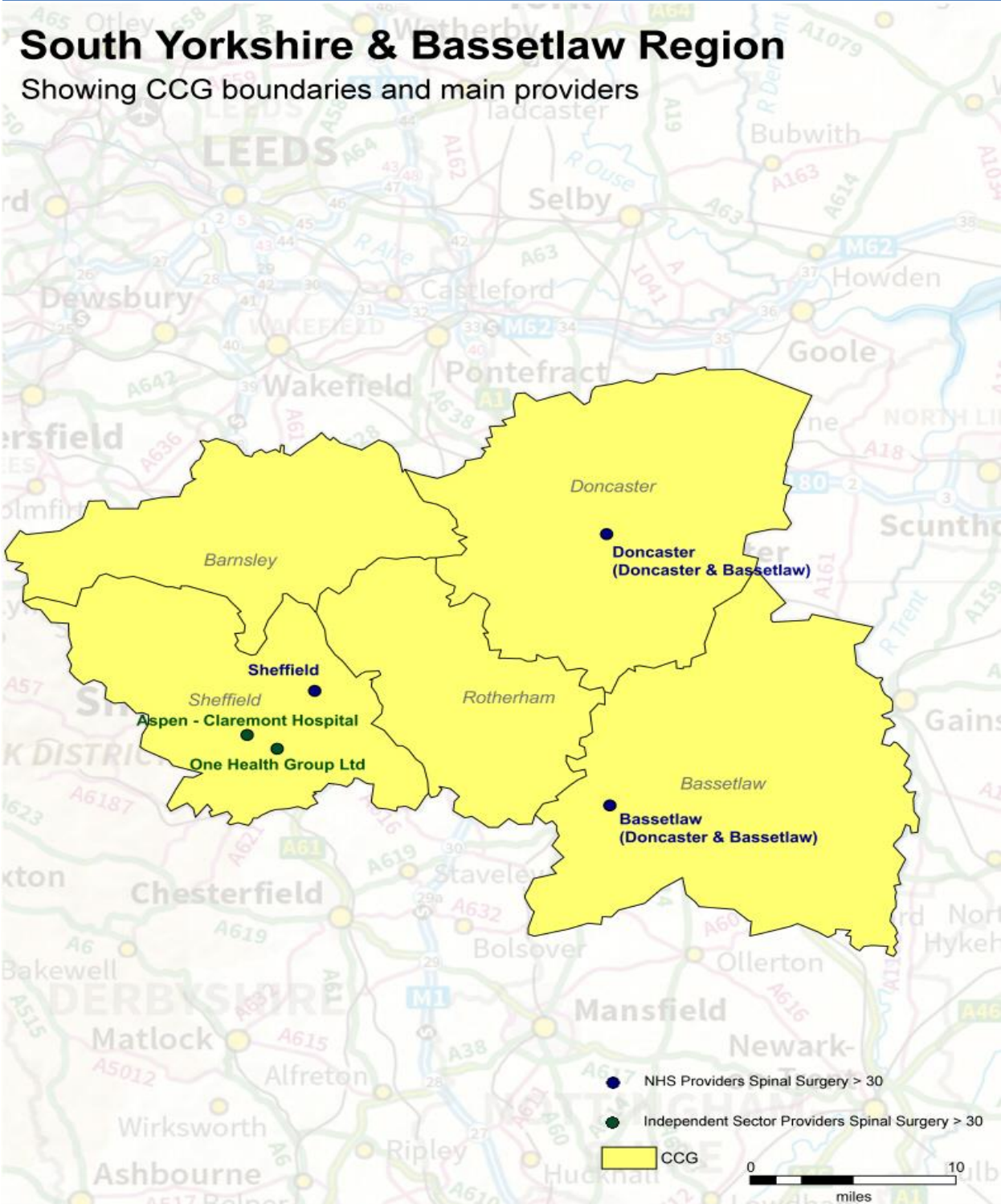


Back Pain Report

Rotherham
June 2016



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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 Yorkshire & Bassetlaw 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 Yorkshire & Bassetlaw Region are:

- Barnsley Hospital NHS Foundation Trust
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust

The Independent Sector Providers included for the South Yorkshire & Bassetlaw Region are:

- Pain Management Solutions - Oaks Park PCC
- Aspen - Claremont Hospital
- One Health Group Ltd

