

Back Pain Report

North Derbyshire June 2016



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Better Knowledge Better Care Better Outcomes

NEQOS Back Pain Report

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

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

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

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

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

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

Acknowledgements

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

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

Introduction and background

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

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

Technical specification

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

Data definitions

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

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

A summary of the data definitions used is shown below:

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

The NHS Trusts included for the North Midlands Region are:

- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Stockport NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Derby Teaching Hospitals NHS Foundation Trust

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

- Pain Management Solutions - Oaks Park PCC
- Aspen - Claremont Hospital
- Circle - Nottingham NHS Treatment Centre

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

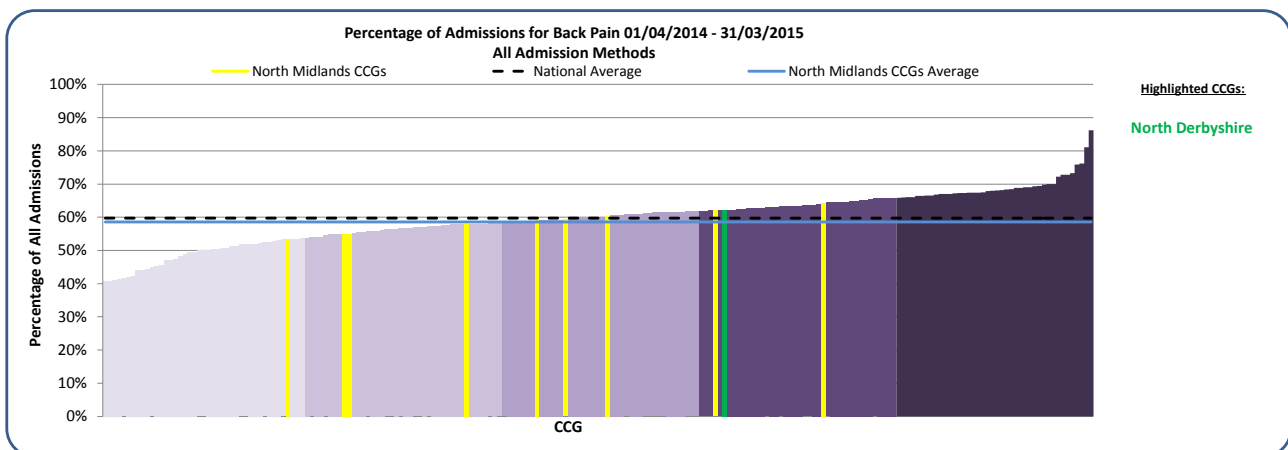
| England | Back | Radicular | Total | % Back | % Radicular |
|--------------|----------------|----------------|----------------|--------------|--------------|
| Elective | 134,448 | 102,808 | 237,256 | 56.7% | 43.3% |
| Emergency | 39,331 | 14,309 | 53,640 | 73.3% | 26.7% |
| Other | 771 | 951 | 1,722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

| North Midlands CCGs | | Total | % Back | % Radicular | |
|---------------------|--------------|--------------|---------------|--------------|--------------|
| Elective | 6,093 | 4,863 | 10,956 | 55.6% | 44.4% |
| Emergency | 1,498 | 495 | 1,993 | 75.2% | 24.8% |
| Other | 32 | 32 | 64 | 50.0% | 50.0% |
| Total | 7,623 | 5,390 | 13,013 | 58.6% | 41.4% |

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)

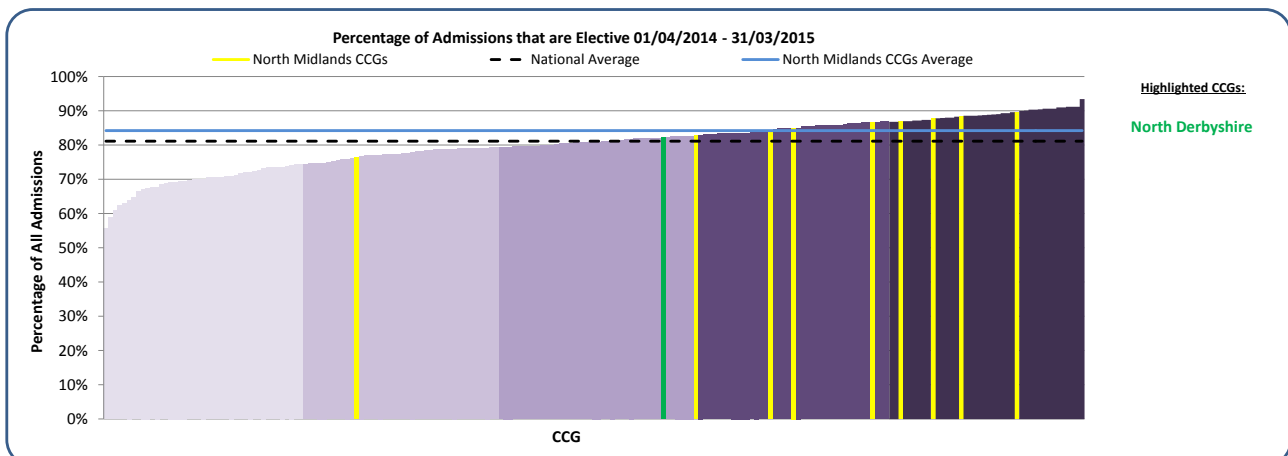
| | | | |
|----------------------|-------|-------------------------|-------|
| Southern Derbyshire | 53.4% | Rushcliffe | 59.3% |
| Newark & Sherwood | 55.0% | Nottingham City | 60.5% |
| Mansfield & Ashfield | 55.0% | Nottingham North & East | 62.0% |
| Erewash | 57.9% | North Derbyshire | 62.1% |
| Nottingham West | 59.1% | Hardwick | 64.3% |
| North Midlands CCGs | 58.6% | 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

| | | | |
|----------------------|-------|-------------------------|-------|
| Southern Derbyshire | 76.4% | Nottingham West | 86.7% |
| North Derbyshire | 82.1% | Newark & Sherwood | 86.9% |
| Hardwick | 82.8% | Nottingham City | 87.7% |
| Erewash | 84.2% | Nottingham North & East | 88.4% |
| Mansfield & Ashfield | 85.0% | Rushcliffe | 89.6% |
| North Midlands CCGs | 84.2% | England | 81.1% |



What is the data telling us?

In the latest 12 month period there were almost 300,000 admissions for back and radicular pain in England, with 13,013 (4.5%) of these from patients registered within the North Midlands CCGs included in this report.

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 North Midlands CCGs the proportion of admissions for back pain ranges from 43% to 64%.

Approximately 81% of back and radicular pain admissions are elective, with the North Midlands overall having a higher proportion (84%). At CCG level in the North Midlands region the proportion of elective admissions ranges from 76% in Southern Derbyshire to 90% in Rushcliffe.

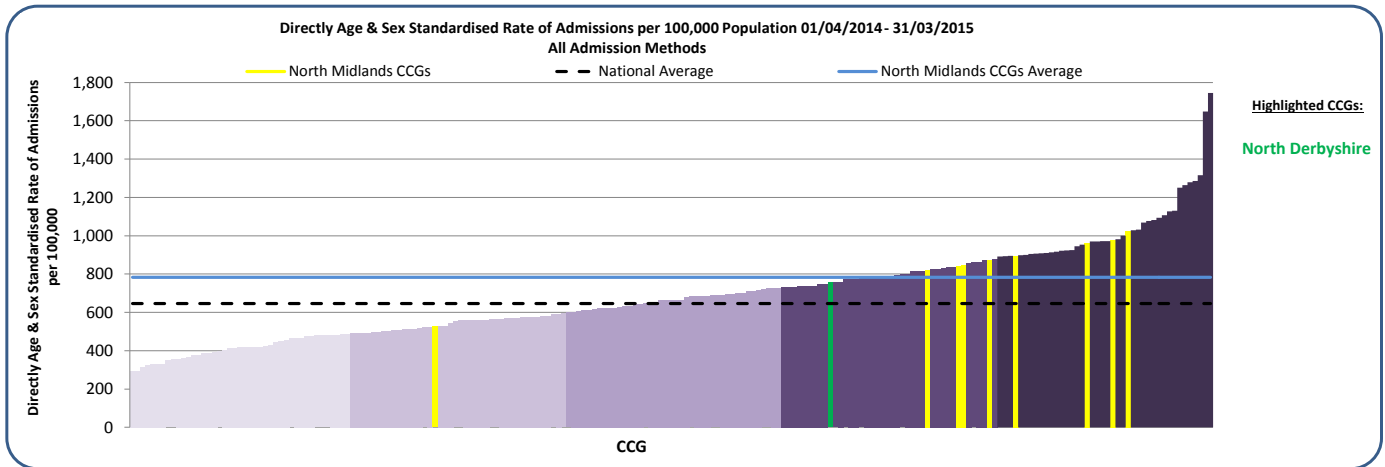
Clinical Commissioning Group (CCG) activity

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

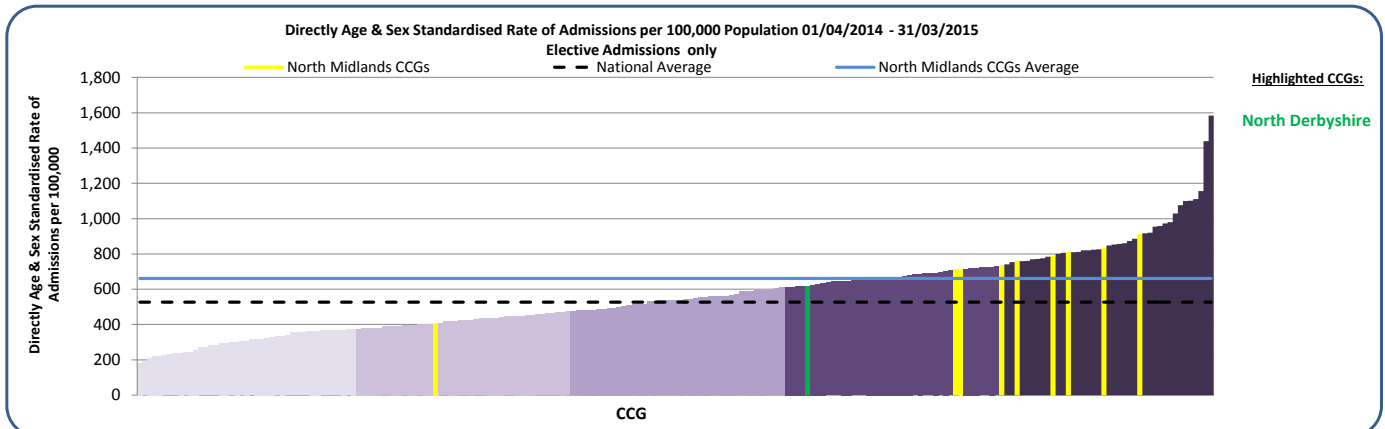
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

| CCG name | All | Elective | Emergency | CCG name | All | Elective | Emergency |
|-------------------------|--------|----------|-----------|----------------------|-------|----------|-----------|
| Nottingham City | 1026.1 | 911.4 | 114.5 | Rushcliffe | 847.1 | 756.6 | 90.5 |
| Hardwick | 977.2 | 808.5 | 159.2 | Mansfield & Ashfield | 841.8 | 713.4 | 124.2 |
| Newark & Sherwood | 961.1 | 831.7 | 118.8 | Nottingham West | 821.5 | 712.4 | 108.2 |
| Nottingham North & East | 894.9 | 788.4 | 105.6 | North Derbyshire | 756.7 | 618.8 | 131.1 |
| Erewash | 875.6 | 735.3 | 136.2 | Southern Derbyshire | 526.7 | 403.8 | 119.4 |
| North Midlands CCGs | 783.0 | 660.4 | 118.7 | England | 645.6 | 526.5 | 115.4 |

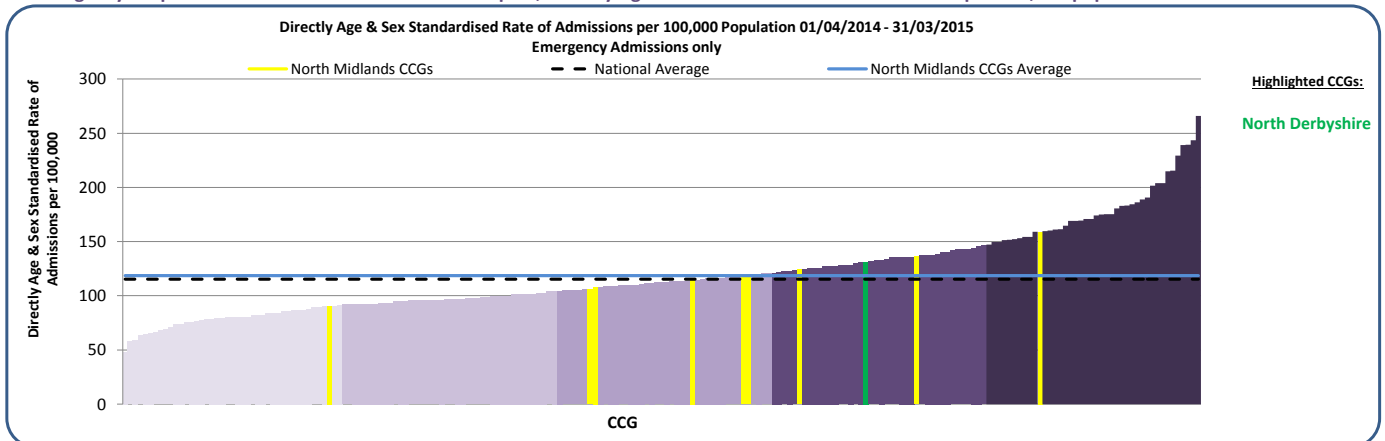
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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?

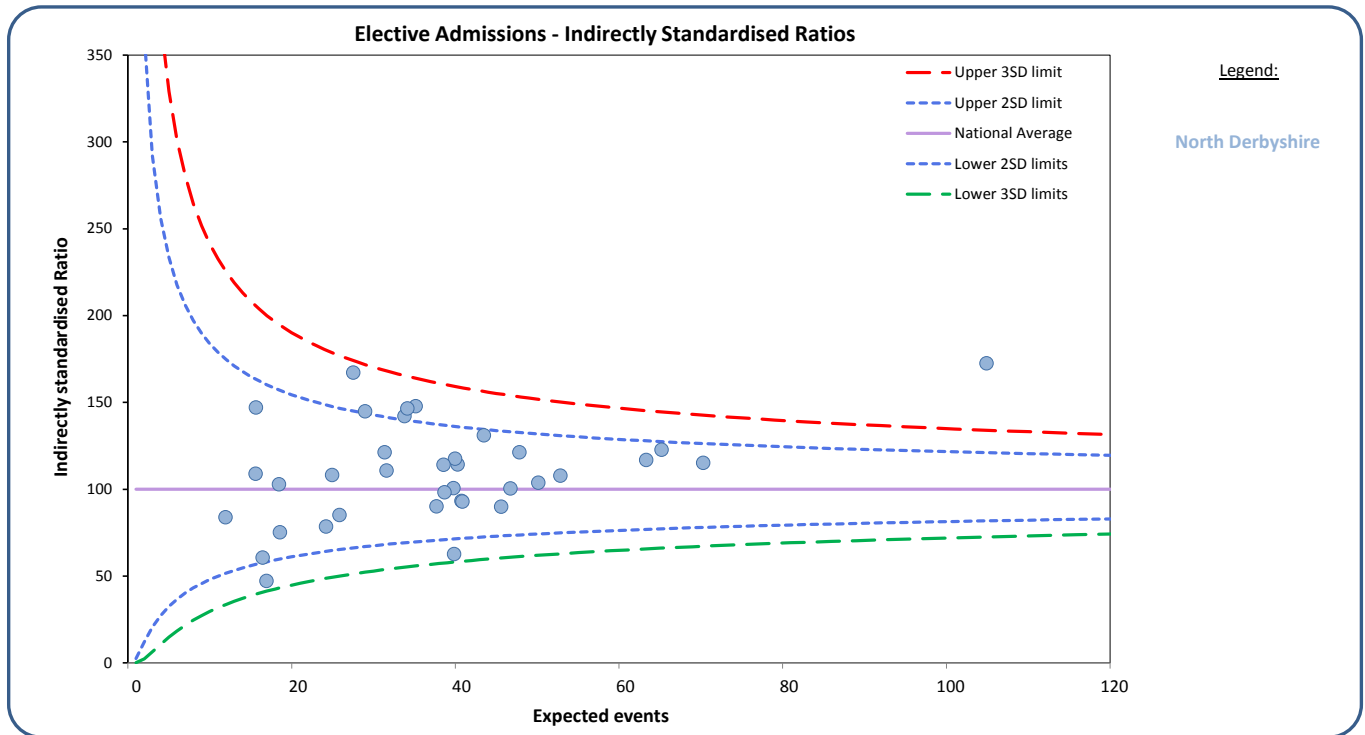
There is some variation in elective admission rates across the CCGs within North Midlands but the majority of CCGs are in the highest two quintiles nationally. Only one CCG below the national average (Southern Derbyshire CCG) and the highest CCG for the region is Nottingham City CCG. In contrast, for emergency admissions there is wide variation across the CCGs in the region, ranging from Rushcliffe CCG in the lowest quintile nationally to Hardwick CCG in the highest quintile nationally.

