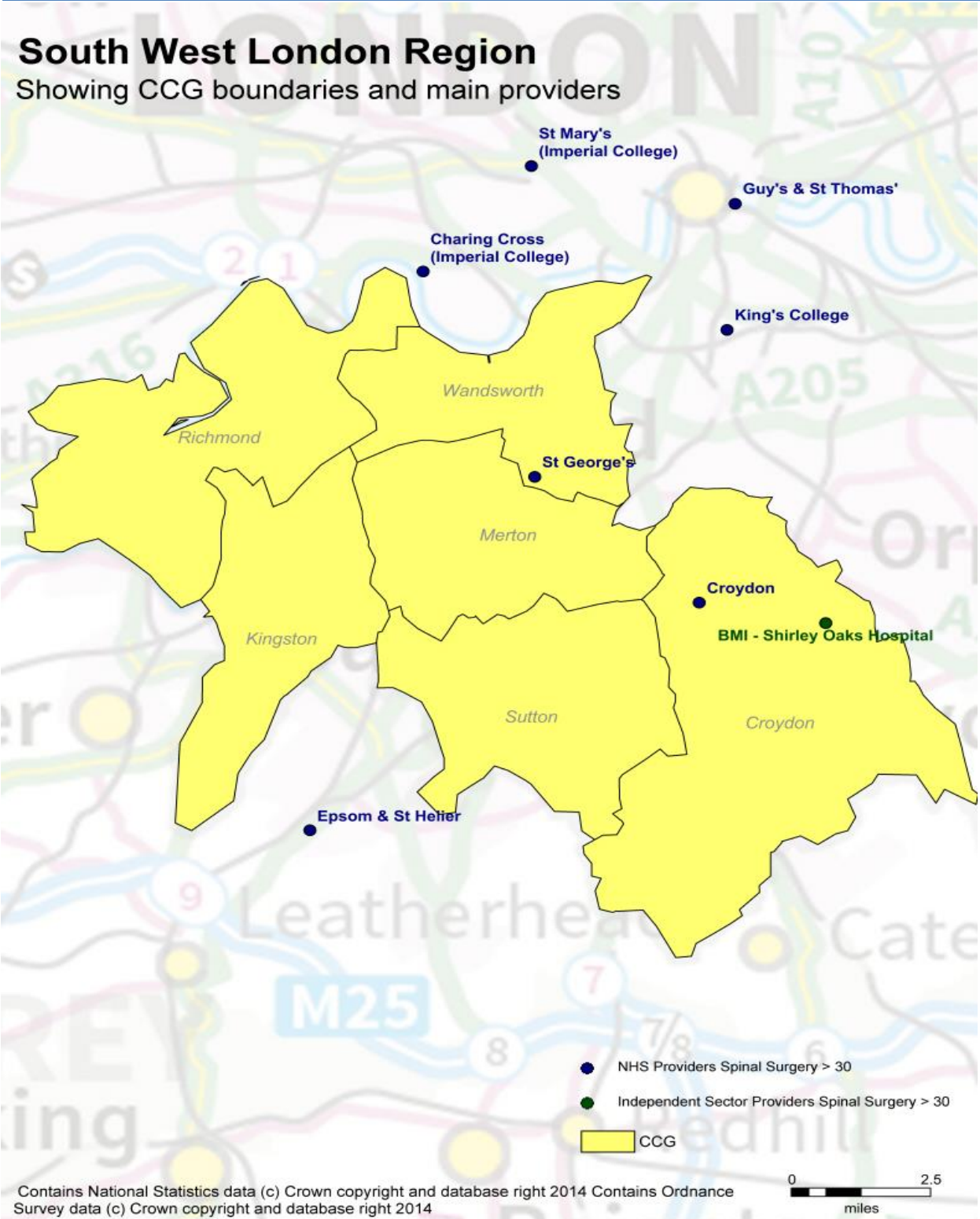


Back Pain Report

Merton
June 2016



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BetterKnowledge**Better**Care**Better**Outcomes

NEQOS Back Pain Report

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

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

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

- Imperial College Healthcare NHS Trust
- Guy's & St Thomas' NHS Foundation Trust
- Chelsea & Westminster Hospital NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust
- Kingston Hospital NHS Foundation Trust
- Croydon Health Services NHS Trust
- Epsom & St Helier University Hospitals NHS Trust

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

- BMI - Shirley Oaks Hospital

Clinical Commissioning Group (CCG) activity summary

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

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

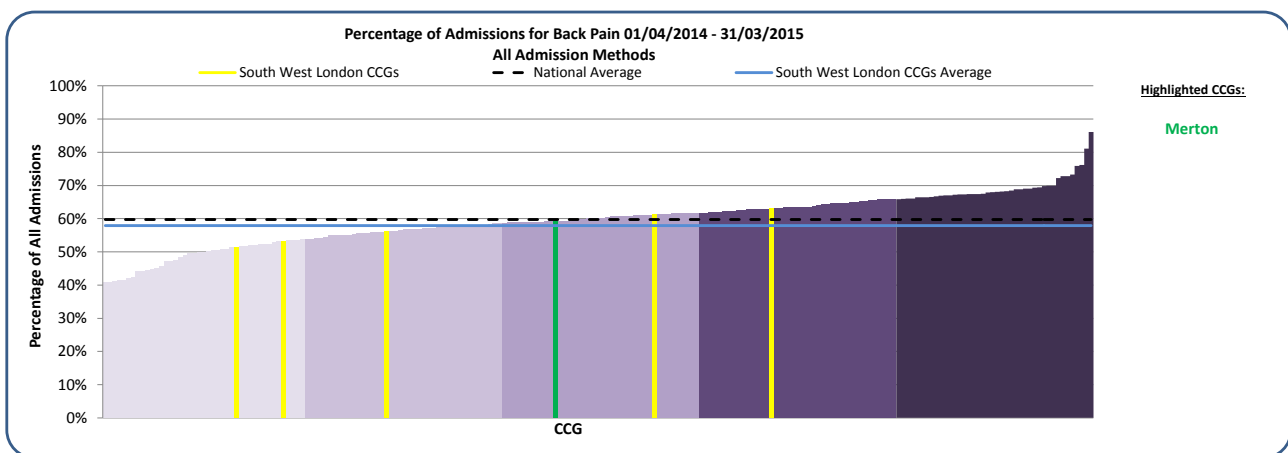
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	237,256	56.7%	43.3%
Emergency	39,331	14,309	53,640	73.3%	26.7%
Other	771	951	1,722	44.8%	55.2%
Total	174,550	118,068	292,618	59.7%	40.3%

South West London CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	2,823	2,441	5,264	53.6%	46.4%
Emergency	1,033	346	1,379	74.9%	25.1%
Other	4	20	24	16.7%	83.3%
Total	3,860	2,807	6,667	57.9%	42.1%

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)

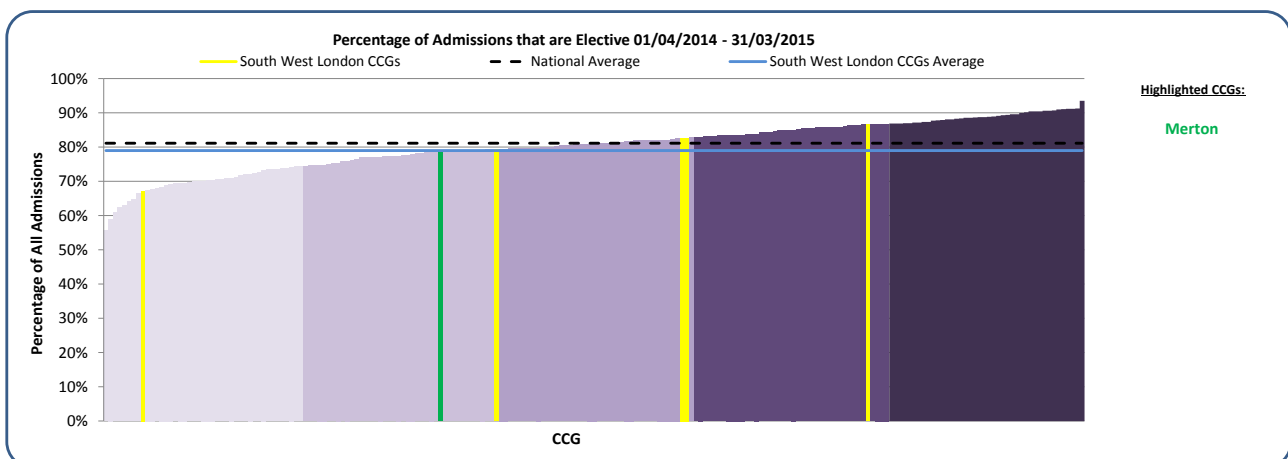
Kingston	51.3%	Merton	59.2%
Croydon	53.3%	Wandsworth	61.4%
Richmond	56.3%	Sutton	63.1%
South West London CCGs	57.9%	England	59.8%



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

Croydon	67.2%	Richmond	82.7%
Merton	78.7%	Sutton	82.7%
Wandsworth	79.3%	Kingston	86.6%
South West London CCGs	79.0%	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 6,667 (2.3%) of these for patients registered within South West 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 West London CCGs the proportion of admissions for back pain ranges from 51% to 63%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the South West London CCGs having a slightly lower proportion (79%). At a CCG level in South West London, the proportion of elective admissions for these populations ranges from 67% in Croydon to 87% in Kingston.

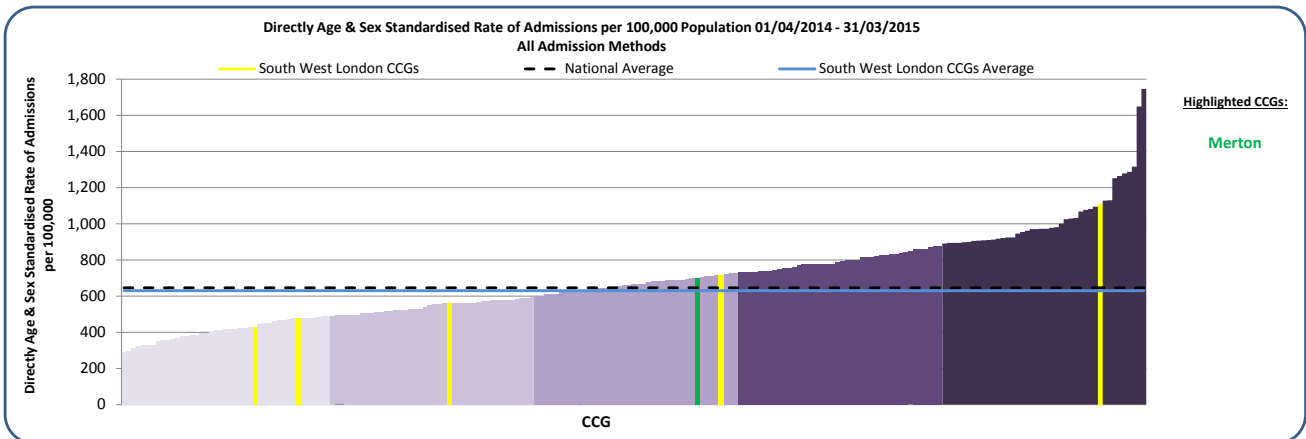
Clinical Commissioning Group (CCG) activity

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

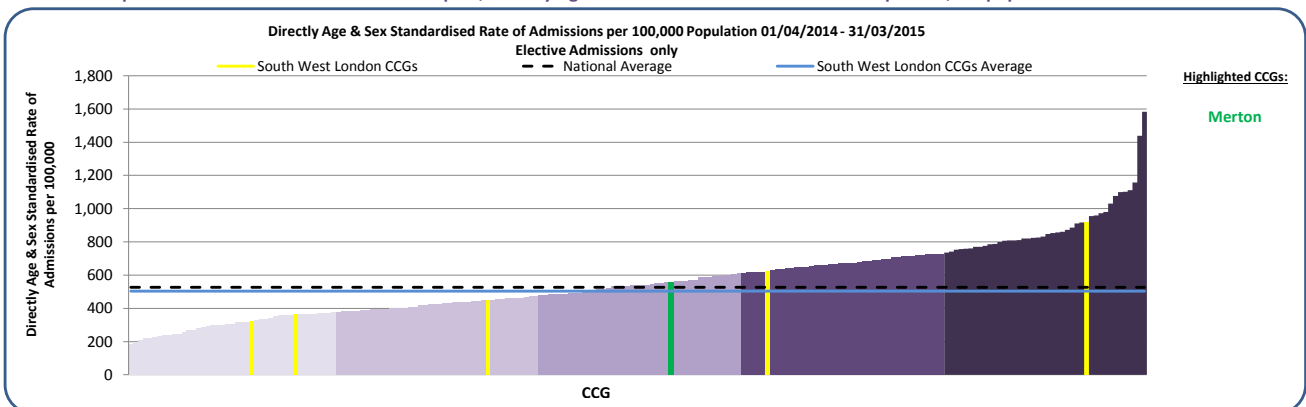
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Sutton	1107.5	919.9	186.2	Wandsworth	560.8	448.9	111.8
Kingston	719.3	624.7	88.9	Croydon	478.3	323.0	152.2
Merton	699.3	557.9	138.5	Richmond	429.6	362.5	65.3
South West London CCGs	630.0	502.8	124.7	England	645.6	526.5	115.4

