Back Pain Report

Bristol

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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 West 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 West Region are:

- North Bristol NHS Trust University Hospitals
- Bristol NHS Foundation Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Taunton & Somerset NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Royal Devon & Exeter NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust
- Plymouth Hospitals NHS Trust
- Royal Cornwall Hospitals NHS Trust

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

- Spire Bristol Hospital
- Circle Bath Hospital
- Shepton Mallet NHS Treatment Centre
- Nuffield Health, Taunton Hospital
- Nuffield Health, Exeter Hospital
- Nuffield Health, Plymouth 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

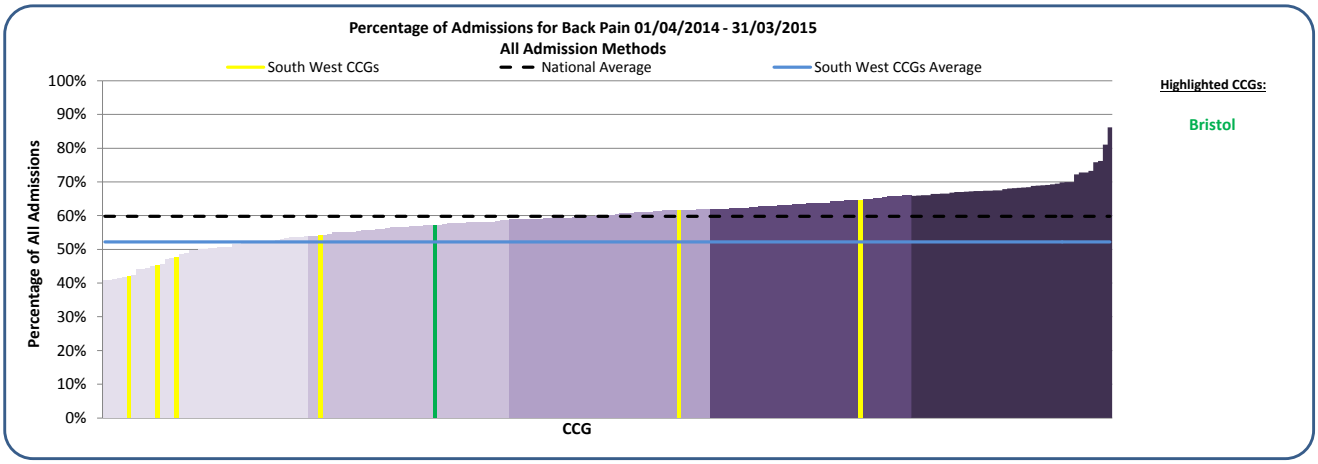
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

South West CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	3,614	4,333	**7,947**	45.5%	54.5%
Emergency	2,066	861	**2,927**	70.6%	29.4%
Other	76	73	**149**	51.0%	49.0%
Total	**5,756**	**5,267**	**11,023**	**52.2%**	**47.8%**

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)

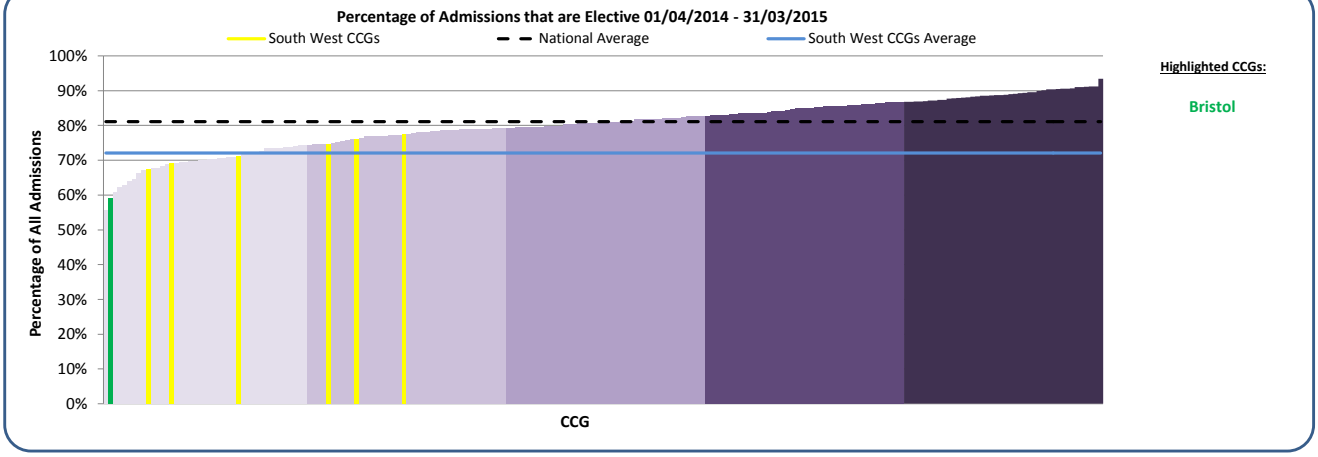
Somerset	42.0%	Bristol	57.2%
North Somerset	45.2%	Kernow	61.5%
Northern, Eastern & Western Devon	47.4%	South Devon & Torbay	64.7%
South Gloucestershire	54.0%		
South West CCGs	**52.2%**	**England**	**59.8%**



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

Bristol	59.0%	North Somerset	74.8%
South Gloucestershire	67.5%	Northern, Eastern & Western Devon	76.1%
Somerset	69.2%	Kernow	77.4%
South Devon & Torbay	71.1%		
South West CCGs	**72.1%**	**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 11,023 (3.8%) of these for patients registered within the South West 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 West this is variable with the proportion of admissions for back pain ranging from 42% to 65%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the South West having a smaller proportion (72%). At a CCG level in the South West, the proportion of elective admissions for these populations ranges from 59% in Bristol to 77% in Kernow.

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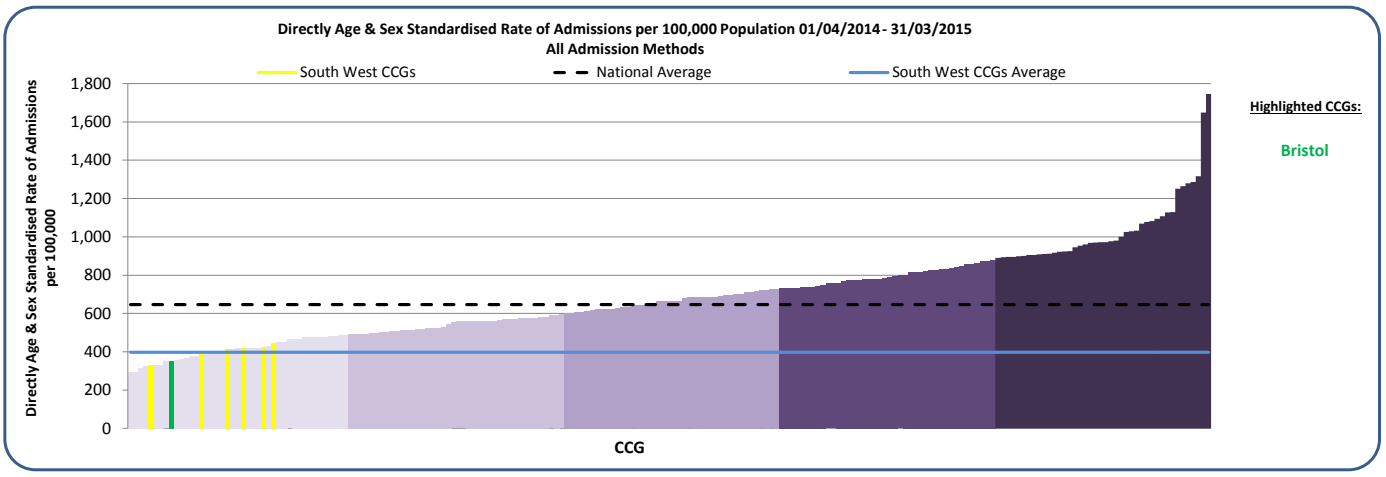
Clinical Commissioning Group (CCG) activity

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

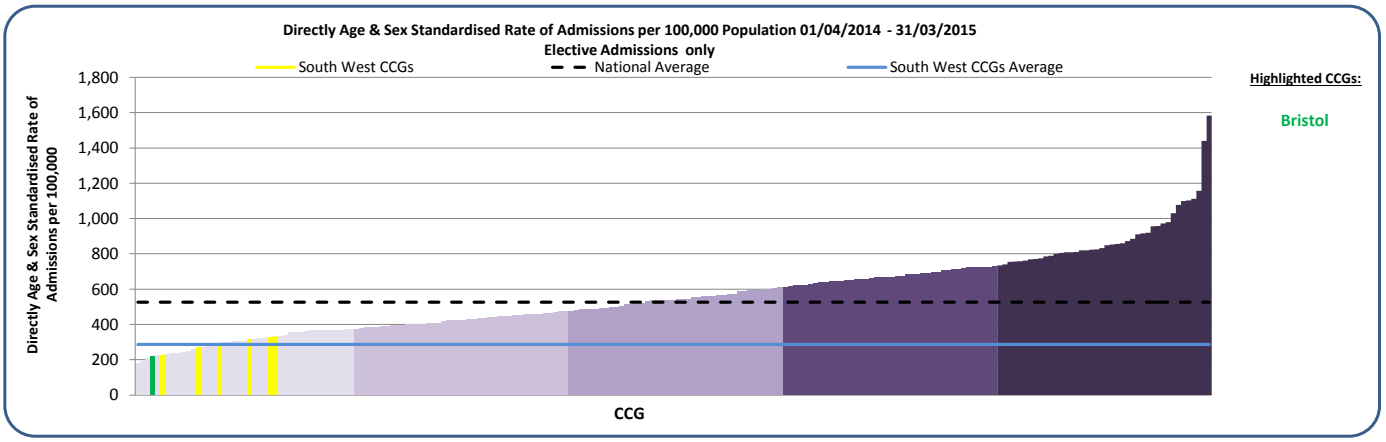
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
North Somerset	447.1	332.2	112.7	Somerset	386.8	269.4	113.4
Kernow	426.5	328.4	92.3	Bristol	353.9	219.8	130.9
South Devon & Torbay	417.7	294.0	114.7	South Gloucestershire	330.6	224.2	104.5
Northern, Eastern & Western Devon	413.1	314.7	92.0				
South West CCGs	397.0	287.0	104.9	England	645.6	526.5	115.4

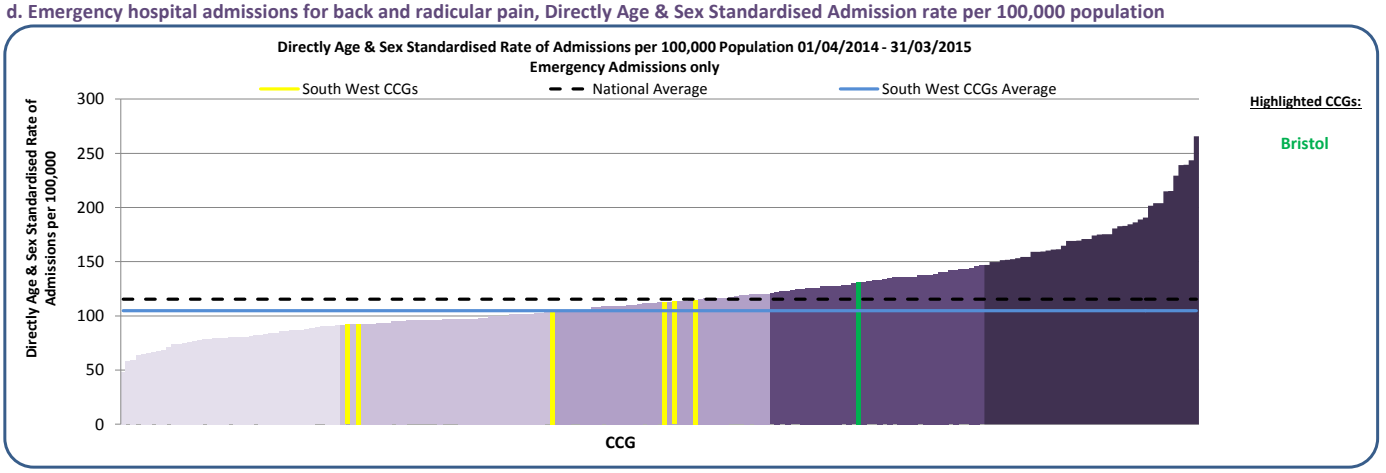
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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 very little variation in elective admission rates across the CCGs within the South West with all 7 CCGs in the lowest quintile nationally.

The regional average for elective admissions (287 per 100,000) is almost half (55%) of the national average of 526per 100,000.

In contrast, for emergency admissions there is wider variation across the CCGs in the region, ranging from Northern, Eastern & Western Devon CCG in the second lowest quintile to Bristol CCG in the second highest quintile nationally.