Clinical Commissioning Group (CCG) activity - GP practice level

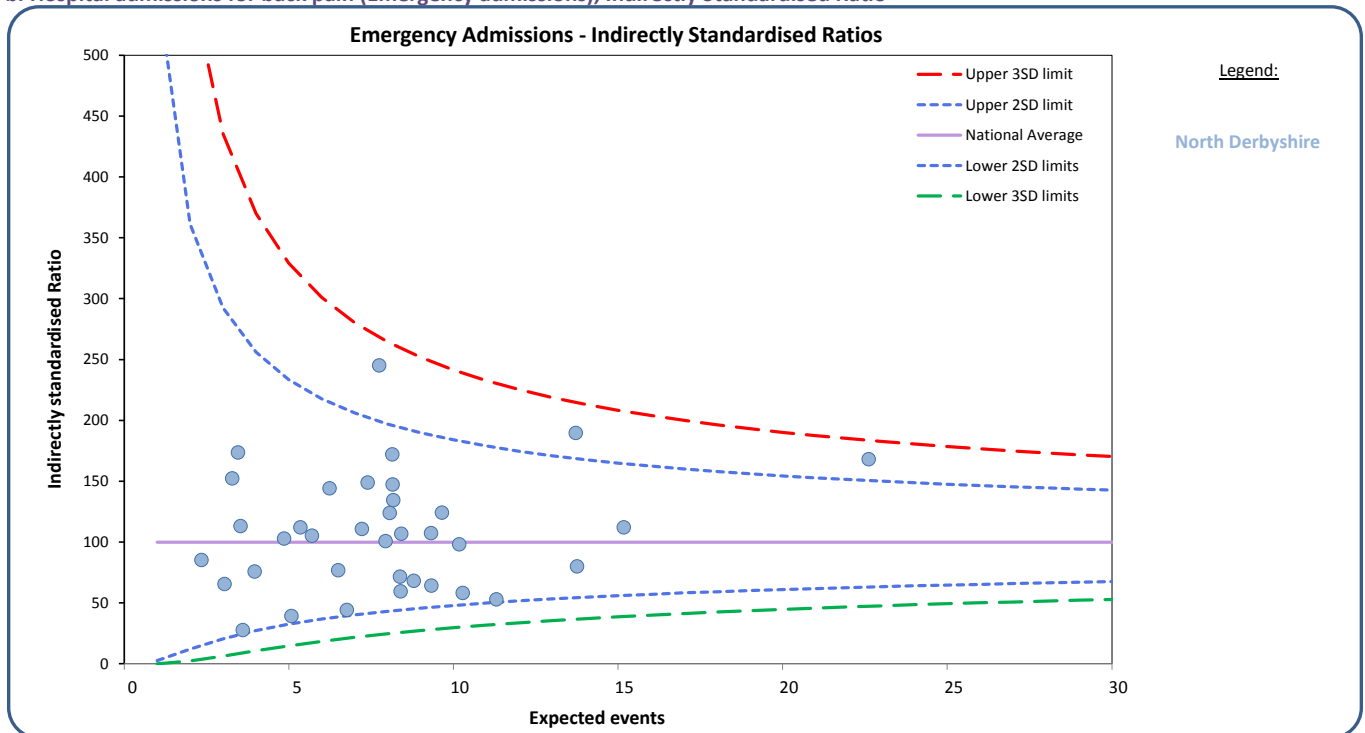
3. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

Each symbol represents one GP practice

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



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 North Derbyshire

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.

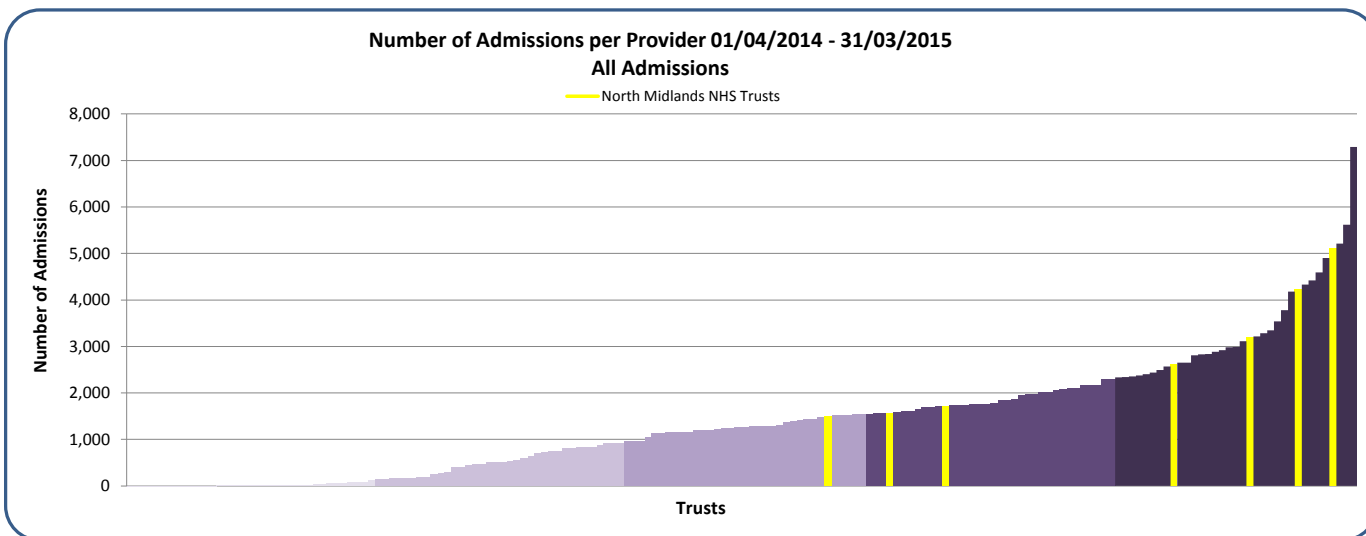
| Practice Code | Practice Name | CCG | Population 15+ | Elective | | | Emergency | | |
|---------------|------------------------------------|-----|----------------|----------|----------|--------|-----------|----------|--------|
| | | | | Observed | Expected | Ratio | Observed | Expected | Ratio |
| C81001 | Springs Health Centre | 04J | 8,166 | 57 | 43.50 | 131.04 | 10 | 9.32 | 107.34 |
| C81002 | Moss Valley Medical Practice | 04J | 7,205 | 25 | 39.85 | 62.73 | 6 | 8.38 | 71.64 |
| C81003 | Sett Valley Medical Centre | 04J | 9,210 | 52 | 50.13 | 103.73 | 6 | 10.29 | 58.33 |
| C81012 | The Surgery At Wheatbridge | 04J | 13,283 | 81 | 70.30 | 115.22 | 17 | 15.17 | 112.04 |
| C81013 | Baslow Health Centre | 04J | 3,828 | 19 | 24.19 | 78.56 | <6 | 4.86 | 102.88 |
| C81015 | Newbold Surgery | 04J | 9,505 | 57 | 52.84 | 107.87 | 6 | 11.30 | 53.10 |
| C81016 | Bakewell Medical Centre | 04J | 5,180 | 38 | 31.35 | 121.21 | <6 | 6.76 | 44.40 |
| C81024 | Holywell Medical Group | 04J | 20,061 | 181 | 104.89 | 172.57 | 38 | 22.61 | 168.08 |
| C81025 | Dronfield Medical Practice | 04J | 8,228 | 47 | 46.76 | 100.52 | 12 | 9.65 | 124.35 |
| C81028 | Imperial Road Surgery | 04J | 6,870 | 46 | 40.26 | 114.25 | 12 | 8.15 | 147.24 |
| C81030 | Darley Dale Medical Centre | 04J | 6,605 | 40 | 39.76 | 100.60 | 14 | 8.14 | 172.01 |
| C81034 | Stewart Medical Centre | 04J | 7,970 | 38 | 40.75 | 93.25 | 6 | 8.79 | 68.27 |
| C81039 | Eyam Surgery | 04J | 3,021 | 19 | 18.46 | 102.93 | <6 | 3.60 | 27.77 |
| C81041 | Welbeck Road Health Centre | 04J | 9,046 | 58 | 47.82 | 121.28 | 10 | 10.18 | 98.27 |
| C81044 | Whittington Moor Surgery | 04J | 6,346 | 48 | 33.80 | 142.03 | 8 | 7.22 | 110.82 |
| C81045 | Chesterfield Medical Partnership | 04J | 12,021 | 80 | 65.22 | 122.67 | 11 | 13.75 | 79.98 |
| C81058 | The Brimington Surgery | 04J | 6,497 | 52 | 35.16 | 147.91 | 19 | 7.75 | 245.25 |
| C81063 | Thornbrook Surgery | 04J | 7,219 | 38 | 40.89 | 92.94 | 9 | 8.42 | 106.94 |
| C81065 | Buxton Medical Practice | 04J | 6,511 | 50 | 34.13 | 146.50 | 11 | 7.39 | 148.82 |
| C81067 | Chatsworth Road Medical Centre | 04J | 7,813 | 41 | 45.61 | 89.90 | 6 | 9.33 | 64.29 |
| C81070 | Oakhill Medical Practice | 04J | 4,152 | 22 | 25.84 | 85.13 | 6 | 5.35 | 112.17 |
| C81074 | Elmwood Medical Centre | 04J | 7,202 | 34 | 37.69 | 90.22 | 11 | 8.17 | 134.60 |
| C81076 | Tideswell Surgery | 04J | 2,813 | 10 | 16.47 | 60.70 | <6 | 3.28 | 152.40 |
| C81080 | Goyt Valley Medical Practice | 04J | 6,855 | 38 | 38.68 | 98.24 | 8 | 7.94 | 100.77 |
| C81082 | Hartington Surgery | 04J | 2,697 | 17 | 15.60 | 108.96 | <6 | 3.05 | 65.61 |
| C81084 | Avenue House & Hasland Partnership | 04J | 11,813 | 74 | 63.33 | 116.85 | 26 | 13.72 | 189.56 |
| C81089 | Stubley Medical Centre | 04J | 4,171 | 27 | 24.94 | 108.25 | <6 | 5.07 | 39.42 |
| C81091 | Killamarsh Medical Practice | 04J | 7,795 | 47 | 39.96 | 117.63 | <6 | 8.40 | 59.53 |
| C81092 | Evelyn Medical Centre | 04J | 5,205 | 35 | 31.61 | 110.72 | <6 | 6.50 | 76.98 |
| C81101 | Lime Grove Medical Centre | 04J | 6,904 | 44 | 38.55 | 114.13 | 10 | 8.07 | 123.99 |
| C81611 | Dr Gi Jones' Practice | 04J | 1,891 | 10 | 11.93 | 83.81 | <6 | 2.35 | 85.22 |
| C81627 | Gosforth Valley Medical Practice | 04J | 3,342 | 14 | 18.59 | 75.31 | <6 | 3.96 | 75.73 |
| C81634 | Arden House Medical Practice | 04J | 3,075 | 8 | 16.94 | 47.24 | 6 | 3.45 | 173.69 |
| C81649 | Calow & Brimington Practice | 04J | 5,590 | 42 | 28.99 | 144.86 | 9 | 6.24 | 144.32 |
| C81654 | Hasland Medical Centre | 04J | 3,358 | 23 | 15.65 | 147.00 | <6 | 3.54 | 113.10 |
| C81662 | Dr A Palmer's Practice | 04J | 5,228 | 46 | 27.52 | 167.17 | 6 | 5.70 | 105.22 |

Hospital Trust activity

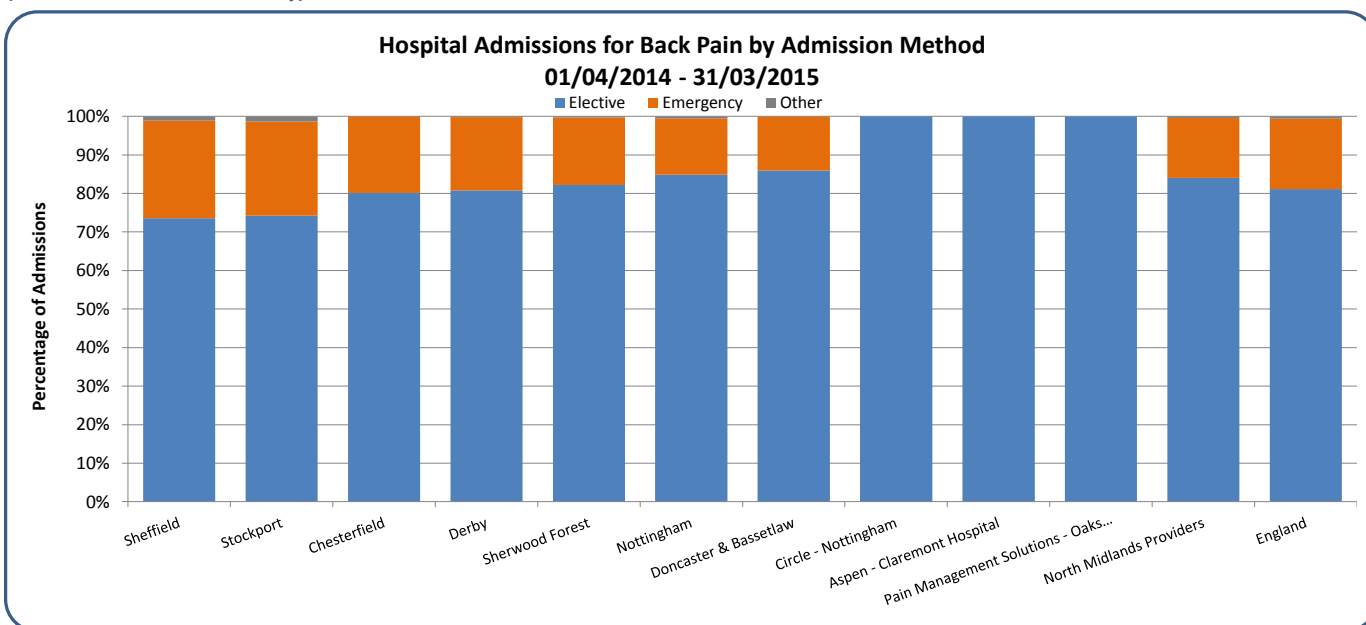
5. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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

| | | | |
|---------------------------|--------|-----------------|---------|
| Nottingham | 5,112 | Stockport | 1,717 |
| Doncaster & Bassetlaw | 4,221 | Sherwood Forest | 1,565 |
| Derby | 3,185 | Chesterfield | 1,498 |
| Sheffield | 2,625 | | |
| North Midlands NHS Trusts | 19,923 | England | 251,444 |



b. Number of admissions per hospital Trust, by admission method (North Midlands 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 four of the seven NHS Trusts where patients from North Midlands CCGs are admitted are in the highest quintile nationally. Doncaster & Bassetlaw, Sheffield and Stockport Trusts are all located outside of the North Midlands CCG region.