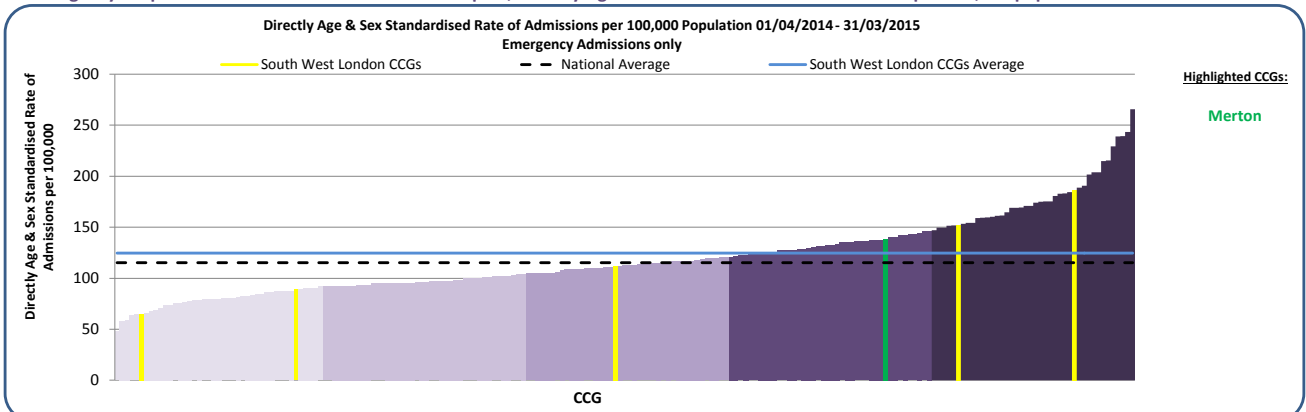
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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 South West London with almost a 3-fold difference between the regional lowest (Croydon CCG) and the highest CCG for the region (Sutton CCG).

Similarly, for emergency admissions there is wide variation across the CCGs in the region, ranging from the regional lowest (Richmond CCG) to the highest in the region (Sutton CCG).

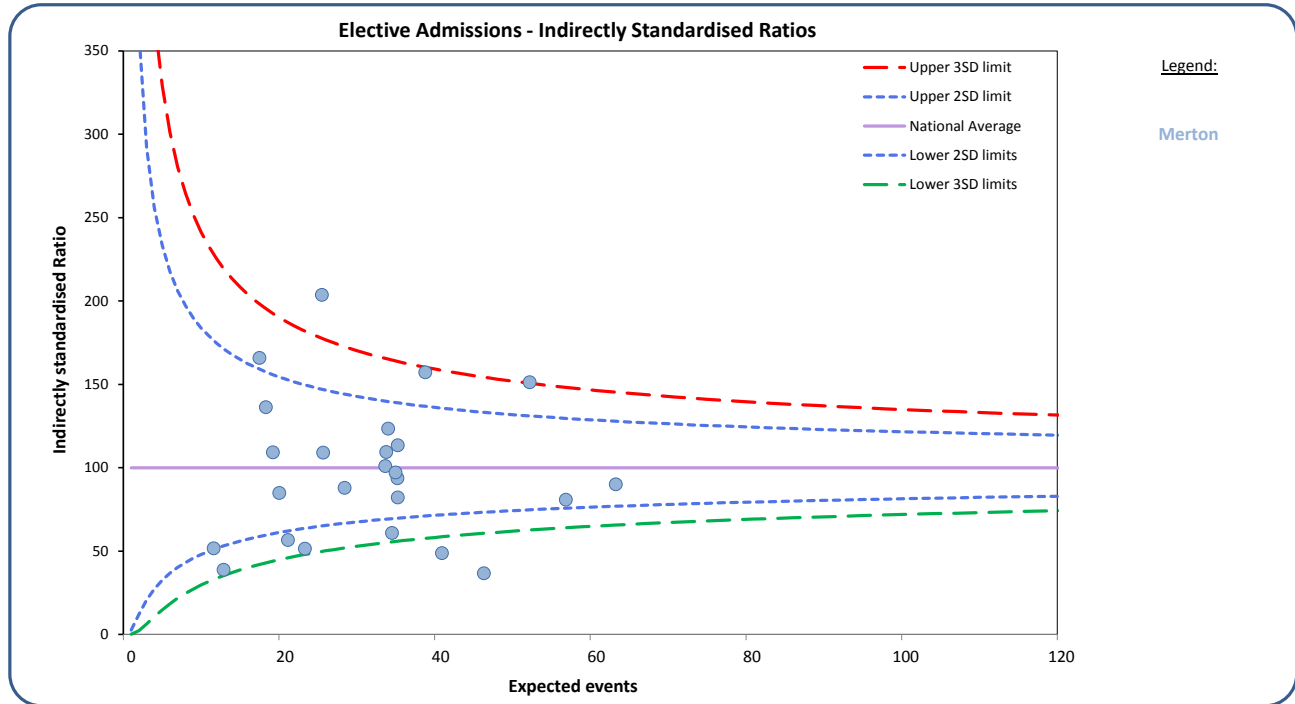
Clinical Commissioning Group (CCG) activity - GP practice level

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

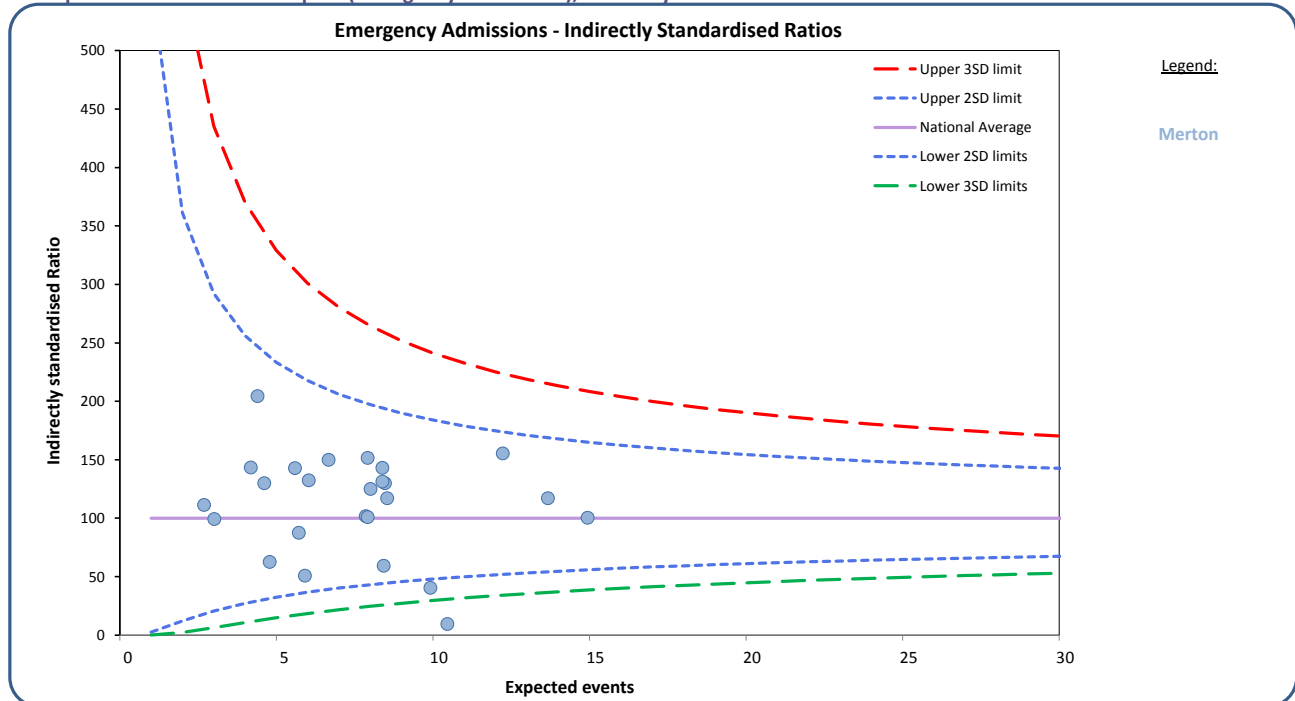
Each symbol represents one GP practice

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

Merton



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

Merton

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

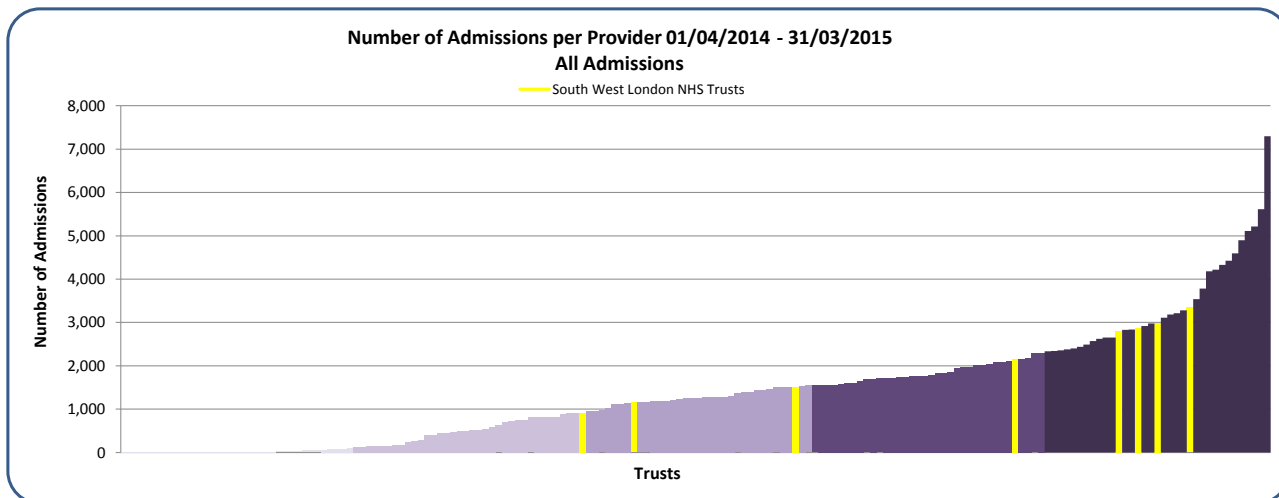
Practice Code	Practice Name	CCG	Population 15+	Elective			Emergency		
				Observed	Expected	Ratio	Observed	Expected	Ratio
H85016	Cannon Hill Lane Medical Practice	08R	6,853	34	33.65	101.03	8	7.85	101.90
H85020	The Nelson Medical Practice	08R	13,959	57	63.25	90.11	15	14.95	100.36
H85024	The Mitcham Medical Centre.	08R	8,361	33	35.20	93.74	11	8.47	129.85
H85026	Francis Grove Surgery	08R	9,283	20	40.94	48.86	<6	9.92	40.33
H85027	Wimbledon Village Practice	08R	8,811	17	46.34	36.69	<6	10.46	9.56
H85028	Princes Road Surgery	08R	7,784	21	34.54	60.80	<6	8.43	59.35
H85029	Wide Way Medical Centre	08R	5,837	28	25.67	109.06	8	6.04	132.48
H85033	Tamworth House Medical Centre.	08R	7,785	40	35.27	113.41	10	8.01	124.91
H85035	Rowans Surgery	08R	7,431	37	33.78	109.53	8	7.92	101.00
H85037	Morden Hall Medical Centre	08R	11,357	79	52.22	151.28	19	12.23	155.30
H85038	Cricket Green Medical Practice	08R	7,852	29	35.25	82.27	12	8.39	143.07
H85051	Lambton Road Medical Practice	08R	12,762	46	56.88	80.88	16	13.68	117.00
H85070	Central Medical Centre	08R	6,489	25	28.44	87.91	10	6.67	149.98
H85072	James O'Riordan Medical Centre	08R	5,076	52	25.53	203.70	8	5.60	142.87
H85076	Stoncot Surgery	08R	7,608	61	38.78	157.28	10	8.54	117.16
H85078	Mitcham Family Practice	08R	2,519	6	11.63	51.61	<6	2.69	111.43
H85090	Figges Marsh Surgery	08R	5,638	12	23.35	51.39	<6	5.72	87.43
H85092	Riverhouse Medical Practice	08R	4,593	21	19.24	109.17	6	4.61	130.02
H85101	Grand Drive Surgery	08R	7,298	42	34.03	123.43	12	7.91	151.61
H85110	Ravensbury Park Medical Centre	08R	3,933	25	18.33	136.38	6	4.18	143.45
H85112	The Vineyard Hill Road Surgery	08R	2,994	<6	12.88	38.81	<6	3.02	99.29
H85634	The Merton Medical Practice	08R	6,011	12	21.17	56.69	<6	5.91	50.74
H85649	Colliers Wood Surgery	08R	8,325	34	34.97	97.23	11	8.38	131.23
H85656	Alexandra Surgery	08R	4,695	17	20.05	84.78	<6	4.78	62.71
Y02968	Gp Led Health Centre	08R	4,550	29	17.48	165.94	9	4.40	204.56