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

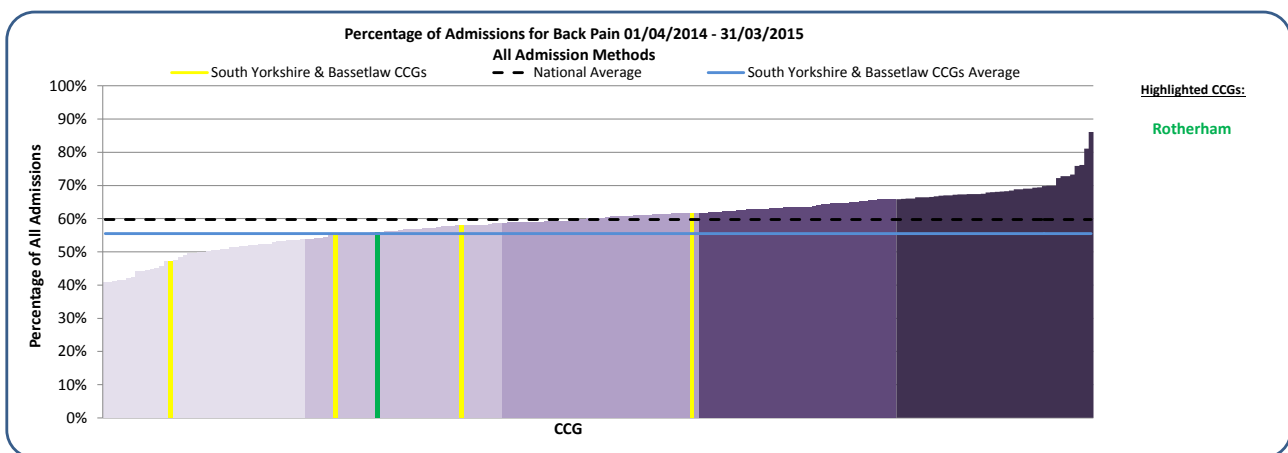
| England | Back | Radicular | Total | % Back | % Radicular |
|--------------|----------------|----------------|----------------|--------------|--------------|
| Elective | 134,448 | 102,808 | 237,256 | 56.7% | 43.3% |
| Emergency | 39,331 | 14,309 | 53,640 | 73.3% | 26.7% |
| Other | 771 | 951 | 1,722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

| South Yorkshire & Bassetlaw | Back | Radicular | Total | % Back | % Radicular |
|-----------------------------|--------------|--------------|--------------|--------------|--------------|
| Elective | 3,144 | 2,987 | 6,131 | 51.3% | 48.7% |
| Emergency | 1,113 | 424 | 1,537 | 72.4% | 27.6% |
| Other | 20 | 20 | 40 | 50.0% | 50.0% |
| Total | 4,277 | 3,431 | 7,708 | 55.5% | 44.5% |

b. Hospital admissions at CCG level, indicating proportion of admissions for back pain

Table indicates the proportion of admissions for back pain only (and not radicular pain)

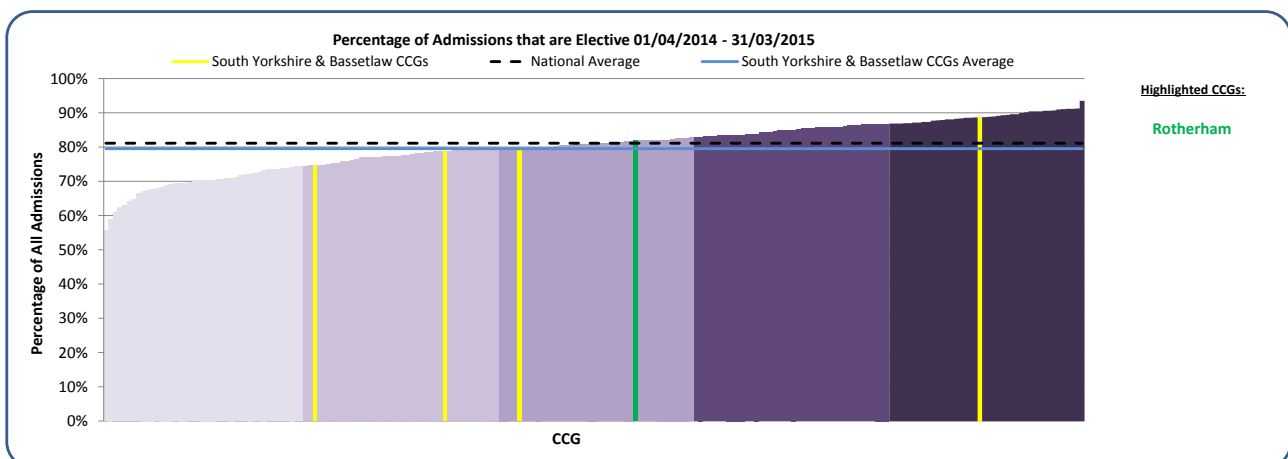
| | | | |
|---|--------------|----------------|--------------|
| Sheffield | 47.2% | Doncaster | 57.9% |
| Bassetlaw | 54.9% | Barnsley | 61.7% |
| Rotherham | 56.0% | | |
| South Yorkshire & Bassetlaw CCGs | 55.5% | England | 59.8% |