The proportion of hospital activity for back pain which is classed as elective care is slightly higher for the North Midlands CCGs than England overall, however at NHS Trust level the proportion varies between 75% at Sheffield to 86% at Doncaster & Bassetlaw Trust.

All NHS activity at Independent Sector Providers is classed as elective.

Hospital Trust activity

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

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

| Provider Name | Pain Management & Anaesthetics | Trauma & Orthopaedics | Spinal Surgery Service | Interventional Radiology | Neurosurgery | Other Functions | Total |
|---------------------------------------|--------------------------------|-----------------------|------------------------|--------------------------|--------------|-----------------|---------------|
| Doncaster & Bassetlaw | 2,239 | 1,352 | - | - | - | 37 | 3,628 |
| Sheffield | 622 | 28 | 805 | - | 440 | 37 | 1,932 |
| Stockport | 866 | 372 | 18 | - | - | 19 | 1,275 |
| Chesterfield | 1,196 | - | - | - | - | <6 | 1,196 |
| Nottingham | 2,338 | <6 | 1,881 | - | 103 | 11 | 4,333 |
| Sherwood Forest | 981 | 294 | - | - | - | 11 | 1,286 |
| Derby | 394 | 2,159 | <6 | - | - | 15 | 2,568 |
| Pain Management Solutions - Oaks Park | 766 | - | - | - | - | <6 | 766 |
| Aspen - Claremont Hospital | 52 | 446 | - | - | 546 | - | 1,044 |
| Circle - Nottingham | 1,365 | 6 | - | - | - | 12 | 1,383 |
| Total | 10,819 | 4,657 | 2,704 | - | 1,089 | 142 | 19,411 |

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 for Sheffield and Nottingham Trusts the highest volume of activity is recorded within Spinal Surgery Service. Sheffield, Nottingham and the Independent Sector Provider, Aspen - Claremont Hospital also have notable levels of admissions to Neurosurgery.

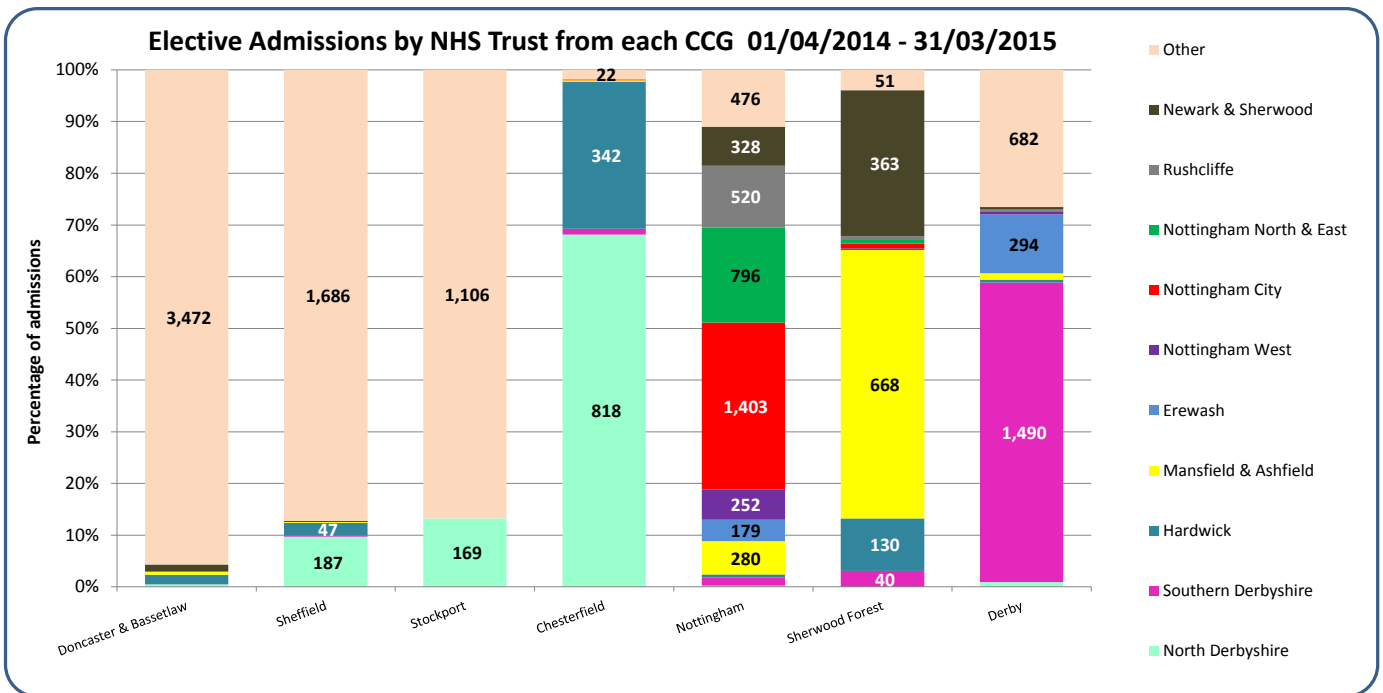
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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.

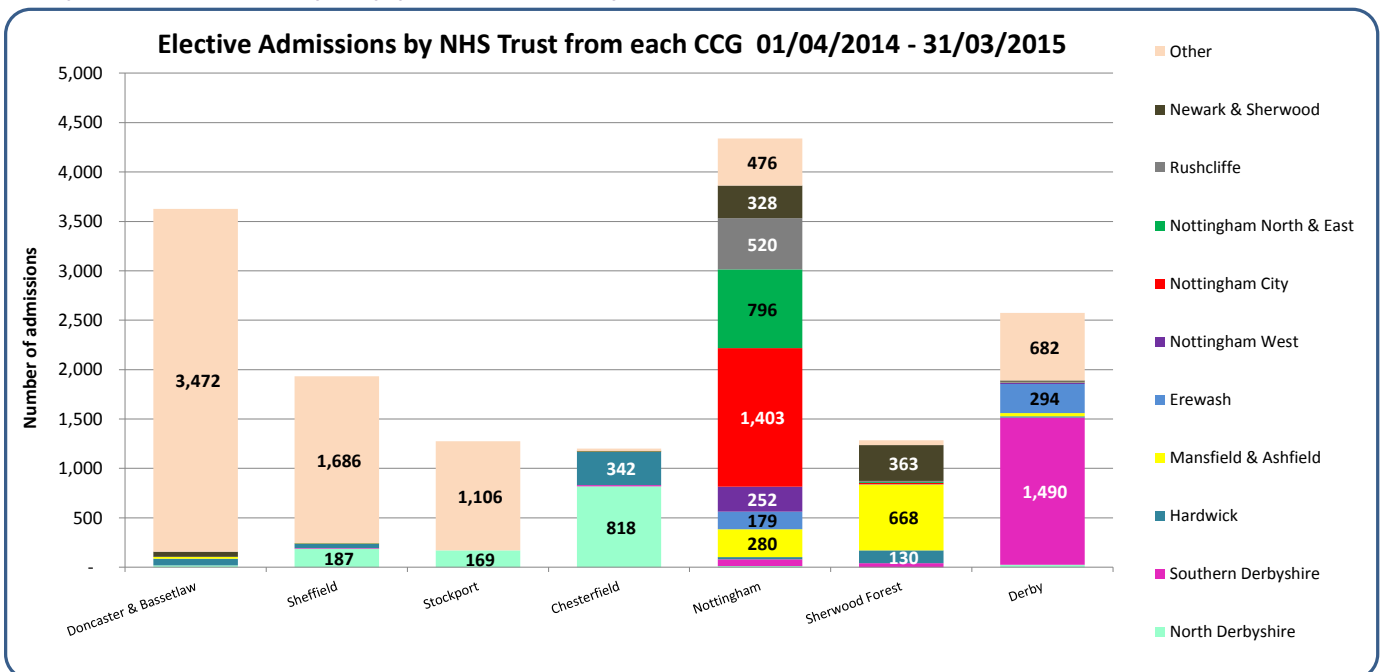
Hospital Trust activity from CCGs

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.

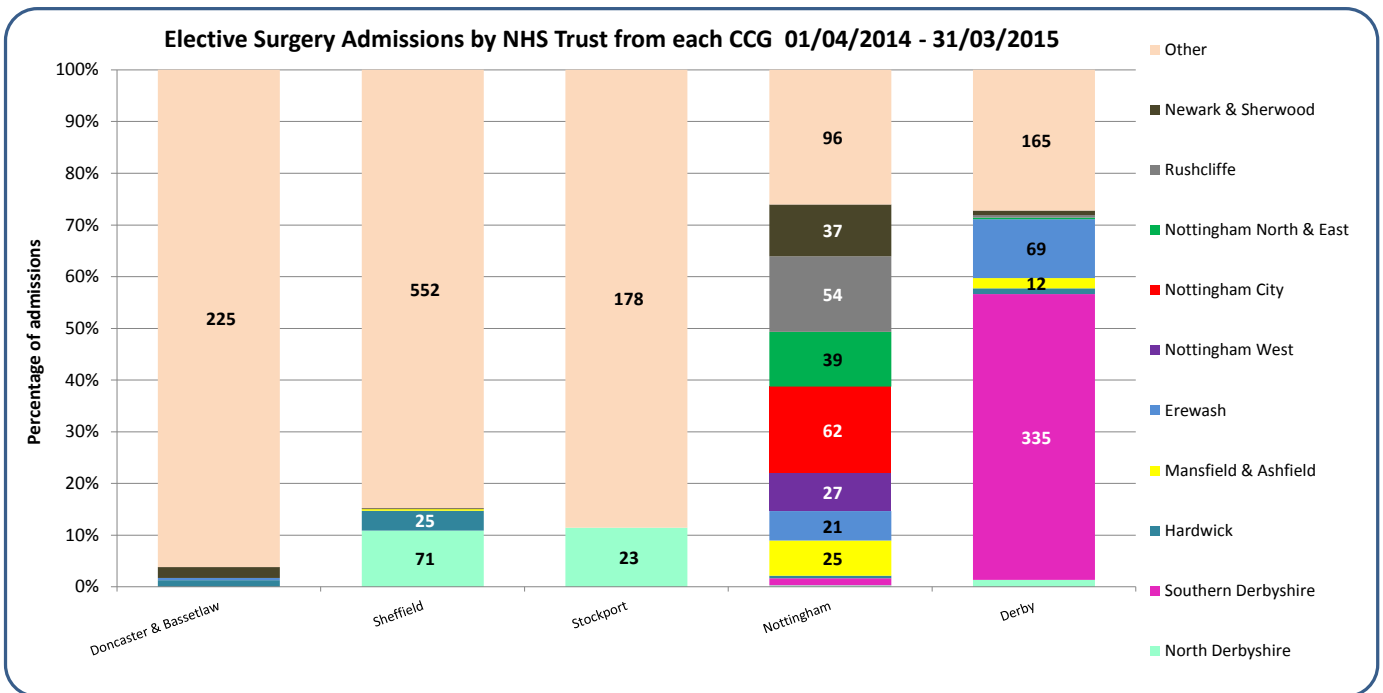
Nottingham Trust is the highest volume provider and admits patients from all of the North Midlands CCGs as well as admitting patients from CCGs outside of this region. Some of the large volume providers (notably Sheffield and Doncaster & Bassetlaw Trusts) are located outside of the North Midlands CCGs and have higher levels of activity coming from CCGs outside of the region.

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

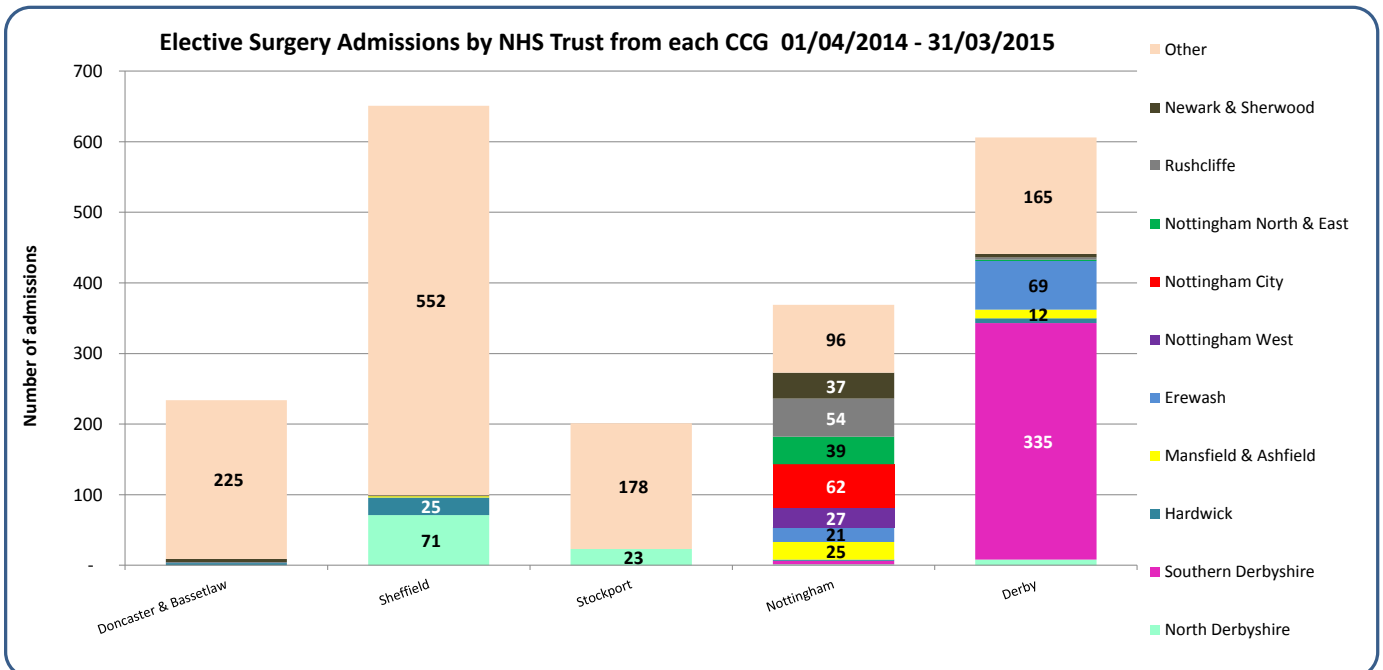
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