Hospital Trust activity

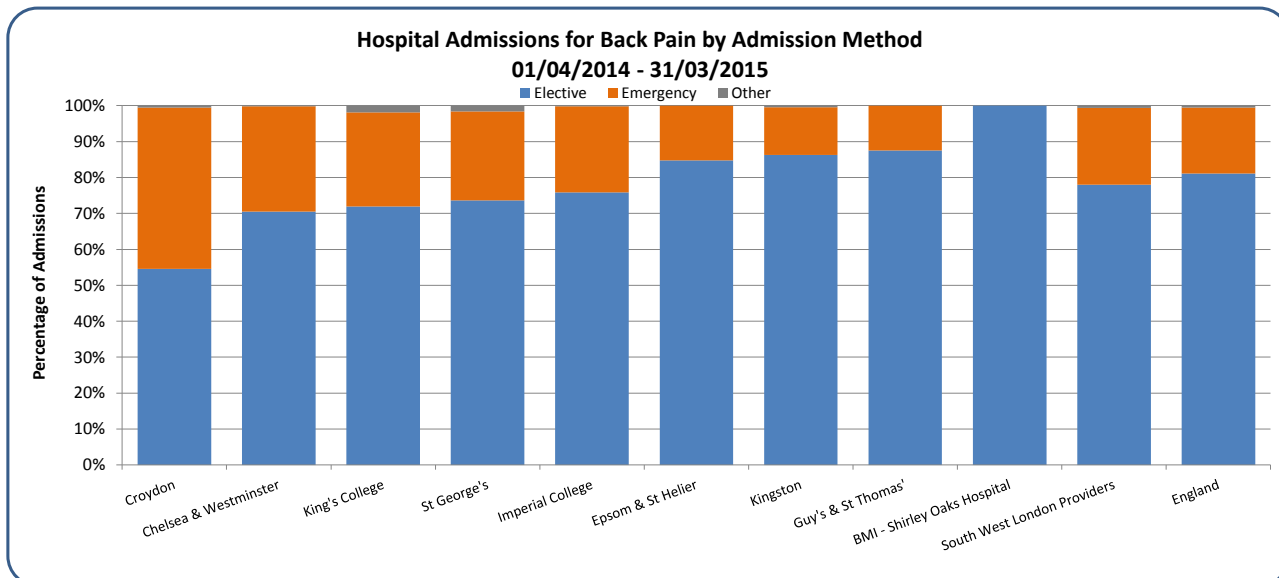
5. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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

Epsom & St Helier	3,345	St George's	2,164
Guy's & St Thomas'	2,986	Chelsea & Westminster	1,518
King's College	2,883	Kingston	1,152
Imperial College	2,811	Croydon	915
South West London NHS Trusts	17,774	England	251,444



b. Number of admissions per hospital Trust, by admission method (South West 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. Four of the eight NHS Trusts who admit patients from the South West London CCGs are in the highest quintile nationally and all of these Trusts are located outside of these CCGs.

The proportion of hospital activity for back pain which is classed as elective care for the South West London CCGs is slightly lower than the England proportion. However at NHS Trust level the proportion varies between 55% at Croydon Trust to 88% at Guy's & St Thomas' Trust. All NHS activity at the Independent Sector Provider 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 speciality (South West London Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Imperial College	719	805	-	-	574	33	2,131
Guy's & St Thomas'	1,316	1,280	-	-	-	17	2,613
Chelsea & Westminster	908	144	-	-	-	18	1,070
King's College	1,492	<6	-	-	545	34	2,071
St George's	789	108	-	-	603	94	1,594
Kingston	990	-	-	-	-	<6	990
Croydon	<6	488	-	-	-	10	498
Epsom & St Helier	1,944	881	-	<6	-	8	2,833
BMI - Shirley Oaks Hospital	104	73	-	-	35	<6	212
Total	8,262	3,779	-	-	1,757	214	14,012

d. Elective admissions for injections for back and radicular pain, by injection type and treatment speciality (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 speciality code indicated within the hospital data varies by hospital trust. Overall the most common specialties are Trauma and Orthopaedics and Pain Management/Anaesthetics. However Imperial College, King's College and St George's Trusts each have over 500 admissions for Neurosurgery.

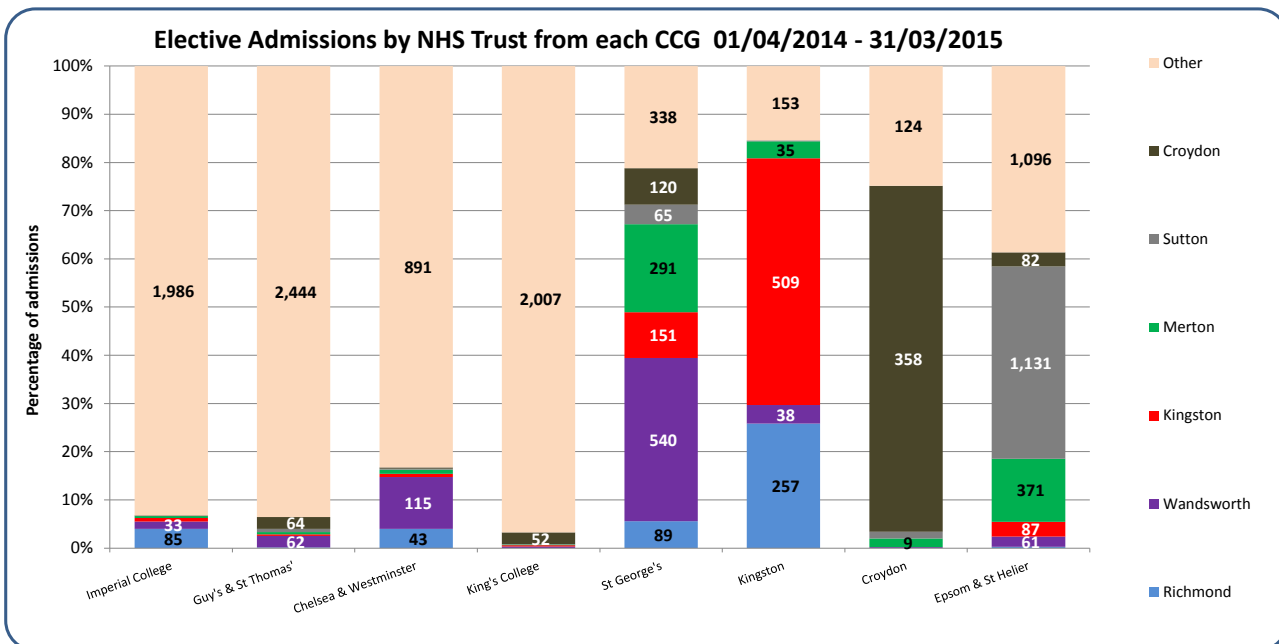
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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.

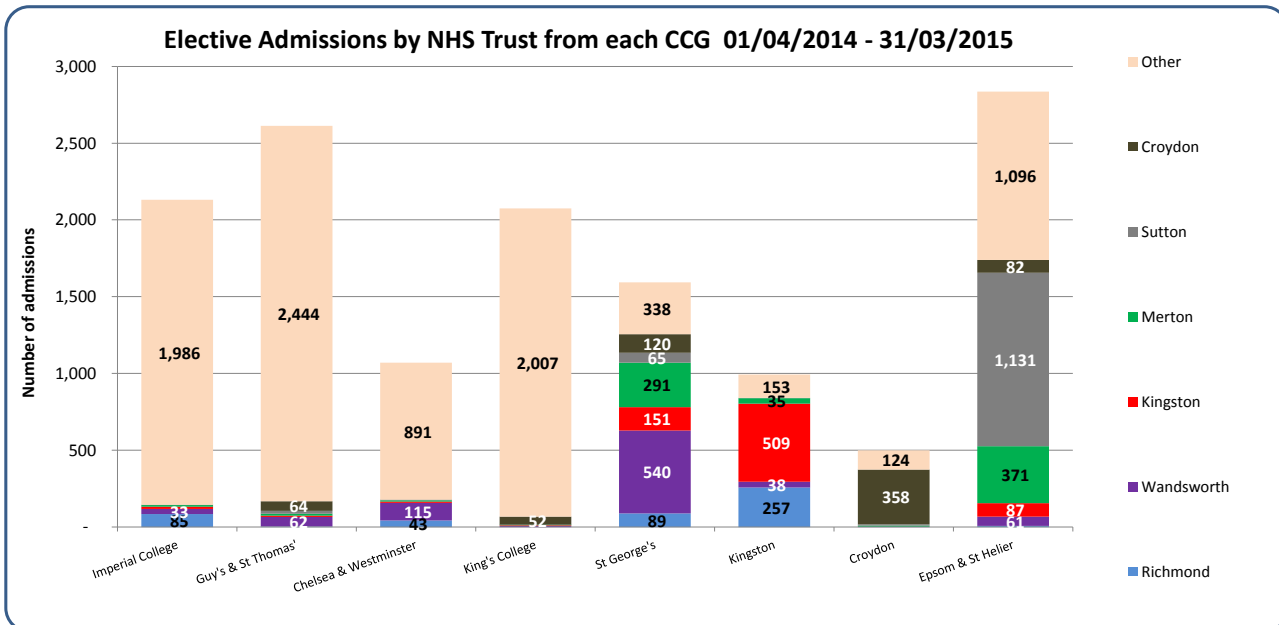
Hospital Trust activity from CCGs

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.

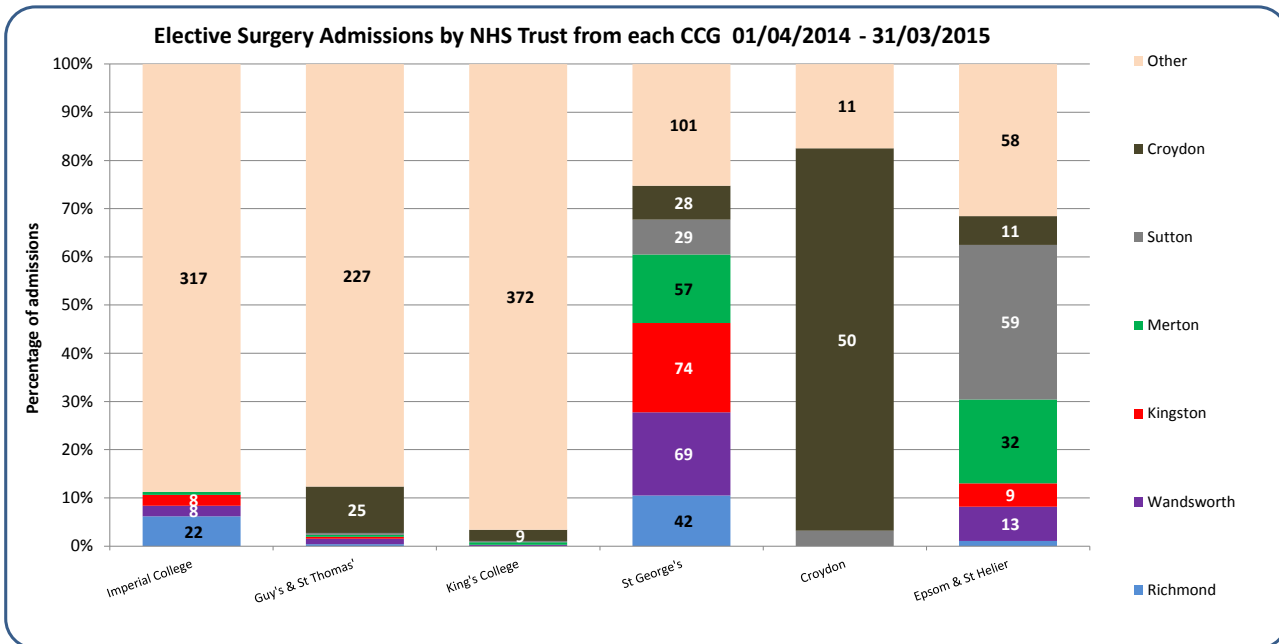
As most of the large volume providers are located outside of the South West London CCGs they admit patients from several different CCGs across the region and have high levels of activity coming from outside of the region. Epsom and St Helier Trust is the highest volume provider and admits patients from several of the South West London CCGs (mainly Sutton) as well as 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.

