Back Pain Report

High Weald Lewes Havens

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 Surrey & Sussex 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 Surrey & Sussex Region are:

- St George's University Hospitals NHS Foundation Trust
- Epsom & St Helier University Hospitals NHS Trust
- Ashford & St Peter's Hospitals NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- Surrey & Sussex Healthcare NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- Brighton & Sussex University Hospitals NHS Trust
- East Sussex Healthcare NHS Trust

The Independent Sector Providers included for the Surrey & Sussex Region are:

- Ashtead Hospital
- The Horder Centre - St Johns Road
- BMI - Goring Hall 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

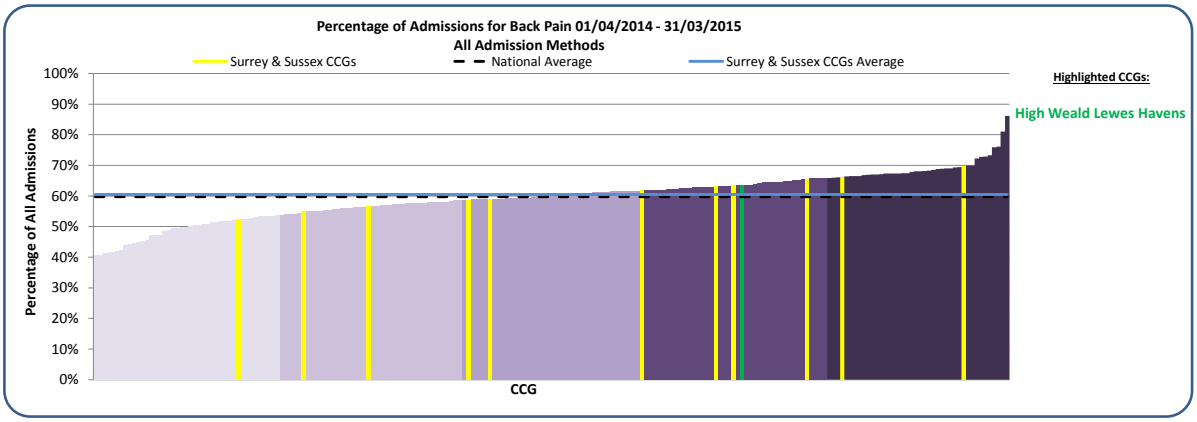
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

Surrey & Sussex CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	7,641	5,706	**13,347**	57.2%	42.8%
Emergency	2,136	658	**2,794**	76.4%	23.6%
Other	20	45	**65**	30.8%	69.2%
Total	**9,797**	**6,409**	**16,206**	**60.5%**	**39.5%**

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)

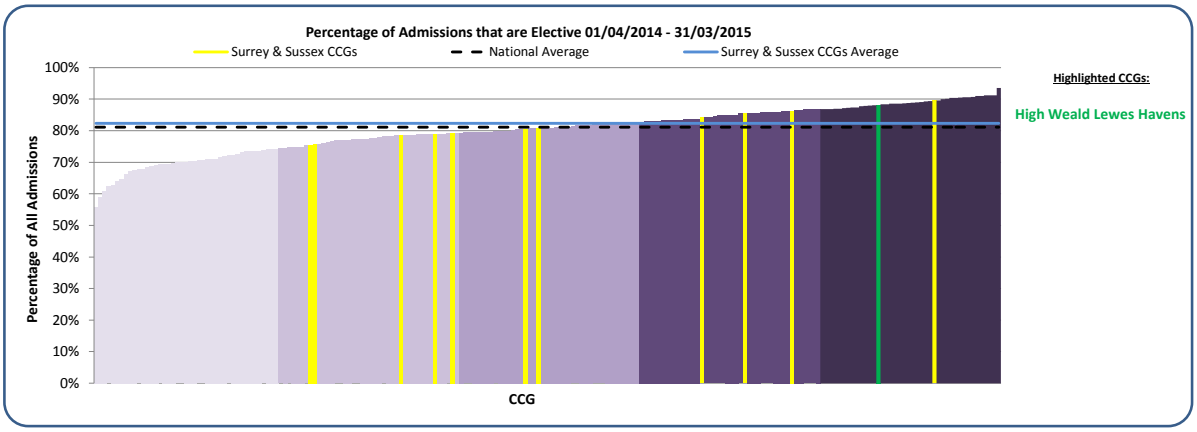
Eastbourne, Hailsham & Seaford	52.2%	Brighton & Hove	63.2%
Surrey Downs	54.9%	Guildford & Waverley	63.5%
Horsham & Mid Sussex	56.6%	High Weald Lewes Havens	63.5%
Coastal West Sussex	58.8%	North West Surrey	65.6%
Hastings & Rother	58.9%	East Surrey	66.1%
Surrey Heath	61.8%	Crawley	69.9%
Surrey & Sussex CCGs	**60.5%**	**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

Coastal West Sussex	75.4%	Guildford & Waverley	80.8%
Hastings & Rother	75.8%	Eastbourne, Hailsham & Seaford	84.2%
Horsham & Mid Sussex	78.6%	North West Surrey	85.4%
Brighton & Hove	79.0%	Surrey Heath	86.3%
East Surrey	79.2%	High Weald Lewes Havens	88.1%
Crawley	80.5%	Surrey Downs	89.6%
Surrey & Sussex CCGs	**82.4%**	**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 16,2063 (5.5%) of these for patients registered within the Surrey & Sussex 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 Surrey & Sussex CCGs the proportion of admissions for back pain ranges from 52% to 70%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with Surrey & Sussex having a slightly higher proportion (82.4%). At a CCG level in this region, the proportion of elective admissions for these populations ranges from 75% in Coastal West Sussex to 90% in Surrey Downs.

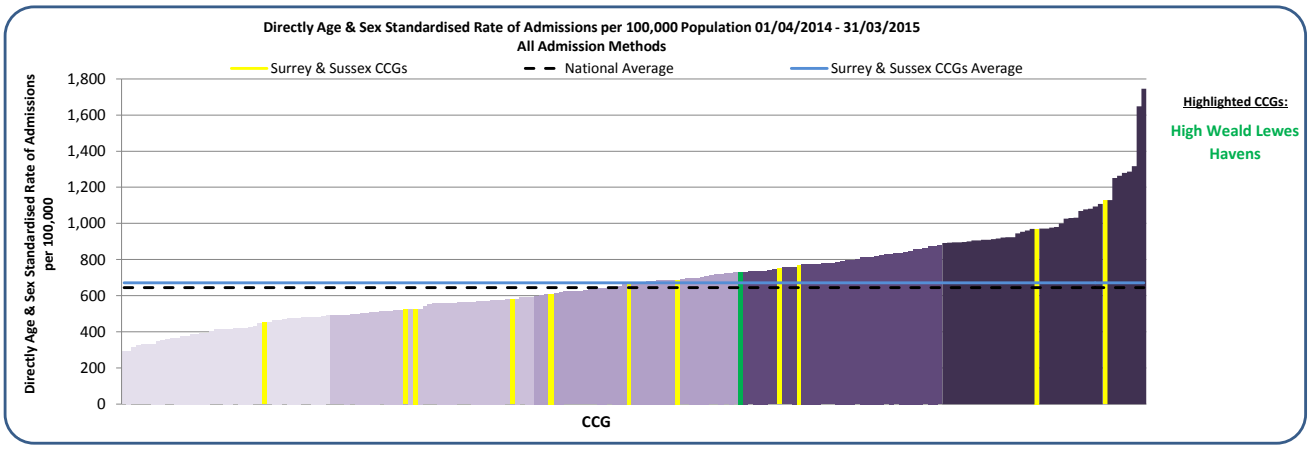
Clinical Commissioning Group (CCG) activity

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

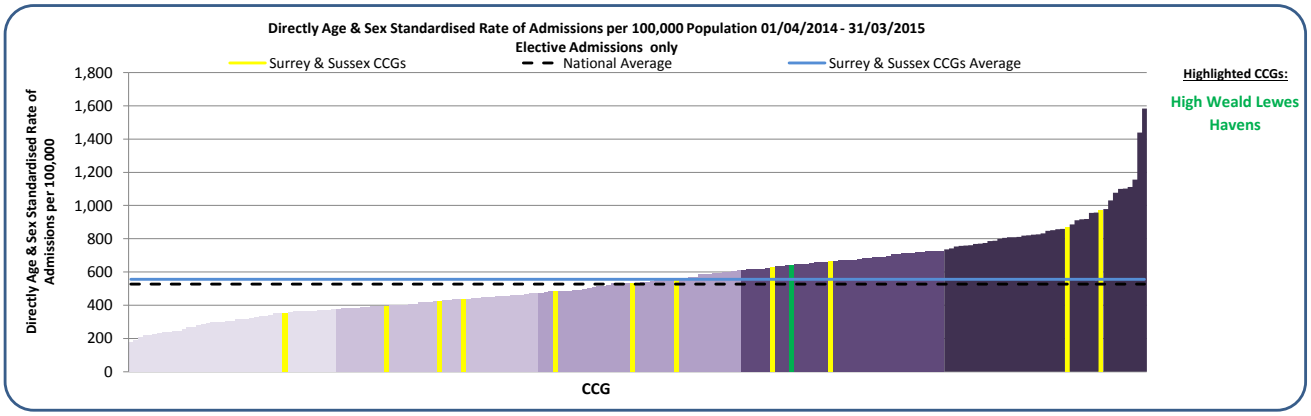
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Surrey Heath	1127.3	973.0	154.4	Crawley	662.9	536.4	122.4
Surrey Downs	970.6	872.6	96.0	East Surrey	610.4	483.9	124.5
North West Surrey	771.6	663.5	102.4	Coastal West Sussex	579.9	437.6	140.4
Eastbourne, Hailsham & Seaford	749.4	630.1	116.5	Brighton & Hove	526.7	423.9	101.8
High Weald Lewes Havens	733.1	643.1	84.3	Hastings & Rother	524.0	397.3	125.5
Guildford & Waverley	688.5	560.0	123.0	Horsham & Mid Sussex	450.4	355.4	93.5
Surrey & Sussex CCGs	670.8	555.2	113.0	England	645.6	526.5	115.4

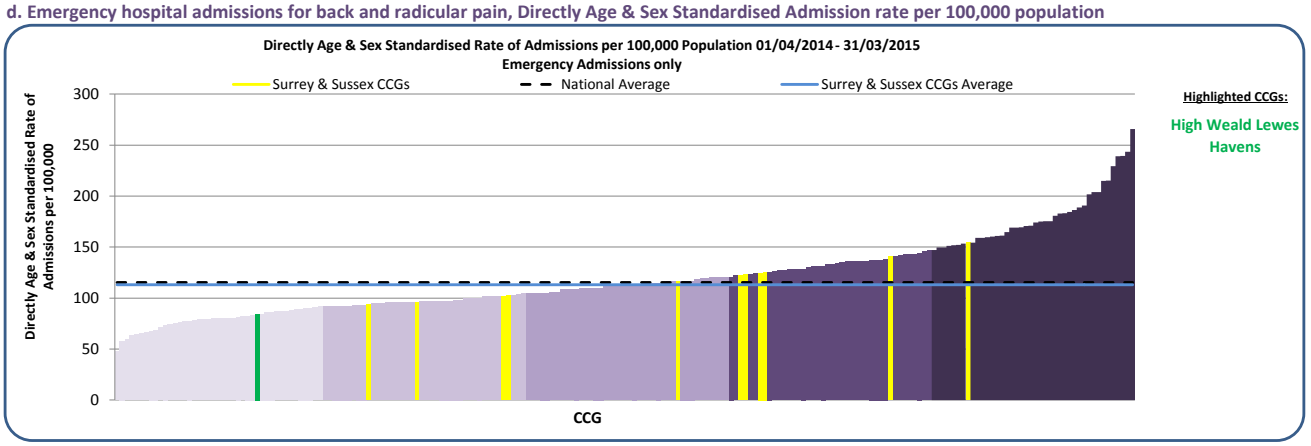
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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



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



What is the data telling us?

There is wide variation in elective admission rates across the CCGs within Surrey and Sussex with over a 2.7-fold difference between the regional lowest (Horsham and Mid Sussex CCG) and the highest CCG for the region (Surrey Heath CCG), which is in the highest quintile nationally.

Similarly, for emergency admissions there is wide variation across the CCGs in the region, with High Weald Lewes Havens CCG in the lowest quintile to Surrey Heath CCG in the highest quintile nationally.

