

Back Pain Report

Corby
June 2016



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Better Knowledge Better Care Better Outcomes

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 Central Midlands Region and provides important information about patient flows from these CCGs across all providers within this region.

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

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

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

Acknowledgements

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

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

Introduction and background

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

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

Technical specification

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

Data definitions

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

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

A summary of the data definitions used is shown below:

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

The NHS Trusts included for the Central Midlands Region are:

- Nottingham University Hospitals NHS Trust
- Royal Free London NHS Foundation Trust
- West Hertfordshire Hospitals NHS Trust
- United Lincolnshire Hospitals NHS Trust
- Buckinghamshire Healthcare NHS Trust
- University Hospitals Of Leicester NHS Trust
- East & North Hertfordshire NHS Trust
- Northampton General Hospital NHS Trust
- Kettering General Hospital NHS Foundation Trust
- Luton & Dunstable University Hospital NHS Foundation Trust
- Milton Keynes Hospital NHS Foundation Trust

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

- Fitzwilliam Hospital
- One Health Group Ltd
- Woodland 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

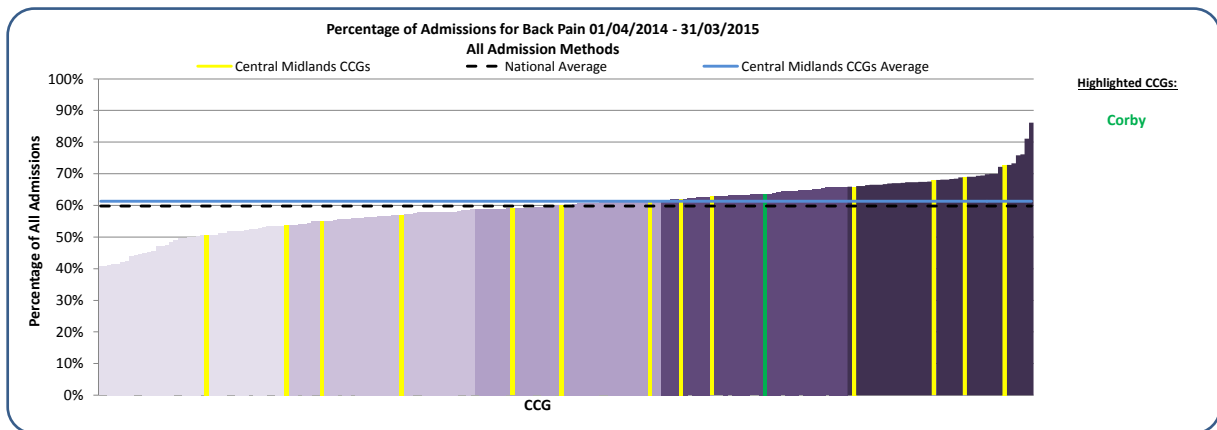
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	237,256	56.7%	43.3%
Emergency	39,331	14,309	53,640	73.3%	26.7%
Other	771	951	1,722	44.8%	55.2%
Total	174,550	118,068	292,618	59.7%	40.3%

Central Midlands CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	10,945	7,546	18,491	59.2%	40.8%
Emergency	2,776	1,045	3,821	72.7%	27.3%
Other	76	100	176	43.2%	56.8%
Total	13,797	8,691	22,488	61.4%	38.6%

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)

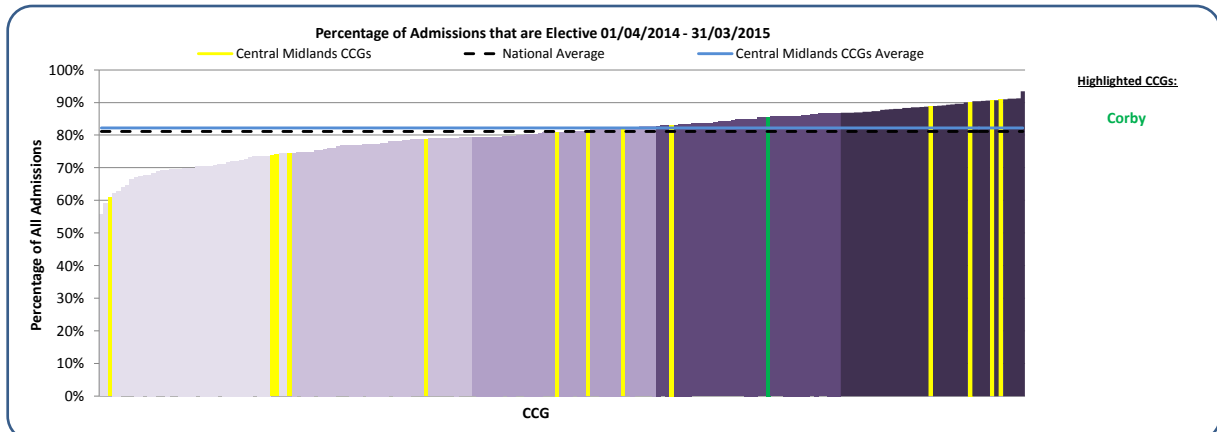
Herts Valleys	50.5%	East & North Hertfordshire	62.0%
Lincolnshire West	53.8%	South West Lincolnshire	62.7%
East Leicestershire & Rutland	55.0%	Corby	63.6%
West Leicestershire	57.0%	South Lincolnshire	65.9%
Leicester City	59.1%	Milton Keynes	67.9%
Bedfordshire	60.0%	Nene	68.9%
Luton	61.7%	Lincolnshire East	72.8%
Central Midlands CCGs	61.4%	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

Leicester City	60.9%	Milton Keynes	82.1%
East Leicestershire & Rutland	73.8%	Herts Valleys	83.1%
West Leicestershire	74.2%	Corby	85.5%
Luton	74.3%	Lincolnshire West	88.7%
Bedfordshire	78.8%	South Lincolnshire	90.1%
East & North Hertfordshire	80.9%	South West Lincolnshire	90.6%
Nene	81.4%	Lincolnshire East	91.0%
Central Midlands CCGs	82.2%	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 22,488 (7.7%) of these from patients registered within the Central Midlands CCGs.

At a national level the proportional split for hospital admissions is 60% for back pain and 40% for radicular pain, and at CCG level in the Central Midlands the proportion of admissions for back pain ranges from 50.5% to 72.8%.

Approximately 81% of back and radicular pain admissions are elective, with the Central Midlands slightly higher than the national rate. At CCG level in the Central Midlands the proportion of elective admissions ranges from 60.9% in Leicester City to 91% in Lincoln East.

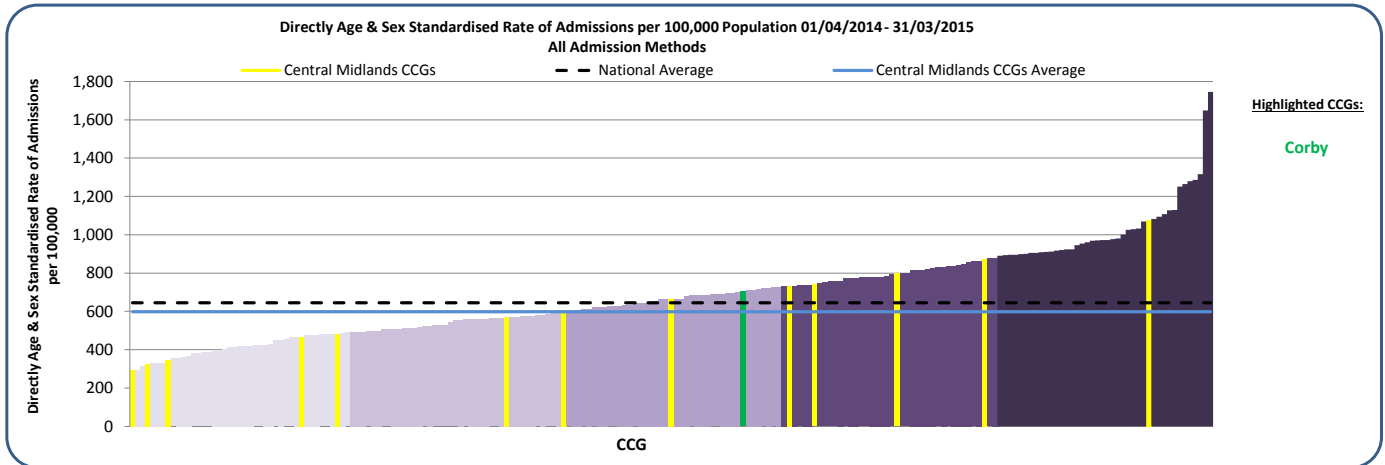
Clinical Commissioning Group (CCG) activity

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

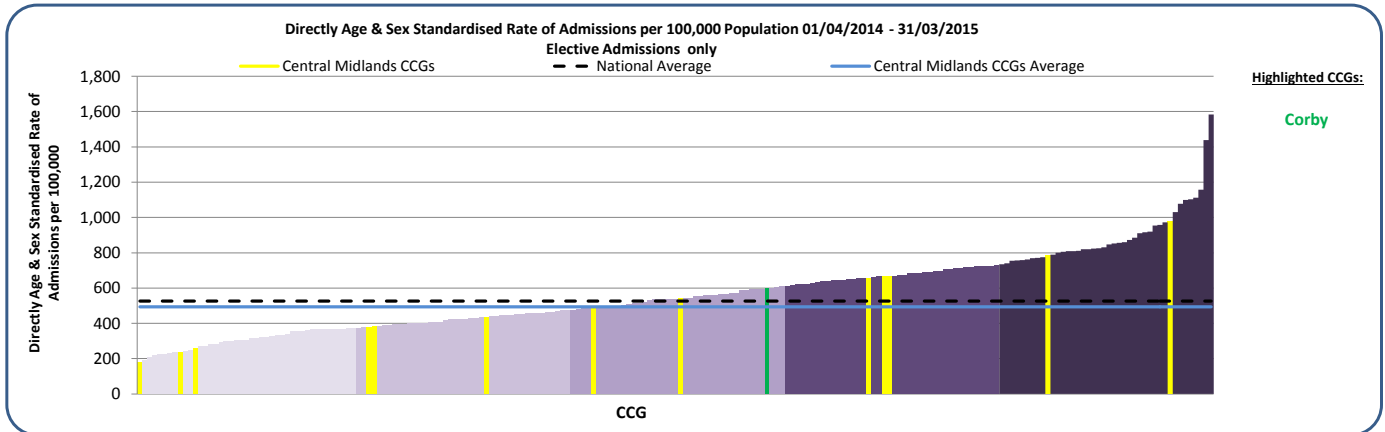
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Lincolnshire East	1077.4	979.5	92.3	Nene	593.9	484.1	108.7
South Lincolnshire	873.4	785.1	87.0	Luton	569.3	436.0	131.6
Herts Valleys	796.1	668.1	121.9	Bedfordshire	482.1	380.4	98.3
Lincolnshire West	739.8	656.9	75.9	Milton Keynes	468.0	380.2	82.2
South West Lincolnshire	733.4	664.7	64.6	East Leicestershire & Rutland	348.3	257.3	82.4
Corby	702.8	598.9	103.9	West Leicestershire	323.8	238.5	78.6
East & North Hertfordshire	663.2	538.9	120.3	Leicester City	292.3	180.2	104.6
Central Midlands CCGs	598.4	493.5	100.1	England	645.6	526.5	115.4

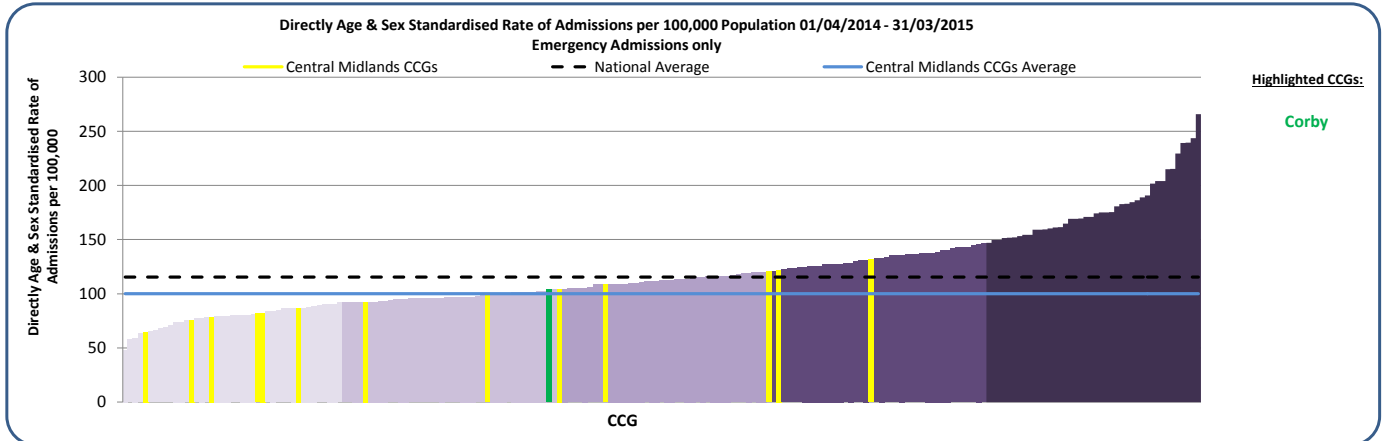
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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



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



What is the data telling us?

There is considerable variation in elective admission rates across the CCGs within Central Midlands with a 5.4-fold difference between the highest CCG for the region (Lincolnshire East CCG), and the regional lowest (Leicester City CCG), which has the lowest elective admission rates nationally. There is also wide variation for emergency admissions across the CCGs in the region, with over a 2-fold difference between the regional lowest (South West Lincolnshire CCG) and the highest CCG for the region (Luton CCG).