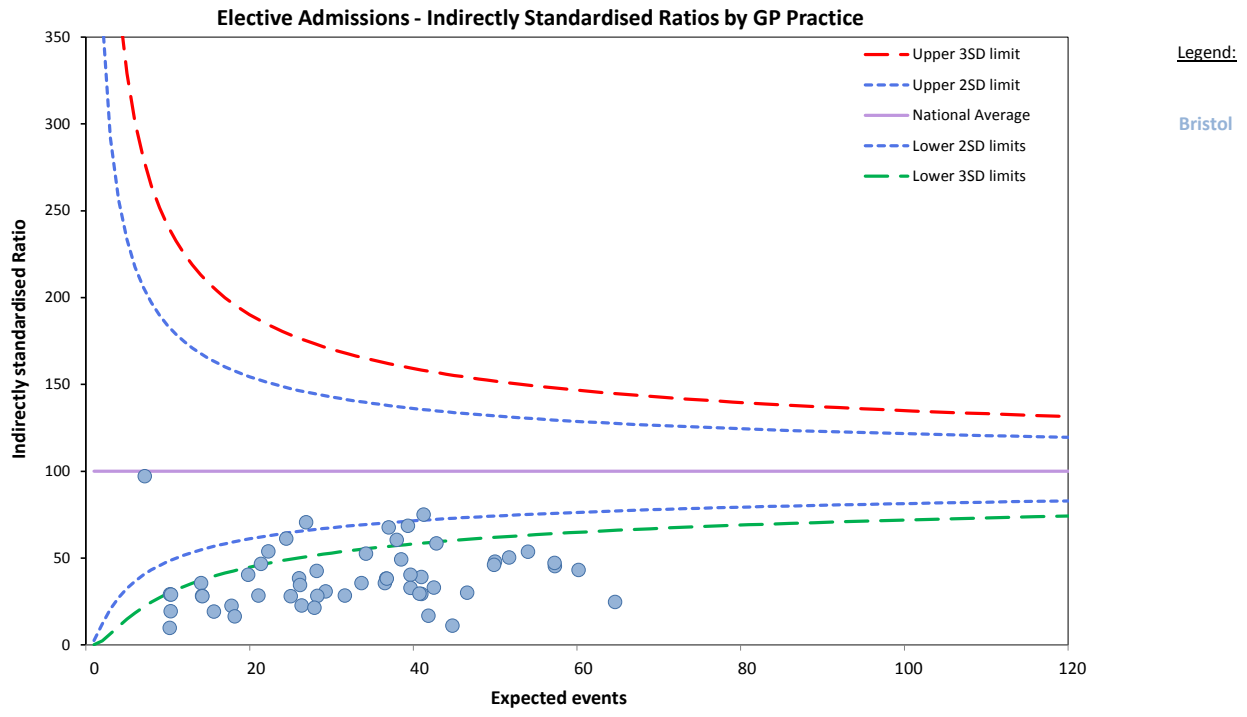
Clinical Commissioning Group (CCG) activity - GP practice level

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

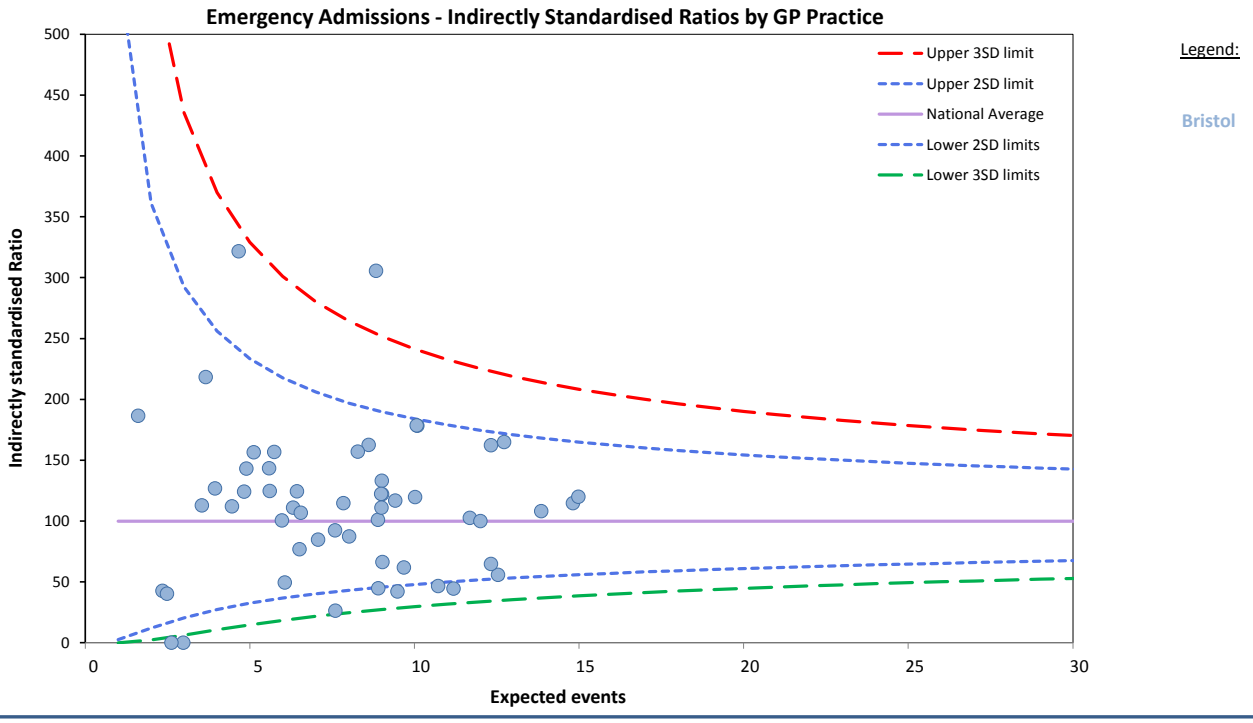
Each symbol represents one GP practice

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

Bristol



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

Bristol

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
L81006	The Green Practice At Whitchurch H C	11H	3,281	<6	17.81	22.47	8	3.66	218.46
L81007	The Southville Surgery	11H	7,423	9	29.28	30.74	<6	7.60	26.32
L81008	Shirehampton Group Practice	11H	8,678	7	41.84	16.73	<6	9.48	42.20
L81009	Stockwood Medical Centre	11H	7,711	16	41.00	39.02	12	9.01	133.23
L81012	Montpelier Health Centre	11H	15,555	26	57.30	45.38	17	14.81	114.80
L81013	Fishponds Family Practice	11H	10,593	26	51.71	50.28	12	11.68	102.70
L81015	Charlotte Keel Medical Practice	11H	10,020	14	42.49	32.95	18	10.08	178.50
L81017	Westbury On Trym Primary Care Centre	11H	7,355	16	39.66	40.34	6	9.03	66.46
L81022	Horfield Hc	11H	12,271	24	50.00	48.00	20	12.33	162.26
L81023	Eastville Medical Practice	11H	6,992	8	28.29	28.28	6	7.07	84.84
L81031	The Armada Family Practice	11H	11,286	27	57.26	47.15	21	12.72	165.04
L81032	The Wedmore Practice	11H	5,656	10	26.03	38.42	6	5.97	100.49
L81033	Nightingale Valley Practice	11H	12,935	26	60.19	43.20	15	13.86	108.26
L81035	The Malago Surgery	11H	8,661	14	36.68	38.17	11	9.01	122.04
L81037	Bradgate Surgery	11H	7,809	13	36.51	35.60	14	8.61	162.58
L81038	Air Balloon Surgery	11H	11,263	29	54.02	53.68	7	12.54	55.83
L81041	Hillview Family Practice	11H	4,749	6	21.06	28.49	7	4.89	143.04
L81053	The Lennard Surgery	11H	6,632	18	34.23	52.58	9	7.84	114.77
L81054	Grange Road Surgery	11H	8,193	23	37.99	60.55	27	8.83	305.64
L81057	Gaywood House Surgery	11H	6,608	9	31.65	28.43	7	7.58	92.31
L81061	The Wellspring Surgery	11H	6,318	6	26.37	22.75	<6	6.51	76.86
L81062	St George Health Centre	11H	8,524	27	39.35	68.62	11	8.99	122.37
L81067	Southmead & Henbury Family Practice	11H	9,049	25	42.81	58.40	18	10.07	178.77
L81075	The Old School Surgery	11H	14,721	25	36.98	67.60	12	12.00	100.01
L81077	Sea Mills Surgery	11H	5,339	12	28.19	42.58	8	6.43	124.48
L81078	Gloucester Road Medical Centre	11H	10,773	14	46.57	30.06	<6	11.19	44.69
L81081	Pembroke Road Surgery	11H	10,567	<6	44.78	11.17	<6	10.72	46.65
L81082	Bedminster Family Practice	11H	9,637	12	40.98	29.29	12	10.02	119.79
L81083	Hartwood Healthcare	11H	5,840	19	26.89	70.67	7	6.31	110.95
L81084	Priory Surgery	11H	7,038	14	36.75	38.09	7	8.01	87.37
L81087	Beechwood Medical Practice	11H	8,700	31	41.27	75.11	11	9.42	116.77
L81088	Lodgeside Surgery	11H	8,043	13	39.64	32.80	9	8.90	101.17
L81089	Lawrence Hill Health Centre	11H	7,551	12	33.66	35.65	13	8.28	157.06
L81090	The Family Practice	11H	11,912	23	49.88	46.11	8	12.32	64.92
L81091	Whiteladies Medical Group	11H	14,490	16	64.66	24.74	18	14.98	120.14
L81092	The Easton Family Practice	11H	4,123	<6	15.64	19.19	<6	3.94	126.97
L81093	St Martins Surgery	11H	4,329	10	21.40	46.74	6	4.83	124.29
L81094	The Merrywood Practice	11H	5,005	12	22.29	53.85	8	5.11	156.45
L81095	The Crest Family Practice	11H	4,630	8	19.83	40.35	15	4.66	321.72
L81098	Greenway Community Practice	11H	5,649	6	27.92	21.49	7	6.55	106.86
L81099	Ridingleaze Medical Centre	11H	5,213	7	25.03	27.97	9	5.74	156.86
L81112	Bishopston Medical Practice	11H	9,557	12	40.74	29.45	6	9.67	62.02
L81120	Birchwood Medical Practice	11H	5,071	15	24.49	61.26	7	5.61	124.83
L81125	Wells Road Surgery	11H	5,670	9	26.15	34.42	<6	6.06	49.53
L81128	Avonmouth Medical Centre	11H	2,248	<6	10.29	29.15	<6	2.34	42.68
L81131	Fallodon Way Medical Centre	11H	7,053	19	38.54	49.30	<6	8.90	44.94
L81133	Student Health Service	11H	16,489	<6	10.37	19.29	10	9.00	111.10
L81622	Helios Medical Centre	11H	2,829	<6	14.08	35.52		2.97	
L81633	52 Clifton Down Road	11H	2,602	<6	10.38	28.90		2.61	
L81648	The Maytrees Practice	11H	3,305	<6	14.17	28.22	<6	3.55	112.82
L81656	Hotwells Surgery	11H	2,458	<6	10.23	9.78	<6	2.49	40.24
L81663	Sneyd Park Surgery	11H	1,335	7	7.21	97.14	<6	1.61	186.58
L81669	Monks Park Surgery	11H	4,056	<6	18.18	16.50	<6	4.46	112.09
Y02578	Broadmead Medical Centre	11H	7,032	<6	14.22	28.13	8	5.58	143.35

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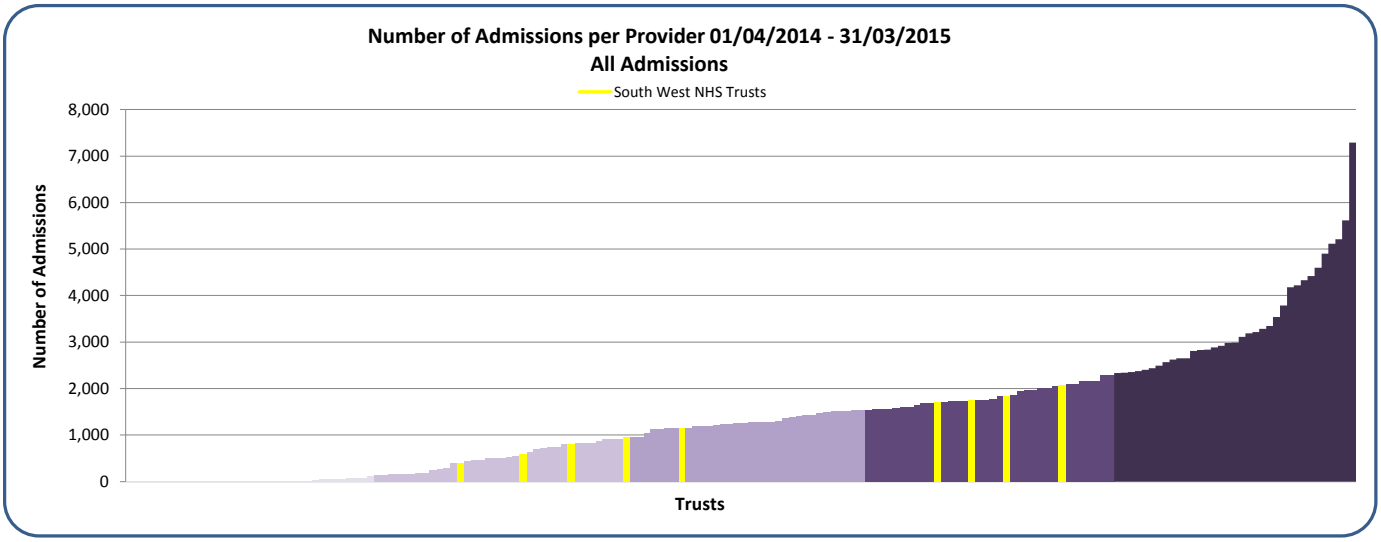
Hospital Trust activity

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

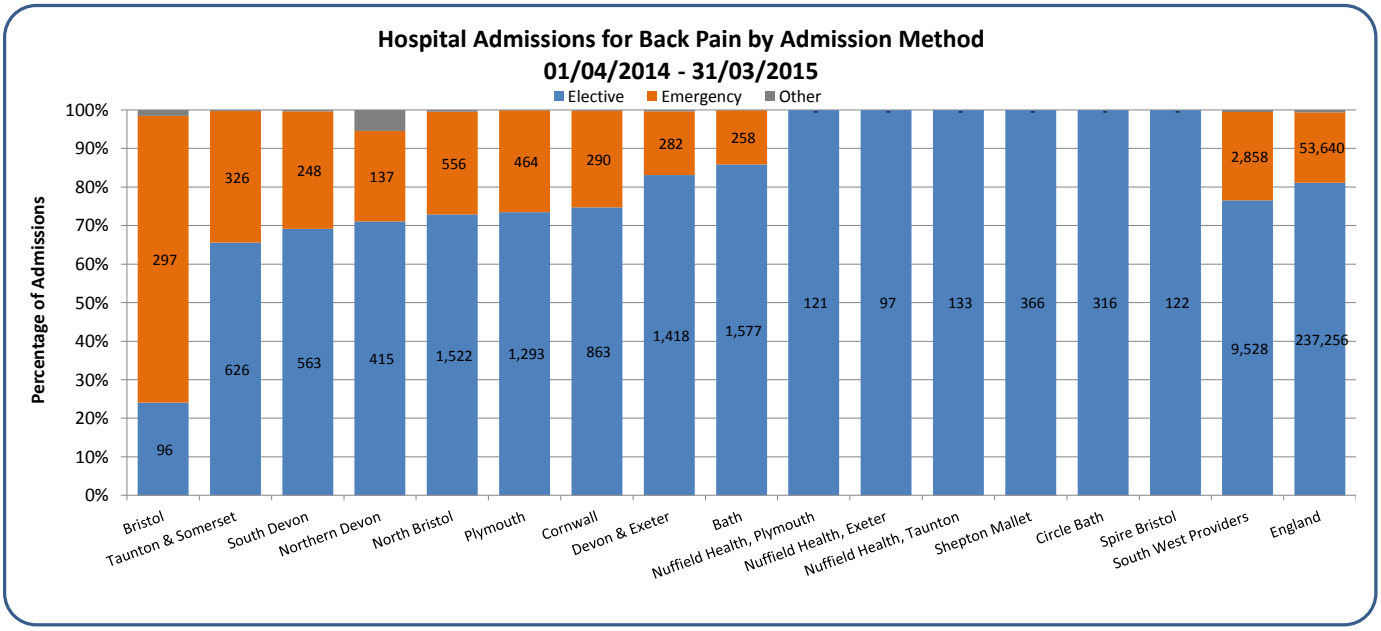
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

North Bristol	2,087	Taunton & Somerset	955
Bath	1,837	South Devon	814
Plymouth	1,759	Northern Devon	584
Devon & Exeter	1,706	Bristol	399
Cornwall	1,155		
South West NHS Trusts	11,296	England	251,444



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

(South West 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 13 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 West is slightly lower than the England proportion. However at NHS Trust level the proportion varies between 24% at Bristol to 86% at Bath. 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 specialty
(South West Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
North Bristol	664	233	282	-	335	8	**1,522**
Bristol	86	-	-	-	-	10	**96**
Bath	1,383	134	<6	-	-	55	**1,572**
Taunton & Somerset	129	494	-	-	-	<6	**623**
Northern Devon	181	233	-	-	-	<6	**414**
Devon & Exeter	527	880	-	<6	-	10	**1,417**
South Devon	544	-	-	11	-	8	**563**
Plymouth	479	<6	-	-	796	17	**1,292**
Cornwall	836	<6	-	-	-	26	**862**
Spire Bristol	-	122	-	-	-	-	**122**
Circle Bath	217	99	-	-	-	-	**316**
Shepton Mallet	364	<6	-	-	-	-	**364**
Nuffield Health, Taunton	-	31	102	-	-	-	**133**
Nuffield Health, Exeter	-	-	97	-	-	-	**97**
Nuffield Health, Plymouth	-	12	107	-	<6	-	**119**
Total	**5,410**	**2,238**	**588**	**11**	**1,131**	**134**	**9,512**

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 the Plymouth Trust approximately 62% of activity is recorded against the Neurosurgery code. It is notable that for Bath Trust 88% of the activity is recorded against the Pain Management/Anaesthetics code.