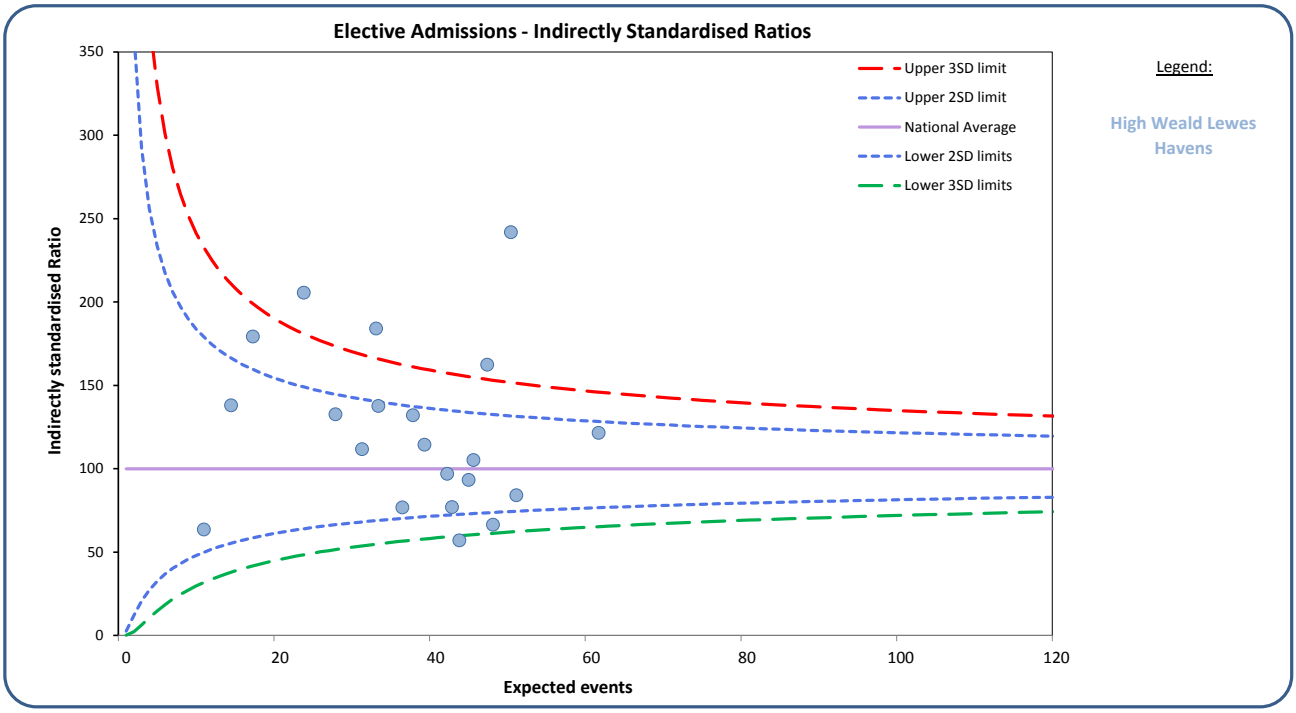
Clinical Commissioning Group (CCG) activity - GP practice level

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

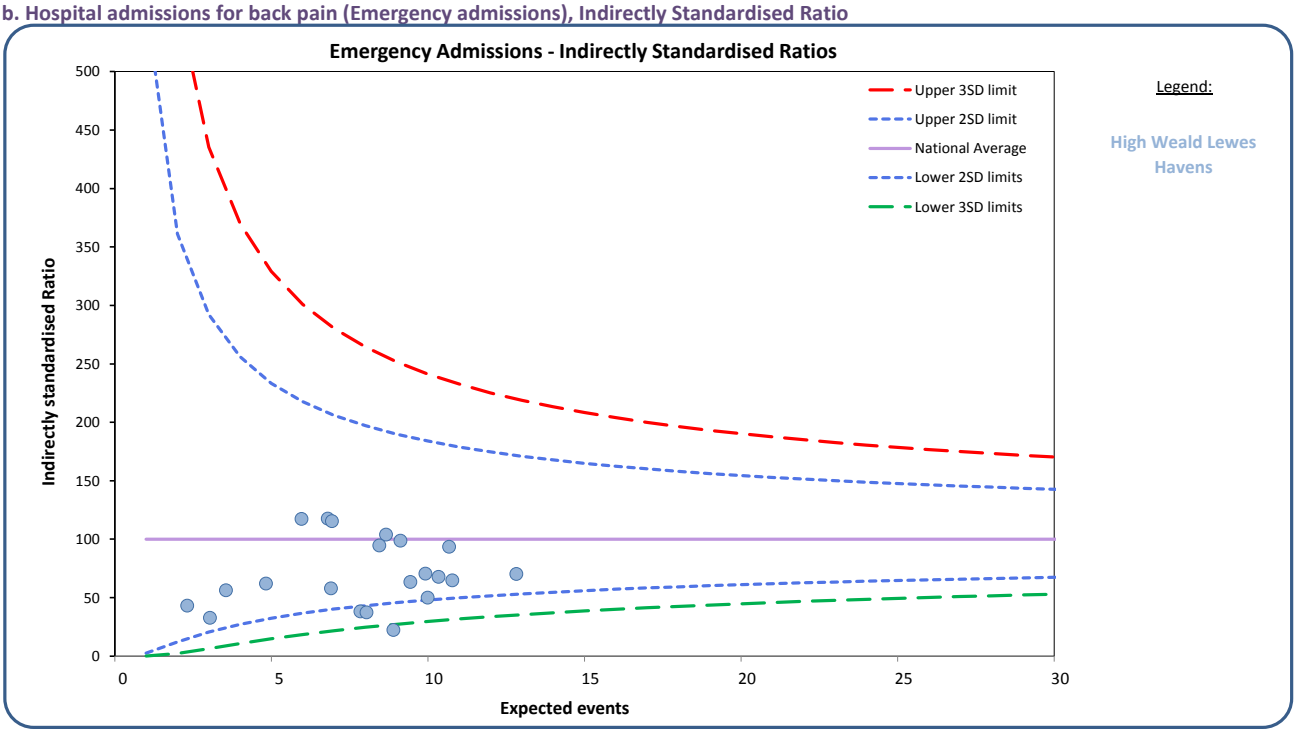
Each symbol represents one GP practice

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

High Weald Lewes Havens



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

High Weald Lewes Havens

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.

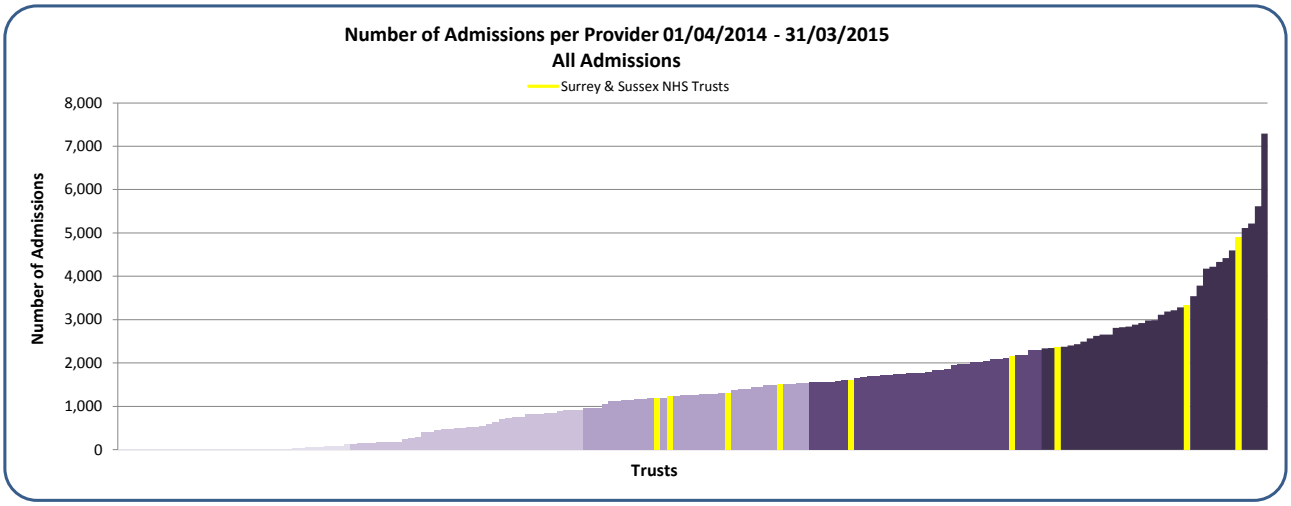
				Elective			Emergency		
Practice Code	**Practice Name**	**CCG**	**Population 15+**	**Observed**	**Expected**	**Ratio**	**Observed**	**Expected**	**Ratio**
G81007	Mid Downs Medical Practice	99K	7,469	33	42.88	76.96	9	8.66	103.94
G81016	Quayside Medical Practice	99K	7,517	45	39.33	114.42	8	8.45	94.69
G81019	Beacon Surgery	99K	8,905	122	50.45	241.83	7	10.78	64.95
G81021	School Hill Medical Practice	99K	6,729	28	36.49	76.73	<6	7.84	38.25
G81024	Ashdown Forest Health Centre	99K	8,028	48	45.63	105.19	6	9.44	63.53
G81030	Belmont Surgery	99K	7,312	41	42.25	97.05	<6	8.90	22.47
G81035	River Lodge Surgery	99K	8,566	32	48.14	66.48	7	10.34	67.70
G81037	The Meads Surgery	99K	7,083	50	37.86	132.07	<6	8.04	37.32
G81040	Woodhill Surgery	99K	2,569	20	14.48	138.09	<6	3.04	32.89
G81043	Rotherfield Surgery	99K	6,118	61	33.14	184.09	<6	6.91	57.93
G81045	St. Andrews Surgery	99K	8,176	25	43.81	57.06	9	9.12	98.66
G81053	Rowe Avenue Surgery	99K	5,321	35	31.32	111.76	8	6.81	117.55
G81055	Saxonbury House Surgery	99K	8,050	77	47.41	162.40	<6	9.99	50.06
G81061	Chapel Street Surgery	99K	5,178	37	27.91	132.57	7	5.96	117.36
G81086	Bird-In-Eye Surgery	99K	6,398	46	33.40	137.73	8	6.94	115.35
G81088	Heathfield Surgery	99K	10,582	75	61.73	121.50	9	12.82	70.20
G81097	Manor Oak Surgery	99K	3,018	31	17.29	179.28	<6	3.55	56.31
G81100	Meridian Surgery	99K	8,602	42	45.01	93.32	7	9.92	70.55
G81102	Buxted Medical Centre	99K	8,786	43	51.16	84.06	10	10.68	93.68
G81614	Groombridge & Hartfield Med Grp	99K	4,087	49	23.83	205.59	<6	4.83	62.15
G81627	Foxhill Medical Centre	99K	2,074	7	11.00	63.62	<6	2.31	43.28

Hospital Trust activity

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

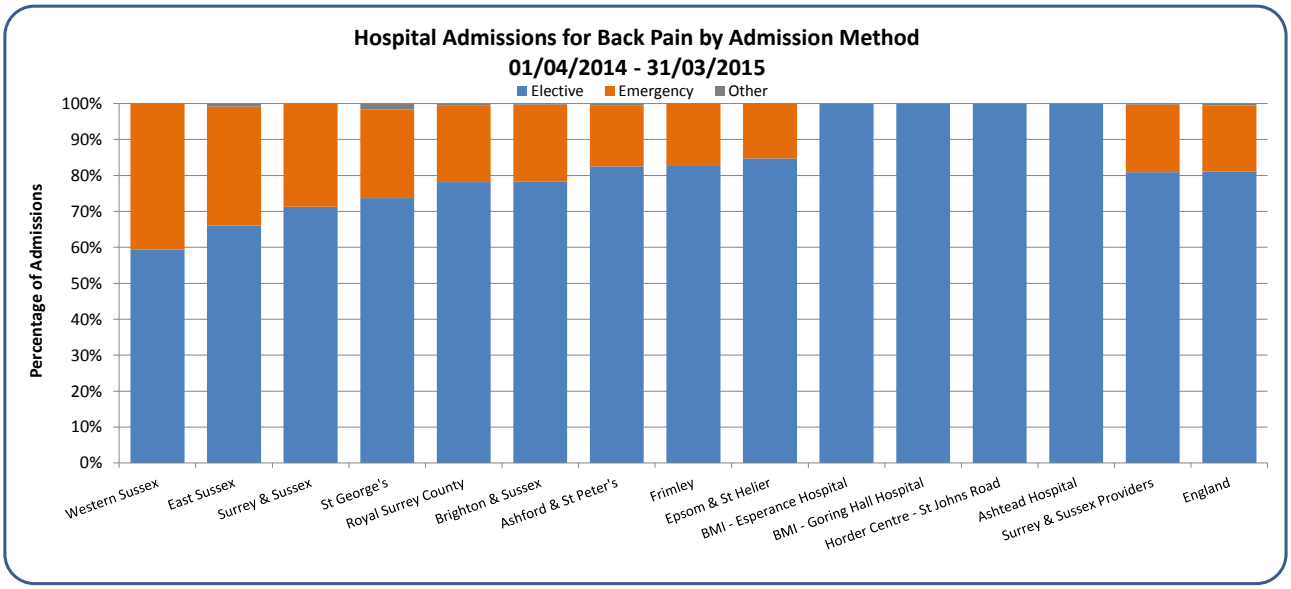
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Frimley	4,899	Western Sussex	1,507
Epsom & St Helier	3,345	Royal Surrey County	1,307
Brighton & Sussex	2,355	Surrey & Sussex	1,221
St George's	2,164	East Sussex	1,188
Ashford & St Peter's	1,604		
Surrey & Sussex NHS Trusts	19,590	England	251,444



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

(Surrey & Sussex Providers only)



What is the data telling us?

The total number of admissions for back pain, rather than a rate, is presented due to the absence of a relevant denominator at hospital Trust level. Activity for the 9 NHS Trusts used by the Surrey & Sussex CCGs is highly variable with 3 Trust in the highest quintile when comparing all NHS Trusts nationally.

The proportion of hospital activity for back pain which is classed as elective care for the Surrey & Sussex is similar to the England proportion. However at NHS Trust level the proportion varies between 59% at Western Sussex Trust to 85% at Epsom & St Helier Trust. 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
(Surrey & Sussex Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
St George's	789	108	-	-	603	94	**1,594**
Epsom & St Helier	1,944	881	-	<6	-	8	**2,833**
Ashford & St Peter's	1,156	161	-	-	-	7	**1,324**
Frimley	2,325	1,716	-	-	-	20	**4,061**
Royal Surrey County	595	417	-	-	-	9	**1,021**
Surrey & Sussex	695	173	-	-	-	<6	**868**
Western Sussex	556	8	-	<6	-	329	**893**
Brighton & Sussex	957	646	-	9	199	33	**1,844**
East Sussex	30	742	-	<6	-	12	**784**
Ashtead Hospital	177	25	829	-	-	-	**1,031**
Horder Centre - St Johns Road	252	680	-	-	-	104	**1,036**
BMI - Goring Hall Hospital	343	216	-	-	-	-	**559**
BMI - Esperance Hospital	-	661	-	-	-	-	**661**
Total	**9,819**	**6,434**	**829**	**9**	**802**	**616**	**18,509**

d. Elective admissions for injections for back and radicular pain, by injection type and treatment specialty *(national data)*

Treatment Function Title	Other Back Pain Injection	Epidural (not specified)	Epidural Lumbar	Epidural Sacral	Injection Facet Joint	Spinal Nerve Root Injection	Total
Pain Management & Anaesthetics	11,485	1,572	19,926	12,780	46,506	12,482	**104,751**
Trauma & Orthopaedics	1,286	175	4,190	15,658	10,080	11,518	**42,907**
Spinal Surgery Service	200	60	590	1,430	2,338	3,571	**8,189**
Neurosurgery	191	123	1,074	600	1,270	1,303	**4,561**
Interventional Radiology	14	1	18	3	656	2,961	**3,653**
Rheumatology	38	12	138	2,428	390	32	**3,038**
Other Treatment Functions	24	10	81	278	223	591	**1,207**
Total	**13,238**	**1,953**	**26,017**	**33,177**	**61,463**	**32,458**	**168,306**

What is the data telling us?