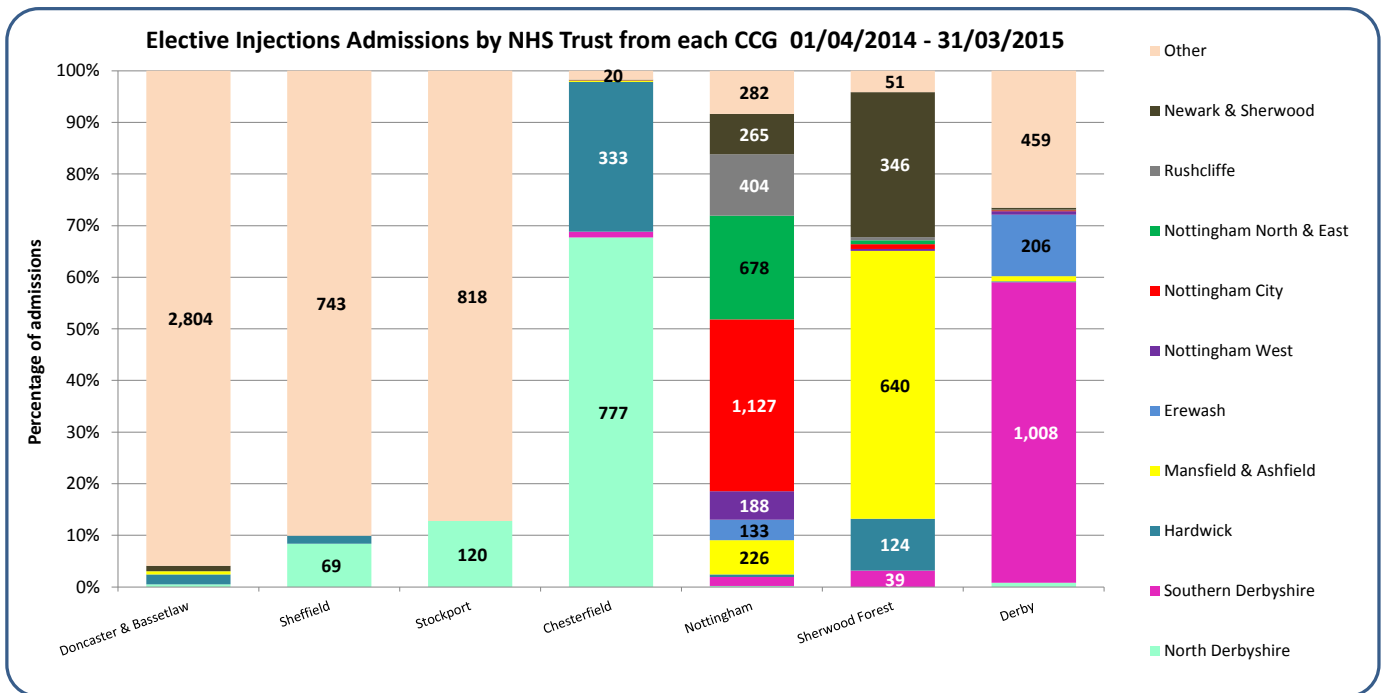
Derby Trust has a higher volume of admissions for spinal surgery than Nottingham Trust. In contrast to Nottingham Trust that admits patients from all of the North Midlands CCGs as well as admitting patients from CCGs outside of this region, Derby Trust predominantly admits patients from Southern Derbyshire CCG where it is located. Sheffield Trusts is a large volume provider located outside of the North Midlands CCGs region and has higher levels of activity coming from the CCGs outside of this region.

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

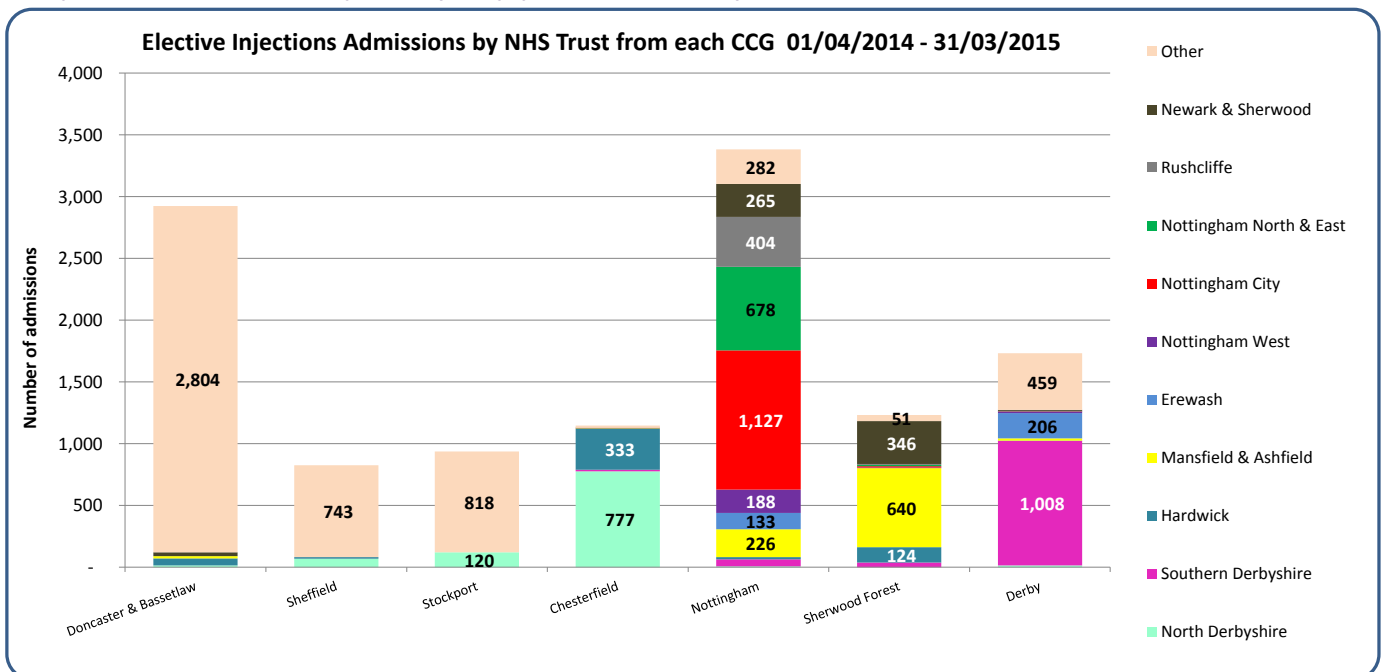
Hospital Trust activity from CCGs

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 injections for back and radicular pain.

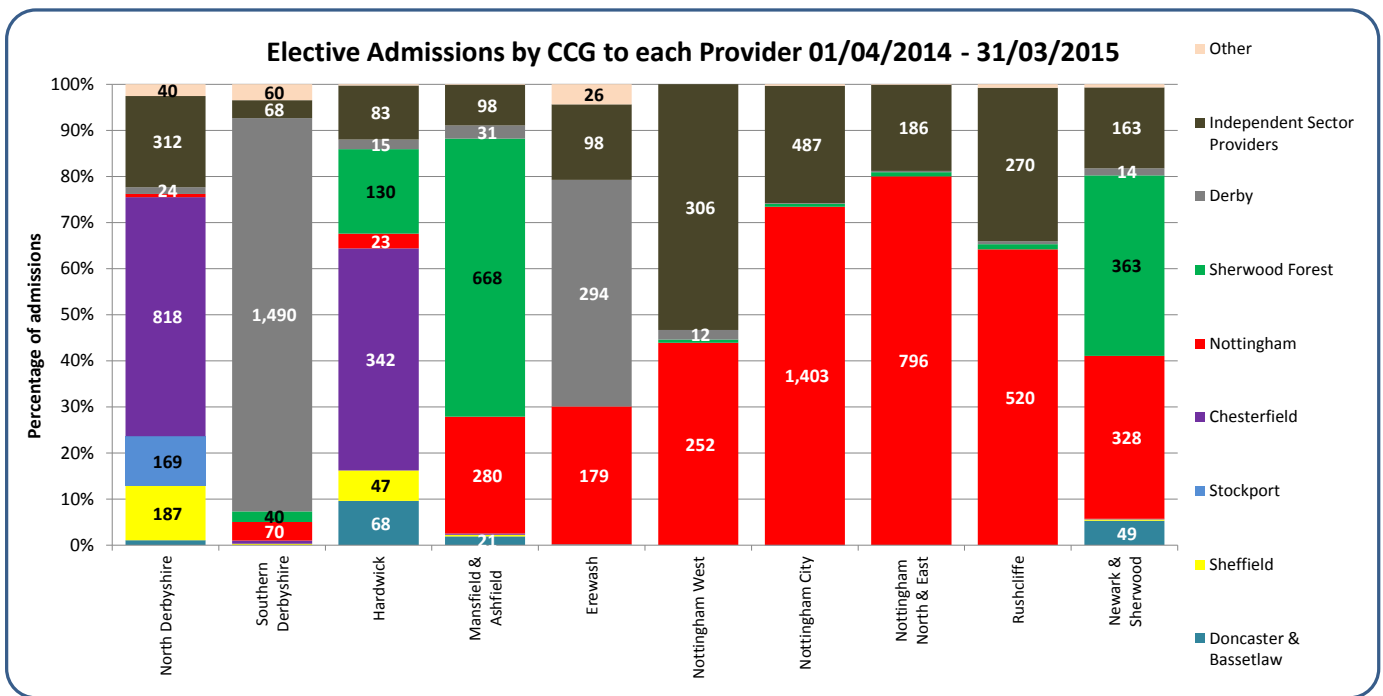
Nottingham Trust is the highest volume provider and admits patients from all of the North Midlands CCGs as well as admitting patients from CCGs outside of this region. Doncaster & Bassetlaw Trust, a large volume provider is located outside of the North Midlands CCGs and has higher levels of activity coming from CCGs outside of the region.

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

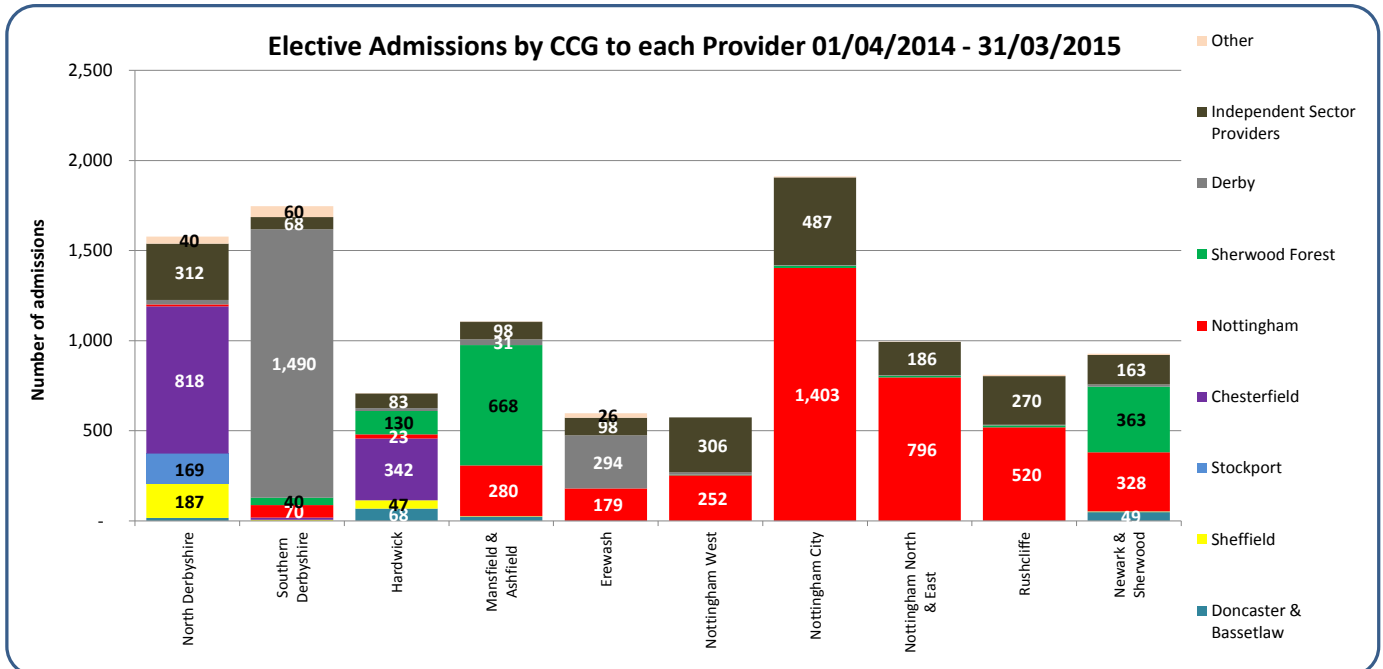
CCG activity to Hospital Trust

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 the number of hospital trusts that their patients are admitted to.

Nottingham City CCG has the highest level of activity for the North Midlands region and patients are admitted mainly to Nottingham Trust but there is also high use of Independent Sector Providers (487 admissions).

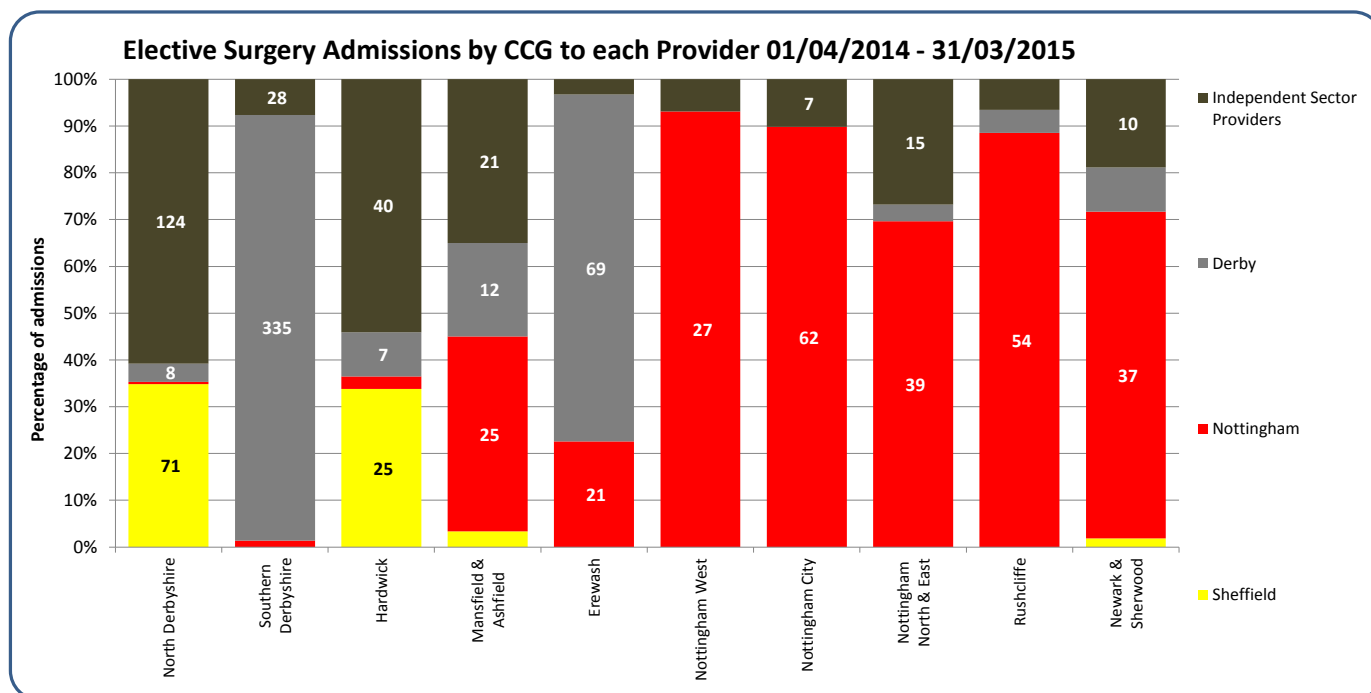
Nottingham West CCG uses Independent Sector providers for over 50% of their admissions.