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.

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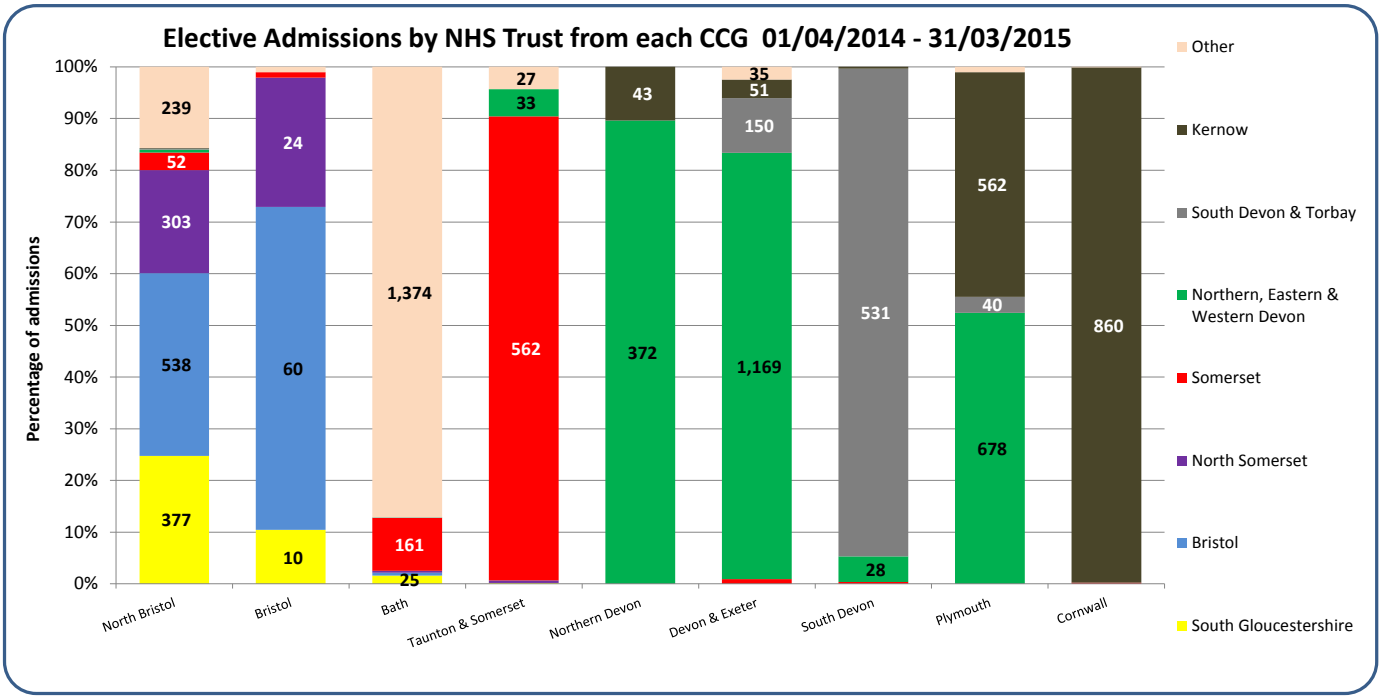
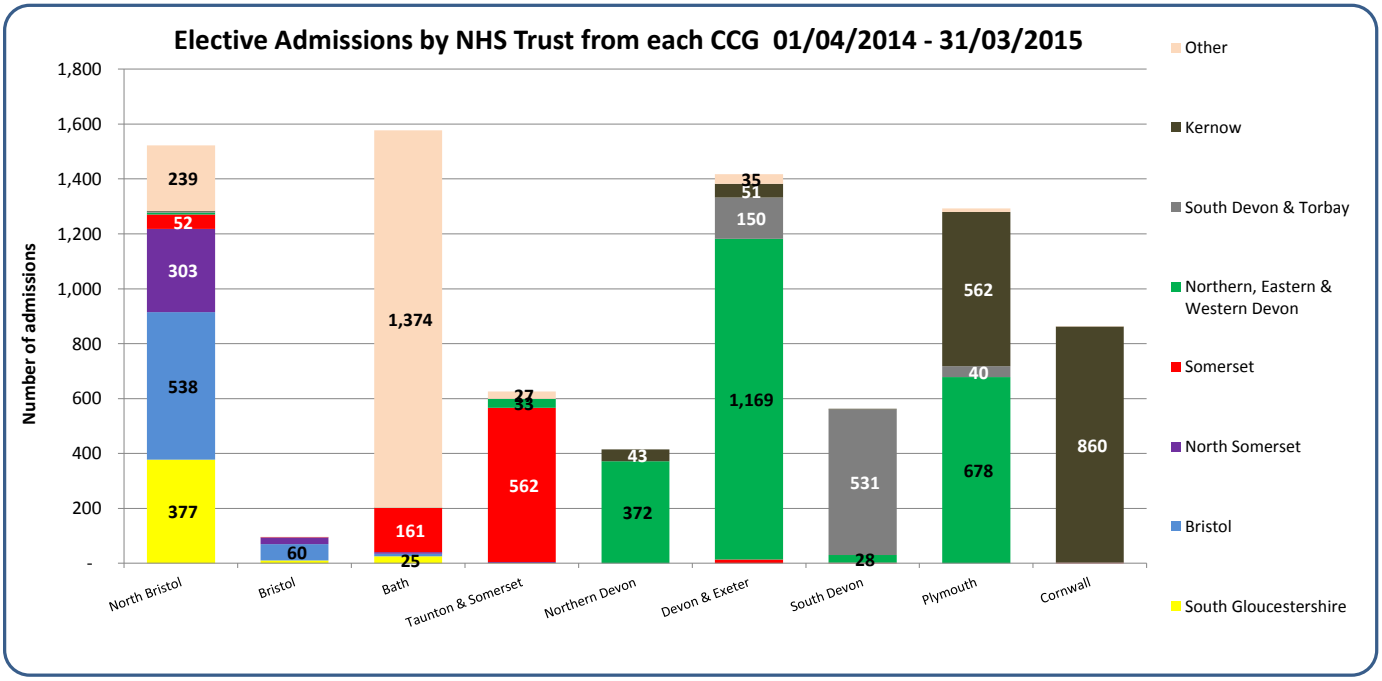
Hospital Trust activity from CCGs

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.

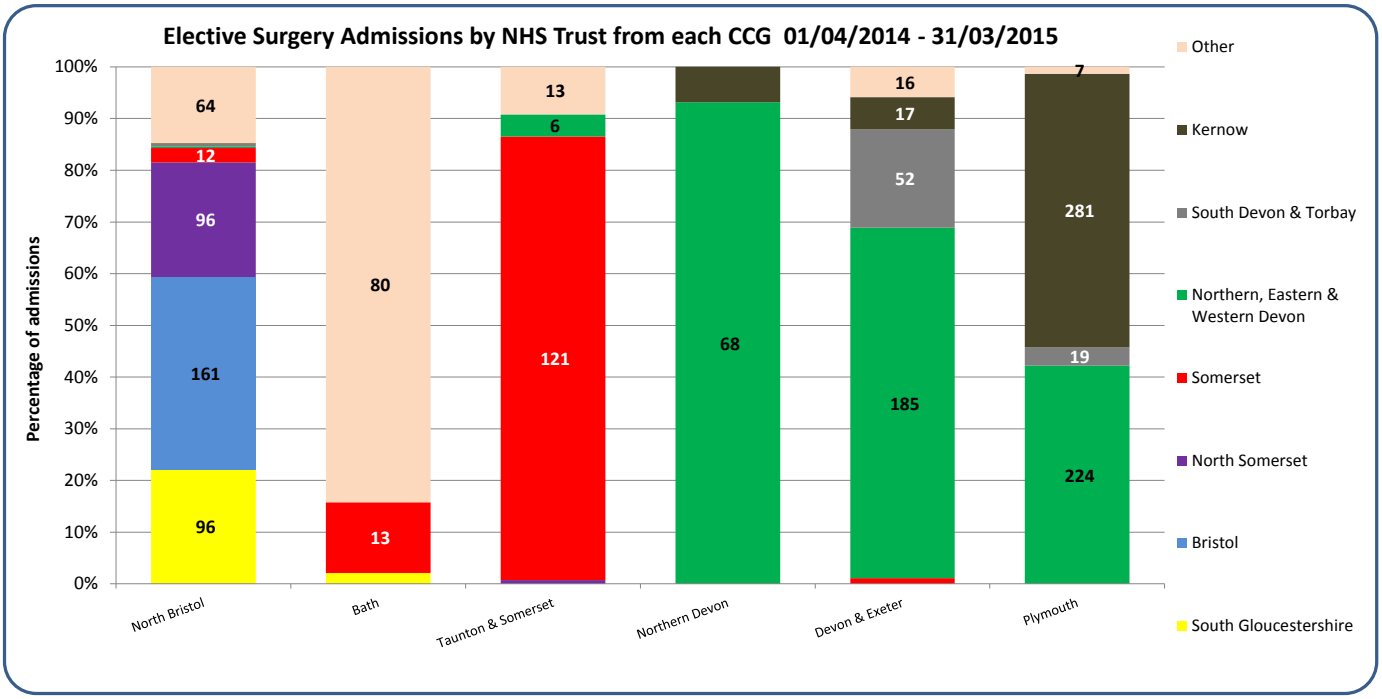
North Bristol are more likely to take patients from several different CCGs across the region compared to the other Trusts which predominantly admit patients from the CCG where they are located.

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

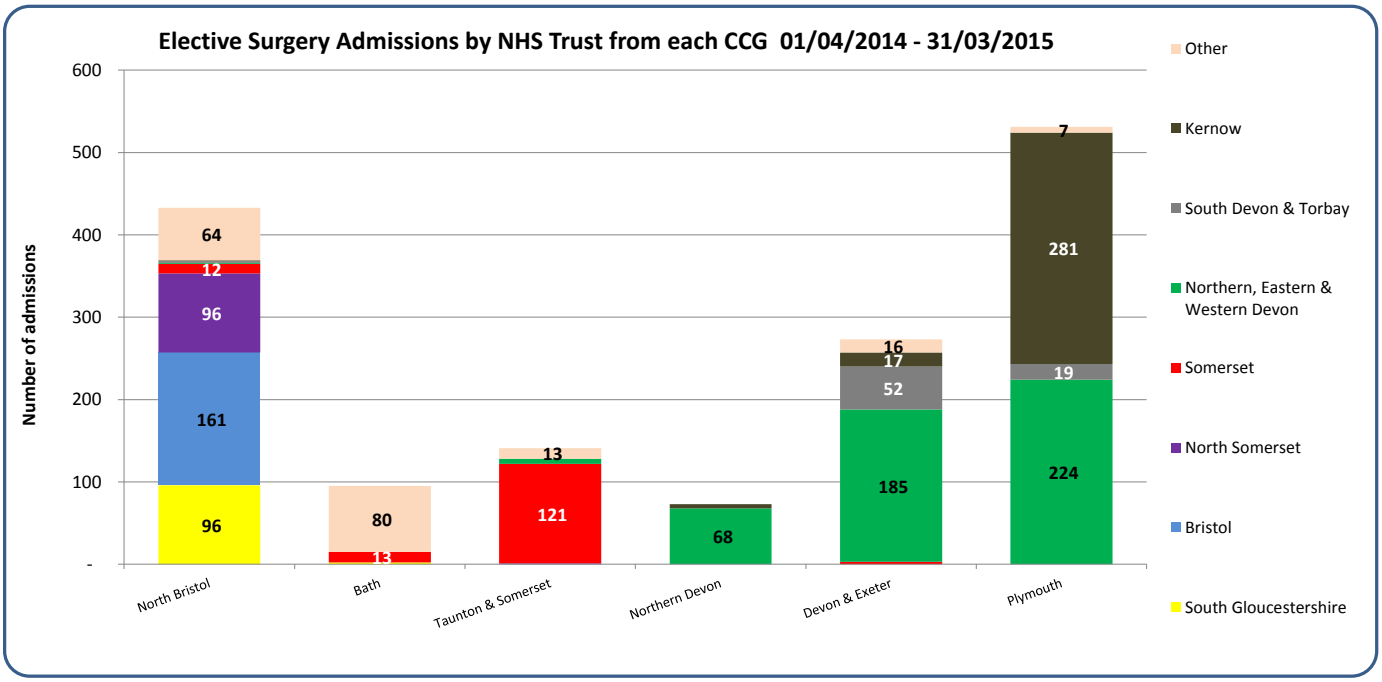
Hospital Trust activity from CCGs

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

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 West, North Bristol and Plymouth do the highest volume of spinal surgery.

