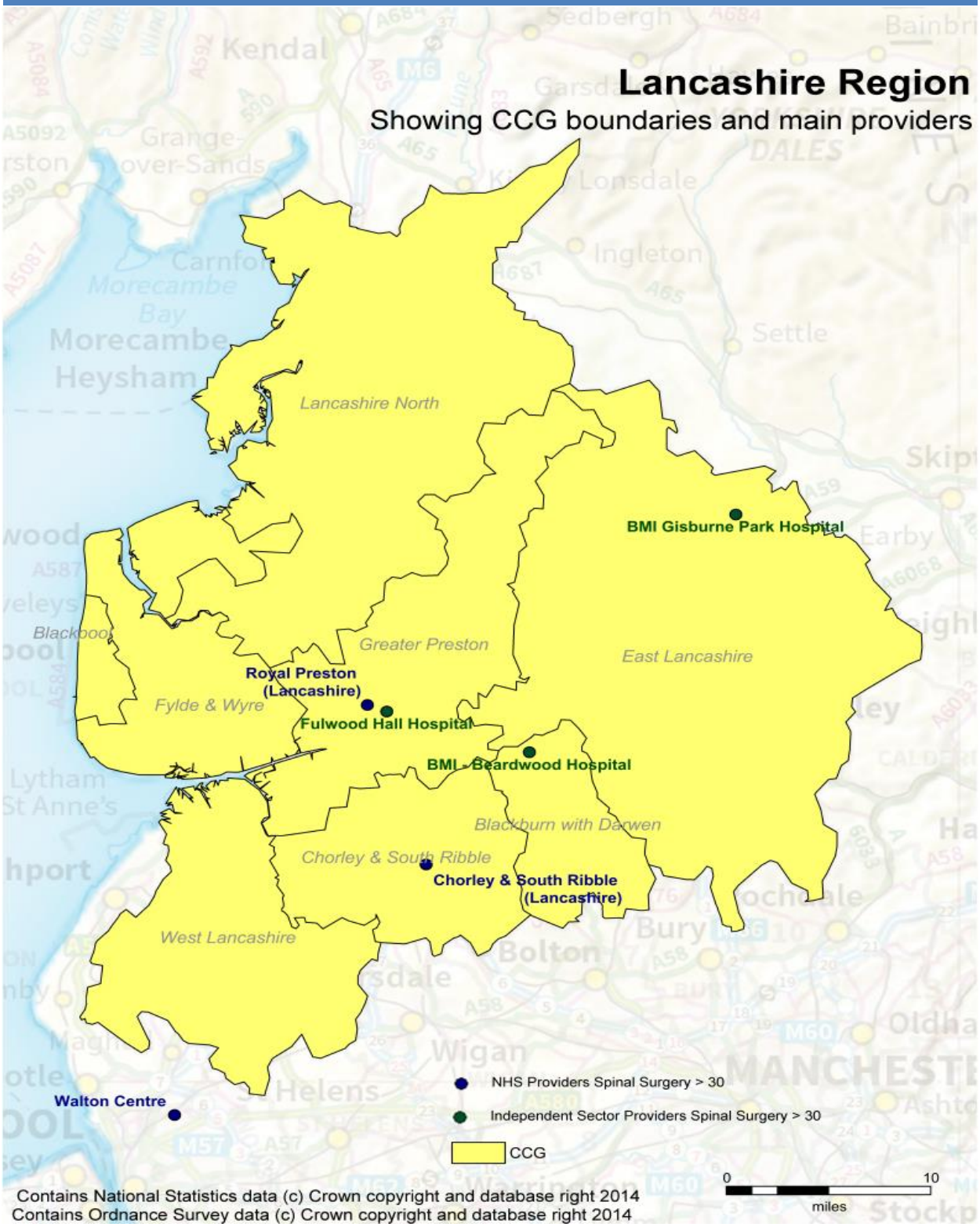
Back Pain Report

Fylde & Wyre

June 2016



NEQOS Back Pain Report

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

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

In this profile, the current utilisation of secondary care services for back and radicular pain are shown by CCG and providers, including both NHS Trusts and Independent Sector providers to demonstrate variation in activity regionally and across England. This report is based on the population of patients under the care of CCGs in the Lancashire 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 Lancashire Region are:

- University Hospitals Of Morecambe Bay NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Southport & Ormskirk Hospital NHS Trust
- Pennine Acute Hospitals NHS Trust
- The Walton Centre NHS Foundation Trust

The Independent Sector Providers included for the Lancashire Region are:

- BMI Gisburne Park Hospital
- Fulwood Hall Hospital
- BMI - The Beardwood Hospital

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Clinical Commissioning Group (CCG) activity summary

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

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

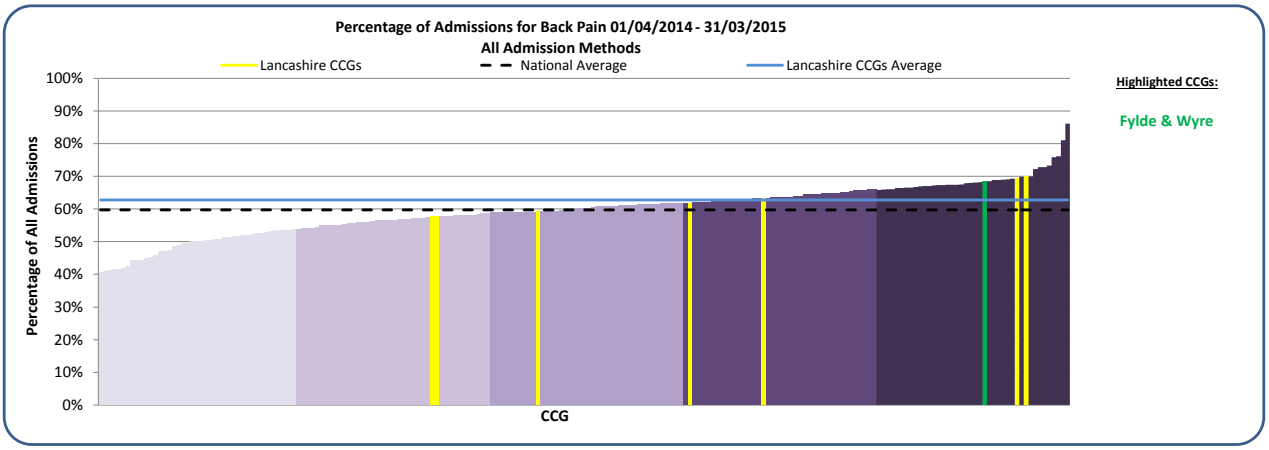
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

Lancashire CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	6,636	4,085	**10,721**	61.9%	38.1%
Emergency	1,221	546	**1,767**	69.1%	30.9%
Other	10	32	**42**	23.8%	76.2%
Total	**7,867**	**4,663**	**12,530**	**62.8%**	**37.2%**

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)

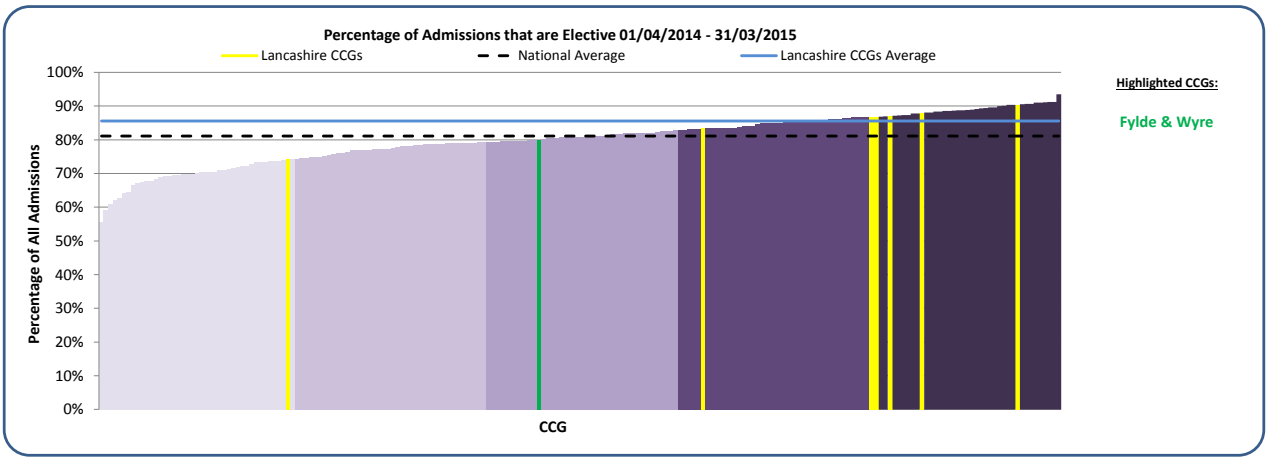
Lancashire North	57.7%	Blackburn With Darwen	63.2%
Greater Preston	57.8%	Fylde & Wyre	68.3%
Chorley & South Ribble	59.2%	West Lancashire	69.4%
East Lancashire	61.8%	Blackpool	70.0%
Lancashire CCGs	**62.8%**	**England**	**59.8%**



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

Blackpool	74.3%	Blackburn With Darwen	86.8%
Fylde & Wyre	79.9%	East Lancashire	87.0%
Lancashire North	83.4%	Greater Preston	87.9%
West Lancashire	86.8%	Chorley & South Ribble	90.5%
Lancashire CCGs	**85.6%**	**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 12,350 (4.2%) of these for patients registered within the Lancashire 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 Lancashire the proportion of admissions for back pain ranges from 58% to 70%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with Lancashire having a higher proportion (86%). At a CCG level in Lancashire, the proportion of elective admissions for these populations ranges from 74% in Blackpool to 91% in Chorley & South Ribble.

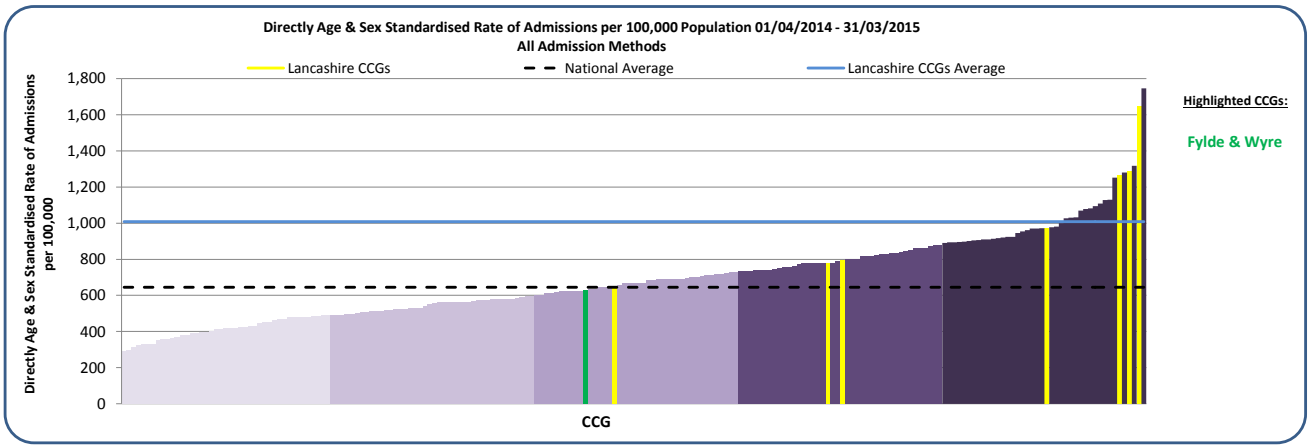
Clinical Commissioning Group (CCG) activity

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

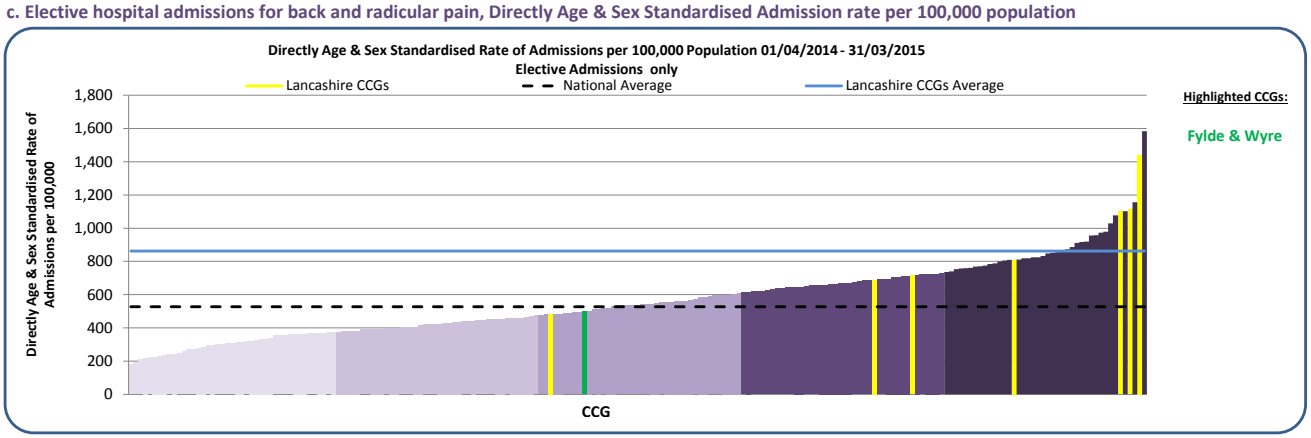
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Blackburn With Darwen	1648.4	1439.0	201.6	Chorley & South Ribble	792.1	714.4	77.6
West Lancashire	1286.6	1111.3	171.0	Greater Preston	778.7	687.5	90.6
East Lancashire	1264.3	1099.9	159.0	Blackpool	647.5	482.4	161.1
Lancashire North	971.5	809.2	159.5	Fylde & Wyre	628.4	497.8	128.6
Lancashire CCGs	1008.5	862.9	142.2	England	645.6	526.5	115.4

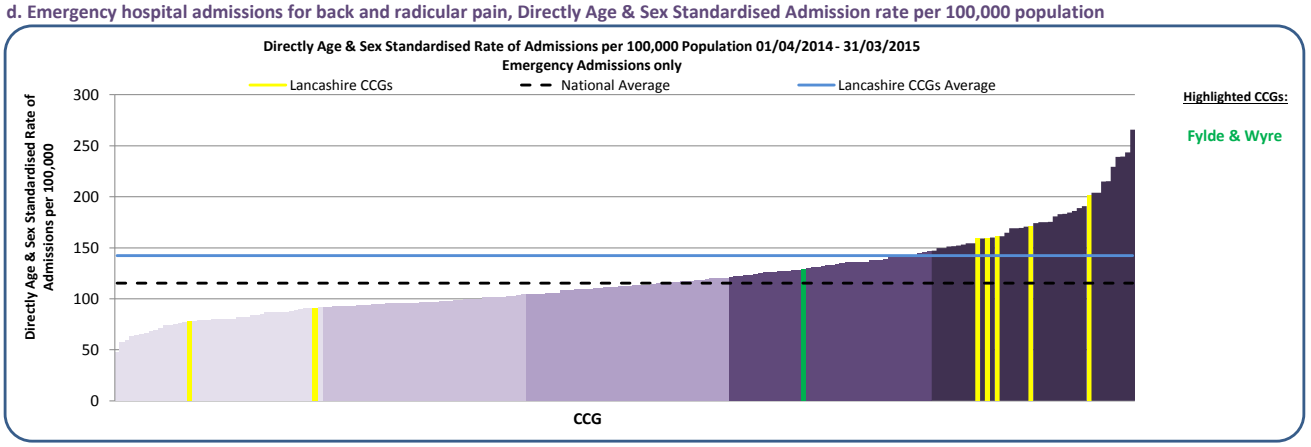
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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



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



What is the data telling us?