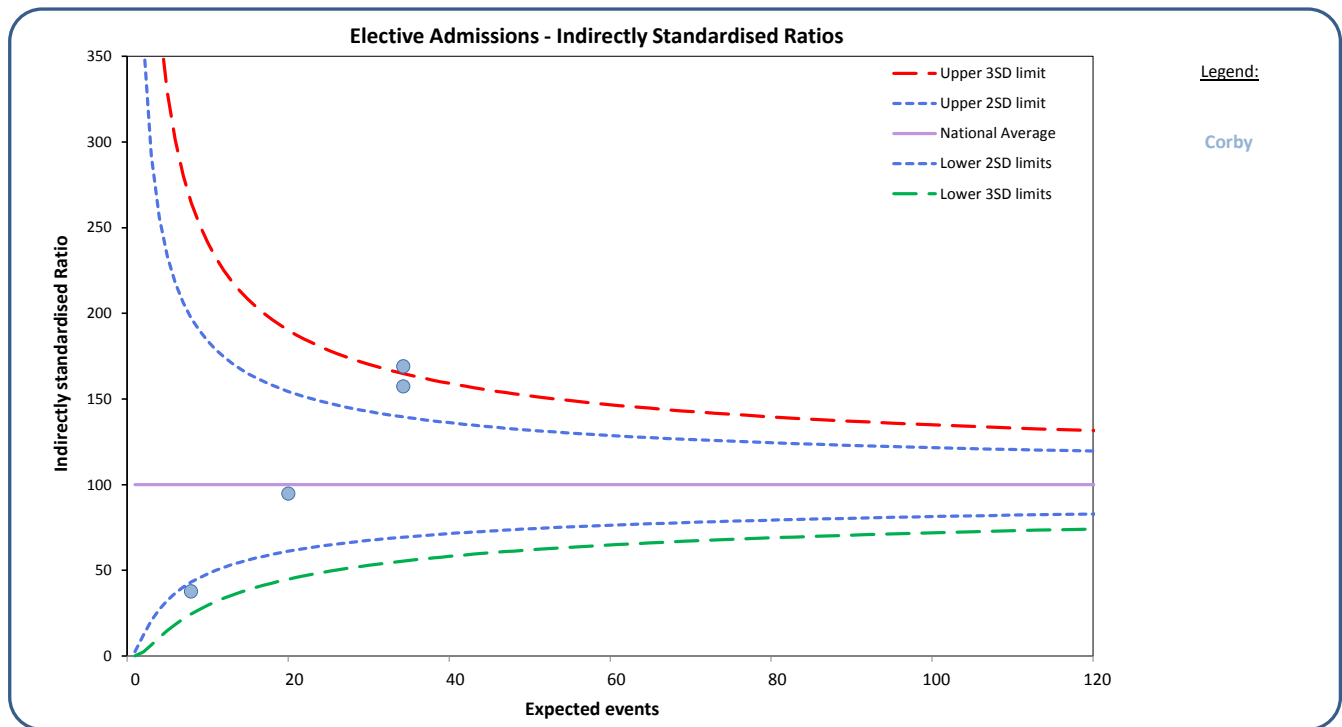
Clinical Commissioning Group (CCG) activity - GP practice level

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

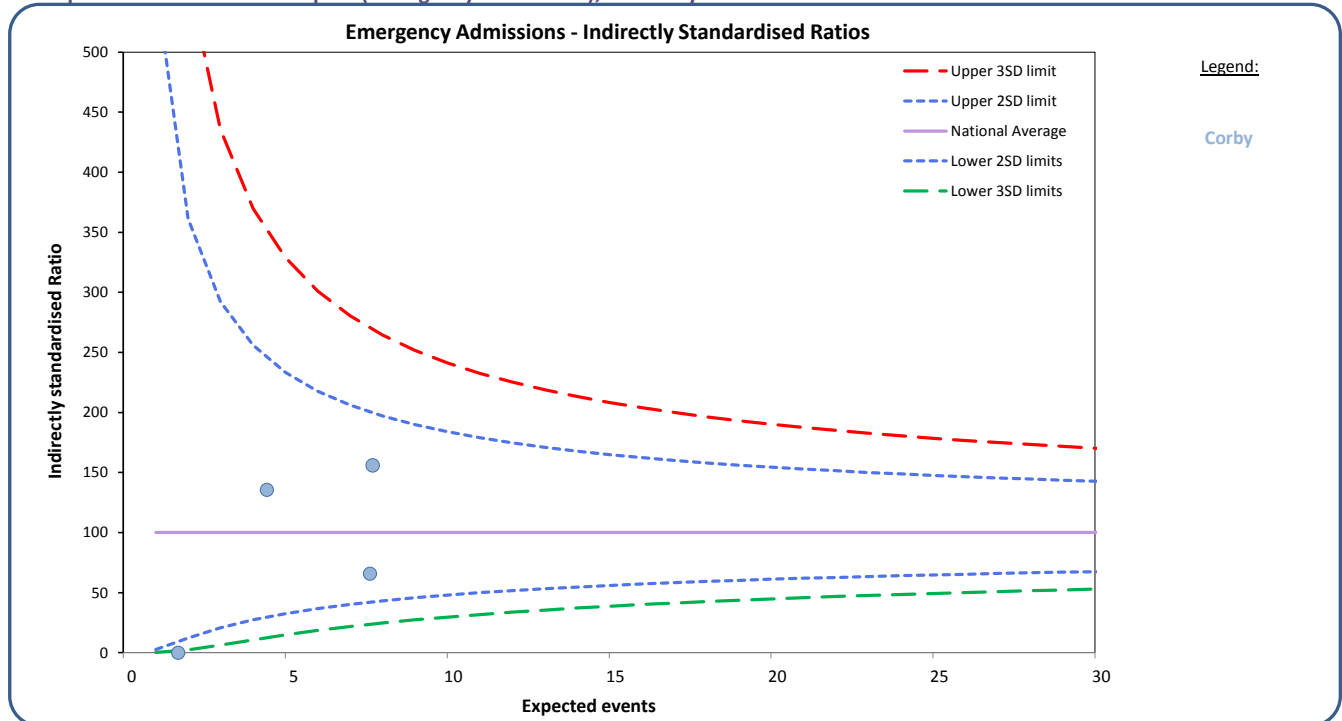
Each symbol represents one GP practice

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

Corby



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 Corby

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

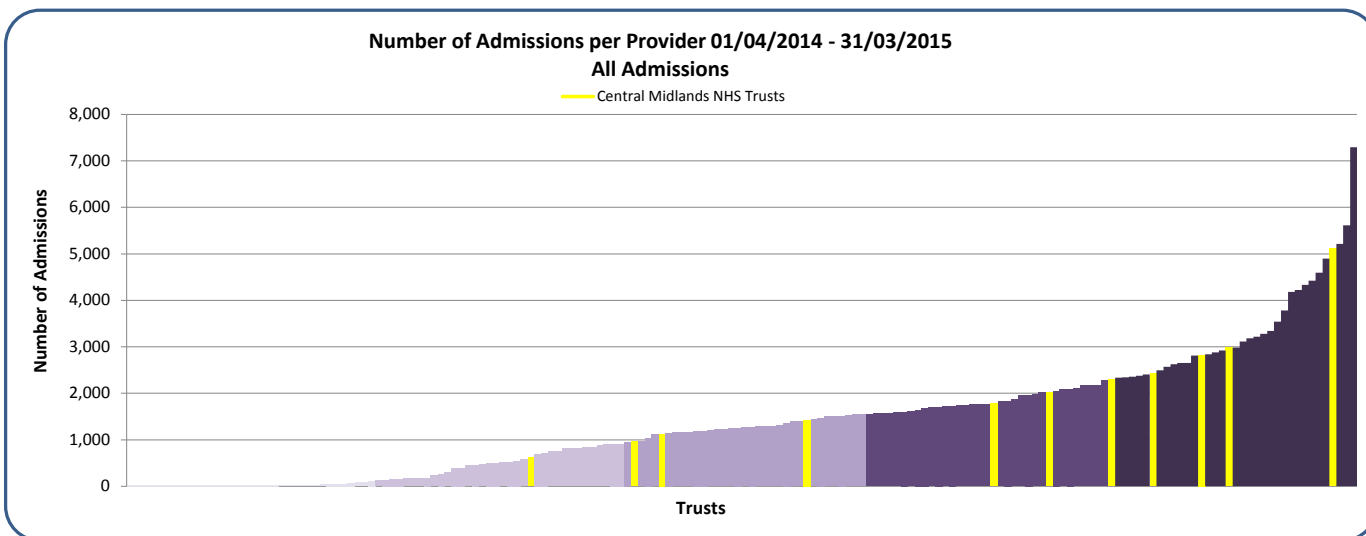
Practice Code	Practice Name	CCG	Population 15+	Elective			Emergency		
				Observed	Expected	Ratio	Observed	Expected	Ratio
K83002	Lakeside Surgery	03V	38,891	190	188.66	100.71	32	41.75	76.64
K83059	Dr Khalid & Partners	03V	7,367	54	34.30	157.43	<6	7.61	65.70
K83607	Dr Sumira	03V	1,471	<6	7.96	37.71		1.69	
K83614	Dr Kumar & Partner Studfall Medical Ctr	03V	3,984	19	20.05	94.78	6	4.43	135.53
K83622	Great Oakley Medical Centre	03V	7,683	58	34.31	169.03	12	7.70	155.93

Hospital Trust activity

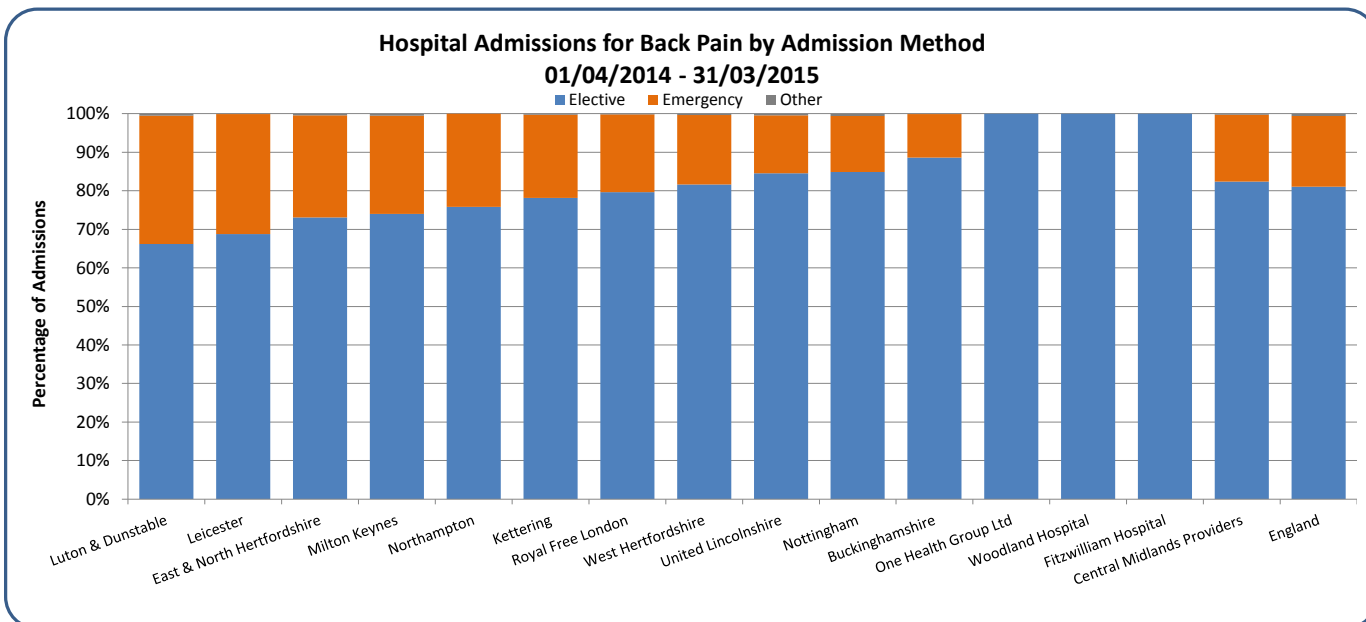
5. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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

Nottingham	5,112	East & North Hertfordshire	1,781
Royal Free London	2,981	Northampton	1,431
West Hertfordshire	2,827	Kettering	1,122
United Lincolnshire	2,436	Luton & Dunstable	965
Buckinghamshire	2,302	Milton Keynes	624
Leicester	2,020		
Central Midlands NHS Trusts	23,601	England	251,444



b. Number of admissions per hospital Trust, by admission method (Central Midlands 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 9 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 the England proportion for the Central Midlands providers overall, however at NHS Trust level the proportion this varies between 67% at Luton and Dunstable to 89% at Buckinghamshire. All NHS activity at independent sector providers is classed as elective.

Hospital Trust activity

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

c. Elective admissions for back and radicular pain, by treatment specialty (Central Midlands Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
United Lincolnshire	2,055	<6	-	-	-	<6	2,055
Nottingham	2,338	<6	1,881	-	103	11	4,333
Leicester	553	819	-	<6	-	17	1,389
Kettering	494	374	-	-	-	9	877
Northampton	969	113	-	-	-	<6	1,082
Milton Keynes	445	14	-	-	-	<6	459
East & North Hertfordshire	725	574	-	-	-	<6	1,299
Luton & Dunstable	111	89	427	-	-	12	639
Buckinghamshire	1,162	728	-	140	-	11	2,041
West Hertfordshire	601	1,691	<6	-	-	11	2,303
Royal Free London	1,196	1,002	-	-	-	176	2,374
Fitzwilliam Hospital	500	214	890	-	-	13	1,617
Woodland Hospital	271	175	66	-	-	-	512
One Health Group Ltd	-	14	-	-	1,106	-	1,120
Total	11,420	5,807	3,264	140	1,209	260	22,100

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, however for Nottingham and Luton & Dunstable Hospitals a high volume of activity is recorded within spinal surgery service and the One Health Group records the majority of their activity under Neurosurgery.

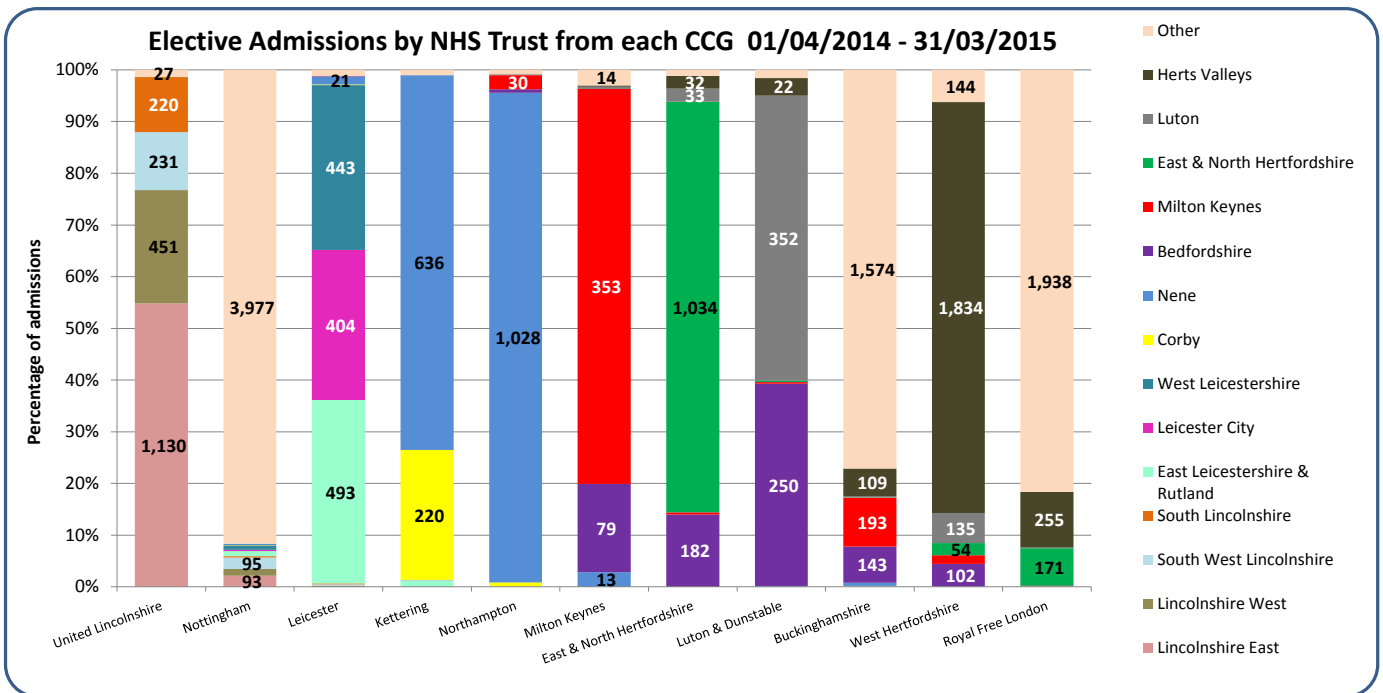
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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

