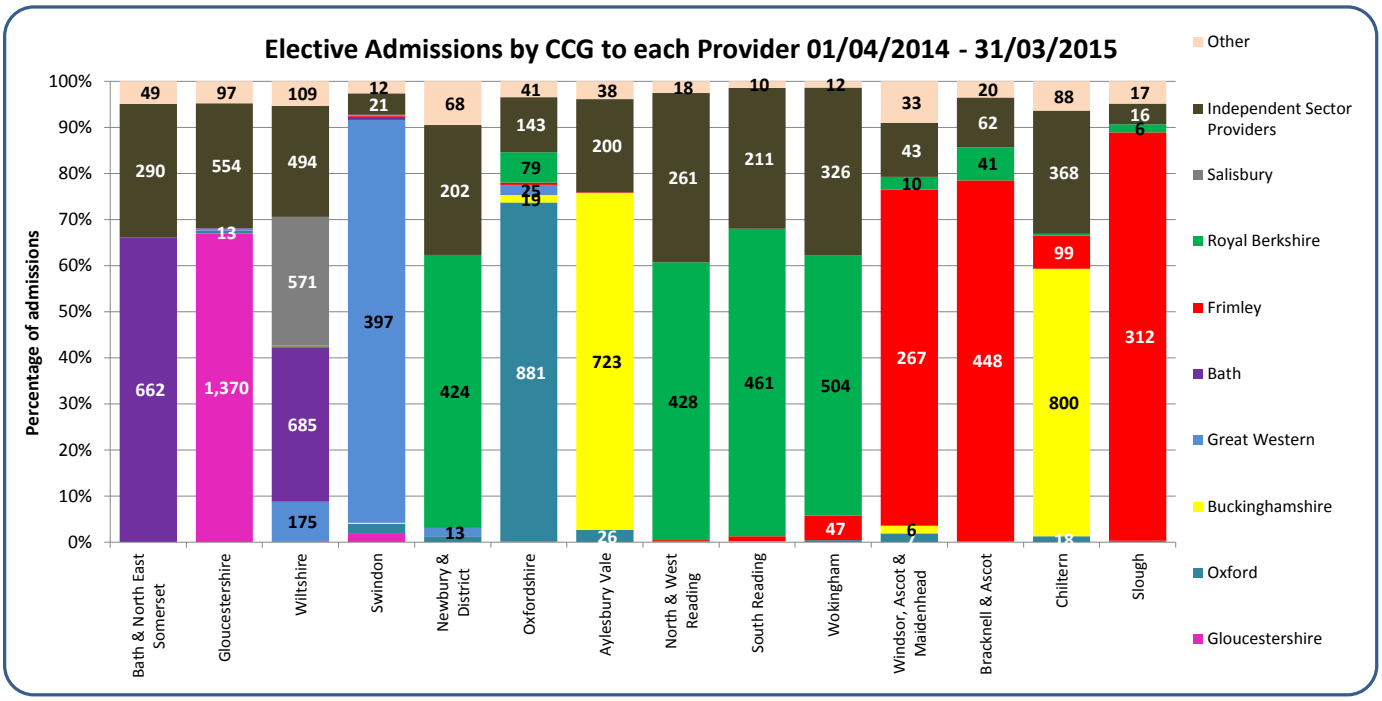
Frimley and Royal Berkshire providers are more likely to take patients from several different CCGs across the region compared to the other Trusts which predominantly admit patients from the CCG(s) where they are located.

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

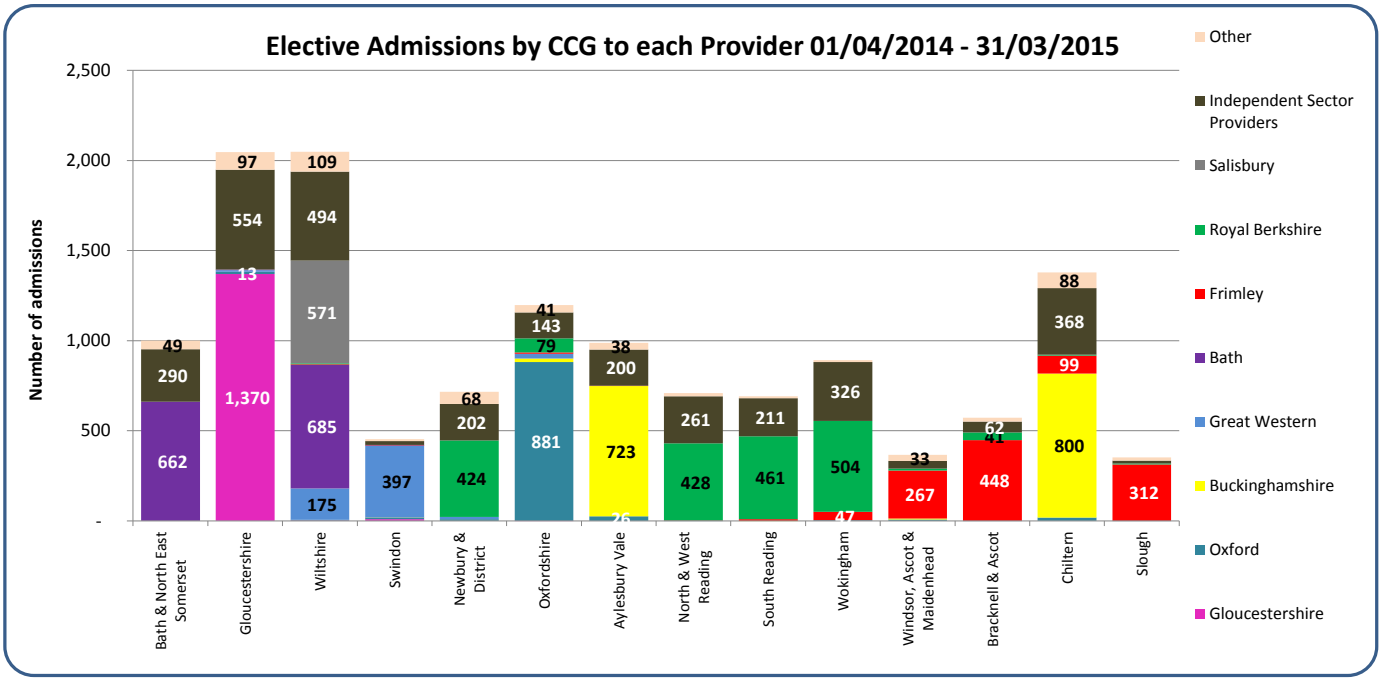
CCG activity to Hospital Trust

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 the number of hospital trusts that their patients are admitted to.

Wiltshire CCG patients attend three of the acute hospital trusts as well as using independent sector providers in contrast to Swindon CCG that uses Great Western and Windsor, Ascot & Maidenhead CCG, Bracknell & Ascot CCG and Slough CCG that use mainly Frimley Hospital.

Activity is highest for Gloucestershire CCG and Wiltshire CCG with high use of Independent Sector providers.