For elective activity the treatment specialty code indicated within the hospital data varies by hospital trust. Overall the most common specialties are Trauma and Orthopaedics and Pain Management/Anaesthetics, however for St George's Trust there is also a high volume of activity recorded within Neurosurgery.

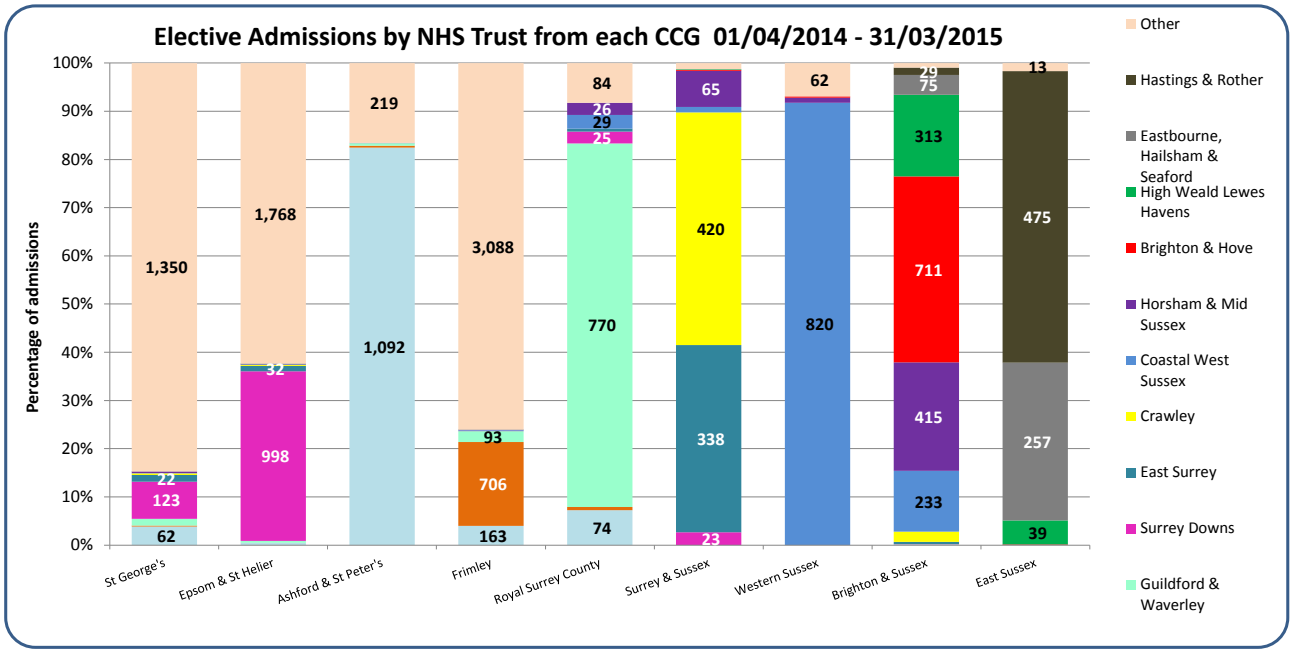
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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

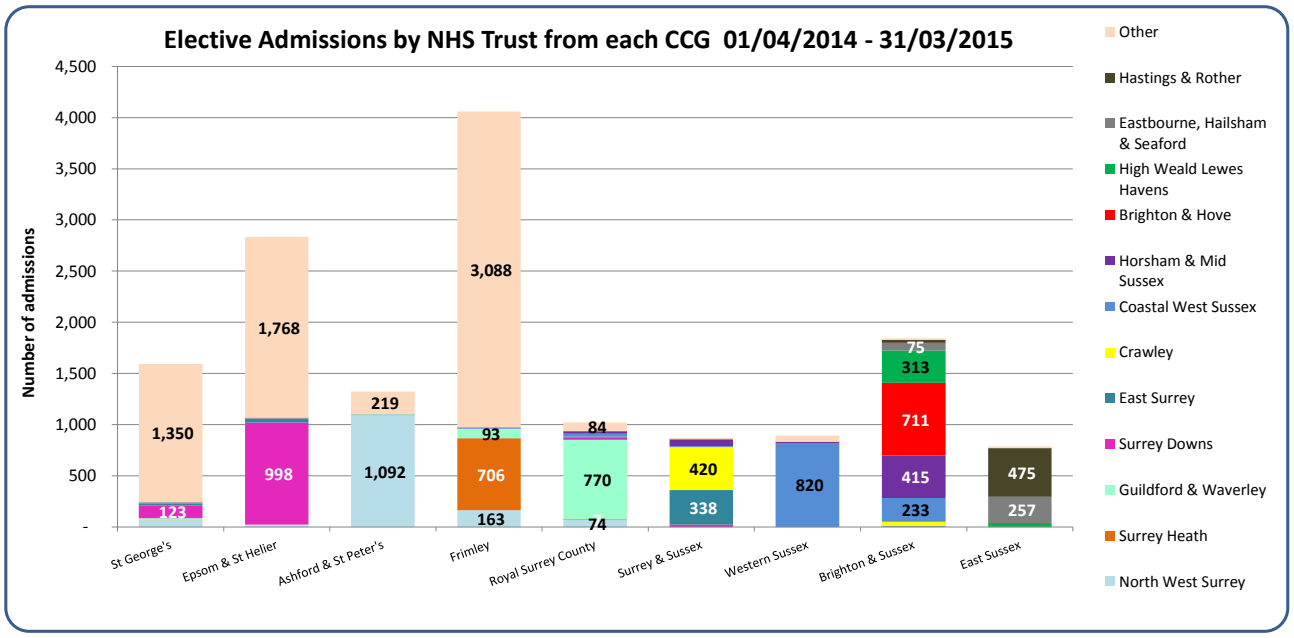
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

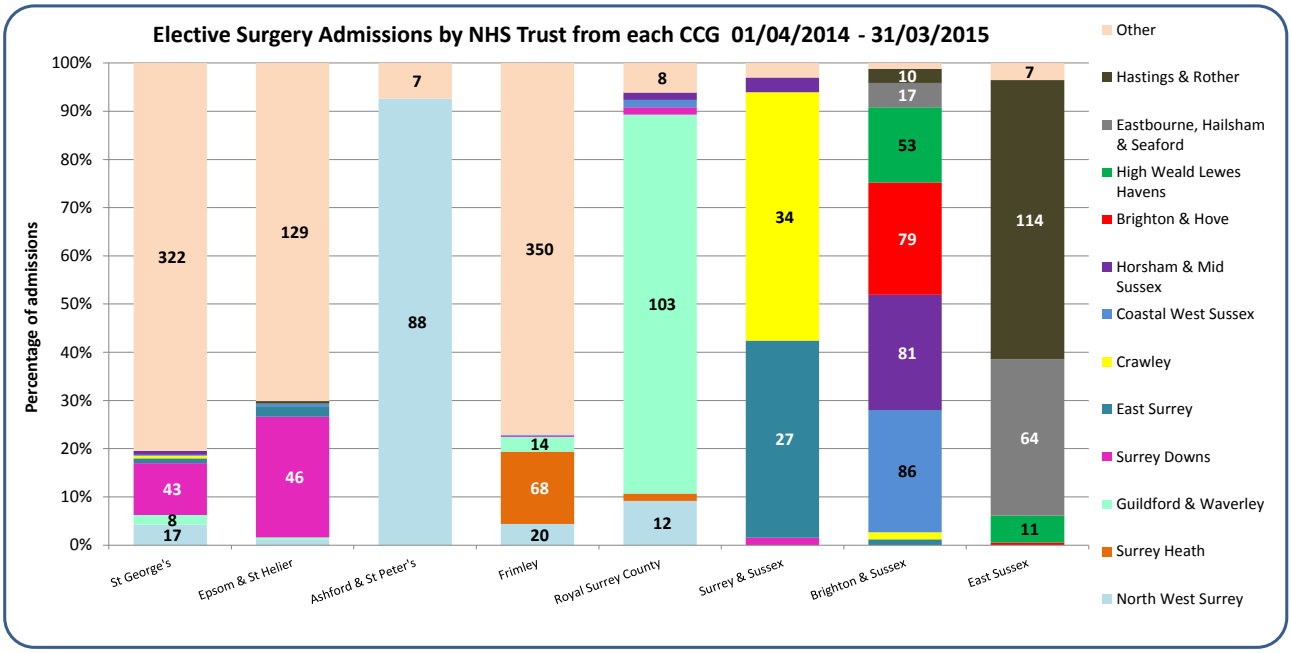
The two highest volume NHS Trusts used by the Surrey & Sussex CCGs are Frimley and Epsom & St Helier who also admit patients from several different CCGs outside of this region. St George's Trust is located outside of the Surrey & Sussex CCGs boundary so the majority of their activity comes from CCGs outside of this region.

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

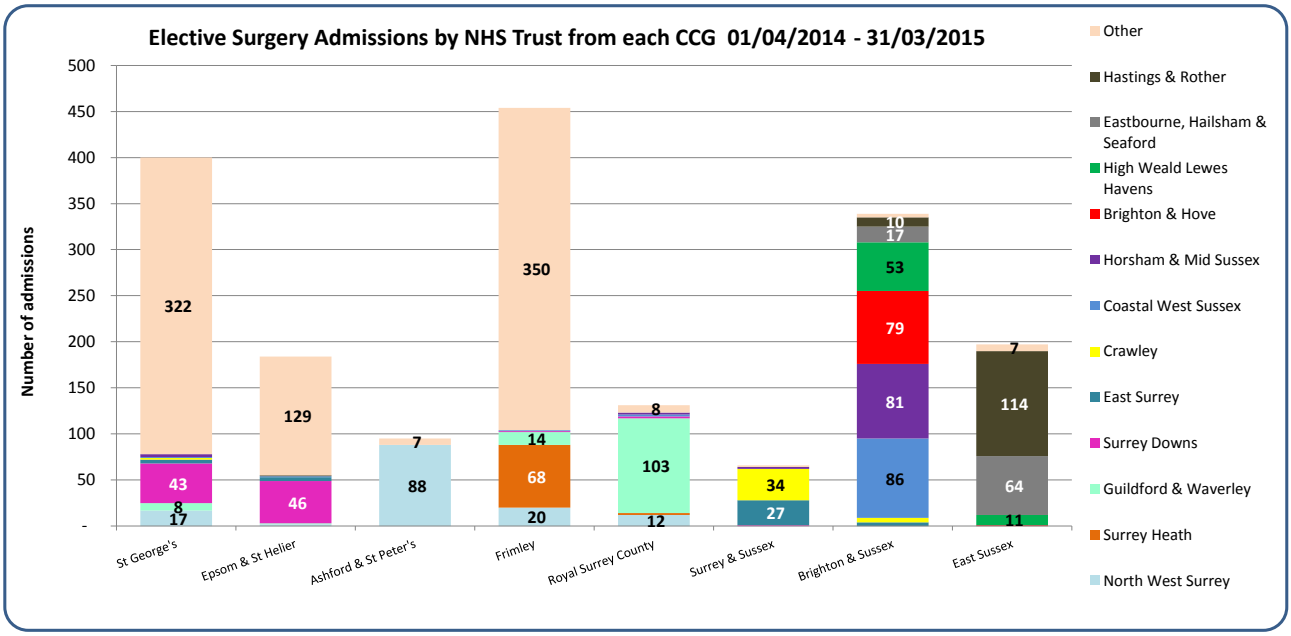
Hospital Trust activity from CCGs

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.

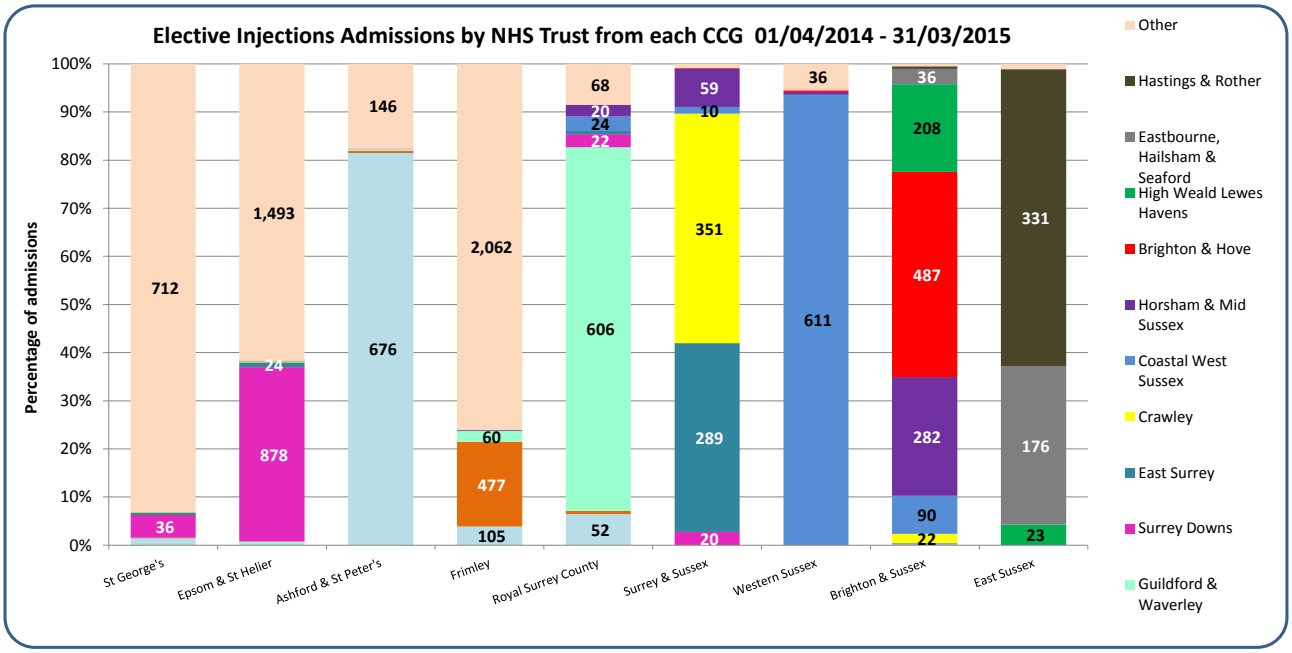
The two highest volume NHS Trusts used by the Surrey & Sussex CCGs are Frimley and St George's who also admit patients from several different CCGs outside of this region. St George's Trust is located outside of the Surrey & Sussex CCGs boundary so the majority of their activity comes from CCGs outside of this region. Brighton Trust admits the highest volume of spinal surgery patients from the Surrey & Sussex CCGs.