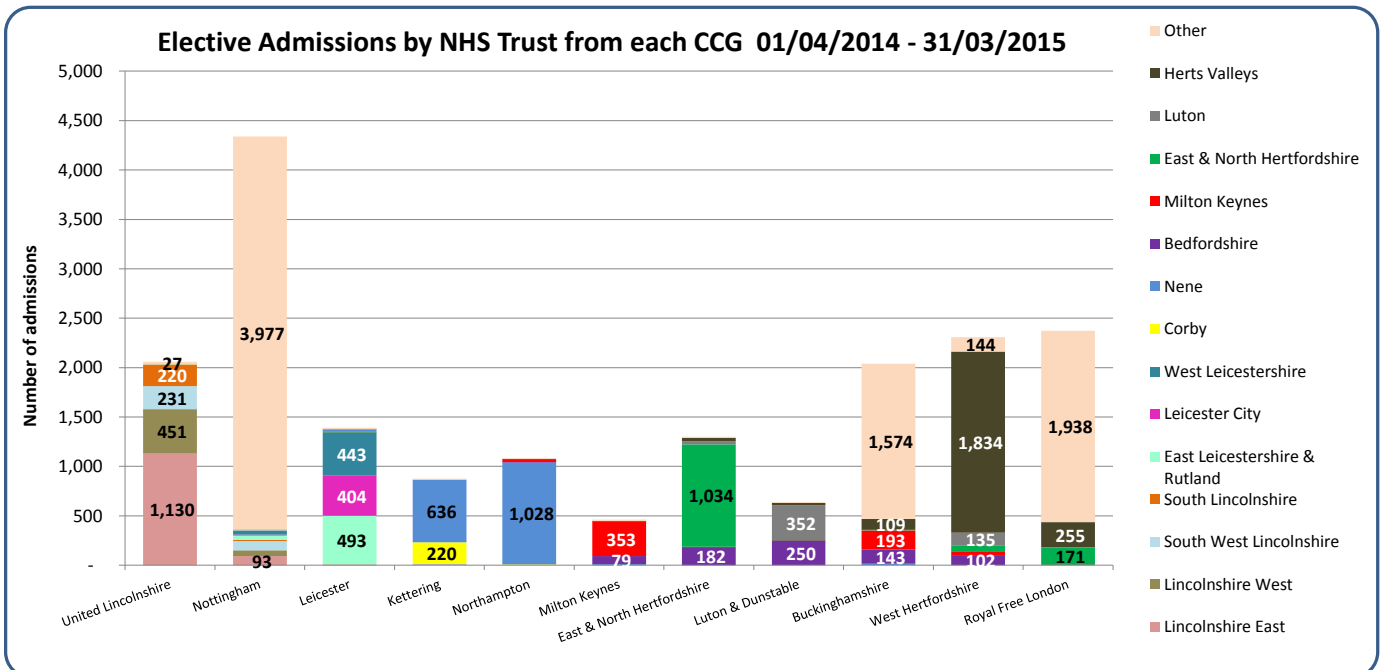
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

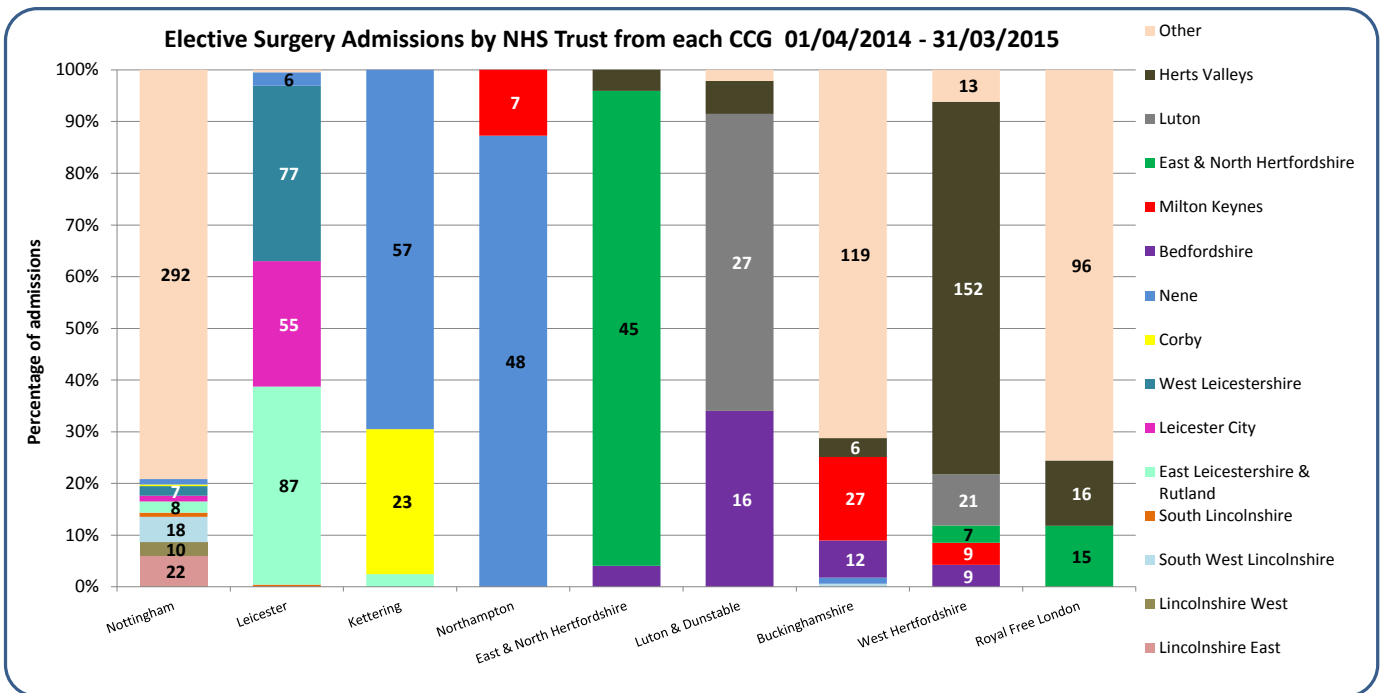
There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for back and radicular pain. Some high volume providers are located outside of the Central Midlands CCG boundary (i.e. Nottingham, Royal Free London and Buckinghamshire Hospital) and the majority of their patients are coming from CCGs outside of Central Midlands. We have included them in this report as they provide similar spinal surgery activity to some of the other providers located within the Central Midlands CCGs.

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

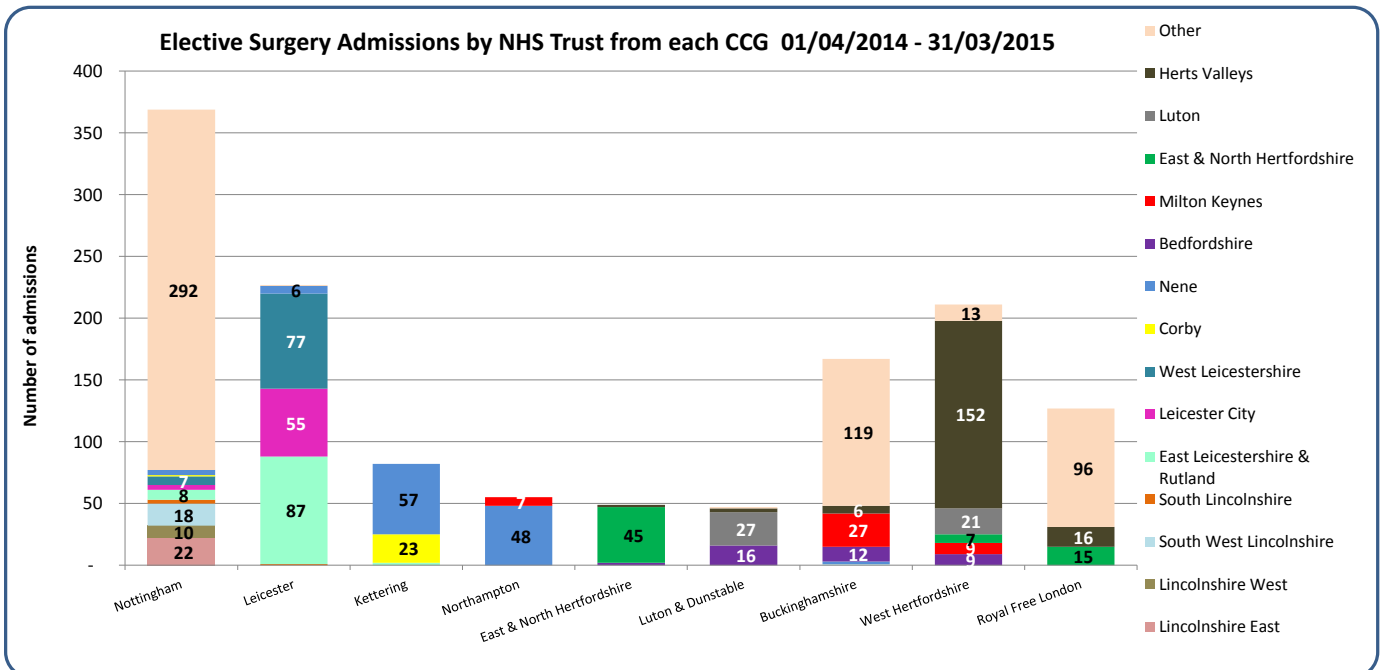
Hospital Trust activity from CCGs

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?

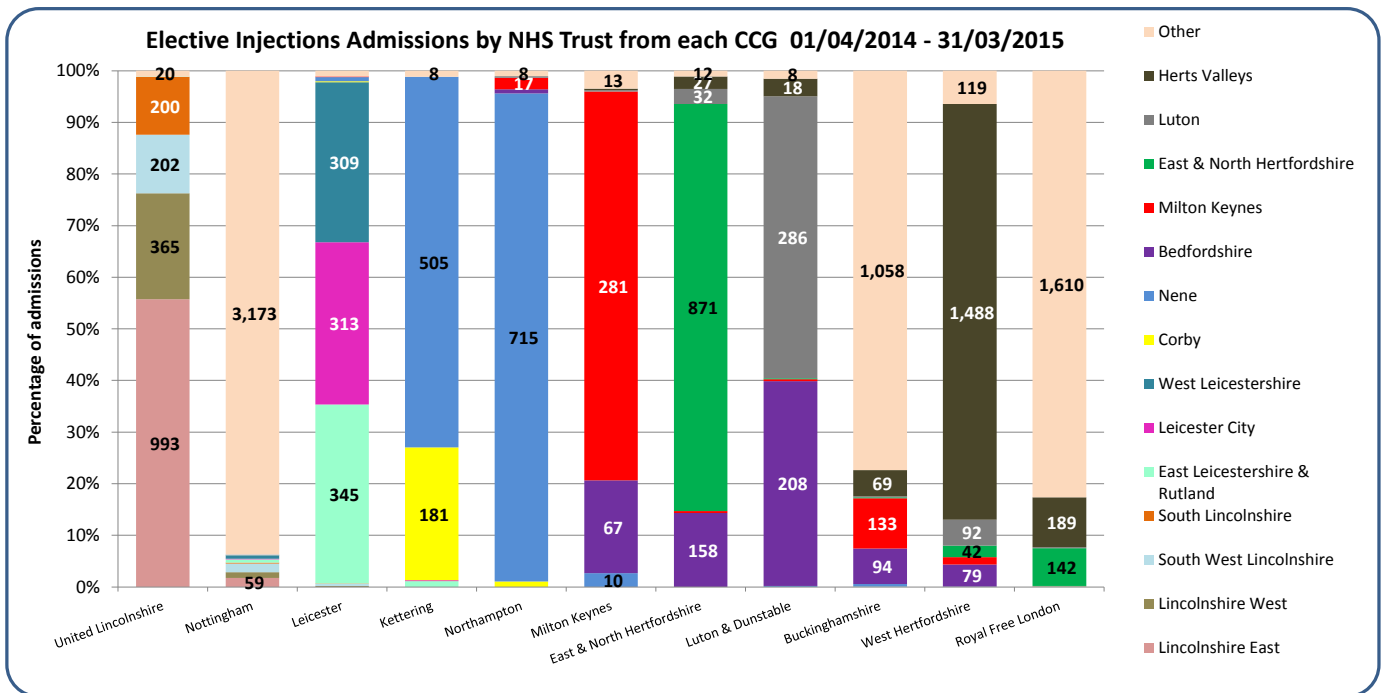
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The data is shown in two ways, indicating both the proportion and amount of activity relating to each CCG.

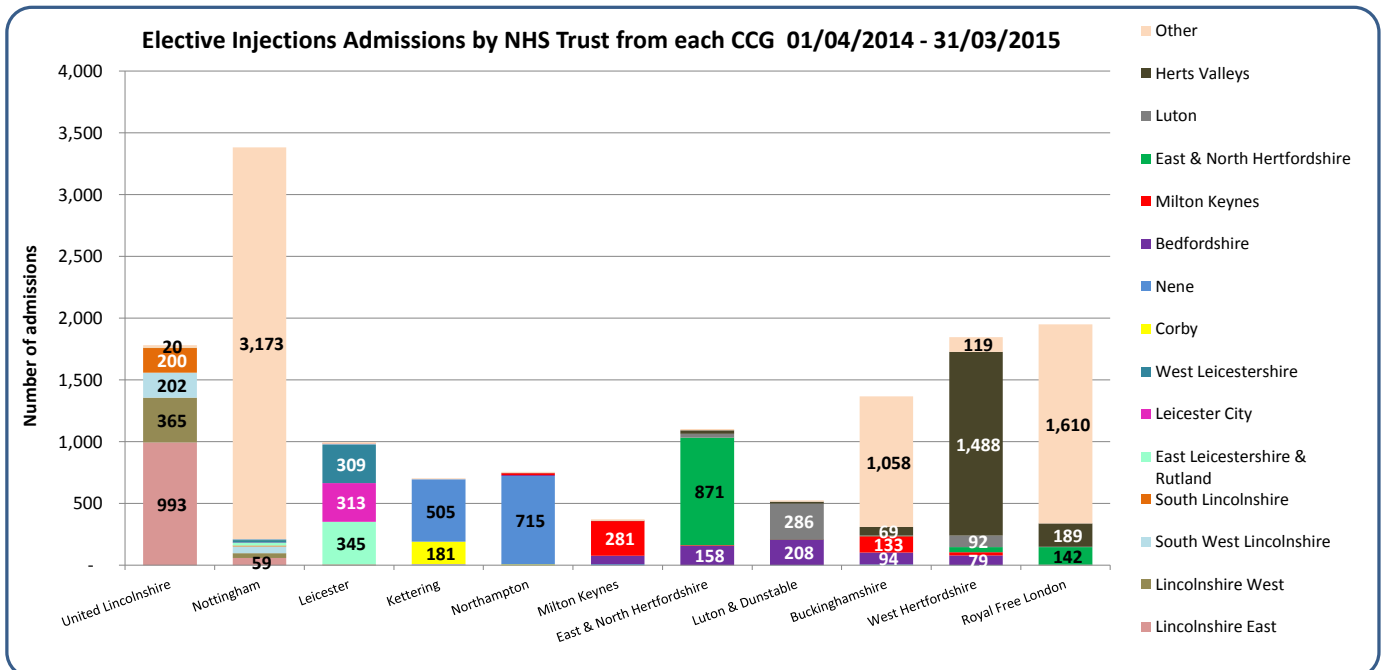
Hospital Trust activity from CCGs

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

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?