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

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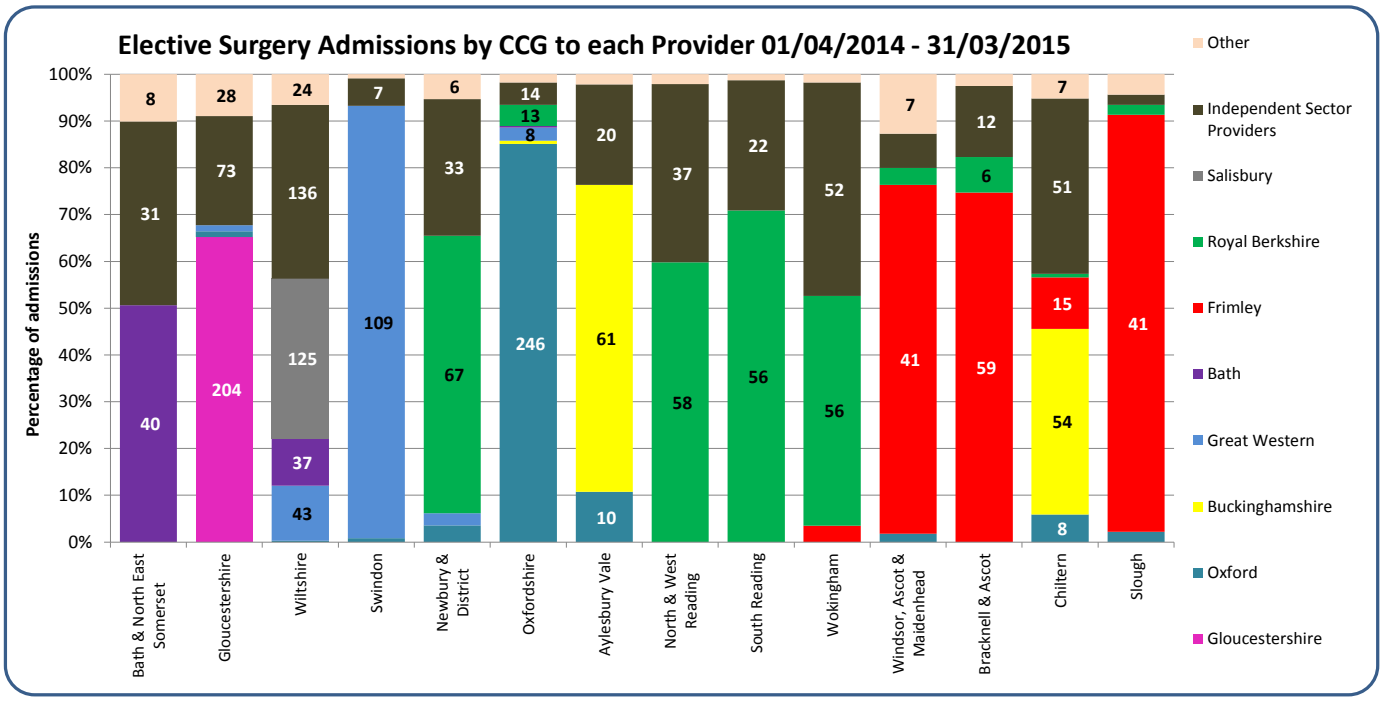
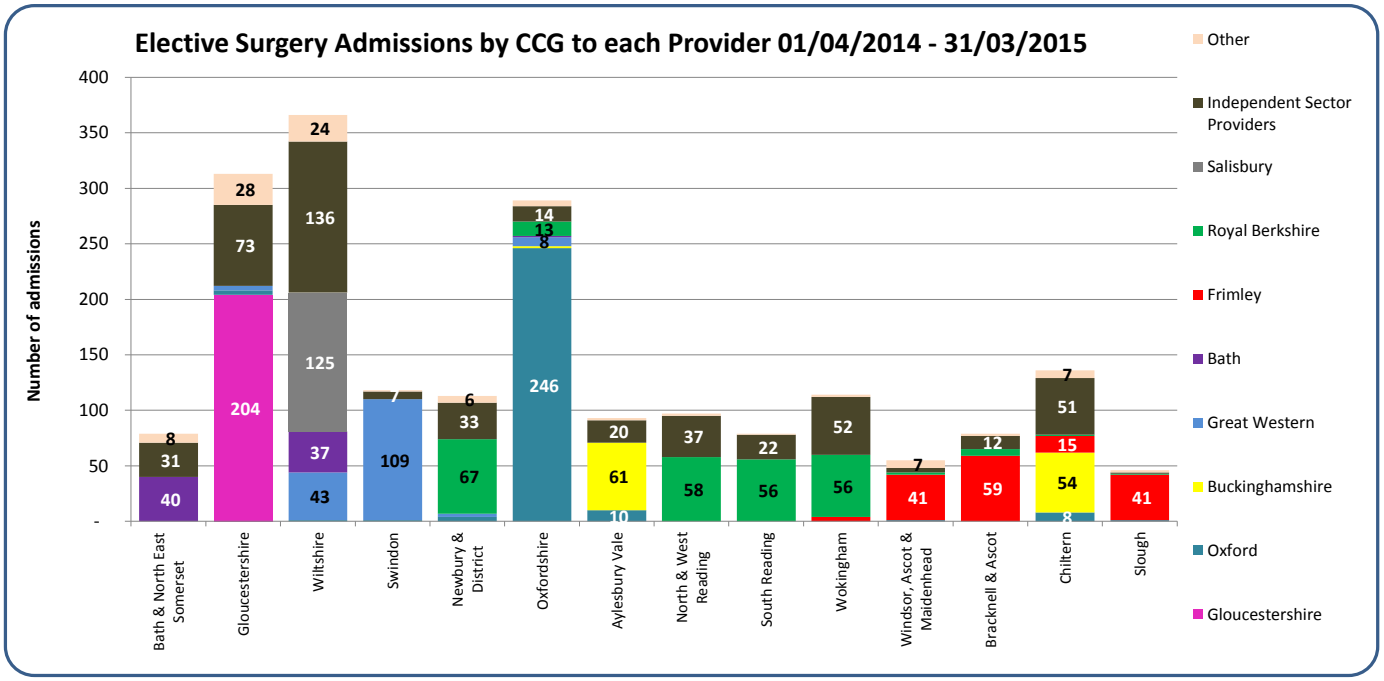
CCG activity to Hospital Trust

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?

Wiltshire CCG patients attend three of the acute hospital trusts but their greatest spinal surgery activity is with independent sector providers in contrast to Oxfordshire CCG that uses mainly Oxford University Hospital, Swindon CCG that uses mainly Great Western Hospital and Windsor, Ascot & Maidenhead CCG, Bracknell & Ascot CCG and Slough CCG that use mainly Frimley Hospital.

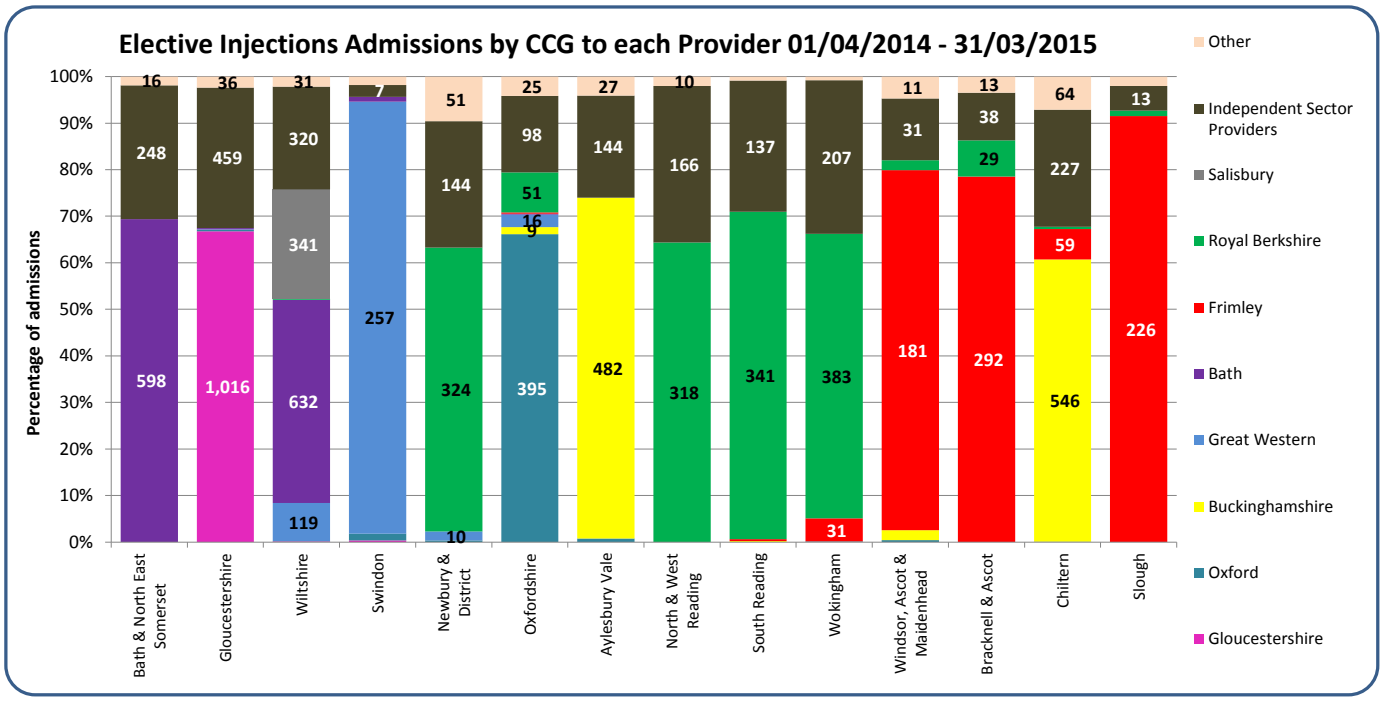
Activity is highest for Gloucestershire CCG and Wiltshire CCG with high use of Independent Sector providers.

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

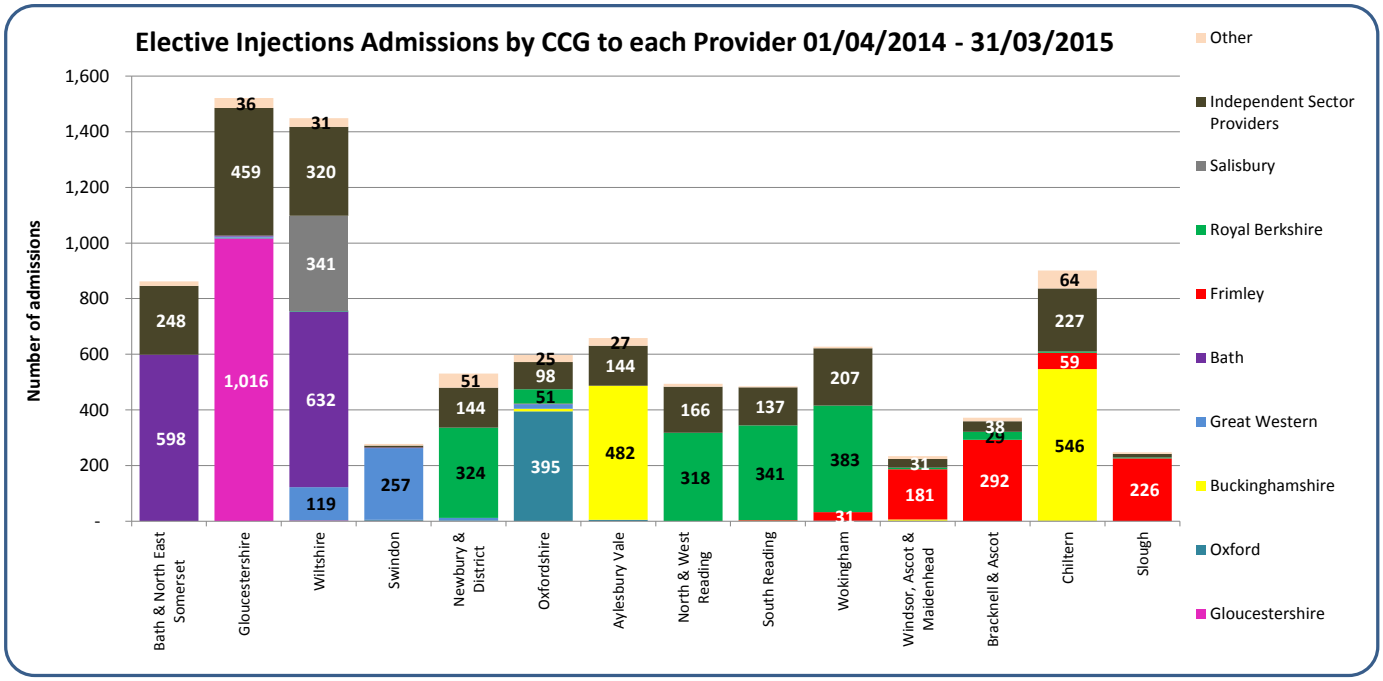
CCG activity to Hospital Trust

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?