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

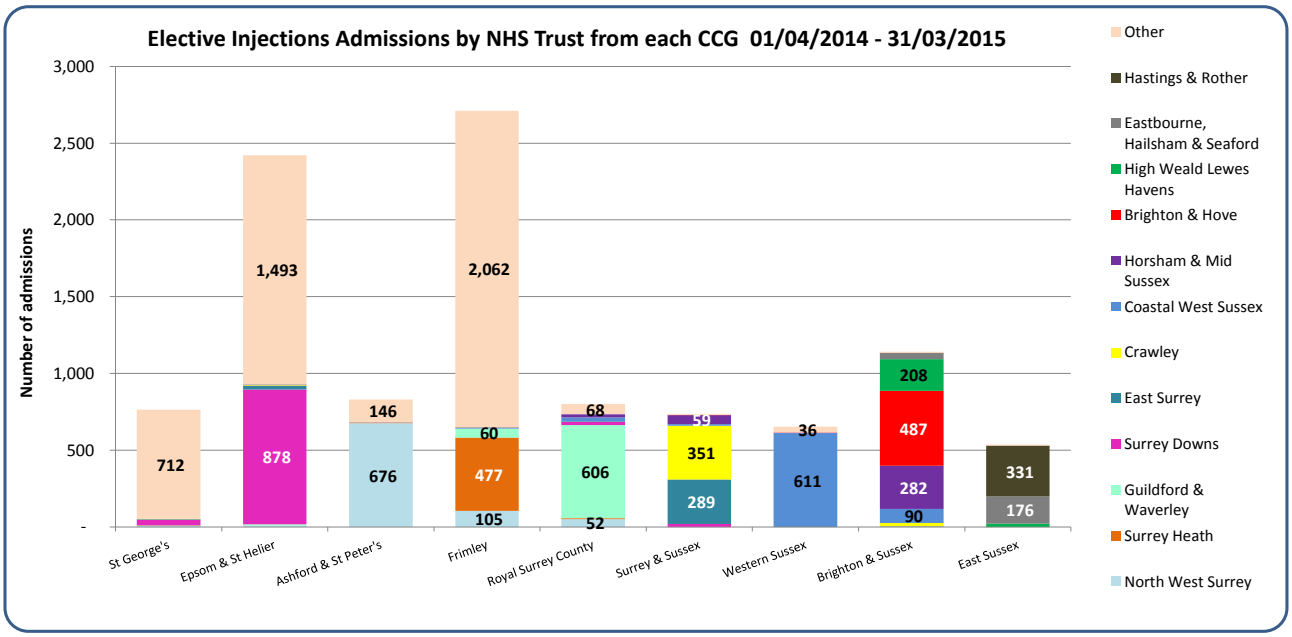
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

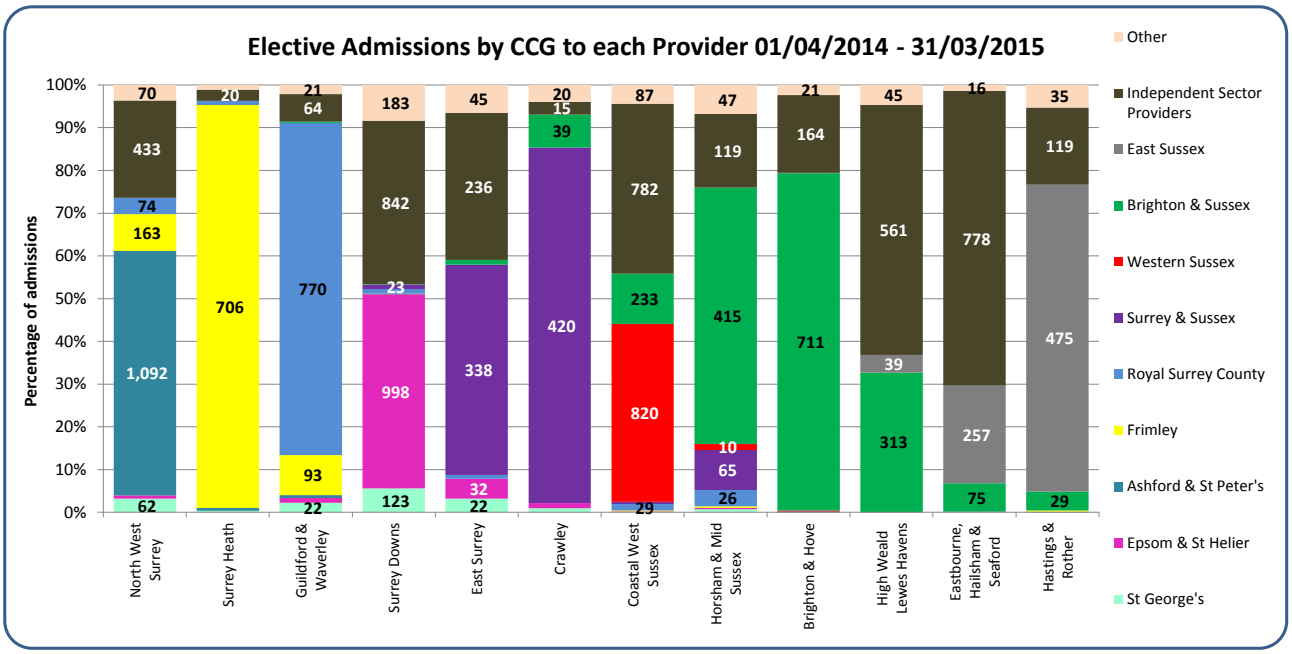
The two highest volume NHS Trusts used by the Surrey & Sussex CCGs are Frimley and Epsom & St Helier who also admit patients from several different CCGs outside of this region. St George's Trust is located outside of the Surrey & Sussex CCGs boundary so the majority of their activity comes from CCGs outside of this region.

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

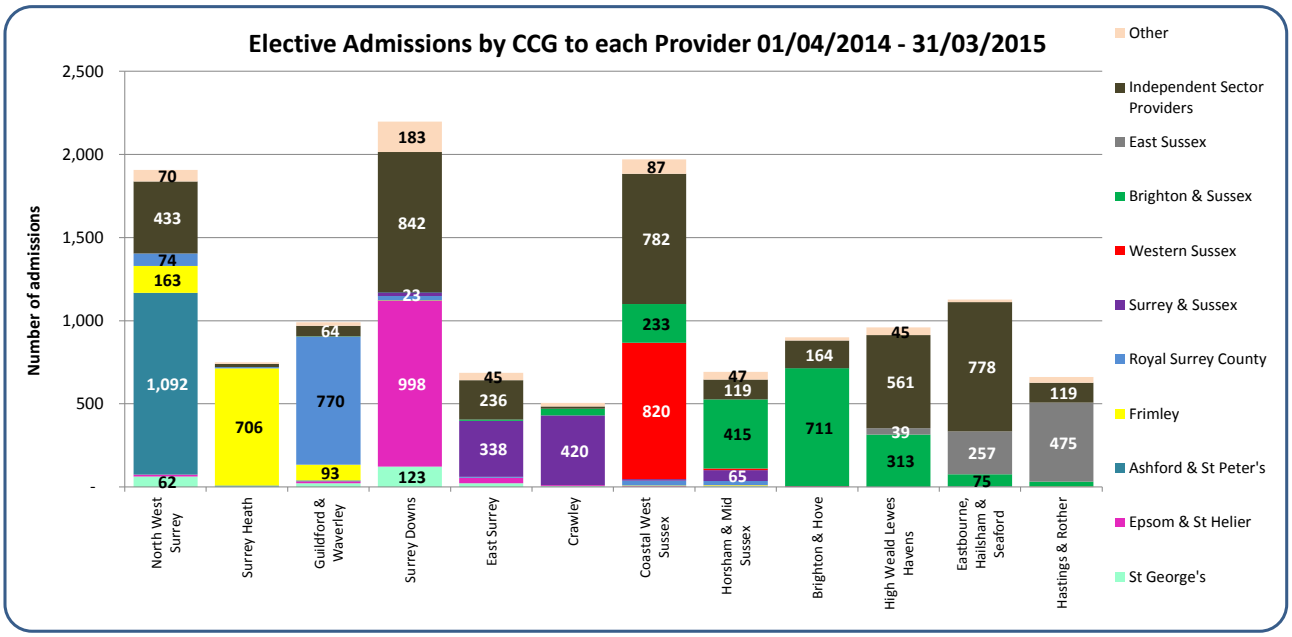
CCG activity to Hospital Trust

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 Surrey Downs CCGs and patients from this CCGs were admitted to at least NHS Trusts and frequently to Independent Sector Providers (842 admissions).

High Weald Lewes Haven and Eastbourne, Hailsham & Seaford CCGs are the highest users of Independent Sector activity in the Surrey & Sussex CCGs.

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

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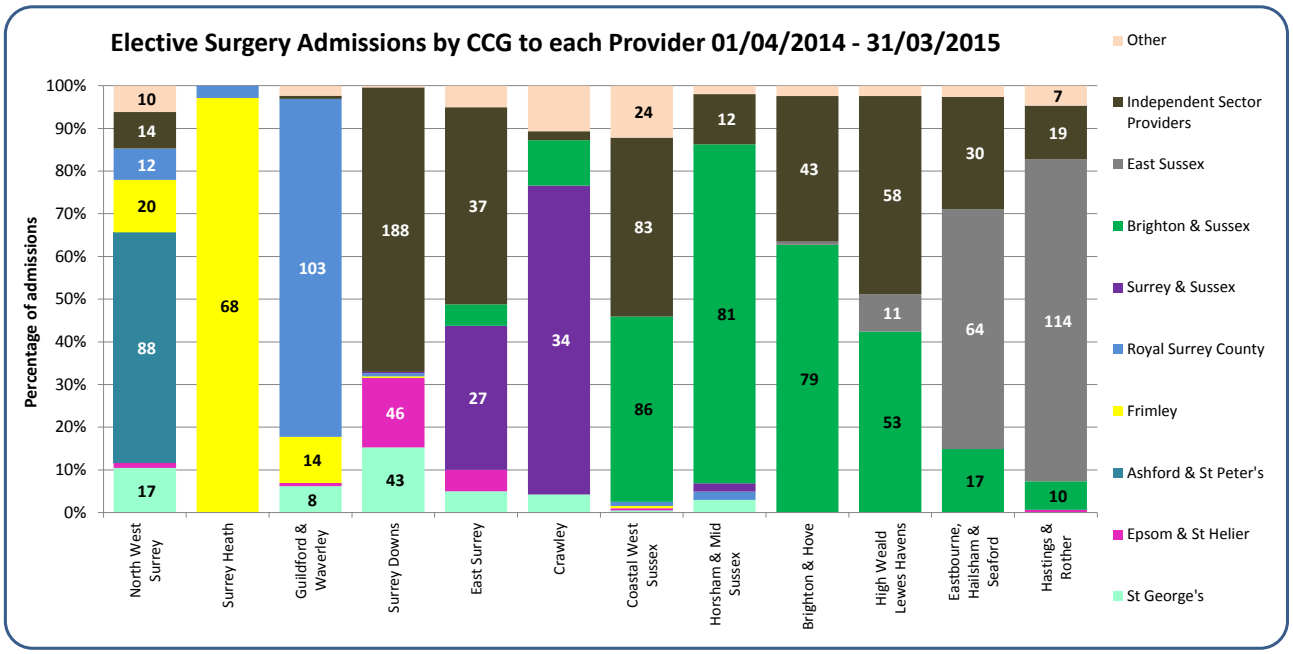
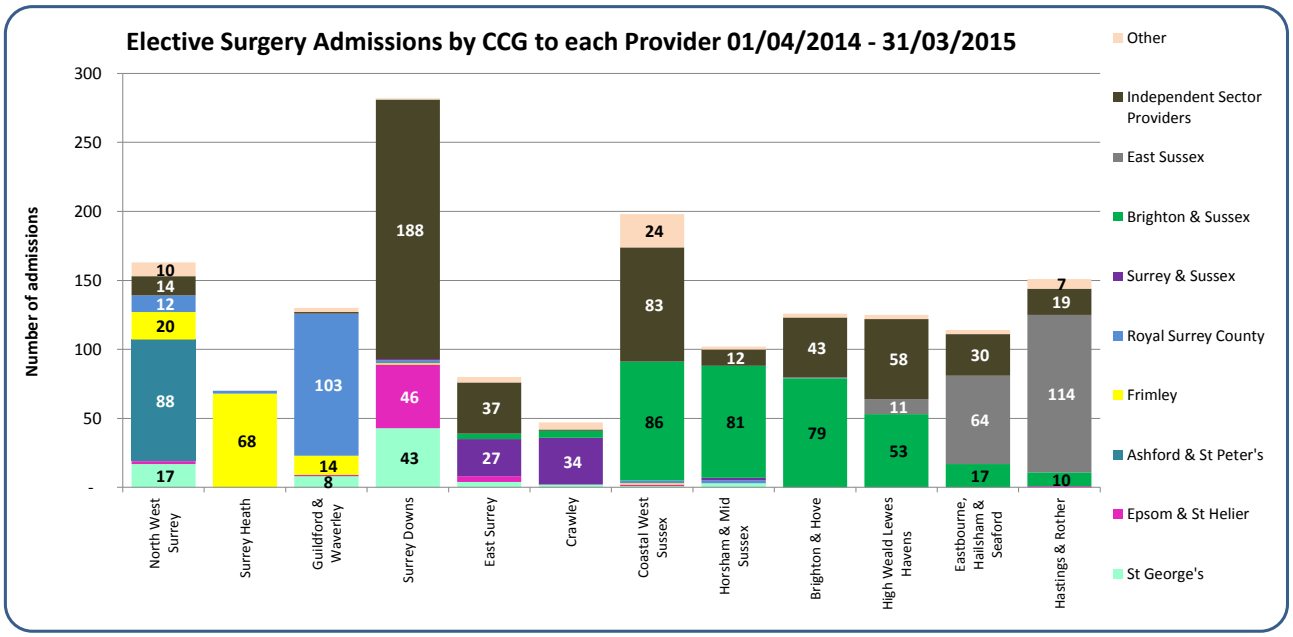
CCG activity to Hospital Trust

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

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



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



What is the data telling us?