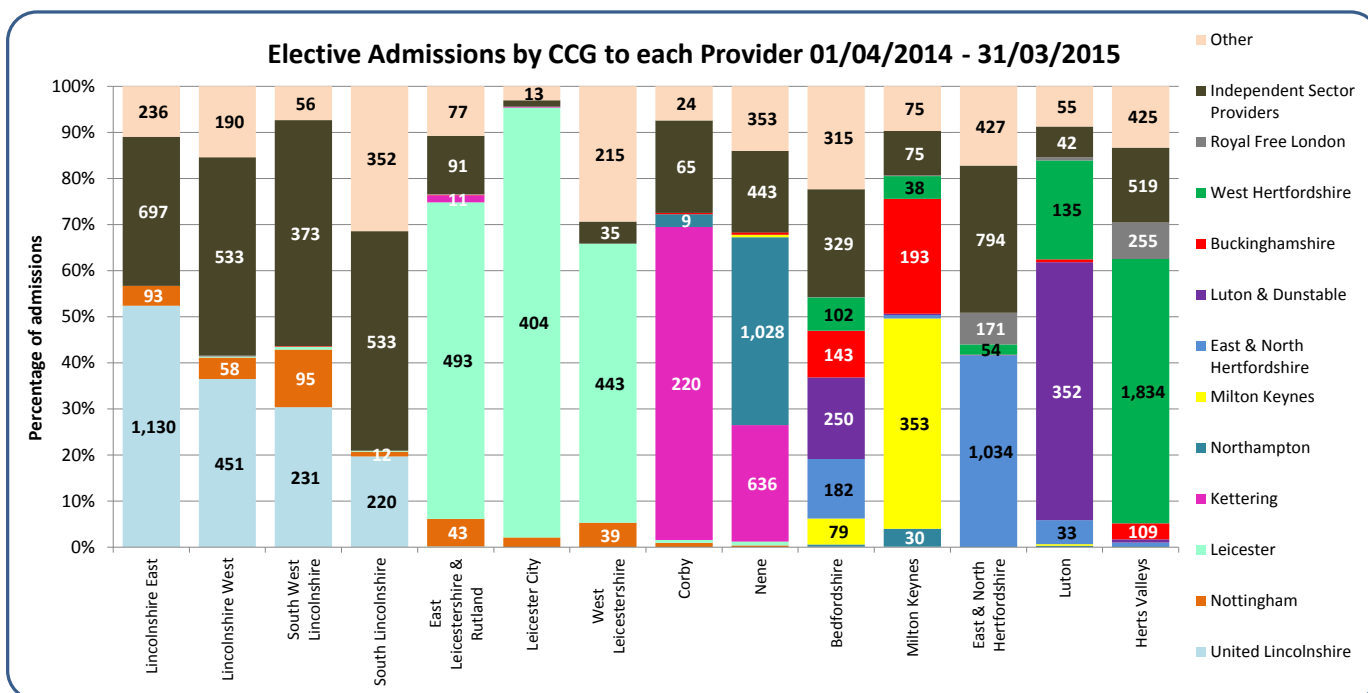
There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for injections for back and radicular pain. Some high volume providers are located outside of the Central Midlands CCG boundary (i.e. Nottingham, Royal Free London and Buckinghamshire Hospital) and the majority of their patients are coming from CCGs outside of Central Midlands. We have included them in this report as they provide similar spinal surgery activity to some of the other providers located within the Central Midlands CCGs. Nottingham has the highest activity for injections overall but more patients from the Central Midlands CCGs have injections at United Lincolnshire and West Hertfordshire hospitals.

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

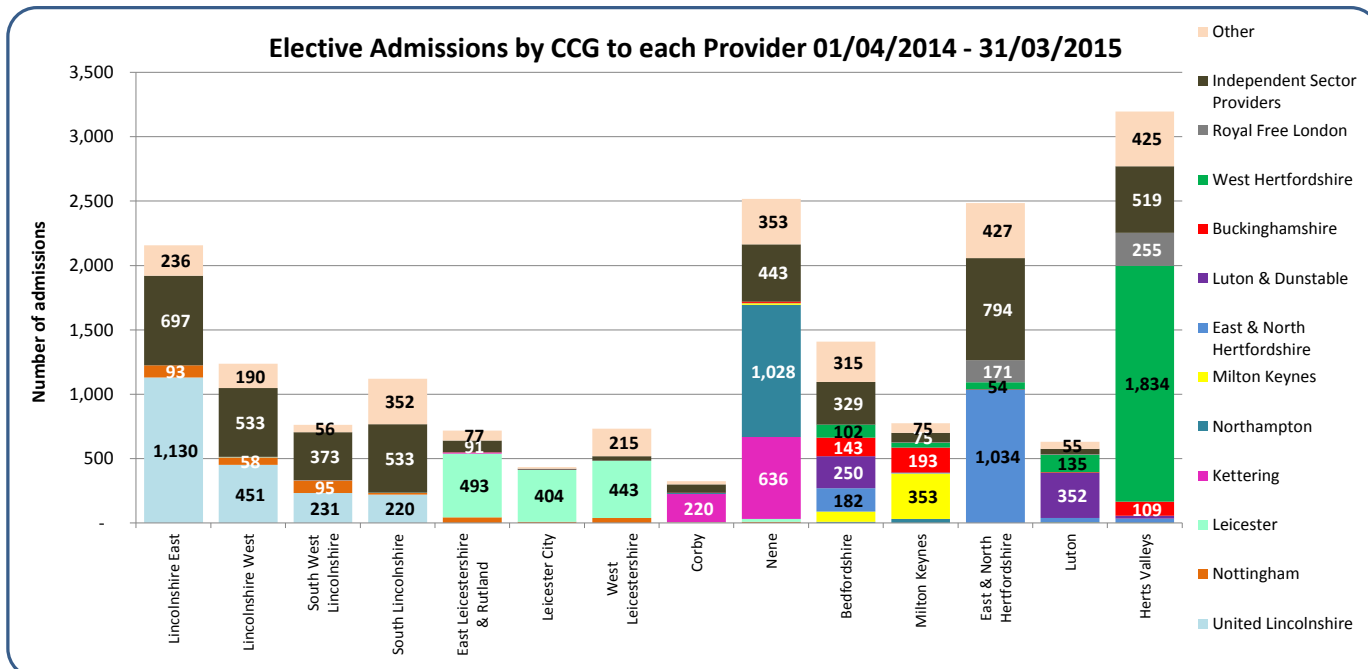
CCG activity to Hospital Trust

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. Bedfordshire CCG patients attend five of the acute hospital trusts as well as using Independent Sector Providers which is in contrast to the 3 CCGs across Leicester that use mainly Leicester Hospitals.

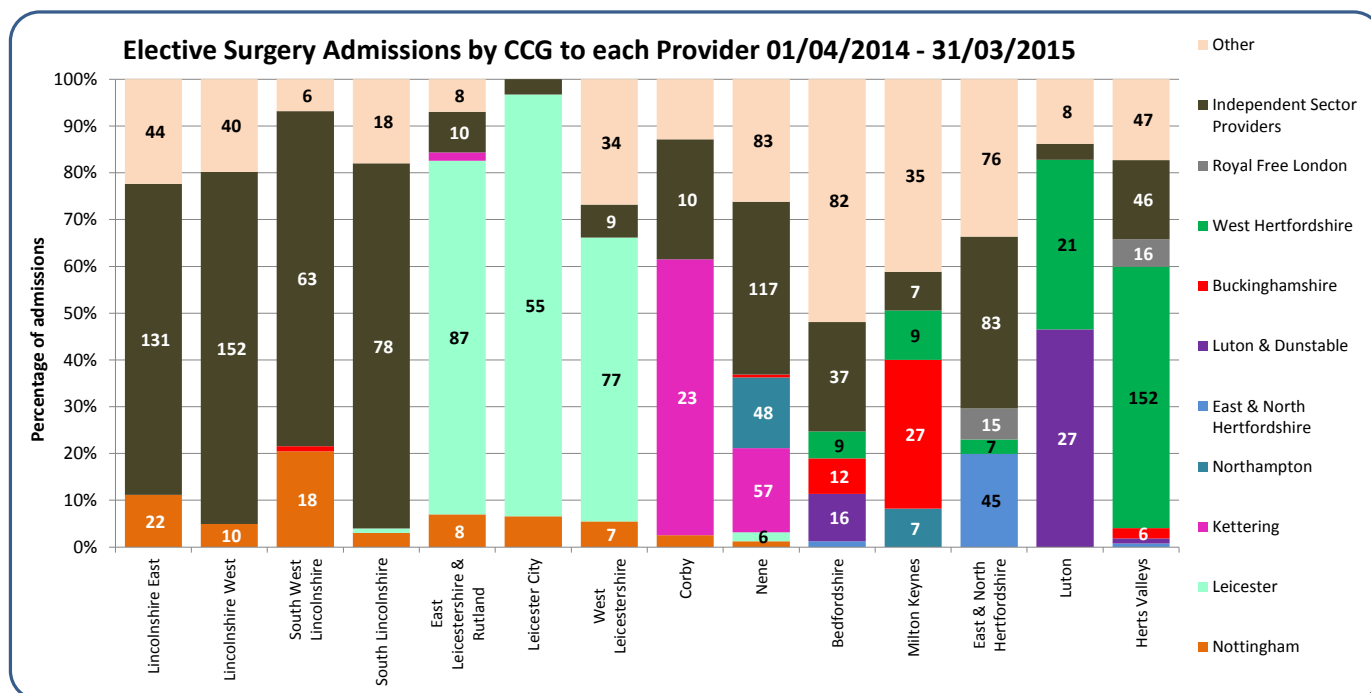
Activity is highest for Herts Valley CCG and is spread across several providers. The 4 CCGs across Lincolnshire have the highest proportion of Independent Sector activity.

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

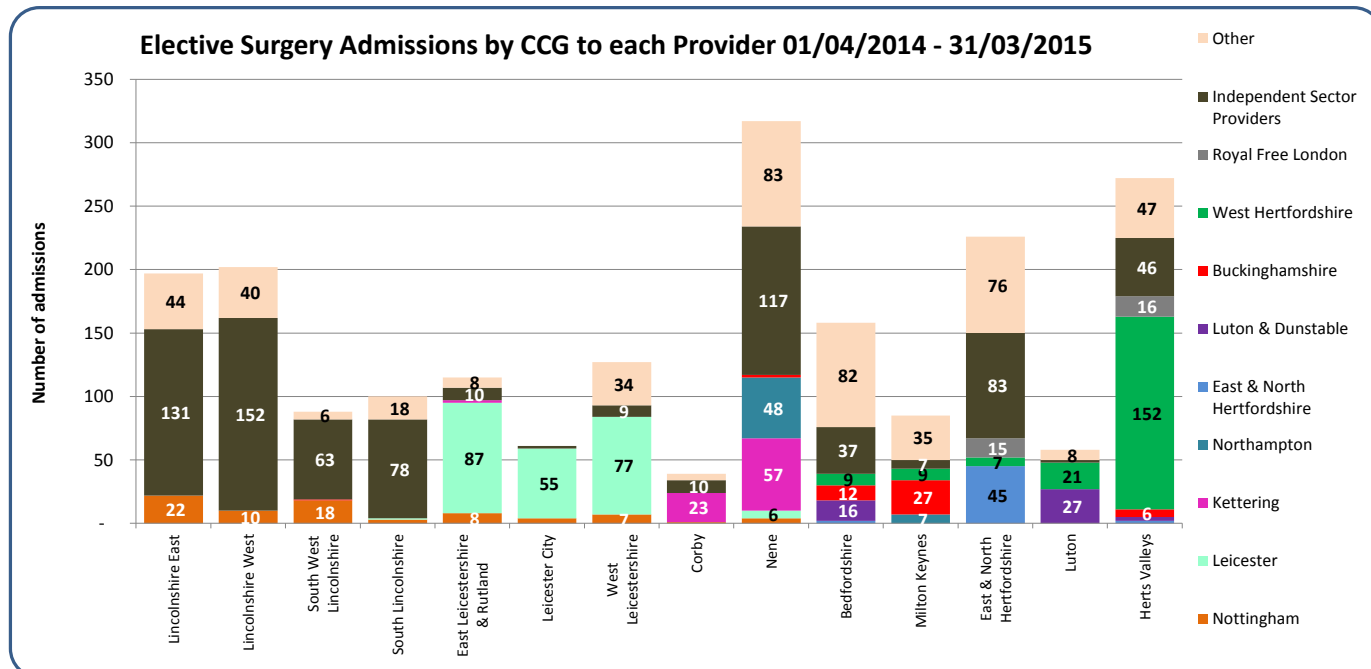
CCG activity to Hospital Trust

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

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



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



What is the data telling us?