There is considerable variation in elective admission rates across the CCGs within Lancashire with almost a 3-fold difference between the regional lowest (Blackpool CCG) and the highest CCG for the region (Blackburn with Darwen CCG). The variation for emergency admissions is even greater with two CCGs (Greater Preston CCG and Chorley & South Ribble CCG) in the lowest quintile nationally and the remainder bar one (Fylde &Wyre CCG) in the highest quintile nationally.

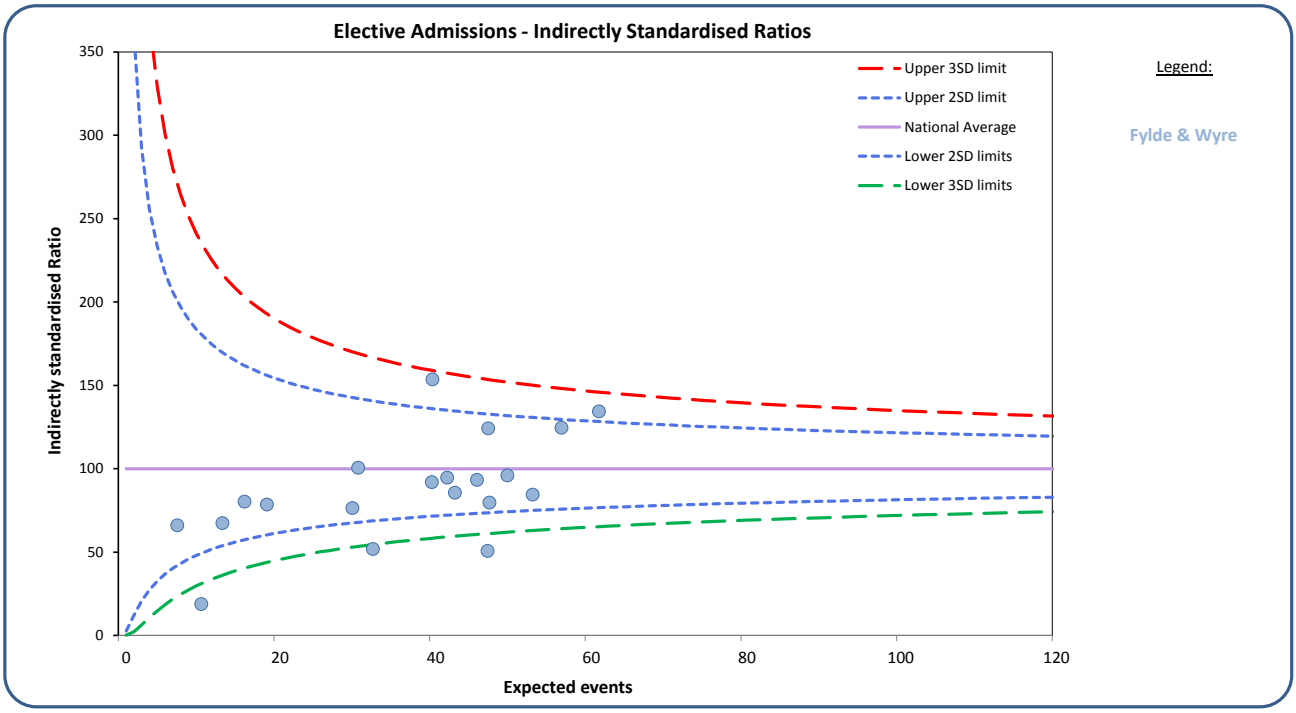
Clinical Commissioning Group (CCG) activity - GP practice level

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

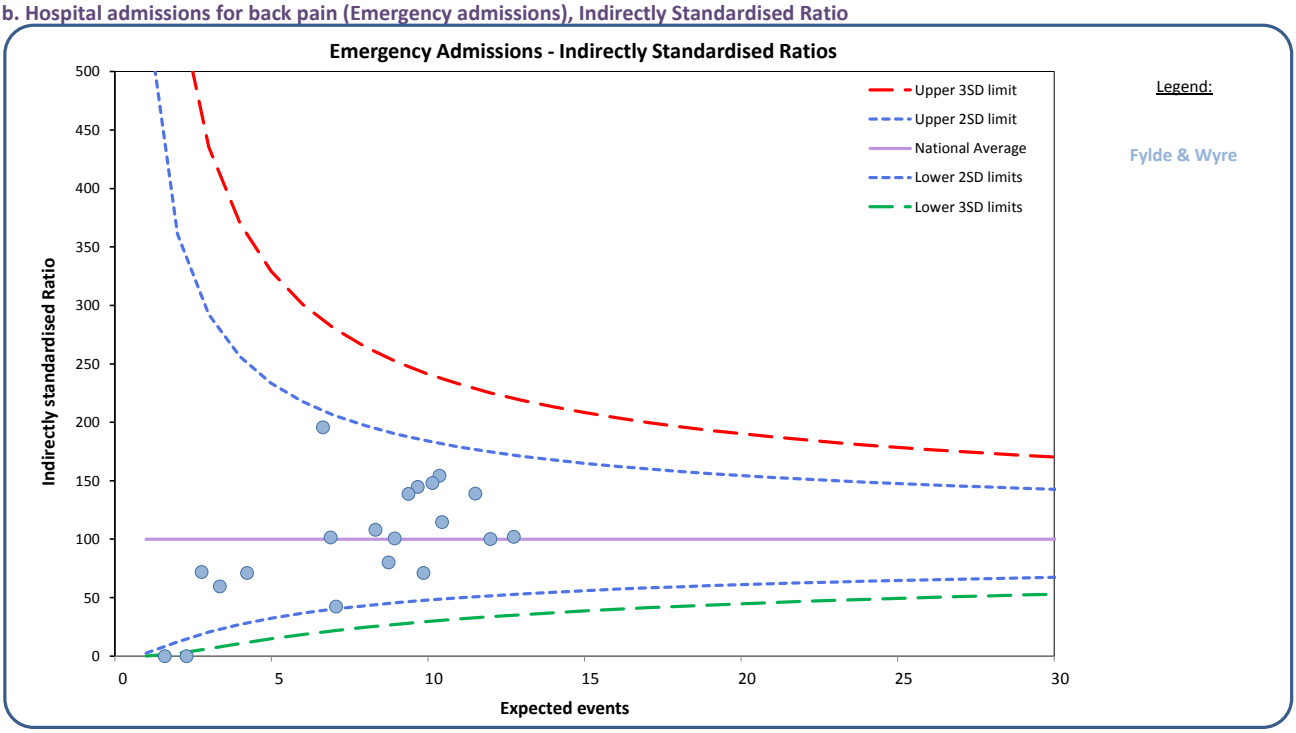
Each symbol represents one GP practice

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

Fylde & Wyre



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

Fylde & Wyre

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.

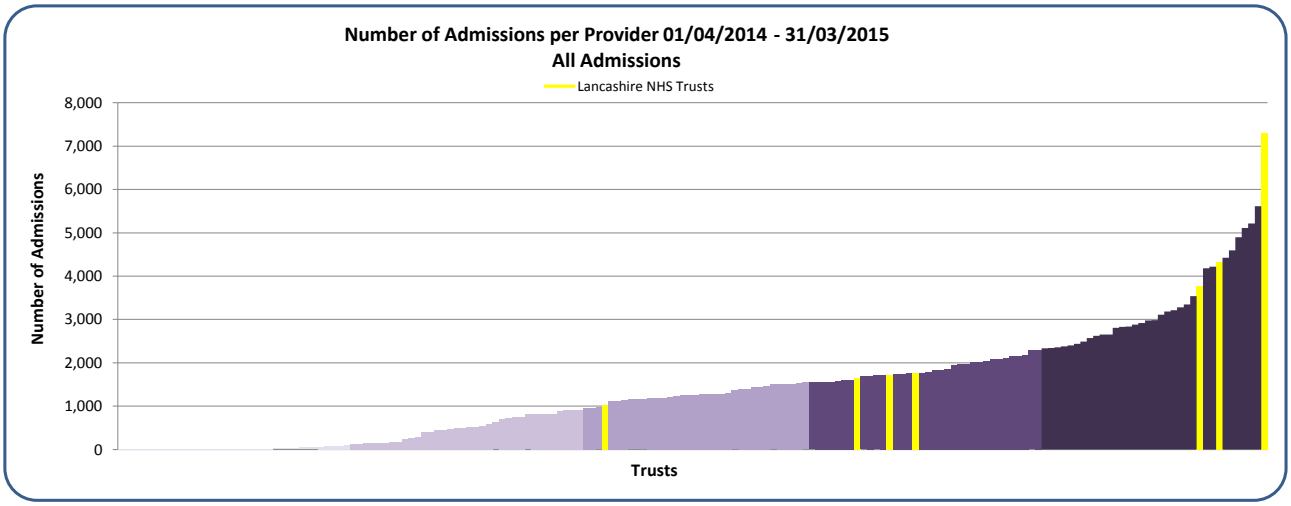
				Elective			Emergency		
Practice Code	Practice Name	CCG	Population 15+	Observed	Expected	Ratio	Observed	Expected	Ratio
P81031	Poplar House Surgery	02M	7,214	37	40.27	91.89	7	8.74	80.09
P81037	Ansdell Medical Centre	02M	7,874	38	47.67	79.71	16	10.37	154.23
P81077	Holland House Surgery	02M	9,313	71	56.95	124.67	12	12.00	100.00
P81079	The Thornton Practice	02M	8,094	43	46.07	93.33	14	9.68	144.67
P81086	Broadway Medical Centre	02M	8,309	37	43.25	85.54	13	9.38	138.64
P81087	The Over-Wyre Med.Ctr.	02M	9,793	83	61.75	134.40	13	12.74	102.01
P81089	The Mount View Practice	02M	10,108	45	53.24	84.52	16	11.51	138.97
P81128	Kirkham Health Centre	02M	7,318	62	40.37	153.57	9	8.33	108.08
P81129	Ash Tree House Surgery	02M	8,846	59	47.53	124.14	7	9.86	70.98
P81133	The Village Practice	02M	7,491	40	42.27	94.63	9	8.93	100.73
P81149	The Lockwood Avenue Surgery	02M	5,502	17	32.73	51.94	<6	7.07	42.46
P81150	Clifton Medical Practice	02M	4,860	23	30.09	76.44	13	6.65	195.53
P81157	Fernbank Surgery	02M	8,543	48	49.97	96.05	12	10.46	114.77
P81191	Queensway Medical Centre	02M	8,092	24	47.42	50.61	15	10.14	147.91
P81210	Park Medical Practice	02M	5,376	31	30.80	100.64	7	6.89	101.60
P81668	Fleetwood Surgery	02M	3,716	15	19.09	78.59	<6	4.22	71.09
P81690	Belle Vue Surgery	02M	1,480	<6	7.56	66.11		1.60	
P81737	The Old Links Surgery	02M	1,755	<6	10.67	18.75		2.29	
P81742	Beechwood Surgery	02M	2,183	9	13.36	67.36	<6	2.78	72.04
P81762	Carleton Practice	02M	2,910	13	16.21	80.19	<6	3.35	59.69