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

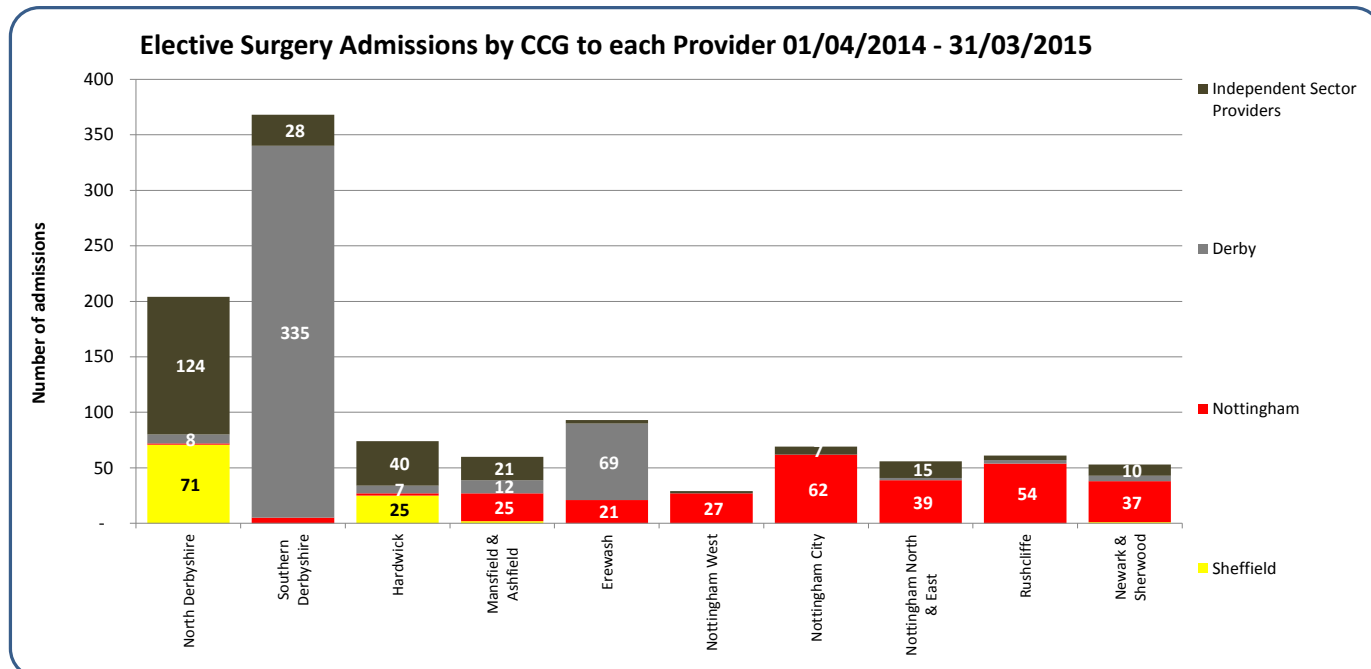
CCG activity to Hospital Trust

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

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.

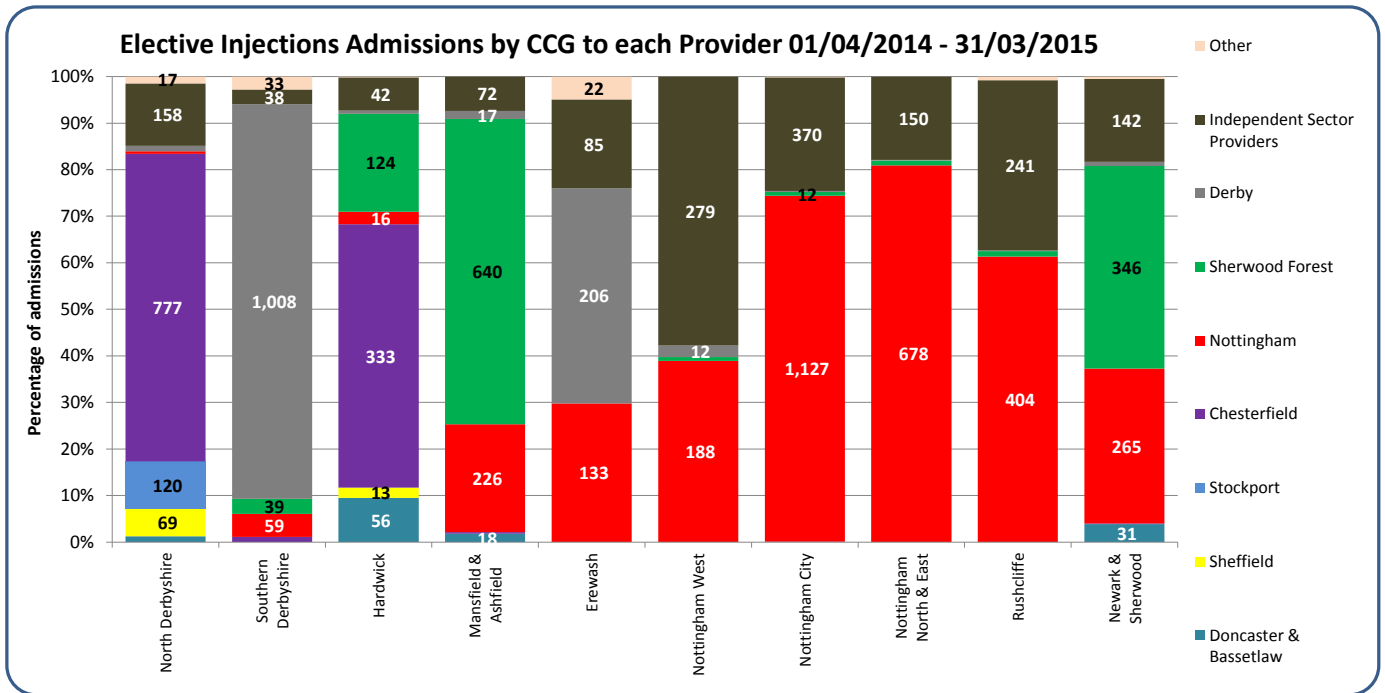
Southern Derbyshire CCG has a notably higher level of spinal surgery activity for the North Midlands region and patients are admitted mainly to Derby Trust but there is also some use of Independent Sector Providers (28 admissions).

North Derbyshire CCG uses Independent Sector providers for over 60% of their admissions for spinal surgery.

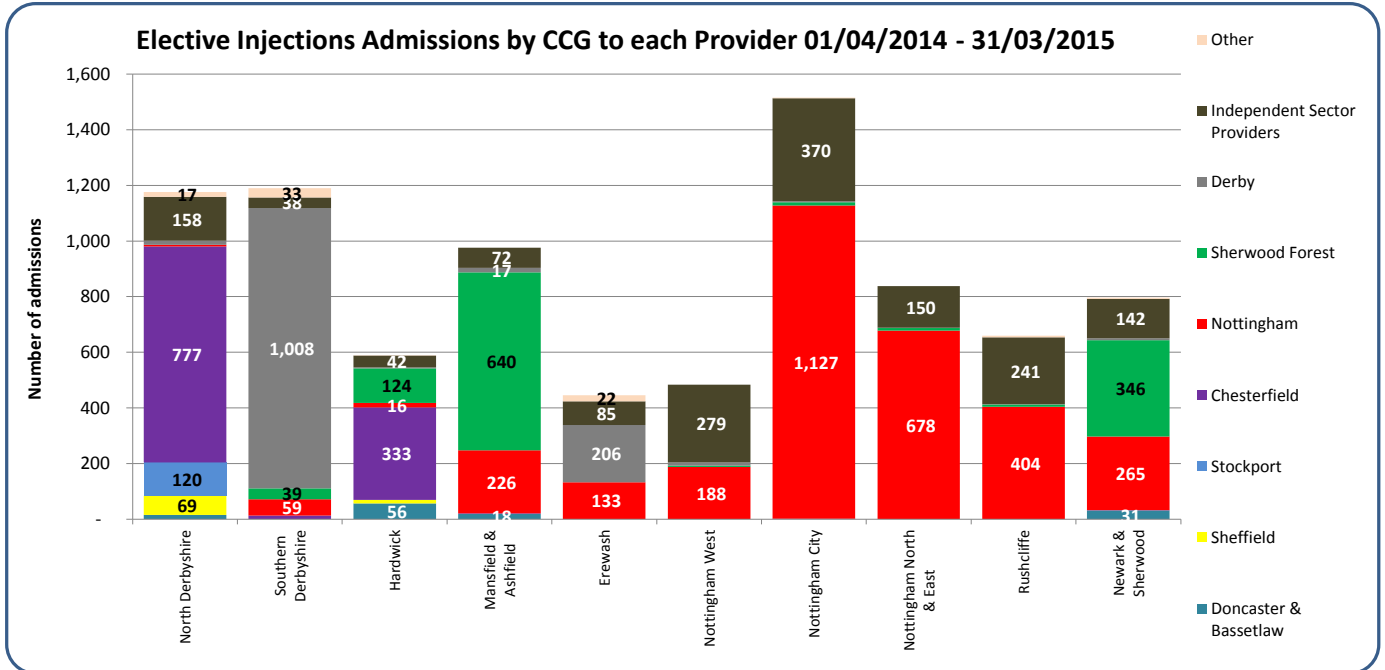
The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

CCG activity to Hospital Trust

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



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



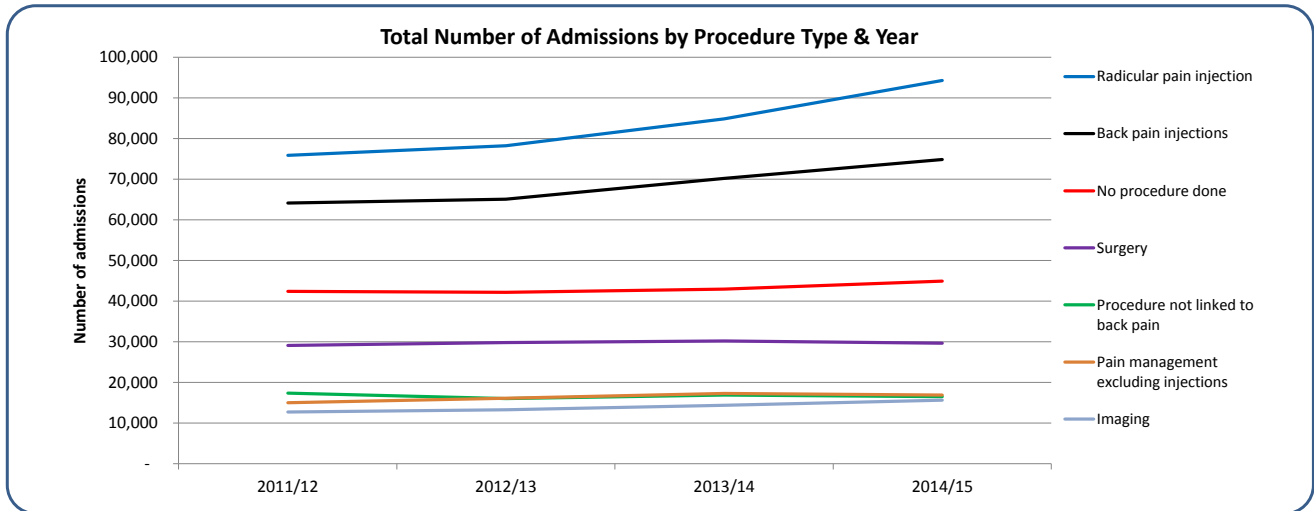
What is the data telling us?

There is variation between CCGs in terms of the number of the number of hospital trusts that their patients are admitted to. Nottingham City CCG has the highest level of activity for the North Midlands region for injections and patients are admitted mainly to Nottingham Trust but there is also high use of Independent Sector Providers (370 admissions). Nottingham West CCG uses Independent Sector providers for almost 60% of their admissions. The data is shown in two ways, indicating both the proportion and amount of activity relating to each hospital trust.

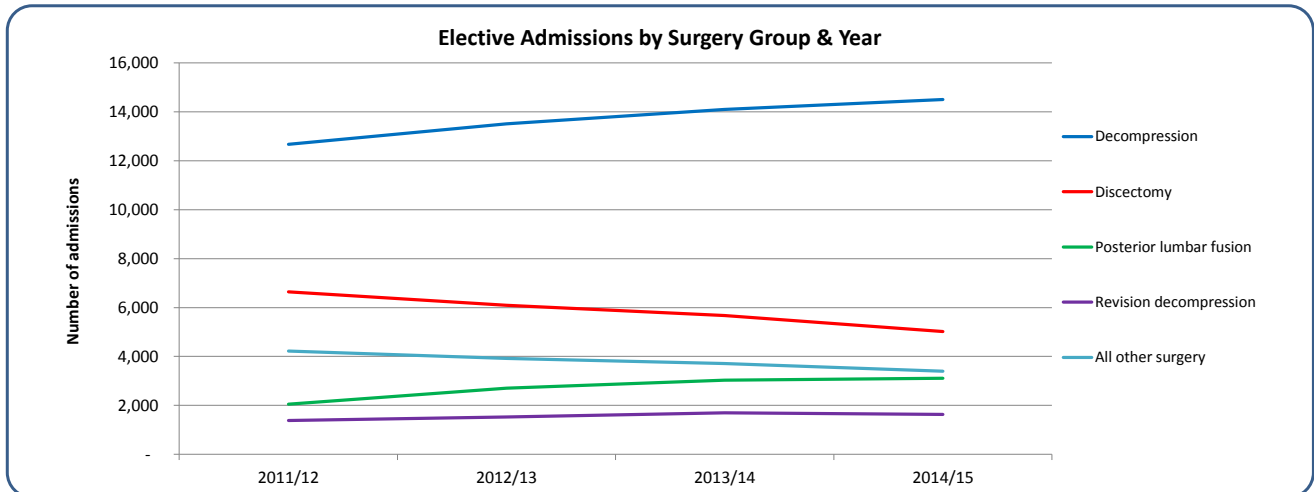
Hospital Trust activity (national level)

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

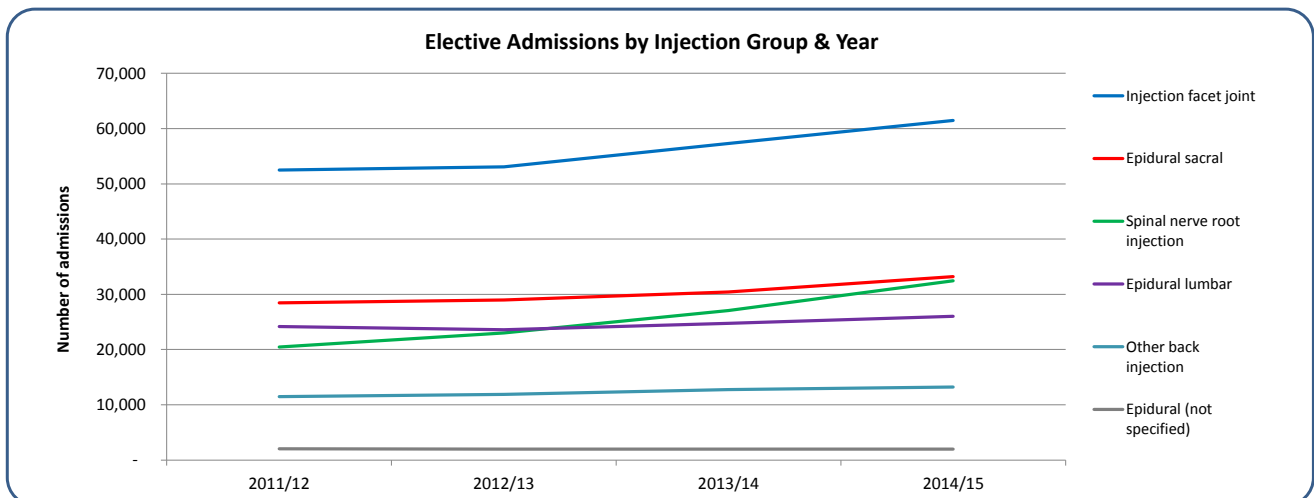
a. Hospital admissions by procedure type over time (all admission types)