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

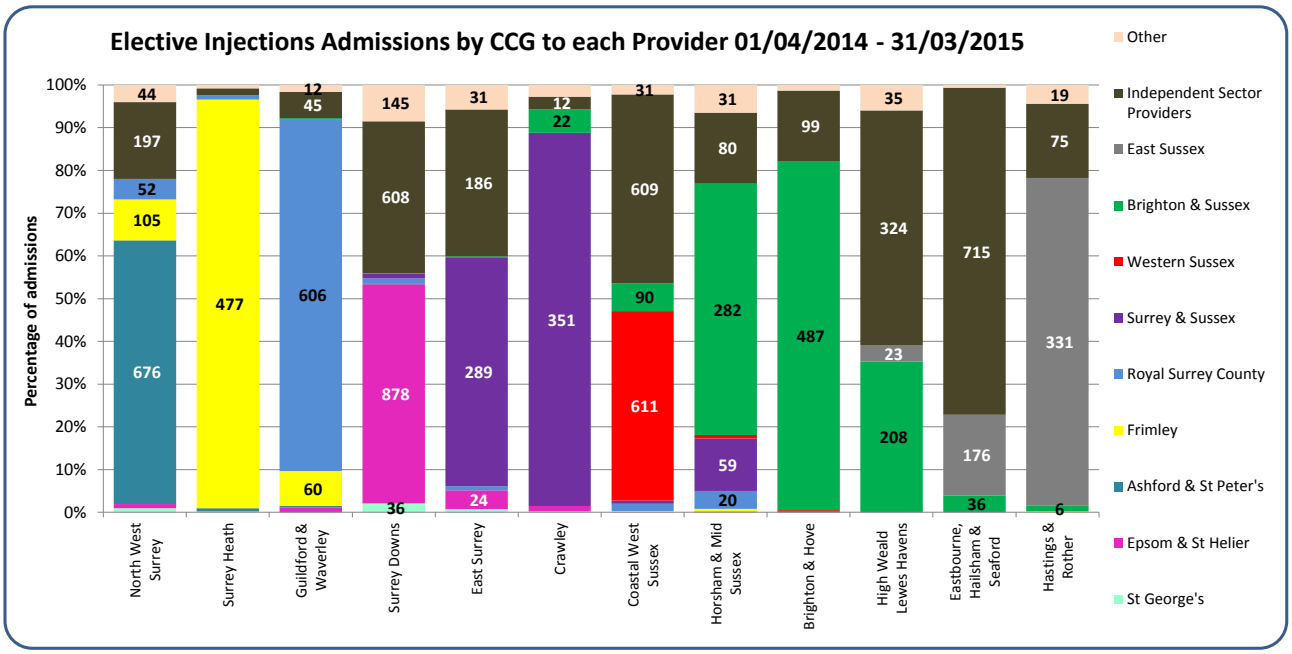
Activity is highest for Surrey Downs CCG where patients were admitted to at least five NHS Trusts but more notably had the highest user of Independent Sector Providers (188 admissions).

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

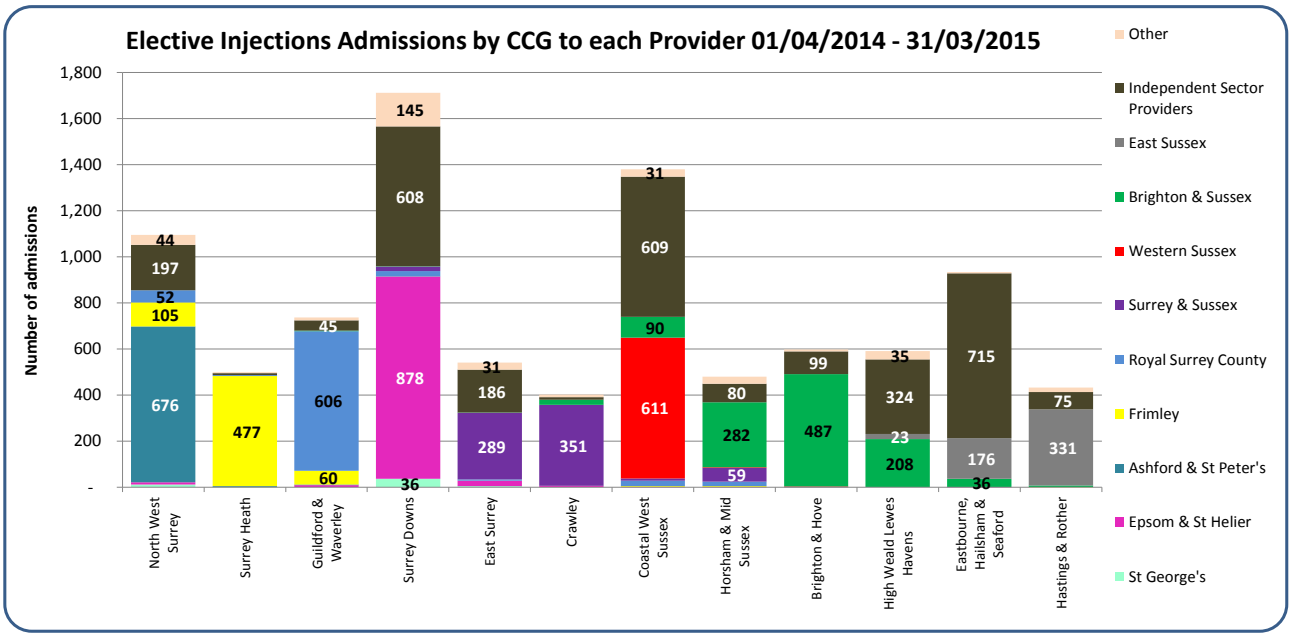
CCG activity to Hospital Trust

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 Surrey Downs CCGs and patients from this CCGs were admitted to at least three NHS Trusts and frequently to Independent Sector Providers (608 admissions).

High Weald Lewes Haven and Eastbourne, Hailsham & Seaford CCGs are the highest users of Independent Sector activity in the Surrey & Sussex CCGs.

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

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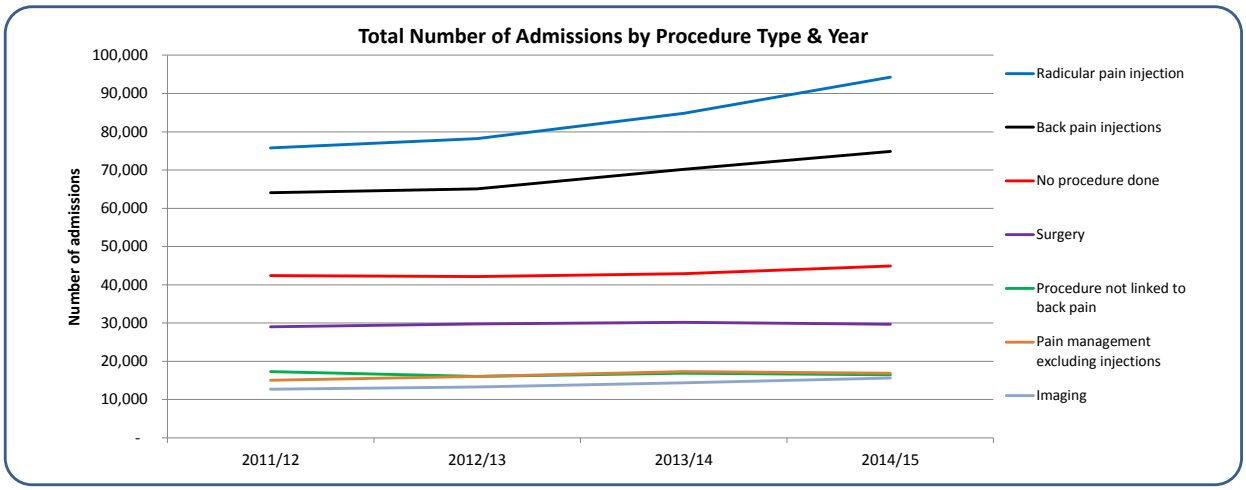
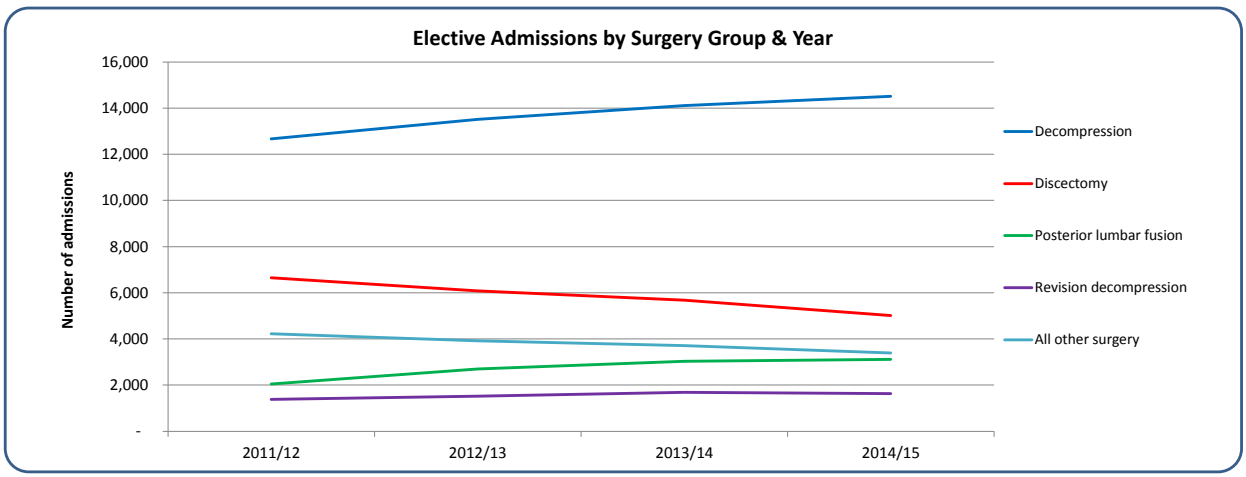
Hospital Trust activity (national level)

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

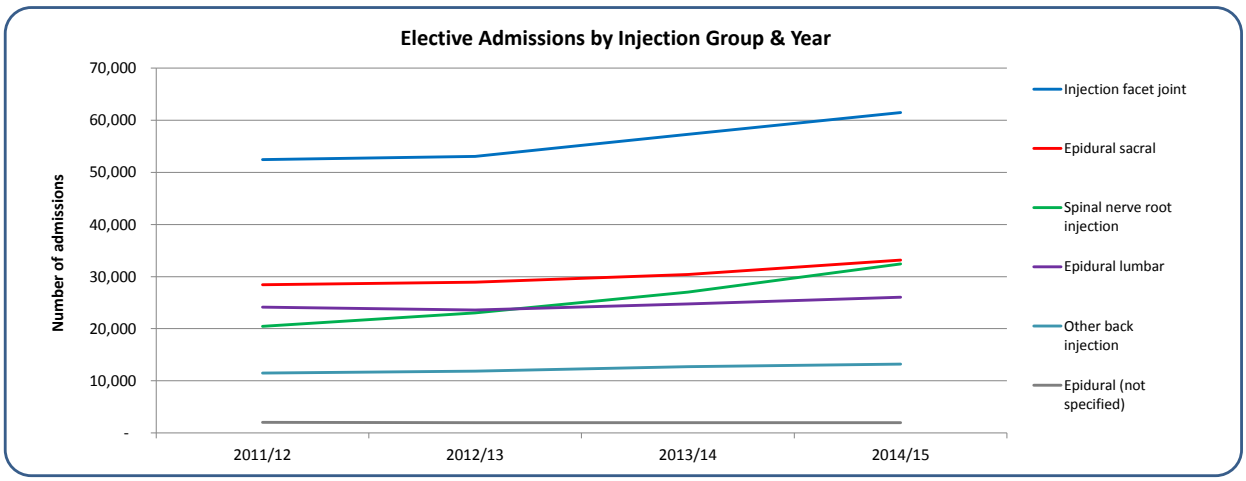
a. Hospital admissions by procedure type over time (all admission types)



b. Elective hospital admissions by surgery procedure type over time



c. Hospital admissions by injection procedure type over time



What is the data telling us?