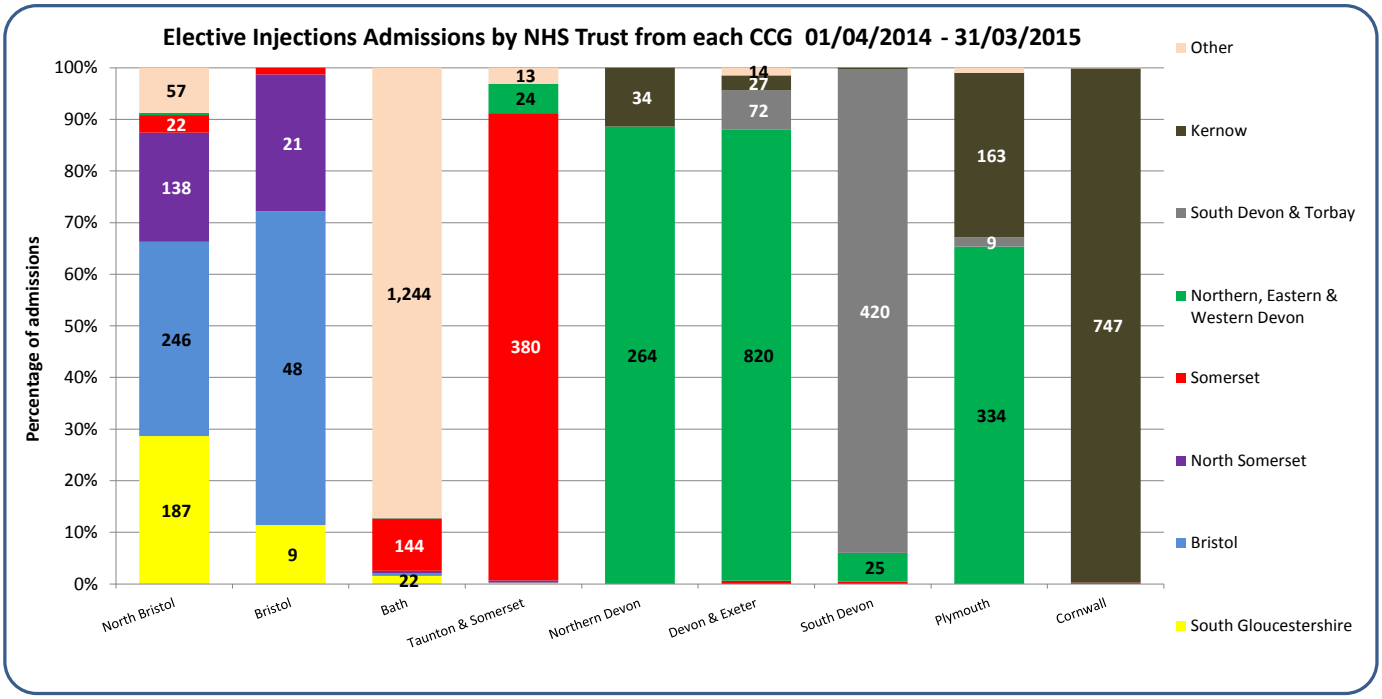
North Bristol are more likely to take patients from several different CCGs across the region compared to the other Trusts which predominantly admit patients from the CCG where they are located.

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

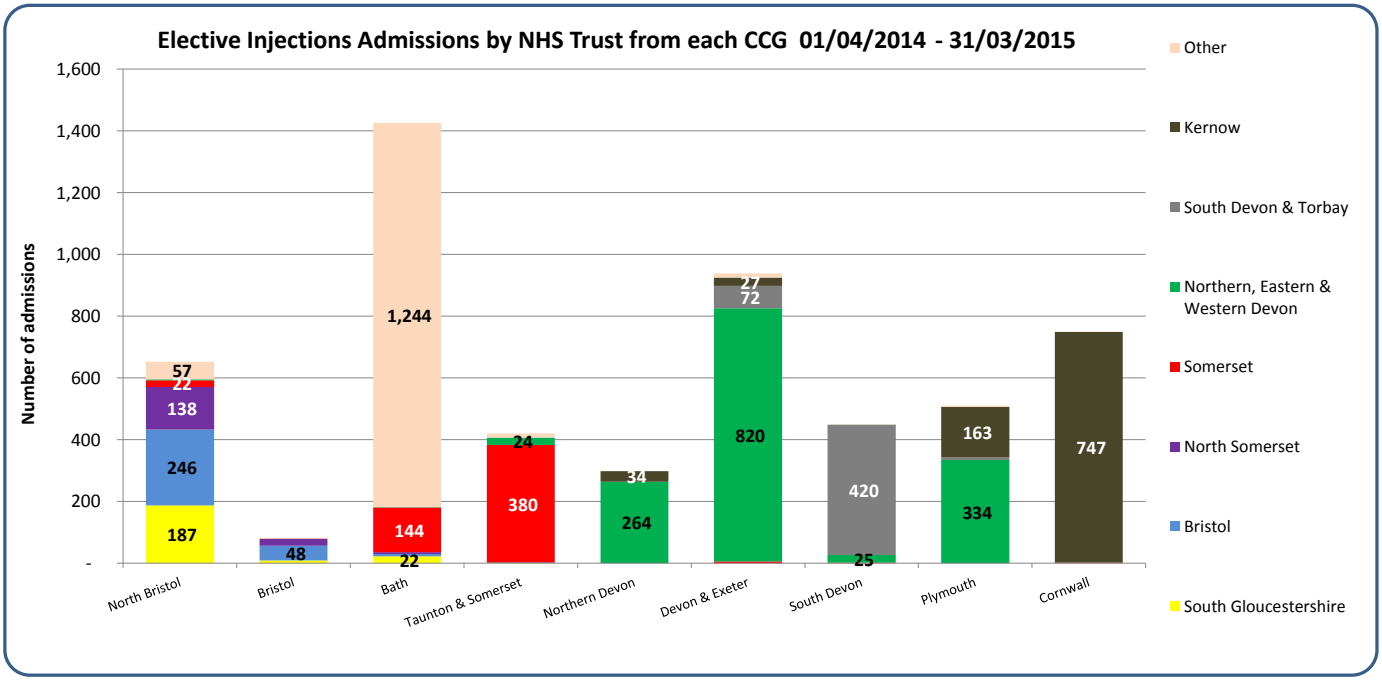
Hospital Trust activity from CCGs

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. Bath and Devon & Exeter have the highest volume of activity for injections.

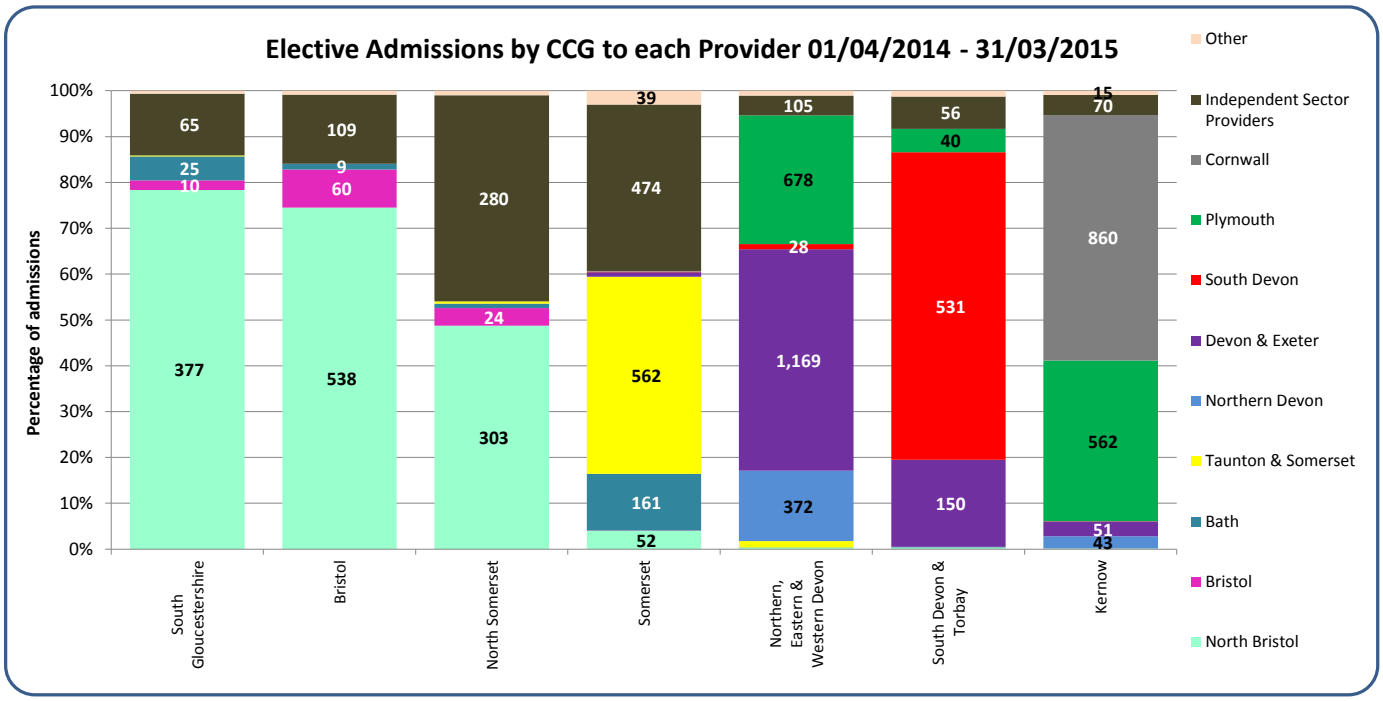
North Bristol are more likely to take patients from several different CCGs across the region compared to the other Trusts which predominantly admit patients from the CCG where they are located.

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

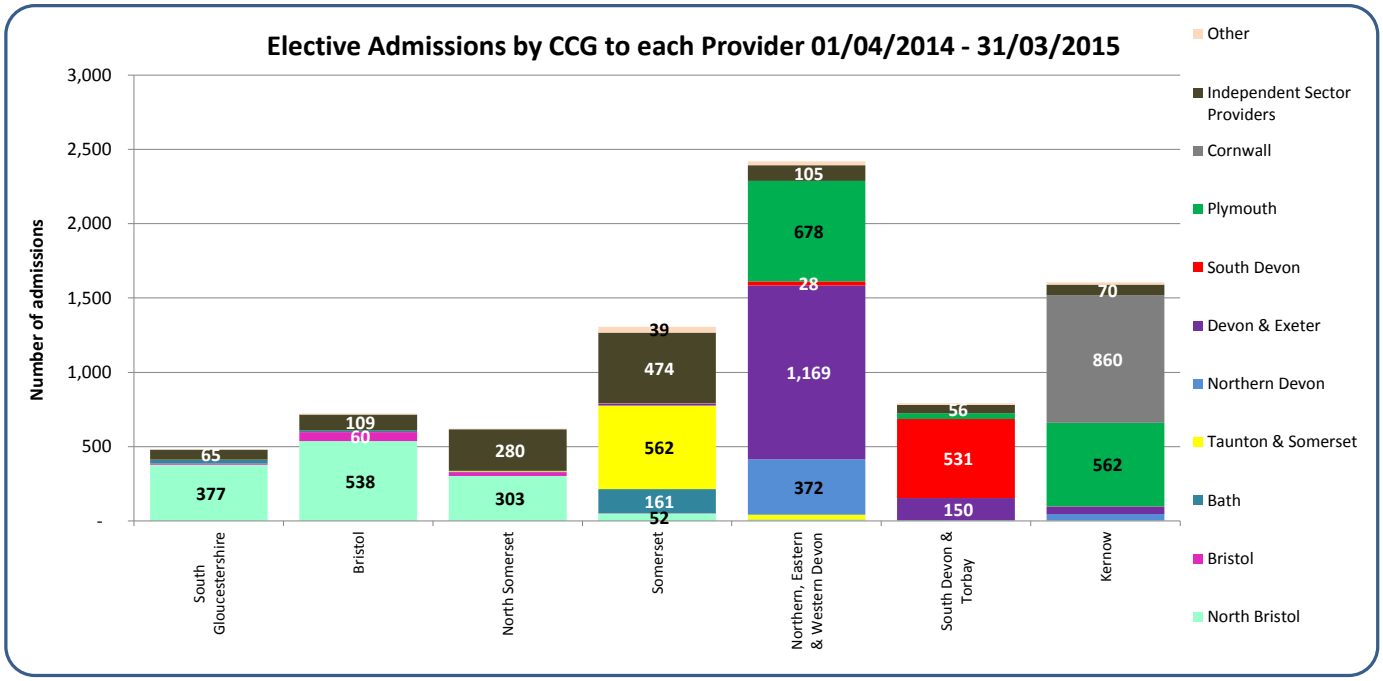
CCG activity to Hospital Trust

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 hospital trusts to which their patients are admitted.

Activity is highest for Northern, Eastern and Western Devon CCG. Patients were admitted to at least three acute hospital trusts as well as independent sector providers compared to South Gloucestershire CCG which almost solely used the north Bristol Trust.

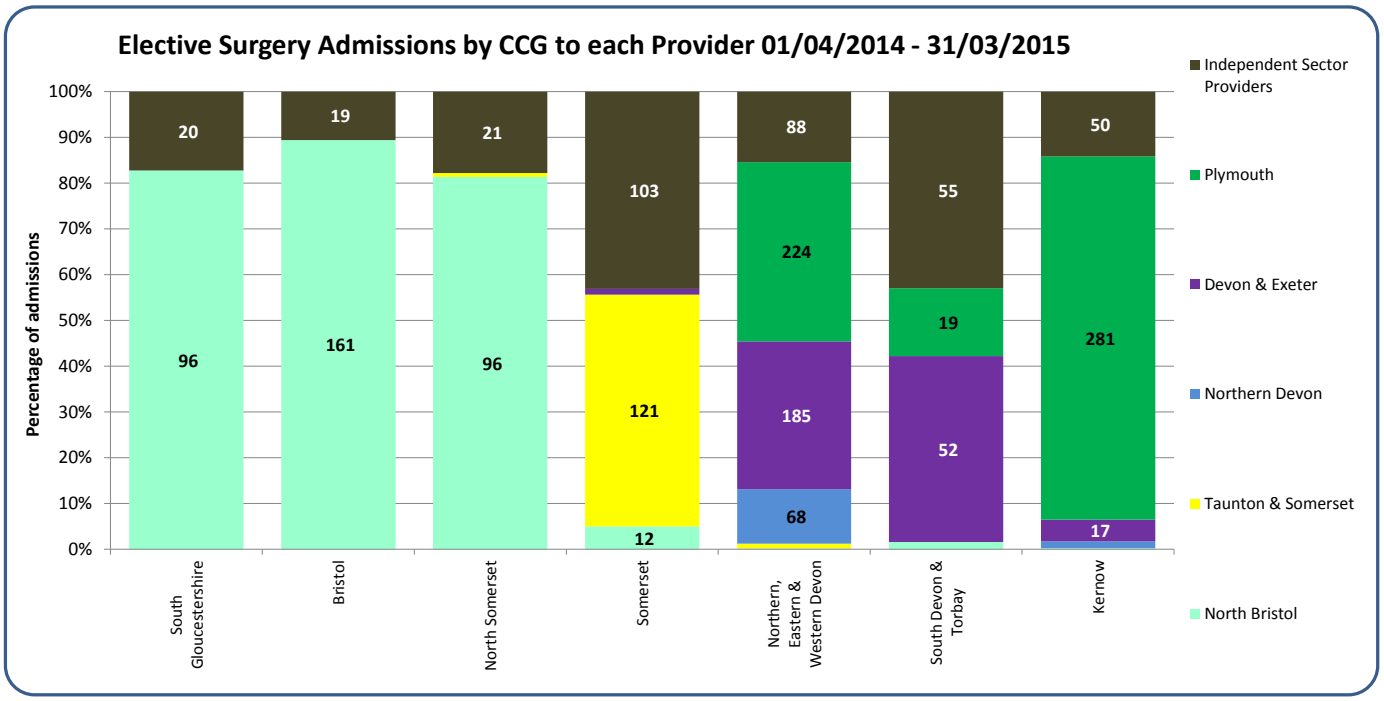
Bristol, North Somerset and Somerset CCGs are the highest users of Independent Sector activity in the South West.

