Back Pain Report

Lewisham

June 2016

NEQOS Back Pain Report

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

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

In this profile, the current utilisation of secondary care services for back and radicular pain are shown by CCG and providers, including both NHS Trusts and Independent Sector providers to demonstrate variation in activity regionally and across England. This report is based on the population of patients under the care of CCGs in the South East London Region and provides important information about patient flows from these CCGs across all providers within this region.

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

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

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

Acknowledgements

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

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

Introduction and background

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

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

Technical specification

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

Data definitions

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

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

A summary of the data definitions used is shown below:

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

The NHS Trusts included for the South East London Region are:

- University College London Hospitals NHS Foundation Trust
- Barts Health NHS Trust
- Guy's & St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham & Greenwich NHS Trust
- St George's University Hospitals NHS Foundation Trust
- Dartford & Gravesham NHS Trust
- Croydon Health Services NHS Trust

The Independent Sector Providers included for the South East London Region are:

- BMI - The Blackheath Hospital

neqos@nhs.net
www.neqos.nhs.uk

Clinical Commissioning Group (CCG) activity summary

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

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

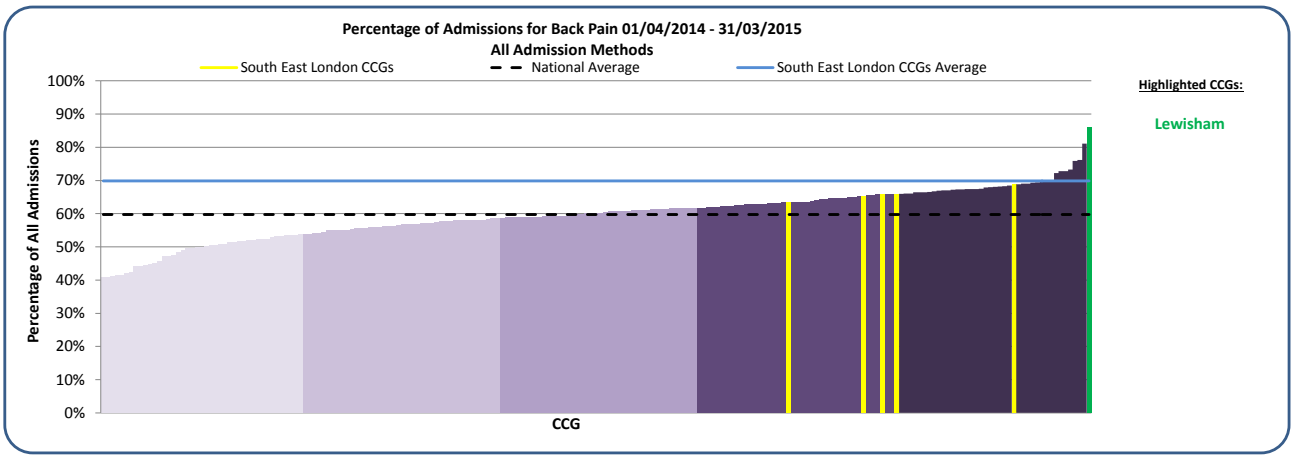
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

South East London CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	4,296	1,934	**6,230**	69.0%	31.0%
Emergency	1,155	389	**1,544**	74.8%	25.2%
Other	13	31	**44**	29.5%	70.5%
Total	**5,464**	**2,354**	**7,818**	**69.9%**	**30.1%**

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)

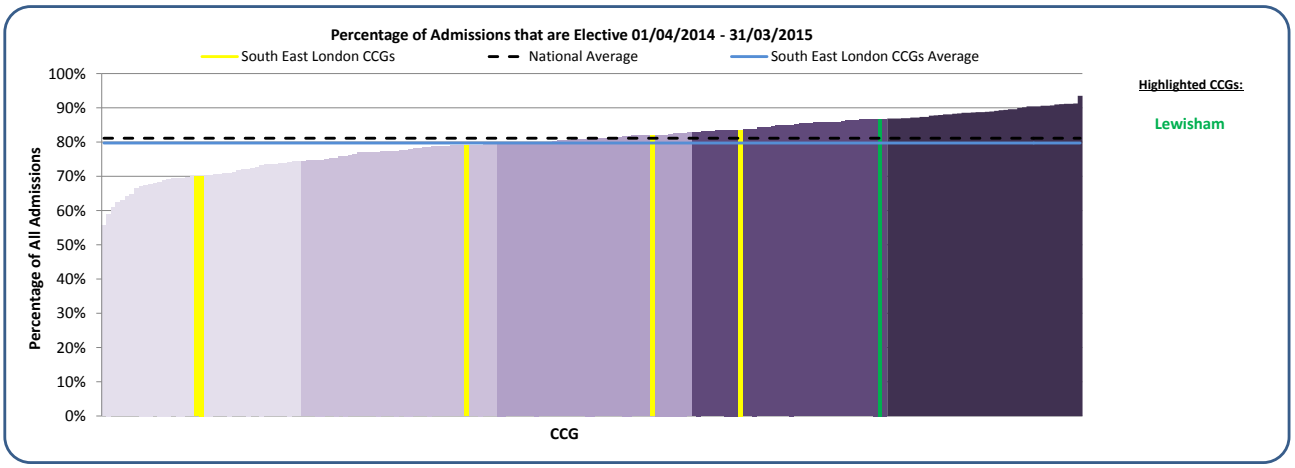
Lambeth	63.4%	Greenwich	65.9%
Bromley	65.2%	Bexley	68.9%
Southwark	65.7%	Lewisham	86.2%
South East London CCGs	69.9%	England	59.8%



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

Lambeth	69.9%	Bromley	82.0%
Southwark	70.0%	Greenwich	83.5%
Bexley	79.0%	Lewisham	86.8%
South East London CCGs	79.7%	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 7,818 (2.7%) of these for patients registered within the South East London CCGs.

At a national level the proportional split for hospital admissions is 60% for back pain and 40% for radicular pain, and at CCG level in the South East London CCGs the proportion of admissions for back pain ranges from 63% to 86%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the South East London CCGs having a slightly lower proportion (80%). At a CCG level in South east London, the proportion of elective admissions for these populations ranges from 70% in Lambeth to 87% in Lewisham.

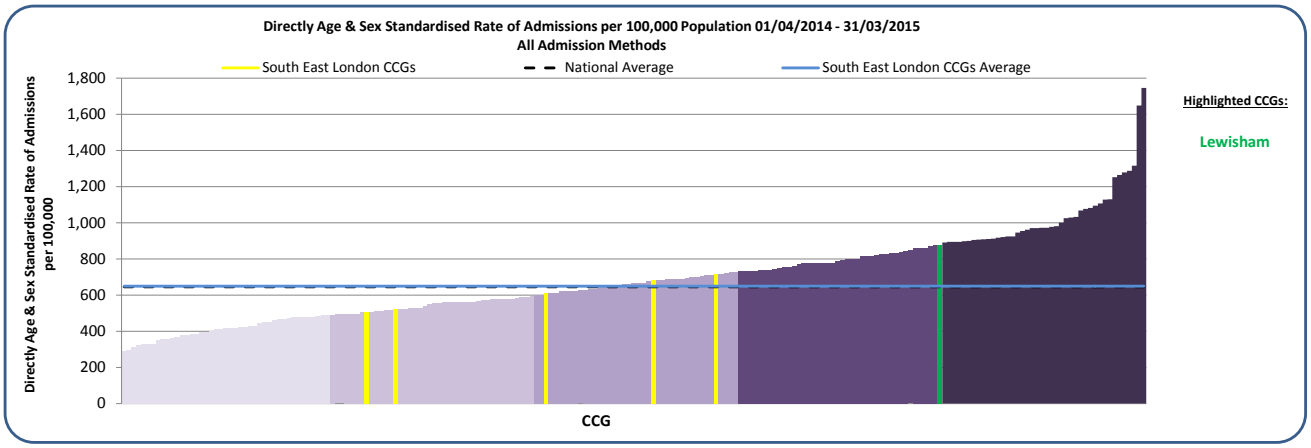
Clinical Commissioning Group (CCG) activity

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

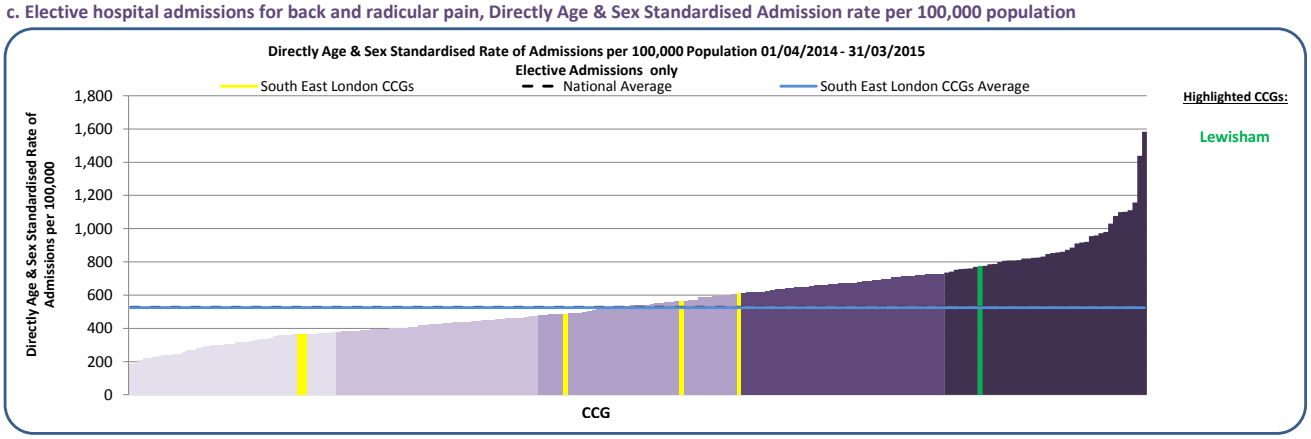
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Lewisham	876.9	770.8	101.4	Bexley	608.5	486.0	116.8
Greenwich	718.1	609.6	104.9	Southwark	519.9	364.8	154.4
Bromley	682.8	562.9	115.4	Lambeth	504.5	362.6	140.5
South East London CCGs	649.4	525.6	120.3	England	645.6	526.5	115.4

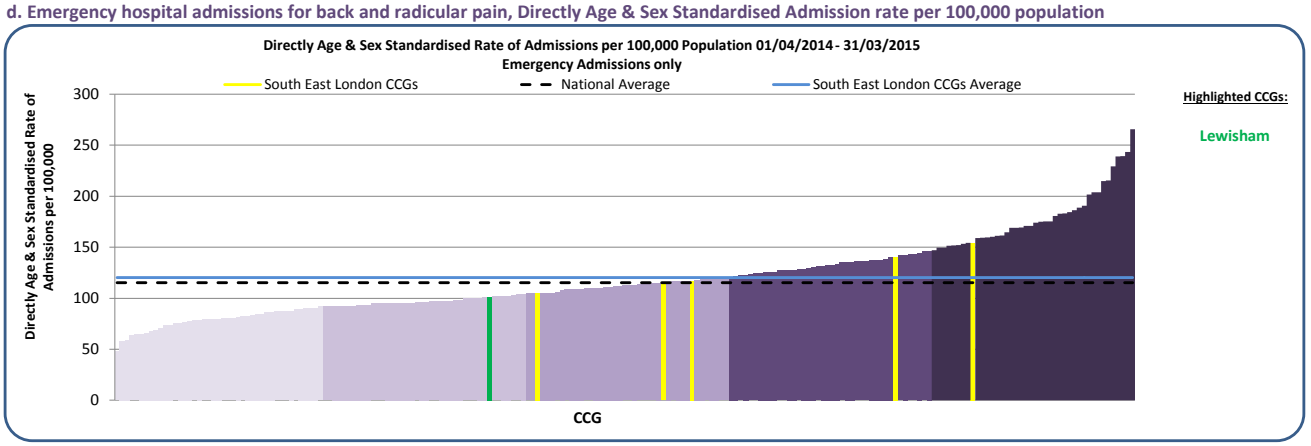
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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 per 100,000 across the CCGs within South East London with over a 2-fold difference between the regional lowest (Lambeth CCG) and the highest CCG for the region (Lewisham CCG). Similarly, for emergency admissions there is wide variation across the CCGs in the region, ranging from the regional lowest (Lewisham CCG) to the highest in the region (Southwark CCG).