c. Hospital admissions at CCG level, by admission method

Table indicates the proportion of admissions for back and radicular pain that is recorded as elective

| | | | |
|---|--------------|----------------|--------------|
| Sheffield | 74.7% | Rotherham | 81.9% |
| Barnsley | 78.7% | Bassetlaw | 88.7% |
| Doncaster | 79.5% | | |
| South Yorkshire & Bassetlaw CCGs | 79.5% | England | 81.1% |



What is the data telling us?

In the 2014/15 financial year period there were almost 300,000 admissions for back and radicular pain in England, with 7,708 (2.6%) of these for patients registered within the South Yorkshire & Bassetlaw 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 Yorkshire & Bassetlaw CCGs the proportion of admissions for back pain ranges from 47% to 62%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the South Yorkshire & Bassetlaw CCGs having a slightly lower proportion (79.5%). At a CCG level in this region, the proportion of elective admissions for these populations ranges from 75% in Sheffield to 89% in Bassetlaw.

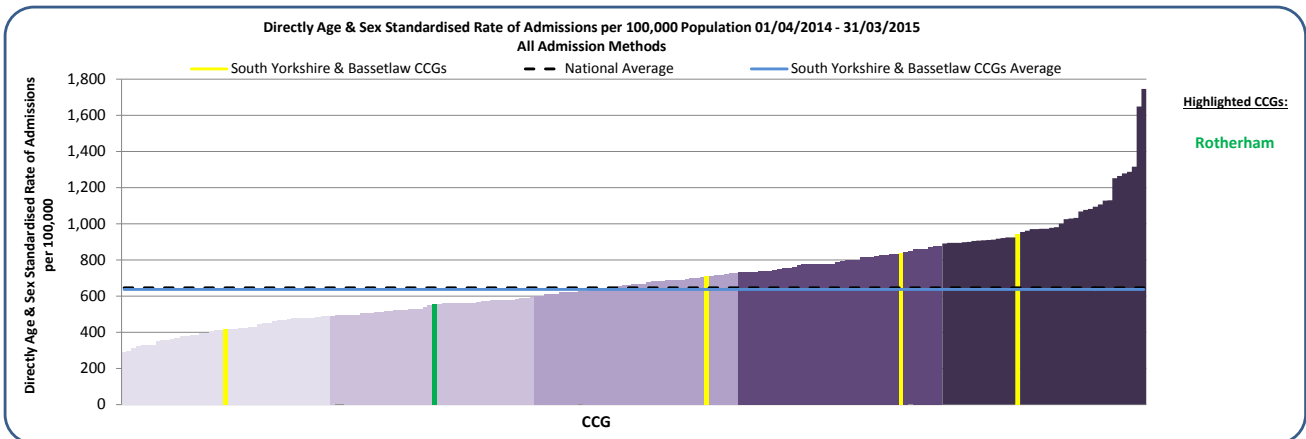
Clinical Commissioning Group (CCG) activity

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

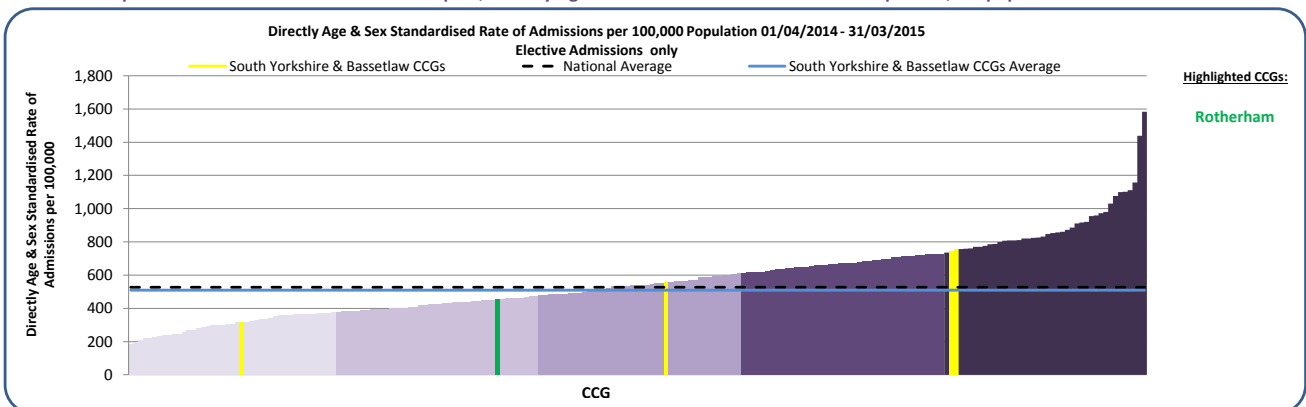
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