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

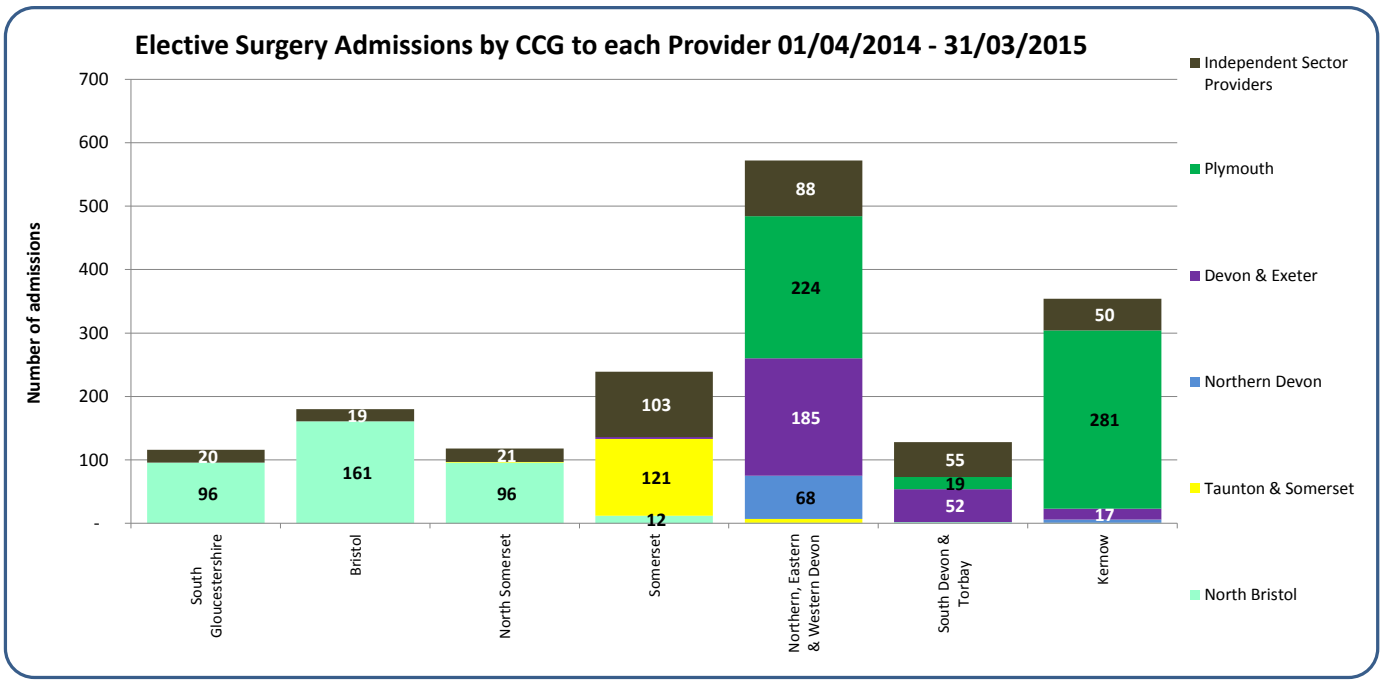
CCG activity to Hospital Trust

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 Northern, Eastern and Western Devon CCG. Patients were admitted to at least three acute hospital trusts as well as independent sector providers compared to South Gloucestershire CCG which almost solely used the north Bristol Trust.

Somerset CCGs is the highest users of Independent Sector activity in the South West.

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

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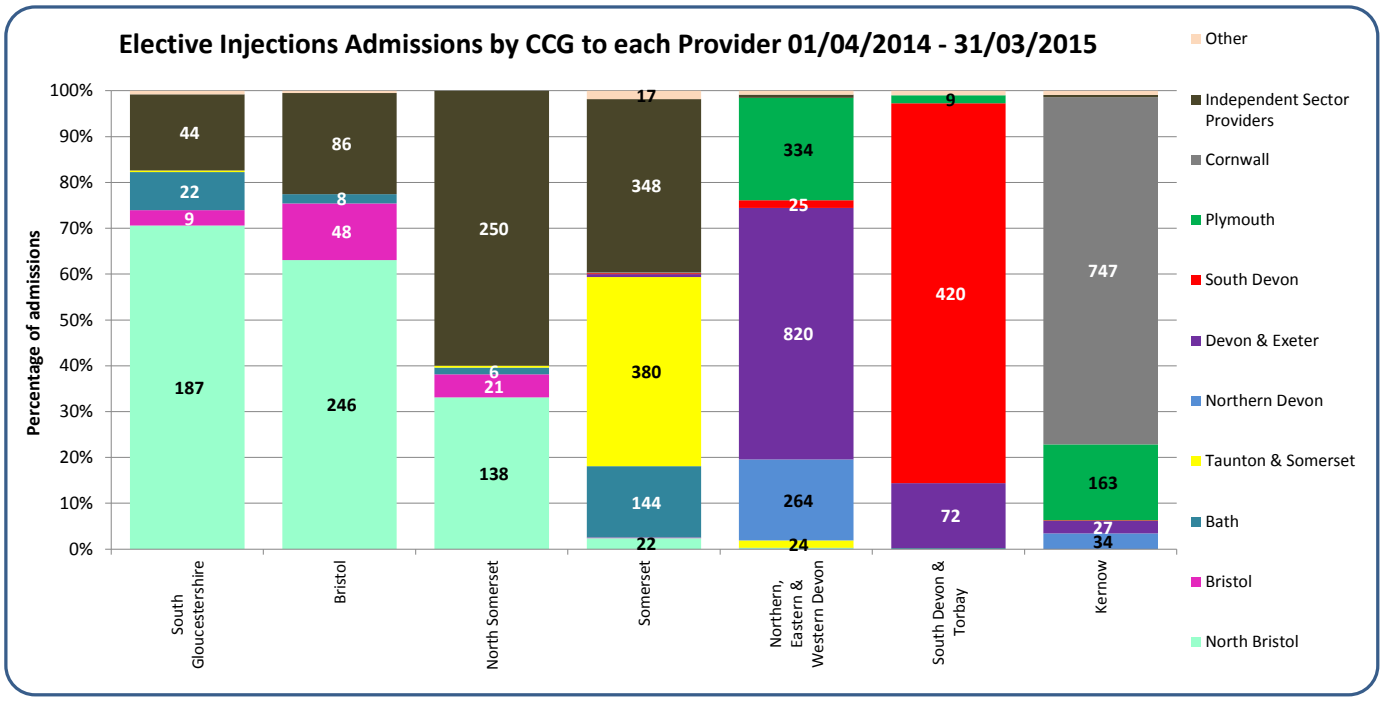
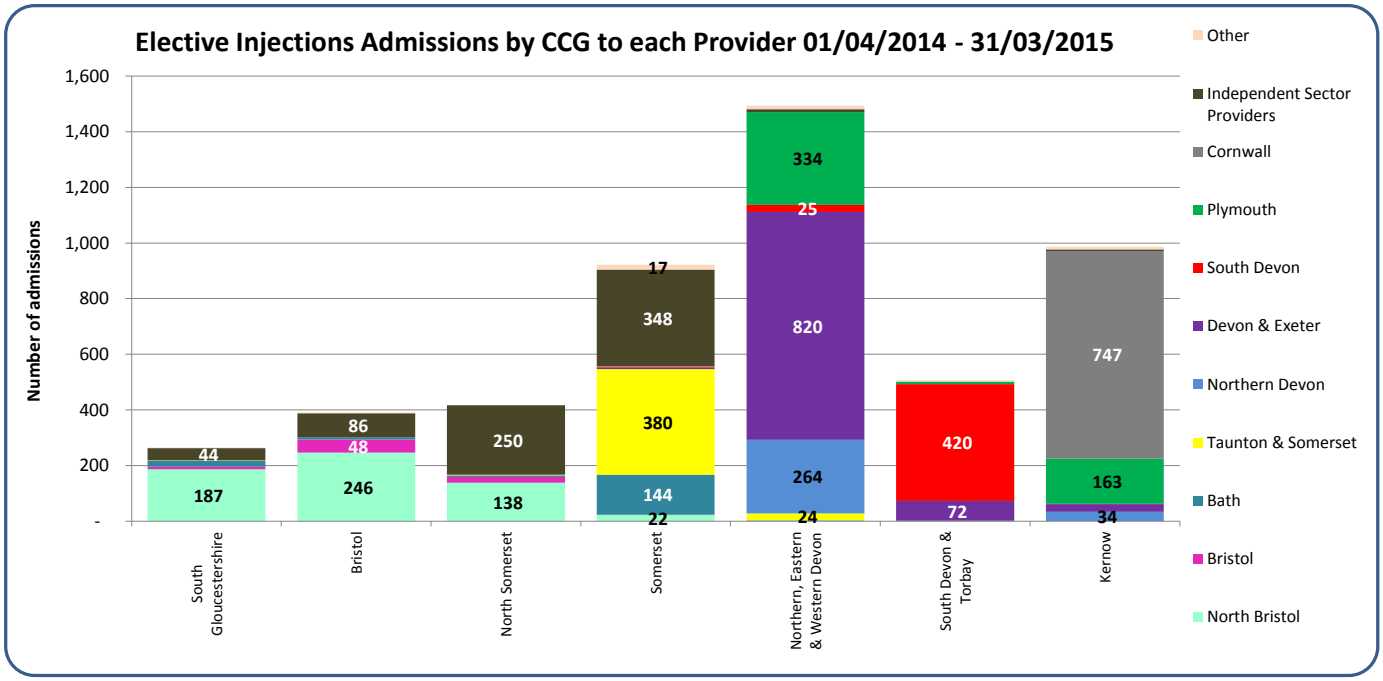
CCG activity to Hospital Trust

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

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 Northern, Eastern and Western Devon CCG. Patients were admitted to at least three acute hospital trusts as compared to South Gloucestershire CCG which almost solely used the North Bristol Trust.

Bristol, North Somerset and Somerset CCGs are the highest users of Independent Sector activity in the South West for injections.

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

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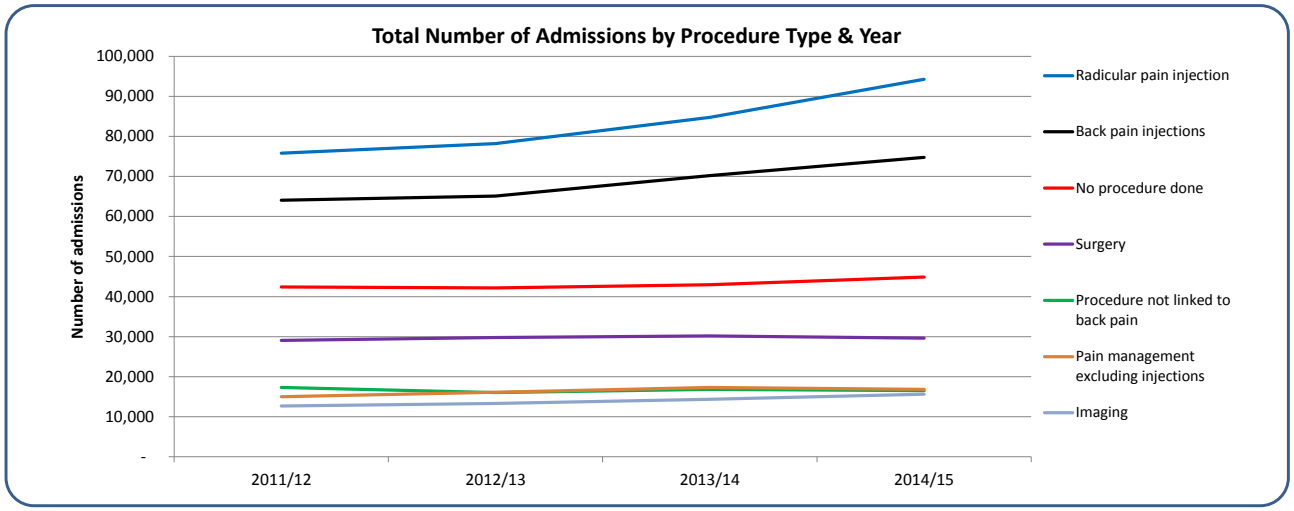
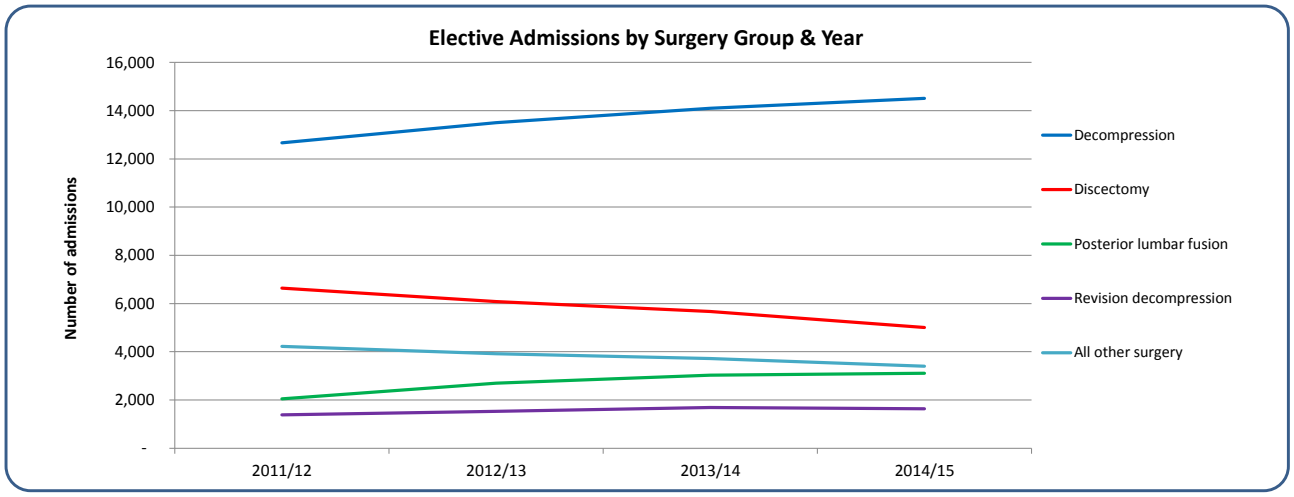
Hospital Trust activity (national level)

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

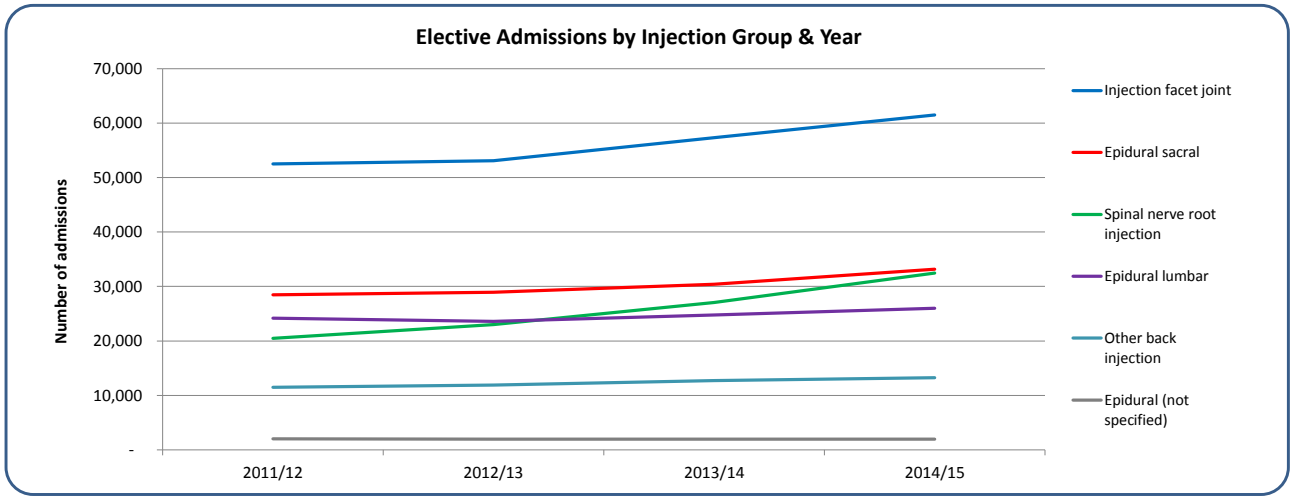
a. Hospital admissions by procedure type over time (all admission types)



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.