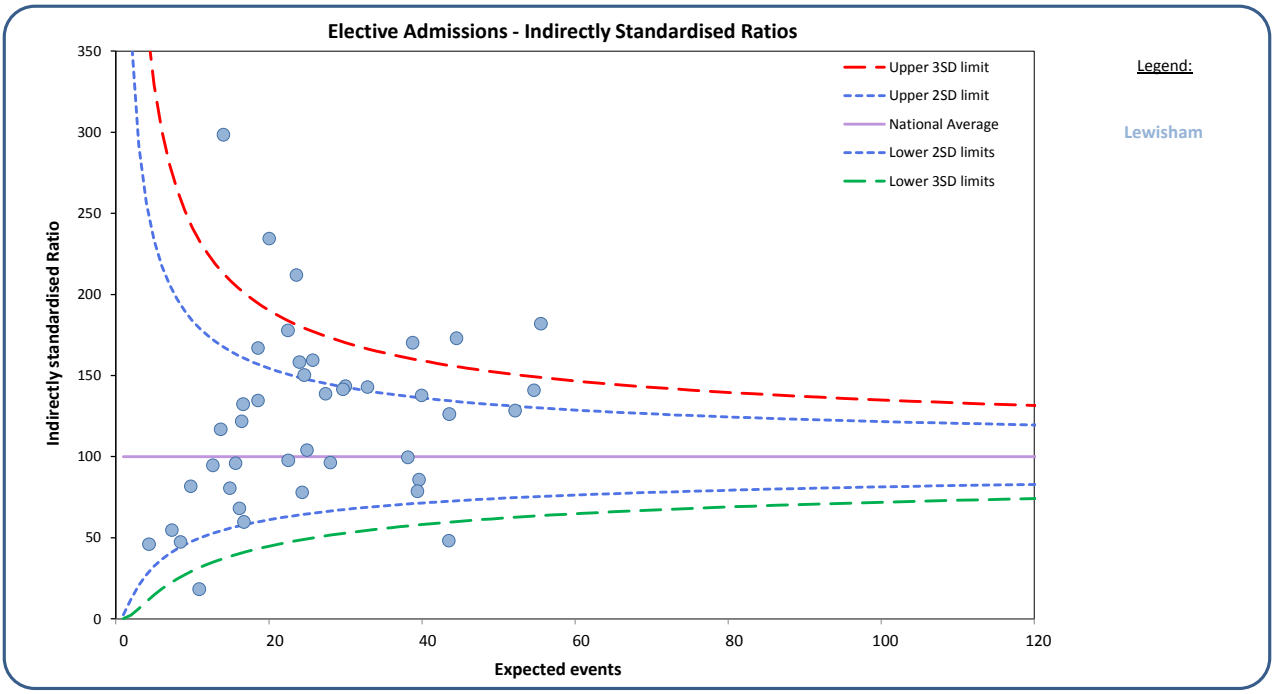
Clinical Commissioning Group (CCG) activity - GP practice level

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

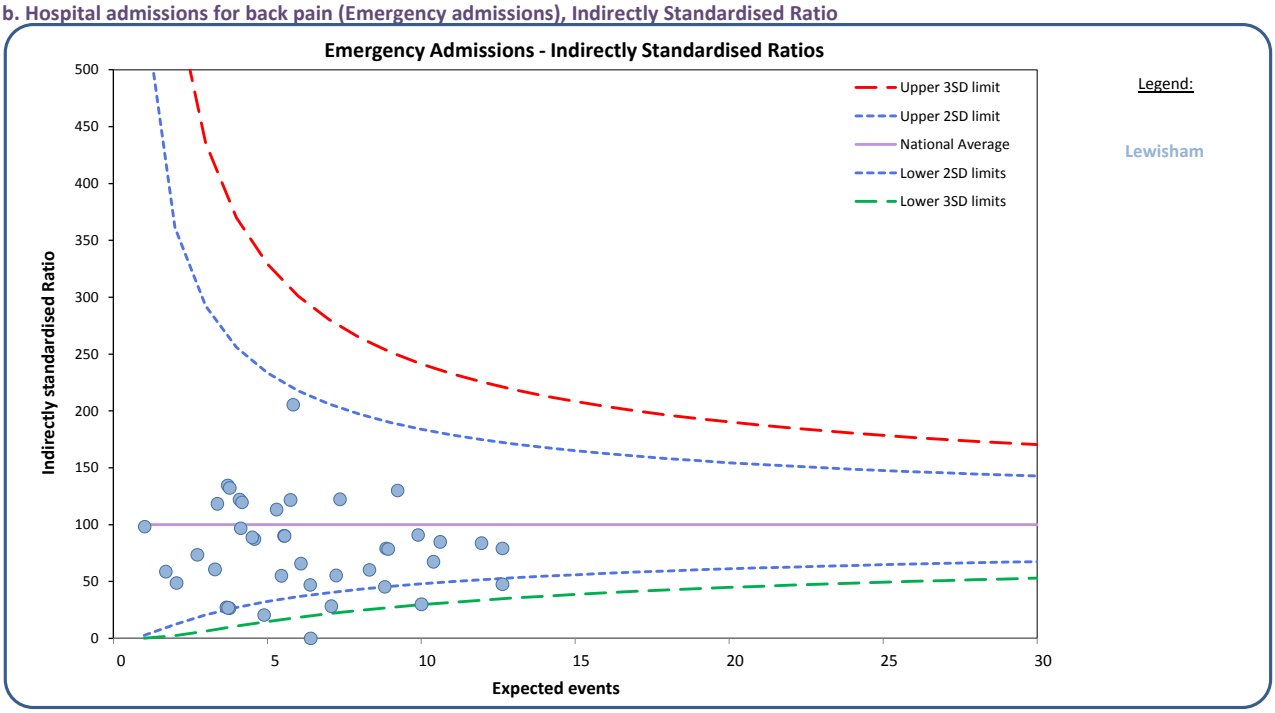
Each symbol represents one GP practice

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

Lewisham



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

Lewisham

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.

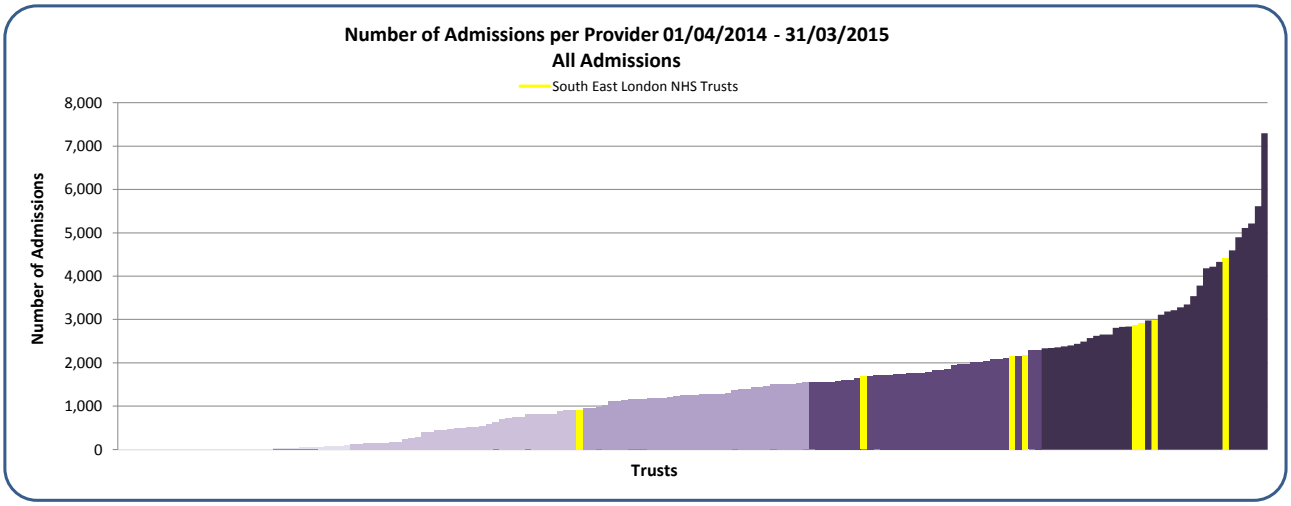
				Elective			Emergency		
Practice Code	Practice Name	CCG	Population 15+	Observed	Expected	Ratio	Observed	Expected	Ratio
G85003	Belmont Hill Surgery	08L	5,158	37	24.62	150.27	<6	5.55	90.17
G85004	The Jenner Practice	08L	11,962	77	54.63	140.96	6	12.64	47.48
G85005	South Lewisham Group Practice	08L	11,727	101	55.52	181.91	10	12.64	79.14
G85008	Dr S Shri-Krishnapalasuriyar's Practice	08L	3,527	20	16.43	121.74	<6	3.67	27.28
G85015	The Qrp Surgery	08L	8,719	38	38.15	99.60	<6	8.82	45.37
G85020	Kingfisher Medical Centre	08L	3,899	15	15.64	95.93	<6	3.77	26.50
G85023	Lewisham Medical Centre	08L	7,208	27	28.03	96.32	<6	7.08	28.26
G85024	Sydenham Green Group Practice	08L	11,260	67	52.17	128.42	10	11.95	83.67
G85026	Clifton Rise Family Practice	08L	3,511	10	16.74	59.72	<6	3.72	26.85
G85027	Burnt Ash Surgery	08L	4,918	41	25.72	159.41	7	5.75	121.65
G85032	Torridon Road Medical Practice	08L	8,398	34	39.63	85.80	7	8.86	79.01
G85035	Morden Hill Surgery	08L	7,163	43	29.98	143.41	9	7.36	122.28
G85036	Baring Road Medical Centre	08L	5,035	50	23.59	211.93	<6	5.46	54.98
G85038	St Johns Medical Centre	08L	10,633	55	43.57	126.23	9	10.62	84.78
G85046	Lee Road Surgery	08L	8,939	21	43.52	48.26	<6	10.00	29.99
G85048	The Brockley Road Surgery	08L	3,927	22	16.63	132.31	<6	4.10	121.94
G85055	Hilly Fields Medical Centre	08L	10,000	77	44.51	173.00	7	10.40	67.34
G85057	Downham Family Medical Practice	08L	4,847	47	20.04	234.48	<6	4.89	20.44
G85061	Woolstone Medical Centre	08L	5,755	38	27.39	138.72	<6	6.09	65.65
G85076	New Cross Health Centre	08L	4,968	12	12.68	94.65	<6	4.14	96.70
G85081	Dr Pgv Morant's Practice	08L	3,305	16	13.70	116.83	<6	3.30	60.61
G85085	Grove Medical Centre	08L	6,864	19	24.35	78.04		6.41	
G85089	Honor Oak Group Practice	08L	7,321	42	29.68	141.51	<6	7.24	55.28
G85099	Winlaton Surgery	08L	1,600	<6	7.31	54.71	<6	1.70	58.66
G85104	Ico Health Group	08L	8,267	66	38.78	170.20	7	8.93	78.43
G85105	Dr R Berman's Practice	08L	4,168	11	16.16	68.09	<6	4.18	119.63
G85114	Wells Park Practice	08L	8,874	31	39.41	78.66	12	9.23	130.04
G85120	Triangle Group Practice	08L	5,502	38	24.00	158.35	<6	5.56	89.93
G85121	Parkview Surgery	08L	3,472	12	14.88	80.62	<6	3.72	134.55
G85124	Bellingham Green Surgery	08L	5,299	40	22.49	177.88	6	5.30	113.22
G85633	Rushey Green Gp	08L	9,680	55	39.93	137.72	9	9.90	90.94
G85696	Vale Medical Centre	08L	8,164	47	32.89	142.89	<6	8.32	60.12
G85698	Amersham Vale Training Practice	08L	6,739	26	24.99	104.06	<6	6.39	46.93
G85703	Muirkirk Surgery	08L	1,024	<6	4.34	46.09	<6	1.02	98.13
G85711	Deptford Surgery	08L	2,941	8	9.79	81.70	<6	2.73	73.38
G85716	Oakview Family Practice	08L	3,450	42	14.07	298.48	<6	3.38	118.33
G85717	Dr Bk Batra's Practice	08L	4,828	25	18.57	134.65	<6	4.58	87.25
G85722	Woodlands Health Centre	08L	5,853	22	22.52	97.67	12	5.84	205.37
G85727	Nightingale Surgery	08L	4,482	31	18.57	166.95	<6	4.51	88.74
G85736	Dr Mog Sarder's Practice	08L	2,026	<6	8.45	47.35	<6	2.05	48.71
Y02957	Lewisham Gp Led Health Centre	08L	4,503	<6	10.91	18.34	<6	3.78	132.32

Hospital Trust activity

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

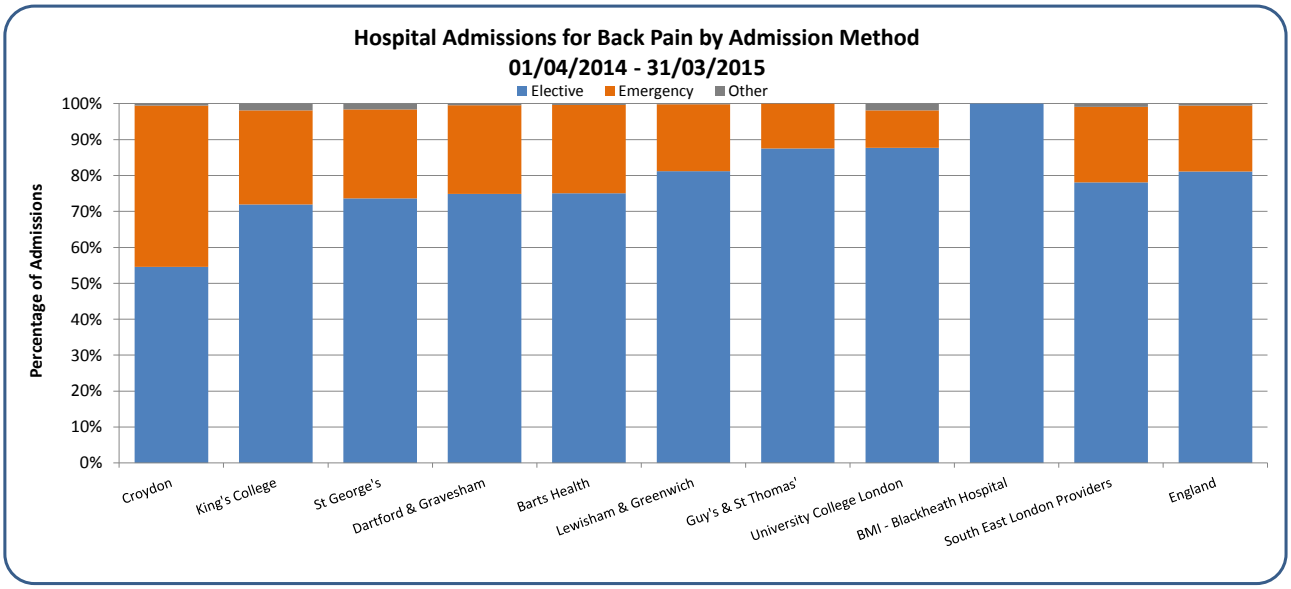
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Barts Health	4,421	Lewisham & Greenwich	2,171
Guy's & St Thomas'	2,986	St George's	2,164
University College London	2,922	Dartford & Gravesham	1,683
King's College	2,883	Croydon	915
South East London NHS Trusts	20,145	England	251,444



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

(South East London 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 8 NHS Trusts is to some degree proportional to the size of the Trust and is spread across the quintile chart with 4 Trusts in the highest quintile.