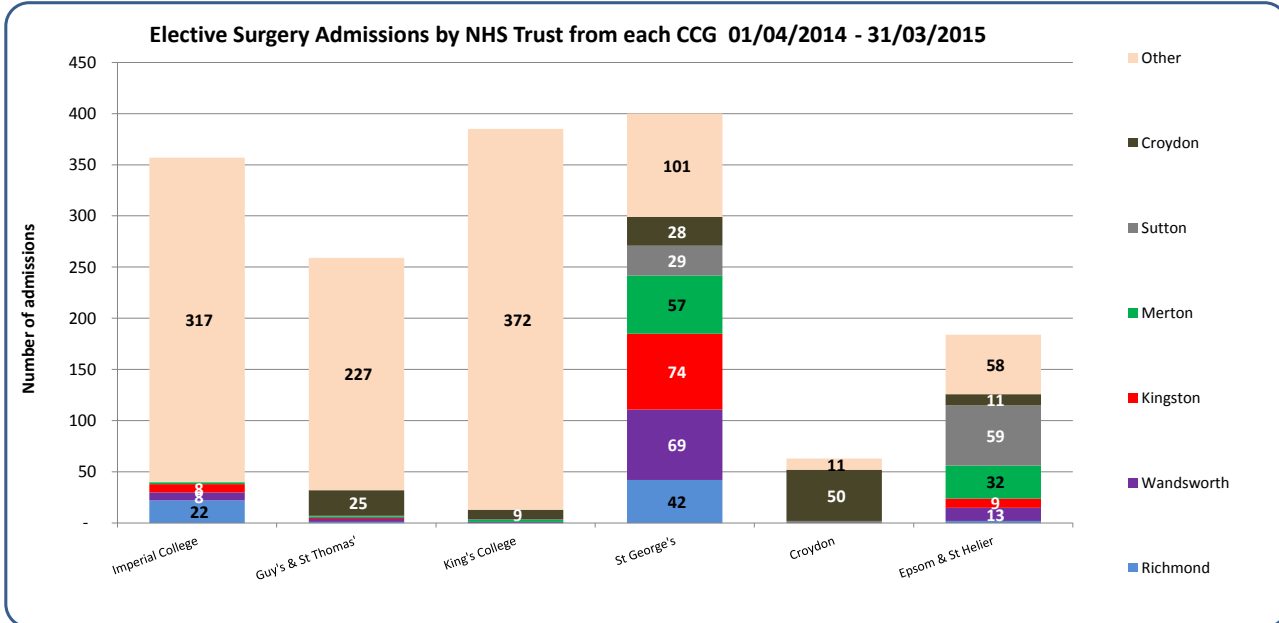
Hospital Trust activity from CCGs

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 for back and radicular pain.

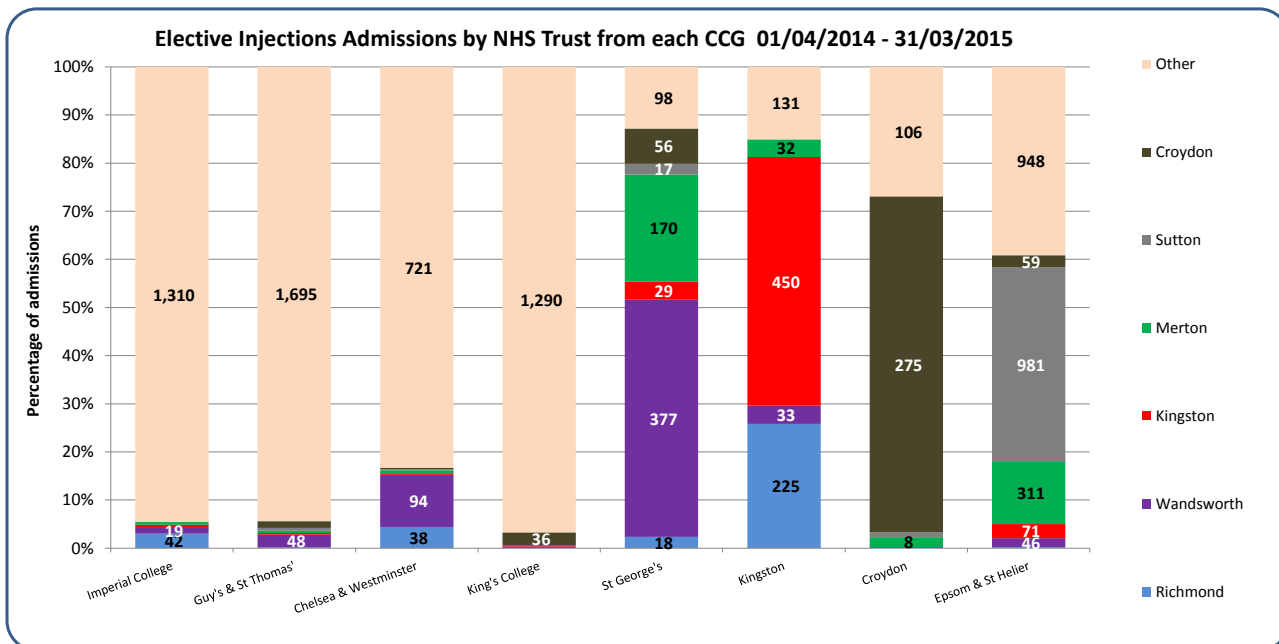
As most of the large volume providers are located outside of the South West London CCGs they admit patients from several different CCGs across the region and have high levels of activity coming from outside of the region. St George's Trust have the highest volume providers of spinal surgery and admit patients from all of the South West London CCGs as well as CCGs outside of this region.

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

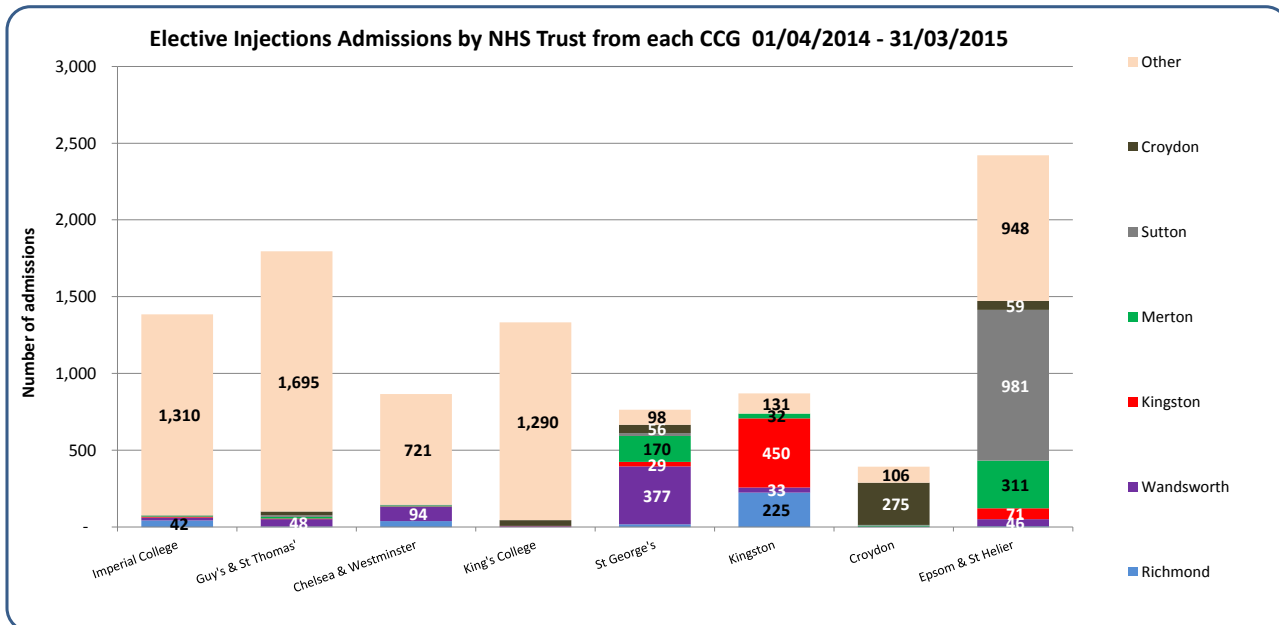
Hospital Trust activity from CCGs

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 back and radicular pain.

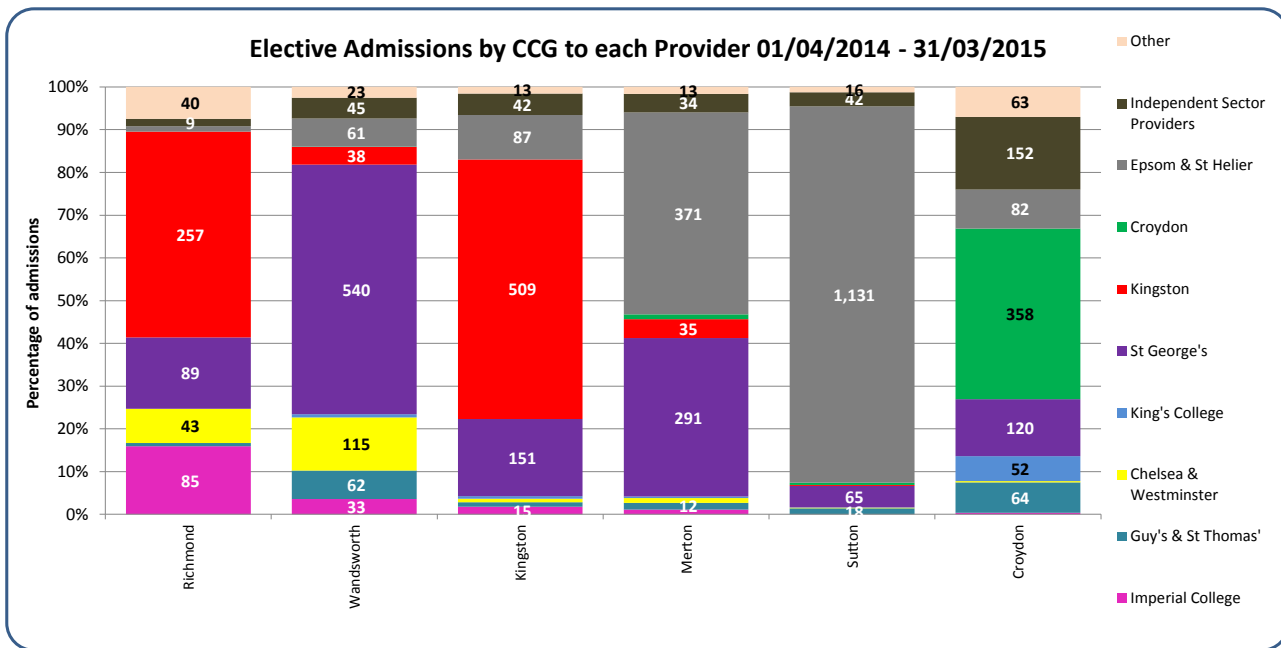
As most of the large volume providers are located outside of the South West London CCGs they admit patients from several different CCGs across the region and also have high levels of activity coming from outside of the region. Epsom and St Helier Trust are the highest volume provider and admit patients from several of the South West London CCGs (mainly Sutton) as well as 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.

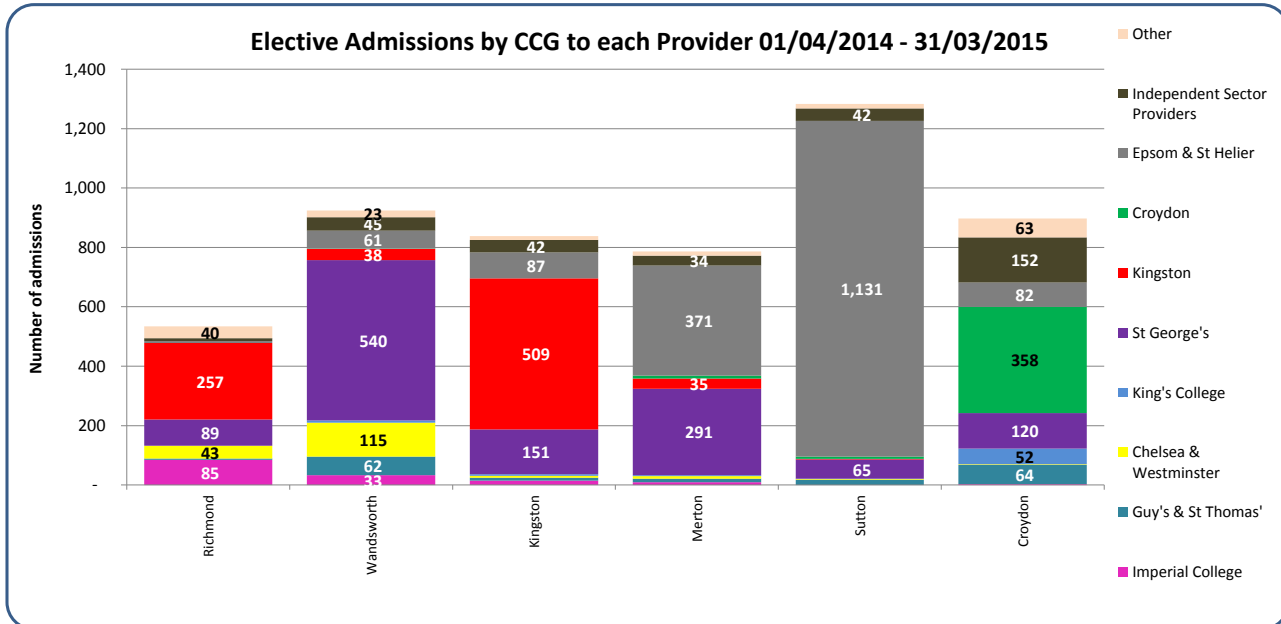
CCG activity to Hospital Trust

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 Sutton CCG and patients from this CCG were admitted mainly to the Epsom & St Helier Trust and they also used St George's Trust and Independent Sector Providers.