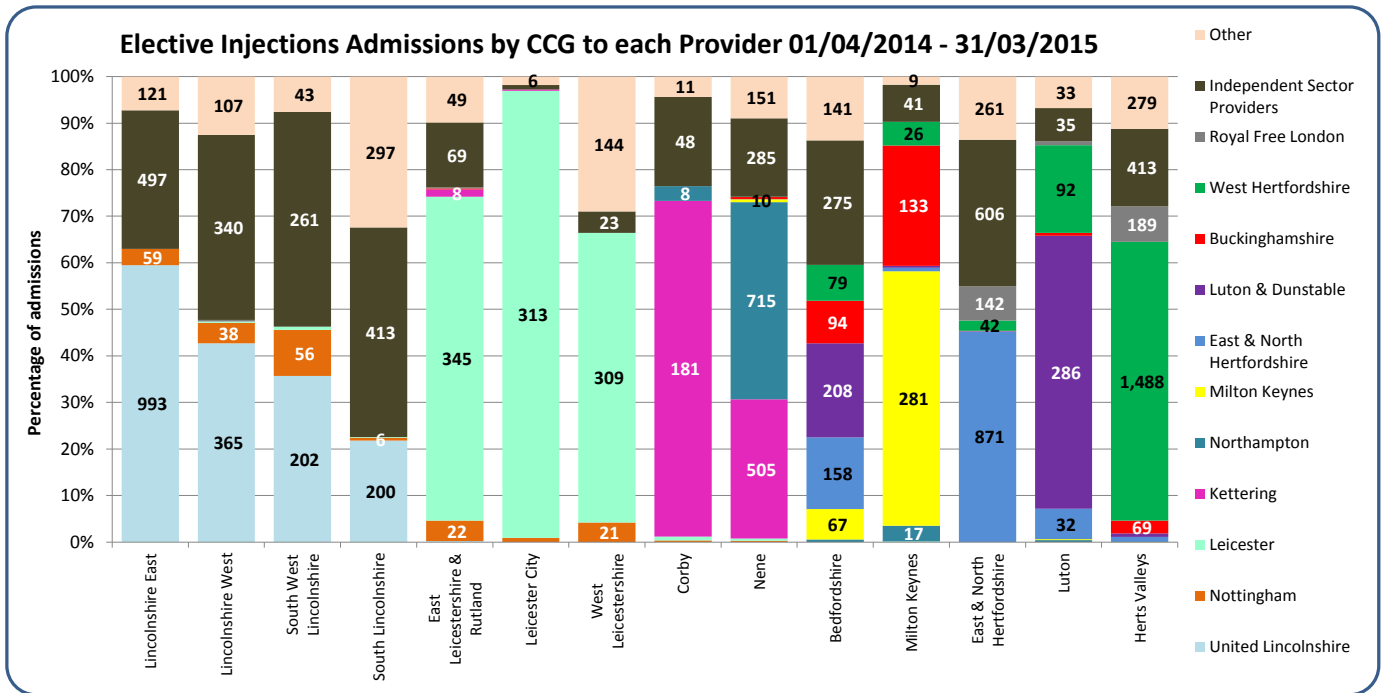
There is variation between CCGs in terms of the number of the number of hospital trusts that their patients are admitted to for spinal surgery. Nene CCG has the highest number of admissions for surgery and patients attend at least three of the acute hospital trusts as well as using Independent Sector Providers which is in contrast to the 3 CCGs across Leicester that use mainly Leicester Hospitals.

The 4 CCGs across Lincolnshire have the highest proportion of Independent Sector activity.

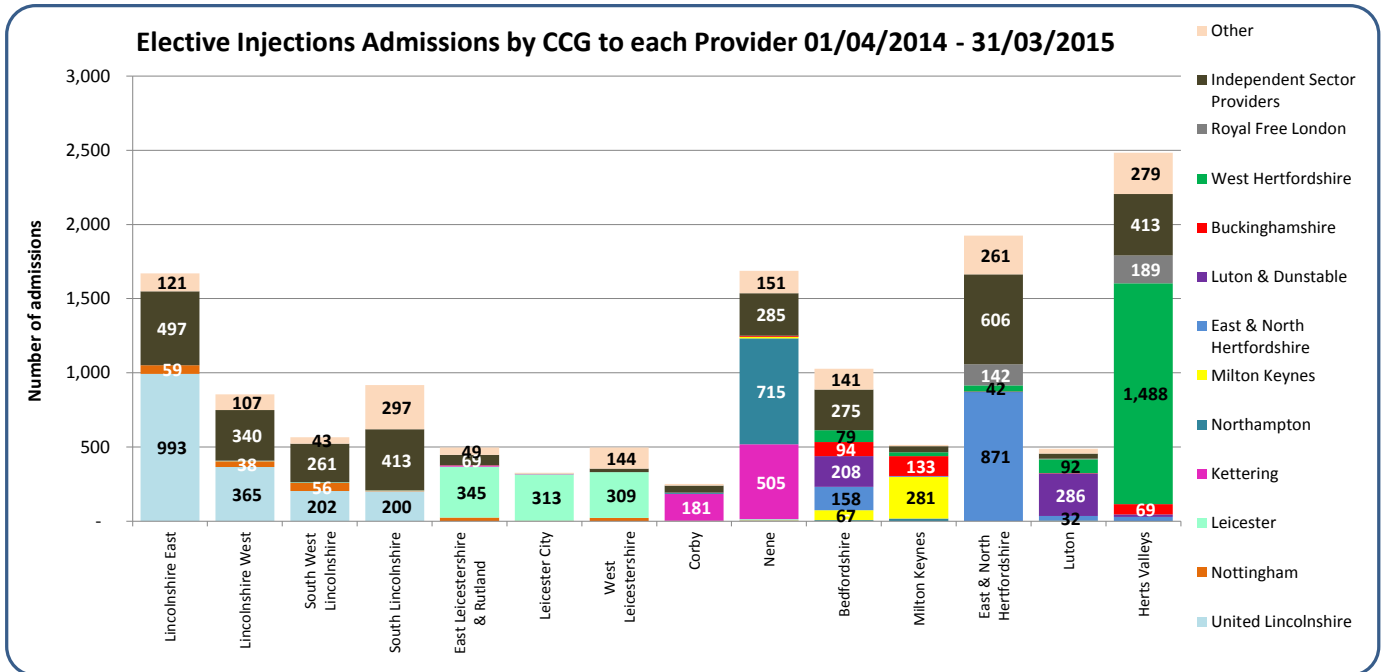
The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

CCG activity to Hospital Trust

7. Patient flows to Hospital Trusts from CCGs for back pain in people aged 16 years and over (April 2014 - March 2015)
 e. Hospital elective admissions for injections by CCG population (percentage of activity)



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



What is the data telling us?

There is variation between CCGs in terms of the number of the number of hospital trusts that their patients are admitted to for injections. Herts Valley CCG has the highest number of admissions for injections and patients attend at least three of the acute hospital trusts as well as using Independent Sector Providers which is in contrast to the 3 CCGs across Leicester that use mainly Leicester Hospitals.

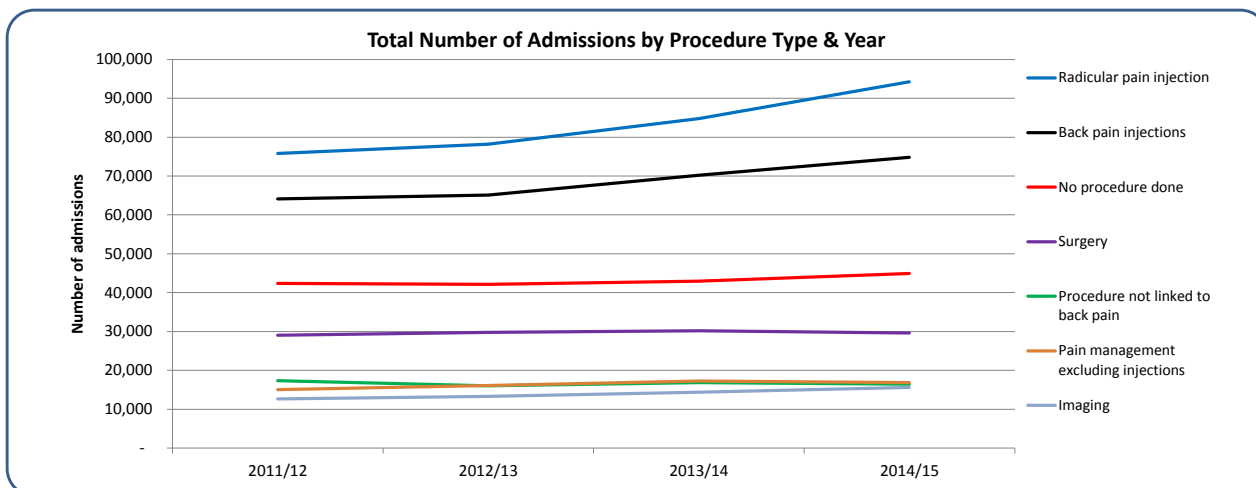
The 4 CCGs across Lincolnshire have the highest proportion of Independent Sector activity.

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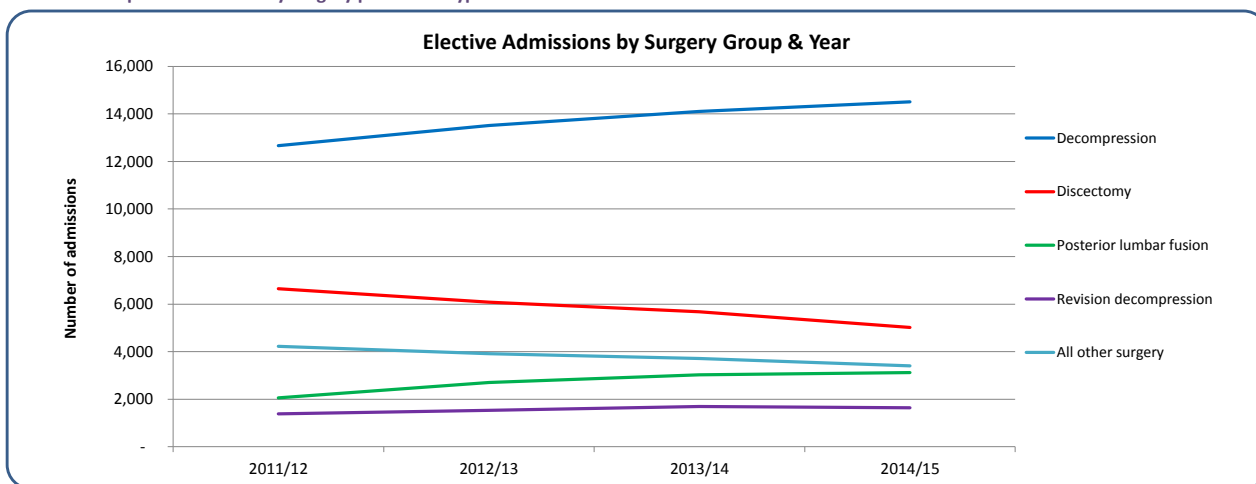
Hospital Trust activity (national level)

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

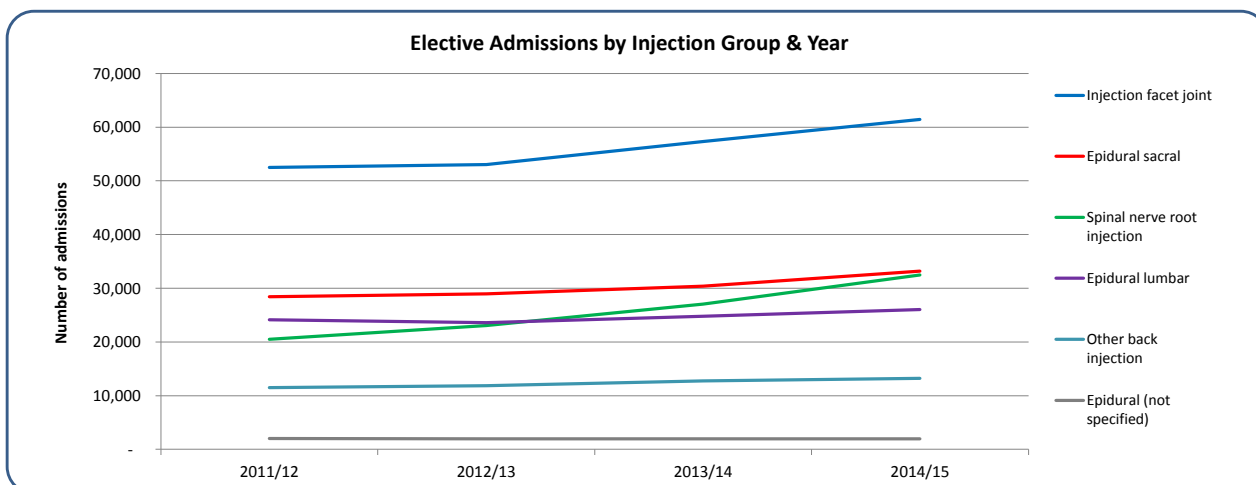
a. Hospital admissions by procedure type over time (all admission types)



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

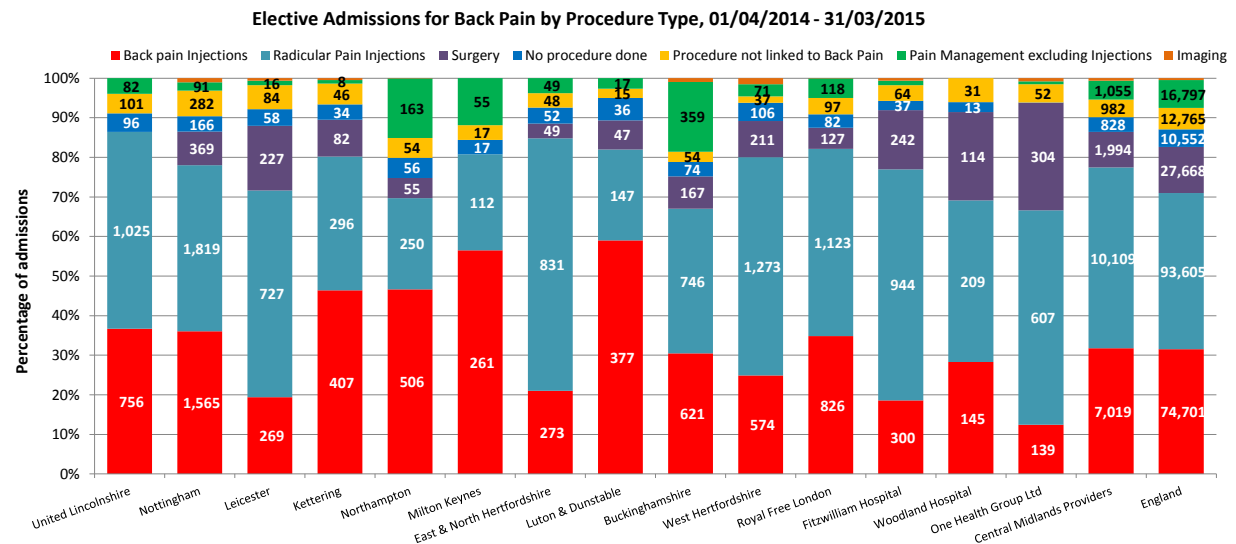
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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%

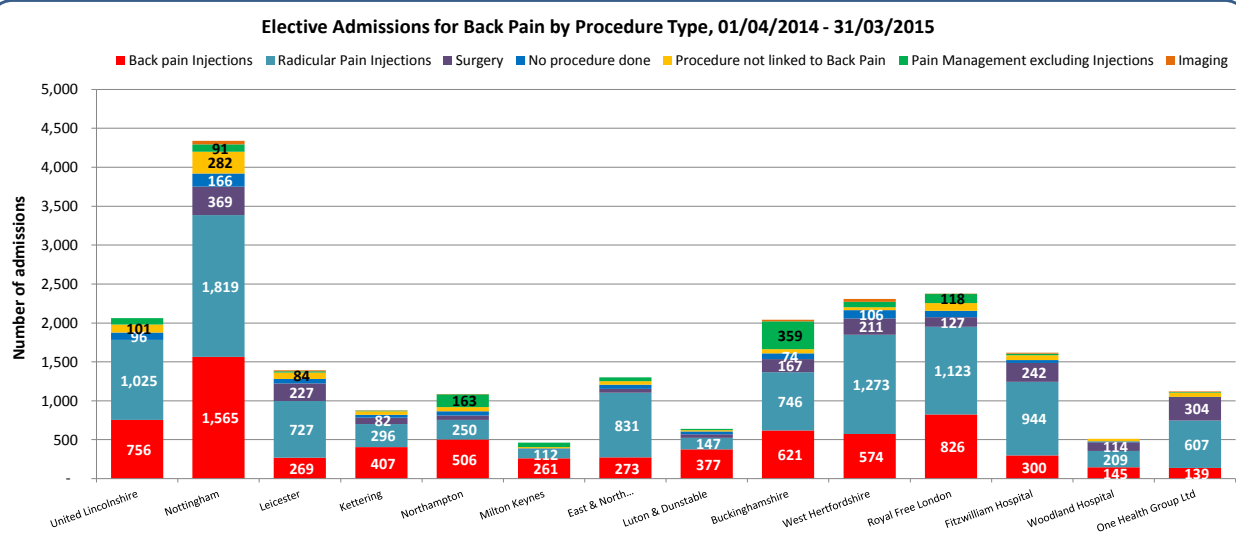
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(Central Midlands Providers only)



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

(Central Midlands Providers only)



What is the data telling us?