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

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

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

Hospital Trust activity

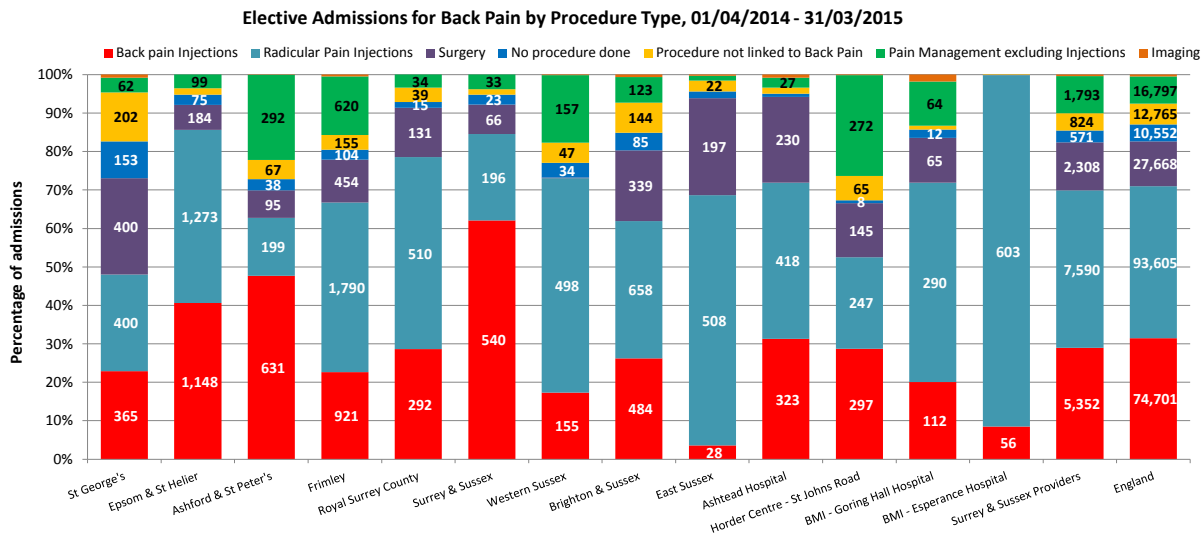
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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

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

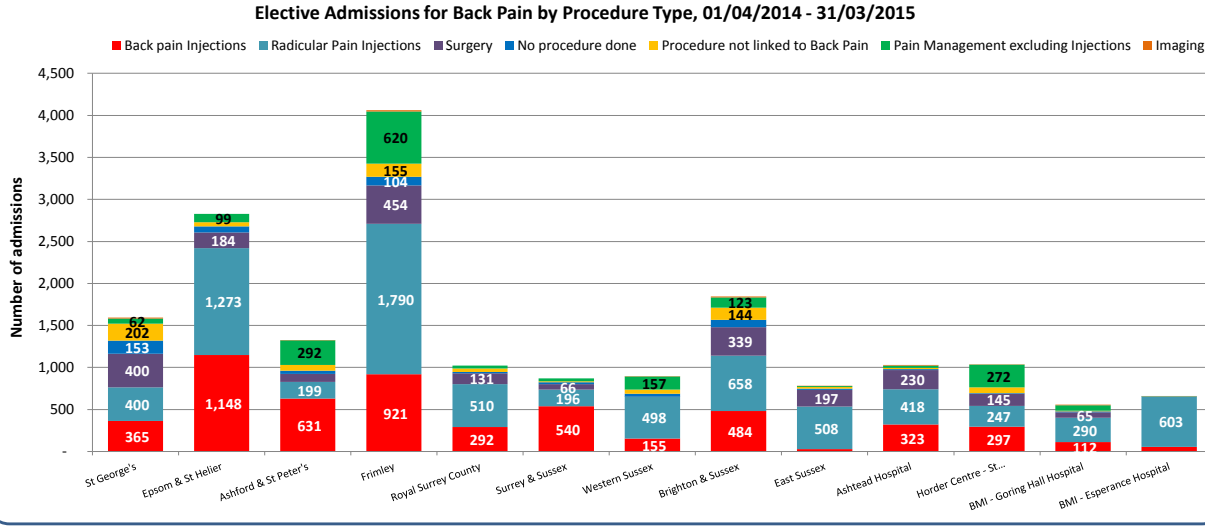
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(Surrey & Sussex Providers only)



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

(Surrey & Sussex 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 (compared to 15-16% of all admission types - see previous sheet).

Four of the NHS Trusts used by the Surrey & Sussex 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.

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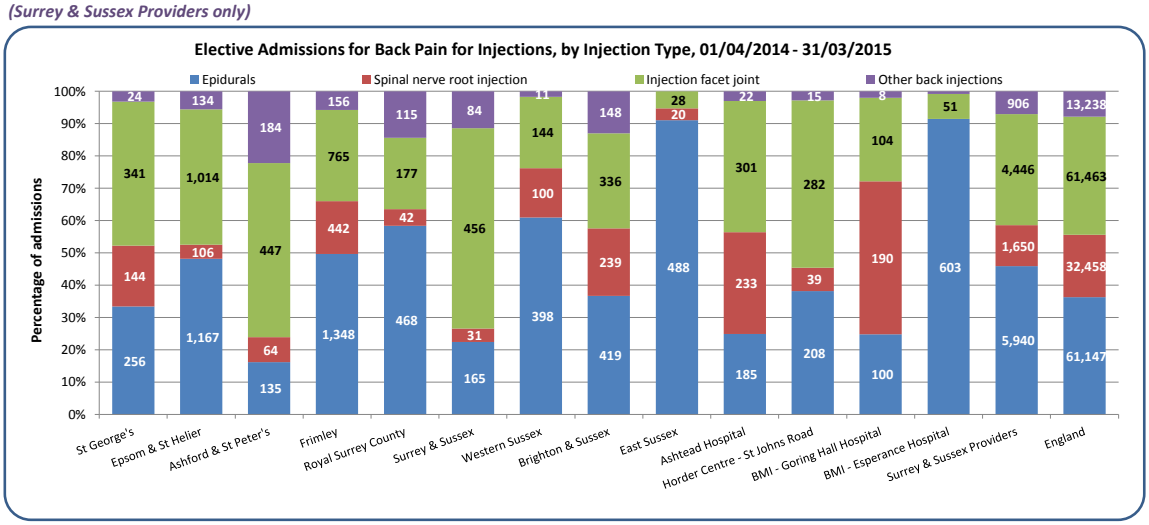
Hospital Trust activity

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

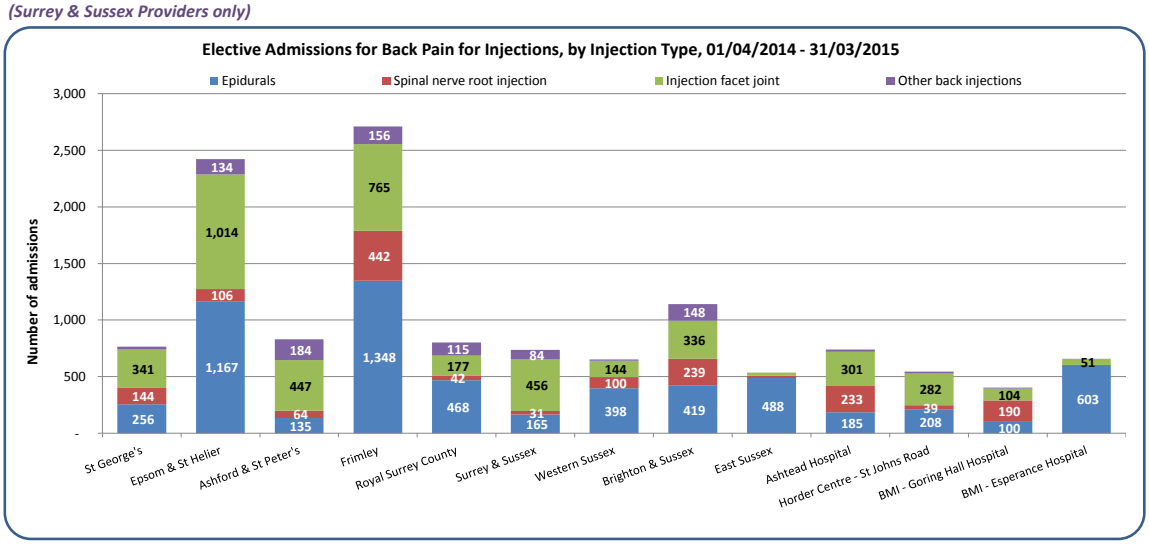
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(Surrey & Sussex Providers only)

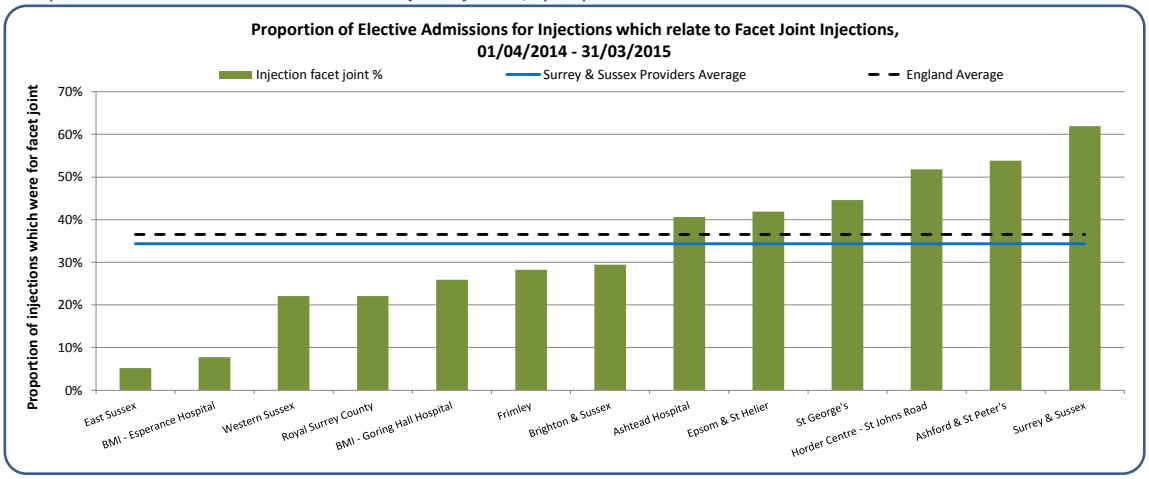


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(Surrey & Sussex Providers only)



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



What is the data telling us?

Epidurals are those most frequently done within the providers for the Surrey & Sussex CCGs, constituting over 46% of injection activity which is notably higher than the England proportion (36%). These providers overall do lower proportion of lumbar facet joint and spinal nerve root injections.

The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

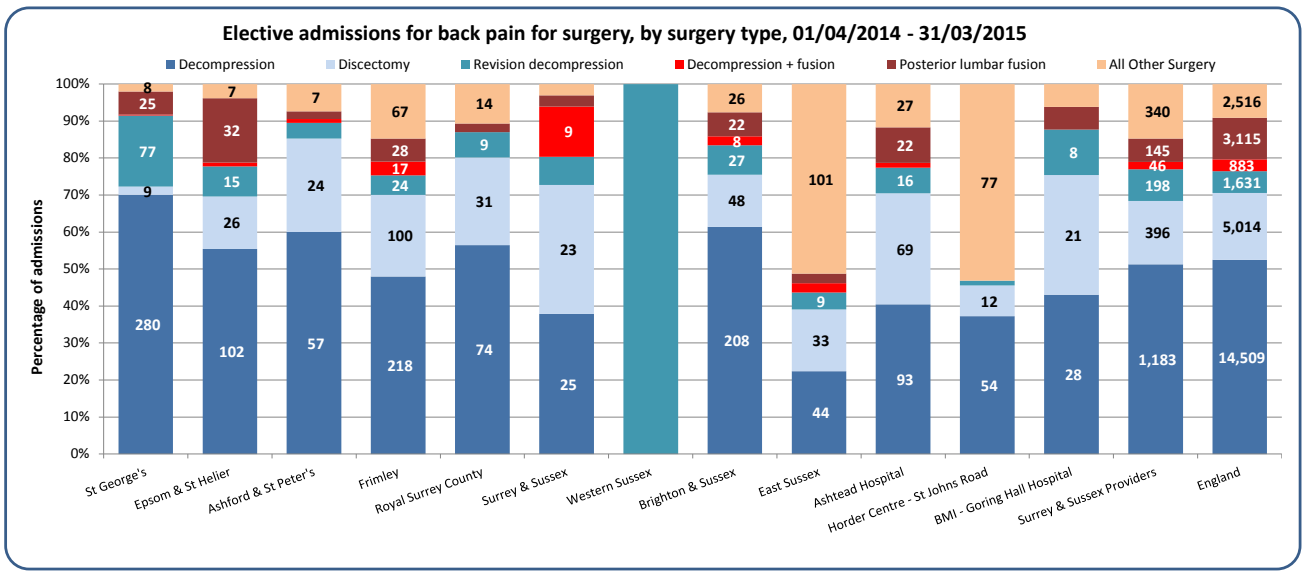
The proportion of facet joint injections done at NHS Trust level ranges from 5% (East Sussex) to 62% (Surrey & Sussex) compared to the England figure of 37%.

Hospital Trust activity

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

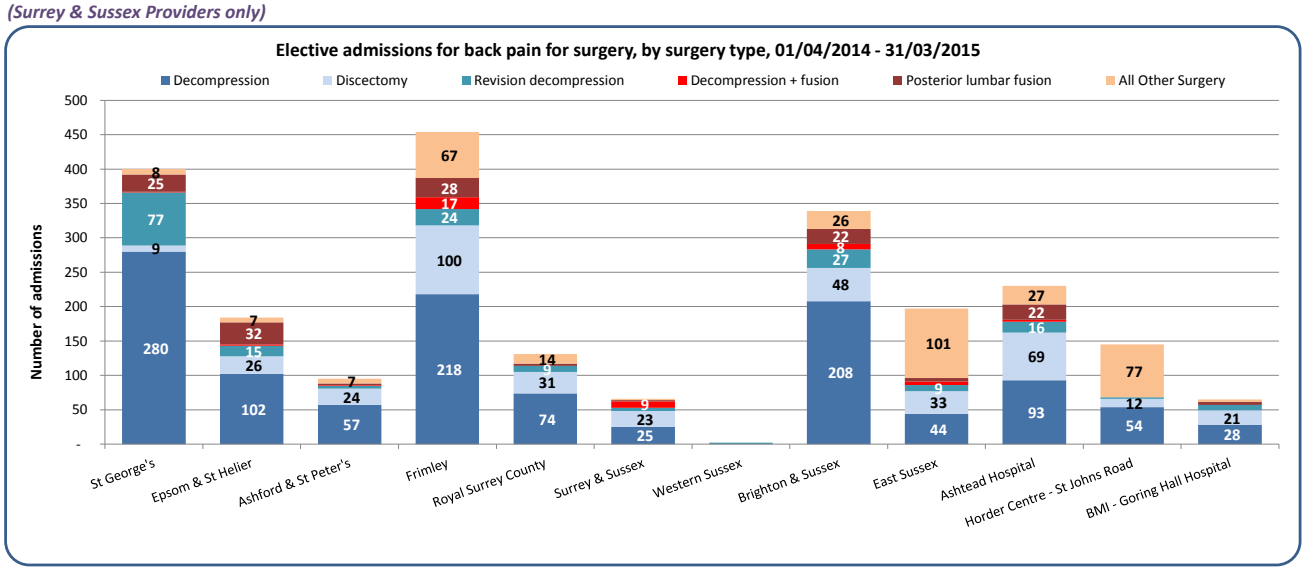
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(Surrey & Sussex Providers only)



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

(Surrey & Sussex 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 providers used by the Surrey & Sussex CCGs.