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Hospital Trust activity

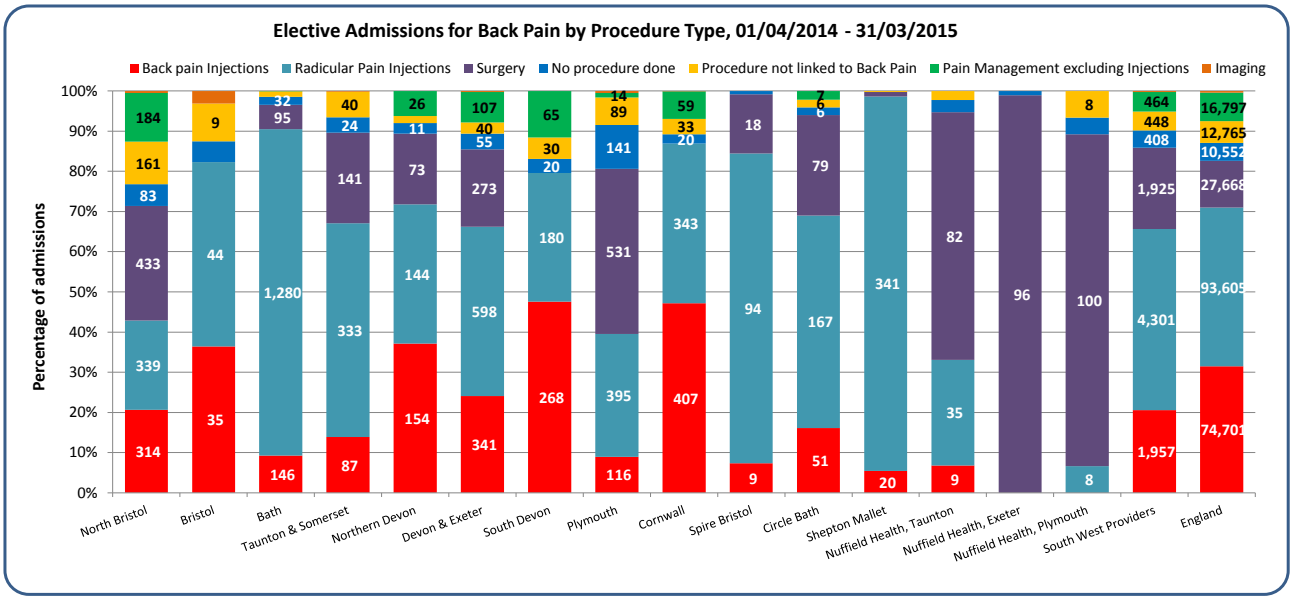
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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%**

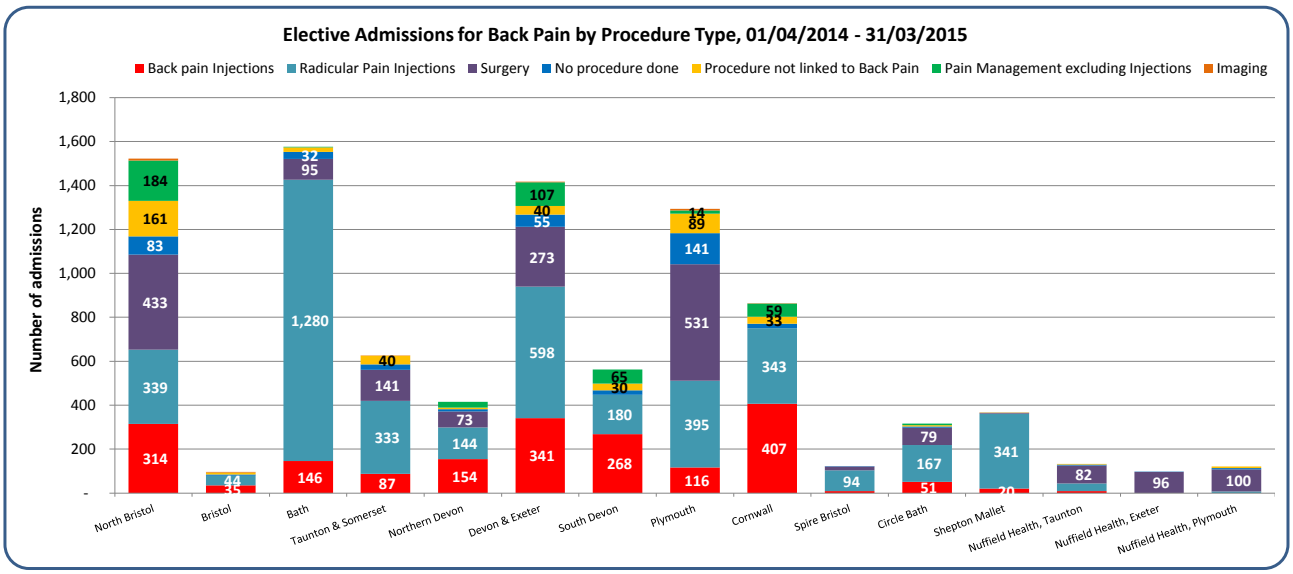
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(South West Providers only)



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

(South West 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 Plymouth Trust.

Seven of the South West providers 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).

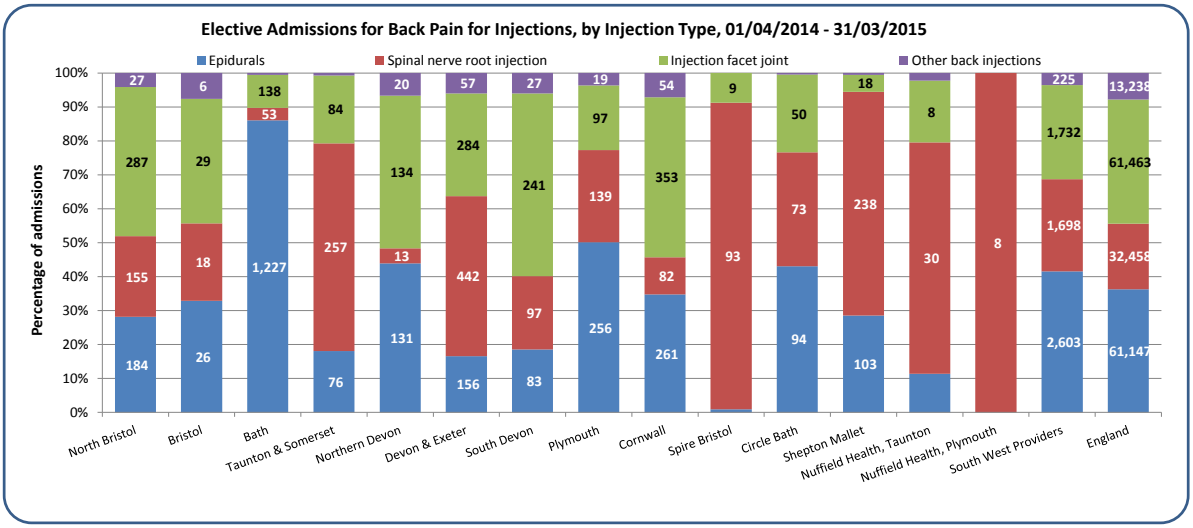
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

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

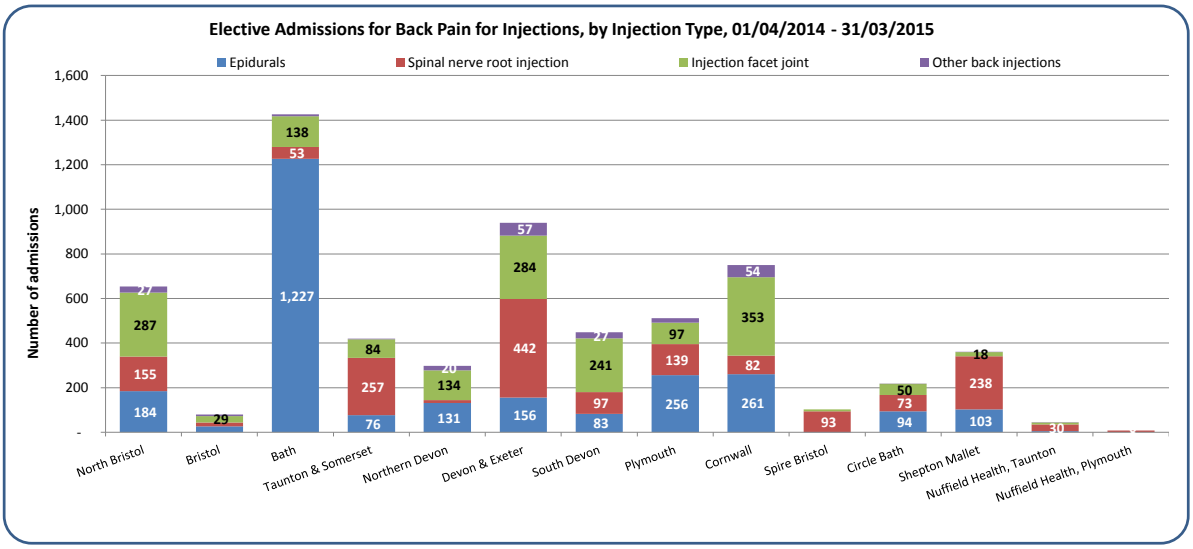
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(South West Providers only)

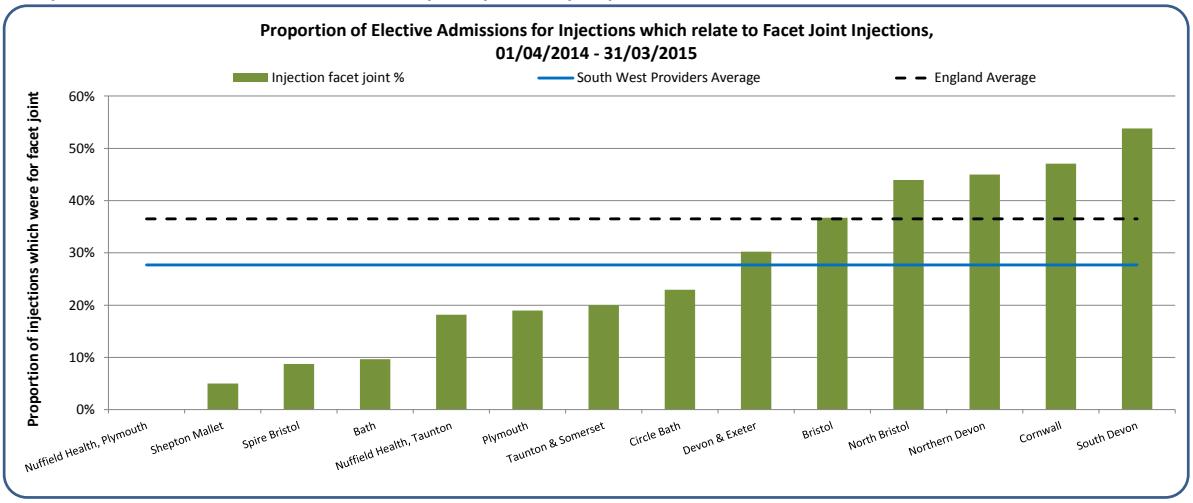


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(South West Providers only)



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



What is the data telling us?

Epidurals are those most frequently done within the South West, constituting almost 42% of injection activity which is higher than the England proportion (36%). Compared to national data, South West providers overall do slightly higher rates of spinal nerve injections (27% vs. 19% nationally) and slightly lower rates of lumbar facet joint injections (28% vs. 37% nationally). The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

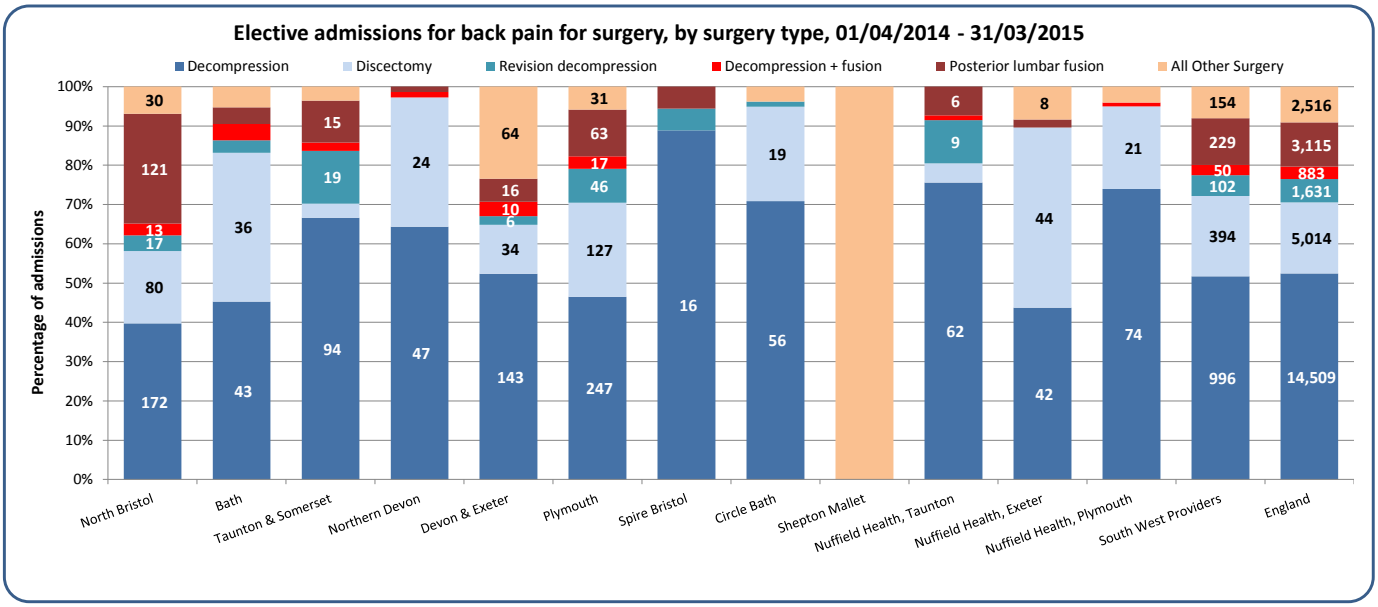
Bath Trust does a markedly higher number of epidurals compared to all of the other providers. The proportion of facet joint injections done at Trust level ranges from 5% (Shepton Mallet) to 54% (South Devon) compared to the England figure of 37%.