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

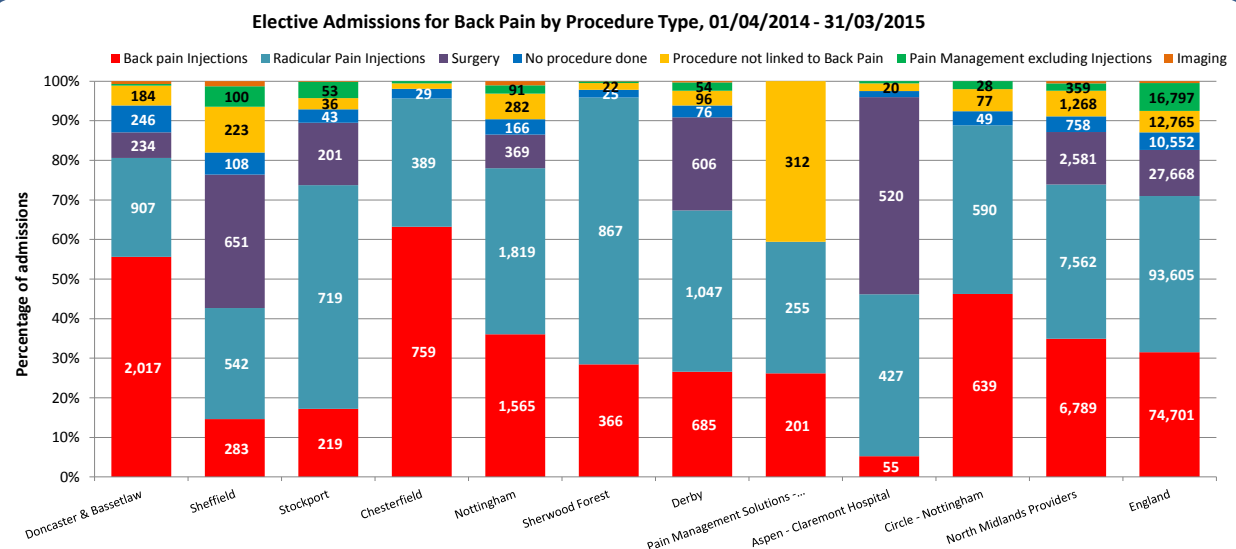
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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% |

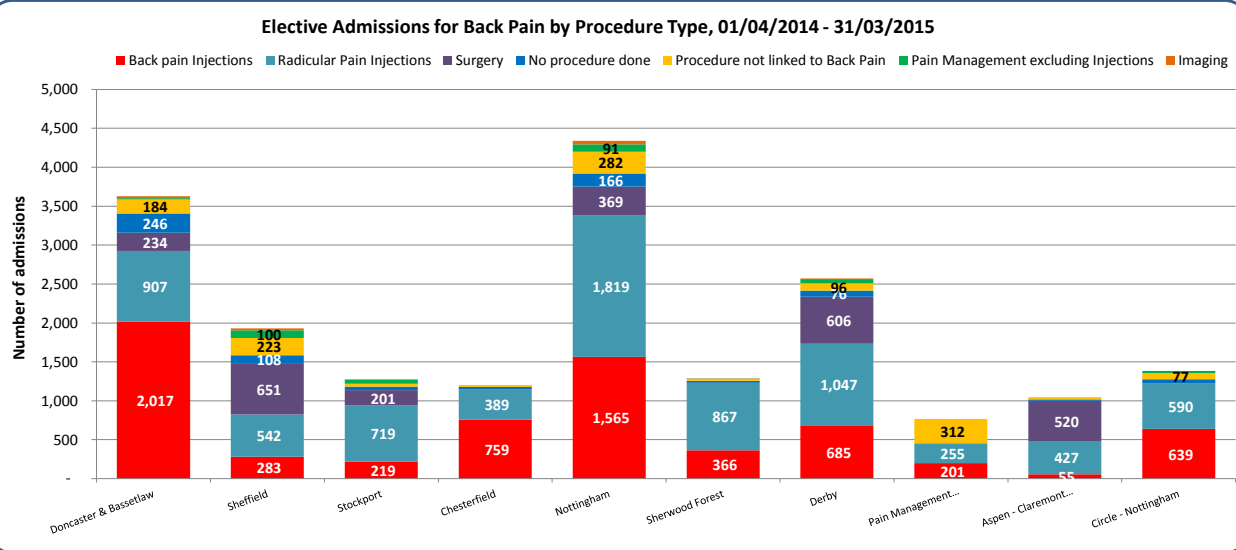
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(North Midlands Providers only)



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

(North Midlands Providers only)



What is the data telling us?

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

On average, there is a higher proportion of admissions for injections across providers that the North Midlands CCGs use. Four of the the NHSTrusts have a higher proportion of elective activity for injections than the England rate 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).

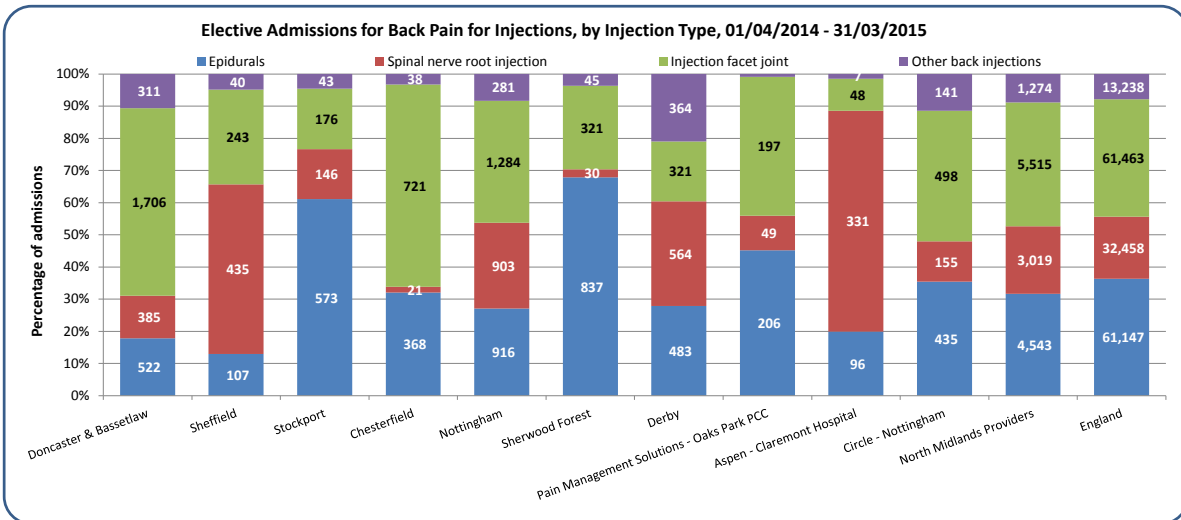
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

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

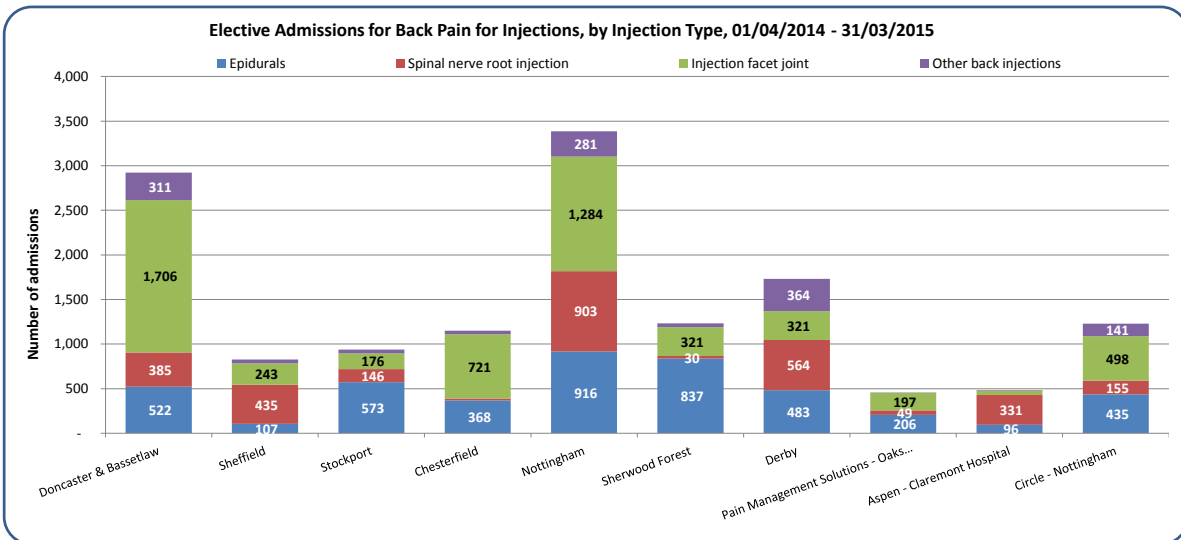
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(North Midlands Providers only)

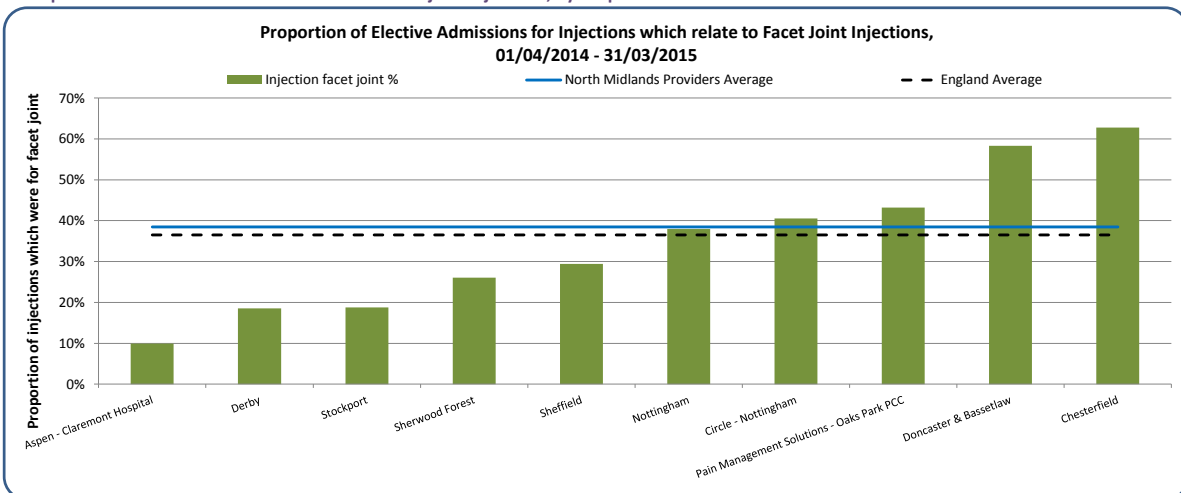


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(North Midlands Providers only)



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



What is the data telling us?

Injections for radicular pain (i.e. epidurals and spinal nerve root joint injections) are those most frequently done within the North Midlands region, constituting around 53% of all injection activity compared to 57% across England as a whole.

Nottingham and Doncaster & Bassetlaw Trusts have the highest activity for injections.

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

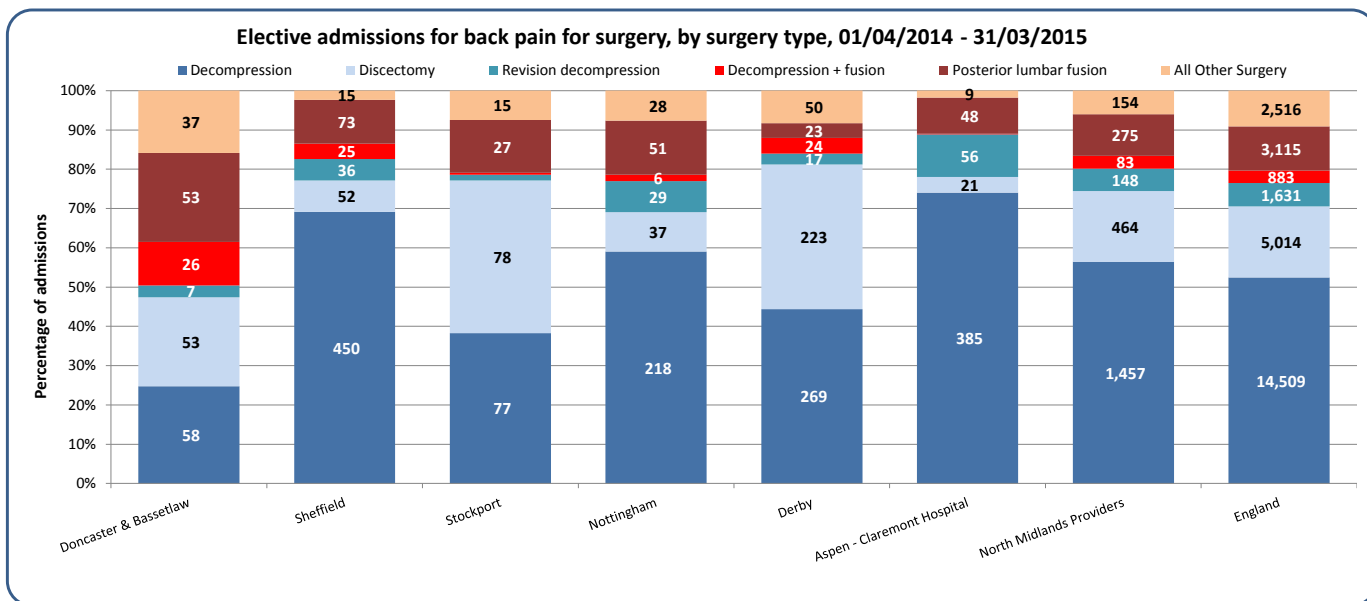
The proportion of facet joint injections done at Trust level ranges from 10% to 63% compared to the England figure of 37%.