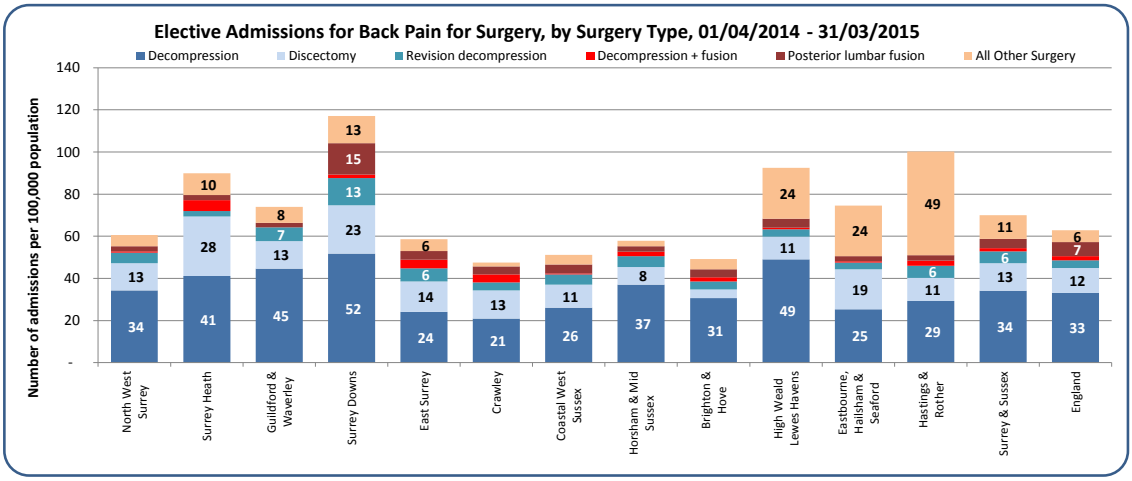
These providers overall do a higher proportion of revision decompressions and other surgery compared to the England profile. There are variations at Trust level between the three high volume centres with higher proportion of fusions at Frimley and Brighton & Sussex compared to St George's.

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

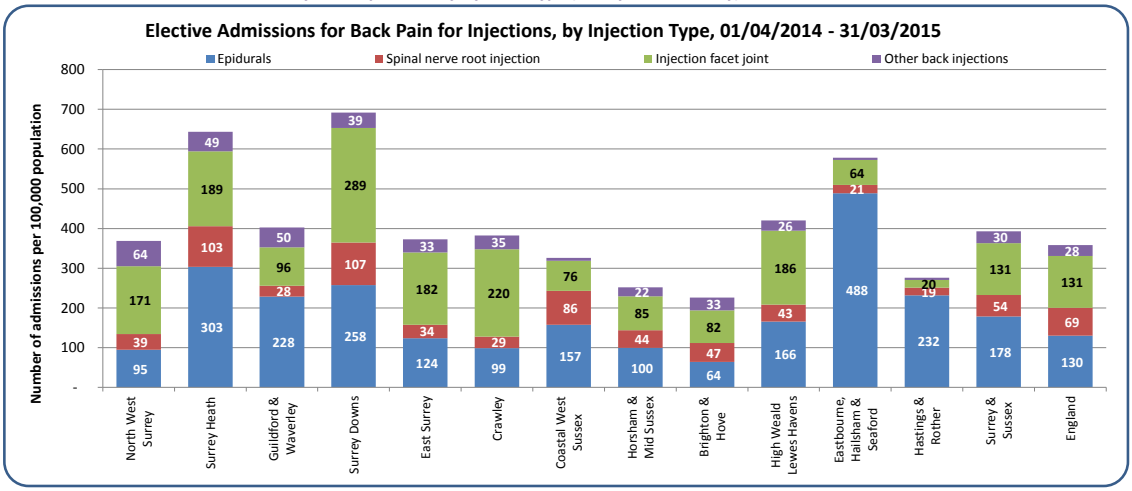
CCG activity by back pain procedure group

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

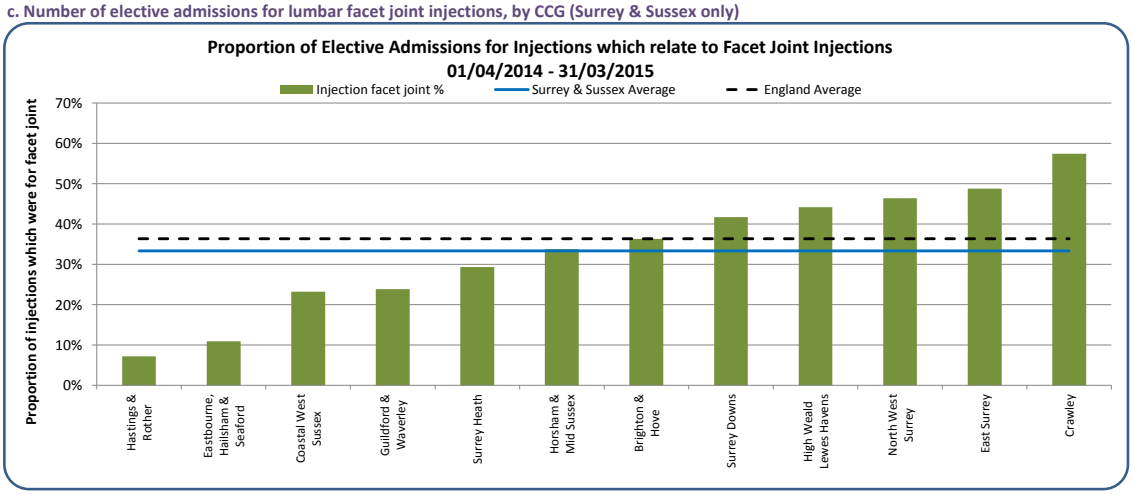
a. Number of elective admissions for surgery per CCG, by surgery type (Surrey & Sussex only)



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



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

Overall, this region has slightly higher rates per 100,000 for surgery but there is variation between the CCGs with Surrey Downs having higher rates of surgery (particularly fusions) compared to the other CCGs, regional and national rates.

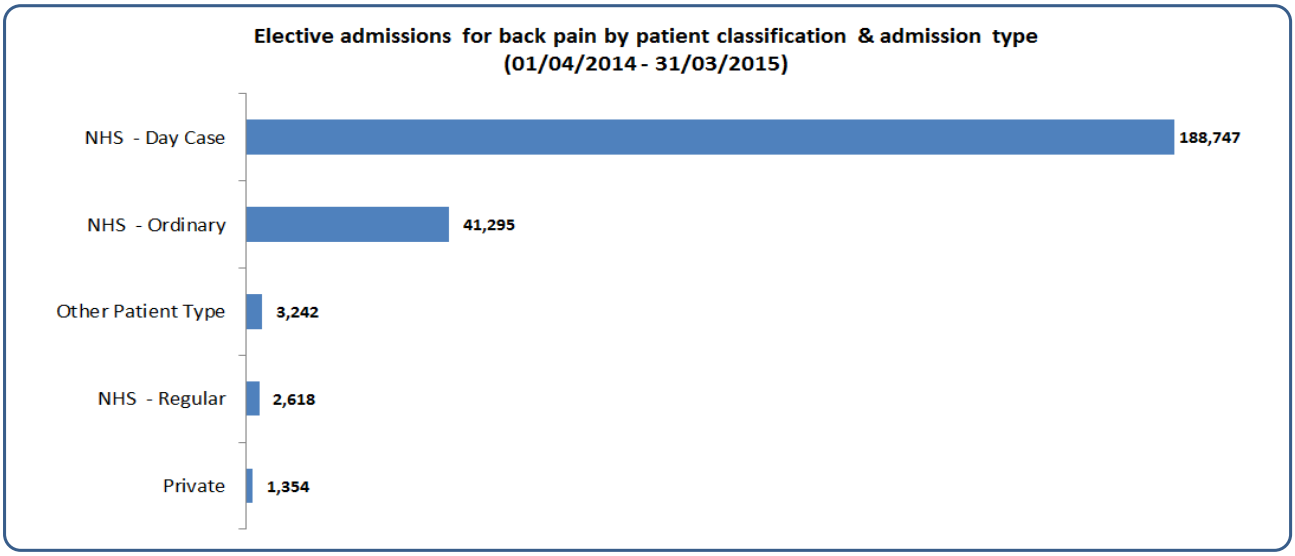
This region also has slightly higher rates per 100,000 for injections but there is variation between the CCGs with Surrey Downs having higher rates of injections compared to the other CCGs in the region and is almost twice the national rate.

The proportion of facet joint injections done at CCG level ranges from 7% (Hastings & Rother) to 57% (Crawley) 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

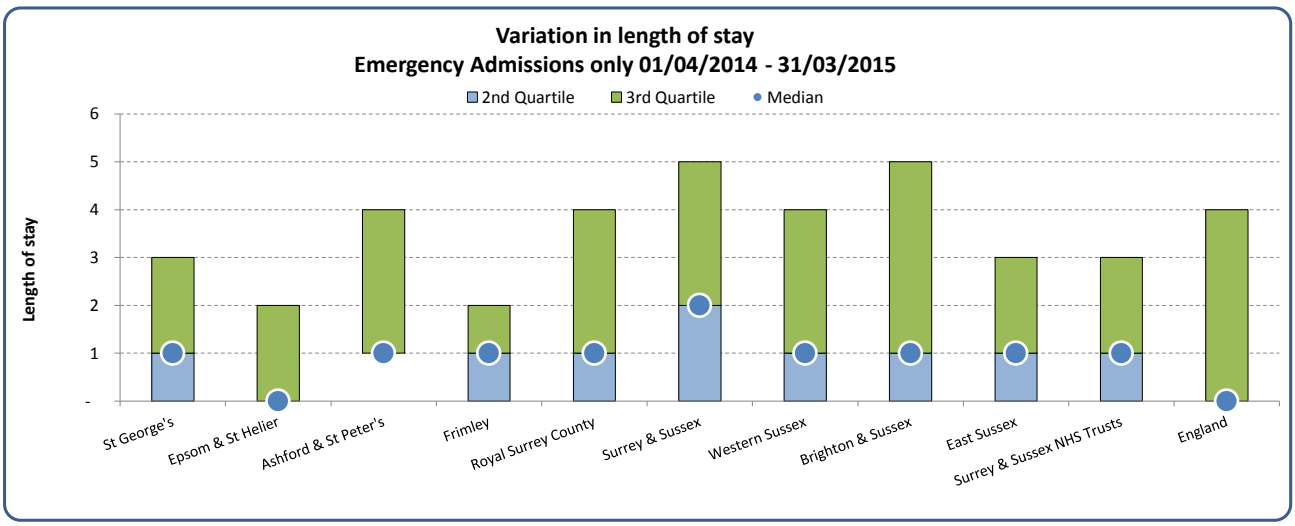


Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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
(Surrey & Sussex 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 Surrey & Sussex CCGs and shows that there all Trusts, except Epsom & St Helier have a median length of stay of 1 or 2 days, compared to the England average of zero days.

Hospital Trust Activity Total Costs

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

a. Total Costs by Admission Method Type (Surrey & Sussex FTs only)

Provider Name	Elective	Emergency	Other	Total
Frimley	£ 4,847,361	£ 967,824	£ 28,612	**£ 5,843,797**
St George's	£ 3,997,639	£ 907,983	£ 209,217	**£ 5,114,840**
Brighton & Sussex	£ 3,100,558	£ 878,145	£ 29,604	**£ 4,008,307**
Epsom & St Helier	£ 2,968,010	£ 538,108	£ 5,232	**£ 3,511,351**
Ashford & St Peter's	£ 1,218,598	£ 366,205	£ 29,743	**£ 1,614,545**
East Sussex	£ 1,134,917	£ 445,598	£ 6,327	**£ 1,586,843**
Royal Surrey County	£ 1,187,963	£ 384,005	£ 14,714	**£ 1,586,682**
Surrey & Sussex	£ 876,632	£ 496,740	£ 6,962	**£ 1,380,335**
Western Sussex	£ 601,865	£ 743,334	£ 1,170	**£ 1,346,369**
Total	**£ 19,933,544**	**£ 5,727,943**	**£ 331,580**	**£ 25,993,067**

b. Total Costs by Procedure Type (Surrey & Sussex FTs only)

Provider Name	Surgery	Radicular pain Injections	Back pain Injections	No procedure done	Procedure not linked to back pain	Imaging	Pain Management excluding Injections	Other Non-Surgical	Total
Frimley	£ 2,154,365	£ 1,342,999	£ 594,304	£ 512,988	£ 369,788	£ 334,263	£ 535,089	£ -	**£ 5,843,797**
St George's	£ 2,637,507	£ 288,419	£ 248,471	£ 308,687	£ 1,433,911	£ 161,341	£ 36,503	£ -	**£ 5,114,840**
Brighton & Sussex	£ 2,026,781	£ 460,045	£ 283,132	£ 255,304	£ 619,640	£ 292,773	£ 70,633	£ -	**£ 4,008,307**
Epsom & St Helier	£ 1,055,038	£ 998,417	£ 777,736	£ 425,165	£ 106,133	£ 80,653	£ 59,417	£ 8,792	**£ 3,511,351**
Ashford & St Peter's	£ 409,593	£ 144,971	£ 457,073	£ 212,528	£ 101,087	£ 119,565	£ 168,909	£ 818	**£ 1,614,545**
East Sussex	£ 723,399	£ 351,405	£ 18,811	£ 270,419	£ 108,247	£ 101,148	£ 7,895	£ 5,518	**£ 1,586,843**
Royal Surrey County	£ 614,646	£ 378,350	£ 189,224	£ 152,079	£ 94,940	£ 135,650	£ 21,794	£ -	**£ 1,586,682**
Surrey & Sussex	£ 324,632	£ 146,940	£ 358,975	£ 285,992	£ 96,098	£ 148,988	£ 18,711	£ -	**£ 1,380,335**
Western Sussex	£ 13,934	£ 332,673	£ 97,915	£ 537,304	£ 156,335	£ 124,142	£ 84,064	£ -	**£ 1,346,369**
Total	**£ 9,959,895**	**£ 4,444,218**	**£ 3,025,642**	**£ 2,960,466**	**£ 3,086,179**	**£ 1,498,522**	**£ 1,003,016**	**£ 15,128**	**£ 25,993,067**

What is the data telling us?