Wiltshire CCG patients attend three of the acute hospital trusts as well as independent providers for injections in contrast to Swindon CCG that uses mainly Great Western Hospital and Windsor, Ascot & Maidenhead CCG, Bracknell & Ascot CCG and Slough CCG that use mainly Frimley Hospital.

Activity is highest for Gloucestershire CCG and Wiltshire CCG with high use of Independent Sector providers. It should be noted that in South Central region 10 of the 14 Trusts use inpedendent sector providers for injections.

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

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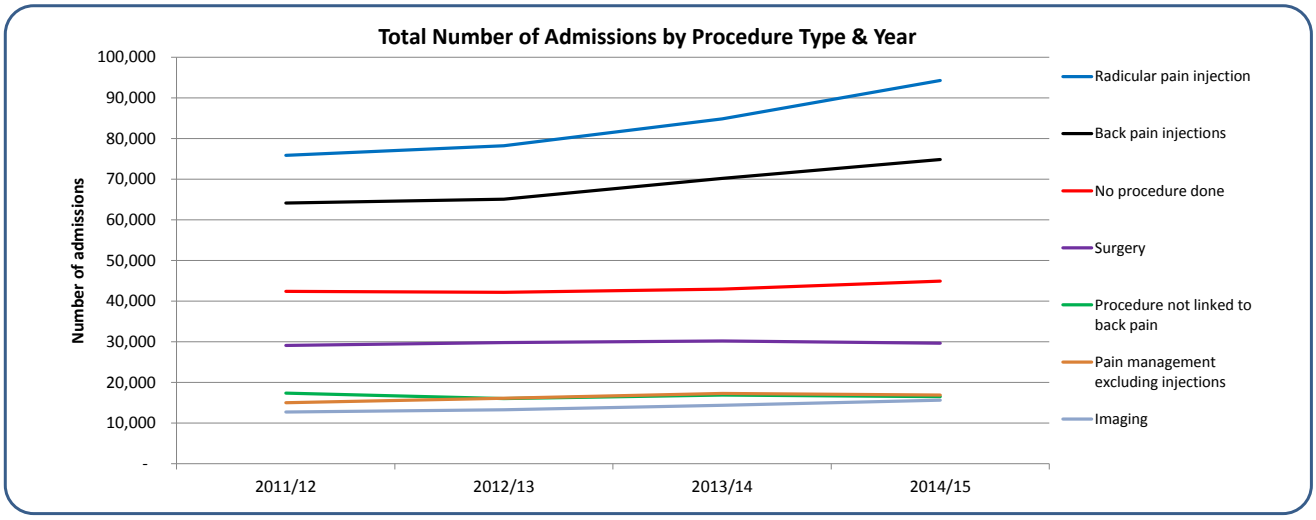
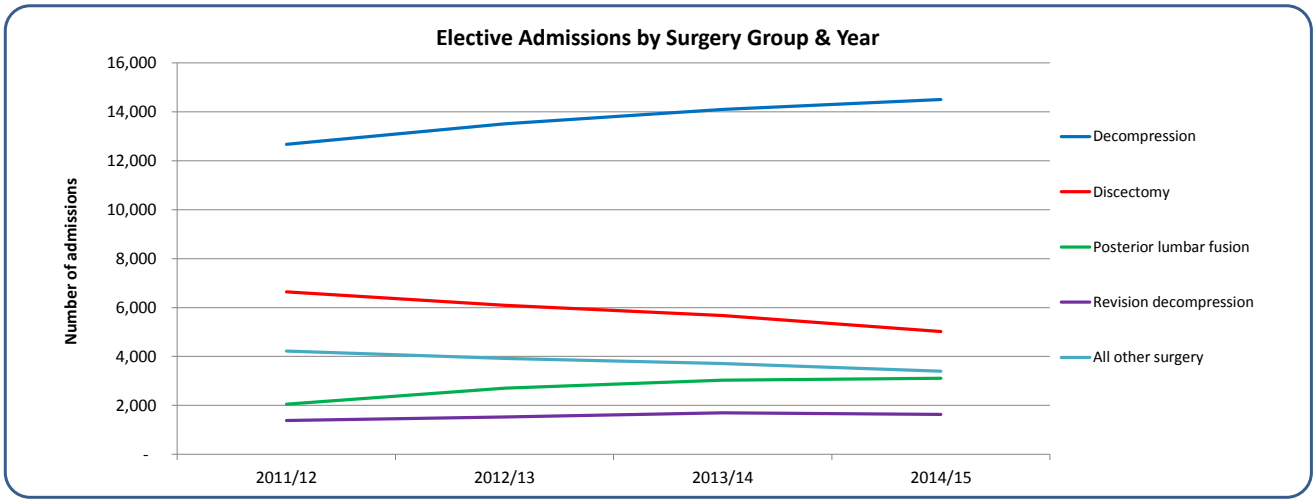
Hospital Trust activity (national level)

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

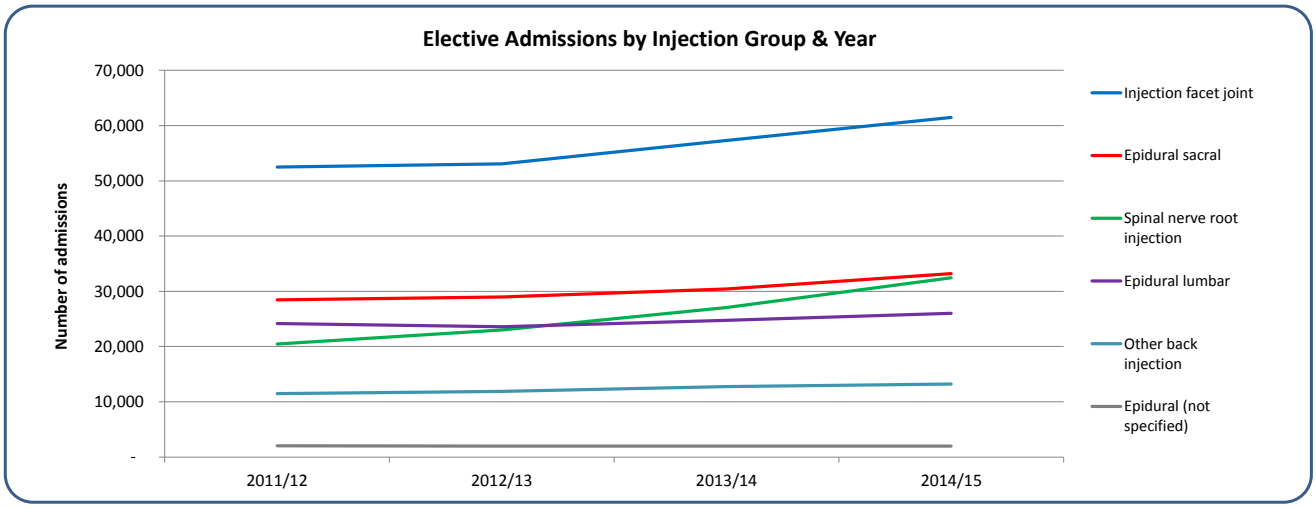
a. Hospital admissions by procedure type over time (all admission types)