The proportion of hospital activity for back pain which is classed as elective care for the South East London providers is slightly lower than the England proportion. However at NHS Trust level the proportion varies between 55% at Croydon Hospital to 89% at University College London. All NHS activity at the independent providers is classed as elective.

Hospital Trust activity

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

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

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
University College London	828	<6	-	787	891	55	**2,561**
Barts Health	1,742	1,289	-	8	258	21	**3,318**
Guy's & St Thomas'	1,316	1,280	-	-	-	17	**2,613**
King's College	1,492	<6	-	-	545	34	**2,071**
Lewisham & Greenwich	1,756	-	-	-	-	7	**1,763**
St George's	789	108	-	-	603	94	**1,594**
Dartford & Gravesham	1,244	8	-	<6	-	7	**1,259**
Croydon	<6	488	-	-	-	10	**498**
BMI - Blackheath Hospital	104	79	-	-	37	-	**220**
Total	**9,271**	**3,252**	**-**	**795**	**2,334**	**245**	**15,897**

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. The providers for the South East London CCGs record 15% of their activity as Neurosurgery which is higher than most other regions. University College London also records high levels of activity are recorded against Interventional Radiology code.

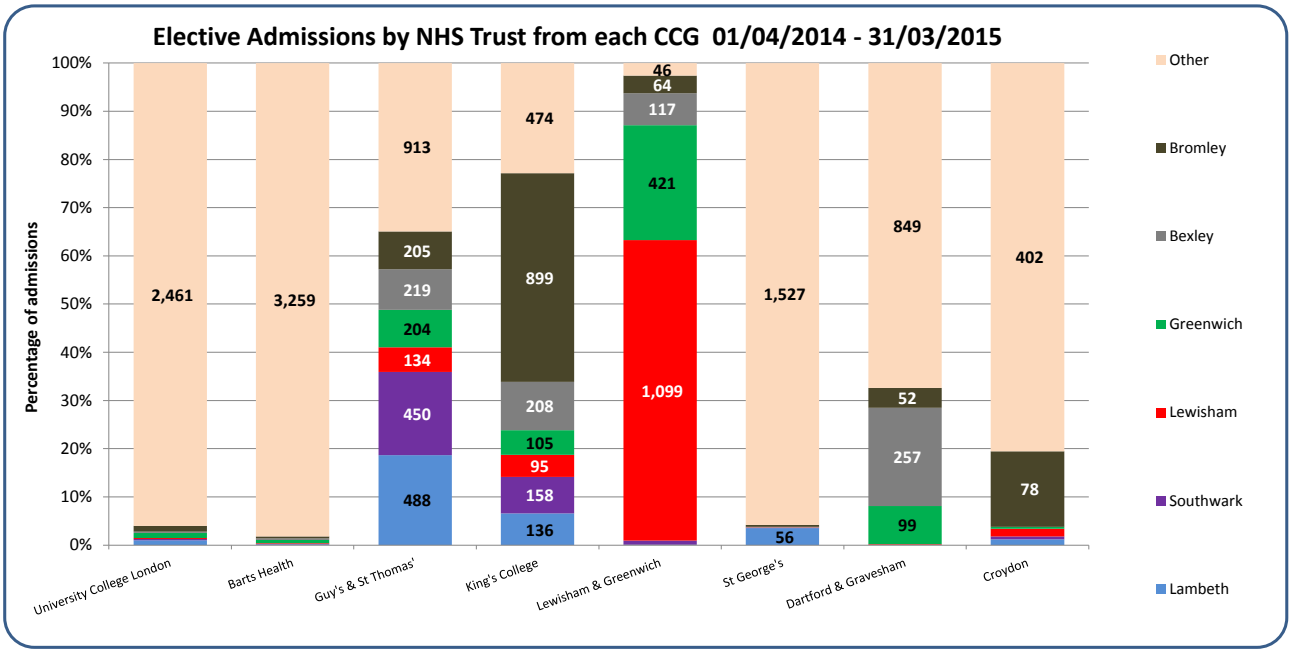
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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

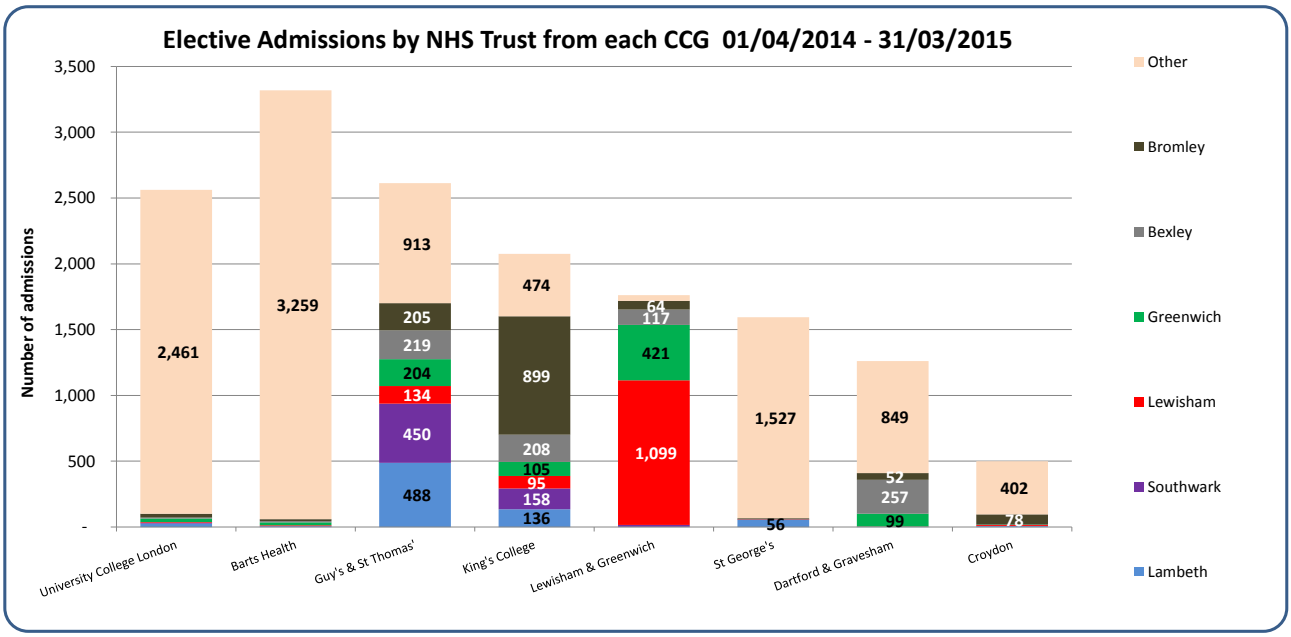
Hospital Trust activity from CCGs

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. As some of the providers are located outside of the South East London CCG boundary (i.e. UCL, Barts, St Georges and Croydon) the majority of their patients are coming from CCGs outside of South East London.

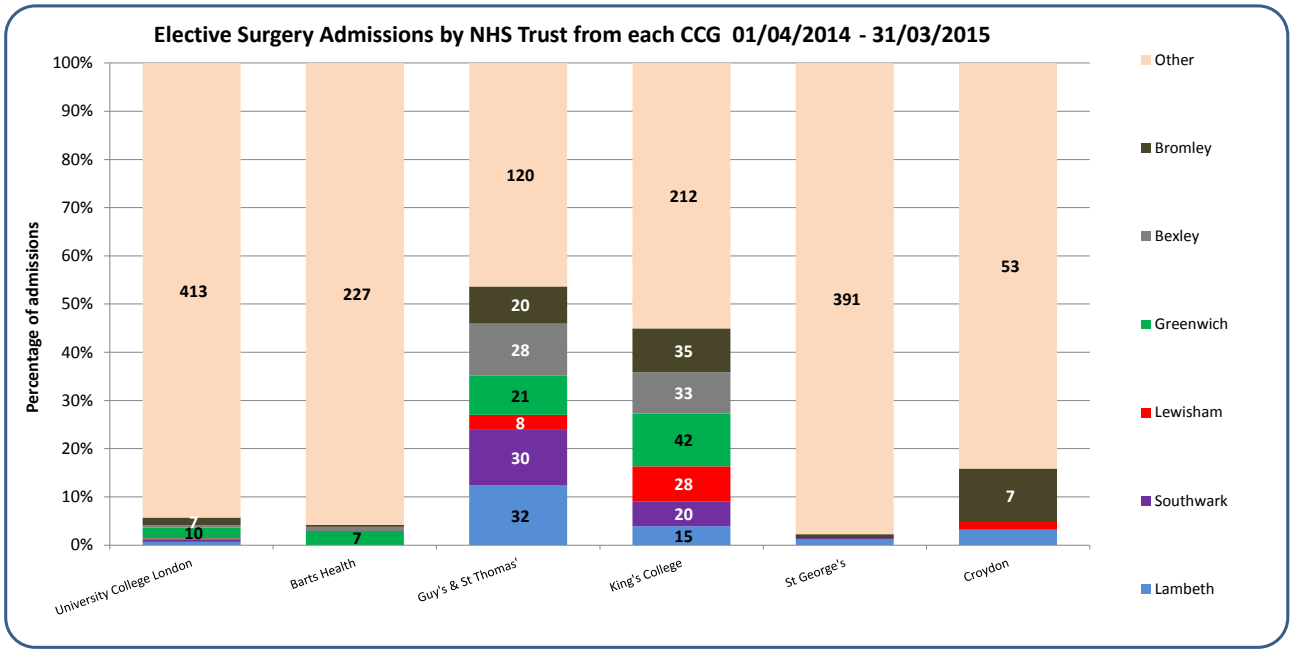
Guys & St Thomas Trust and Kings College Trust are more likely to take patients from several different CCGs across the region compared to the Lewisham & Greenwich Trust which predominantly admits patients from the CCGs where they are located.

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

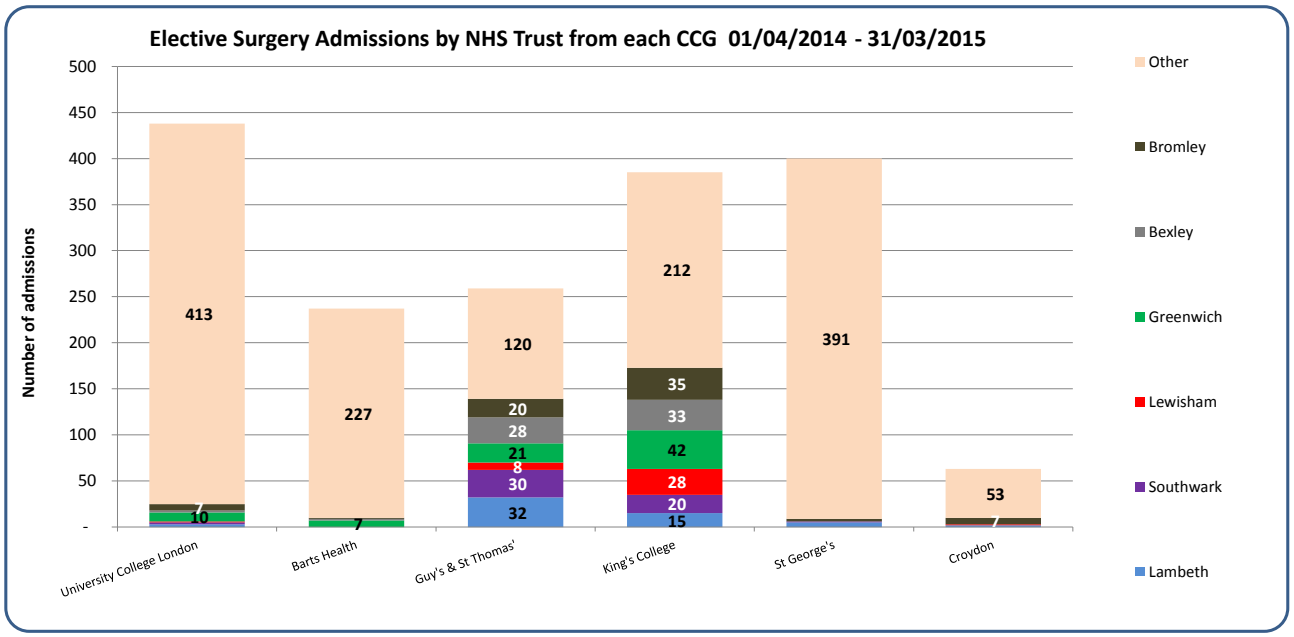
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

There is variation between hospital trusts in terms of the number of patients from each of the CCGs that are admitted for spinal surgery for back and radicular pain. As some of the providers are located outside of the South East London CCG boundary (i.e. UCL, Barts, St Georges and Croydon) the majority of their patients are coming from CCGs outside of South East London.