Hospital Trust activity

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

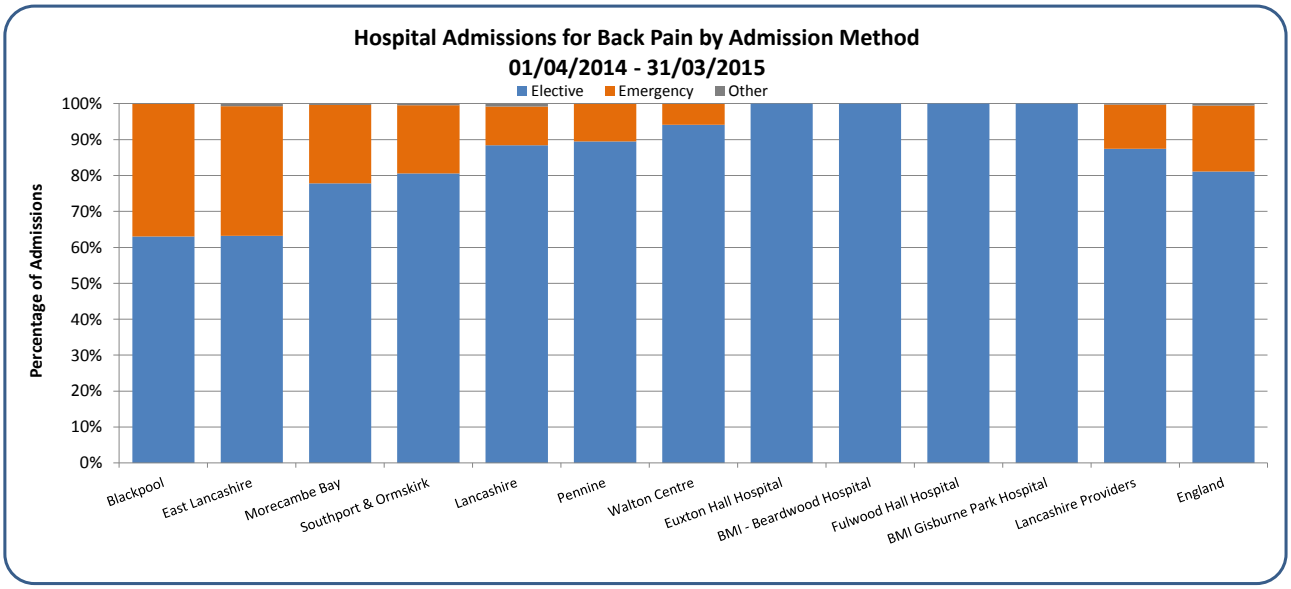
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Pennine	7,293	Morecambe Bay	1,724
Walton Centre	4,332	Southport & Ormskirk	1,639
Lancashire	3,783	Blackpool	1,038
East Lancashire	1,762		
Lancashire NHS Trusts	21,571	England	251,444



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

(Lancashire 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 provider level. Activity for the 7 NHS Trusts is variable with 3 Trusts in the highest quintile, including the Pennine Trust which is the highest volume provider nationally. Note that the Walton Centre, Pennine Trust and Morecambe Bay are all located outside of the Lancashire CCGs region.

The proportion of hospital activity for back pain which is classed as elective care for Lancashire is higher than the England proportion. However at NHS Trust level the proportion varies between 63% at Blackpool Trust to 94% at the Walton Centre. All NHS activity at the Independent Sector Providers is classed as elective.

Hospital Trust activity

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

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

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Morecambe Bay	1,017	314	-	-	-	10	**1,341**
Blackpool	528	121	-	-	-	<6	**649**
Lancashire	1,438	1,104	-	-	752	52	**3,346**
East Lancashire	1,079	<6	-	-	-	33	**1,112**
Southport & Ormskirk	1,317	-	-	-	-	<6	**1,317**
Pennine	6,322	190	-	-	-	15	**6,527**
Walton Centre	2,710	-	-	-	1,341	26	**4,077**
BMI Gisburne Park Hospital	482	6	-	-	206	<6	**694**
Fulwood Hall Hospital	-	<6	-	-	379	8	**387**
BMI - Beardwood Hospital	2,296	8	-	-	57	-	**2,361**
Euxton Hall Hospital	-	164	<6	-	194	<6	**358**
Total	**17,189**	**1,907**	**-**	**-**	**2,929**	**144**	**22,169**

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 Lancashire Trust, the Walton Centre and the Independent Sector Providers have activity is recorded within Neurosurgery.

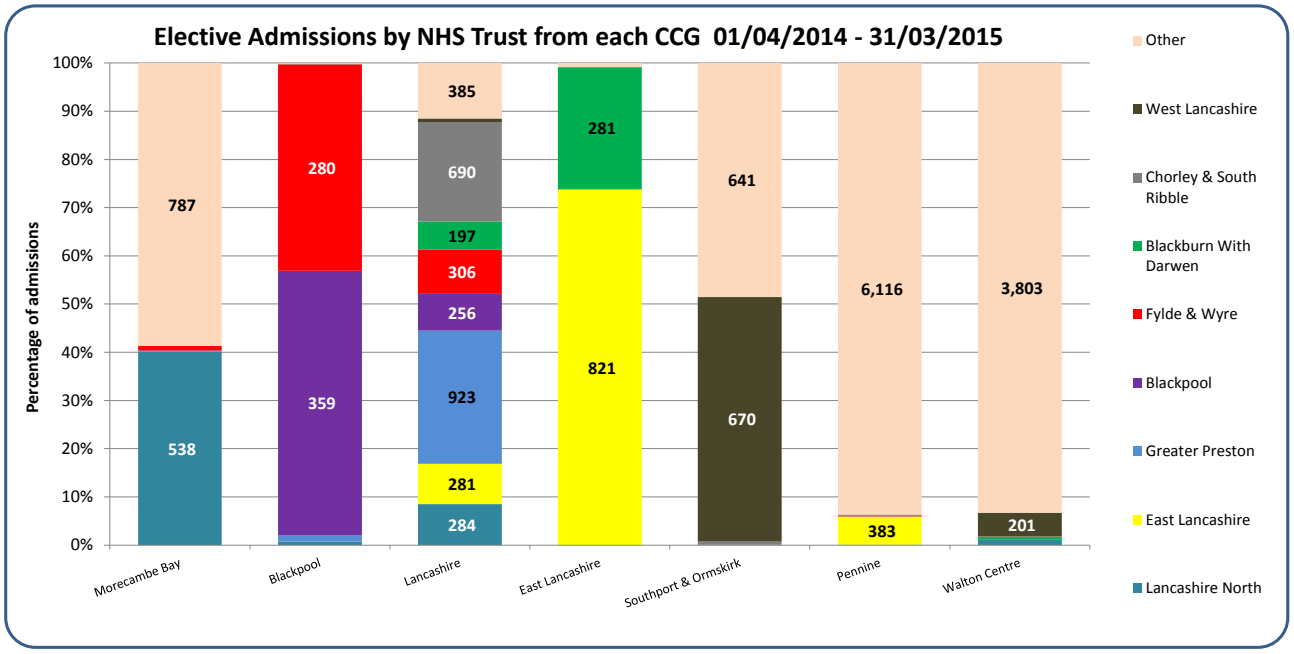
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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

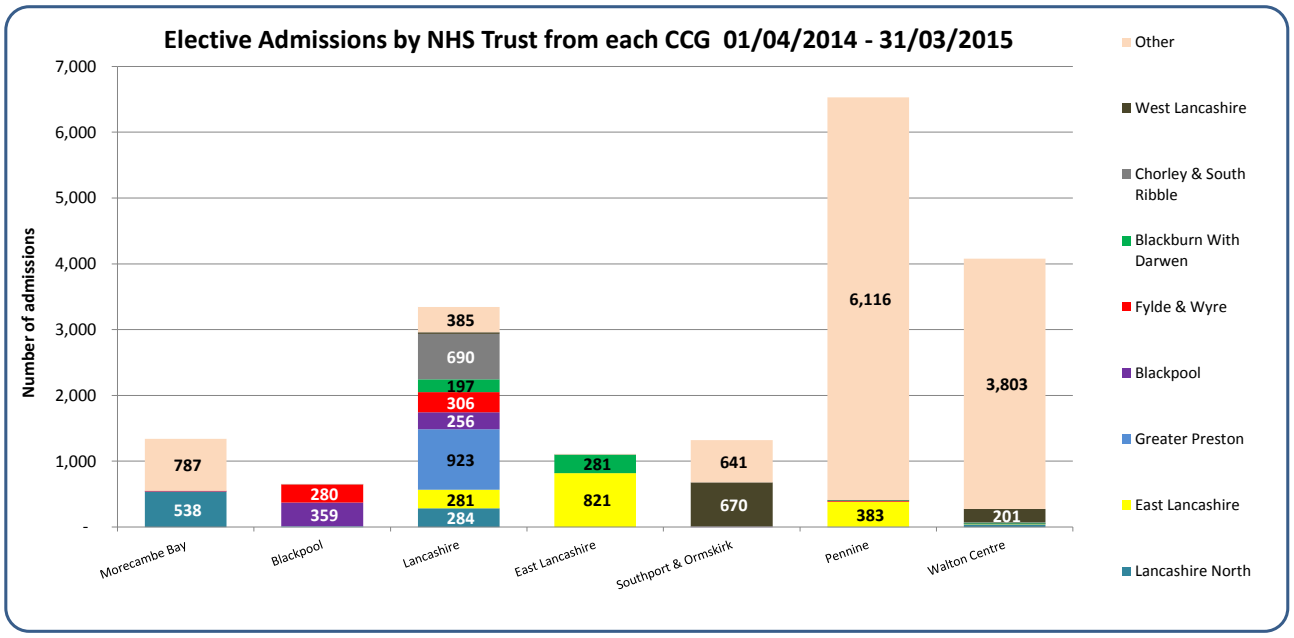
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

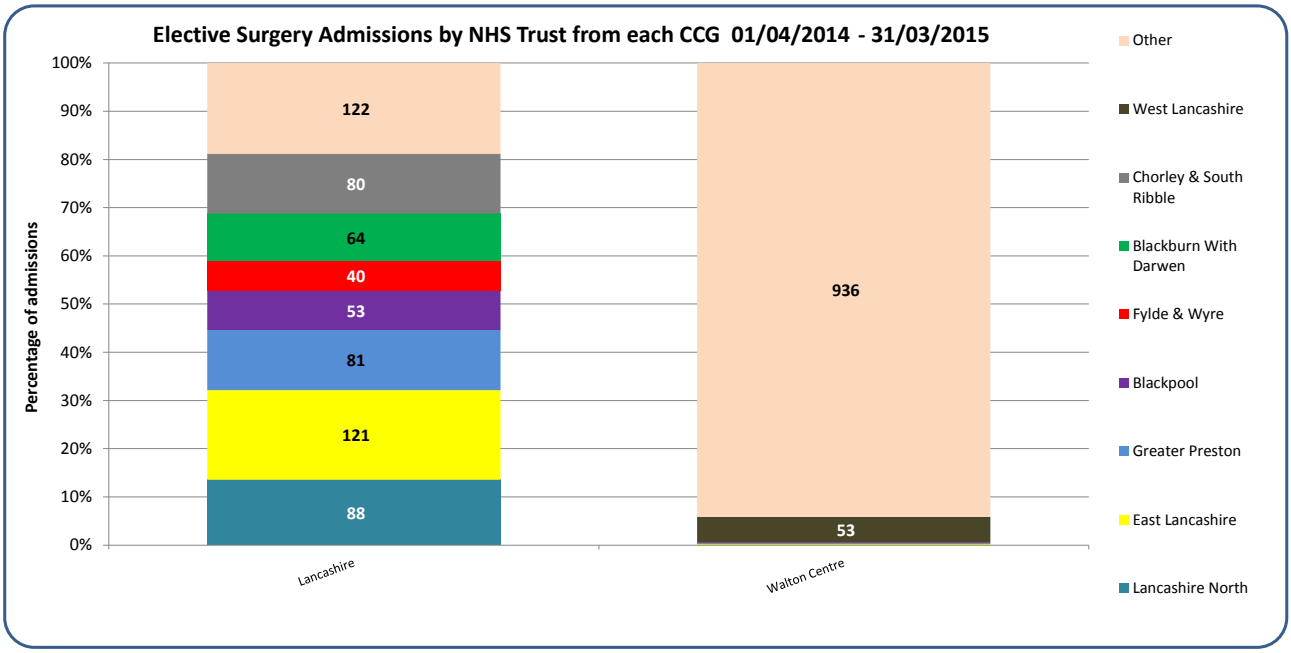
Lancashire Trust are take patients from all CCGs across the region and the Trusts located outside of the Lancashire region (Morecambe Bay, Pennine and Walton Centre) also admit the majority of their patients from outside of the Lancashire region.