| CCG name | All | Elective | Emergency | CCG name | All | Elective | Emergency |
|----------------------------------|-------|----------|-----------|-----------|-------|----------|-----------|
| Doncaster | 945.4 | 753.8 | 188.8 | Rotherham | 557.1 | 454.5 | 94.9 |
| Bassetlaw | 837.5 | 740.8 | 95.7 | Sheffield | 416.9 | 316.2 | 99.9 |
| Barnsley | 709.3 | 556.2 | 147.1 | | | | |
| South Yorkshire & Bassetlaw CCGs | 637.0 | 508.7 | 125.0 | England | 645.6 | 526.5 | 115.4 |

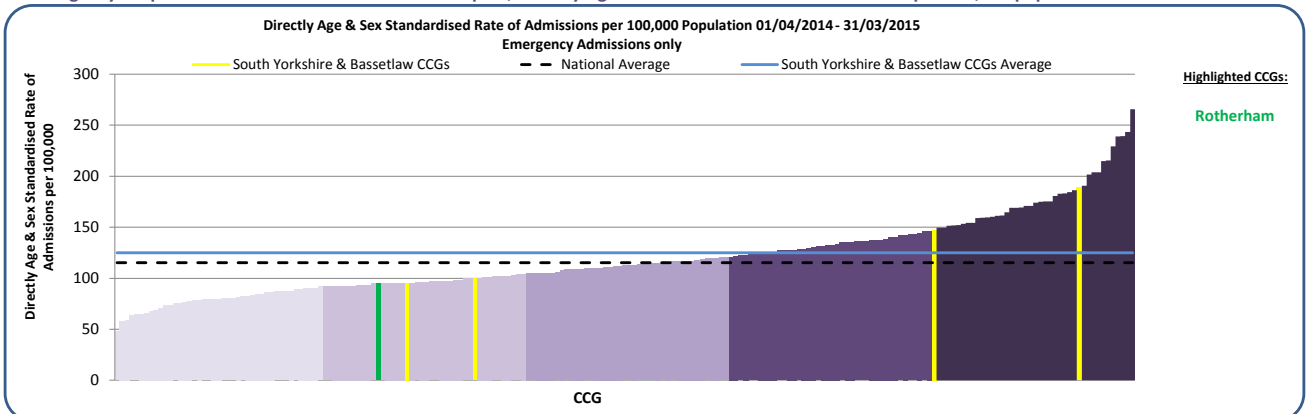
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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



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



What is the data telling us?