Hospital Trust activity

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

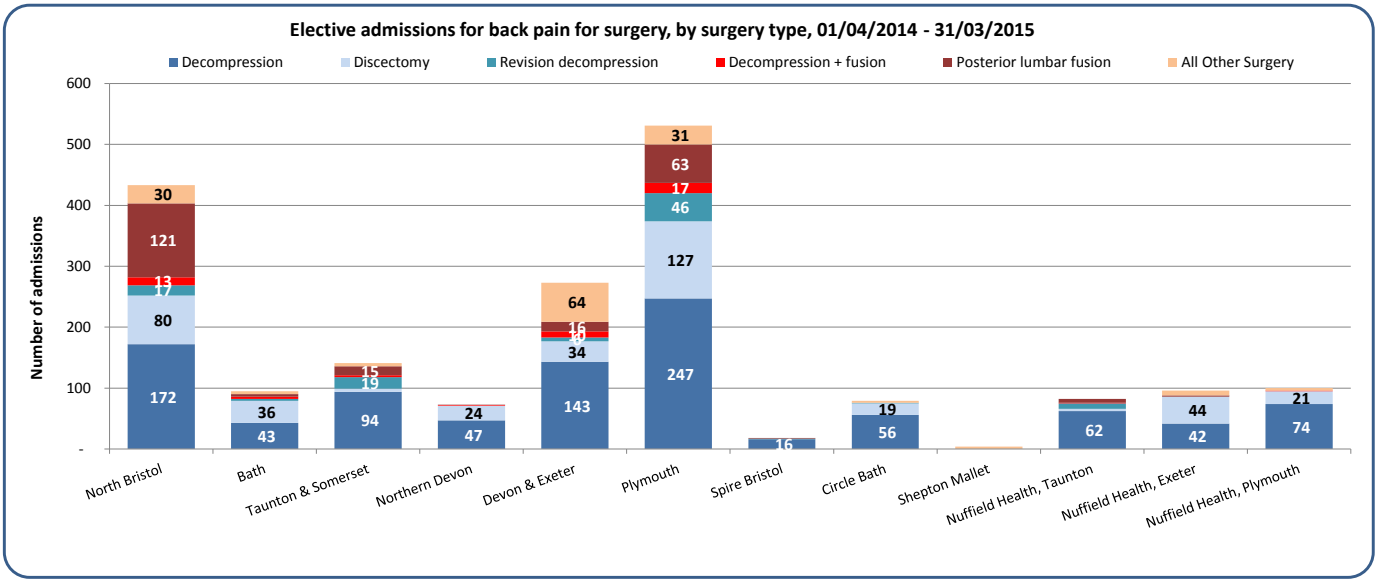
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South West Providers only)



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

(South West 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 West providers. Although the profile for the South West overall is relatively similar to the England profile, there are wide variations at provider level.

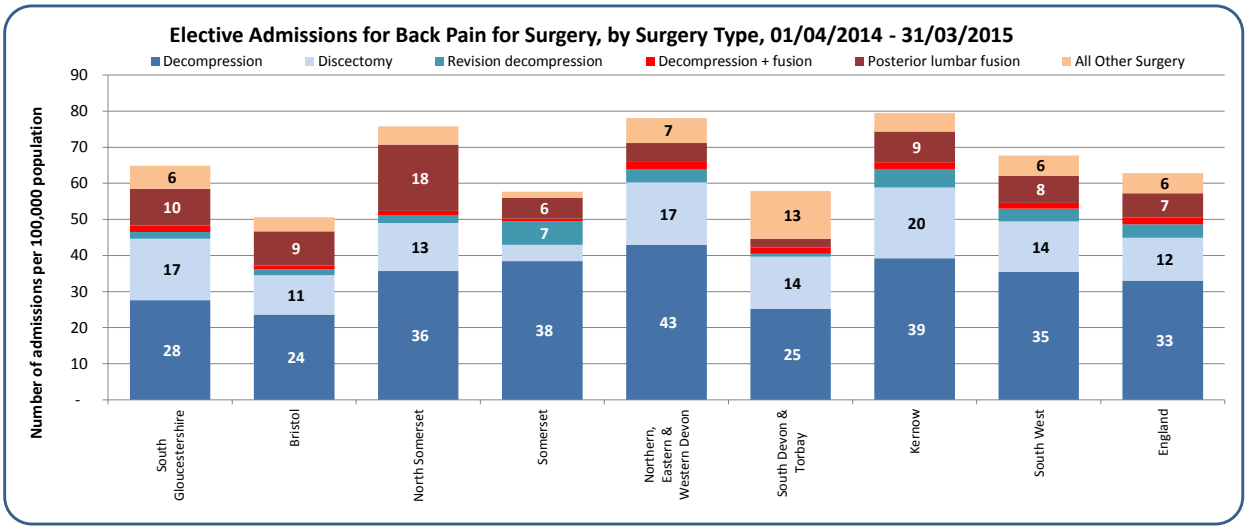
Decompression is the most common surgical procedure for back pain at all providers but there are notably higher numbers of spinal fusions at North Bristol compared to the other South West providers.

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

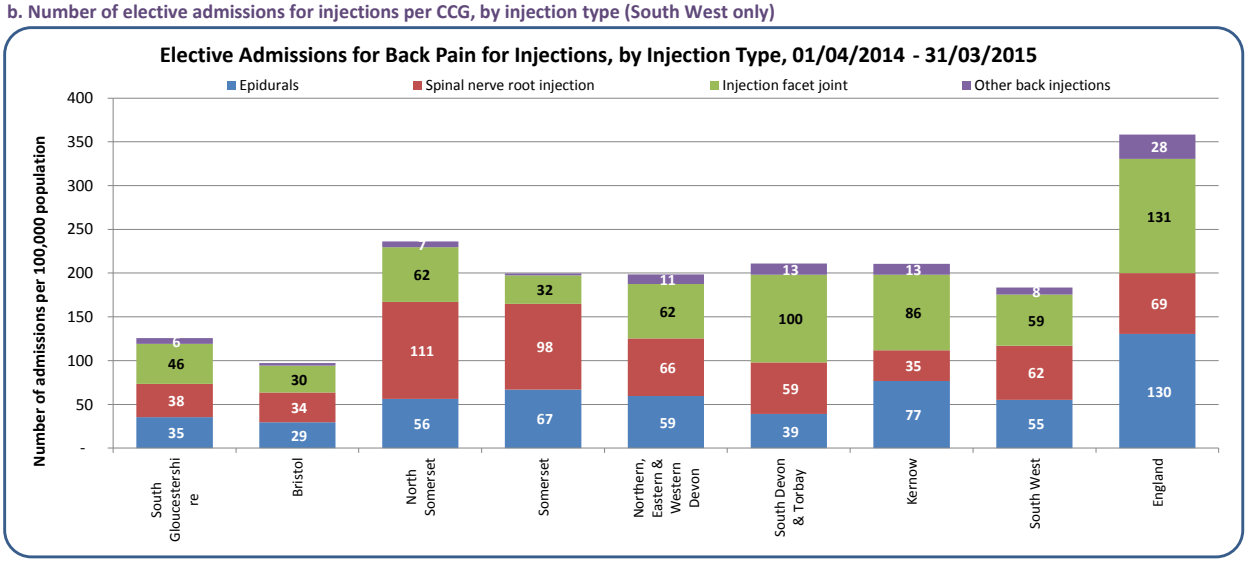
CCG activity by back pain procedure group

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

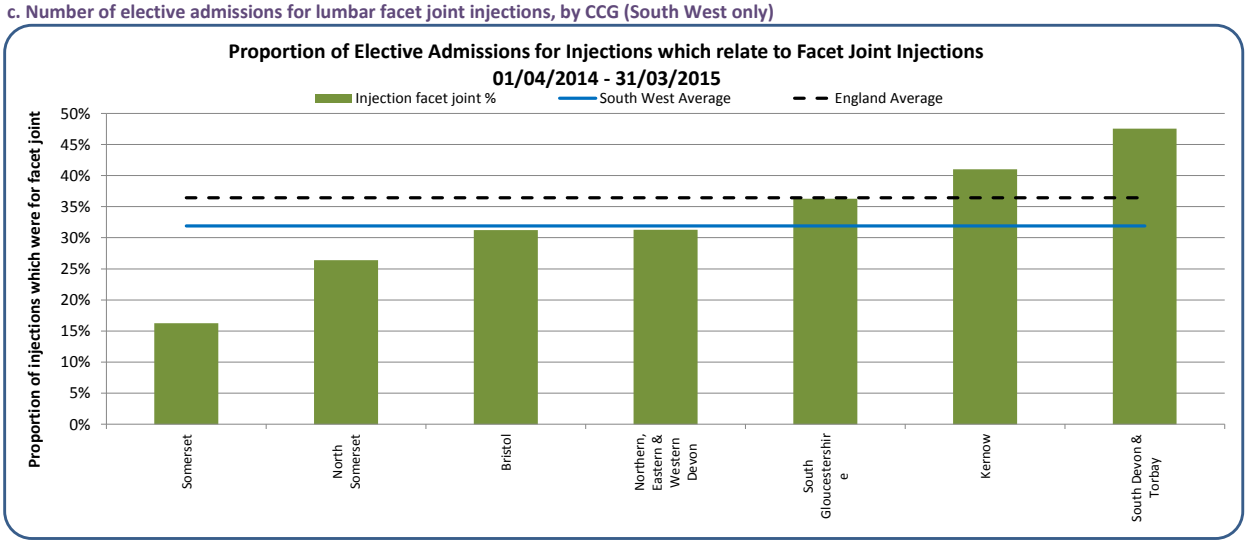
a. Number of elective admissions for surgery per CCG, by surgery type (South West only)



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



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



What is the data telling us?

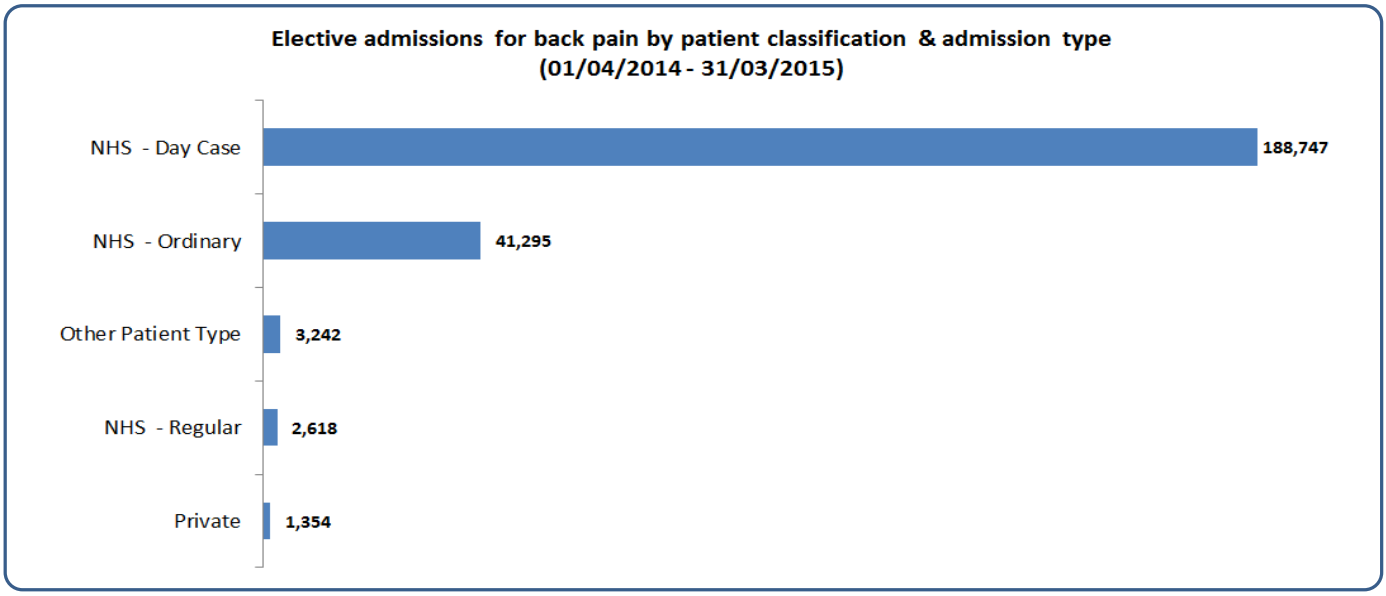
Chart 9a shows the range in the activity rate relating specifically to elective admissions for surgery, by type of surgery, for the South West CCGs, with chart 9b showing the same for injections.

North Somerset CCG have a notably higher rate of posterior lumbar fusions compared to the England rates (18 vs. 7 per 100,000) and most CCGs have consistently lower rates for all types of injections compared to England rates. The only exceptions are Somerset and North Somerset rates of spinal nerve root injections which are higher than national rates (98 & 111 vs. 69 per 100,000).