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

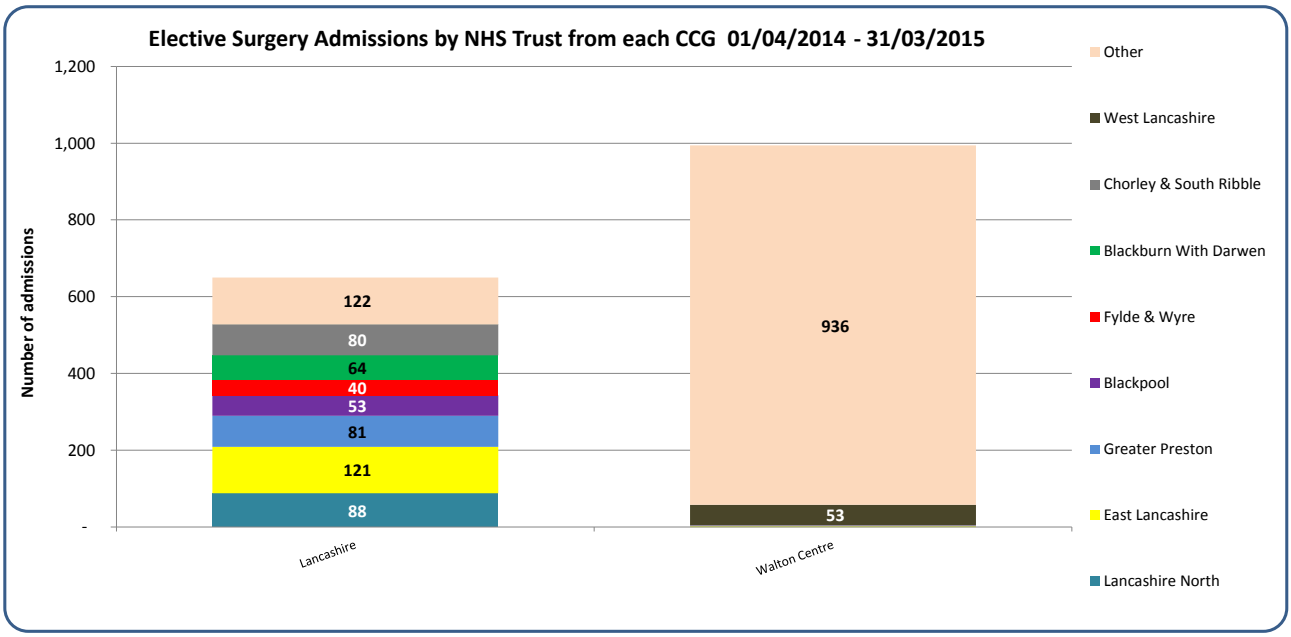
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

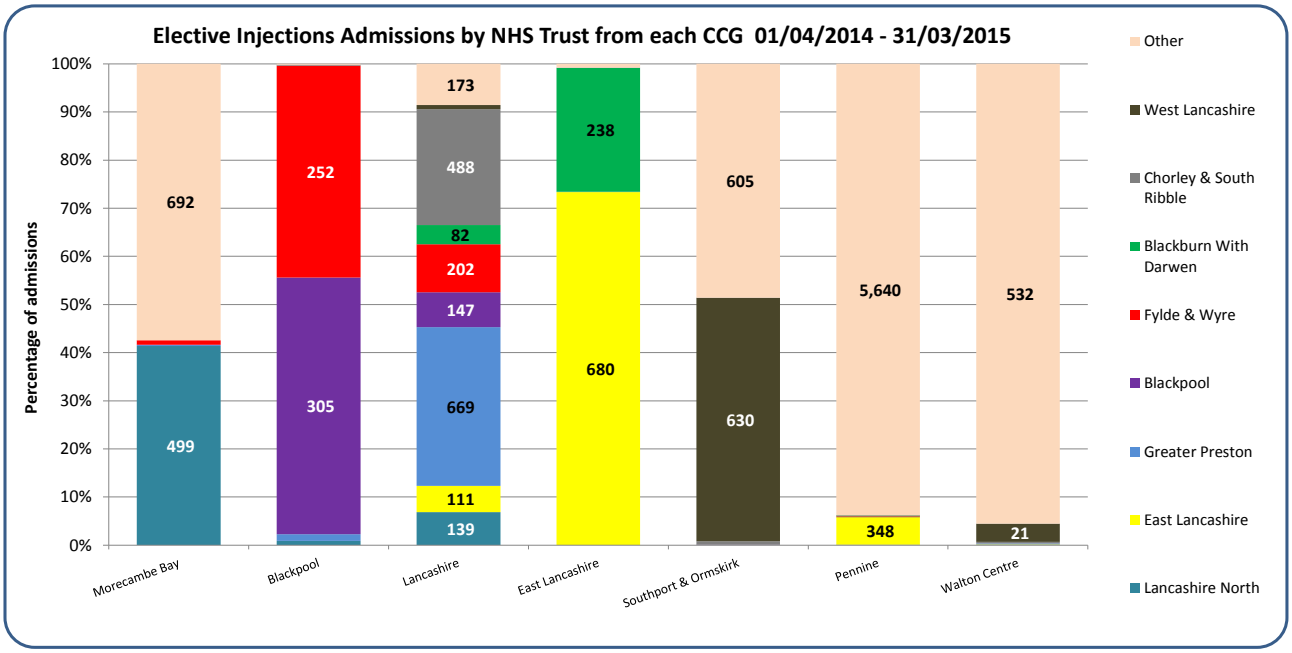
The Lancashire CCGs only admit patients to the Lancashire Trust which admits patients from all of the CCGs across the region with the exception of West Lancashire CCG who uses the Walton Centre.

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

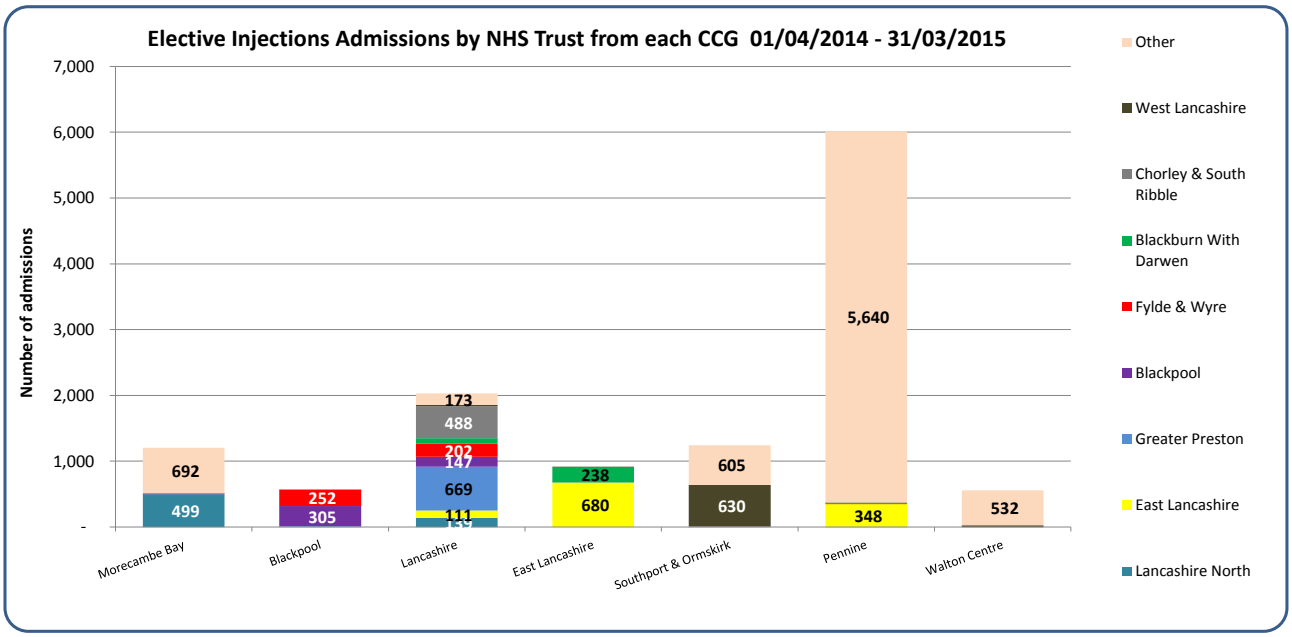
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

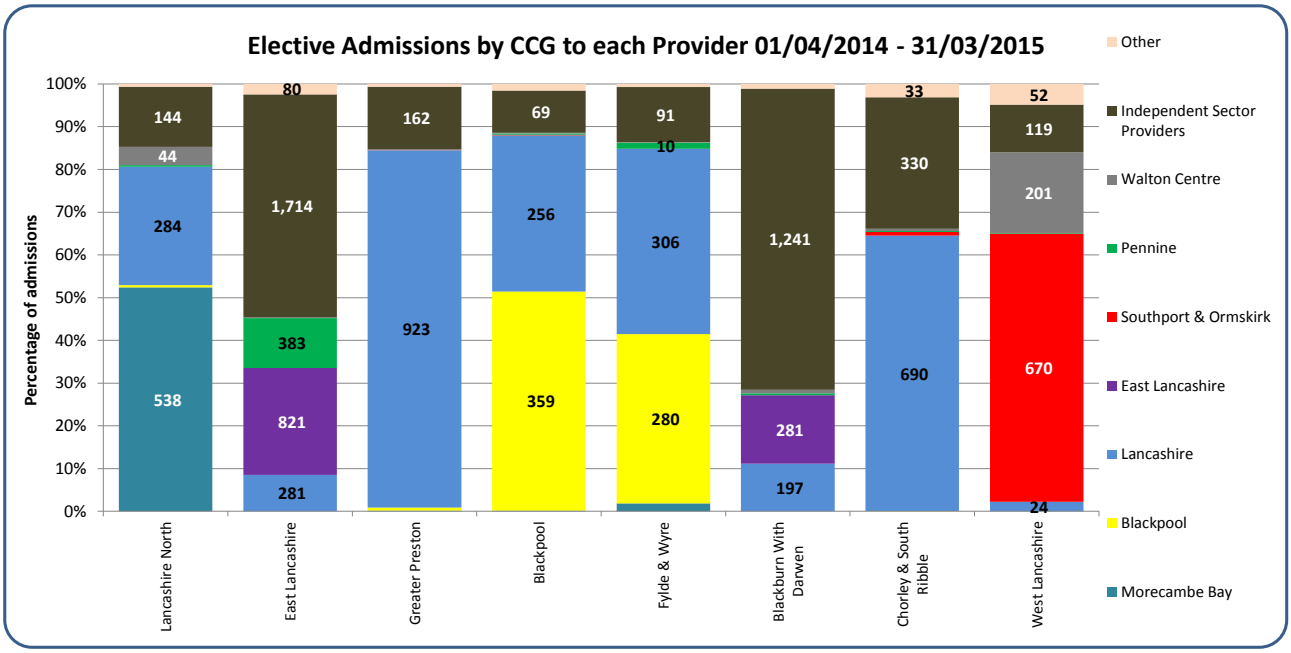
In contrast to the patient flows for spinal surgery, the Lancashire CCGs use at least 7 NHS providers for injections with the highest overall activity in the Pennine Trust but the highest activity for patients registered with Lancashire CCGs at the Lancashire Trust.

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

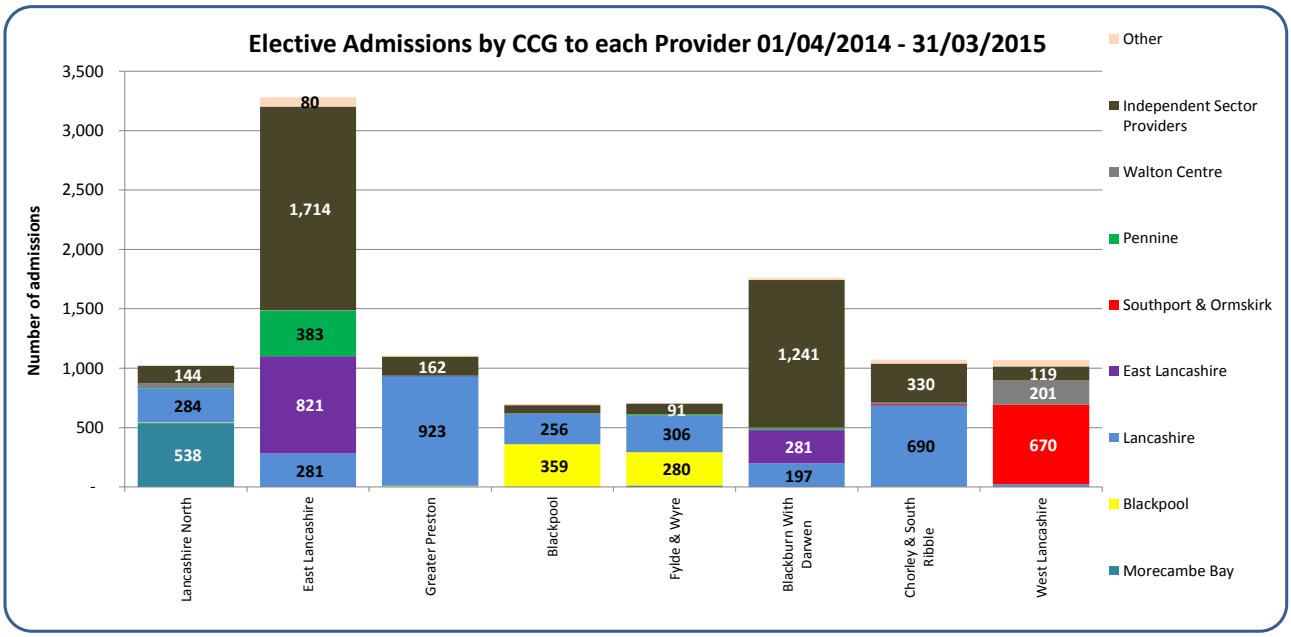
CCG activity to Hospital Trust

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 East Lancashire CCG with the majority of admissions to Independent Sector Providers as well as high levels of admissions to East Lancashire, Lancashire and Pennine Trusts.

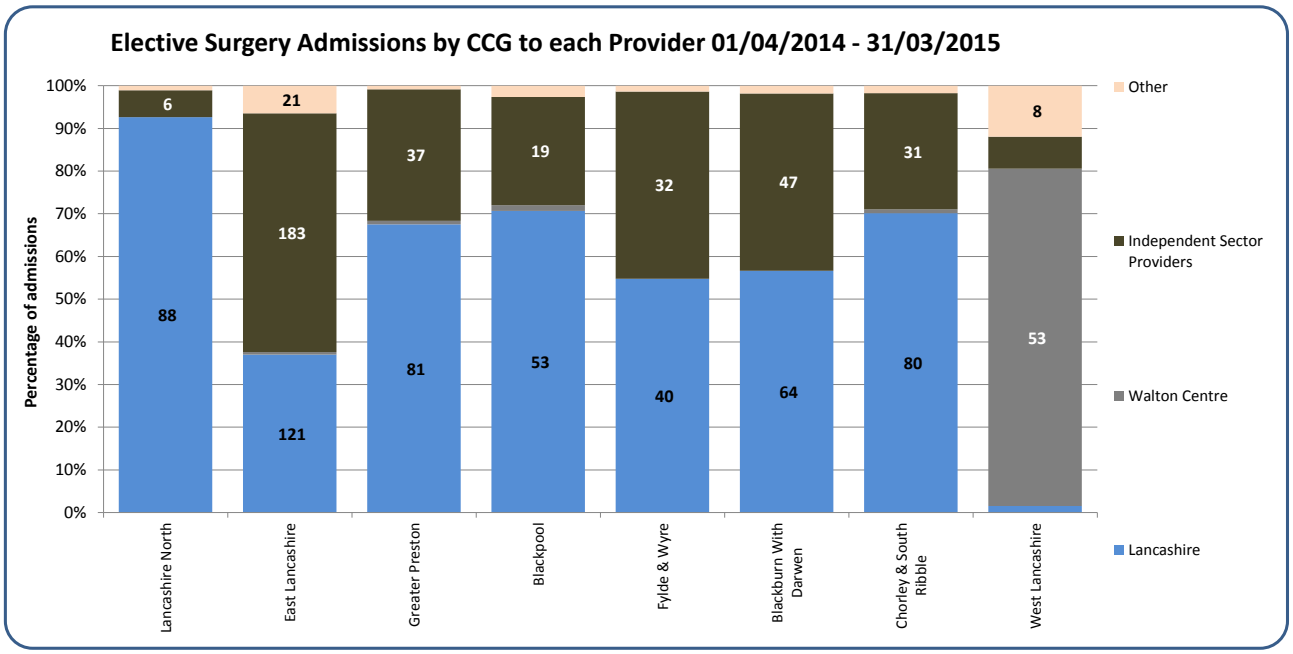
Blackburn with Darwin CCG has the highest proportion of activity (72%) in Independent Sector Providers in the Lancashire region.