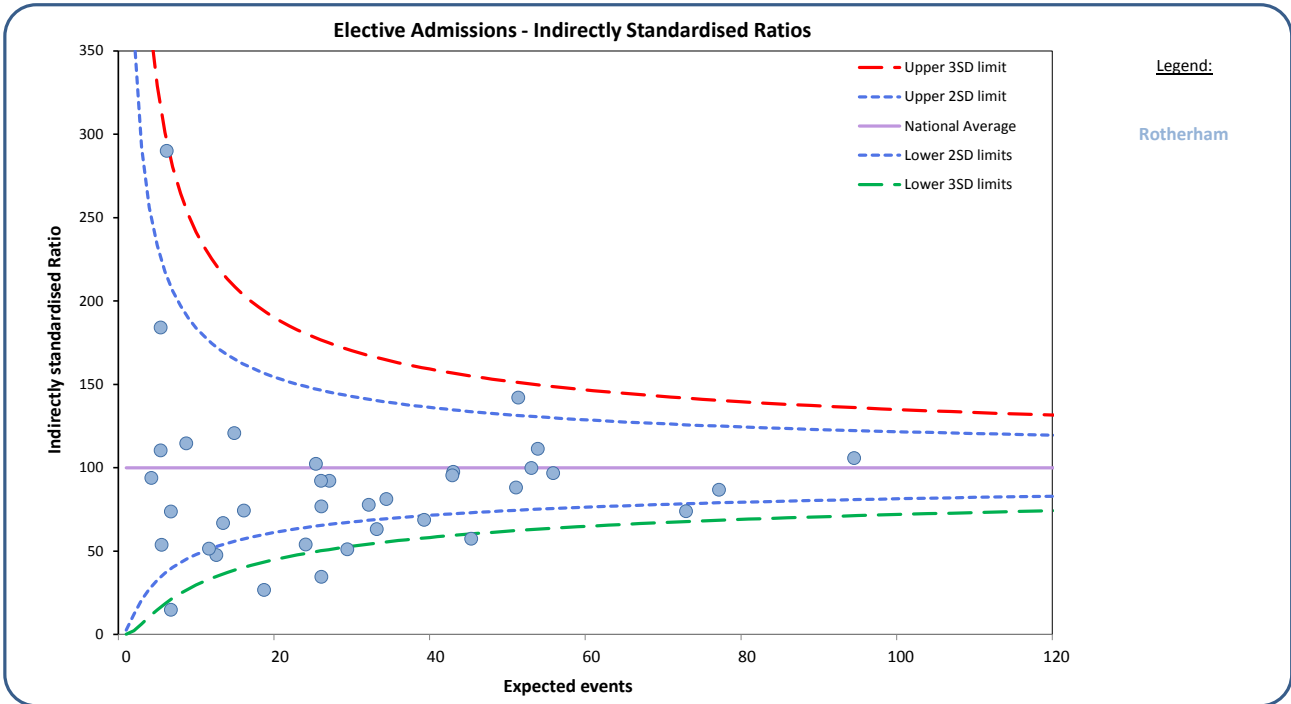
There is considerable variation in elective admission rates across the CCGs within South Yorkshire and Bassetlaw with a 2.4-fold difference between the regional lowest (Sheffield CCG) and the highest CCG for the region (Doncaster CCG). Similarly, there is wide variation for emergency admissions across the CCGs in the region, with a 2-fold difference between the regional lowest (Rotherham CCG) and the highest CCG for the region (Doncaster CCG), which is in the highest quintile nationally for both elective and emergency admissions.

Clinical Commissioning Group (CCG) activity - GP practice level

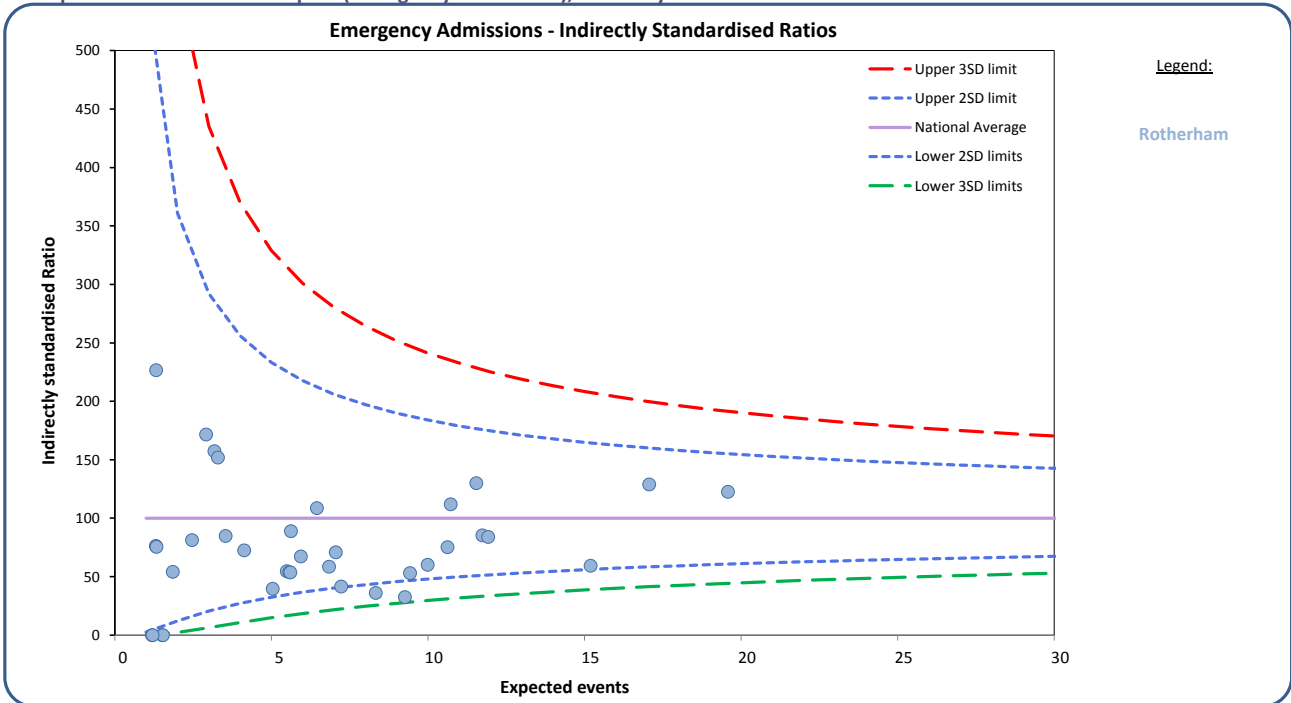
3. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