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

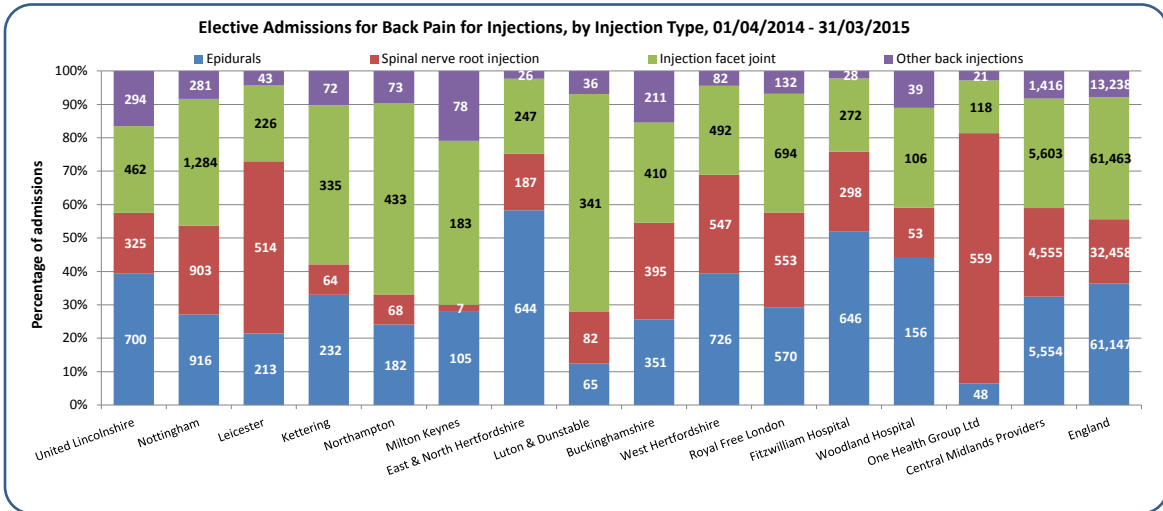
Eight of the Central Midlands Trusts have a higher proportion of elective activity for injections than the England rate and it is possible that the variation is due to differences in the point of delivery of care across hospital Trusts (for example it is possible that activity may also take place as outpatient procedures). Leicester Trust has a notably higher proportion of admissions for surgery compared to the other NHS Trusts.

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

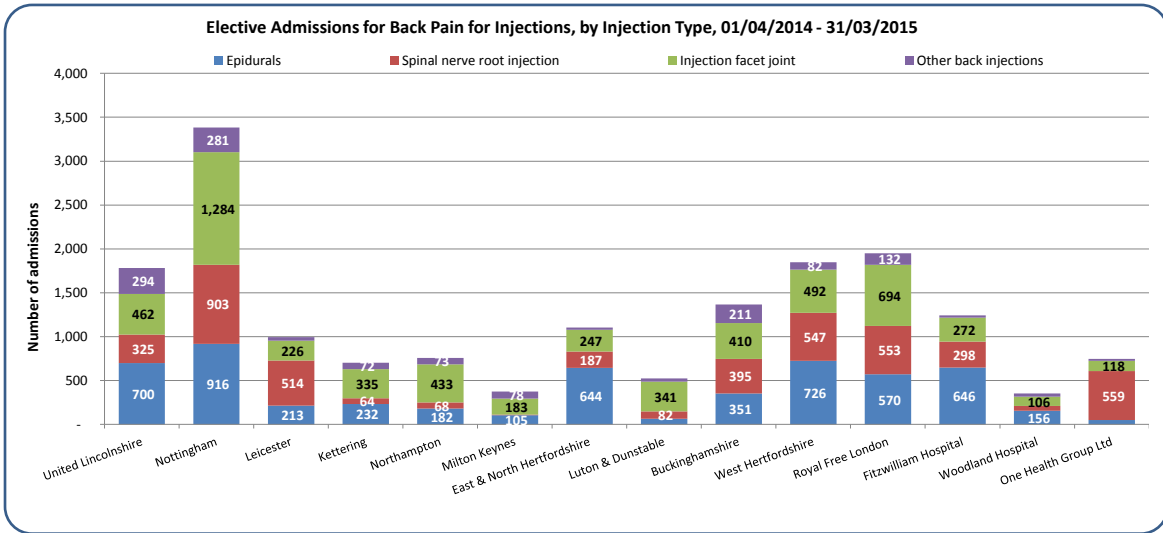
Hospital Trust activity

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

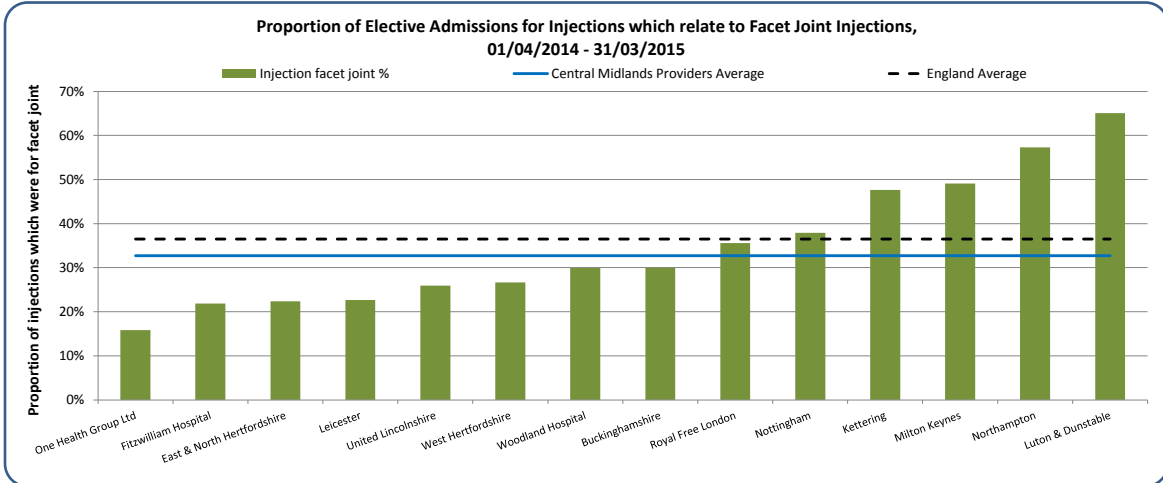
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity) (Central Midlands Providers only)



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



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



What is the data telling us?

Spinal nerve root joint injections are more frequently done within the Central Midlands, constituting almost 27% of injection activity compared to 19% across England as a whole. The data is shown in two ways, indicating both the proportion and amount of activity relating to each CCG.

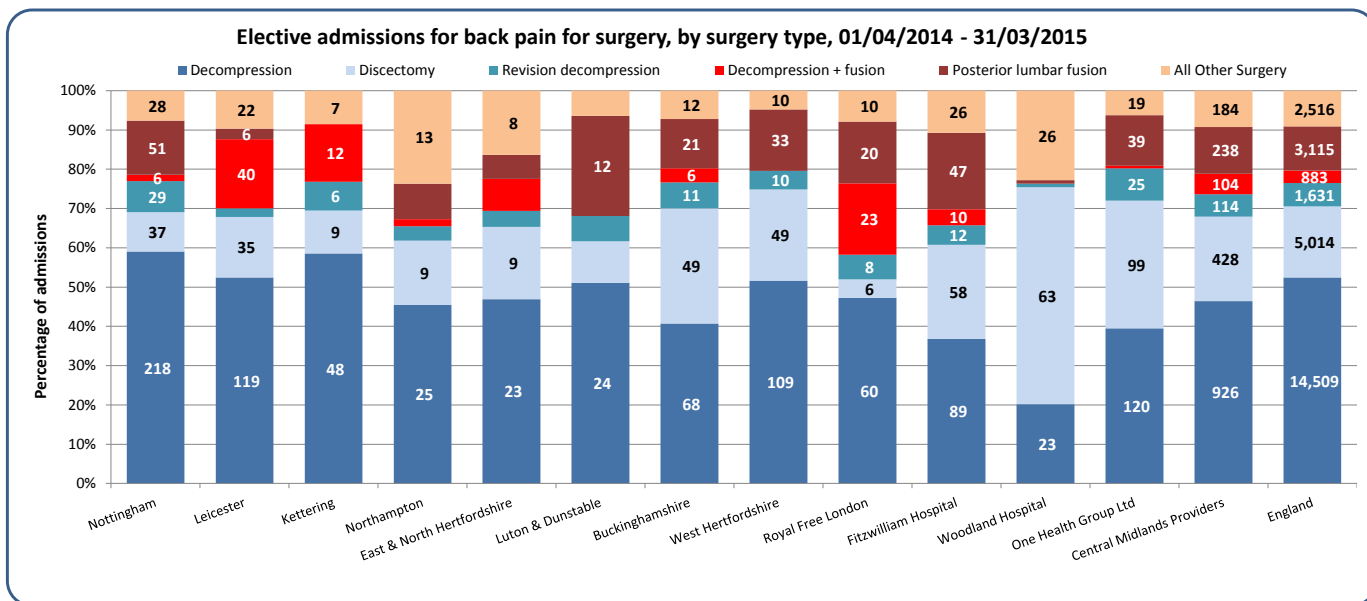
The proportion of facet joint injections done at Trust level ranges from 16% to 65% compared to the England figure of 37%.

Hospital Trust activity

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

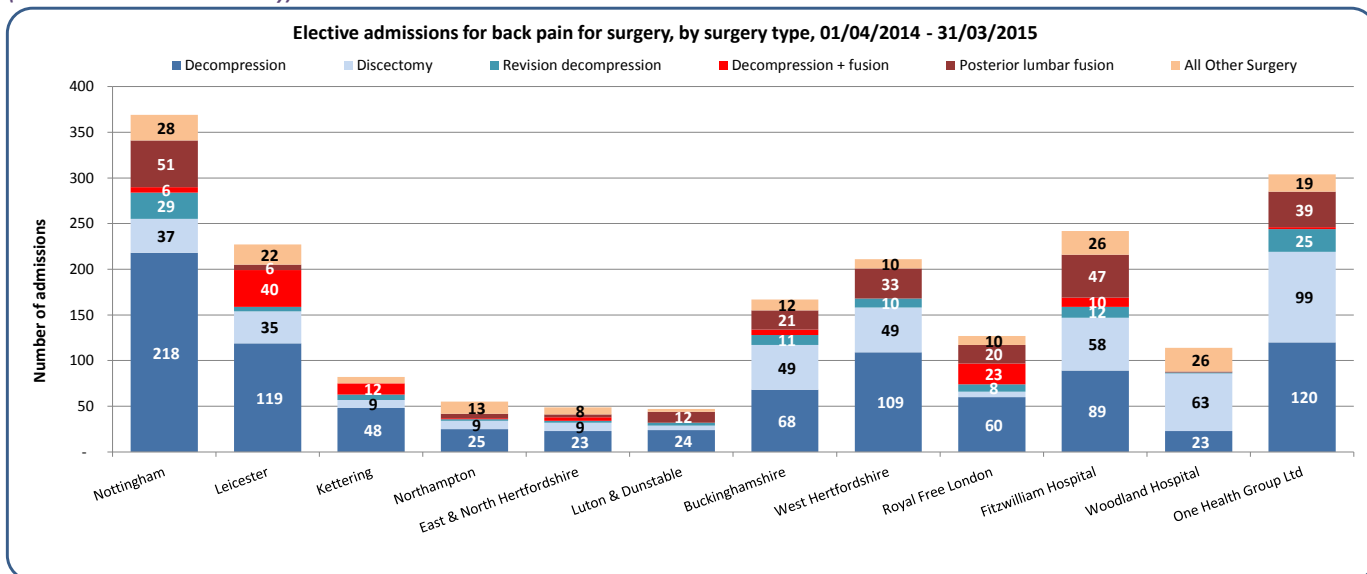
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(Central Midlands Providers only)



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

(Central Midlands Providers only)



What is the data telling us?

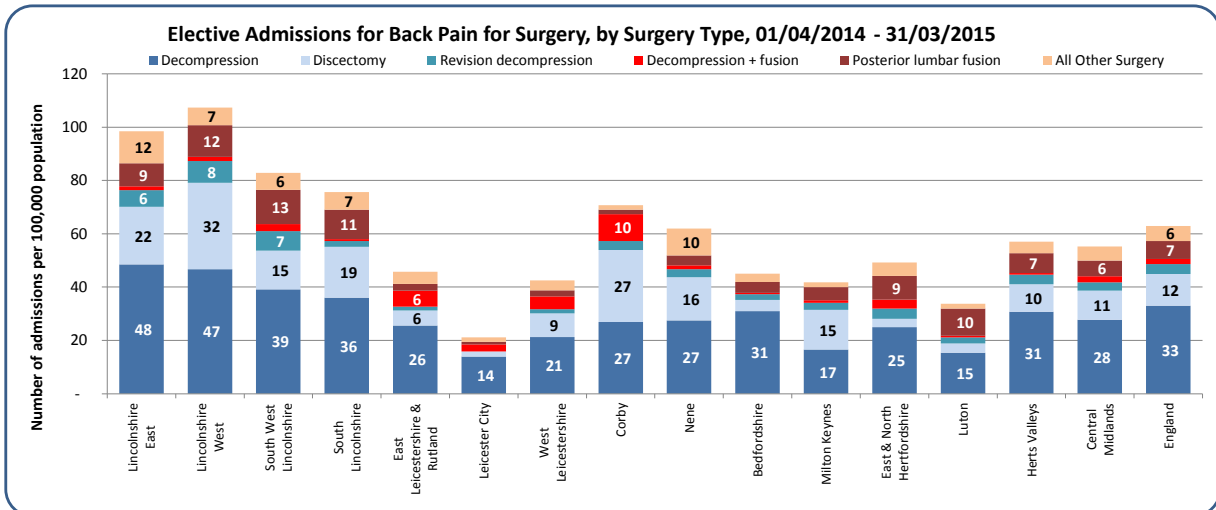
The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for the Central Midlands Trusts. Overall across the Central Midlands Trusts there is a higher proportion of spinal fusions compared to England and there are variations at Trust level with the Royal Free and Fitzwilliam providers doing higher proportions of fusions. Decompression is the most common surgical procedure for back pain across the NHS Trusts.