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

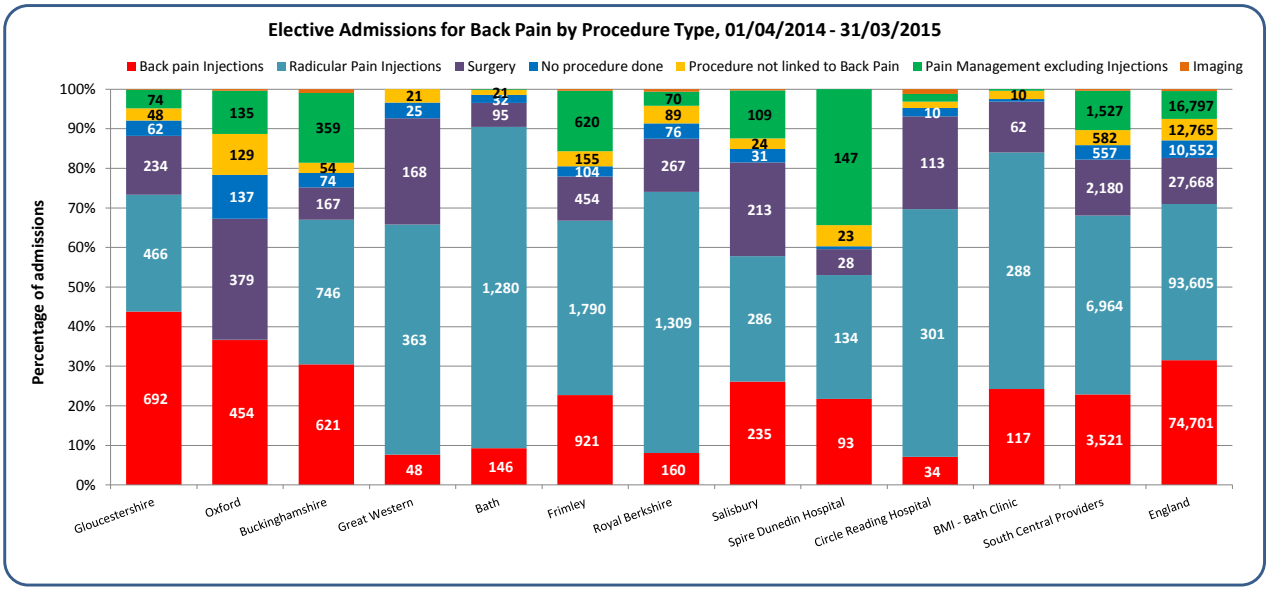
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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%**

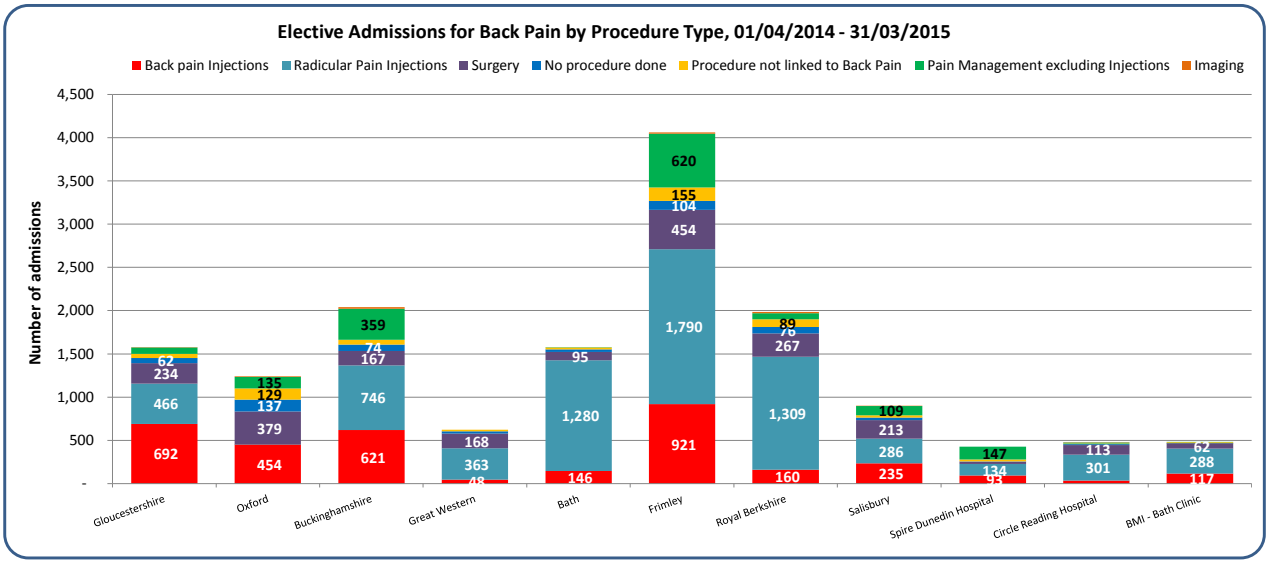
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(South Central Providers only)



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

(South Central 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 (compared to 15-16% of all admission types - see previous sheet).

On average, there is a higher proportion of admissions for surgery across South Central providers. Three of the South Central Trusts have a higher proportion of elective activity for injections than the England rate 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.

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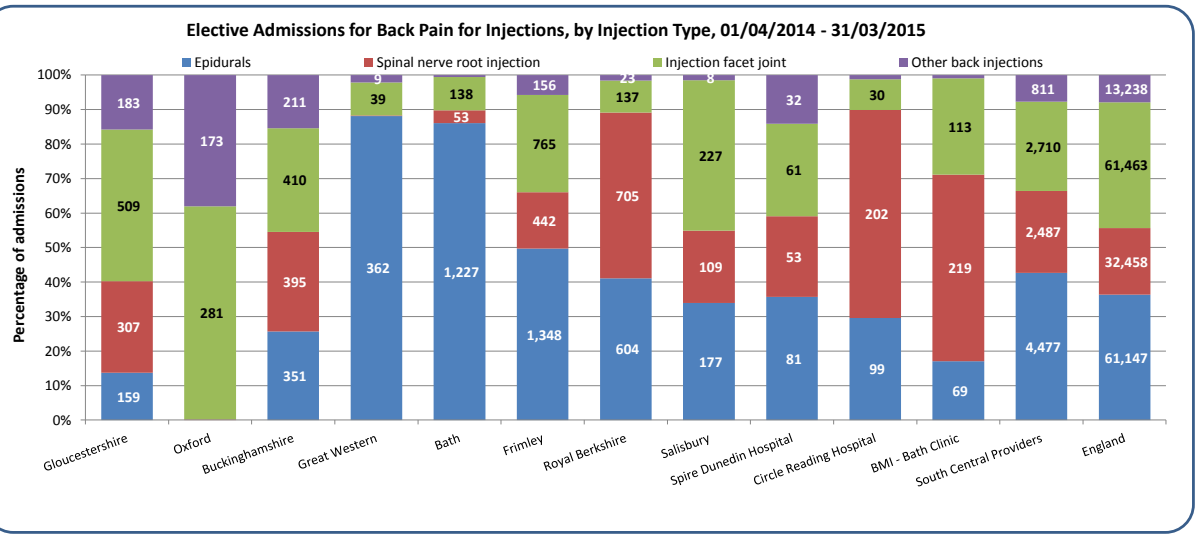
Hospital Trust activity

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

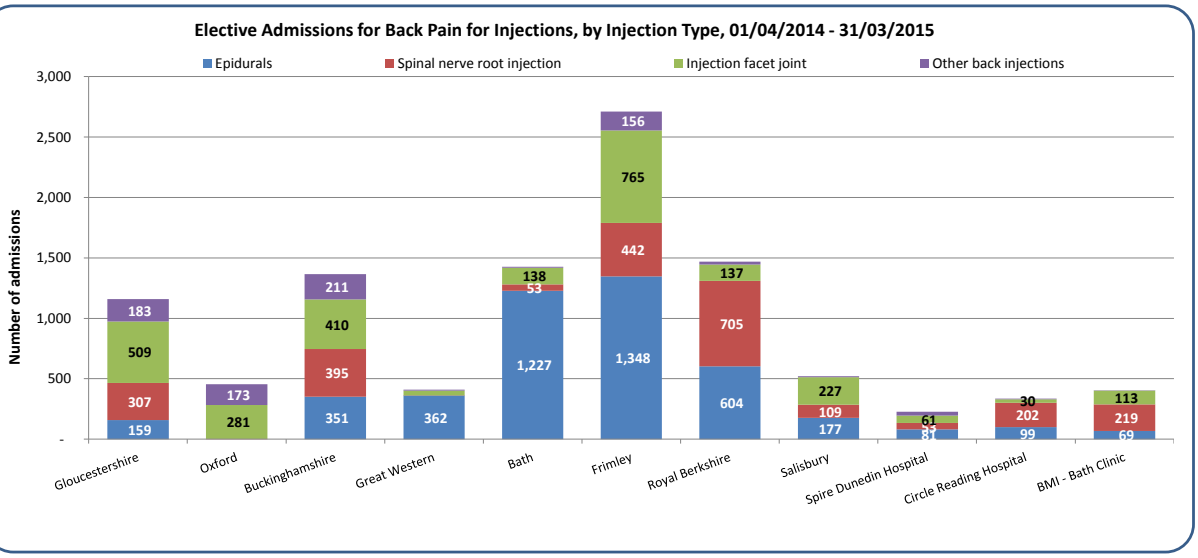
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(South Central Providers only)

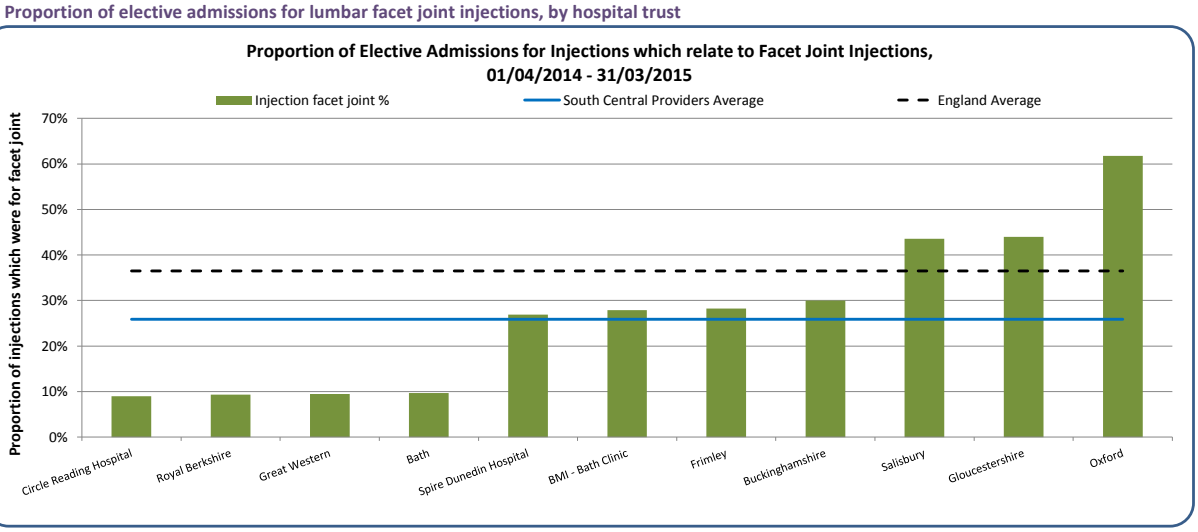


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(South Central Providers only)



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



What is the data telling us?