Each symbol represents one GP practice

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



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 Rotherham

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.

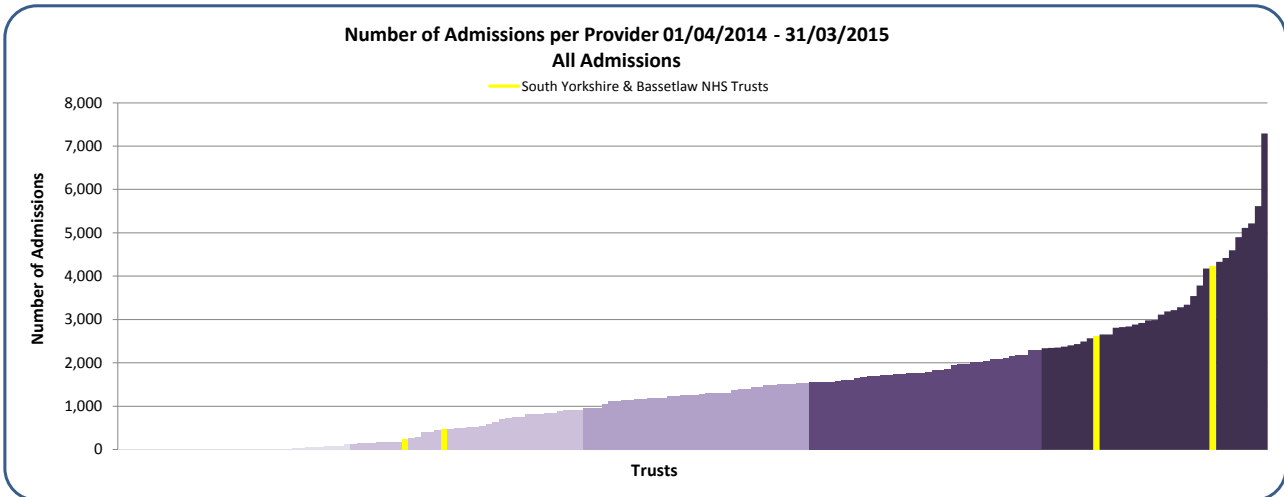
| Practice Code | Practice Name | CCG | Population 15+ | Elective | | | Emergency | | |
|---------------|-----------------------------------|-----|----------------|----------|----------|--------|-----------|----------|--------|
| | | | | Observed | Expected | Ratio | Observed | Expected | Ratio |
| C87002 | Dinnington Group Practice | 03L | 17,459 | 100 | 94.53 | 105.79 | 24 | 19.58 | 122.56 |
| C87003 | Woodstock Bower Group Practice | 03L | 9,251 | 26 | 45.33 | 57.36 | 6 | 9.99 | 60.06 |
| C87004 | Kiveton Park Medical Practice | 03L | 9,404 | 45 | 51.10 | 88.07 | 12 | 10.73 | 111.85 |
| C87005 | St Ann's Medical Centre | 03L | 15,105 | 67 | 77.20 | 86.79 | 22 | 17.07 | 128.87 |
| C87006 | The Magna Group Practice | 03L | 7,382 | 27 | 39.31 | 68.68 | <6 | 8.33 | 36.00 |
| C87007 | Stag Medical Centre | 03L | 9,727 | 54 | 55.85 | 96.69 | 10 | 11.74 | 85.21 |
| C87008 | Swallownest Health Centre | 03L | 13,641 | 54 | 72.96 | 74.01 | 9 | 15.20 | 59.21 |
| C87009 | Brinsworth Medical Centre | 03L | 6,412 | 21 | 33.21 | 63.23 | <6 | 7.06 | 70.86 |
| C87010 | York Road Surgery | 03L | 3,815 | <6 | 18.72 | 26.71 | <6 | 4.13 | 72.56 |
| C87012 | Broom Lane Medical Centre | 03L | 10,458 | 53 | 53.07 | 99.87 | 15 | 11.55 | 129.90 |
| C87013 | Parkgate Medical Centre | 03L | 5,206 | 25 | 27.10 | 92.24 | <6 | 5.94 | 67.36 |
| C87014 | Treeton Medical Centre | 03L | 4,993 | 26 | 25.40 | 102.35 | <6 | 5.49 | 54.60 |
| C87015 | Wickersley Health Centre | 03L | 5,884 | 25 | 32.18 | 77.68 | <6 | 6.84 | 58.44 |
| C87016 | Morthen Road Group Practice | 03L | 9,394 | 73 | 51.37 | 142.10 | 8 | 10.63 | 75.29 |