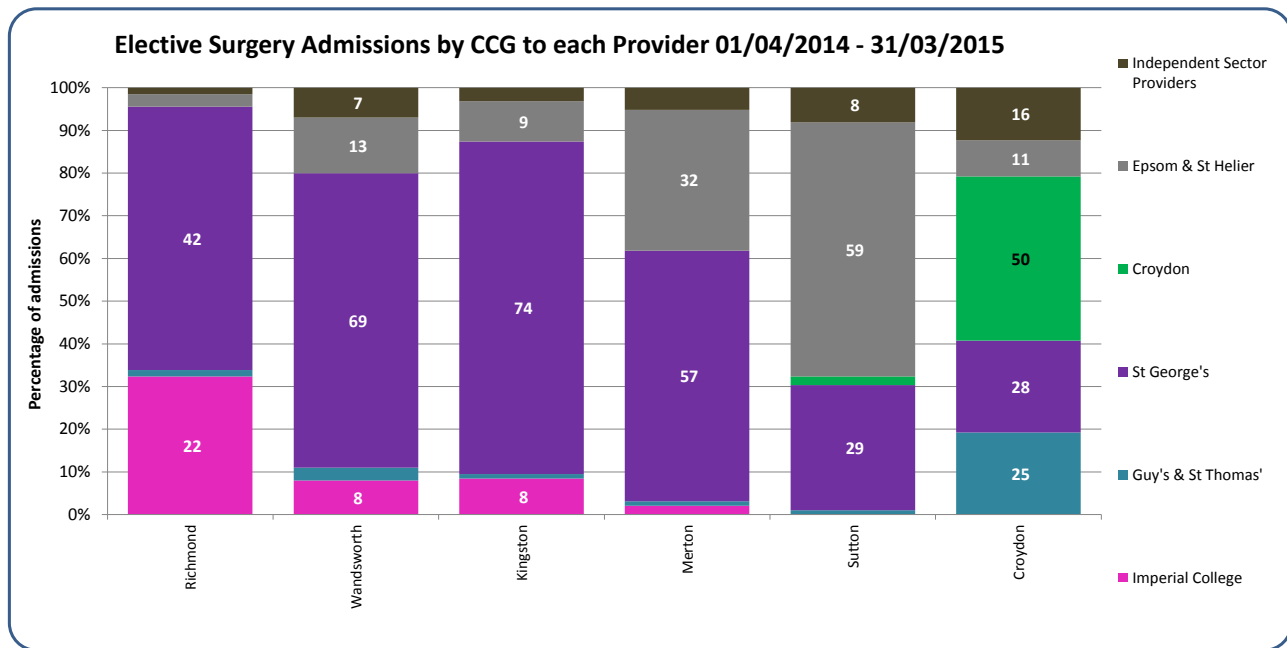
Croydon CCG had the highest proportion of admissions to Independent Sector Providers in South West London.

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

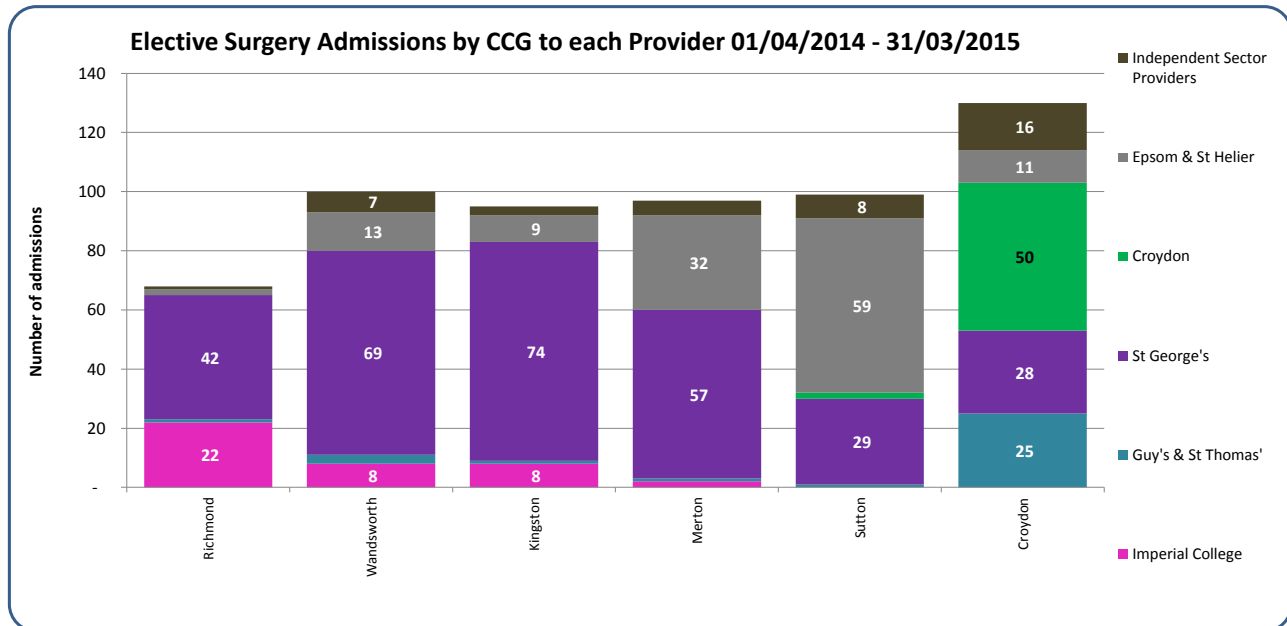
CCG activity to Hospital Trust

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)



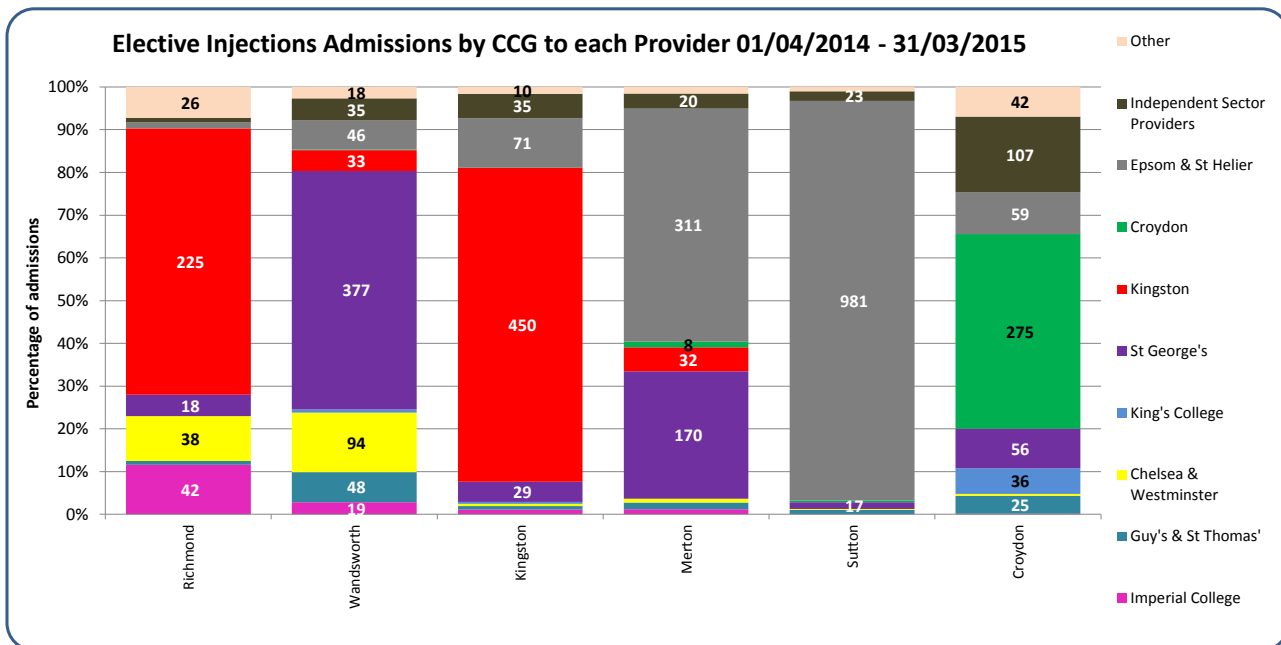
What is the data telling us?

There is variation between CCGs in terms of the number of hospital trusts to which their patients are admitted for spinal surgery. Activity is highest for Croydon CCG and patients from this CCG were admitted mainly to the Epsom & St Helier Trust and they also used St George's Trust, Guy's & St Thomas' Trust and Independent Sector Providers. Sutton CCG had the highest proportion of admissions to Independent Sector Providers in South West London. The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

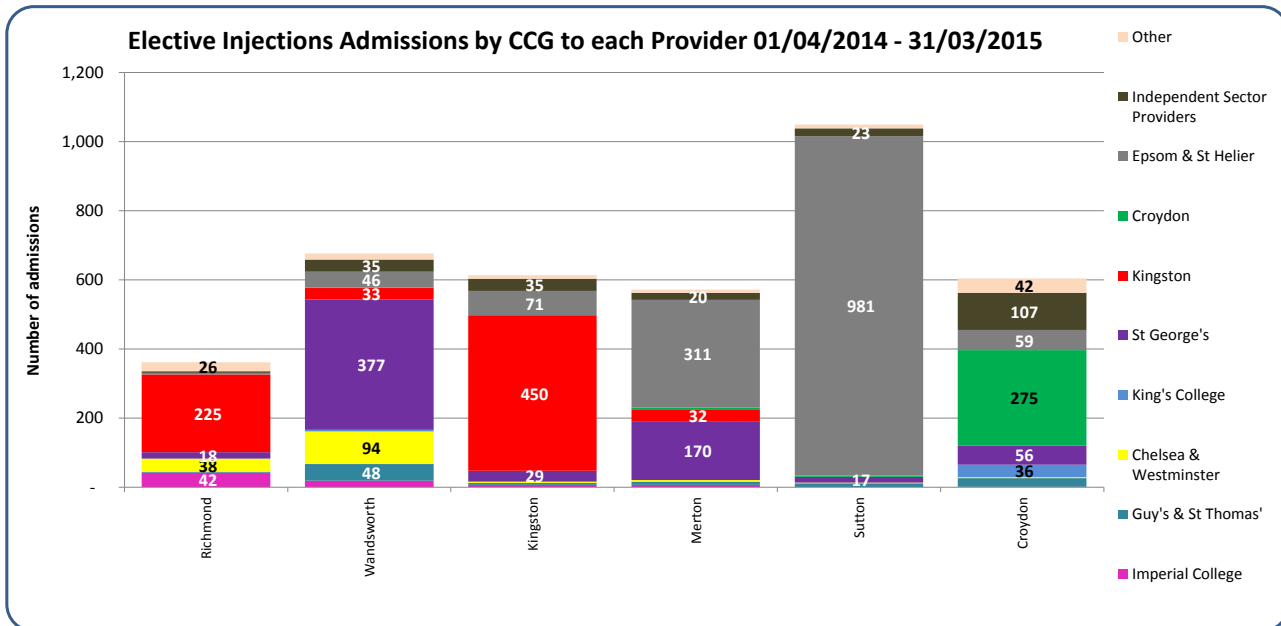
CCG activity to Hospital Trust

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)



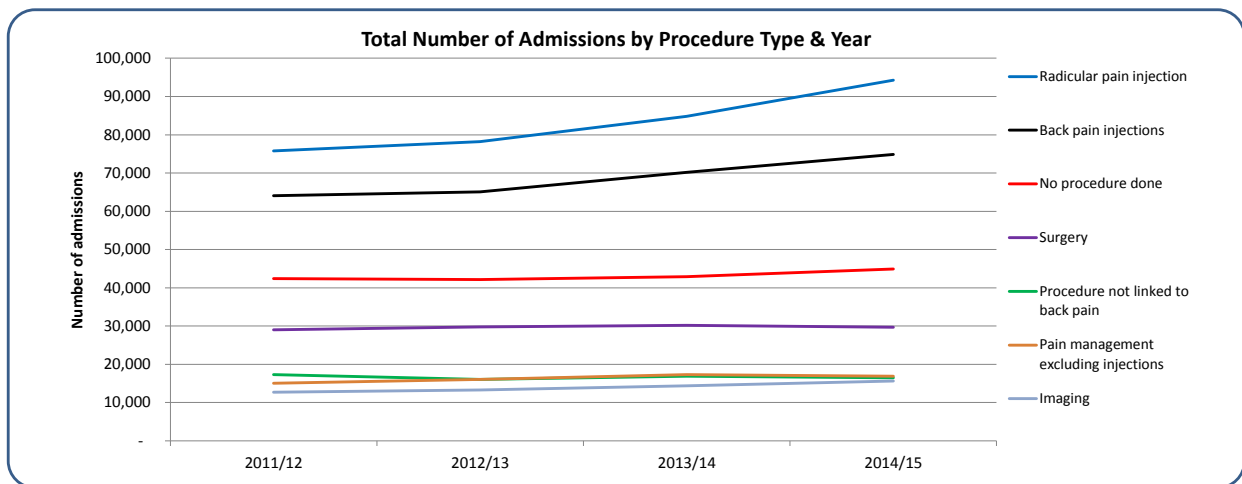
What is the data telling us?