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

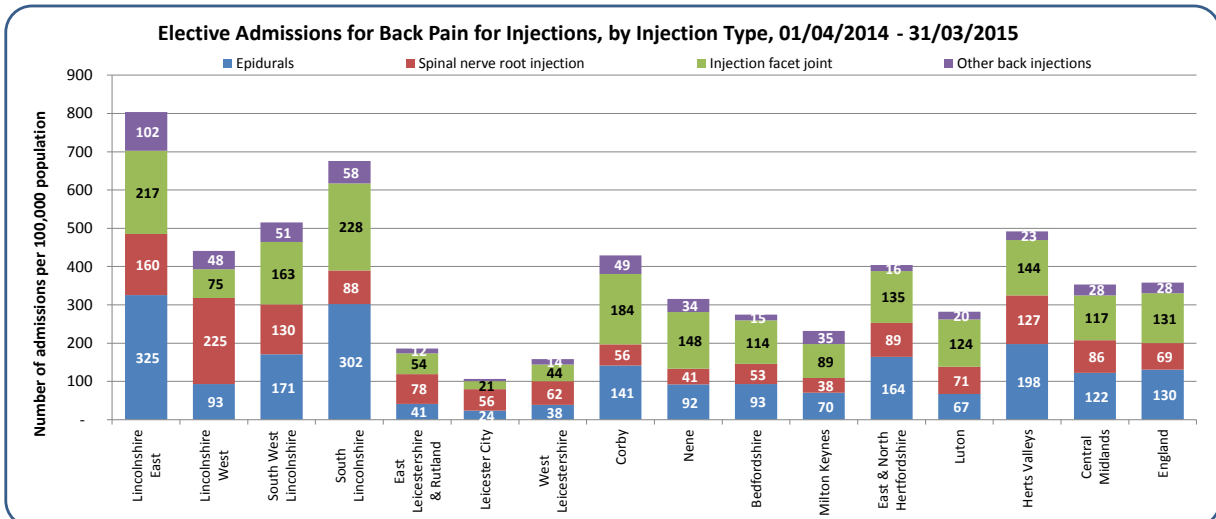
CCG activity by back pain procedure group

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

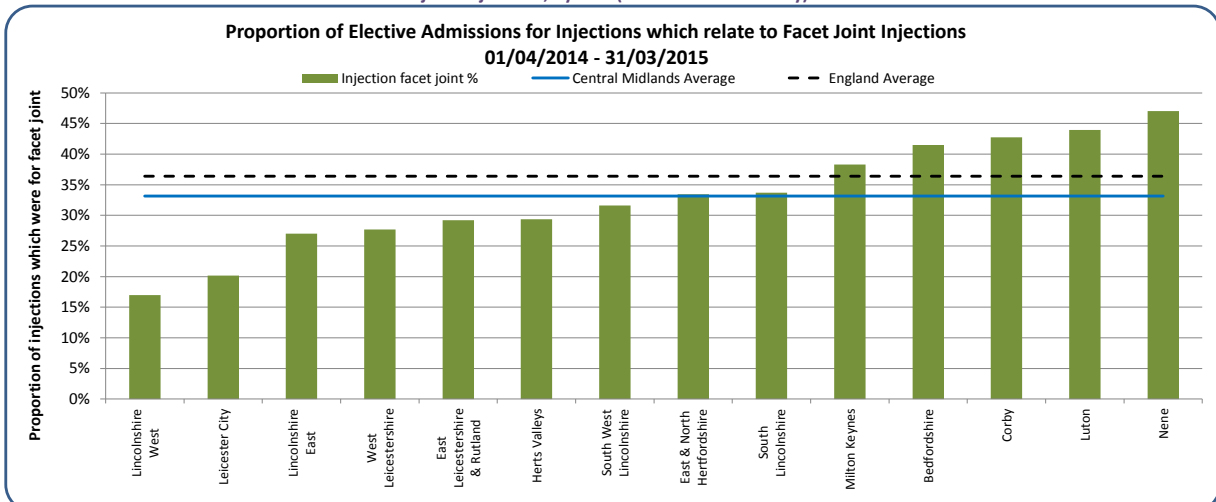
a. Number of elective admissions for surgery per CCG, by surgery type (Central Midlands only)



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



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



What is the data telling us?

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

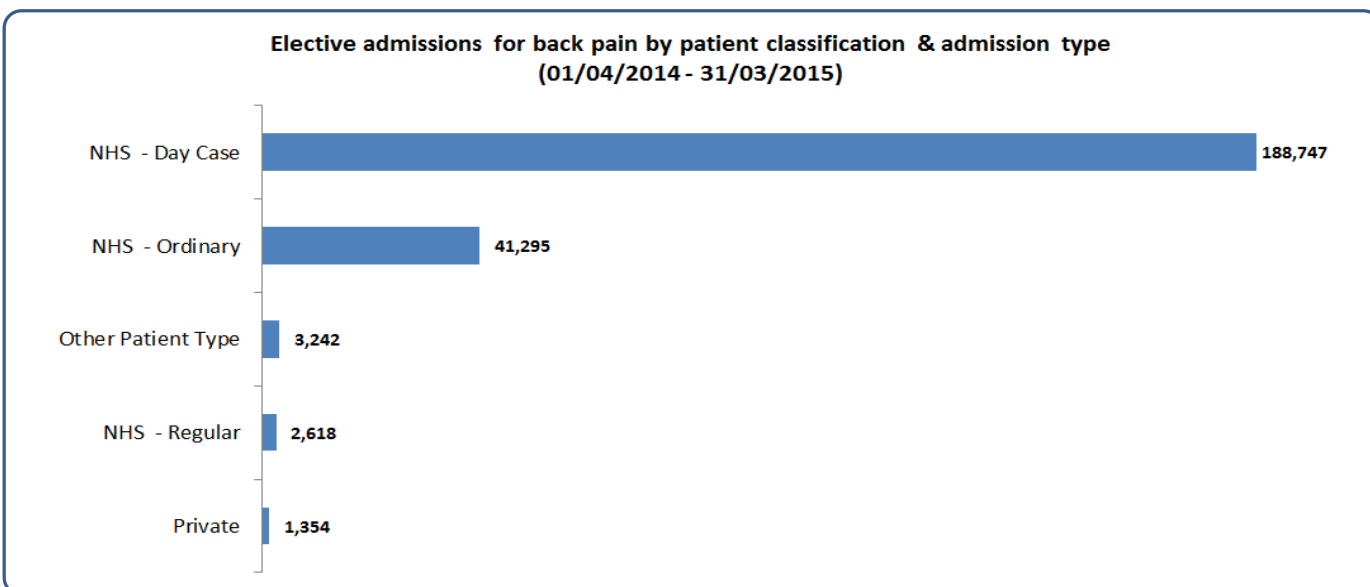
Overall, Central Midlands CCGs have lower rates of surgery per 100,00 and similar rates of injections compared to England but there is wide variation between the CCGs within Central Midlands. There is a 5-fold difference in surgery admissions between Leicester City and Lincoln West and an 8-fold difference between Leicester City and Lincoln East for injection admissions.

The proportion of facet joint injections done at CCG level ranges from 17% to 47% compared to the England figure of 37%.

Hospital Trust activity

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

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



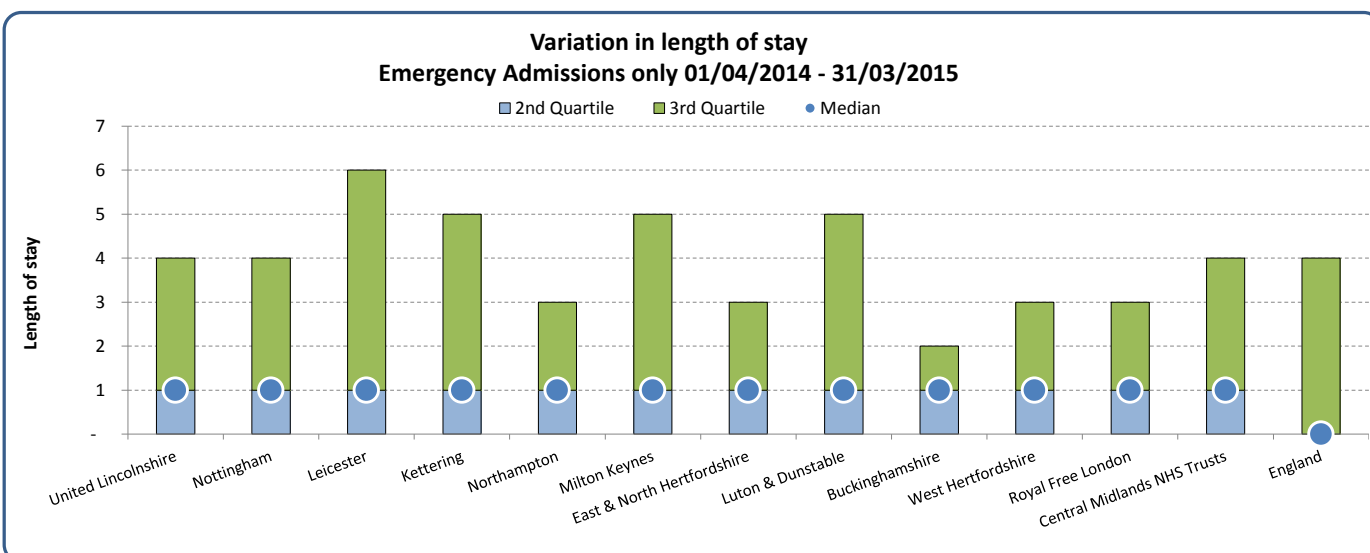
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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

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

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

(Central Midlands Trusts only)



What is the data telling us?

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

The boxplot indicates the variation in length of stay for emergency admissions to the Central Midlands Trusts and shows that all Trusts have a higher median length of stay (1 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 (Central Midlands FTs only)

Provider Name	Elective	Emergency	Other	Total
Nottingham	£ 4,897,379	£ 1,090,109	£ 91,265	£ 6,078,753
West Hertfordshire	£ 2,645,187	£ 641,454	£ 34,600	£ 3,321,242
Royal Free London	£ 2,021,281	£ 763,347	£ 15,272	£ 2,799,899
Leicester	£ 1,726,764	£ 876,513	£ 2,258	£ 2,605,535
Buckinghamshire	£ 2,091,169	£ 290,480	£ 2,476	£ 2,384,125
East & North Hertfordshire	£ 1,078,787	£ 501,569	£ 19,800	£ 1,600,155
United Lincolnshire	£ 1,171,633	£ 408,665	£ 17,297	£ 1,597,595
Kettering	£ 853,214	£ 318,281	£ 6,799	£ 1,178,294
Northampton	£ 786,968	£ 362,171	£ -	£ 1,149,139
Luton & Dunstable	£ 648,787	£ 405,703	£ 2,969	£ 1,057,459
Milton Keynes	£ 252,015	£ 213,758	£ 7,791	£ 473,564
Total	£ 18,173,185	£ 5,872,049	£ 200,526	£ 24,245,760

b. Total Costs by Procedure Type (Central Midlands FTs only)

Provider Name	Surgery	Radicular pain Injections	Back pain Injections	No procedure done	Procedure not linked to back pain	Imaging	Pain Management excluding Injections	Other Non-Surgical	Total
Nottingham	£ 2,267,213	£ 1,222,173	£ 962,850	£ 480,023	£ 635,300	£ 362,759	£ 148,434	£ -	£ 6,078,753
West Hertfordshire	£ 1,150,320	£ 962,734	£ 422,899	£ 409,143	£ 102,061	£ 219,746	£ 54,339	£ -	£ 3,321,242
Royal Free London	£ 668,955	£ 757,761	£ 489,819	£ 346,433	£ 234,198	£ 225,858	£ 76,874	£ -	£ 2,799,899
Leicester	£ 1,062,797	£ 465,075	£ 146,341	£ 478,150	£ 226,321	£ 216,268	£ 10,582	£ -	£ 2,605,535
Buckinghamshire	£ 934,854	£ 527,378	£ 356,579	£ 106,773	£ 123,046	£ 121,896	£ 213,600	£ -	£ 2,384,125
East & North Hertfordshire	£ 237,005	£ 597,169	£ 183,531	£ 321,601	£ 90,002	£ 142,641	£ 28,207	£ -	£ 1,600,155
United Lincolnshire	£ -	£ 663,650	£ 385,438	£ 199,079	£ 96,103	£ 184,053	£ 69,272	£ -	£ 1,597,595
Kettering	£ 390,278	£ 197,572	£ 248,546	£ 150,518	£ 92,221	£ 87,692	£ 11,467	£ -	£ 1,178,294
Northampton	£ 250,002	£ 159,325	£ 277,265	£ 167,048	£ 78,706	£ 131,131	£ 85,662	£ -	£ 1,149,139
Luton & Dunstable	£ 270,283	£ 99,903	£ 260,098	£ 213,448	£ 76,508	£ 115,722	£ 18,946	£ 2,552	£ 1,057,459
Milton Keynes	£ -	£ 77,000	£ 141,956	£ 114,864	£ 28,213	£ 83,381	£ 28,150	£ -	£ 473,564
Total	£ 7,231,708	£ 5,729,739	£ 3,875,320	£ 2,987,080	£ 1,782,680	£ 1,891,149	£ 745,534	£ 2,552	£ 24,245,760

What is the data telling us?

Across all Central Midlands Trusts in 2014/15 the total cost to commissioners for back and radicular pain admissions was almost £24.3 million, with 75% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the Central Midlands region.

Activity at Nottingham Hospitals accounts for 25% of the total spend for the Central Midlands.

The surgery procedures group accounts for almost 30% of the total cost of all procedures, and the cost of injections is an additional 40% of the total.