Injections for radicular pain (i.e. epidurals and spinal nerve root joint injections) are those most frequently done within the South Central region, constituting around two-thirds of all injection activity compared to 57% across England as a whole.

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

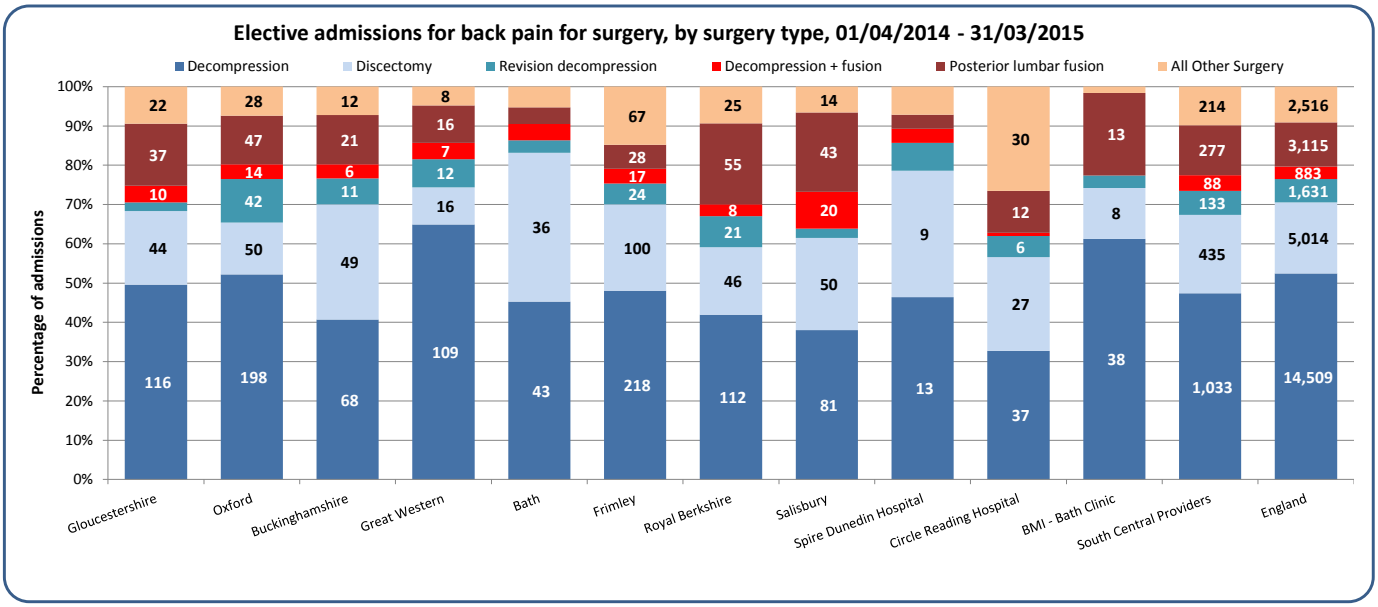
The proportion of facet joint injections done at Trust level ranges from 9% to 62% compared to the England figure of 37%.

Hospital Trust activity

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

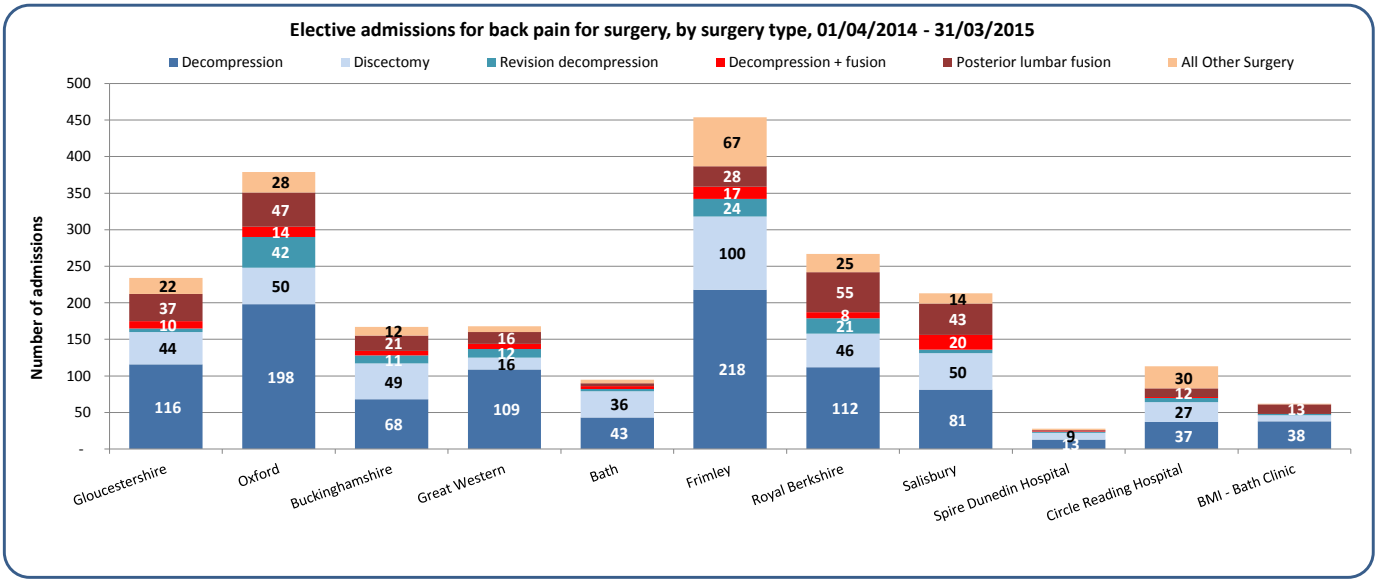
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South Central Providers only)



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

(South Central 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 Central Trusts.

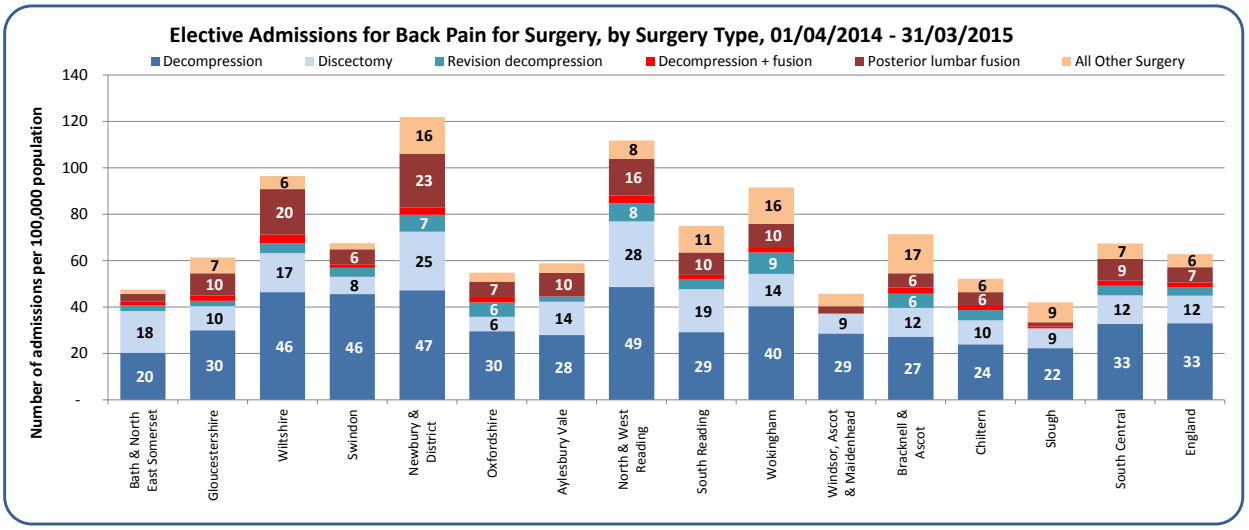
South Central providers combined do a higher proportion of spinal fusions compared to England and there are variations at Trust level. Although decompression is the most common surgical procedure for back pain across providers.