There is variation between CCGs in terms of the number of hospital trusts to which their patients are admitted for injections. Activity is highest for Sutton CCG and patients from this CCG were admitted mainly to the Epsom & St Helier Trust . Croydon CCG had the highest proportion of admissions to Independent Sector Providers in South West London. The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

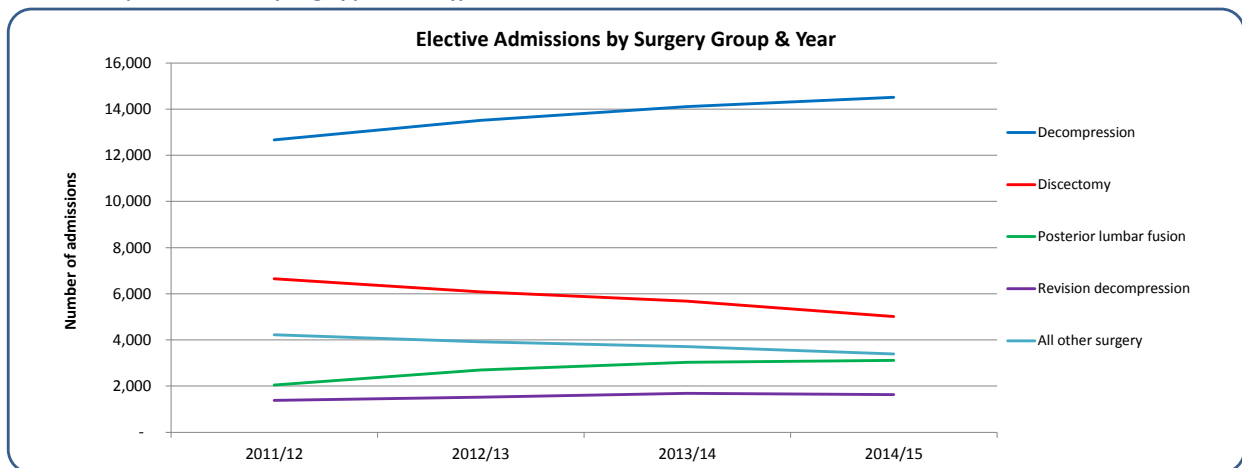
Hospital Trust activity (national level)

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

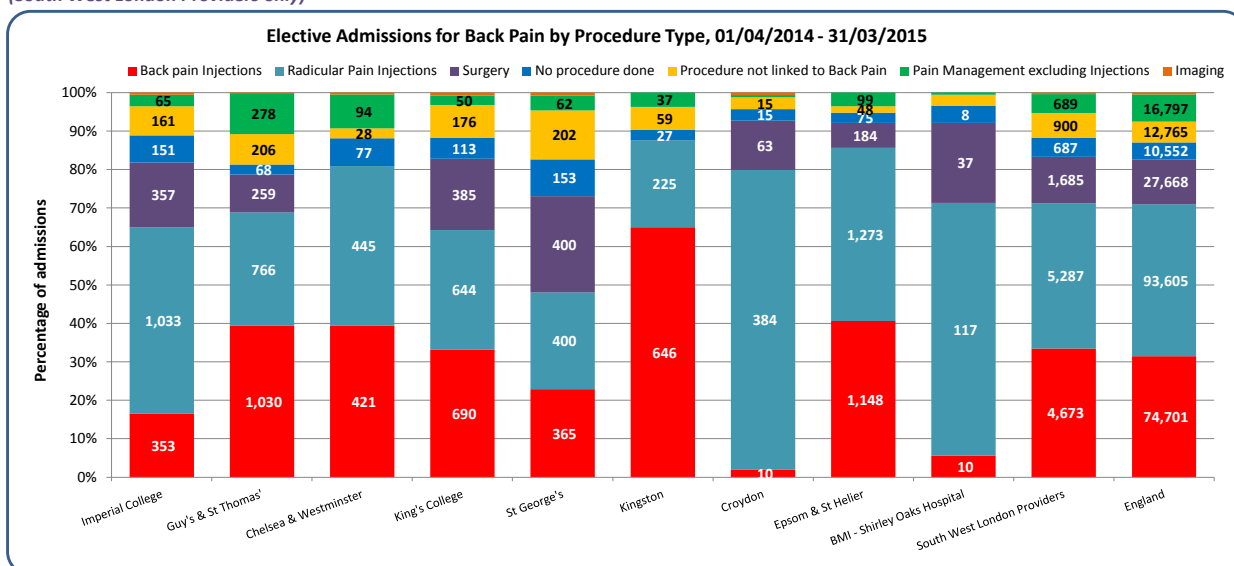
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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%

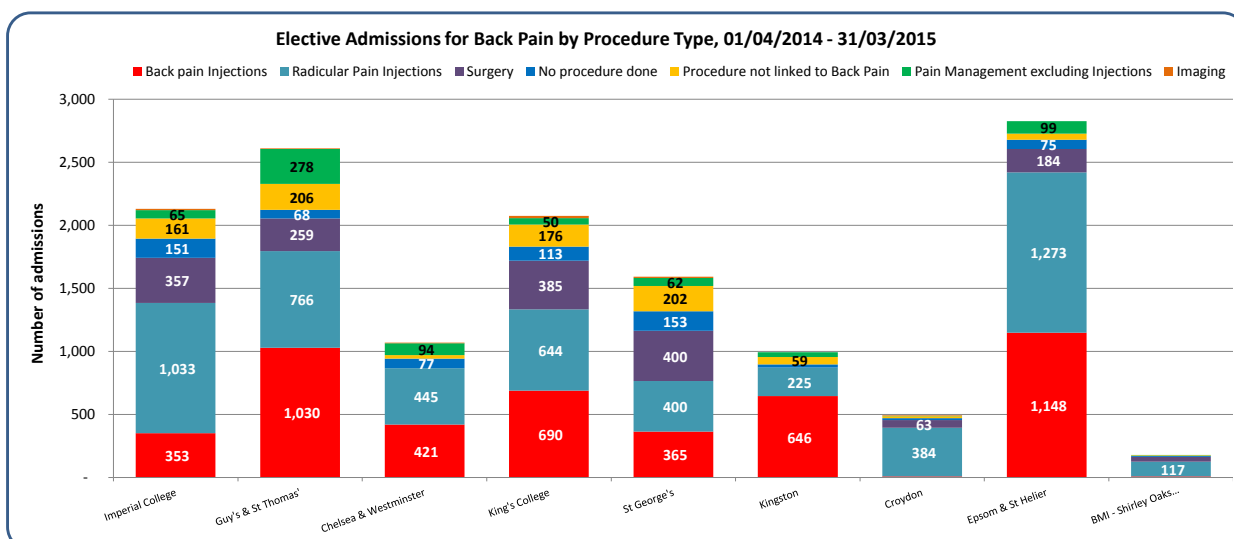
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(South West London Providers only)



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

(South West 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.

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

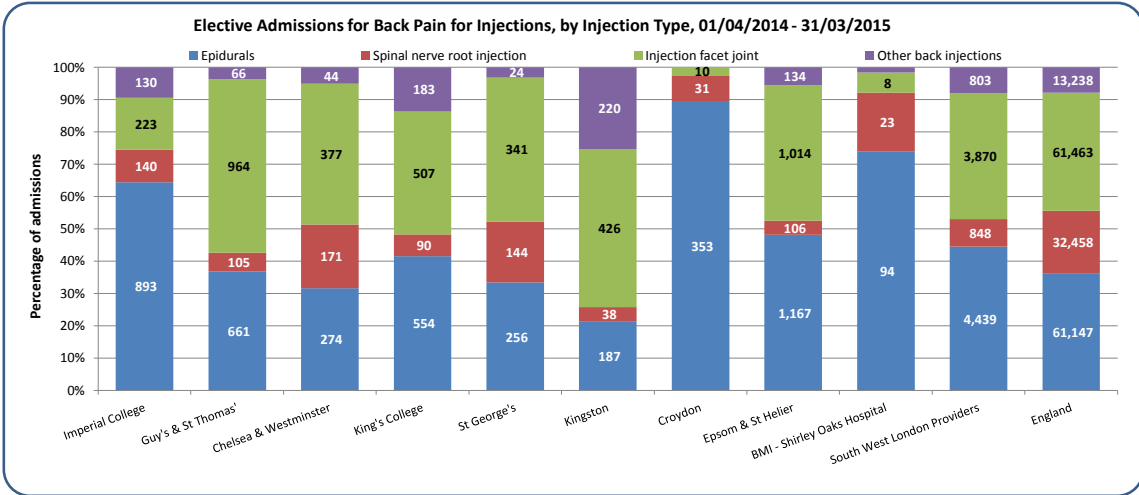
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

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

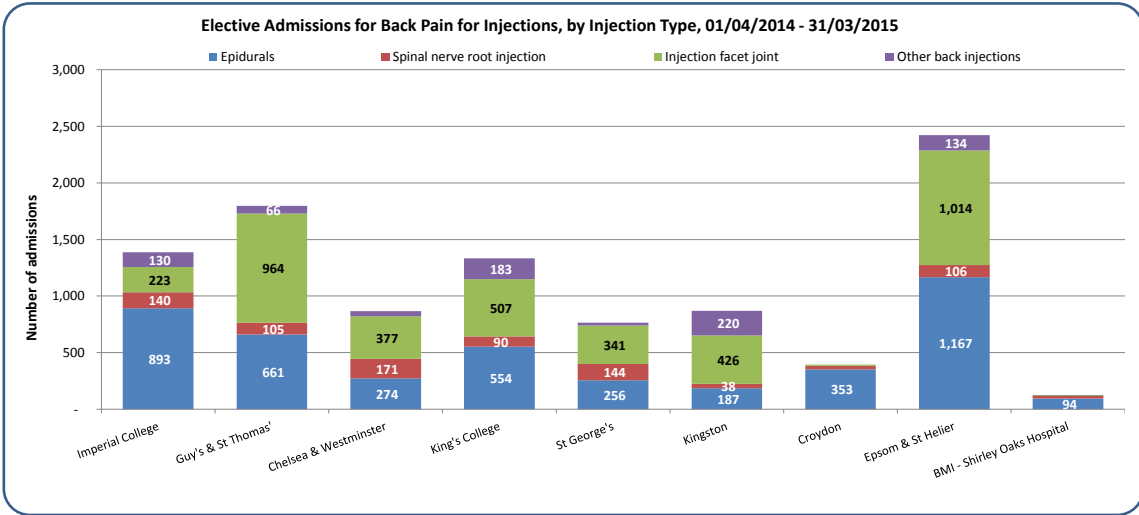
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(South West London Providers only)

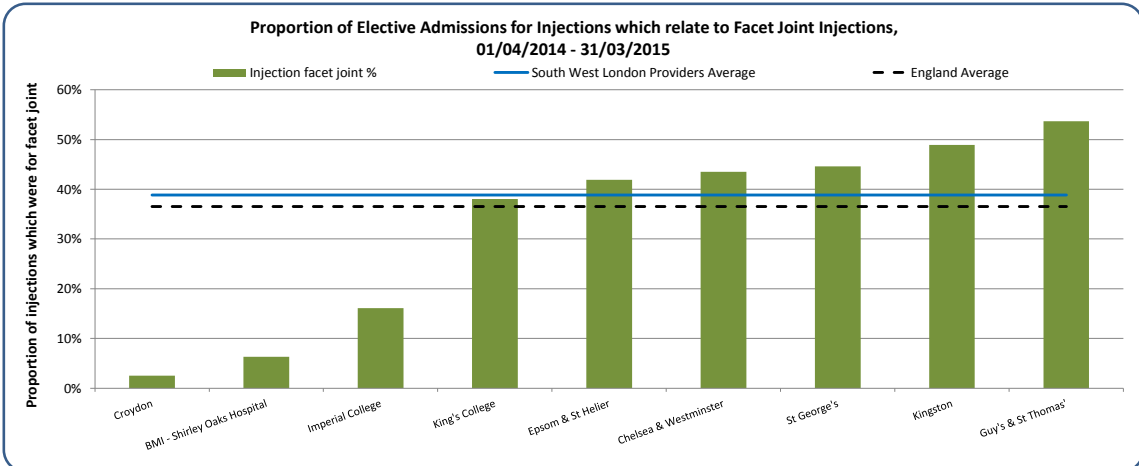


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(South West London 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 South West London CCGs, constituting almost 45% of injection activity which is higher than the England proportion (36%). These providers overall do half the proportion of spinal nerve injections and slightly higher proportions of lumbar facet joint injections. The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