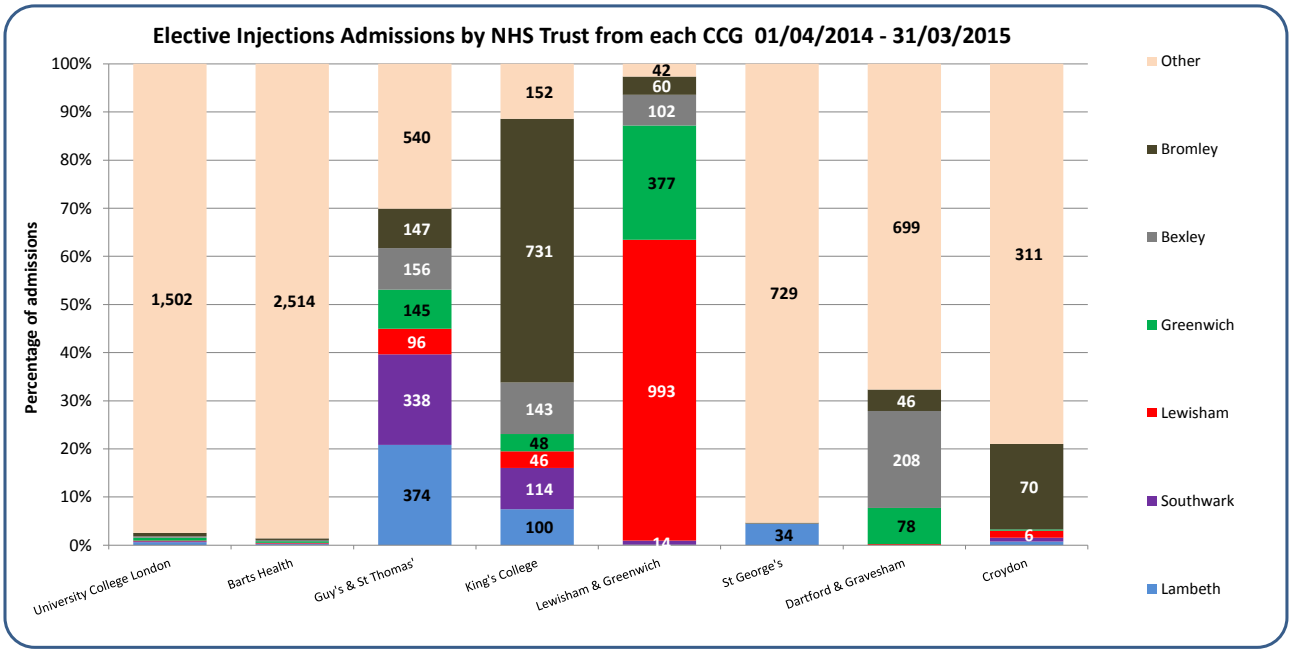
Guys & St Thomas Trust and Kings College Trust are more likely to take patients from several different CCGs across and also have high activity from CCGs outside of this region.

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

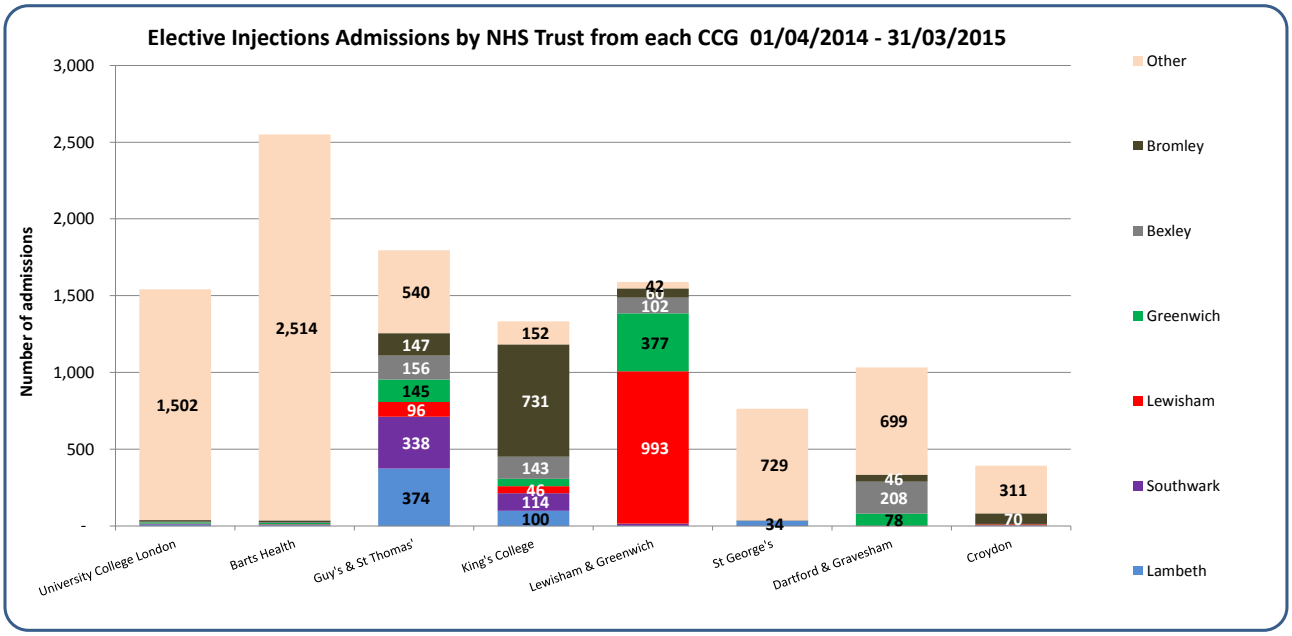
Hospital Trust activity from CCGs

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

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 inj ections for back and radicular pain. As some of the providers are located outside of the South East London CCG boundary (i.e. UCL, Barts, St Georges and Croydon) the majority of their patients are coming from CCGs outside of South East London.

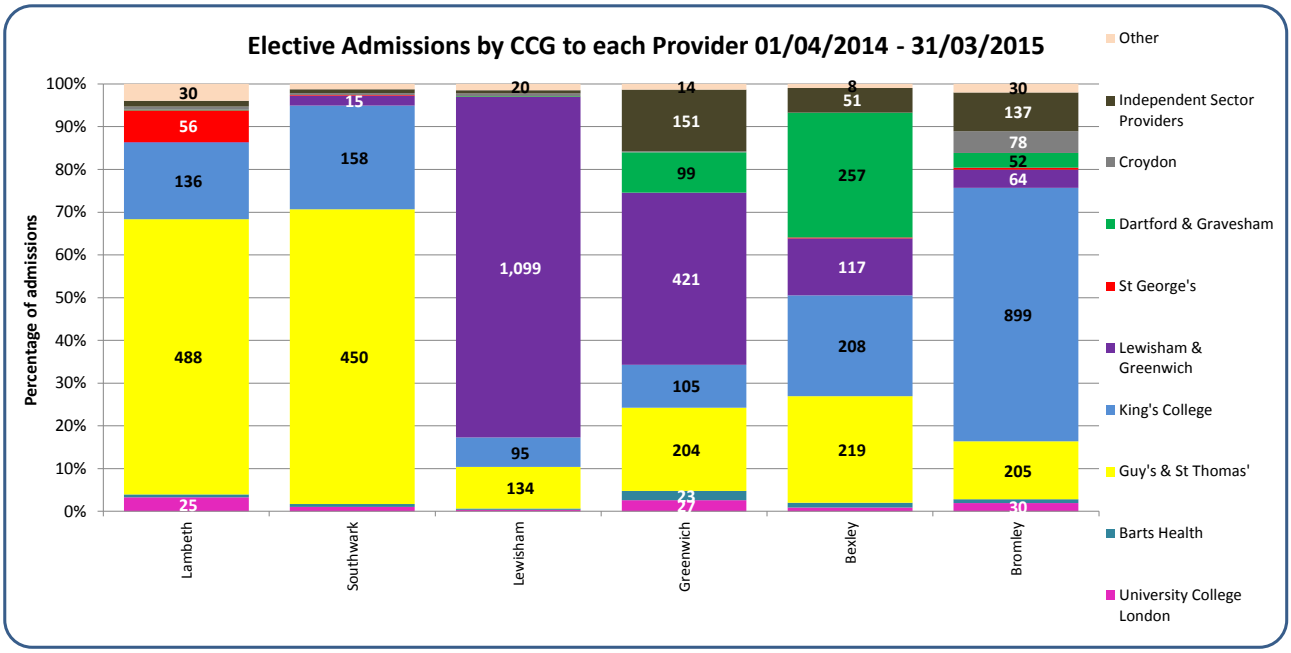
Guys & St Thomas Trust and Kings College Trust are more likely to take patients from several different CCGs across the region compared to the Lewisham & Greenwich Trust which predominantly admit patients from the CCGs where they are located.

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

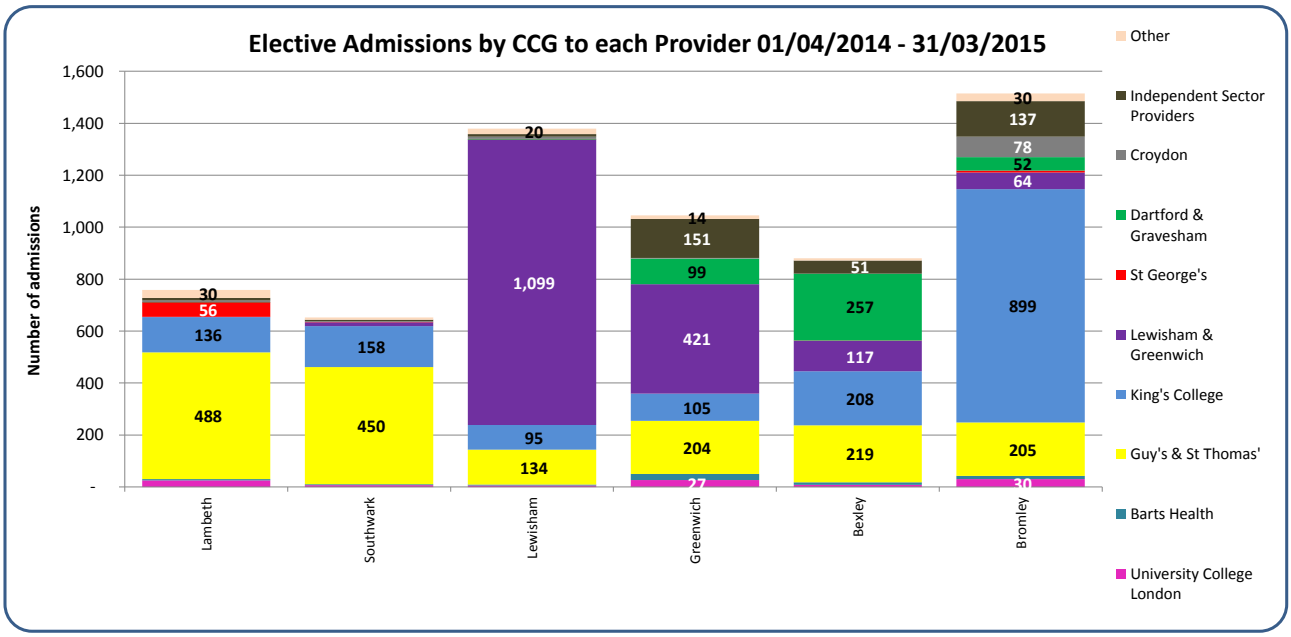
CCG activity to Hospital Trust

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

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



b. Hospital elective admissions from each CCG (actual activity)



What is the data telling us?

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

Activity is highest for Bromley CCG and their patients were admitted to at least eight NHS Trusts as well as Independent Sector providers compared to Lewisham CCG which predominantly used Lewisham & Greenwich Trust.

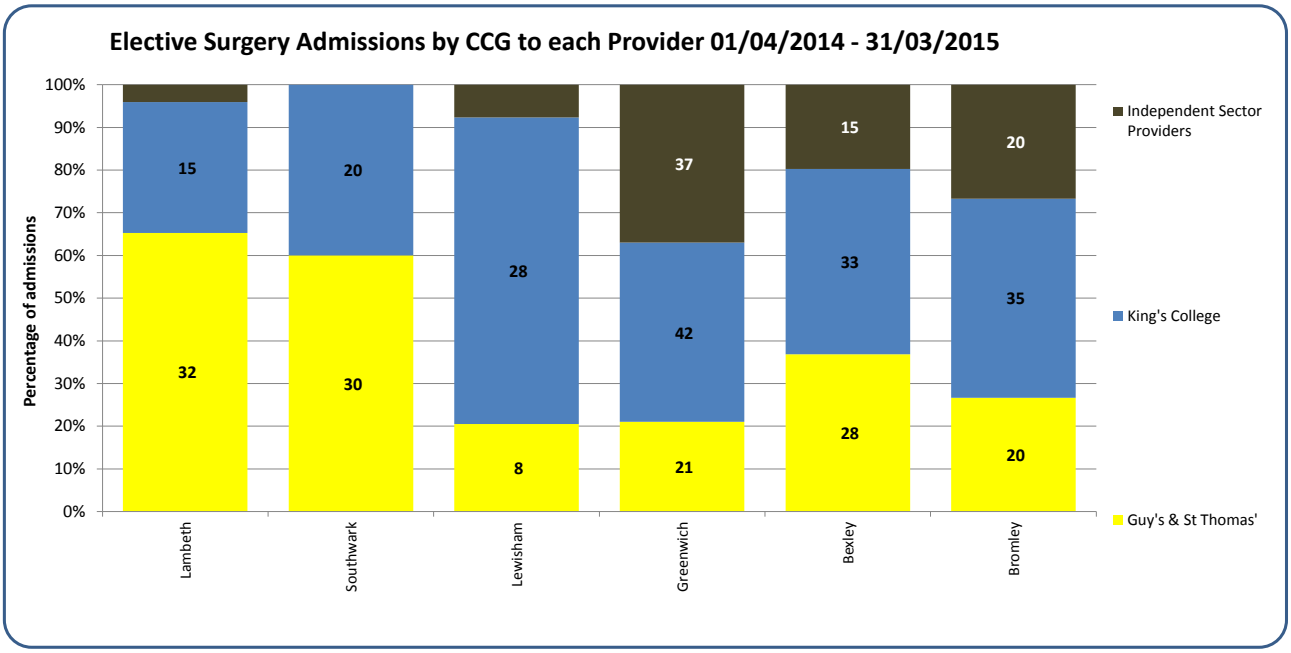
Greenwich, Bexley and Bromley CCGs are the highest users of Independent Sector activity in South East London.