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

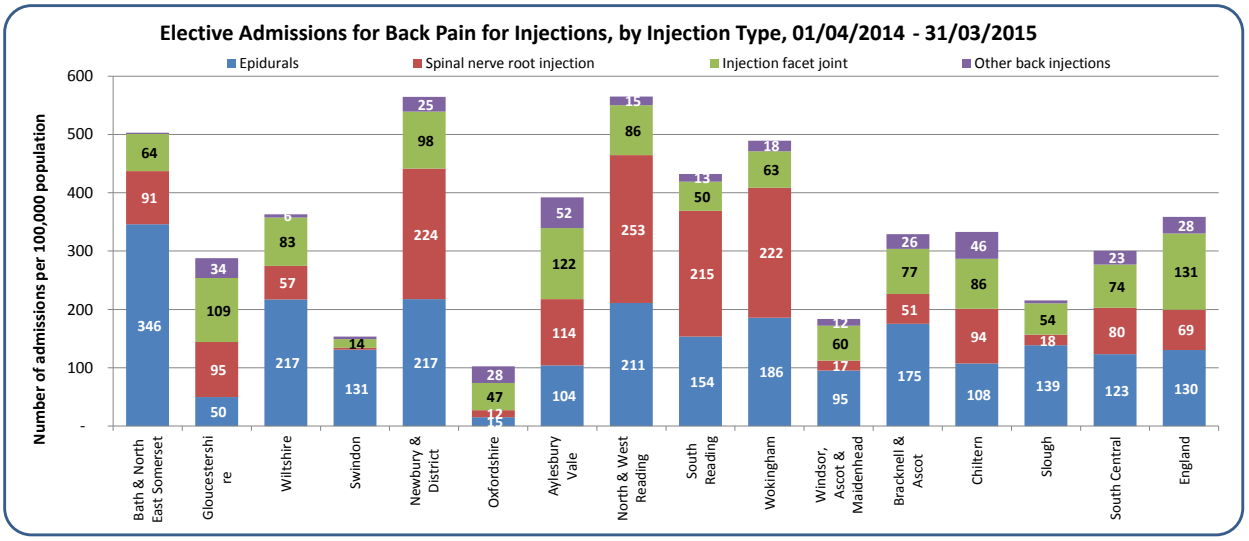
CCG activity by back pain procedure group

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

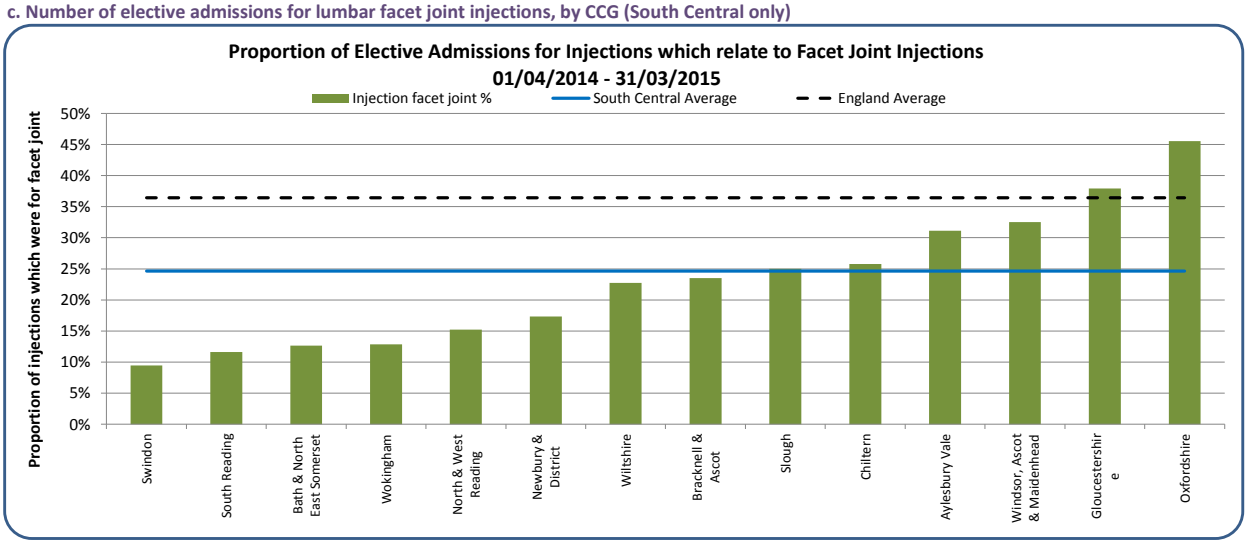
a. Number of elective admissions for surgery per CCG, by surgery type (South Central only)



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



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



What is the data telling us?

Chart 10a shows the range in the activity rate per 100,000 relating specifically to elective admissions for surgery, by type of surgery, for the South Central CCGs, with chart 9b showing the same for injections.

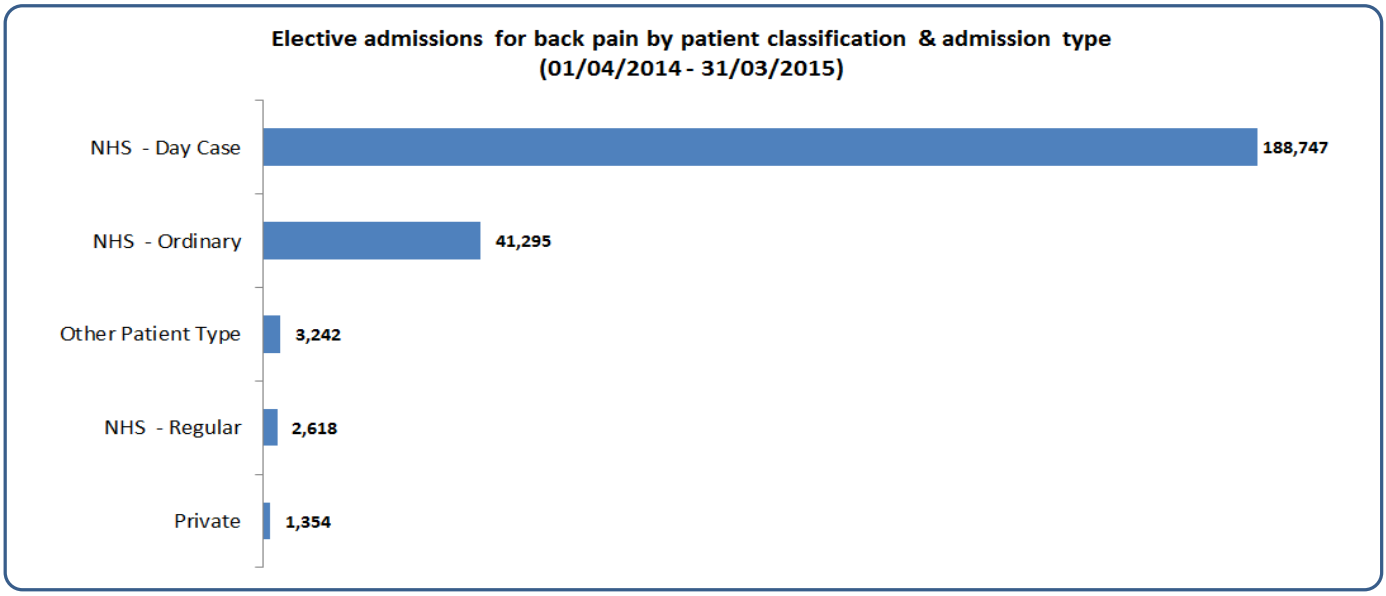
Five CCGs have higher rates for all surgery combined compared to England with Wiltshire CCG and Newby & District CCG having notably higher rates of fusion compared to both the South Central and England rates

Six CCGs have higher rates for all types of injections compared to England rates. Proportion of lumbar facet joint injections vary from 9% at Swindon CCG to 46% at Oxfordshire CCG.

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

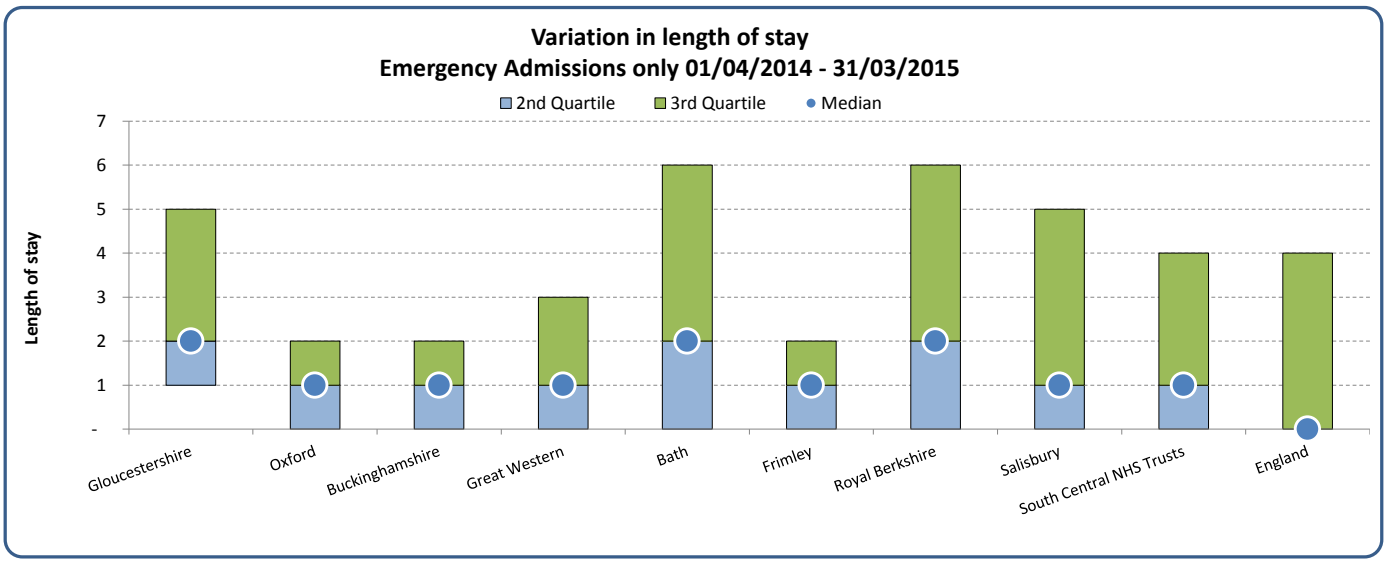


Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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 Central 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 Central Trusts and shows that all Trusts have a higher median length of stay (ranging from 1 to 2 days), compared to the England rate 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 Central FTs only)