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

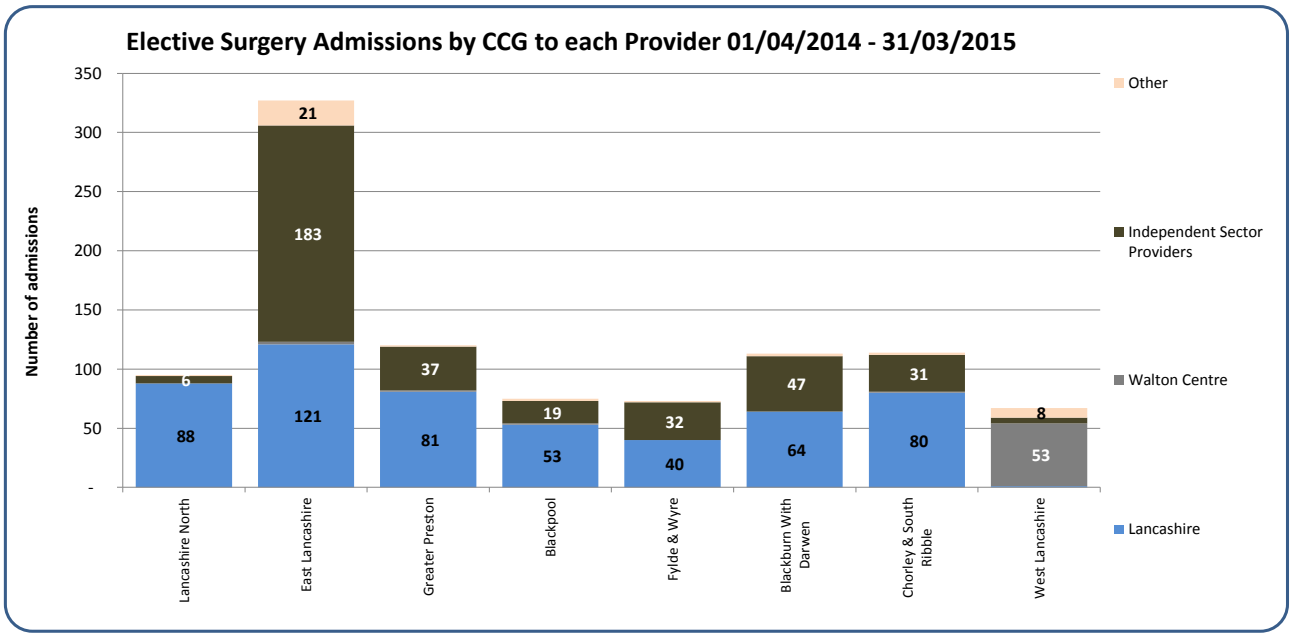
CCG activity to Hospital Trust

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

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



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



What is the data telling us?

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

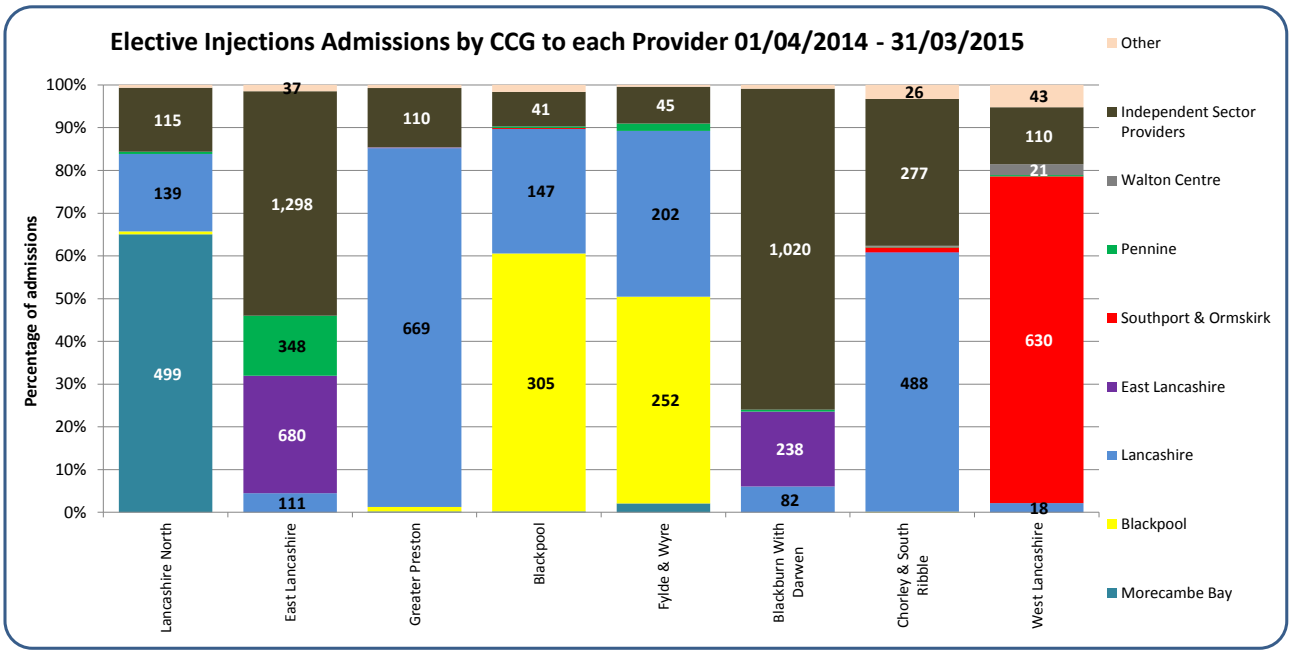
Activity is considerably higher for East Lancashire CCG compared to the other CCGs in the region. Patients from this CCG were admitted to Lancashire Trust but the majority have surgery with Independent Sector Providers. All Lancashire CCGs with the exception of West Lancashire and Lancashire North use Independent Sector Providers for at least 25% of their spinal surgery activity.

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

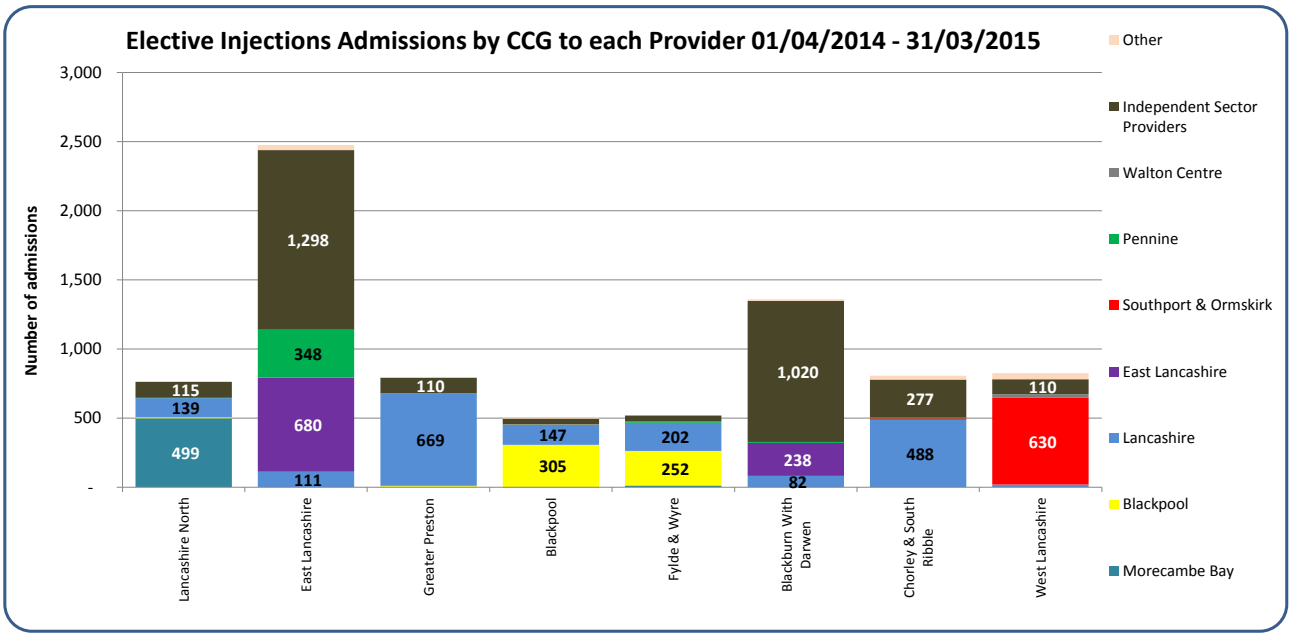
CCG activity to Hospital Trust

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 hospital trusts to which their patients are admitted for injections.

Activity is highest for East Lancashire CCG with the majority of admissions to Independent Sector Providers as well as high levels of admissions to East Lancashire, Lancashire and Pennine Trusts.

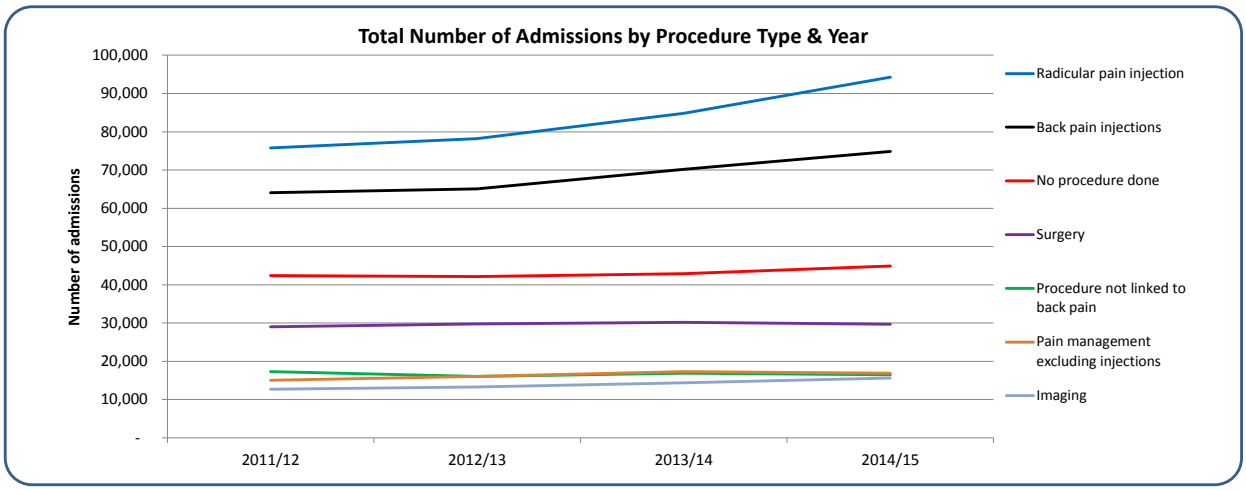
Blackburn with Darwin CCG has the highest proportion of activity (76%) in Independent Sector Providers in the Lancashire region.