Hospital Trust activity

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

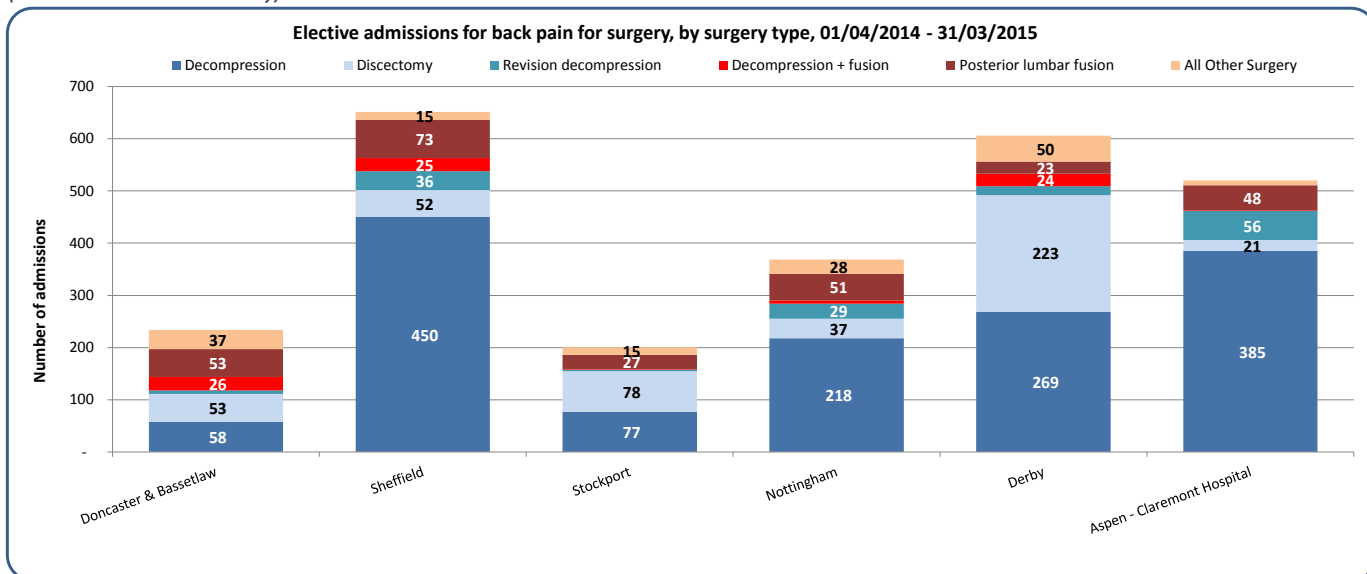
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(North Midlands Providers only)



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

(North Midlands Providers only)



What is the data telling us?

The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for the providers who admit patients from the North Midlands CCGs.

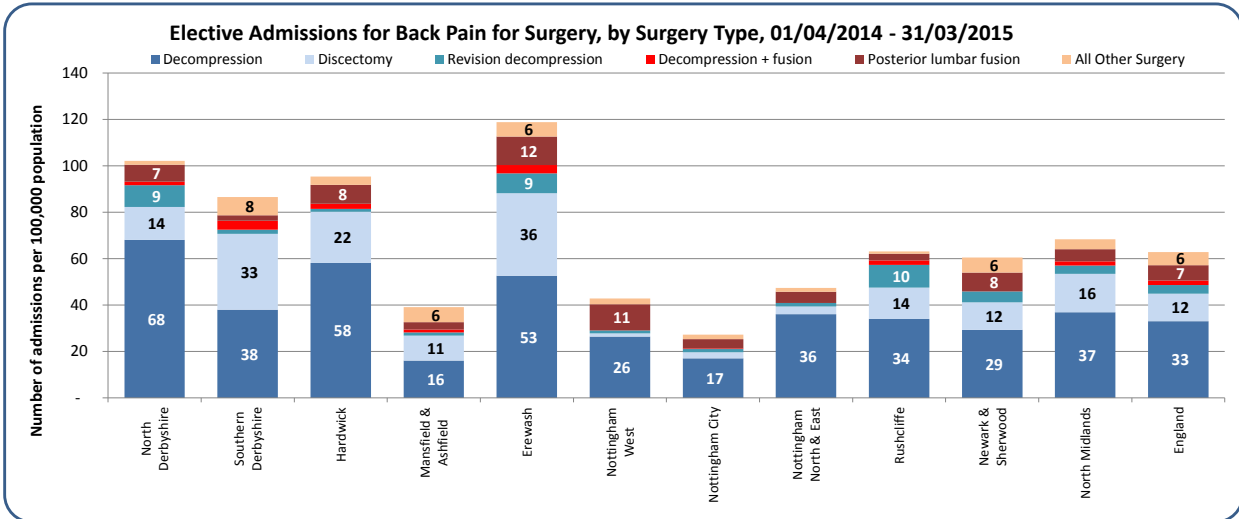
These providers combined do a slightly higher proportion of decompressions compared to England but there are wide variations at Trust level. Sheffield and Derby Trusts are the highest volume providers but Sheffield does twice as many fusions and more frequently does decompressions rather than discectomy (1:9 ratio) compared to Derby where there is almost an equal proportion. Although Doncaster & Bassetlaw have a much lower volume of activity overall, they do a higher proportion of fusions that almost equals the number of admissions for fusions at Sheffield Trust.

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

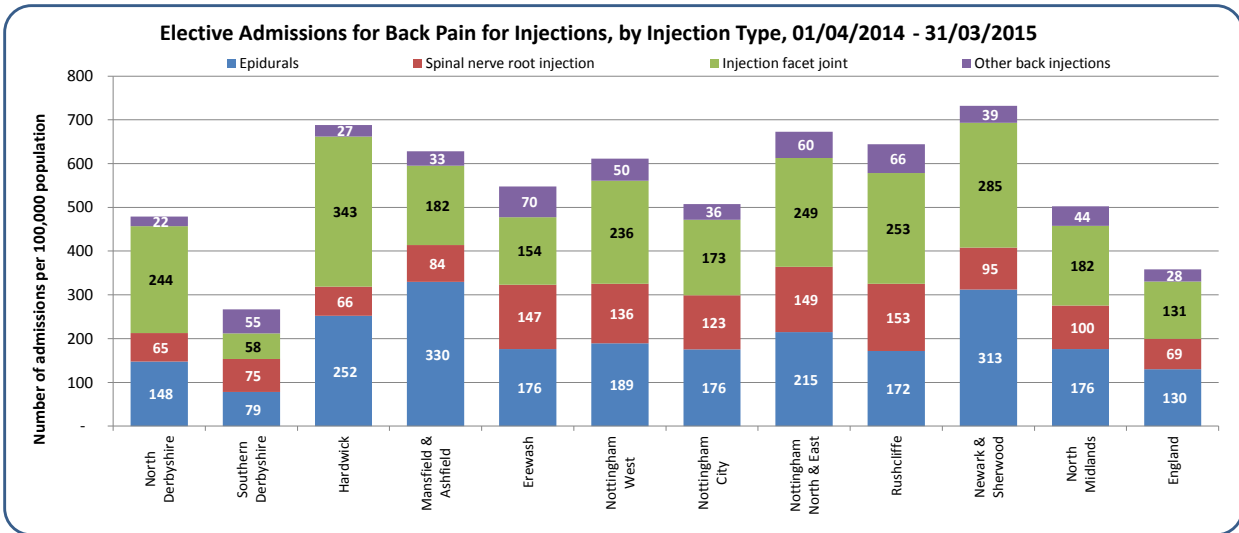
CCG activity by back pain procedure group

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

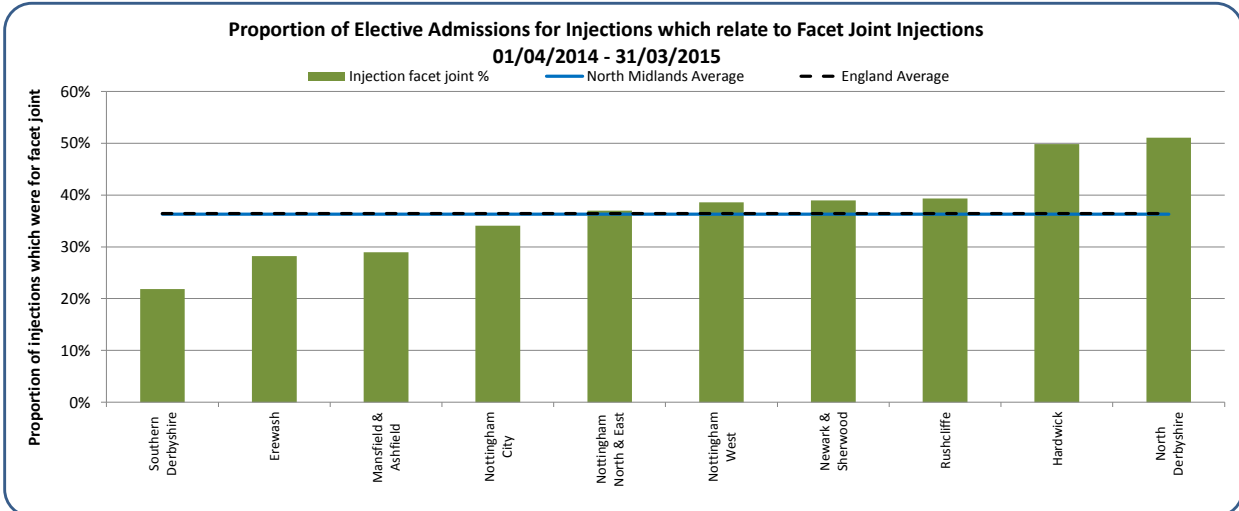
a. Number of elective admissions for surgery per CCG, by surgery type (North Midlands only)



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



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



What is the data telling us?

Chart 10a shows the range in the activity rate per 100,000 relating specifically to elective admissions for surgery, by type of surgery, for the South Central CCGs, with chart 9b showing the same for injections.

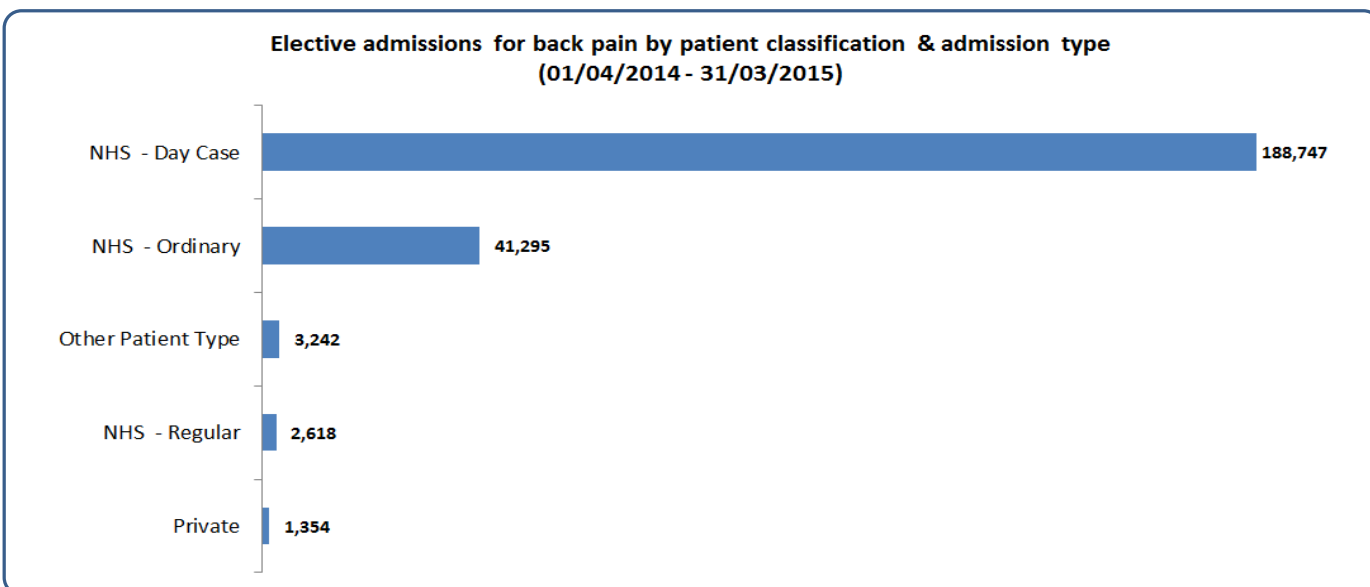
Overall North Midland CCGs have a slightly higher rate per 100,000 for spinal surgery with a much higher rate of injections compared to the England rates. Erewash CCG has the highest rates of surgery and Newark & Sherwood CCG has the highest rates of injections.

All CCGs, except for Southern Derbyshire have higher rates for all types of injections compared to England rates. Proportion of lumbar facet joint injections vary from 22% at Southern Derbyshire CCG to 51% at North Derbyshire CCG.

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



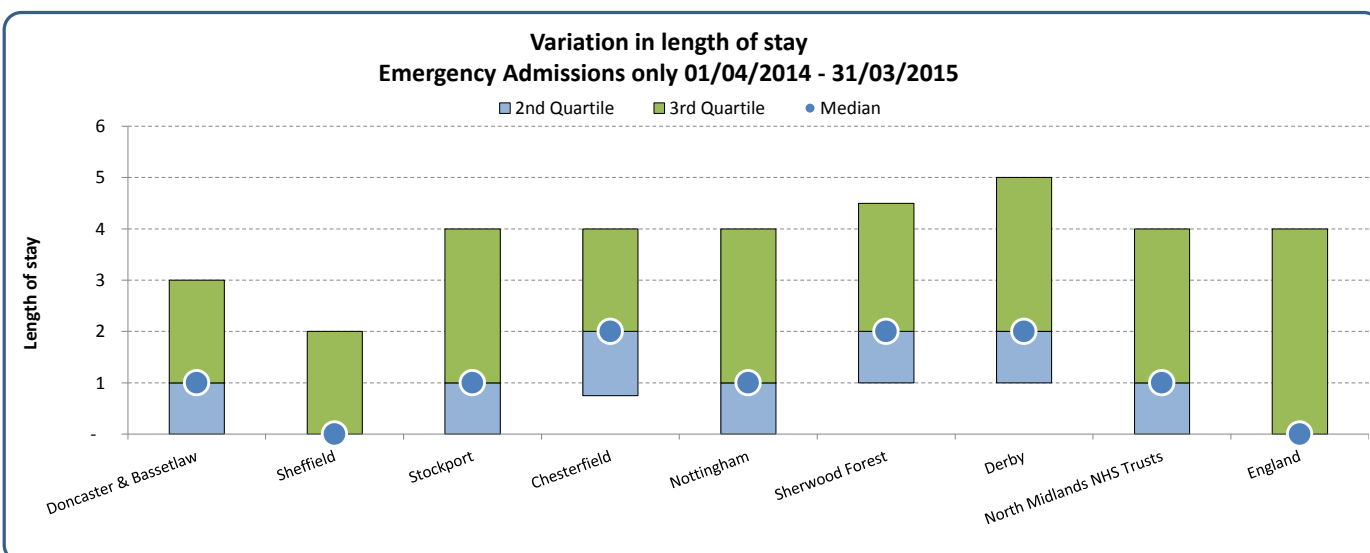
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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

(North Midlands Trusts only)



What is the data telling us?

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

The boxplot indicates the variation in length of stay for emergency admissions for the NHS Trust providers who admit patients from the North Midlands CCGs and shows that all Trusts, except Sheffield, have a higher median length of stay (ranging from 1 to 2 days), compared to the England rate of zero days.