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



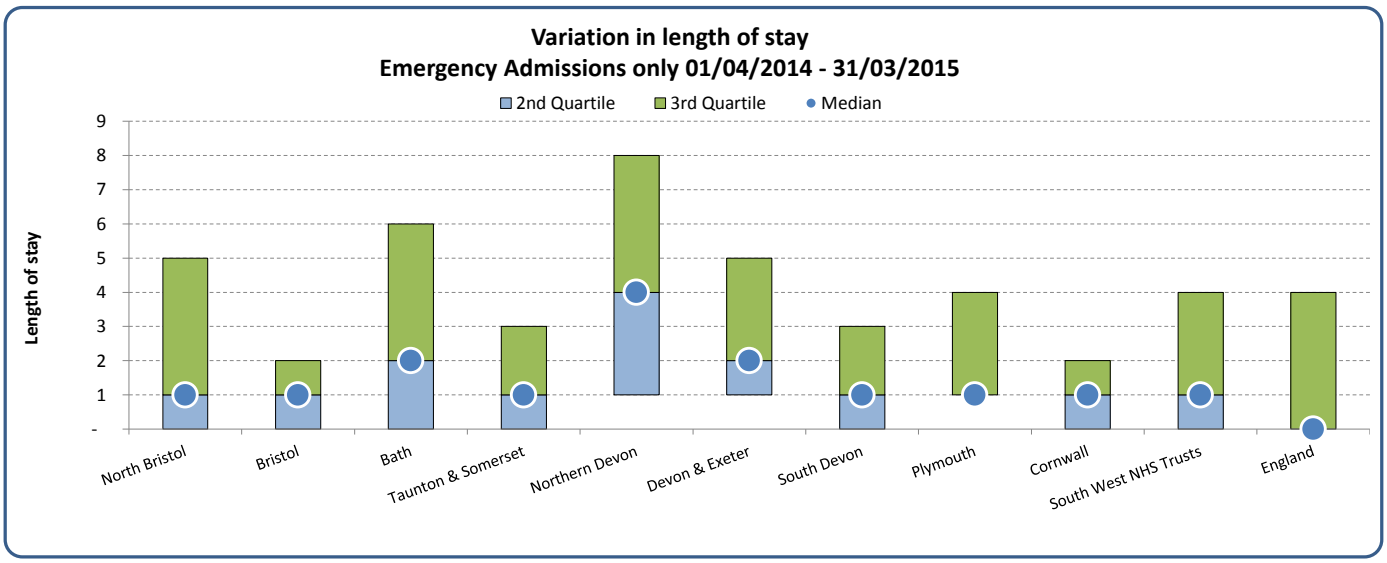
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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 West 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 West Trusts and shows that all Trusts have a higher median length of stay (ranging from 1 to 4 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 West FTs only)

Provider Name	Elective	Emergency	Other	Total
North Bristol	£ 4,326,634	£ 1,153,461	£ 55,832	**£ 5,535,926**
Plymouth	£ 3,197,415	£ 716,477	£ 10,718	**£ 3,924,610**
Devon & Exeter	£ 2,372,485	£ 462,171	£ 11,569	**£ 2,846,225**
Taunton & Somerset	£ 1,064,867	£ 414,850	£ 9,767	**£ 1,489,484**
Northern Devon	£ 491,491	£ 270,181	£ 146,555	**£ 908,228**
Bath	£ 496,774	£ 366,399	£ 943	**£ 864,117**
Cornwall	£ 517,087	£ 258,666	£ 22,882	**£ 798,634**
South Devon	£ 312,058	£ 256,969	£ 4,319	**£ 573,346**
Bristol	£ 65,166	£ 313,237	£ 13,750	**£ 392,153**
Total	**£ 12,843,978**	**£ 4,212,409**	**£ 276,335**	**£ 17,332,722**

b. Total Costs by Procedure Type (South West 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
North Bristol	£ 3,141,899	£ 256,323	£ 205,938	£ 391,748	£ 1,117,416	£ 154,405	£ 268,197	£ -	**£ 5,535,926**
Plymouth	£ 2,695,621	£ 247,257	£ 71,067	£ 364,324	£ 350,423	£ 175,668	£ 20,248	£ -	**£ 3,924,610**
Devon & Exeter	£ 1,510,778	£ 375,682	£ 198,315	£ 245,427	£ 300,192	£ 114,608	£ 101,222	£ -	**£ 2,846,225**
Taunton & Somerset	£ 671,338	£ 233,074	£ 57,268	£ 194,876	£ 201,780	£ 131,147	£ -	£ -	**£ 1,489,484**
Northern Devon	£ 297,512	£ 90,979	£ 81,050	£ 315,010	£ 37,412	£ 71,572	£ 14,693	£ -	**£ 908,228**
Bath	£ 462,733	£ 55,197	£ 5,636	£ 184,481	£ 51,160	£ 101,244	£ 1,204	£ 2,462	**£ 864,117**
Cornwall	£ -	£ 205,757	£ 222,326	£ 229,733	£ 38,409	£ 36,663	£ 65,747	£ -	**£ 798,634**
South Devon	£ -	£ 120,135	£ 152,053	£ 138,688	£ 41,237	£ 87,980	£ 33,252	£ -	**£ 573,346**
Bristol	£ -	£ 31,508	£ 23,520	£ 181,532	£ 35,628	£ 119,966	£ -	£ -	**£ 392,153**
Total	**£ 8,779,881**	**£ 1,615,914**	**£ 1,017,174**	**£ 2,245,820**	**£ 2,173,655**	**£ 993,253**	**£ 504,563**	**£ 2,462**	**£ 17,332,722**

What is the data telling us?

Across all South West Trusts in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £17 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 West region.

The surgery procedures group accounts for over 50% of the total cost of all procedures, and the cost of injections is an additional 15% of the total.

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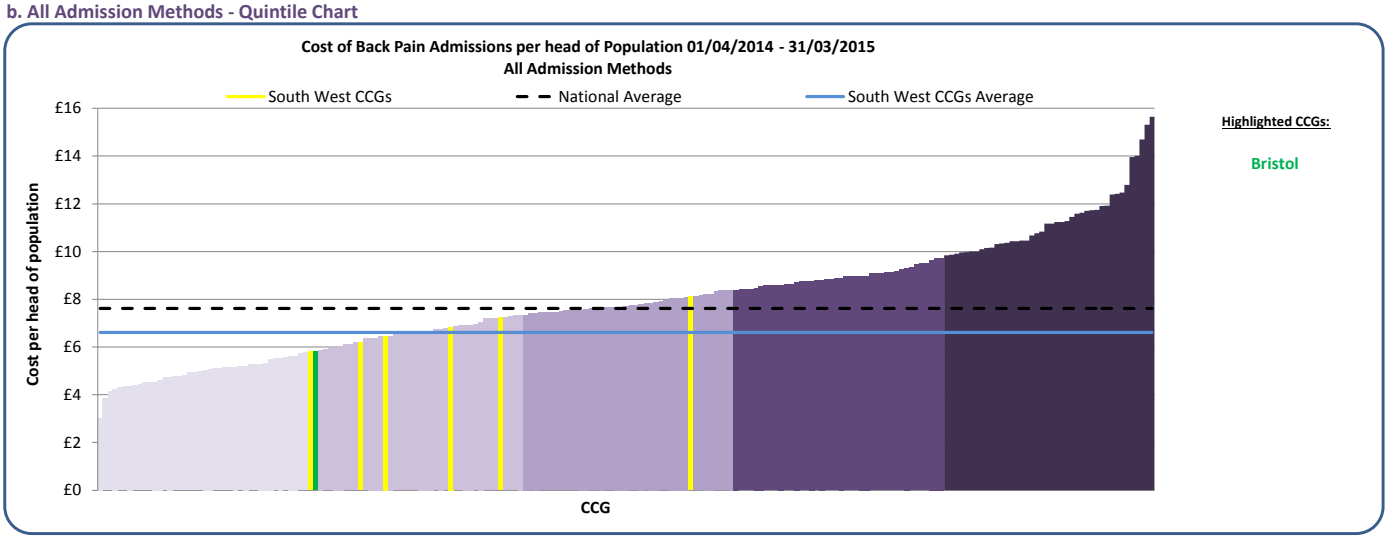
CCG Activity Total Costs

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+)
Somerset	£ 5.80	£ 2,716,164	£ 4.09	£ 1,914,816	£ 1.57	£ 735,805	468,040
Bristol	£ 5.81	£ 2,386,844	£ 3.95	£ 1,621,473	£ 1.76	£ 722,063	410,912
South Devon & Torbay	£ 6.20	£ 1,501,160	£ 4.47	£ 1,081,414	£ 1.51	£ 364,792	242,116
South Gloucestershire	£ 6.46	£ 1,403,611	£ 4.71	£ 1,023,655	£ 1.70	£ 369,814	217,289
Kernow	£ 6.83	£ 3,206,457	£ 5.40	£ 2,532,375	£ 1.15	£ 538,787	469,126
Northern, Eastern & Western Devon	£ 7.23	£ 5,469,665	£ 5.41	£ 4,098,758	£ 1.53	£ 1,156,709	757,011
North Somerset	£ 8.11	£ 1,456,597	£ 6.15	£ 1,103,705	£ 1.90	£ 341,483	179,503
South West Total	**£ 6.61**	**£ 18,140,499**	**£ 4.87**	**£ 13,376,196**	**£ 1.54**	**£ 4,229,453**	**2,743,997**

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
Northern, Eastern & Western Devon	£ 2,688,992	£ 585,396	£ 313,954	£ 17,311	£ 353,882	£ 11,622	£ 127,602	£ -	**£ 4,098,758**
Kernow	£ 1,661,727	£ 314,460	£ 253,164	£ 19,864	£ 201,634	£ 2,272	£ 79,253	£ -	**£ 2,532,375**
Somerset	£ 1,140,685	£ 405,674	£ 82,135	£ 17,511	£ 244,594	£ 4,153	£ 20,065	£ -	**£ 1,914,816**
Bristol	£ 1,043,638	£ 160,101	£ 81,634	£ 4,120	£ 272,297	£ 8,400	£ 51,283	£ -	**£ 1,621,473**
North Somerset	£ 680,353	£ 176,439	£ 72,524	£ 1,227	£ 153,153	£ -	£ 20,010	£ -	**£ 1,103,705**
South Devon & Torbay	£ 647,064	£ 143,313	£ 153,830	£ 1,937	£ 95,569	£ -	£ 39,700	£ -	**£ 1,081,414**
South Gloucestershire	£ 643,155	£ 86,457	£ 63,527	£ 3,760	£ 178,362	£ 868	£ 47,527	£ -	**£ 1,023,655**

What is the data telling us?

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

North Somerset CCG has the highest spend per head of population regionally (£8.11) driven mainly by high costs for elective admissions. The neighbouring Somerset CCG has the lowest costs per head for both emergency and elective admissions (£5.80). Despite all South West CCGs having considerably lower elective admission rates, this is not reflected cost per head indicating that costs per admission for these CCGs were higher.

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 where there is considerably greater spend on admissions for surgery.

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14. Back & Radicular Pain Admissions Breakdown for the South West 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
RVJ	NORTH BRISTOL NHS TRUST	369	596	318	503	6	**1,792**
RK9	PLYMOUTH HOSPITALS NHS TRUST	524	506	250	447	<6	**1,729**
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	257	925	201	271	6	**1,660**
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	-	749	113	277	<6	**1,141**
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	128	407	64	318	<6	**920**
RA9	SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	-	448	115	245	<6	**811**
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	73	298	44	134	32	**581**
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	-	79	16	282	6	**383**
NTPH1	SHEPTON MALLET NHS TREATMENT CENTRE	<6	358	<6	-	-	**363**
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	15	182	6	58	-	**261**
RA3	WESTON AREA HEALTH NHS TRUST	-	-	<6	138	<6	**145**
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	-	-	<6	133	<6	**139**
NT238	NUFFIELD HEALTH, TAUNTON HOSPITAL	81	43	7	-	-	**131**
NV302	CIRCLE BATH HOSPITAL	40	77	7	-	-	**124**
NT233	NUFFIELD HEALTH, PLYMOUTH HOSPITAL	97	8	13	-	-	**118**
NT302	SPIRE BRISTOL HOSPITAL	18	98	<6	-	-	**117**
NT215	NUFFIELD HEALTH, EXETER HOSPITAL	96	-	<6	-	-	**97**
NT206	NUFFIELD HEALTH, BRISTOL HOSPITAL (CHESTERFIELD)	<6	50	6	-	-	**59**
NT402	BMI - BATH CLINIC	9	47	-	-	-	**56**
RH5	SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	-	-	<6	32	17	**50**
R1G	TORBAY AND SOUTHERN DEVON HEALTH AND CARE NHS TRUST	-	-	6	14	28	**48**
NLL01	PENINSULA COMMUNITY HEALTH C.I.C	-	-	<6	17	27	**48**
NFH01	SOMERSET SURGICAL SERVICES	6	34	<6	-	-	**41**
NVC09	NEW HALL HOSPITAL	<6	18	-	-	-	**19**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	<6	6	6	-	-	**13**
NTC01	SHEPTON MALLET NHS TREATMENT CENTRE	-	-	11	-	-	**11**
RET	THE WALTON CENTRE NHS FOUNDATION TRUST	-	-	10	-	-	**10**
RNZ	SALISBURY NHS FOUNDATION TRUST	-	<6	<6	<6	<6	**10**
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	<6	<6	-	<6	-	**7**
NR501	PLYMOUTH COMMUNITY HEALTHCARE (CIC)				-	7	**7**
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	-	<6	<6	-	-	**6**
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	<6	-	<6	<6	-	**6**
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	-	<6	<6	-	-	**<6**
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	<6	<6	-	<6	-	**<6**
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	<6	<6	<6	-	-	**<6**
AAH	#N/A	-	<6	<6	-	-	**<6**
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	-	-	<6	<6	-	**<6**
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST				<6	-	**<6**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	<6	<6	-	-	<6	**<6**
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST				<6	-	**<6**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-	<6	-	<6	-	**<6**
NT202	NUFFIELD HEALTH, BOURNEMOUTH HOSPITAL	-	<6	-	-	-	**<6**
NT433	BMI - SARUM ROAD HOSPITAL	-	<6	<6	-	-	**<6**
NVC04	DUCHY HOSPITAL	-	-	<6	-	-	**<6**
R1H	BARTS HEALTH NHS TRUST				<6	-	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST				<6	-	**<6**
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	<6	-	**<6**
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	<6	-	<6	-	-	**<6**
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	-	-	<6	<6	-	**<6**
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	<6	<6	-	-	-	**<6**
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	<6	**<6**
RLQ	WYE VALLEY NHS TRUST				<6	-	**<6**
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	-	-	**<6**
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST				<6	-	**<6**
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST				<6	-	**<6**
NT304	SPIRE SOUTHAMPTON HOSPITAL	-	<6	-	-	-	**<6**
NTPH4	CIRENCESTER NHS TREATMENT CENTRE	-	<6	-	-	-	**<6**
R1C	SOLENT NHS TRUST				<6	-	**<6**
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST				<6	-	**<6**
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST				<6	-	**<6**
RJ2	LEWISHAM AND GREENWICH NHS TRUST				<6	-	**<6**
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST				<6	-	**<6**
RN7	DARTFORD AND GRAVESHAM NHS TRUST				<6	-	**<6**
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST				<6	-	**<6**
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST				<6	-	**<6**
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	-	<6	-	-	-	**<6**
RTR	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST				<6	-	**<6**
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST				<6	-	**<6**
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	-	<6	-	-	-	**<6**
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST				<6	-	**<6**
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST				<6	-	**<6**
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	-	<6	-	-	-	**<6**
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST				<6	-	**<6**
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	-	<6	-	-	-	**<6**
NLX22	THORNBURY HOSPITAL				-	<6	**<6**
NN801	THE SPENCER WING (RAMSGATE ROAD)	-	-	<6	-	-	**<6**
NR527	MOUNT GOULD HOSPITAL				-	<6	**<6**
NT418	BMI - THE HAMPSHIRE CLINIC	-	-	<6	-	-	**<6**
NVC22	WINFIELD HOSPITAL	<6	-	-	-	-	**<6**
Total		**1,733**	**4,981**	**1,233**	**2,927**	**149**	**11,023**

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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?	