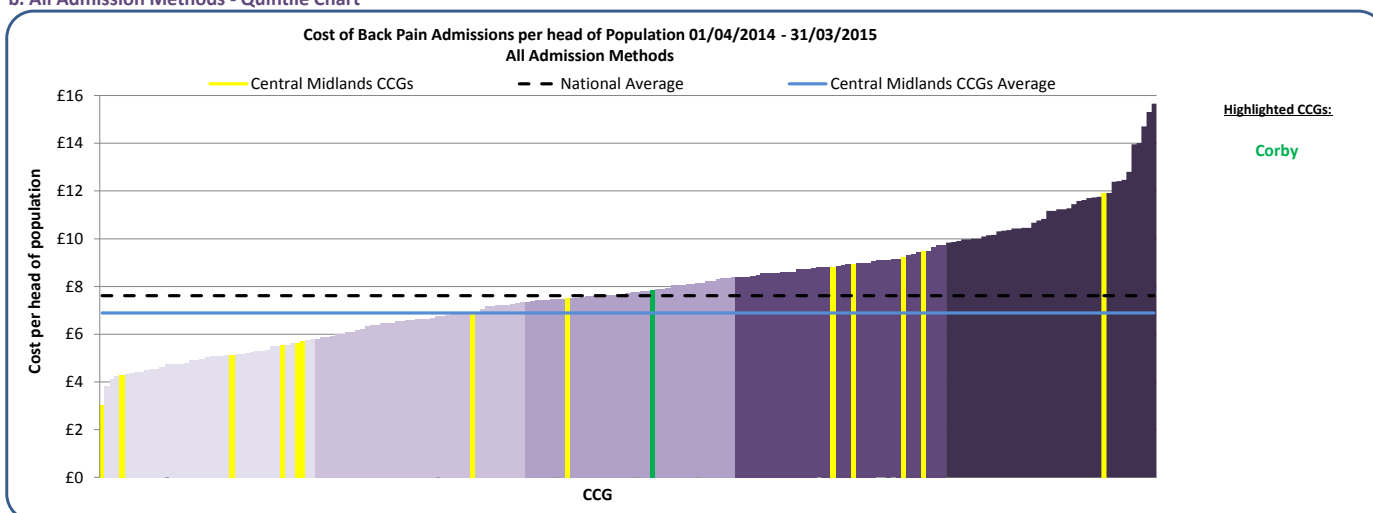
CCG Activity Total Costs

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

a. All Admission Methods - Table

Responsible CCG Name	All Admissions		Elective Admissions		Emergency Admissions		Registered Population (Ages 15+)
	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	
Leicester City	£ 3.04	£ 935,602	£ 1.72	£ 530,684	£ 1.13	£ 348,452	308,125
West Leicestershire	£ 4.30	£ 1,354,147	£ 3.13	£ 985,204	£ 1.01	£ 317,076	314,855
East Leicestershire & Rutland	£ 5.15	£ 1,387,149	£ 3.56	£ 958,508	£ 1.29	£ 346,168	269,183
Bedfordshire	£ 5.54	£ 2,076,673	£ 4.06	£ 1,522,164	£ 1.41	£ 527,683	375,067
Luton	£ 5.63	£ 985,644	£ 4.07	£ 712,470	£ 1.55	£ 271,083	175,060
Milton Keynes	£ 5.72	£ 1,274,851	£ 4.36	£ 970,675	£ 1.09	£ 242,000	222,774
Nene	£ 6.93	£ 3,708,242	£ 5.53	£ 2,963,789	£ 1.37	£ 734,113	535,484
East & North Hertfordshire	£ 7.52	£ 3,605,689	£ 6.03	£ 2,892,869	£ 1.40	£ 670,556	479,374
Corby	£ 7.84	£ 465,716	£ 6.42	£ 381,042	£ 1.43	£ 84,675	59,396
Herts Valleys	£ 8.83	£ 4,490,493	£ 7.06	£ 3,591,236	£ 1.55	£ 787,638	508,335
South West Lincolnshire	£ 8.95	£ 984,185	£ 8.05	£ 884,550	£ 0.75	£ 81,987	109,916
South Lincolnshire	£ 9.25	£ 1,258,991	£ 8.00	£ 1,089,233	£ 1.16	£ 158,434	136,155
Lincolnshire West	£ 9.49	£ 1,847,553	£ 8.38	£ 1,631,041	£ 0.88	£ 171,031	194,705
Lincolnshire East	£ 11.91	£ 2,480,900	£ 10.29	£ 2,144,404	£ 1.49	£ 310,710	208,321
Central Midlands Total	£ 6.89	£ 26,855,837	£ 5.46	£ 21,257,867	£ 1.30	£ 5,051,608	3,896,750

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
Herts Valleys	£ 1,380,838	£ 1,178,465	£ 576,887	£ 25,503	£ 285,364	£ 28,007	£ 116,172	£ -	£ 3,591,236
Nene	£ 1,497,950	£ 436,201	£ 548,038	£ 10,243	£ 327,243	£ 7,258	£ 136,856	£ -	£ 2,963,789
East & North Hertfordshire	£ 1,259,001	£ 815,773	£ 460,657	£ 3,033	£ 227,876	£ 4,282	£ 119,969	£ 2,278	£ 2,892,869
Lincolnshire East	£ 915,972	£ 638,290	£ 344,300	£ 5,984	£ 179,951	£ 15,334	£ 43,874	£ 699	£ 2,144,404
Lincolnshire West	£ 902,030	£ 382,252	£ 142,816	£ 1,875	£ 138,755	£ 2,796	£ 60,517	£ -	£ 1,631,041
Bedfordshire	£ 720,975	£ 308,117	£ 256,324	£ 10,648	£ 132,429	£ 5,626	£ 88,046	£ -	£ 1,522,164
South Lincolnshire	£ 452,931	£ 345,638	£ 208,109	£ 10,122	£ 48,895	£ 1,398	£ 22,139	£ -	£ 1,089,233
West Leicestershire	£ 576,539	£ 196,270	£ 104,800	£ 2,197	£ 90,855	£ 1,714	£ 12,828	£ -	£ 985,204
Milton Keynes	£ 469,146	£ 161,965	£ 152,618	£ 1,316	£ 131,256	£ 2,437	£ 51,938	£ -	£ 970,675
East Leicestershire & Rutland	£ 518,035	£ 194,764	£ 97,964	£ 602	£ 114,647	£ 7,521	£ 24,976	£ -	£ 958,508
South West Lincolnshire	£ 429,616	£ 217,282	£ 127,989	£ -	£ 89,053	£ 716	£ 19,894	£ -	£ 884,550
Luton	£ 331,781	£ 168,129	£ 161,185	£ 1,210	£ 21,814	£ 3,273	£ 25,077	£ -	£ 712,470
Leicester City	£ 270,894	£ 150,868	£ 43,153	£ 1,031	£ 58,446	£ 4,296	£ 1,995	£ -	£ 530,684
Corby	£ 170,747	£ 70,970	£ 82,697	£ -	£ 56,119	£ -	£ 509	£ -	£ 381,042

What is the data telling us?

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

Lincolnshire East CCG has the highest spend per head of population regionally (£11.91) driven mainly by high costs for elective admissions. Leicester City CCG has the lowest costs per head for both emergency and elective admissions regionally (£3.04) and this is also the lowest cost per head 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 but we observe that for some CCGs in the region more is spent on injections compared to what is spent on surgery; most notably in Herts Valley where the surgery spend is £1.38M and injection spend is £1.75M.

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

Highlighted Provider Data is included in this report

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

Code	Provider Name	Elective Admissions			Emergency Admissions	Other Admission Types	Total
		Surgery	Injections	Other			
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	198	1,728	238	463	9	2,636
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	-	1,761	272	341	9	2,383
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	226	985	163	615	<6	1,991
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	49	1,092	146	450	8	1,745
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	55	748	273	338	-	1,414
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	82	695	91	240	<6	1,111
NVC06	FITZWILLIAM HOSPITAL	168	808	90	-	-	1,066
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	46	516	67	309	<6	943
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST	-	360	88	142	<6	593
NTX01	ONE HEALTH GROUP LTD	141	347	37	-	-	525
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	31	339	66	85	-	521
NVC23	WOODLAND HOSPITAL	114	353	44	-	-	511
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	48	309	110	32	-	499
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	77	211	73	66	14	441
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	-	325	26	71	<6	423
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	37	268	96	<6	-	402
NVC19	RIVERS HOSPITAL	61	278	46	-	-	385
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	90	90	73	112	10	375
NVC15	PINEHILL HOSPITAL	<6	298	38	-	-	341
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	43	126	16	102	-	287
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	51	133	68	28	-	280
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	89	31	98	34	11	263
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	34	108	52	9	22	225
NT405	BMI - BISHOPS WOOD	<6	199	23	-	-	224
NTP13	BARLBOROUGH NHS TREATMENT CENTRE	82	102	<6	-	-	189
NVC27	BOSTON WEST HOSPITAL	-	145	42	-	-	187
NT421	BMI - THE KINGS OAK HOSPITAL	<6	147	31	-	-	183
NT423	BMI - THE MANOR HOSPITAL	-	169	<6	-	-	171
RC1	BEDFORD HOSPITAL NHS TRUST	-	<6	<6	147	<6	155
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	-	44	62	24	-	130
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	23	82	14	9	<6	130
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST	23	78	8	17	-	126
NT315	SPIRE BUSHEY HOSPITAL	33	78	<6	-	-	116
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	51	19	28	6	<6	105
NT411	BMI - THE CLEMENTINE CHURCHILL HOSPITAL	8	67	9	-	-	84
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	64	12	7	-	83
NV313	CIRCLE - NOTTINGHAM NHS TREATMENT CENTRE	-	69	14	-	-	83
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	-	35	20	27	-	82
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	-	-	12	8	59	79
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	7	35	<6	21	-	66
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	6	43	<6	<6	-	57
NT410	BMI - THE CHILTERN HOSPITAL	<6	31	15	-	-	48
RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	-	43	-	<6	-	45
NVC40	NOTTINGHAM WOODTHORPE HOSPITAL	23	16	<6	-	-	42
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	8	26	<6	<6	-	41
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	<6	13	23	<6	-	39
NT434	BMI - THE SAXON CLINIC	-	19	19	-	-	38
NTE02	ST HUGH'S HOSPITAL	-	32	<6	-	<6	35
NT316	SPIRE HARPENDEN HOSPITAL	7	22	<6	-	-	34
NYW04	ASPEN - CLAREMONT HOSPITAL	17	15	<6	-	-	34
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	<6	13	6	9	-	33
NT209	NUFFIELD HEALTH, CAMBRIDGE HOSPITAL	28	-	<6	-	-	33
NT424	BMI - THE MERIDEN HOSPITAL	22	<6	6	-	-	32
NY601	PAIN MANAGEMENT SOLUTIONS - OAKS PARK PCC	-	15	11	-	-	26
NT351	SPIRE HULL AND EAST RIDING HOSPITAL	<6	14	8	-	-	23
NT416	BMI - HENDON HOSPITAL	<6	18	<6	-	-	22
NYW01	ASPEN - HOLLY HOUSE HOSPITAL	<6	17	<6	-	-	22
R1H	BARTS HEALTH NHS TRUST	<6	<6	7	6	-	19
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	<6	6	<6	6	-	17
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	-	<6	<6	8	-	15
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	<6	12	-	-	13
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST	-	-	-	13	-	13
NT451	BMI THE CAVELL HOSPITAL	10	<6	-	-	-	12
R1E	STAFFORDSHIRE AND STOKE ON TRENT PARTNERSHIP NHS TRUST	-	11	-	-	-	11
RJ6	CROYDON HEALTH SERVICES NHS TRUST	-	<6	<6	<6	-	9
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	<6	<6	<6	-	-	9
NVC14	PARK HILL HOSPITAL	-	9	-	-	-	9
NT435	BMI - THE SHELBURNE HOSPITAL	<6	<6	<6	-	-	8
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	<6	6	-	-	-	7
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	<6	<6	-	<6	-	7
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	-	<6	<6	-	-	7
RCB	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	<6	-	6
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	<6	-	<6	-	<6	6
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	-	<6	-	<6	-	6
RGR	WEST SUFFOLK NHS FOUNDATION TRUST	-	<6	<6	-	-	6
NT343	SPIRE THAMES VALLEY HOSPITAL	<6	<6	-	-	-	6
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-	<6	-	<6	-	<6
RWN	SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	-	-	-	-	<6	<6
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	<6	-	<6	<6	-	<6
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	<6	<6	<6	<6	-	<6
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	-	<6	<6	-	-	<6
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	-	-	<6
RY5	LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	-	-	<6	<6	<6	<6
NT440	BMI - THORNBURY HOSPITAL	<6	<6	-	-	-	<6
RGQ	IPSWICH HOSPITAL NHS TRUST	-	<6	<6	<6	-	<6
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	<6	-	<6	<6	-	<6
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6

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

Highlighted Provider Data is included in this report

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

Code	Provider Name	Elective Admissions			Emergency Admissions	Other Admission Types	Total
		Surgery	Injections	Other			
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	-	<6	-	<6	-	<6
NT226	NUFFIELD HEALTH, LEICESTER HOSPITAL	<6	<6	<6	-	-	<6
NT314	SPIRE RODING HOSPITAL	-	<6	-	-	-	<6
NT441	BMI - THREE SHIRES HOSPITAL	<6	<6	<6	-	-	<6
NT450	BMI THE LINCOLN HOSPITAL	-	<6	<6	-	-	<6
NVC09	NEW HALL HOSPITAL	-	<6	-	-	-	<6
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST	-	-	-	<6	<6	<6
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	<6	-	-	<6	-	<6
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	<6	-	<6	-	-	<6
RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	-	-	<6	<6	-	<6
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	<6	-	<6	-	-	<6
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	-	-	<6	<6	-	<6
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	-	<6	-	-	-	<6
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	-	-	<6	<6	-	<6
RY4	HERTFORDSHIRE COMMUNITY NHS TRUST	-	-	-	-	<6	<6
RYS	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
NT224	NUFFIELD HEALTH, WARWICKSHIRE HOSPITAL	<6	-	-	-	-	<6
NT317	SPIRE CAMBRIDGE LEA HOSPITAL	-	<6	-	-	-	<6
NT322	SPIRE LEICESTER HOSPITAL	-	<6	-	-	-	<6
NT431	BMI - THE RUNNYMEDE HOSPITAL	-	-	<6	-	-	<6
NV323	CIRCLE READING HOSPITAL	-	<6	-	-	-	<6
NWF01	BENENDEN HOSPITAL	-	<6	-	-	-	<6
NYW03	ASPEN - HIGHGATE HOSPITAL	<6	<6	-	-	-	<6
RA3	WESTON AREA HEALTH NHS TRUST	-	-	-	<6	-	<6
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RCU	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	<6	-	-	-	-	<6
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	-	-	<6	-	-	<6
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	<6	-	-	-	-	<6
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	-	-	<6	-	-	<6
RJN	EAST CHESHIRE NHS TRUST	-	-	-	<6	-	<6
RK9	PLYMOUTH HOSPITALS NHS TRUST	<6	-	-	-	-	<6
RLN	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RMC	BOLTON NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RNZ	SALISBURY NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	-	-	-	<6	-	<6
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RVJ	NORTH BRISTOL NHS TRUST	-	-	-	<6	-	<6
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	-	-	<6	-	-	<6
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	-	-	-	<6	-	<6
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	-	-	-	<6	-	<6
NT213	NUFFIELD HEALTH, DERBY HOSPITAL	<6	-	-	-	-	<6
NT333	SPIRE WASHINGTON HOSPITAL	-	<6	-	-	-	<6
NT344	SPIRE DUNEDIN HOSPITAL	-	<6	-	-	-	<6
NT427	BMI - THE PARK HOSPITAL	<6	-	-	-	-	<6
NT436	BMI - SHIRLEY OAKS HOSPITAL	-	<6	-	-	-	<6
NVC01	ASHTOAT HOSPITAL	-	<6	-	-	-	<6
NVC18	SPRINGFIELD HOSPITAL	<6	-	-	-	-	<6
Total		2,045	13,705	2,741	3,821	176	22,488

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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?	