Provider Name	Elective	Emergency	Other	Total
Frimley	£ 4,847,361	£ 967,824	£ 28,612	**£ 5,843,797**
Oxford	£ 3,074,354	£ 852,120	£ 131,600	**£ 4,058,074**
Royal Berkshire	£ 2,815,445	£ 489,875	£ 6,143	**£ 3,311,463**
Gloucestershire	£ 2,055,964	£ 568,249	£ 2,217	**£ 2,626,429**
Buckinghamshire	£ 2,091,169	£ 290,480	£ 2,476	**£ 2,384,125**
Salisbury	£ 1,580,470	£ 372,849	£ 1,272	**£ 1,954,590**
Great Western	£ 1,148,428	£ 391,954	£ 31,793	**£ 1,572,175**
Bath	£ 496,774	£ 366,399	£ 943	**£ 864,117**
Total	**£ 18,109,965**	**£ 4,299,750**	**£ 205,055**	**£ 22,614,770**

b. Total Costs by Procedure Type (South Central 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
Frimley	£ 2,154,365	£ 1,342,999	£ 594,304	£ 512,988	£ 369,788	£ 334,263	£ 535,089	£ -	**£ 5,843,797**
Oxford	£ 2,420,201	£ 12,926	£ 219,612	£ 272,378	£ 737,238	£ 255,855	£ 139,866	£ -	**£ 4,058,074**
Royal Berkshire	£ 1,586,686	£ 967,697	£ 97,794	£ 147,932	£ 284,126	£ 187,555	£ 39,671	£ -	**£ 3,311,463**
Gloucestershire	£ 1,249,099	£ 291,691	£ 397,649	£ 301,345	£ 143,055	£ 198,270	£ 45,319	£ -	**£ 2,626,429**
Buckinghamshire	£ 934,854	£ 527,378	£ 356,579	£ 106,773	£ 123,046	£ 121,896	£ 213,600	£ -	**£ 2,384,125**
Salisbury	£ 1,262,410	£ 161,184	£ 57,725	£ 161,698	£ 129,773	£ 125,069	£ 56,732	£ -	**£ 1,954,590**
Great Western	£ 818,386	£ 294,810	£ 26,532	£ 164,821	£ 154,043	£ 113,583	£ -	£ -	**£ 1,572,175**
Bath	£ 462,733	£ 55,197	£ 5,636	£ 184,481	£ 51,160	£ 101,244	£ 1,204	£ 2,462	**£ 864,117**
Total	**£ 10,888,733**	**£ 3,653,883**	**£ 1,755,831**	**£ 1,852,416**	**£ 1,992,230**	**£ 1,437,734**	**£ 1,031,481**	**£ 2,462**	**£ 22,614,770**

What is the data telling us?

Across all South Central Trusts in 2014/15 the total cost to commissioners for back and radicular pain admissions was almost £22.6 million, with 80% of the costs attributed to elective activity.

The surgery procedures group accounts for almost 48% of the total cost of all procedures, and the cost of injections is an additional 24% of the total.

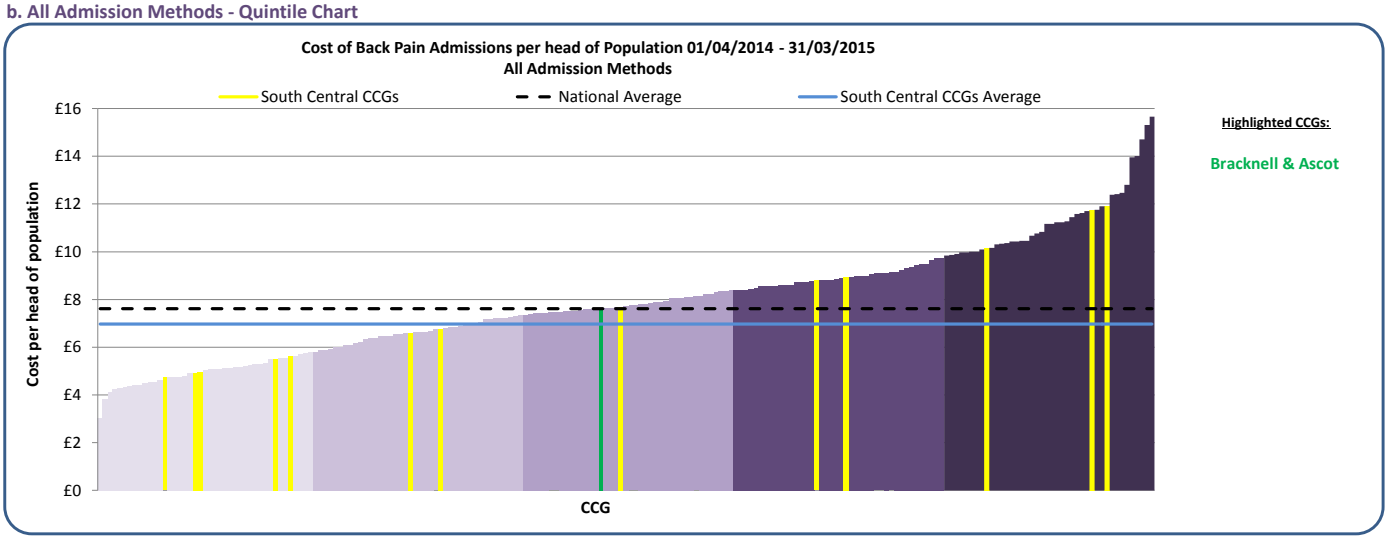
CCG Activity Total Costs

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

	All Admissions		Elective Admissions		Emergency Admissions		
Responsible CCG Name	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Registered Population (Ages 15+)
Bath & North East Somerset	£ 4.73	£ 817,000	£ 3.85	£ 664,941	£ 0.80	£ 137,309	172,566
Windsor, Ascot & Maidenhead	£ 4.94	£ 637,013	£ 3.49	£ 449,932	£ 1.38	£ 178,472	129,077
Oxfordshire	£ 4.97	£ 2,939,479	£ 3.72	£ 2,201,968	£ 1.18	£ 699,738	591,158
Slough	£ 5.52	£ 645,026	£ 3.84	£ 448,962	£ 1.44	£ 168,421	116,790
Swindon	£ 5.62	£ 1,048,336	£ 4.41	£ 821,508	£ 1.22	£ 226,828	186,494
Chiltern	£ 6.60	£ 1,792,447	£ 5.61	£ 1,524,094	£ 0.95	£ 258,297	271,615
Gloucestershire	£ 6.75	£ 3,576,206	£ 5.22	£ 2,765,149	£ 1.35	£ 715,489	529,610
Bracknell & Ascot	£ 7.64	£ 867,222	£ 6.56	£ 744,796	£ 1.07	£ 121,182	113,575
Aylesbury Vale	£ 7.67	£ 1,290,139	£ 6.50	£ 1,092,208	£ 1.16	£ 195,624	168,155
Wiltshire	£ 8.79	£ 3,543,805	£ 7.00	£ 2,822,057	£ 1.67	£ 673,329	402,990
South Reading	£ 8.94	£ 1,013,574	£ 7.78	£ 881,922	£ 1.15	£ 130,192	113,336
Wokingham	£ 10.15	£ 1,309,907	£ 9.08	£ 1,170,751	£ 1.01	£ 130,699	128,999
Newbury & District	£ 11.73	£ 1,116,750	£ 10.65	£ 1,013,541	£ 1.01	£ 96,388	95,189
North & West Reading	£ 11.92	£ 1,055,036	£ 10.70	£ 946,918	£ 1.21	£ 106,874	88,499
South Central Total	**£ 6.97**	**£ 21,651,941**	**£ 5.65**	**£ 17,548,747**	**£ 1.24**	**£ 3,838,841**	**3,108,053**

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
Wiltshire	£ 1,950,990	£ 330,705	£ 117,996	£ 9,786	£ 313,268	£ 7,210	£ 92,103	£ -	**£ 2,822,057**
Gloucestershire	£ 1,609,531	£ 466,067	£ 429,692	£ 15,485	£ 156,545	£ 6,135	£ 81,694	£ -	**£ 2,765,149**
Oxfordshire	£ 1,525,933	£ 100,112	£ 217,859	£ 12,112	£ 248,893	£ 4,689	£ 92,370	£ -	**£ 2,201,968**
Chiltern	£ 650,617	£ 368,416	£ 206,519	£ 2,126	£ 123,353	£ 6,014	£ 167,048	£ -	**£ 1,524,094**
Wokingham	£ 612,778	£ 353,922	£ 58,524	£ -	£ 84,683	£ 5,234	£ 55,611	£ -	**£ 1,170,751**
Aylesbury Vale	£ 512,265	£ 247,446	£ 176,931	£ 2,341	£ 53,300	£ 7,884	£ 92,042	£ -	**£ 1,092,208**
Newbury & District	£ 589,470	£ 281,313	£ 70,779	£ -	£ 49,584	£ 4,917	£ 17,478	£ -	**£ 1,013,541**
North & West Reading	£ 508,005	£ 271,466	£ 55,278	£ 568	£ 55,254	£ 2,327	£ 53,566	£ 453	**£ 946,918**
South Reading	£ 401,886	£ 276,121	£ 45,732	£ 5,909	£ 97,468	£ 3,223	£ 50,884	£ 699	**£ 881,922**
Swindon	£ 541,838	£ 174,013	£ 18,519	£ 747	£ 62,136	£ 1,072	£ 23,184	£ -	**£ 821,508**
Bracknell & Ascot	£ 356,416	£ 182,051	£ 72,549	£ -	£ 55,198	£ 1,315	£ 77,267	£ -	**£ 744,796**
Bath & North East Somerset	£ 348,066	£ 133,499	£ 42,611	£ 15,055	£ 110,840	£ -	£ 12,408	£ 2,462	**£ 664,941**
Windsor, Ascot & Maidenhead	£ 223,394	£ 95,791	£ 51,336	£ 847	£ 27,754	£ 1,499	£ 49,311	£ -	**£ 449,932**
Slough	£ 182,107	£ 130,228	£ 38,514	£ 1,572	£ 67,599	£ 1,398	£ 27,545	£ -	**£ 448,962**

What is the data telling us?