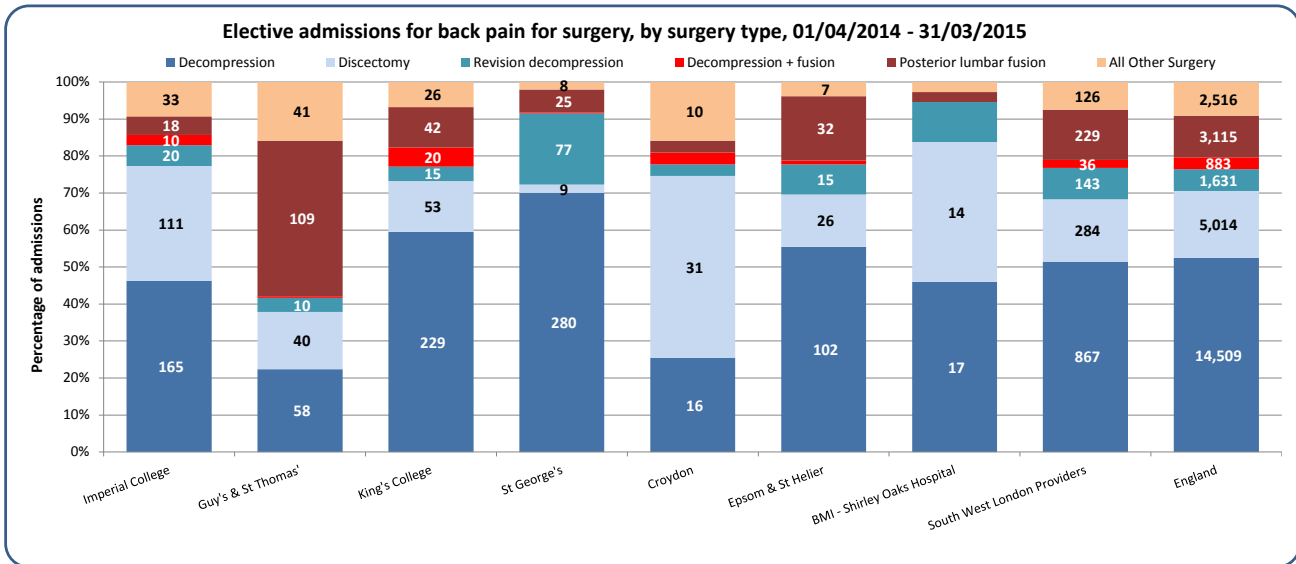
The proportion of facet joint injections done at Trust level ranges from 3% (Croydon Trust) to 54% (Guy's and St Thomas') compared to the England figure of 37%.

Hospital Trust activity

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

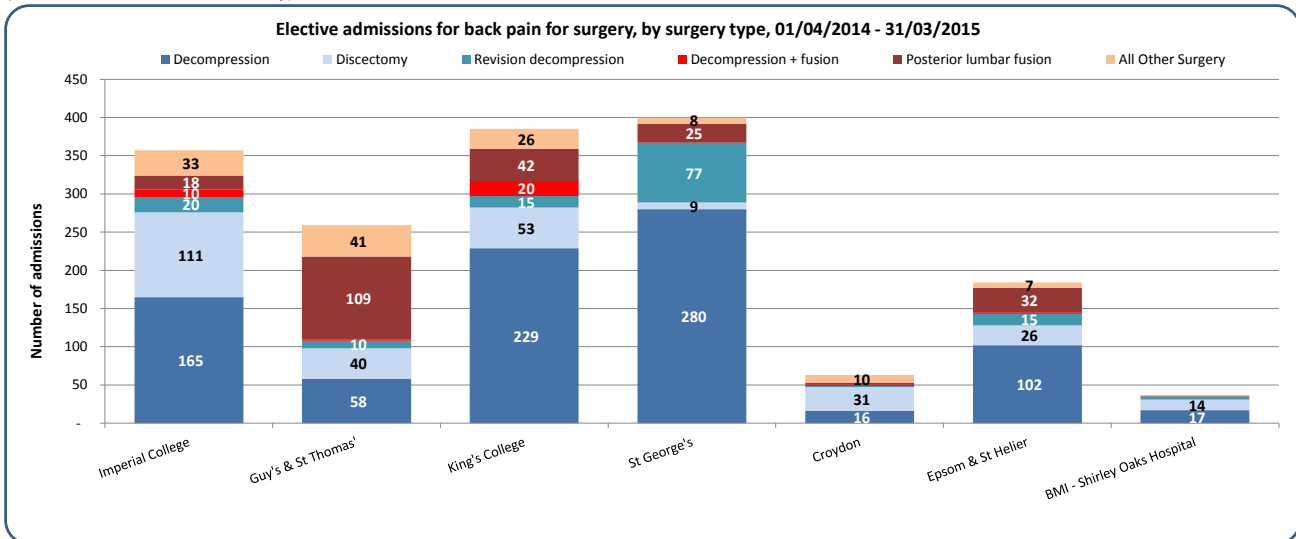
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South West London Providers only)



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

(South West London Providers only)



What is the data telling us?

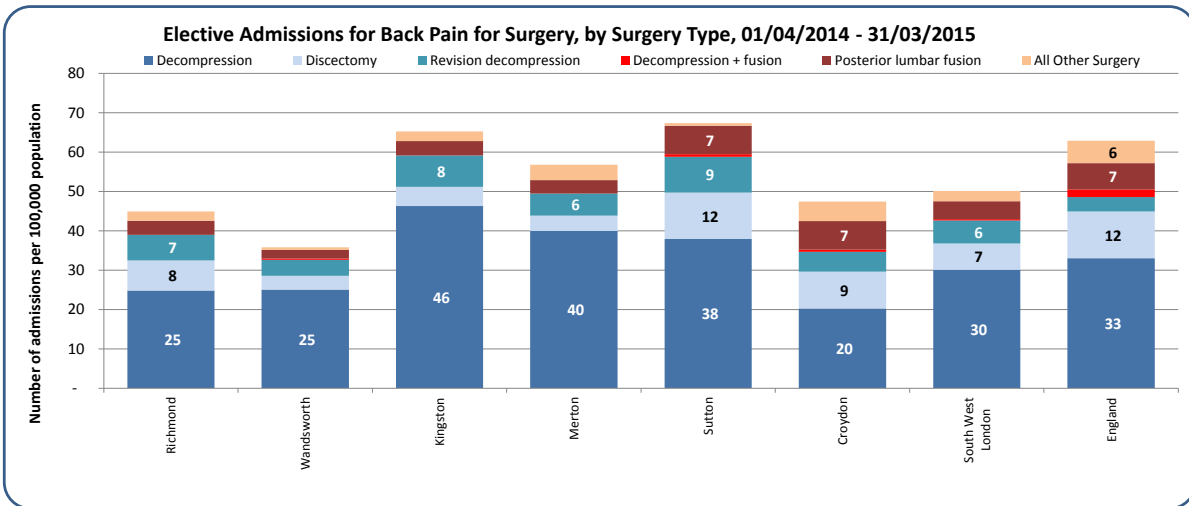
The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for the providers used by the South West London CCGs. These providers overall do a higher proportion of revision decompression surgery (most notably at St George's Trust) compared to the England profile. There are variations at Trust with the highest proportion of fusions at Guy's and St Thomas' Trust compared to St George's Trust where a lower proportion of fusions are undertaken and almost 90% of admissions are for decompressions including revisions.

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

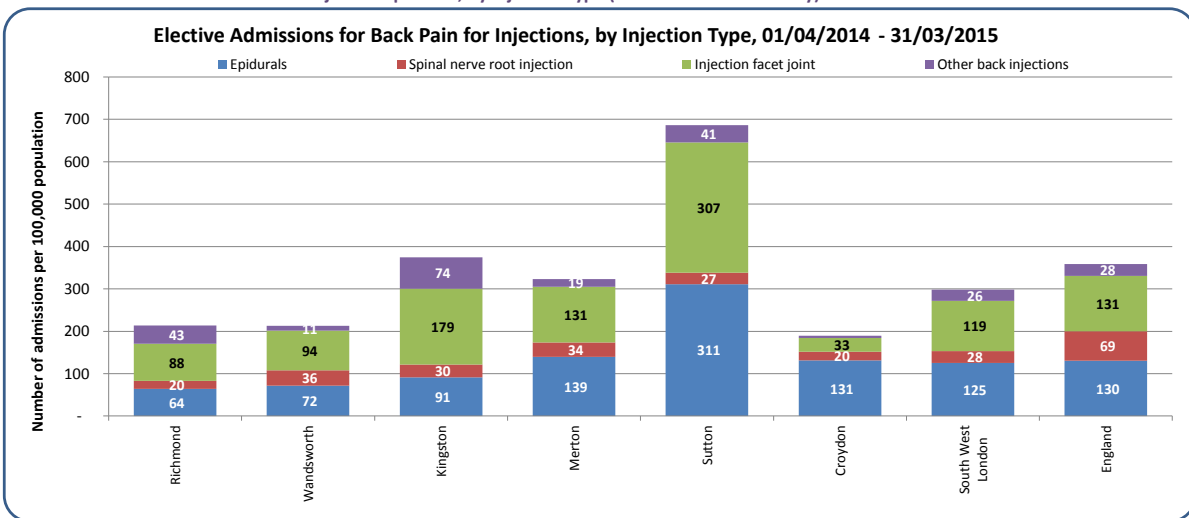
CCG activity by back pain procedure group

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

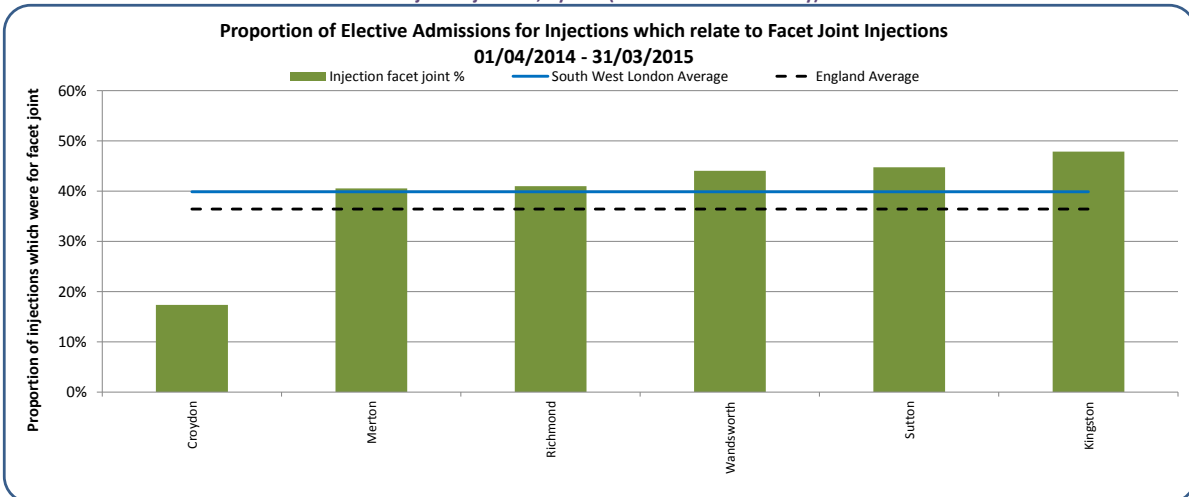
a. Number of elective admissions for surgery per CCG, by surgery type (South West London only)



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



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



What is the data telling us?

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

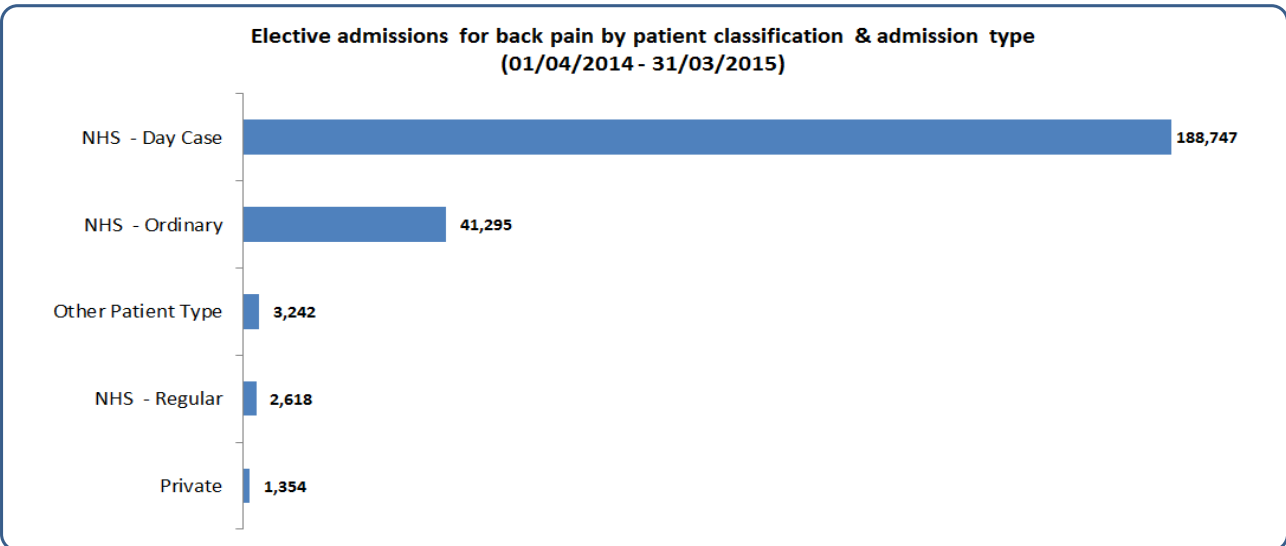
Overall South West London CCGs have lower rates per 100,000 of both spinal surgery and injections compare to the England rates. Sutton and Kingston CCGs have the highest rates of surgery and Sutton CCG has the highest rates of injections.