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

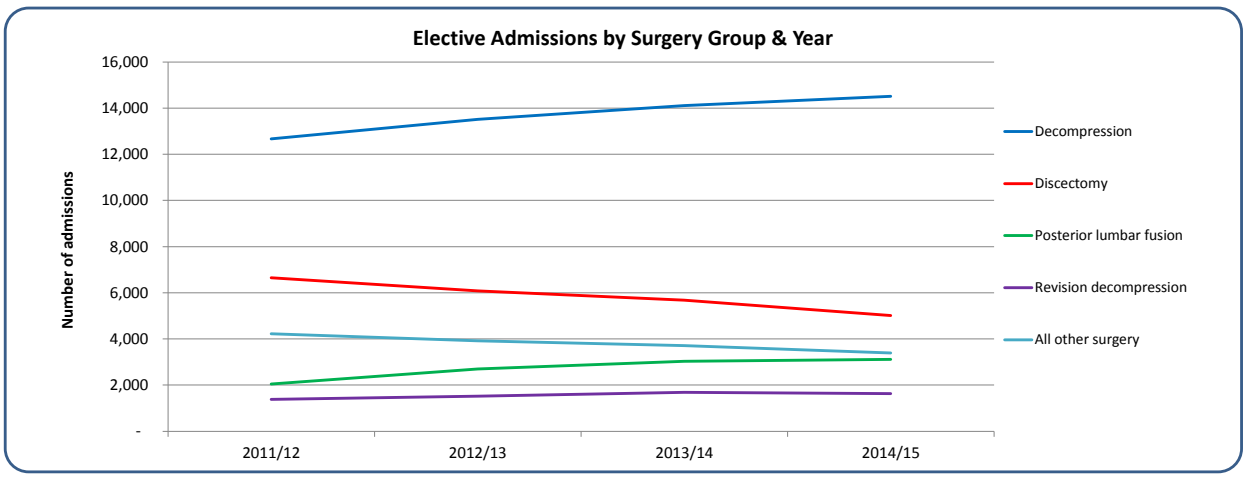
Hospital Trust activity (national level)

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

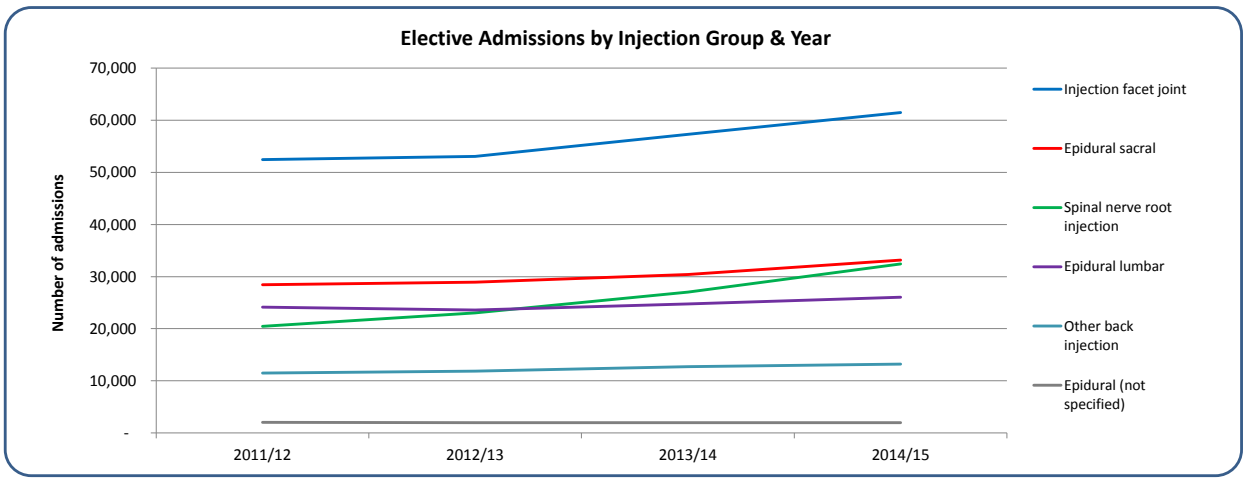
a. Hospital admissions by procedure type over time (all admission types)



b. Elective hospital admissions by surgery procedure type over time



c. Hospital admissions by injection procedure type over time



What is the data telling us?

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

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

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

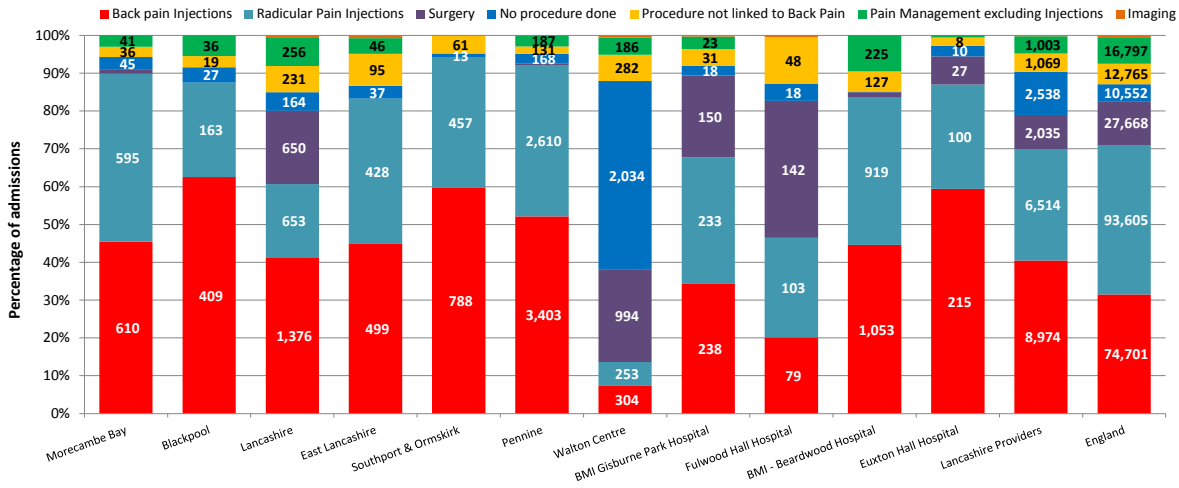
Hospital Trust activity

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

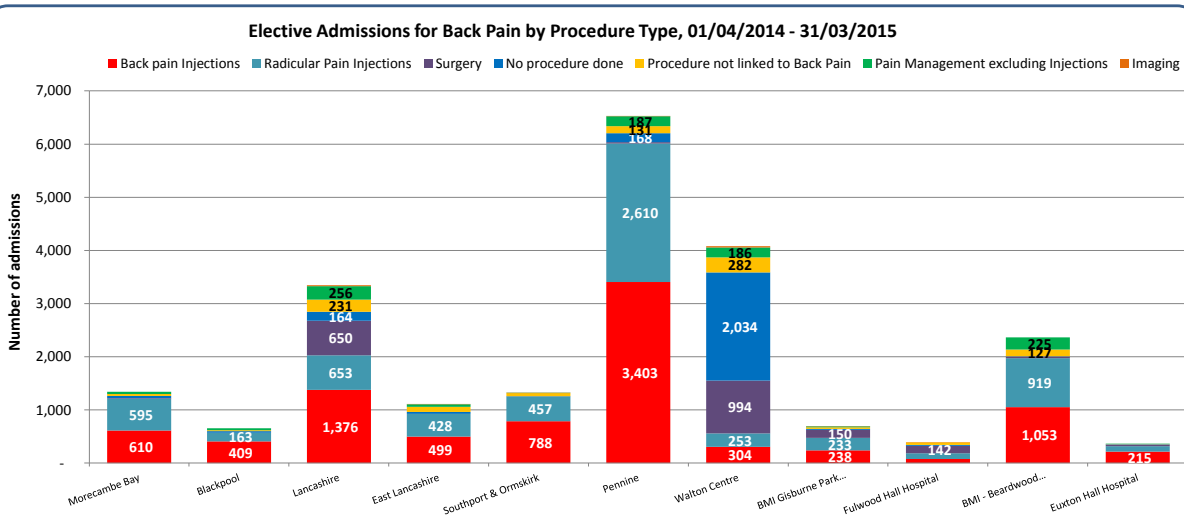
a. Elective hospital admissions by procedure type (national level including all providers)

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

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



c. Number of elective admissions per hospital Trust, by procedure type (actual activity)
(Lancashire 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 the Walton Centre (50% elective admissions).

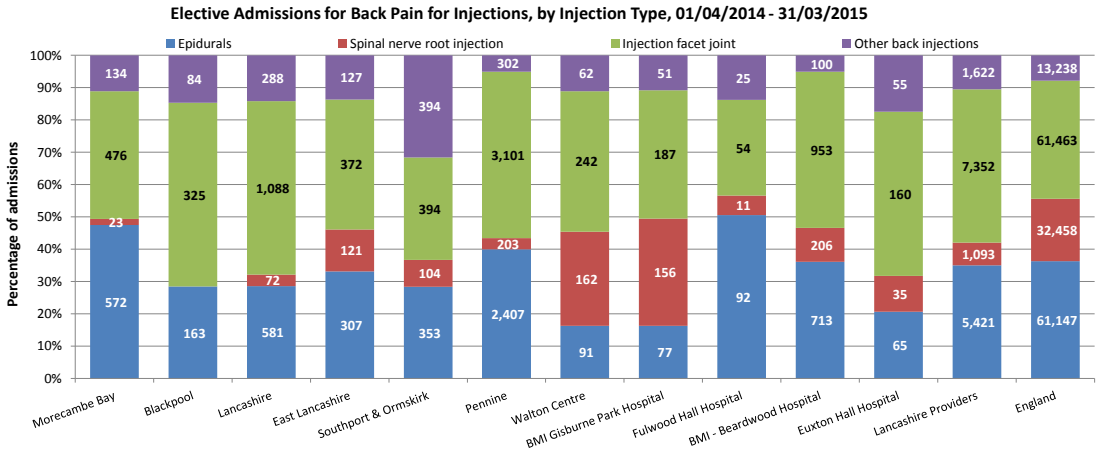
Five of the NHS Trust providers for the Lancashire CCGs have a higher proportion of elective activity for injections than the England rate (approx. 70%) and it is possible that the variation may be even greater due to differences in the point of delivery of care across hospital Trusts (for example it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

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

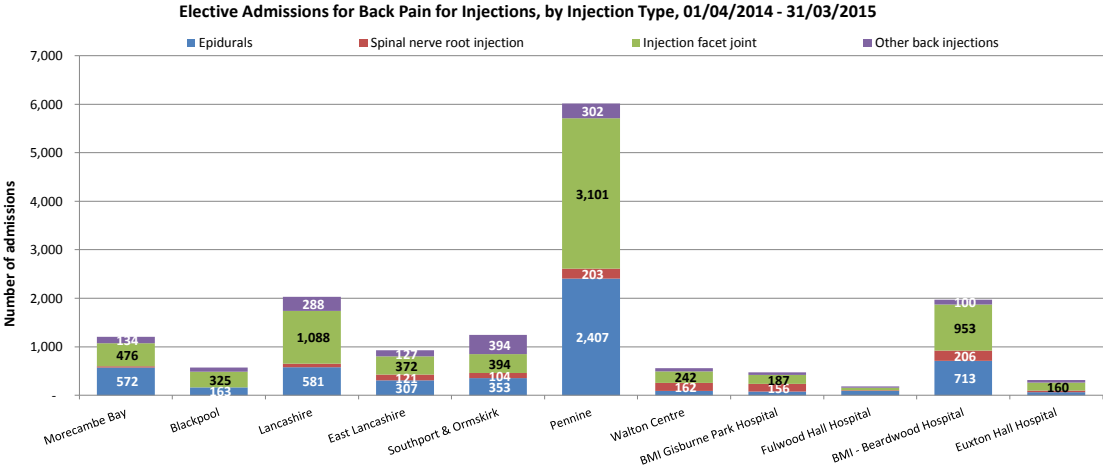
Hospital Trust activity

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

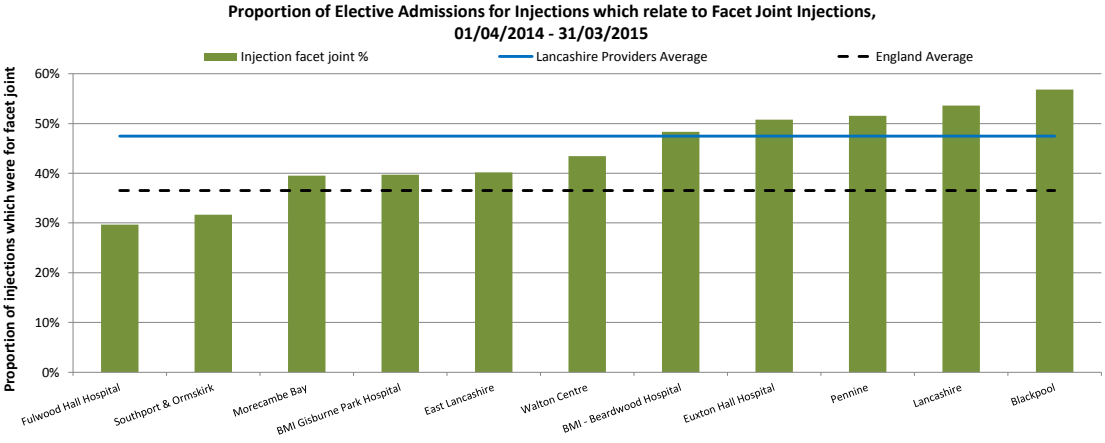
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)
(Lancashire Providers only)



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



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



What is the data telling us?

Facet joint injections are those most frequently done within Lancashire region, constituting almost 50% of injection activity which is higher than the England proportion (37%). Providers for the Lancashire region overall do notably lower proportion of spinal nerve root injections compared to England (7 vs. 19%) but a similar proportion of epidurals (25 vs. 36%).

There is wide variation across all providers in how frequently they do the different types of injections. The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

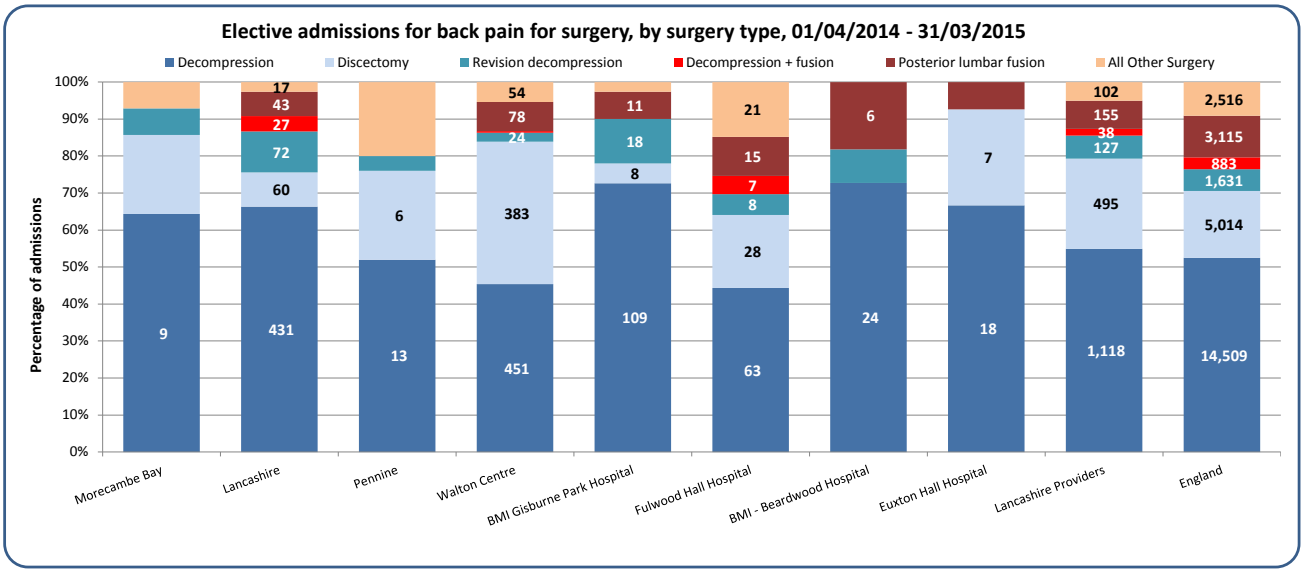
The proportion of facet joint injections done at NHS Trust level ranges from 32% (Southport & Ormskirk Trust) to 57% (Blackpool Trust) compared to the England figure of 37%.