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

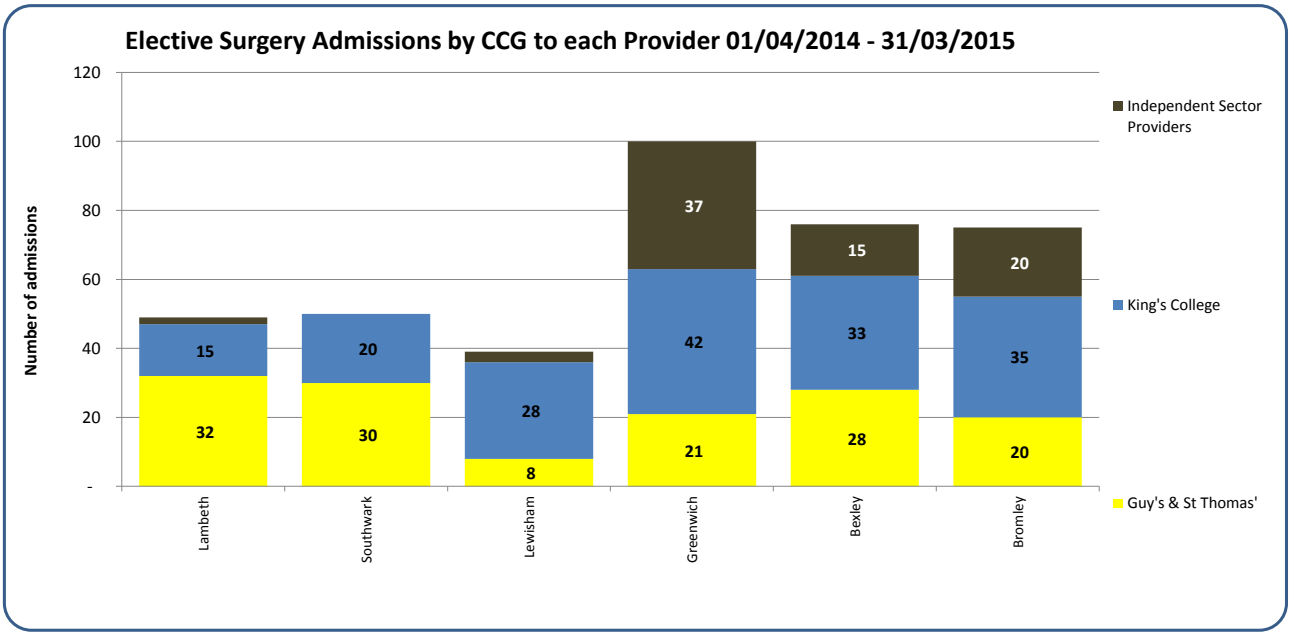
CCG activity to Hospital Trust

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. In South East London Guy's & Thomas Trust and Kind's College are the main NHS Trust providers of spinal surgery.

Activity is highest for Greenwich CCG and their patients were admitted to both NHS Trusts as well as Independent Sector providers.

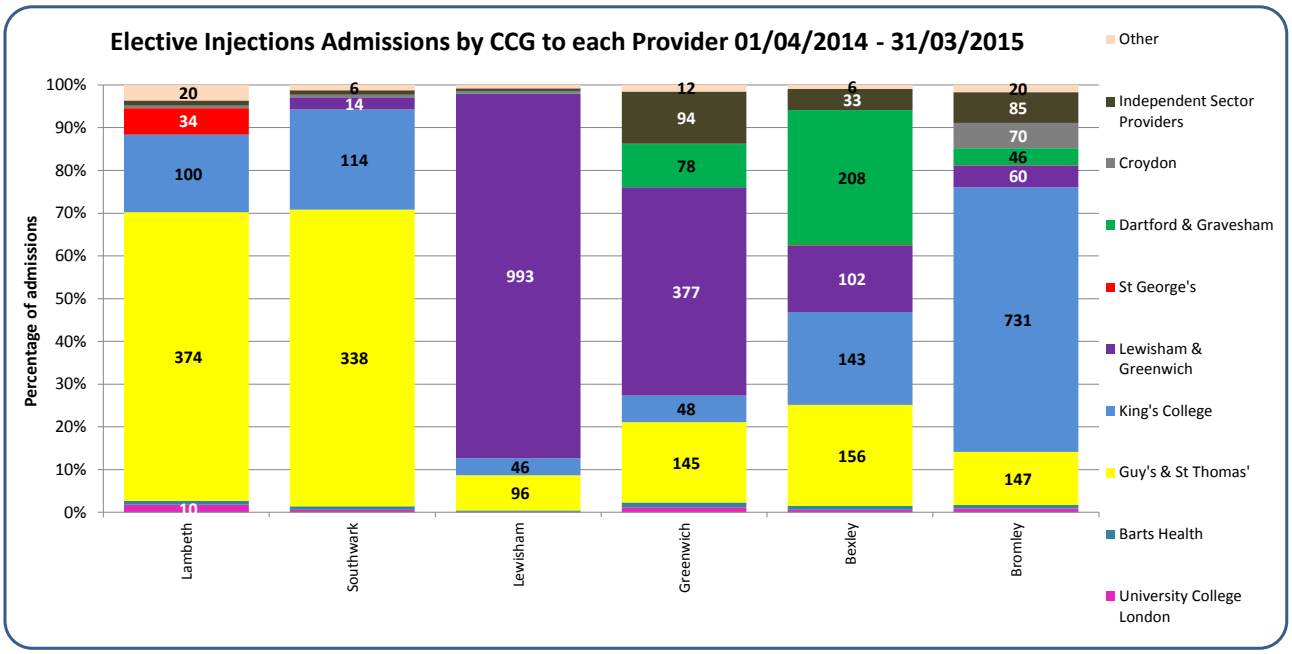
Greenwich, Bexley and Bromley CCGs are the highest users of Independent Sector activity in South East London.

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

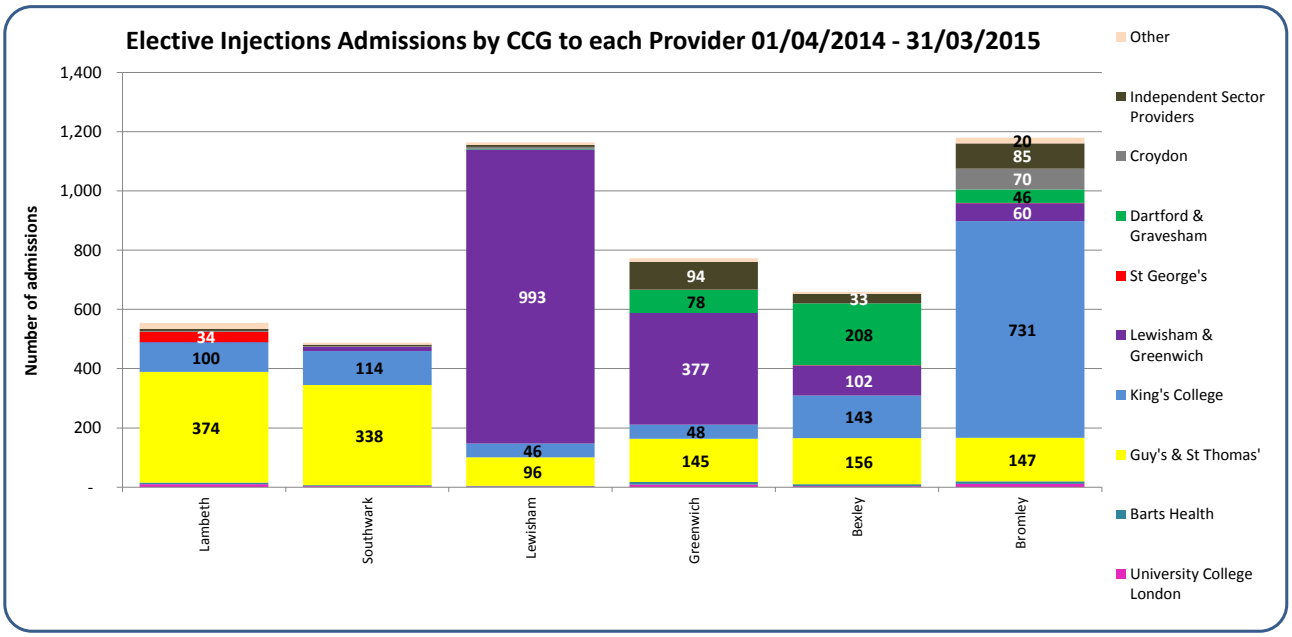
CCG activity to Hospital Trust

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.

Activity is highest for Bromley and Lewishams CCGs; Bromley patients were admitted to at least eight NHS Trusts as well as Independent Sector providers compared to Lewisham CCG which predominantly used Lewisham & Greenwich Trust.

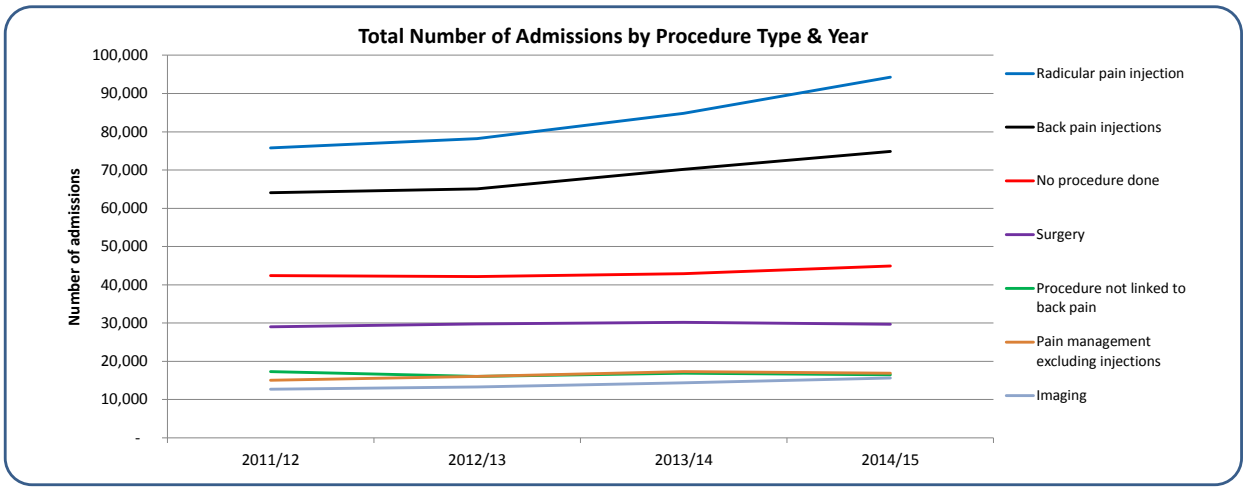
Greenwich, Bexley and Bromley CCGs are the highest users of Independent Sector activity in South East London.