| C87017 | Clifton Medical Centre | 03L | 10,689 | 60 | 53.89 | 111.34 | 10 | 11.92 | 83.89 |
| C87018 | High Street Surgery | 03L | 6,499 | 28 | 34.46 | 81.26 | <6 | 7.23 | 41.49 |
| C87020 | Greenside Surgery | 03L | 4,967 | 9 | 26.09 | 34.50 | <6 | 5.57 | 53.86 |
| C87022 | Village Surgery | 03L | 5,632 | 15 | 29.40 | 51.02 | 7 | 6.45 | 108.48 |
| C87023 | Brookfield Surgery | 03L | 1,687 | 10 | 8.72 | 114.62 | <6 | 1.85 | 54.01 |
| C87024 | Rawmarsh Health Centre | 03L | 3,304 | 12 | 16.15 | 74.30 | <6 | 3.54 | 84.66 |
| C87029 | Market Surgery | 03L | 8,663 | 42 | 43.03 | 97.61 | <6 | 9.43 | 53.01 |
| C87030 | Crown Street Surgery | 03L | 7,929 | 41 | 42.93 | 95.51 | <6 | 9.26 | 32.39 |
| C87031 | Dr Shrivastava's Practice | 03L | 2,752 | 18 | 14.90 | 120.82 | <6 | 3.18 | 157.39 |
| C87603 | Greasbrough Medical Centre | 03L | 2,770 | 9 | 13.47 | 66.82 | <6 | 2.91 | 171.63 |
| C87604 | Thorpe Hesley Surgery | 03L | 4,694 | 13 | 24.09 | 53.97 | <6 | 5.04 | 39.68 |
| C87606 | Queen's Medical Centre | 03L | 1,287 | 18 | 6.21 | 290.05 | <6 | 1.31 | 76.22 |
| C87608 | Shakespeare Road Surgery | 03L | 3,651 | 6 | 12.58 | 47.70 | <6 | 3.29 | 151.85 |
| C87609 | Rosehill Medical Centre Rchs | 03L | 2,236 | 6 | 11.65 | 51.52 | <6 | 2.47 | 81.13 |
| C87610 | Canklow Road Surgery Rchs | 03L | 1,396 | <6 | 5.58 | 53.80 | <6 | 1.32 | 226.73 |
| C87612 | Surgery Of Light | 03L | 1,418 | <6 | 6.78 | 73.78 | | 1.52 | |
| C87616 | Blyth Road Medical Centre | 03L | 5,061 | 20 | 26.07 | 76.71 | <6 | 5.60 | 53.54 |
| C87617 | Thrybergh Medical Centre | 03L | 1,160 | 10 | 5.43 | 184.15 | | 1.19 | |
| C87620 | Manor Field Surgery | 03L | 5,155 | 24 | 26.03 | 92.19 | <6 | 5.63 | 88.84 |
| C87621 | Broom Valley Road Surgery | 03L | 1,381 | <6 | 6.76 | 14.79 | | 1.54 | |
| C87622 | The Gate | 03L | 1,356 | <6 | 4.26 | 93.83 | | 1.21 | |
| Y02616 | The Chantry Bridge Medical Centre | 03L | 1,425 | 6 | 5.44 | 110.33 | <6 | 1.33 | 75.36 |