Hospital Trust activity

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

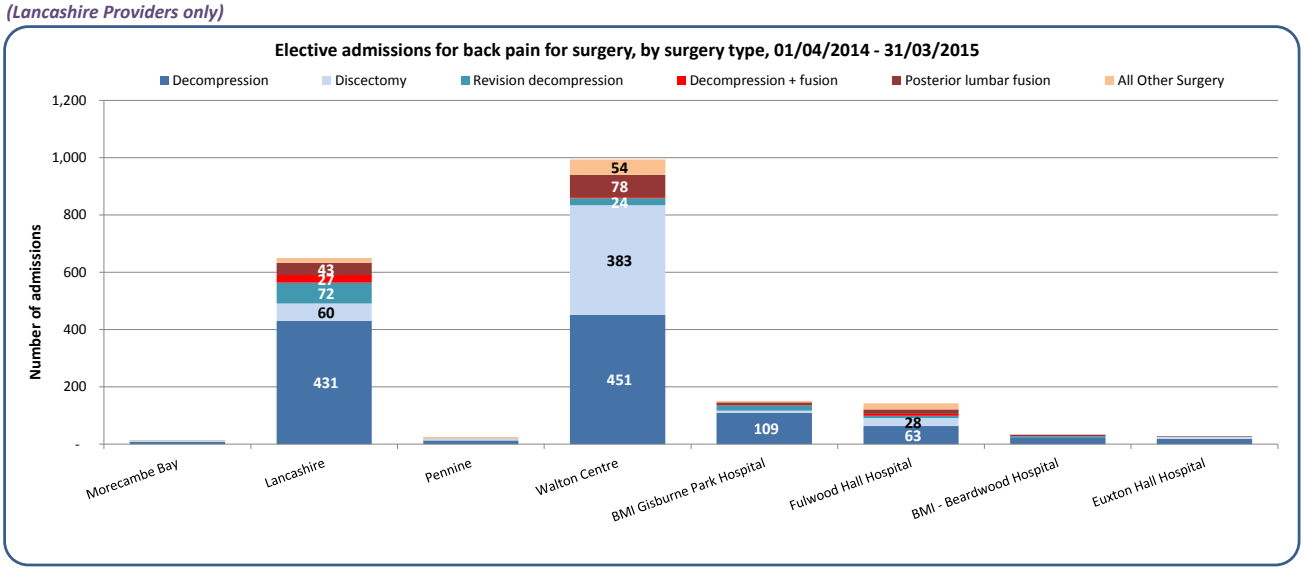
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(Lancashire Providers only)



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

(Lancashire Providers only)



What is the data telling us?

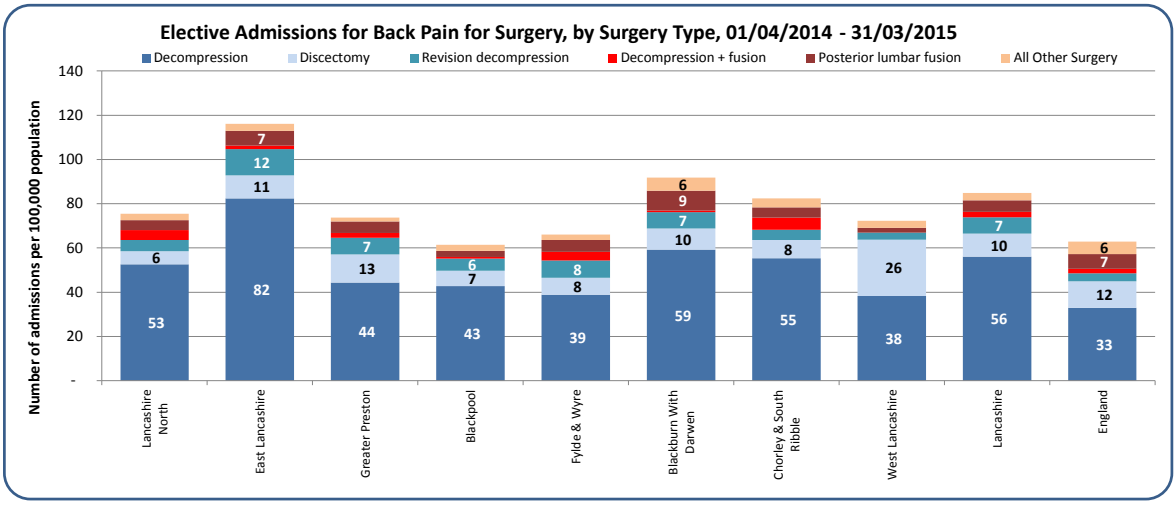
The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for providers used by the Lancashire CCGs. These providers overall do a higher proportion of discectomies and lower proportion of fusions compared to the England profile. There are variations at Trust level between the 2 main providers with a notably higher proportion of discectomies undertaken at the Walton Centre and a higher proportion of revision decompressions at Lancashire Trust.

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

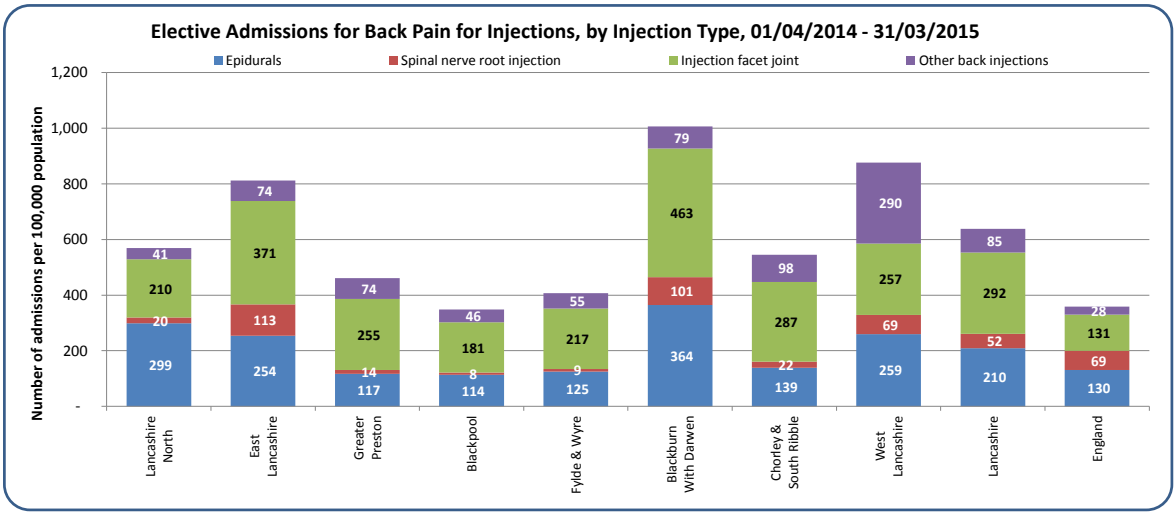
CCG activity by back pain procedure group

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

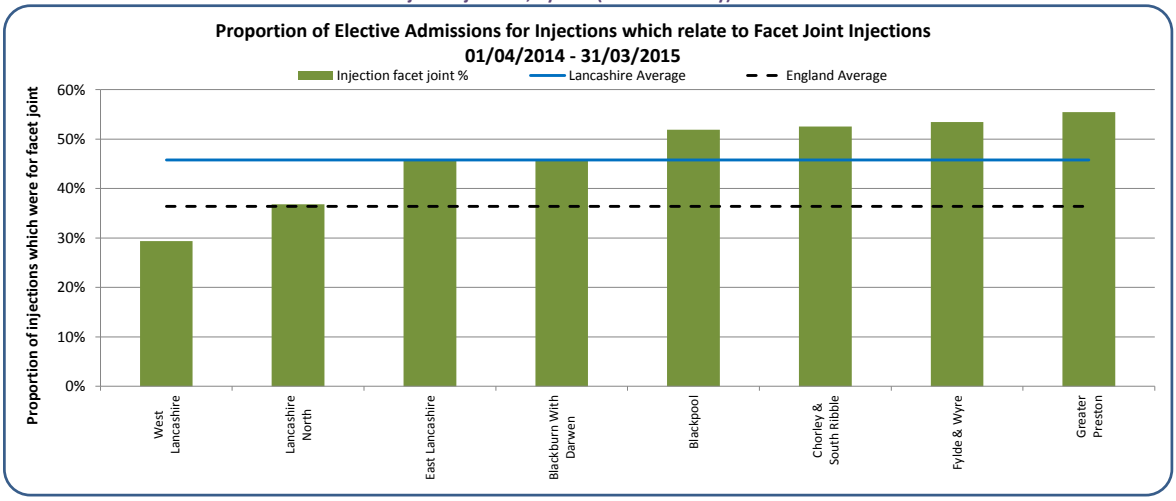
a. Number of elective admissions for surgery per CCG, by surgery type (Lancashire only)



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



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

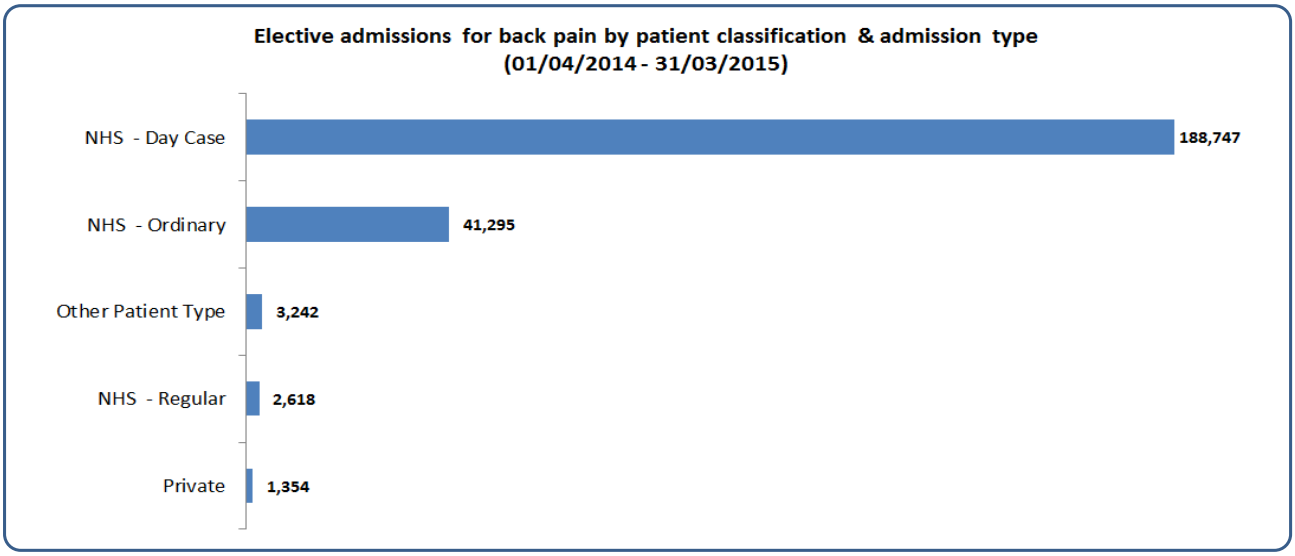
Overall this region has higher rates per 100,000 of admissions for both surgery and injections compared to the England rates but there is wide variation across the region with East Lancashire having the highest rates of surgery and Blackburn with Darwen having the highest rates of injections.

The proportion of facet joint injections done at CCG level ranges from 29% (West Lancashire) to 55% (Greater Preston) 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

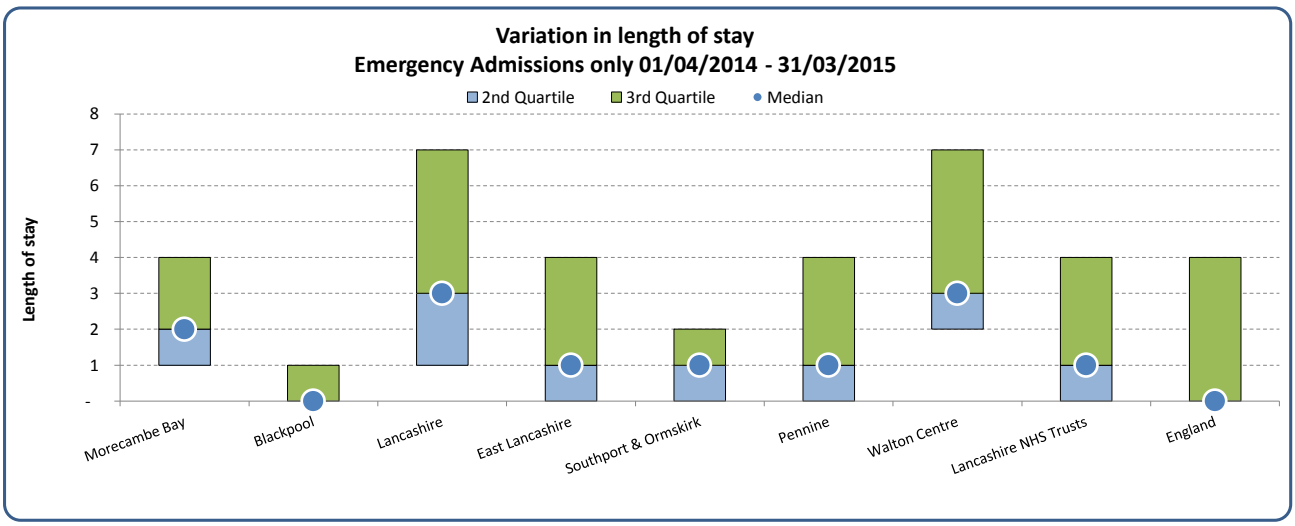


Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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
(Lancashire 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 NHS Trusts used by the Lancashire CCGs and shows that all Trusts except Blackpool have a median length of stay of 1 to 3 days, compared to the England average of zero days.