Hospital Trust Activity Total Costs

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

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

| Provider Name | Elective | Emergency | Other | Total |
|-----------------------|---------------------|--------------------|------------------|---------------------|
| Nottingham | £ 4,897,379 | £ 1,090,109 | £ 91,265 | £ 6,078,753 |
| Sheffield | £ 4,263,895 | £ 1,057,587 | £ 110,121 | £ 5,431,603 |
| Derby | £ 3,905,715 | £ 912,371 | £ 9,428 | £ 4,827,513 |
| Doncaster & Bassetlaw | £ 3,177,489 | £ 573,938 | £ 6,169 | £ 3,757,596 |
| Stockport | £ 1,663,766 | £ 485,926 | £ 29,062 | £ 2,178,755 |
| Sherwood Forest | £ 874,197 | £ 327,782 | £ 27,577 | £ 1,229,556 |
| Chesterfield | £ 769,254 | £ 339,996 | £ 2,618 | £ 1,111,868 |
| Total | £ 19,551,695 | £ 4,787,709 | £ 276,241 | £ 24,615,644 |

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

| Provider Name | Surgery | Radicular pain Injections | Back pain Injections | No procedure done | Procedure not linked to back pain | Imaging | Pain Management excluding Injections | Other Non-Surgical | Total |
|-----------------------|---------------------|---------------------------|----------------------|--------------------|-----------------------------------|--------------------|--------------------------------------|--------------------|---------------------|
| Nottingham | £ 2,267,213 | £ 1,222,173 | £ 962,850 | £ 480,023 | £ 635,300 | £ 362,759 | £ 148,434 | £ - | £ 6,078,753 |
| Sheffield | £ 3,340,509 | £ 350,217 | £ 158,669 | £ 378,209 | £ 818,503 | £ 295,902 | £ 89,595 | £ - | £ 5,431,603 |
| Derby | £ 2,672,159 | £ 680,347 | £ 369,255 | £ 416,685 | £ 348,762 | £ 313,343 | £ 26,963 | £ - | £ 4,827,513 |
| Doncaster & Bassetlaw | £ 1,285,413 | £ 618,589 | £ 1,156,259 | £ 337,141 | £ 177,173 | £ 175,610 | £ 7,412 | £ - | £ 3,757,596 |
| Stockport | £ 1,047,519 | £ 496,983 | £ 126,519 | £ 317,220 | £ 69,955 | £ 88,114 | £ 27,628 | £ 4,817 | £ 2,178,755 |
| Sherwood Forest | £ - | £ 635,864 | £ 235,350 | £ 182,060 | £ 64,641 | £ 107,867 | £ 3,774 | £ - | £ 1,229,556 |
| Chesterfield | £ - | £ 268,007 | £ 493,476 | £ 166,482 | £ 54,358 | £ 125,811 | £ 3,734 | £ - | £ 1,111,868 |
| Total | £ 10,612,814 | £ 4,272,180 | £ 3,502,376 | £ 2,277,820 | £ 2,168,692 | £ 1,469,406 | £ 307,540 | £ 4,817 | £ 24,615,644 |

What is the data telling us?

Across all for the NHS Trusts who admitted patients from the North Midlands CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was over £24.6 million, with 79% of the costs attributed to elective activity.

The surgery procedures group accounts for almost 43% of the total cost of all procedures, and the cost of injections is an additional 32% of the total.

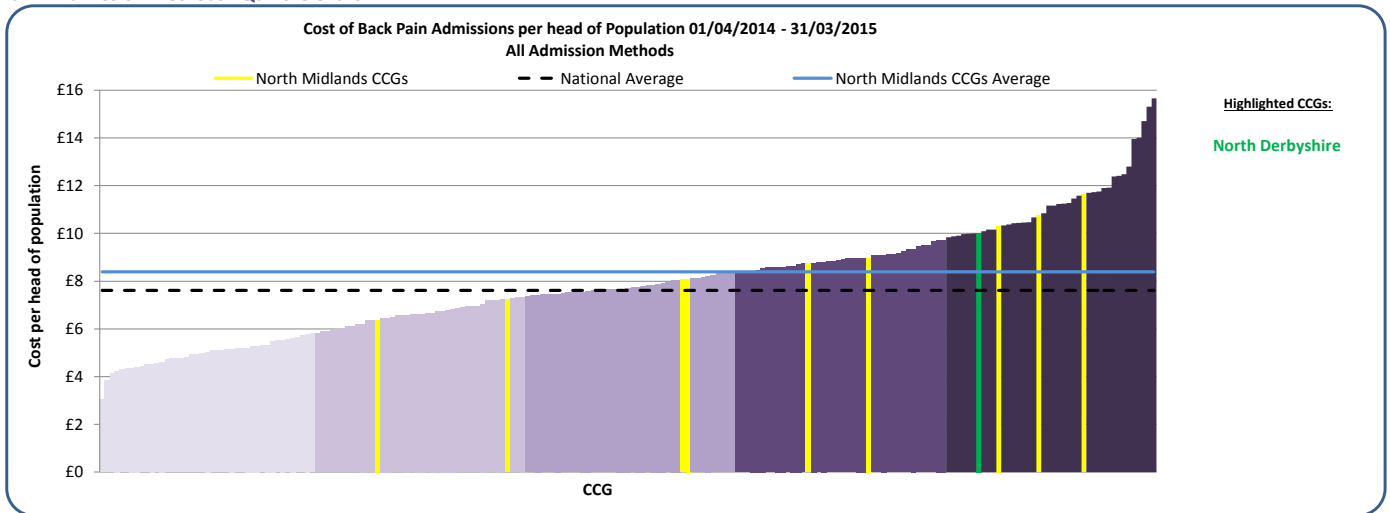
CCG Activity Total Costs

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 | |
| Nottingham City | £ 6.37 | £ 1,913,285 | £ 5.19 | £ 1,559,347 | £ 1.18 | £ 353,124 | 300,226 |
| Southern Derbyshire | £ 7.24 | £ 3,234,833 | £ 5.55 | £ 2,480,540 | £ 1.58 | £ 705,503 | 446,932 |
| Nottingham West | £ 8.06 | £ 639,558 | £ 6.26 | £ 496,250 | £ 1.68 | £ 132,976 | 79,330 |
| Mansfield & Ashfield | £ 8.10 | £ 1,264,655 | £ 6.55 | £ 1,023,369 | £ 1.47 | £ 229,672 | 156,177 |
| Rushcliffe | £ 8.75 | £ 900,981 | £ 7.15 | £ 736,407 | £ 1.60 | £ 164,574 | 103,016 |
| Nottingham North & East | £ 8.97 | £ 1,116,678 | £ 7.50 | £ 933,657 | £ 1.45 | £ 180,856 | 124,521 |
| North Derbyshire | £ 10.01 | £ 2,468,269 | £ 7.92 | £ 1,953,023 | £ 1.84 | £ 452,709 | 246,676 |
| Newark & Sherwood | £ 10.31 | £ 1,124,772 | £ 8.33 | £ 908,618 | £ 1.53 | £ 166,835 | 109,111 |
| Hardwick | £ 10.76 | £ 925,439 | £ 8.56 | £ 735,717 | £ 1.93 | £ 165,860 | 85,998 |
| Erewash | £ 11.62 | £ 949,249 | £ 9.64 | £ 786,853 | £ 1.80 | £ 146,620 | 81,657 |
| North Midlands Total | £ 8.39 | £ 14,537,719 | £ 6.70 | £ 11,613,779 | £ 1.56 | £ 2,698,729 | 1,733,644 |

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 |
|-------------------------|-------------|---------------------------|----------------------|-------------------|-----------------------------------|---------|--------------------------------------|--------------------|-------------|
| Southern Derbyshire | £ 1,520,103 | £ 440,292 | £ 270,181 | £ 9,611 | £ 200,192 | £ 9,869 | £ 30,292 | £ - | £ 2,480,540 |
| North Derbyshire | £ 1,026,536 | £ 339,483 | £ 424,566 | £ 3,797 | £ 119,200 | £ 9,267 | £ 30,174 | £ - | £ 1,953,023 |
| Nottingham City | £ 395,991 | £ 555,238 | £ 384,836 | £ 21,167 | £ 157,468 | £ 7,914 | £ 36,733 | £ - | £ 1,559,347 |
| Mansfield & Ashfield | £ 280,562 | £ 439,759 | £ 204,530 | £ 3,067 | £ 78,566 | £ 4,621 | £ 12,264 | £ - | £ 1,023,369 |
| Nottingham North & East | £ 280,406 | £ 286,091 | £ 247,965 | £ 19,923 | £ 76,403 | £ 6,110 | £ 16,759 | £ - | £ 933,657 |
| Newark & Sherwood | £ 326,157 | £ 296,103 | £ 225,872 | £ 6,190 | £ 36,480 | £ 726 | £ 17,089 | £ - | £ 908,618 |
| Erewash | £ 451,058 | £ 167,734 | £ 103,465 | £ 2,377 | £ 55,129 | £ 2,280 | £ 4,810 | £ - | £ 786,853 |
| Rushcliffe | £ 277,004 | £ 215,532 | £ 189,529 | £ 1,672 | £ 20,768 | £ 9,685 | £ 22,216 | £ - | £ 736,407 |
| Hardwick | £ 324,086 | £ 181,609 | £ 191,587 | £ 703 | £ 22,308 | £ 6,182 | £ 9,242 | £ - | £ 735,717 |
| Nottingham West | £ 159,055 | £ 161,980 | £ 129,622 | £ 3,311 | £ 33,548 | £ 2,178 | £ 6,555 | £ - | £ 496,250 |

What is the data telling us?

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

Erewash CCG has the highest spend per head of population regionally (£11.62) driven mainly by high costs for elective admissions. Despite having high elective admission rates for the region, Nottingham City CCG has the lowest costs per head for both emergency and elective admissions (£6.37) in the region.

The final table shows the total spend for elective admissions for each CCG for 2014/15 (based on national tariff) and includes a breakdown of this spend by procedure type. Surgery generally accounts for the majority of spend, but in Nottingham City CCG almost 2.5 times the amount was spent on admissions for injections compared to what is spent on surgery.

14. Back & Radicular Pain Admissions Breakdown for the North Midlands 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 | | | |
| RX1 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 273 | 3,102 | 487 | 662 | 13 | 4,537 |
| RTG | DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST | 441 | 1,273 | 177 | 522 | <6 | 2,415 |
| RK5 | SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST | - | 1,182 | 53 | 270 | <6 | 1,509 |
| RFS | CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST | - | 1,128 | 50 | 284 | <6 | 1,464 |
| NV313 | CIRCLE - NOTTINGHAM NHS TREATMENT CENTRE | - | 1,144 | 137 | - | - | 1,281 |
| RHQ | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 99 | 82 | 65 | 79 | 6 | 331 |
| NYW04 | ASPEN - CLAREMONT HOSPITAL | 112 | 104 | 12 | - | - | 228 |
| RWJ | STOCKPORT NHS FOUNDATION TRUST | 23 | 120 | 26 | 44 | <6 | 214 |
| NY601 | PAIN MANAGEMENT SOLUTIONS - OAKS PARK PCC | - | 130 | 74 | - | - | 204 |
| RP5 | DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST | 9 | 120 | 27 | 16 | - | 172 |
| NVC40 | NOTTINGHAM WOODTHORPE HOSPITAL | 46 | 67 | 6 | - | - | 119 |
| NTP13 | BARLBOROUGH NHS TREATMENT CENTRE | 45 | 69 | <6 | - | - | 115 |
| RY8 | DERBYSHIRE COMMUNITY HEALTH SERVICES NHS TRUST | - | 30 | <6 | 13 | 30 | 77 |
| NTX01 | ONE HEALTH GROUP LTD | 16 | 43 | <6 | - | - | 64 |
| RJF | BURTON HOSPITALS NHS FOUNDATION TRUST | - | <6 | <6 | 36 | - | 38 |
| RM3 | SALFORD ROYAL NHS FOUNDATION TRUST | 11 | 8 | 7 | <6 | - | 30 |
| NT213 | NUFFIELD HEALTH, DERBY HOSPITAL | 20 | 8 | - | - | - | 28 |
| RWD | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | - | <6 | <6 | 17 | <6 | 21 |
| NT440 | BMI - THORNBURY HOSPITAL | 12 | <6 | <6 | - | - | 21 |
| RFR | THE ROTHERHAM NHS FOUNDATION TRUST | - | - | 18 | - | - | 18 |
| R1E | STAFFORDSHIRE AND STOKE ON TRENT PARTNERSHIP NHS TRUST | - | 13 | <6 | - | - | 15 |
| RRV | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | - | <6 | 6 | <6 | - | 11 |
| RJN | EAST CHESHIRE NHS TRUST | - | - | - | 10 | - | 10 |
| RWE | UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST | <6 | <6 | - | <6 | - | 8 |
| RRK | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | <6 | <6 | <6 | <6 | <6 | 6 |
| RHA | NOTTINGHAMSHIRE HEALTHCARE NHS TRUST | - | - | <6 | <6 | <6 | <6 |
| RKB | UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST | - | <6 | - | <6 | <6 | <6 |
| NT401 | BMI - THE ALEXANDRA HOSPITAL | <6 | <6 | - | - | - | <6 |
| RAN | ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST | - | <6 | <6 | - | - | <6 |
| RM2 | UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | - | <6 | - | - | - | <6 |
| RXQ | BUCKINGHAMSHIRE HEALTHCARE NHS TRUST | - | - | - | <6 | - | <6 |
| NT339 | SPIRE REGENCY HOSPITAL | - | <6 | <6 | - | - | <6 |
| RJE | UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST | - | <6 | - | <6 | - | <6 |
| RMP | TAMESIDE HOSPITAL NHS FOUNDATION TRUST | - | <6 | <6 | - | - | <6 |
| RRJ | THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST | <6 | <6 | - | <6 | - | <6 |
| R1H | BARTS HEALTH NHS TRUST | - | - | - | <6 | - | <6 |
| RA4 | YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RGQ | IPSWICH HOSPITAL NHS TRUST | <6 | - | - | <6 | - | <6 |
| RNS | NORTHAMPTON GENERAL HOSPITAL NHS TRUST | - | <6 | - | <6 | - | <6 |
| RR1 | HEART OF ENGLAND NHS FOUNDATION TRUST | - | <6 | - | <6 | - | <6 |
| RRF | WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST | - | <6 | - | - | - | <6 |
| RYJ | IMPERIAL COLLEGE HEALTHCARE NHS TRUST | - | - | - | <6 | - | <6 |
| RA3 | WESTON AREA HEALTH NHS TRUST | - | - | - | <6 | - | <6 |
| RAE | BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST | - | - | <6 | - | - | <6 |
| RBZ | NORTHERN DEVON HEALTHCARE NHS TRUST | - | - | - | <6 | - | <6 |
| RCU | SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST | - | - | <6 | - | - | <6 |
| RD1 | ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RD8 | MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST | - | <6 | - | - | - | <6 |
| RGT | CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | - | <6 | - | - | - | <6 |
| RHM | UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RK9 | PLYMOUTH HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RKE | THE WHITTINGTON HOSPITAL NHS TRUST | - | - | - | <6 | - | <6 |
| RLT | GEORGE ELIOT HOSPITAL NHS TRUST | - | - | - | <6 | - | <6 |
| RN3 | GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RR8 | LEEDS TEACHING HOSPITALS NHS TRUST | - | - | <6 | - | - | <6 |
| RTD | THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST | - | <6 | - | - | - | <6 |
| RVR | EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RW3 | CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | - | - | - | - | <6 | <6 |
| RW6 | PENNINE ACUTE HOSPITALS NHS TRUST | - | <6 | - | - | - | <6 |
| RWA | HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST | <6 | - | - | - | - | <6 |
| RWP | WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RXH | BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RXN | LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| NT403 | BMI - THE BEARDWOOD HOSPITAL | - | <6 | - | - | - | <6 |
| NVC09 | NEW HALL HOSPITAL | <6 | - | - | - | - | <6 |
| Total | | 1,115 | 8,669 | 1,172 | 1,993 | 64 | 13,013 |

| DOCUMENT GOVERNANCE | |
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| Created by | Adam Fearing, Andrea Brown & Liz Lingard |
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| Peer Reviewed by (if appropriate) | |
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| Version | Document Type | Date | Amendments | By |
| 0.1 | First Draft | 10/03/2016 | --- | Adam Fearing, Liz Lingard |
| 0.2 | Draft V2 | 15/03/2016 | Amendments & Final QA | Adam Fearing, Kayoung Goffe |
| 0.3 | Draft V3 | 15/04/2016 | Further minor amendments | Adam Fearing, Kayoung Goffe |
| 0.4 | Draft V4 | 03/05/2016 | Further minor amendments | Adam Fearing |
| 0.5 | Draft V5 | 11/05/2016 | Further minor amendments | Adam Fearing |
| 0.6 | Draft V6 | 27/06/2016 | 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? | |