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

North and West Reading CCG has the highest spend per head of population regionally (£11.92) driven mainly by high costs for elective admissions. Bath and North East Somerset CCG has the lowest costs per head for both emergency and elective admissions (£4.73) in the region as well as being in the lowest quintile nationally.

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 this is consistently seen across all CCGs in South Central region.

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

Highlighted Provider Data is included in this report

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

		Elective Admissions			Emergency	Other Admission	
Code	**Provider Name**	Surgery	Injections	Other	**Admissions**	**Types**	**Total**
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	260	1,461	243	289	<6	**2,257**
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	204	1,019	160	417	<6	**1,801**
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	117	1,043	390	216	<6	**1,768**
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	160	793	242	438	<6	**1,634**
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	78	1,238	40	197	<6	**1,555**
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	276	414	282	495	20	**1,487**
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	167	405	46	318	7	**943**
RNZ	SALISBURY NHS FOUNDATION TRUST	125	341	106	177	<6	**750**
NV323	CIRCLE READING HOSPITAL	109	327	35	-	<6	**472**
NT344	SPIRE DUNEDIN HOSPITAL	25	225	173	-	-	**423**
NT402	BMI - BATH CLINIC	52	354	15	-	-	**421**
NVC22	WINFIELD HOSPITAL	68	328	<6	-	-	**401**
NT410	BMI - THE CHILTERN HOSPITAL	12	167	72	-	-	**251**
RVJ	NORTH BRISTOL NHS TRUST	50	47	92	42	<6	**233**
NVC02	THE BERKSHIRE INDEPENDENT HOSPITAL	21	141	10	-	-	**172**
NV302	CIRCLE BATH HOSPITAL	31	125	10	-	-	**166**
NT430	BMI - THE RIDGEWAY HOSPITAL	71	62	14	-	-	**147**
NT435	BMI - THE SHELBURNE HOSPITAL	17	78	38	-	-	**133**
NT418	BMI - THE HAMPSHIRE CLINIC	14	104	14	-	-	**132**
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	<6	77	17	19	<6	**119**
NT428	BMI - THE PRINCESS MARGARET HOSPITAL	20	77	16	-	-	**113**
NTPH4	CIRENCESTER NHS TREATMENT CENTRE	<6	86	10	-	-	**97**
NVC09	NEW HALL HOSPITAL	29	27	16	-	-	**72**
R1J	GLOUCESTERSHIRE CARE SERVICES NHS TRUST	-	-	<6	32	38	**71**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	18	12	17	11	-	**58**
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	<6	36	12	-	-	**53**
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	28	13	9	-	**50**
NT343	SPIRE THAMES VALLEY HOSPITAL	15	26	6	-	-	**47**
AAH	#N/A	-	36	-	-	-	**36**
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	-	12	<6	14	-	**27**
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	<6	12	<6	8	-	**26**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	7	13	<6	-	**24**
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	<6	-	10	7	<6	**23**
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	-	7	<6	12	-	**23**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	<6	10	8	-	-	**21**
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	<6	7	<6	<6	-	**14**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	-	7	<6	<6	-	**14**
NT405	BMI - BISHOPS WOOD	<6	12	-	-	-	**14**
NT434	BMI - THE SAXON CLINIC	-	11	<6	-	-	**14**
NT411	BMI - THE CLEMENTINE CHURCHILL HOSPITAL	<6	6	<6	-	-	**12**
NT431	BMI - THE RUNNYMEDE HOSPITAL	-	-	12	-	-	**12**
NT433	BMI - SARUM ROAD HOSPITAL	-	10	<6	-	-	**12**
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	<6	<6	<6	<6	-	**10**
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	-	-	<6	7	-	**8**
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	-	<6	<6	<6	-	**8**
NLX01	ST MARTINS HOSPITAL				<6	<6	**7**
REF	ROYAL CORNWALL HOSPITALS NHS TRUST				6	-	**6**
R1H	BARTS HEALTH NHS TRUST	-	<6	<6	-	-	**<6**
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	-	<6	<6	<6	**<6**
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	<6	<6	-	<6	-	**<6**
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	-	<6	-	<6	-	**<6**
NT206	NUFFIELD HEALTH, BRISTOL HOSPITAL (CHESTERFIELD)	-	<6	-	-	-	**<6**
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	<6	-	<6	<6	-	**<6**
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	<6	<6	<6	<6	-	**<6**
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	-	<6	-	<6	-	**<6**
NT241	NUFFIELD HEALTH, WOKING HOSPITAL	-	<6	<6	-	-	**<6**
NT302	SPIRE BRISTOL HOSPITAL	-	<6	-	-	-	**<6**
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	-	<6	<6	-	-	**<6**
NVC01	ASHTEAD HOSPITAL	-	<6	-	-	-	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST	-	<6	-	<6	-	**<6**
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	-	<6	<6	-	-	**<6**
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	<6	<6	-	<6	-	**<6**
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RJ2	LEWISHAM AND GREENWICH NHS TRUST	-	<6	-	-	-	**<6**
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	-	<6	-	-	-	**<6**
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	<6	-	**<6**
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	-	-	<6	<6	-	**<6**
NT345	SPIRE CLARE PARK HOSPITAL	-	<6	-	-	-	**<6**
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RJ6	CROYDON HEALTH SERVICES NHS TRUST				<6	-	**<6**
RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	<6	<6	-	-	-	**<6**
RL4	THE ROYAL WOLVERHAMPTON NHS TRUST				<6	-	**<6**
RLQ	WYE VALLEY NHS TRUST	-	<6	-	-	-	**<6**
RNU	OXFORD HEALTH NHS FOUNDATION TRUST				<6	<6	**<6**
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	<6	-	-	<6	-	**<6**
RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RYR	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
NLX02	PAULTON MEMORIAL HOSPITAL				<6	-	**<6**
NT202	NUFFIELD HEALTH, BOURNEMOUTH HOSPITAL	-	<6	-	-	-	**<6**

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

Highlighted Provider Data is included in this report

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

		Elective Admissions			Emergency	Other Admission	
Code	**Provider Name**	Surgery	Injections	Other	**Admissions**	**Types**	**Total**
NT224	NUFFIELD HEALTH, WARWICKSHIRE HOSPITAL	-	<6	-	-	-	**<6**
NT304	SPIRE SOUTHAMPTON HOSPITAL	-	<6	-	-	-	**<6**
NT449	BMI THE LANCASTER HOSPITAL	-	<6	-	-	-	**<6**
NTC02	EMERSONS GREEN NHS TREATMENT CENTRE	-	-	<6	-	-	**<6**
NTPH1	SHEPTON MALLET NHS TREATMENT CENTRE	-	<6	-	-	-	**<6**
NYW04	ASPEN - CLAREMONT HOSPITAL	<6	<6	-	-	-	**<6**
RA3	WESTON AREA HEALTH NHS TRUST				<6	-	**<6**
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST				<6	-	**<6**
RCB	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST				<6	-	**<6**
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RE9	SOUTH TYNESIDE NHS FOUNDATION TRUST				<6	-	**<6**
REM	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RK9	PLYMOUTH HOSPITALS NHS TRUST				<6	-	**<6**
RKE	THE WHITTINGTON HOSPITAL NHS TRUST				<6	-	**<6**
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST				<6	-	**<6**
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RR8	LEEDS TEACHING HOSPITALS NHS TRUST				<6	-	**<6**
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**
RWJ	STOCKPORT NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RXC	EAST SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
NT417	BMI - GORING HALL HOSPITAL	-	<6	-	-	-	**<6**
NT419	BMI - THE HARBOUR HOSPITAL	-	<6	-	-	-	**<6**
NT424	BMI - THE MERIDEN HOSPITAL	<6	-	-	-	-	**<6**
NTPH3	DEVIZES NHS TREATMENT CENTRE	-	-	<6	-	-	**<6**
NVC16	RENACRES HOSPITAL	<6	-	-	-	-	**<6**
NXM01	THE HORDER CENTRE - ST JOHNS ROAD	-	<6	-	-	-	**<6**
NYW03	ASPEN - HIGHGATE HOSPITAL	-	<6	-	-	-	**<6**
Total		**1,977**	**9,256**	**2,180**	**2,786**	**89**	**16,288**

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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?	