The proportion of facet joint injections done at CCG level ranges from 17% (Croydon) to 48% (Kingston) 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



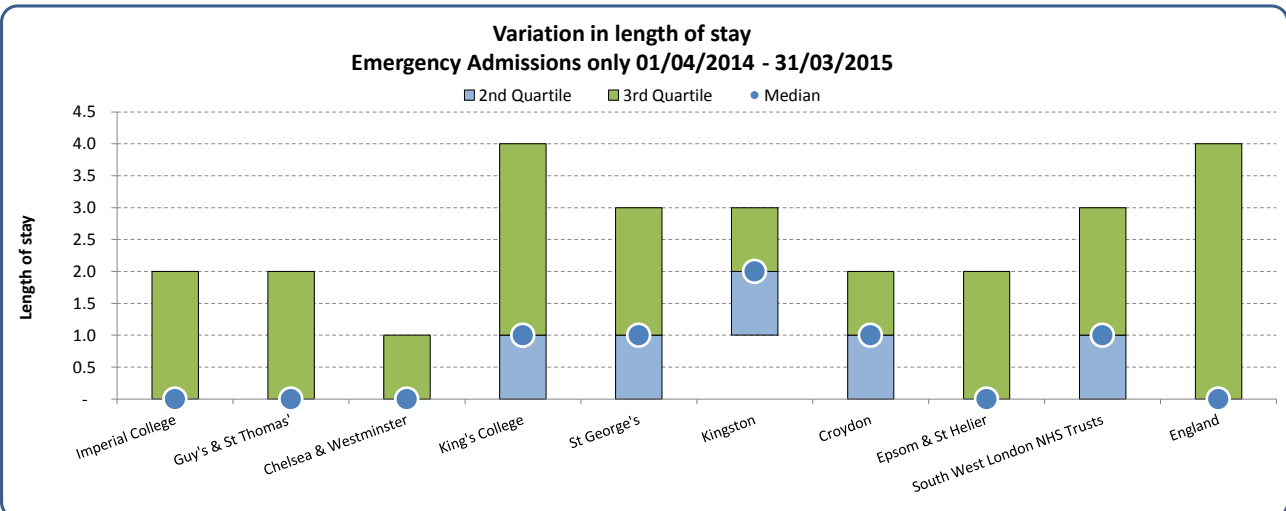
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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 West 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 the provider NHS Trusts used by the South West London CCGs

Hospital Trust Activity Total Costs

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

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

Provider Name	Elective	Emergency	Other	Total
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
Imperial College	£ 3,747,830	£ 1,095,372	£ 22,461	£ 4,865,663
King's College	£ 3,408,518	£ 1,194,895	£ 244,401	£ 4,847,814
Epsom & St Helier	£ 2,968,010	£ 538,108	£ 5,232	£ 3,511,351
Chelsea & Westminster	£ 823,065	£ 403,806	£ 6,476	£ 1,233,347
Croydon	£ 647,826	£ 437,264	£ 15,774	£ 1,100,864
Kingston	£ 735,047	£ 189,788	£ 8,752	£ 933,587
Total	£ 21,029,360	£ 5,216,758	£ 513,696	£ 26,759,813

b. Total Costs by Procedure Type (South West 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
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
Imperial College	£ 2,337,154	£ 881,463	£ 268,611	£ 403,745	£ 648,262	£ 275,720	£ 50,708	£ -	£ 4,865,663
King's College	£ 2,231,446	£ 499,722	£ 552,298	£ 542,460	£ 620,704	£ 361,396	£ 39,788	£ -	£ 4,847,814
Epsom & St Helier	£ 1,055,038	£ 998,417	£ 777,736	£ 425,165	£ 106,133	£ 80,653	£ 59,417	£ 8,792	£ 3,511,351
Chelsea & Westminster	£ -	£ 352,948	£ 316,300	£ 291,081	£ 44,173	£ 106,438	£ 122,407	£ -	£ 1,233,347
Croydon	£ 285,534	£ 320,599	£ 9,532	£ 326,220	£ 62,344	£ 89,700	£ 1,883	£ 5,052	£ 1,100,864
Kingston	£ -	£ 178,272	£ 500,907	£ 117,512	£ 47,277	£ 67,124	£ 22,495	£ -	£ 933,587
Total	£ 10,803,865	£ 4,159,334	£ 3,409,002	£ 2,633,674	£ 3,579,495	£ 1,279,550	£ 878,371	£ 16,522	£ 26,759,813

What is the data telling us?

Across provider NHS Trusts for the South West London CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £26.8 million, with 79% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the South West London CCG region.

The surgery procedures group accounts for almost 40% of the total cost of all procedures, and the cost of injections is an additional 28% of the total.

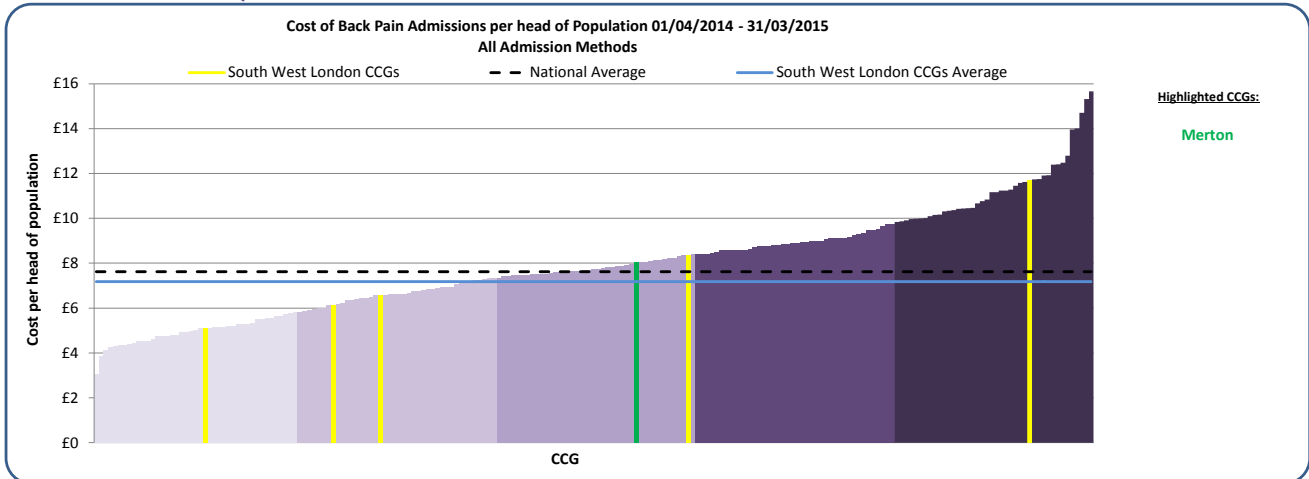
CCG Activity Total Costs

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

a. All Admission Methods - Table

Responsible CCG Name	All Admissions		Elective Admissions		Emergency Admissions		Registered Population (Ages 15+)
	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	
Wandsworth	£ 5.10	£ 1,623,300	£ 4.14	£ 1,317,592	£ 0.96	£ 304,757	318,559
Richmond	£ 6.11	£ 1,033,882	£ 5.13	£ 867,307	£ 0.91	£ 153,403	169,136
Croydon	£ 6.57	£ 2,104,980	£ 4.76	£ 1,522,872	£ 1.66	£ 530,318	320,233
Merton	£ 8.04	£ 1,430,053	£ 6.52	£ 1,159,181	£ 1.49	£ 264,184	177,804
Kingston	£ 8.37	£ 1,372,827	£ 7.06	£ 1,158,224	£ 1.18	£ 193,309	164,069
Sutton	£ 11.70	£ 1,789,930	£ 9.53	£ 1,457,376	£ 2.11	£ 322,731	152,962
South West London Total	£ 7.18	£ 9,354,972	£ 5.74	£ 7,482,552	£ 1.36	£ 1,768,701	1,302,763

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
Croydon	£ 817,136	£ 384,472	£ 83,027	£ 19,914	£ 174,464	£ 6,050	£ 23,919	£ 13,891	£ 1,522,872
Sutton	£ 544,959	£ 404,042	£ 354,183	£ -	£ 102,220	£ -	£ 42,051	£ 9,922	£ 1,457,376
Wandsworth	£ 561,706	£ 251,419	£ 229,051	£ 6,203	£ 233,507	£ 1,824	£ 33,883	£ -	£ 1,317,592
Merton	£ 576,081	£ 229,888	£ 175,360	£ 4,736	£ 135,316	£ 976	£ 32,218	£ 4,606	£ 1,159,181
Kingston	£ 513,739	£ 153,664	£ 306,371	£ 824	£ 150,950	£ 2,779	£ 29,898	£ -	£ 1,158,224
Richmond	£ 422,631	£ 109,773	£ 166,916	£ 4,774	£ 130,211	£ 3,891	£ 29,112	£ -	£ 867,307

What is the data telling us?

There is wide variation across the CCGs in South West London in cost per head of population for admissions related to back and radicular pain. Sutton CCG has the highest spend per head of population regionally (£11.70) and is in the highest quintile nationally. Wandsworth CCG has the lowest costs per head for both emergency and elective admissions (£5.10) 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 Sutton CCG more is spent on admissions for injections compared to what is spent on surgery.

14. Back & Radicular Pain Admissions Breakdown for the South West London Region

Highlighted Provider Data is included in this report

(Blue=NHS Trust & Green=Independent Sector Provider)

Code	Provider Name	Elective Admissions			Emergency Admissions	Other Admission Types	Total
		Surgery	Injections	Other			
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	126	1,473	140	329	<6	2,069
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	299	667	290	381	14	1,651
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	740	101	127	<6	973
RJ6	CROYDON HEALTH SERVICES NHS TRUST	52	288	35	340	<6	718
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	145	34	65	-	244
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	32	101	36	18	-	187
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	40	76	29	33	-	178
NT436	BMI - SHIRLEY OAKS HOSPITAL	17	96	32	-	-	145
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	13	44	11	43	-	111
NVC01	ASSTEAD HOSPITAL	9	49	<6	-	-	63
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	6	37	16	<6	-	61
NYW02	ASPEN - PARKSIDE HOSPITAL	10	40	<6	-	-	54
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	<6	13	7	-	-	24
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	-	16	<6	<6	-	23
NVC11	NORTH DOWNS HOSPITAL	<6	18	-	-	-	19
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	<6	<6	<6	10	-	18
NT431	BMI - THE RUNNYMEDE HOSPITAL	-	-	17	-	-	17
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	<6	11	<6	-	-	15
R1H	BARTS HEALTH NHS TRUST	<6	9	-	<6	-	14
RJ2	LEWISHAM AND GREENWICH NHS TRUST	-	10	-	-	-	10
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	-	6	<6	<6	-	9
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	<6	<6	-	<6	-	7
RCB	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	<6	<6
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	-	-	<6
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	<6	<6	-	<6	-	<6
RL1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	-	<6	<6	<6	-	<6
NT437	BMI - THE SLOANE HOSPITAL	-	<6	-	-	-	<6
NWF01	BENENDEN HOSPITAL	-	<6	-	-	-	<6
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	<6	-	<6
RN7	DARTFORD AND GRAVESHAM NHS TRUST	-	-	<6	-	-	<6
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	-	-	<6	-	-	<6
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	-	<6	-	<6	-	<6
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	-	-	-	<6	-	<6
NT345	SPIRE CLARE PARK HOSPITAL	-	<6	-	-	-	<6
NXM01	THE HORDER CENTRE - ST JOHNS ROAD	-	<6	-	-	-	<6
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST	-	-	-	<6	-	<6
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RCD	HARROGATE AND DISTRICT 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
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	-	-	-	<6	-	<6
RNZ	SALISBURY NHS FOUNDATION TRUST	-	<6	-	-	-	<6
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RVJ	NORTH BRISTOL NHS TRUST	-	<6	-	-	-	<6
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	-	<6	-	-	-	<6
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RXX	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	-	-	-	<6	-	<6
RYR	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	<6
NT315	SPIRE BUSHEY HOSPITAL	<6	-	-	-	-	<6
Total		617	3,874	773	1,379	24	6,667

DOCUMENT GOVERNANCE	
Document name	Back Pain Report
Document type	Final
Version	0.6
Date	27/06/2016
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	27/06/2016	Narrative & formatting	Liz Lingard

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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?	
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