Hospital Trust Activity Total Costs

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

a. Total Costs by Admission Method Type (Lancashire FTs only)

Provider Name	Elective	Emergency	Other	Total
Walton Centre	£ 7,426,010	£ 870,753	£ 22,441	**£ 8,319,204**
Lancashire	£ 5,394,333	£ 910,930	£ 114,357	**£ 6,419,621**
Pennine	£ 4,449,572	£ 826,512	£ 39,067	**£ 5,315,151**
East Lancashire	£ 740,649	£ 745,016	£ 77,842	**£ 1,563,507**
Southport & Ormskirk	£ 1,102,958	£ 271,189	£ 4,982	**£ 1,379,130**
Morecambe Bay	£ 829,564	£ 422,209	£ 10,624	**£ 1,262,396**
Blackpool	£ 377,614	£ 324,589	£ 1,609	**£ 703,812**
Total	**£ 20,320,700**	**£ 4,371,199**	**£ 270,921**	**£ 24,962,820**

b. Total Costs by Procedure Type (Lancashire 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
Walton Centre	£ 5,101,683	£ 163,732	£ 161,719	£ 1,270,055	£ 1,114,512	£ 99,721	£ 407,783	£ -	**£ 8,319,204**
Lancashire	£ 3,425,083	£ 440,256	£ 935,879	£ 243,737	£ 923,966	£ 182,134	£ 268,566	£ -	**£ 6,419,621**
Pennine	£ 100,267	£ 1,847,940	£ 2,274,821	£ 554,581	£ 149,100	£ 274,302	£ 114,140	£ -	**£ 5,315,151**
East Lancashire	£ -	£ 280,211	£ 367,765	£ 601,173	£ 119,085	£ 170,400	£ 24,872	£ -	**£ 1,563,507**
Southport & Ormskirk	£ -	£ 301,345	£ 757,386	£ 165,043	£ 54,177	£ 99,161	£ 2,017	£ -	**£ 1,379,130**
Morecambe Bay	£ 53,636	£ 391,575	£ 340,858	£ 227,717	£ 66,047	£ 152,276	£ 30,287	£ -	**£ 1,262,396**
Blackpool	£ -	£ 101,959	£ 238,955	£ 226,323	£ 47,150	£ 71,438	£ 17,986	£ -	**£ 703,812**
Total	**£ 8,680,669**	**£ 3,527,017**	**£ 5,077,384**	**£ 3,288,629**	**£ 2,474,038**	**£ 1,049,432**	**£ 865,651**	**£ -**	**£ 24,962,820**

What is the data telling us?

Across all NHS Trusts used by the Lancashire CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £25 million, with 81% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the Lancashire CCGs region outlined on the cover of the report.

The surgery procedures group accounts for almost 35% of the total cost of all procedures, and the cost of injections is an additional 35% of the total.

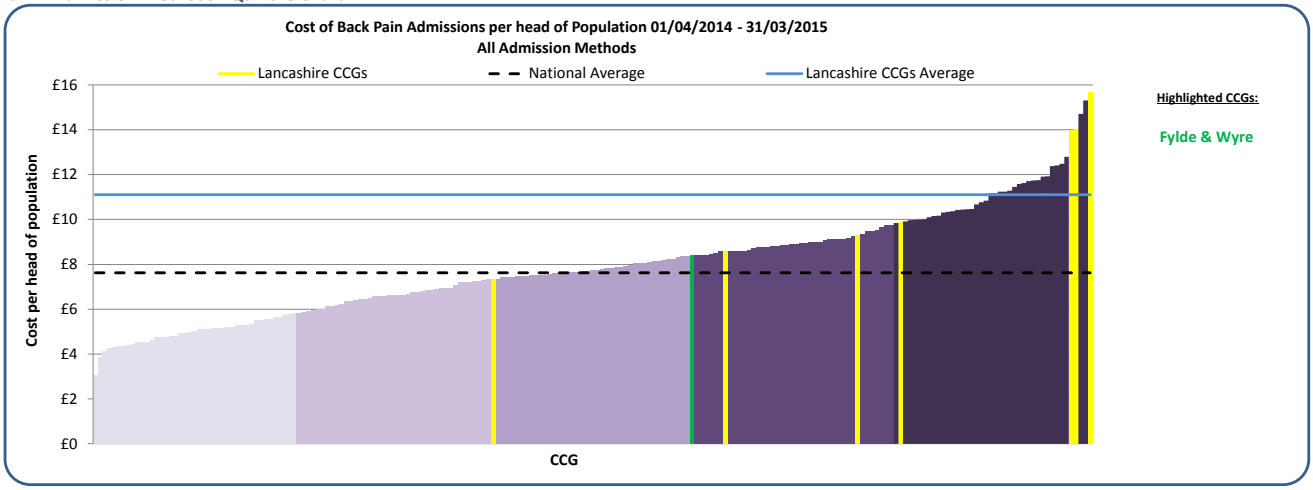
CCG Activity Total Costs

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

a. All Admission Methods - Table

	All Admissions		Elective Admissions		Emergency Admissions		
Responsible CCG Name	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Registered Population (Ages 15+)
Blackpool	£ 7.33	£ 1,061,506	£ 5.55	£ 803,159	£ 1.65	£ 239,277	144,770
Fylde & Wyre	£ 8.40	£ 1,081,384	£ 6.27	£ 806,918	£ 2.05	£ 264,009	128,777
Greater Preston	£ 8.58	£ 1,488,383	£ 7.31	£ 1,267,363	£ 1.24	£ 214,698	173,490
Chorley & South Ribble	£ 9.31	£ 1,377,640	£ 8.10	£ 1,198,996	£ 1.21	£ 178,644	147,935
Lancashire North	£ 9.87	£ 1,333,404	£ 7.87	£ 1,062,593	£ 1.93	£ 260,459	135,047
West Lancashire	£ 13.96	£ 1,313,137	£ 12.27	£ 1,153,808	£ 1.63	£ 153,097	94,071
East Lancashire	£ 14.01	£ 4,269,301	£ 11.65	£ 3,551,907	£ 2.19	£ 668,734	304,761
Blackburn With Darwen	£ 15.65	£ 2,115,138	£ 12.83	£ 1,733,862	£ 2.31	£ 312,144	135,114
Lancashire Total	**£ 11.11**	**£ 14,039,894**	**£ 9.16**	**£ 11,578,607**	**£ 1.81**	**£ 2,291,062**	**1,263,965**

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
East Lancashire	£ 1,417,566	£ 720,576	£ 922,629	£ 13,665	£ 366,770	£ 5,386	£ 105,315	£ -	**£ 3,551,907**
Blackburn With Darwen	£ 519,427	£ 395,424	£ 487,510	£ 24,600	£ 210,529	£ 3,549	£ 92,824	£ -	**£ 1,733,862**
Greater Preston	£ 566,465	£ 143,882	£ 392,358	£ 6,880	£ 87,712	£ 724	£ 69,341	£ -	**£ 1,267,363**
Chorley & South Ribble	£ 491,615	£ 151,214	£ 368,959	£ 8,038	£ 126,278	£ 8,756	£ 44,136	£ -	**£ 1,198,996**
West Lancashire	£ 310,104	£ 197,350	£ 496,182	£ 60,724	£ 62,194	£ 837	£ 26,416	£ -	**£ 1,153,808**
Lancashire North	£ 426,147	£ 279,147	£ 197,452	£ 22,224	£ 103,565	£ 5,183	£ 28,875	£ -	**£ 1,062,593**
Fylde & Wyre	£ 342,487	£ 109,639	£ 223,700	£ 9,763	£ 74,550	£ 2,147	£ 44,634	£ -	**£ 806,918**
Blackpool	£ 331,511	£ 110,675	£ 193,376	£ 20,250	£ 106,171	£ -	£ 41,175	£ -	**£ 803,159**

What is the data telling us?

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

Blackburn with Darwen CCG has the highest spend per head of population regionally (£15.65) driven mainly by high costs for elective admissions which is a reflection having the second highest elective admission rates nationally. In contrast, Blackpool CCG has relatively low costs per head regionally for both emergency and elective admissions (£7.33) but it should be noted that this is just under the national average highlighting that most CCGs in Lancashire have higher spend per head of population.

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 in several CCGs more is spent on admissions for injections compared to what is spent on surgery, most notably in Blackburn with Darwen CCG.

14. Back & Radicular Pain Admissions Breakdown for the Lancashire Region

Highlighted Provider Data is included in this report
(Blue=NHS Trust & Green=Independent Sector Provider)

		Elective Admissions			Emergency	Other Admission	
Code	**Provider Name**	Surgery	Injections	Other	**Admissions**	**Types**	**Total**
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	528	1,856	577	377	22	**3,360**
NT403	BMI - THE BEARDWOOD HOSPITAL	32	1,819	308	-	-	**2,159**
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	-	920	184	627	13	**1,744**
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	-	571	82	355	<6	**1,009**
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	-	640	40	121	<6	**804**
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	<6	513	40	174	<6	**729**
NT497	BMI GISBURNE PARK HOSPITAL	135	437	70	-	-	**642**
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	-	373	38	10	-	**421**
NVC05	EUXTON HALL HOSPITAL	27	278	18	-	-	**323**
NVC07	FULWOOD HALL HOSPITAL	103	148	48	-	-	**299**
RET	THE WALTON CENTRE NHS FOUNDATION TRUST	58	25	191	7	-	**281**
NT449	BMI THE LANCASTER HOSPITAL	-	106	21	-	-	**127**
NVC16	RENACRES HOSPITAL	7	111	<6	-	-	**121**
RM3	SALFORD ROYAL NHS FOUNDATION TRUST	32	54	16	9	-	**111**
NT347	SPIRE FYLDE COAST HOSPITAL	36	37	<6	-	-	**76**
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	-	37	<6	13	<6	**55**
NT404	BMI - THE BEAUMONT HOSPITAL	-	34	16	-	-	**50**
NT420	BMI - THE HIGHFIELD HOSPITAL	13	14	<6	-	-	**28**
NVC20	THE YORKSHIRE CLINIC	-	26	<6	-	-	**28**
REM	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	21	-	**25**
RCF	AIREDALE NHS FOUNDATION TRUST	-	<6	<6	15	-	**20**
RWW	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	<6	14	<6	<6	-	**19**
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	-	<6	-	<6	-	**8**
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	-	<6	<6	<6	-	**7**
RMC	BOLTON NHS FOUNDATION TRUST	-	<6	<6	<6	-	**6**
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	-	<6	<6	<6	-	**6**
NT337	SPIRE LIVERPOOL HOSPITAL	-	<6	<6	-	-	**6**
NT401	BMI - THE ALEXANDRA HOSPITAL	<6	<6	<6	-	-	**6**
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	<6	<6	<6	<6	**<6**
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	<6	<6	-	<6	-	**<6**
RW5	LANCASHIRE CARE NHS FOUNDATION TRUST				<6	-	**<6**
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	-	<6	<6	-	-	**<6**
RWJ	STOCKPORT NHS FOUNDATION TRUST	<6	<6	-	<6	-	**<6**
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST				<6	-	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST				<6	-	**<6**
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST				<6	-	**<6**
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RBV	THE CHRISTIE NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST				<6	-	**<6**
RJR	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RK9	PLYMOUTH HOSPITALS NHS TRUST				<6	-	**<6**
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	<6	-	-	-	-	**<6**
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RNL	NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	<6	-	-	-	-	**<6**
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST				<6	-	**<6**
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-	<6	-	-	-	**<6**
NEY01	PIONEER HEALTHCARE LTD - CLAREMONT HOSPITAL	<6	-	-	-	-	**<6**
NT424	BMI - THE MERIDEN HOSPITAL	<6	-	-	-	-	**<6**
NT447	BMI THE DUCHY HOSPITAL	<6	-	-	-	-	**<6**
NTX01	ONE HEALTH GROUP LTD	<6	-	-	-	-	**<6**
NVC12	OAKLANDS HOSPITAL	-	<6	-	-	-	**<6**
Total		**985**	**8,053**	**1,683**	**1,767**	**42**	**12,530**

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Approved by Project Director	Helen Ridley
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Version	**Document Type**	**Date**	**Amendments**	**By**
0.1	First Draft	10/03/2016	---	Adam Fearing, Liz Lingard
0.2	Draft V2	15/03/2016	Amendments & Final QA	Adam Fearing, Kayoung Goffe
0.3	Draft V3	15/04/2016	Further minor amendments	Adam Fearing, Kayoung Goffe
0.4	Draft V4	03/05/2016	Further minor amendments	Adam Fearing
0.5	Draft V5	11/05/2016	Further minor amendments	Adam Fearing
0.6	Draft V6	24/06/2016	Narrative & formatting	Liz Lingard

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