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

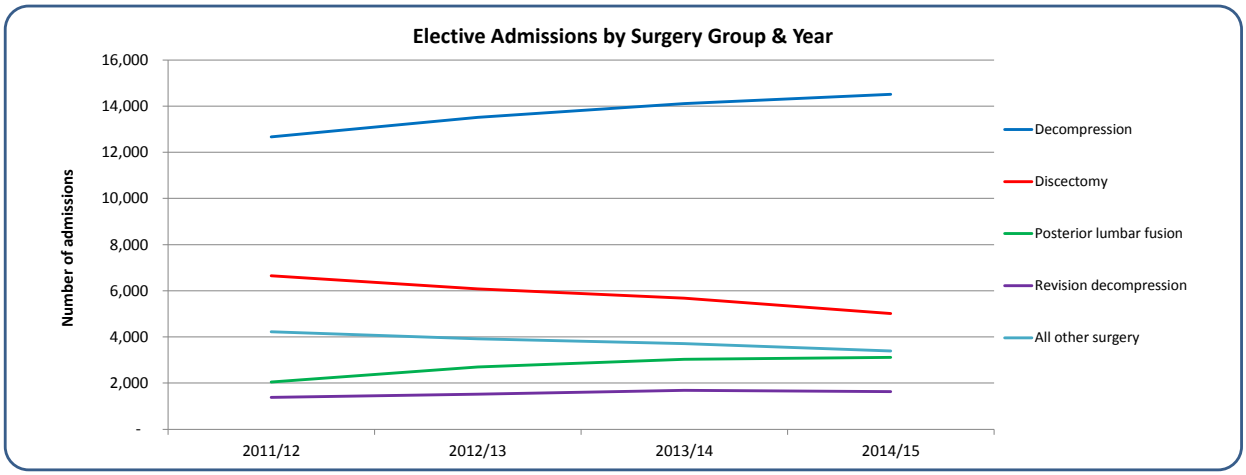
Hospital Trust activity (national level)

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

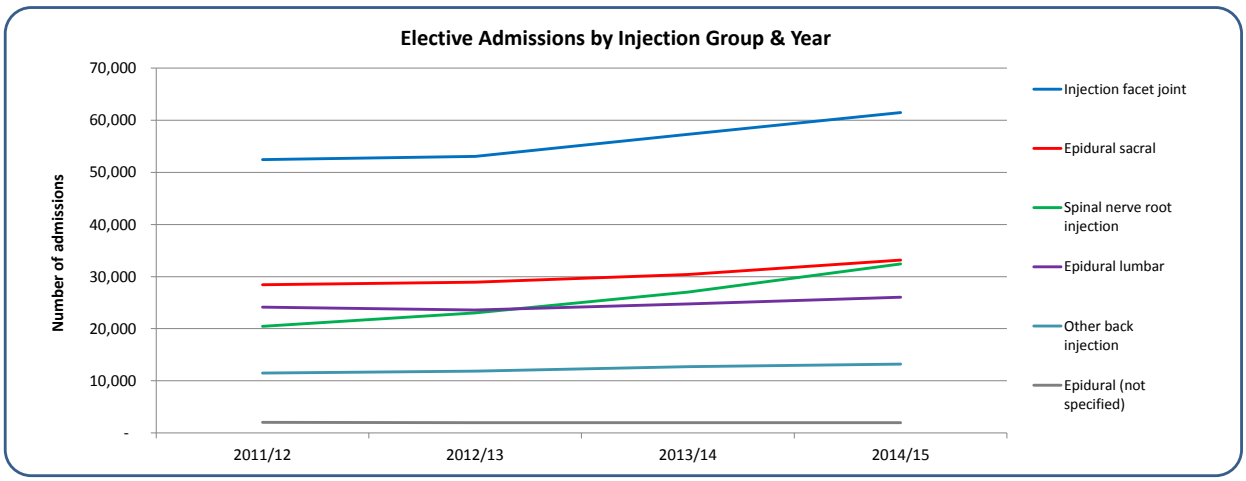
a. Hospital admissions by procedure type over time (all admission types)



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

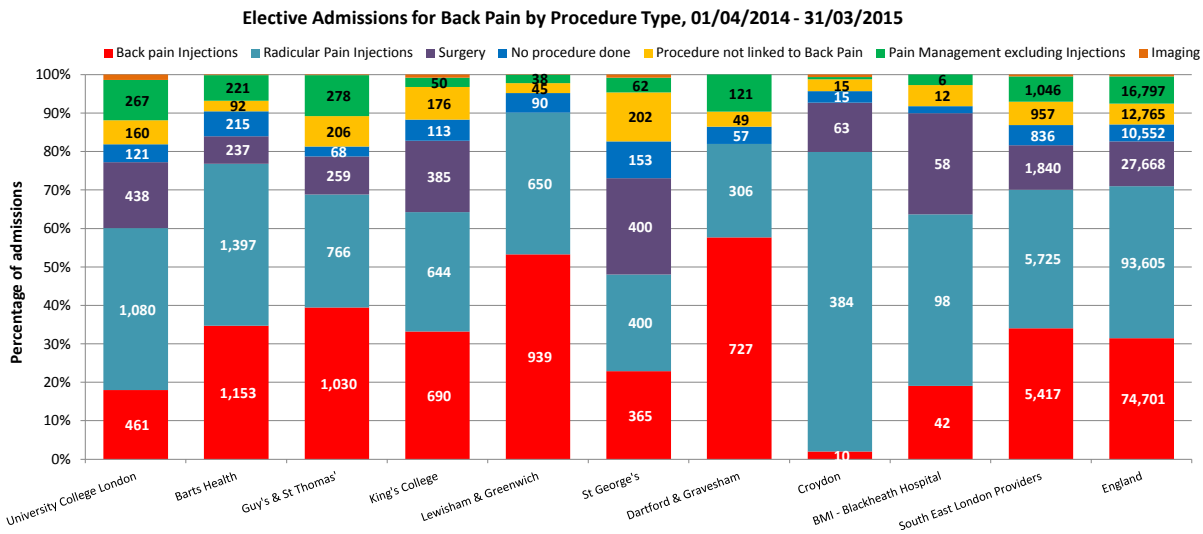
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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%**

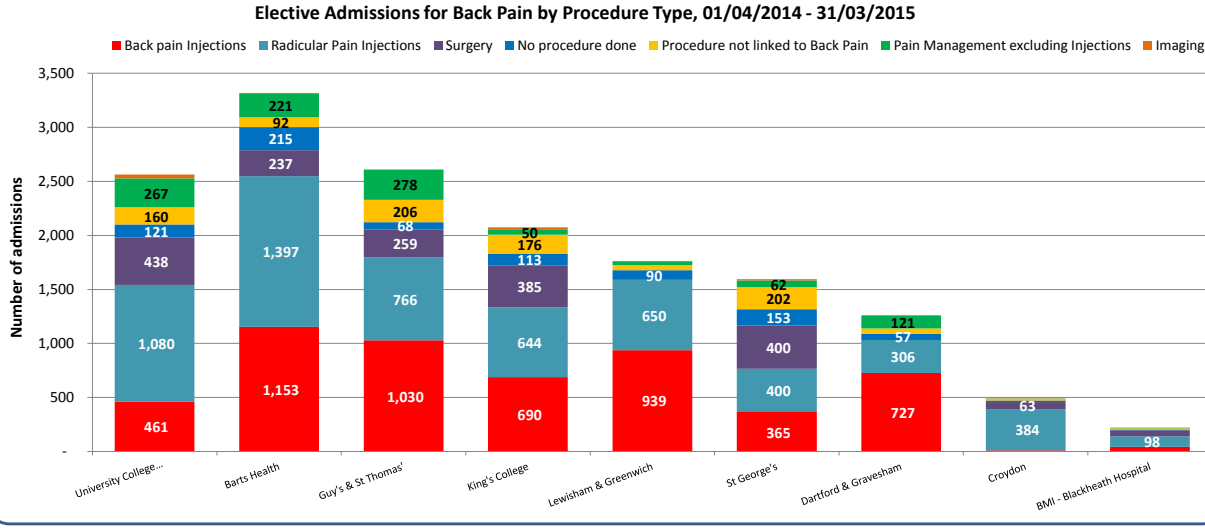
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(South East London Providers only)



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

(South East London 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 Barts Health and St George's Trusts.

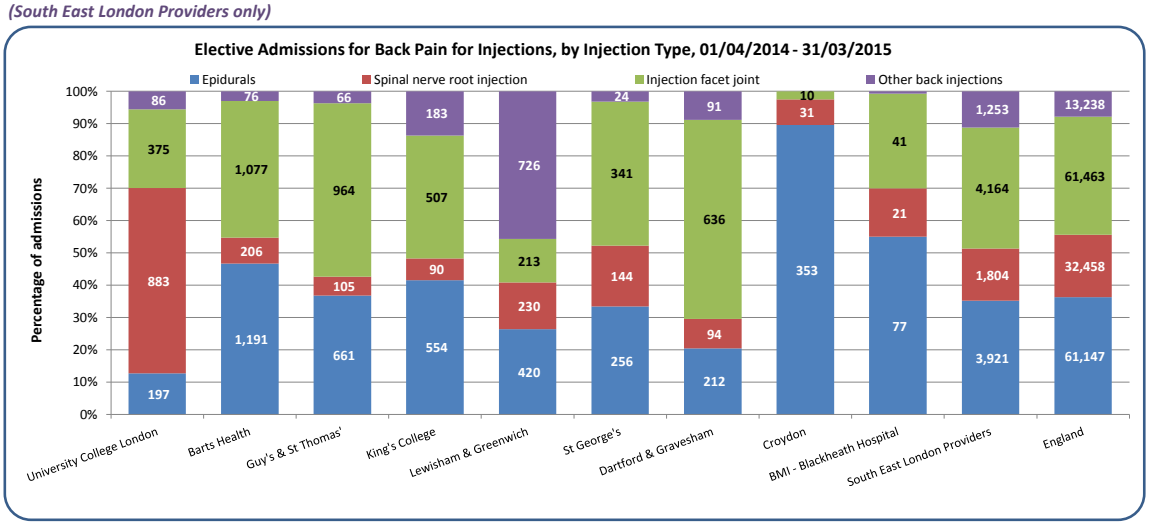
Four of the South East London Trusts have a higher proportion of elective activity for injections than the England rate (approx. 70%) and it is possible that the variation is due to differences in the point of delivery of care across hospital Trusts (for example it is possible that activity may also take place as outpatient procedures).

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

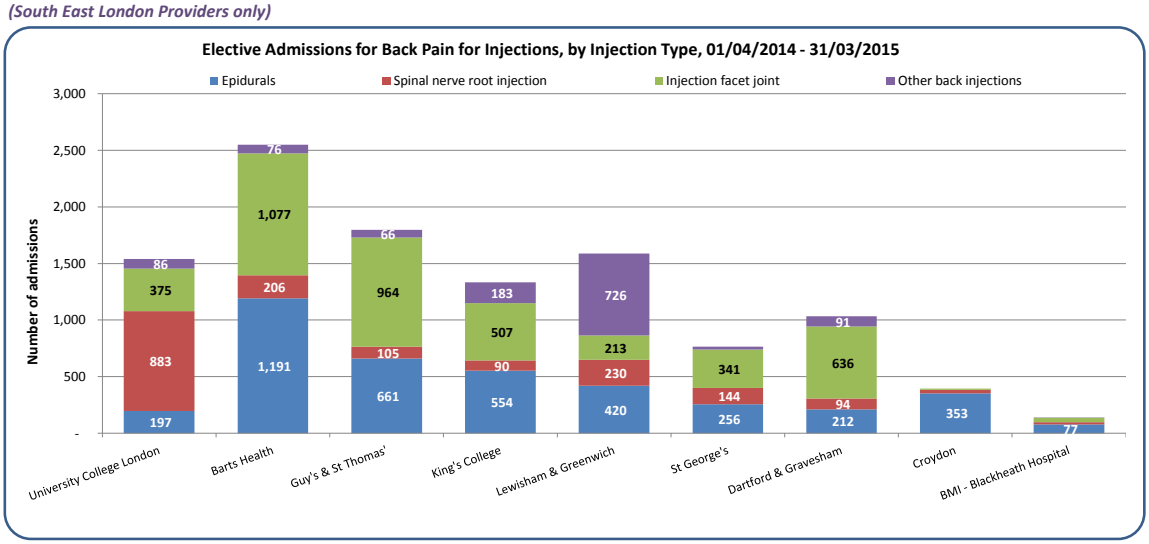
Hospital Trust activity

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

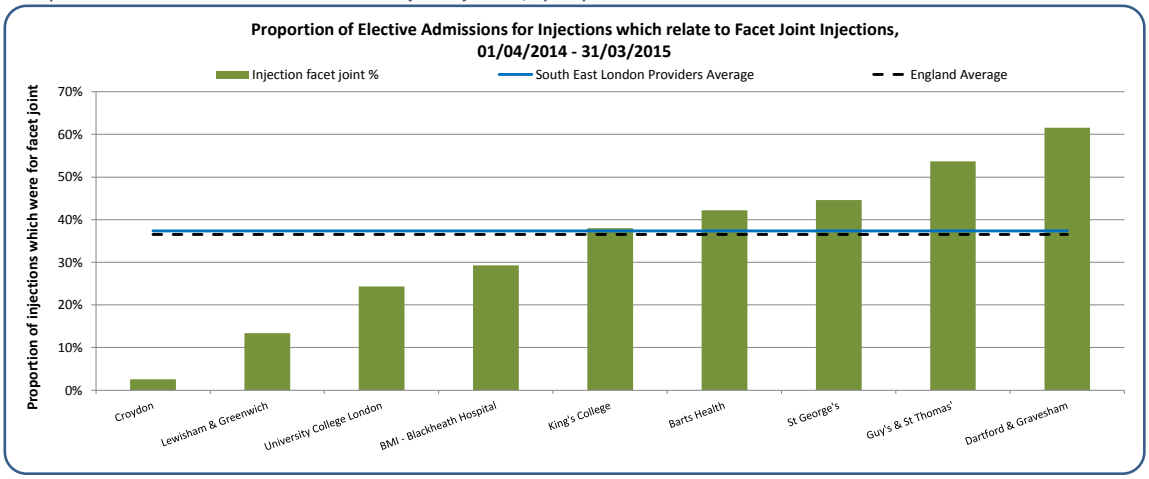
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)
(South East London Providers only)



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



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



What is the data telling us?

Epidurals and facet joint injections are those most frequently done within South East London, constituting almost 72% of injection activity which is very similar to the England proportions. South East London providers overall do slightly higher rates of other back joint injections (e.g. sacroiliac joint injections) and slightly lower rates of 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.