Across all NHS Trusts used by the Surrey & Sussex CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £26 million, with 77% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of this region.

The surgery procedures group accounts for almost 38% of the total cost of all procedures, and the cost of injections is an additional 29% of the total.

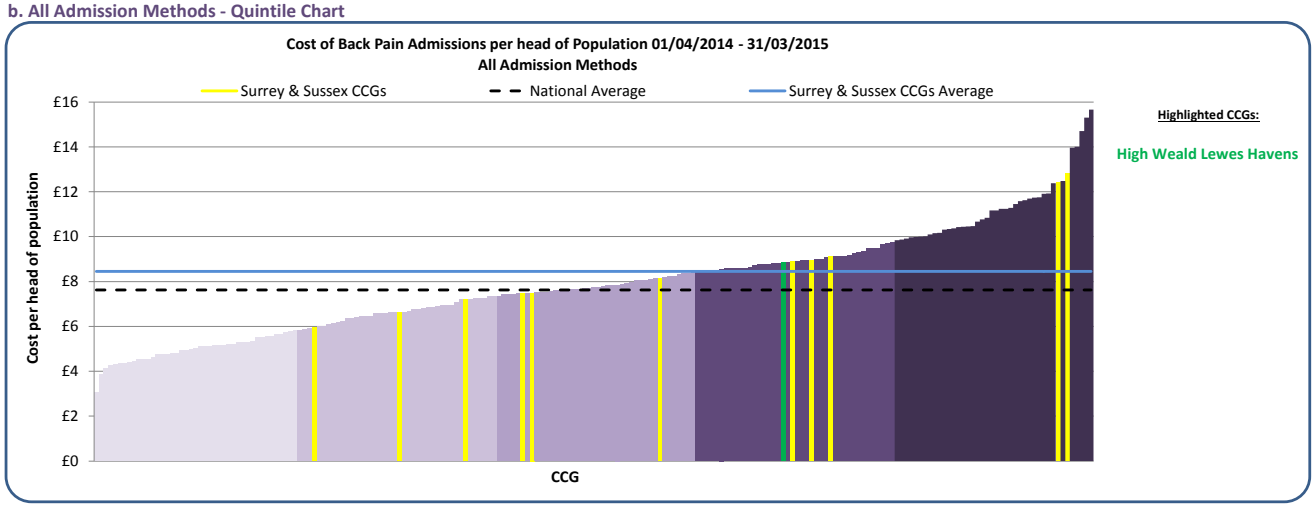
CCG Activity Total Costs

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+)
Brighton & Hove	£ 5.94	£ 1,569,967	£ 4.63	£ 1,222,823	£ 1.29	£ 341,290	264,248
Horsham & Mid Sussex	£ 6.62	£ 1,268,679	£ 4.82	£ 924,441	£ 1.76	£ 336,559	191,685
Crawley	£ 7.20	£ 756,955	£ 5.34	£ 560,989	£ 1.51	£ 158,234	105,092
Coastal West Sussex	£ 7.45	£ 3,163,307	£ 5.41	£ 2,299,328	£ 1.99	£ 846,013	424,725
East Surrey	£ 7.48	£ 1,086,588	£ 5.88	£ 853,167	£ 1.51	£ 219,157	145,212
Hastings & Rother	£ 8.12	£ 1,272,558	£ 6.27	£ 982,900	£ 1.78	£ 278,382	156,698
High Weald Lewes Havens	£ 8.82	£ 1,240,504	£ 7.62	£ 1,071,516	£ 1.15	£ 161,768	140,568
North West Surrey	£ 8.87	£ 2,634,864	£ 6.97	£ 2,069,851	£ 1.63	£ 482,597	296,910
Guildford & Waverley	£ 8.96	£ 1,648,054	£ 6.97	£ 1,280,800	£ 1.74	£ 320,533	183,858
Eastbourne, Hailsham & Seaford	£ 9.09	£ 1,474,779	£ 7.40	£ 1,199,611	£ 1.67	£ 270,943	162,178
Surrey Heath	£ 12.41	£ 966,402	£ 10.51	£ 818,246	£ 1.90	£ 148,156	77,853
Surrey Downs	£ 12.80	£ 3,168,815	£ 11.49	£ 2,846,185	£ 1.23	£ 305,441	247,617
Surrey & Sussex Total	**£ 8.45**	**£ 20,251,470**	**£ 6.73**	**£ 16,129,857**	**£ 1.61**	**£ 3,869,071**	**2,396,644**

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
Surrey Downs	£ 1,424,509	£ 635,507	£ 545,924	£ 1,106	£ 185,742	£ 7,114	£ 46,283	£ -	**£ 2,846,185**
Coastal West Sussex	£ 983,737	£ 643,759	£ 218,859	£ 2,055	£ 309,873	£ 12,192	£ 128,854	£ -	**£ 2,299,328**
North West Surrey	£ 739,346	£ 283,968	£ 501,691	£ 22,210	£ 266,053	£ 8,830	£ 246,934	£ 818	**£ 2,069,851**
Guildford & Waverley	£ 598,296	£ 337,884	£ 176,575	£ 19,167	£ 112,679	£ 813	£ 35,385	£ -	**£ 1,280,800**
Brighton & Hove	£ 655,945	£ 192,345	£ 184,647	£ 3,588	£ 121,312	£ 2,315	£ 62,671	£ -	**£ 1,222,823**
Eastbourne, Hailsham & Seaford	£ 441,369	£ 556,567	£ 66,891	£ -	£ 111,468	£ 1,825	£ 21,493	£ -	**£ 1,199,611**
High Weald Lewes Havens	£ 496,075	£ 197,089	£ 176,008	£ 4,703	£ 93,778	£ 1,693	£ 102,170	£ -	**£ 1,071,516**
Hastings & Rother	£ 583,035	£ 268,345	£ 20,569	£ 1,619	£ 83,927	£ 1,595	£ 18,292	£ 5,518	**£ 982,900**
Horsham & Mid Sussex	£ 499,311	£ 194,053	£ 126,255	£ 1,537	£ 51,890	£ 3,409	£ 47,985	£ -	**£ 924,441**
East Surrey	£ 401,277	£ 159,709	£ 200,294	£ 794	£ 76,141	£ 1,325	£ 12,229	£ 1,398	**£ 853,167**
Surrey Heath	£ 310,900	£ 234,196	£ 117,822	£ 7,804	£ 58,782	£ 1,627	£ 87,116	£ -	**£ 818,246**
Crawley	£ 252,794	£ 96,610	£ 176,149	£ 1,528	£ 14,587	£ 3,824	£ 15,497	£ -	**£ 560,989**

What is the data telling us?

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

Surrey Downs CCG and Surrey Health CCGs have the highest spends per head of population regionally (£12.80 and £12.41 respectively) driven mainly by high costs for elective admissions. Brighton and Hove CCG has the lowest costs per head for both emergency and elective admissions (£5.94) in the region, which is also well below the national average.

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 there are several CCGs where more is spent on admissions for injections compared to what is spent on surgery. Most notably, this occurs in Surrey Heath CCG which we have noted to also have very high costs per head of population.

14. Back & Radicular Pain Admissions Breakdown for the Surrey & Sussex 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
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	335	1,136	356	491	7	**2,325**
RYR	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	<6	617	213	596	<6	**1,429**
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	88	684	333	232	7	**1,344**
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	55	928	84	162	-	**1,229**
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	123	734	80	245	6	**1,188**
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	64	730	65	323	<6	**1,184**
RXC	EAST SUSSEX HEALTHCARE NHS TRUST	190	530	52	384	10	**1,166**
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	104	649	220	150	<6	**1,124**
NVC01	ASHTEAD HOSPITAL	219	682	55	-	-	**956**
NXM01	THE HORDER CENTRE - ST JOHNS ROAD	92	364	232	-	-	**688**
NT413	BMI - THE ESPERANCE HOSPITAL	-	659	<6	-	-	**661**
NT417	BMI - GORING HALL HOSPITAL	65	400	90	-	-	**555**
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	78	53	113	66	18	**328**
NT212	NUFFIELD HEALTH, CHICHESTER HOSPITAL	9	213	13	-	-	**235**
NT431	BMI - THE RUNNYMEDE HOSPITAL	-	30	195	-	-	**225**
NT241	NUFFIELD HEALTH, WOKING HOSPITAL	14	153	26	-	-	**193**
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	115	21	25	-	**161**
NT364	SPIRE MONTEFIORE HOSPITAL	48	96	14	-	-	**158**
NVC11	NORTH DOWNS HOSPITAL	6	120	<6	-	-	**127**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	12	63	44	<6	-	**124**
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	8	50	21	<6	-	**80**
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	<6	33	<6	28	-	**64**
NT455	BMI MOUNT ALVERNIA HOSPITAL	-	49	8	-	-	**57**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	6	27	21	<6	<6	**56**
NY601	PAIN MANAGEMENT SOLUTIONS - OAKS PARK PCC	-	42	10	-	-	**52**
NT309	SPIRE SUSSEX HOSPITAL	13	26	-	-	-	**39**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	7	15	6	8	-	**36**
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	6	<6	12	9	<6	**34**
RJ6	CROYDON HEALTH SERVICES NHS TRUST	<6	19	<6	10	-	**31**
NT239	NUFFIELD HEALTH, TUNBRIDGE WELLS HOSPITAL	-	19	12	-	-	**31**
NT308	SPIRE GATWICK PARK HOSPITAL	-	29	-	-	-	**29**
RHU	PORTSMOUTH HOSPITALS NHS TRUST	8	10	6	<6	-	**28**
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	8	10	<6	<6	<6	**26**
NT218	NUFFIELD HEALTH, HAYWARDS HEATH HOSPITAL	11	13	<6	-	-	**25**
NT345	SPIRE CLARE PARK HOSPITAL	-	11	13	-	-	**24**
NDA01	VIRGIN CARE SERVICES LTD (BROOK GREEN)	-	-	10	<6	<6	**17**
NWF01	BENENDEN HOSPITAL	<6	15	<6	-	-	**17**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	<6	-	**13**
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	6	<6	<6	-	**11**
NT304	SPIRE SOUTHAMPTON HOSPITAL	-	8	<6	-	-	**9**
NT428	BMI - THE PRINCESS MARGARET HOSPITAL	-	8	<6	-	-	**9**
NT436	BMI - SHIRLEY OAKS HOSPITAL	<6	<6	<6	-	-	**9**
R1H	BARTS HEALTH NHS TRUST	-	<6	<6	<6	-	**8**
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	-	<6	<6	<6	-	**7**
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	<6	<6	-	-	-	**7**
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	<6	-	<6	<6	-	**6**
NT418	BMI - THE HAMPSHIRE CLINIC	-	<6	<6	-	-	**6**
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	<6	<6	<6	<6	-	**<6**
NDJ01	FORUM HOUSE				<6	<6	**<6**
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	<6	-	<6	<6	-	**<6**
RJ2	LEWISHAM AND GREENWICH NHS TRUST	-	<6	<6	<6	-	**<6**
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	-	<6	-	<6	-	**<6**
NT411	BMI - THE CLEMENTINE CHURCHILL HOSPITAL	<6	<6	-	-	-	**<6**
R1G	TORBAY AND SOUTHERN DEVON HEALTH AND CARE NHS TRUST				-	<6	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST	-	<6	-	<6	-	**<6**
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	<6	-	-	<6	-	**<6**
REF	ROYAL CORNWALL HOSPITALS NHS TRUST				<6	-	**<6**
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	<6	-	-	<6	-	**<6**
RM2	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST				<6	-	**<6**
RN7	DARTFORD AND GRAVESHAM NHS TRUST	-	<6	-	-	-	**<6**
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	-	-	<6	<6	-	**<6**
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	-	-	**<6**
NVC09	NEW HALL HOSPITAL	<6	<6	-	-	-	**<6**
R1F	ISLE OF WIGHT NHS TRUST				<6	-	**<6**
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST				<6	-	**<6**
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST				<6	-	**<6**
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST				<6	-	**<6**
RK9	PLYMOUTH HOSPITALS NHS TRUST				<6	-	**<6**
RLQ	WYE VALLEY NHS TRUST				<6	-	**<6**
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST				<6	-	**<6**
RVJ	NORTH BRISTOL NHS TRUST	<6	-	-	-	-	**<6**
RW3	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RW6	PENNINE ACUTE HOSPITALS NHS TRUST				<6	-	**<6**
RWJ	STOCKPORT NHS FOUNDATION TRUST				<6	-	**<6**
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RXK	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST				<6	-	**<6**

14. Back & Radicular Pain Admissions Breakdown for the Surrey & Sussex 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**
NT344	SPIRE DUNEDIN HOSPITAL	<6	-	-	-	-	**<6**
NT405	BMI - BISHOPS WOOD	-	<6	-	-	-	**<6**
NT437	BMI - THE SLOANE HOSPITAL	-	<6	-	-	-	**<6**
NVM02	EPSOM DAY SURGERY LIMITED	-	-	<6	-	-	**<6**
NYW01	ASPEN - HOLLY HOUSE HOSPITAL	-	<6	-	-	-	**<6**
NYW02	ASPEN - PARKSIDE HOSPITAL	-	<6	-	-	-	**<6**
Total		**1,590**	**9,396**	**2,361**	**2,794**	**65**	**16,206**

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0.3	Draft V3	15/04/2016	Further minor amendments	Adam Fearing, Kayoung Goffe
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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?	