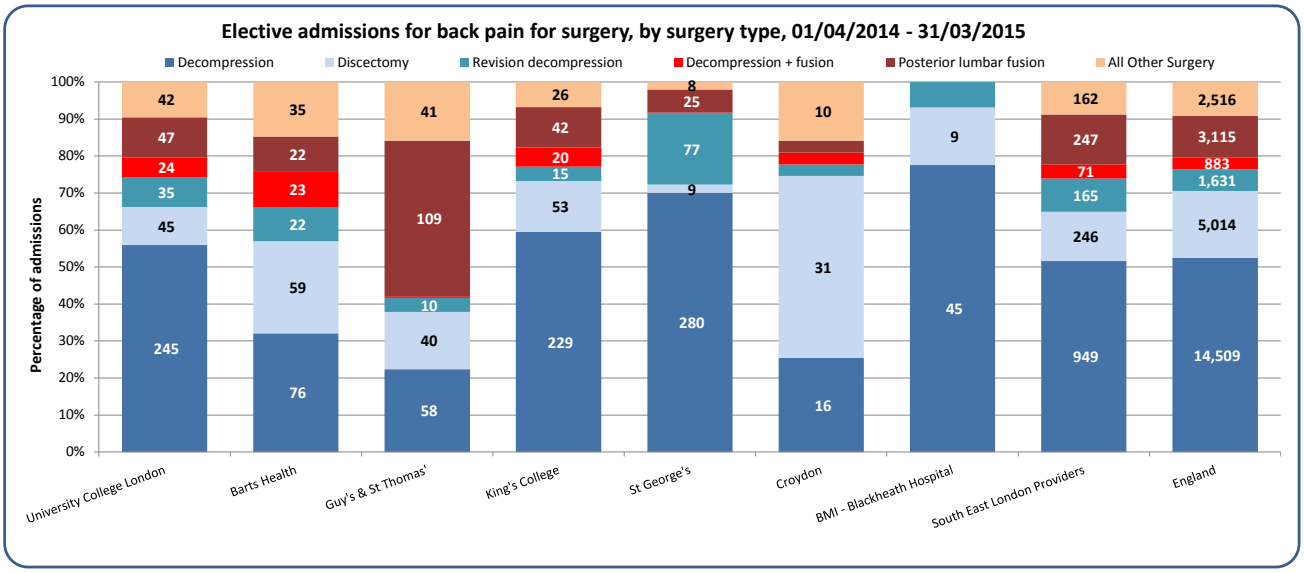
University College London Trust does a markedly higher number of spinal nerve root injections compared to all of the other providers. The proportion of facet joint injections done at Trust level ranges from 3% (Croydon Hospital) to 62% (Dartford & Gravesham) compared to the England figure of 37%.

Hospital Trust activity

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

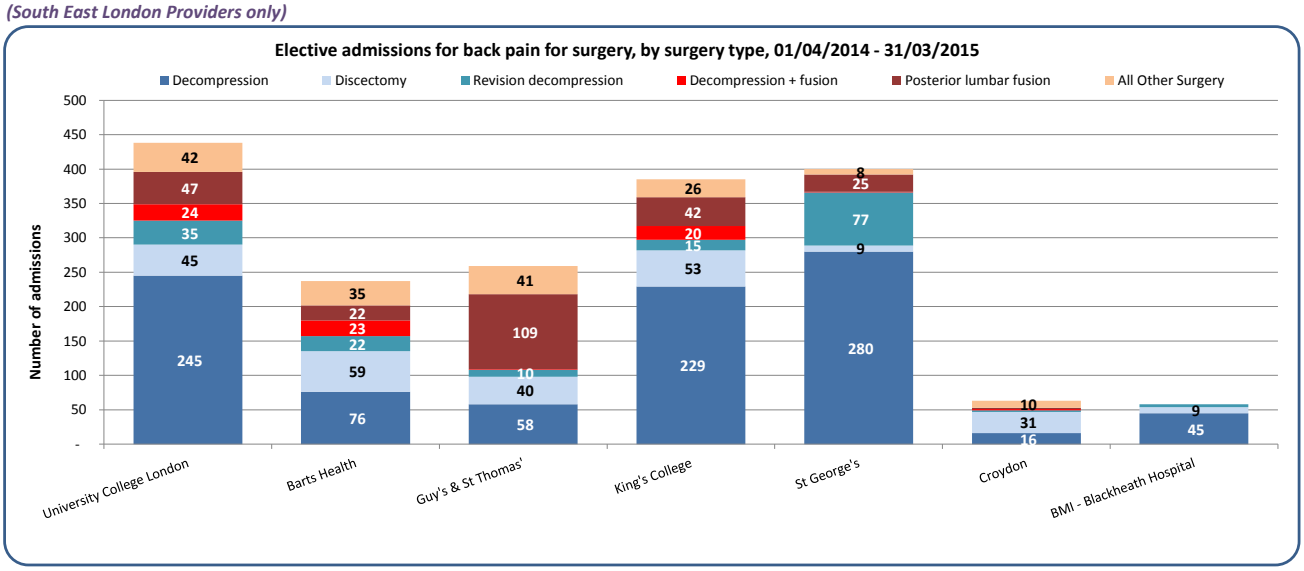
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South East London Providers only)



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

(South East London Providers only)



What is the data telling us?

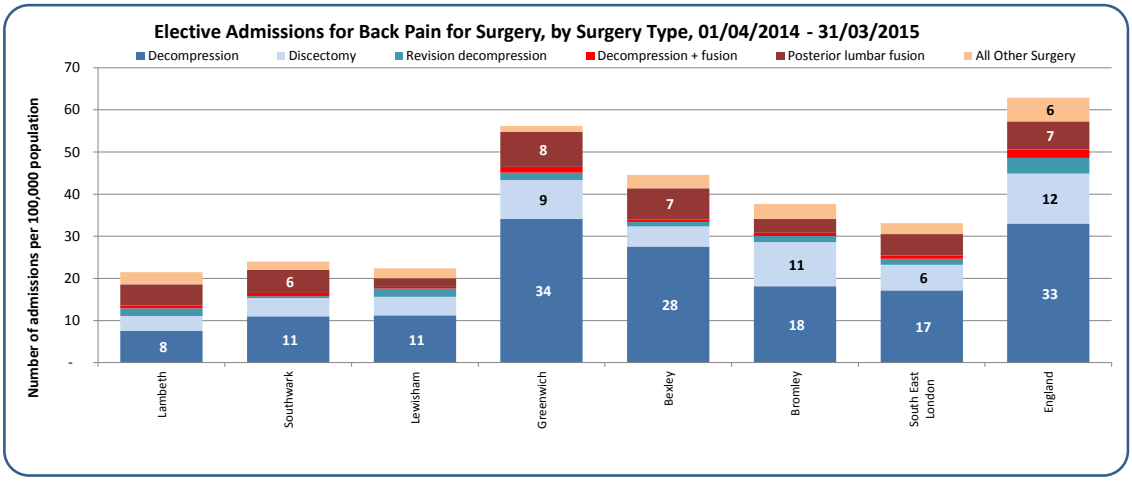
The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for South East London Trusts. South East London providers overall do a high proportion of fusions compared to the England profile but there are wide variations at Trust level. Decompression is the most common surgical procedure for back pain at most South East London Trusts with the exception of Guy's & Thomas' Trust where a higher volume of fusions are undertaken compared to the other South East providers.

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

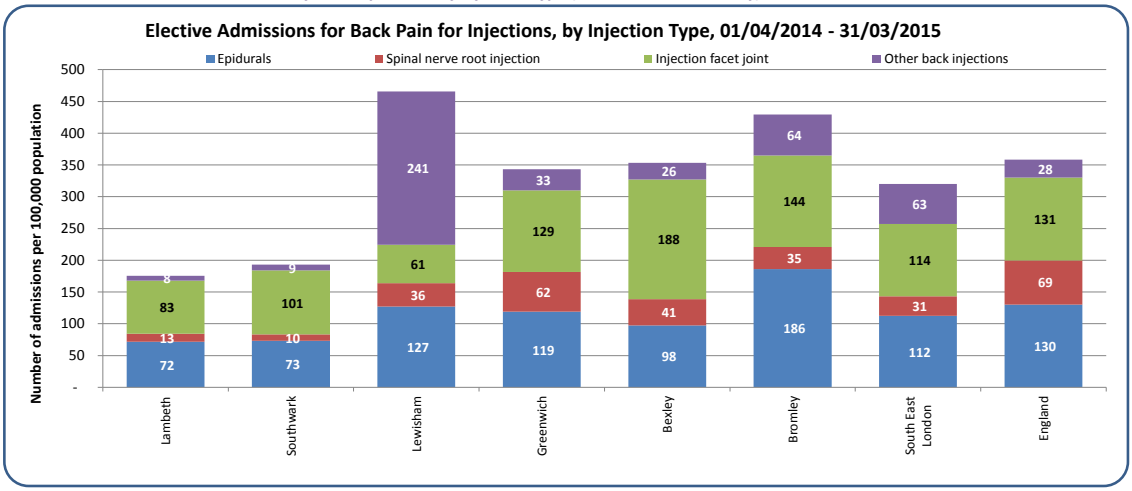
CCG activity by back pain procedure group

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

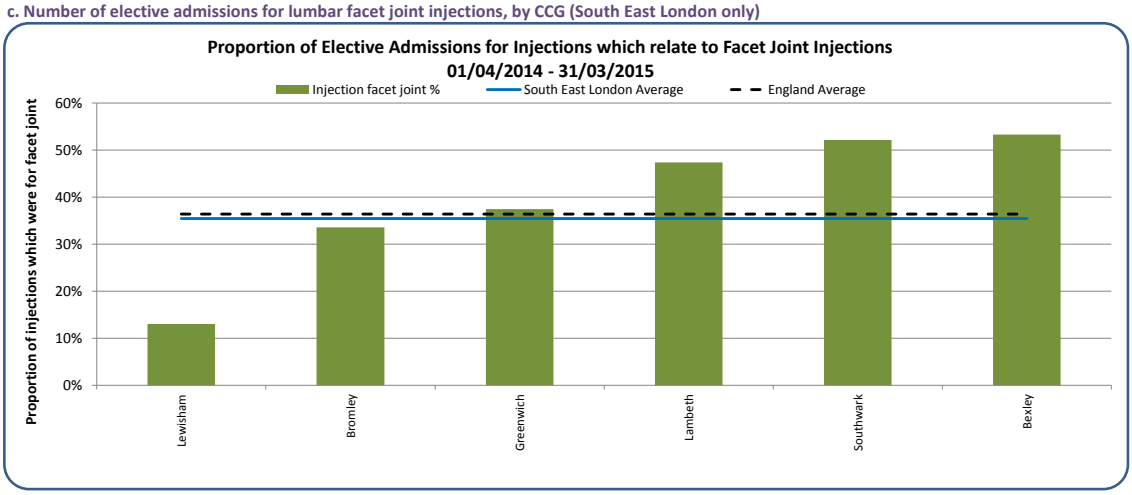
a. Number of elective admissions for surgery per CCG, by surgery type (South East London only)



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



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



What is the data telling us?

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

South East London CCG rates overall are almost half the England rates but there is variation within this region with Lambeth, Southwark and Lewisham CCGs similar rates in the low 20s per 100,000 compared to the other 3 CCGs.

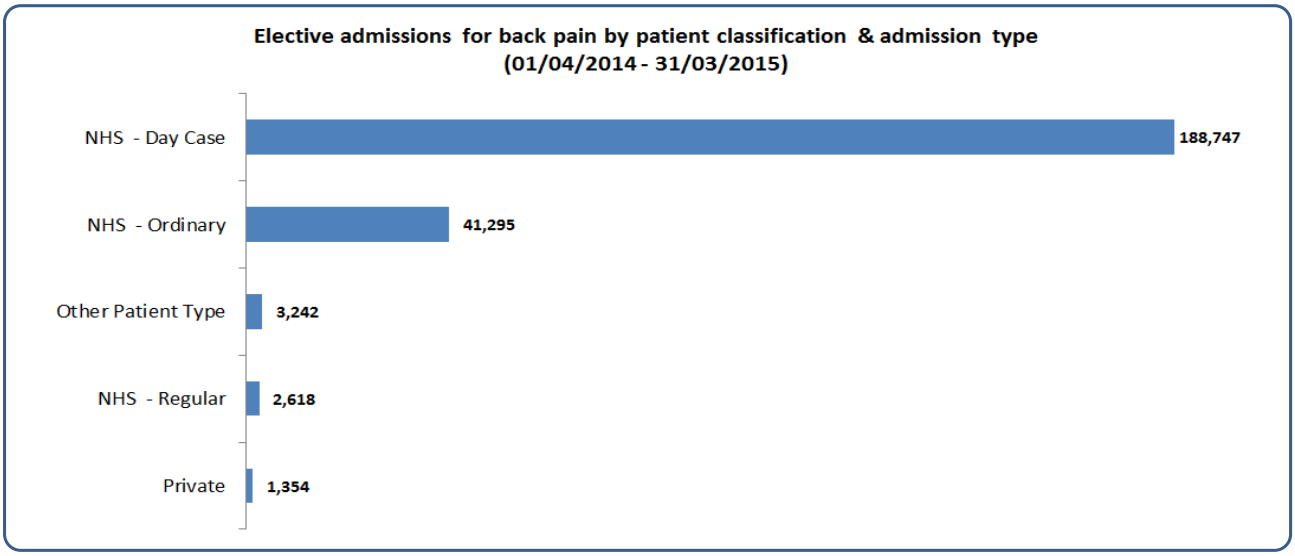
South East London CCGs have wide variation in injection rates per 100,00 with Lambeth and Southwark CCGs notably lower that the other 4 CCGs. Lewisham CCG have a markedly higher rate of other back pain injections (241 per 100,000 population) compared to the regional (63 per 100,000) and England (28 per 100,000) rates.

The proportion of facet joint injections done at CCG level ranges from 13% (Lewisham) to 53% (Bexley) 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

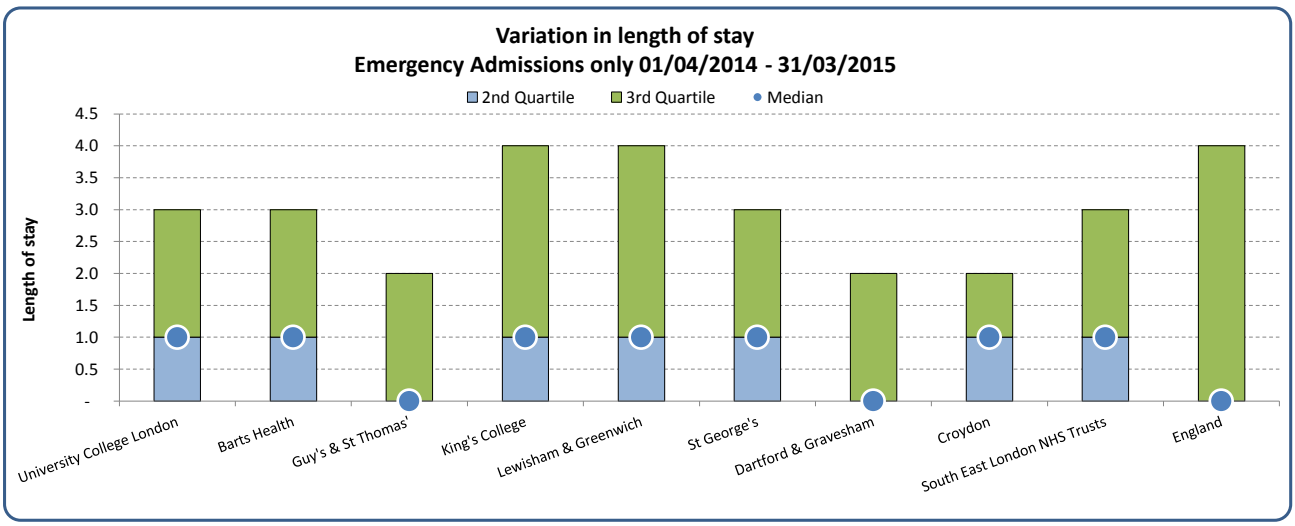


Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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
(South East London 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 South East London Trusts and shows that there are seven Trusts with a median length of stay of one day, compared to the England rate of zero days.

Hospital Trust Activity Total Costs

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

a. Total Costs by Admission Method Type (South East London FTs only)

Provider Name	Elective	Emergency	Other	Total
Barts Health	£ 3,963,687	£ 1,392,167	£ 67,321	**£ 5,423,176**
Guy's & St Thomas'	£ 4,701,423	£ 449,541	£ 1,382	**£ 5,152,346**
St George's	£ 3,997,639	£ 907,983	£ 209,217	**£ 5,114,840**
King's College	£ 3,408,518	£ 1,194,895	£ 244,401	**£ 4,847,814**
University College London	£ 3,635,863	£ 344,613	£ 223,569	**£ 4,204,046**
Lewisham & Greenwich	£ 1,264,710	£ 631,806	£ 9,027	**£ 1,905,544**
Dartford & Gravesham	£ 831,382	£ 423,480	£ 20,582	**£ 1,275,444**
Croydon	£ 647,826	£ 437,264	£ 15,774	**£ 1,100,864**
Total	**£ 22,451,050**	**£ 5,781,749**	**£ 791,274**	**£ 29,024,073**

b. Total Costs by Procedure Type (South East London 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
Barts Health	£ 1,620,193	£ 1,136,519	£ 855,912	£ 687,773	£ 420,737	£ 379,851	£ 322,190	£ -	**£ 5,423,176**
Guy's & St Thomas'	£ 2,257,185	£ 639,495	£ 735,147	£ 218,804	£ 616,690	£ 137,178	£ 545,170	£ 2,678	**£ 5,152,346**
St George's	£ 2,637,507	£ 288,419	£ 248,471	£ 308,687	£ 1,433,911	£ 161,341	£ 36,503	£ -	**£ 5,114,840**
King's College	£ 2,231,446	£ 499,722	£ 552,298	£ 542,460	£ 620,704	£ 361,396	£ 39,788	£ -	**£ 4,847,814**
University College London	£ 1,931,273	£ 827,455	£ 322,327	£ 151,486	£ 533,246	£ 221,754	£ 216,504	£ -	**£ 4,204,046**
Lewisham & Greenwich	£ -	£ 483,874	£ 738,067	£ 393,517	£ 75,262	£ 184,190	£ 30,635	£ -	**£ 1,905,544**
Dartford & Gravesham	£ -	£ 213,198	£ 512,982	£ 264,150	£ 108,739	£ 100,826	£ 75,550	£ -	**£ 1,275,444**
Croydon	£ 285,534	£ 320,599	£ 9,532	£ 326,220	£ 62,344	£ 89,700	£ 1,883	£ 5,052	**£ 1,100,864**
Total	**£ 10,963,139**	**£ 4,409,281**	**£ 3,974,736**	**£ 2,893,096**	**£ 3,871,633**	**£ 1,636,236**	**£ 1,268,223**	**£ 7,729**	**£ 29,024,073**

What is the data telling us?

Across all South East London Trusts in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £29 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 the South East London 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.

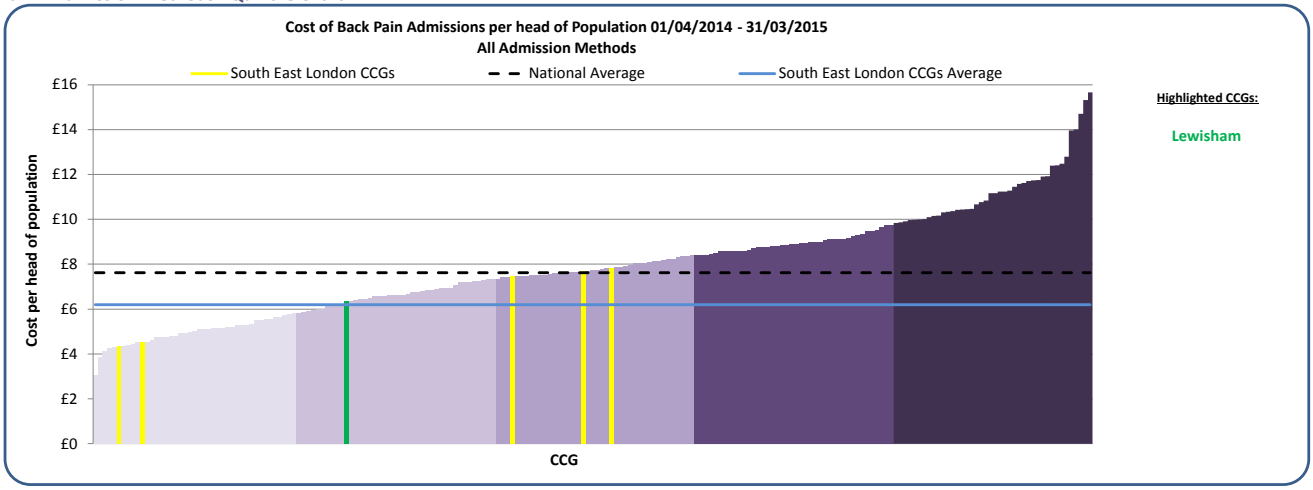
CCG Activity Total Costs

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+)
Lambeth	£ 4.34	£ 1,375,667	£ 3.25	£ 1,030,024	£ 1.08	£ 341,786	317,110
Southwark	£ 4.52	£ 1,149,099	£ 3.10	£ 786,234	£ 1.40	£ 355,447	253,991
Lewisham	£ 6.35	£ 1,588,116	£ 5.02	£ 1,255,448	£ 1.13	£ 282,280	249,933
Bromley	£ 7.44	£ 2,052,499	£ 5.79	£ 1,598,882	£ 1.54	£ 426,025	275,987
Greenwich	£ 7.67	£ 1,732,924	£ 5.99	£ 1,354,355	£ 1.51	£ 341,264	226,038
Bexley	£ 7.81	£ 1,473,302	£ 5.85	£ 1,104,074	£ 1.77	£ 334,632	188,585
South East London Total	**£ 6.20**	**£ 9,371,607**	**£ 4.72**	**£ 7,129,017**	**£ 1.38**	**£ 2,081,433**	**1,511,644**

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
Bromley	£ 467,974	£ 464,623	£ 451,709	£ 7,182	£ 129,620	£ 11,610	£ 60,573	£ 5,592	**£ 1,598,882**
Greenwich	£ 558,396	£ 301,136	£ 291,096	£ 2,476	£ 162,272	£ 4,045	£ 31,995	£ 2,939	**£ 1,354,355**
Lewisham	£ 268,707	£ 309,293	£ 564,697	£ 595	£ 70,993	£ 4,597	£ 36,565	£ -	**£ 1,255,448**
Bexley	£ 468,099	£ 193,809	£ 298,236	£ 3,075	£ 92,327	£ 1,002	£ 47,526	£ -	**£ 1,104,074**
Lambeth	£ 430,552	£ 207,039	£ 201,769	£ 2,341	£ 134,475	£ 5,866	£ 47,982	£ -	**£ 1,030,024**
Southwark	£ 333,198	£ 165,543	£ 197,188	£ 871	£ 53,780	£ 2,653	£ 33,001	£ -	**£ 786,234**

What is the data telling us?

There is wide variation across the CCGs in South East London in cost per head of population for admissions related to back and radicular pain.
Bexley CCG has the highest spend per head of population regionally (£7.81) but this is right on the national average. Lambeth CCG has the lowest costs per head for both emergency and elective admissions (£4.34) in the region as well as being the lowest quintile nationally.

The final table shows the total spend for elective admissions for each CCG for 2014/15 (based on national tariff) and includes a breakdown of this spend by procedure type. Surgery generally accounts for the majority of spend, but for several CCGs in South East London more is spent on admissions for injections compared to what is spent on surgery. This is most notable for Bromley CCG and Lewisham CCG.

14. Back & Radicular Pain Admissions Breakdown for the South East London 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**
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	173	1,182	246	612	34	**2,247**
RJ2	LEWISHAM AND GREENWICH NHS TRUST	-	1,547	170	388	<6	**2,109**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	139	1,256	305	258	<6	**1,959**
RN7	DARTFORD AND GRAVESHAM NHS TRUST	-	334	77	93	<6	**506**
NT406	BMI - THE BLACKHEATH HOSPITAL	52	125	18	-	-	**195**
RJ6	CROYDON HEALTH SERVICES NHS TRUST	10	83	<6	44	<6	**143**
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	9	36	22	64	-	**131**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	25	39	38	8	-	**110**
R1H	BARTS HEALTH NHS TRUST	10	36	13	15	-	**74**
NT436	BMI - SHIRLEY OAKS HOSPITAL	14	26	12	-	-	**52**
NT409	BMI - CHELSFIELD PARK HOSPITAL	<6	22	14	-	-	**41**
NT437	BMI - THE SLOANE HOSPITAL	<6	29	7	-	-	**41**
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	<6	21	10	-	-	**33**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	<6	9	6	9	-	**29**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	10	<6	7	-	**22**
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	-	16	<6	-	-	**20**
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	<6	9	<6	<6	-	**16**
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	9	-	**12**
NWF01	BENENDEN HOSPITAL	-	6	<6	-	-	**7**
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	-	<6	<6	<6	-	**<6**
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	-	<6	-	-	-	**<6**
RPA	MEDWAY NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	-	<6	-	<6	-	**<6**
NVC11	NORTH DOWNS HOSPITAL	-	<6	-	-	-	**<6**
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST				<6	-	**<6**
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	<6	-	**<6**
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	<6	<6	-	-	-	**<6**
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	-	<6	-	<6	-	**<6**
NT431	BMI - THE RUNNYMEDE HOSPITAL	-	-	<6	-	-	**<6**
NVC01	ASHTEAD HOSPITAL	<6	<6	-	-	-	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST				<6	-	**<6**
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST				<6	-	**<6**
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST				<6	-	**<6**
RM3	SALFORD ROYAL NHS FOUNDATION TRUST				<6	-	**<6**
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RQ6	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST				<6	-	**<6**
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST				-	<6	**<6**
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RXC	EAST SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	<6	-	-	-	-	**<6**
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST				<6	-	**<6**
RYR	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
NT438	BMI - THE SOMERFIELD HOSPITAL	-	<6	-	-	-	**<6**
NXM01	THE HORDER CENTRE - ST JOHNS ROAD	-	<6	-	-	-	**<6**
NYW04	ASPEN - CLAREMONT HOSPITAL	-	<6	-	-	-	**<6**
Total		**455**	**4,817**	**958**	**1,544**	**44**	**7,818**

DOCUMENT GOVERNANCE	
Document name	Back Pain Report
Document type	Final
Version	0.6
Date	17/06/2016
Document Classification	Confidential
Prepared on behalf of	GIRFT
Created by	Adam Fearing, Andrea Brown & Liz Lingard
Approved by Epidemiologist	Liz Lingard
Approved by Project Director	Helen Ridley
Peer Reviewed by (if appropriate)	
Originating organisation	NEQOS
Website of originating organisation	www.neqos.nhs.uk - Please contact the NEQOS advisory service through this web link for further information or to enquire about NEQOS undertaking similar work.
Contact email address	neqos@nhs.net
Public file location	N/A
Internal file location	G:\Project Management\Project Mgt 15-16\Back Pain

VERSION CONTROL				
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	17/06/2016	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?	