Hospital Trust activity

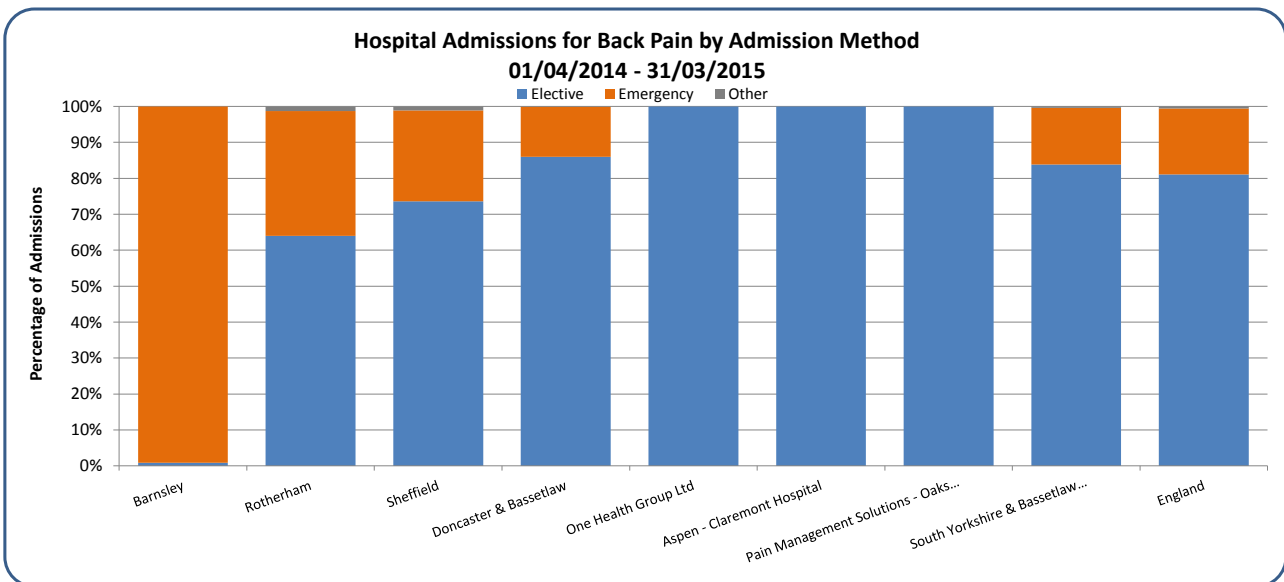
5. Hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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

| | | | |
|--|-------|-----------|---------|
| Doncaster & Bassetlaw | 4,221 | Rotherham | 461 |
| Sheffield | 2,625 | Barnsley | 240 |
| South Yorkshire & Bassetlaw NHS Trusts | 7,547 | England | 251,444 |



b. Number of admissions per hospital Trust, by admission method (South Yorkshire & Bassetlaw Providers only)



What is the data telling us?

The total number of admissions for back pain, rather than a rate, is presented due to the absence of a relevant denominator at hospital Trust level. Activity for the 4 NHS Trusts used by the South Yorkshire & Bassetlaw CCGs is highly variable with 2 Trusts in the second lowest quintile and 2 Trusts in the highest quintile when comparing all NHS Trusts nationally.

The proportion of hospital activity for back pain which is classed as elective care for providers used by South Yorkshire & Bassetlaw CCGs is slightly higher than the England proportion. At NHS Trust level the proportion varies between <6 elective admissions at the low volume Barnsley Trust to 86% of admissions at Doncaster & Bassetlaw Trust, which is the highest volume provider in the region.

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

Hospital Trust activity

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

c. Elective admissions for back and radicular pain, by treatment speciality (South Yorkshire & Bassetlaw Providers only)

| Provider Name | Pain Management & Anaesthetics | Trauma & Orthopaedics | Spinal Surgery Service | Interventional Radiology | Neurosurgery | Other Functions | Total |
|---------------------------------------|--------------------------------|-----------------------|------------------------|--------------------------|--------------|-----------------|--------------|
| Barnsley | - | - | - | - | - | <6 | - |
| Doncaster & Bassetlaw | 2,239 | 1,352 | - | - | - | 37 | 3,628 |
| Sheffield | 622 | 28 | 805 | - | 440 | 37 | 1,932 |
| Rotherham | 17 | 248 | - | - | - | 30 | 295 |
| Pain Management Solutions - Oaks Park | 766 | - | - | - | - | <6 | 766 |
| Aspen - Claremont Hospital | 52 | 446 | - | - | 546 | - | 1,044 |
| One Health Group Ltd | - | 14 | - | - | 1,106 | - | 1,120 |
| Total | 3,696 | 2,088 | 805 | - | 2,092 | 104 | 8,785 |

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 specialities are Trauma and Orthopaedics and Pain Management/Anaesthetics. The providers for the South Yorkshire & Bassetlaw CCGs record 24% of their activity as Neurosurgery (over 50% within the Independent Sector Provider, One Health Group Ltd) which is higher than most other regions.

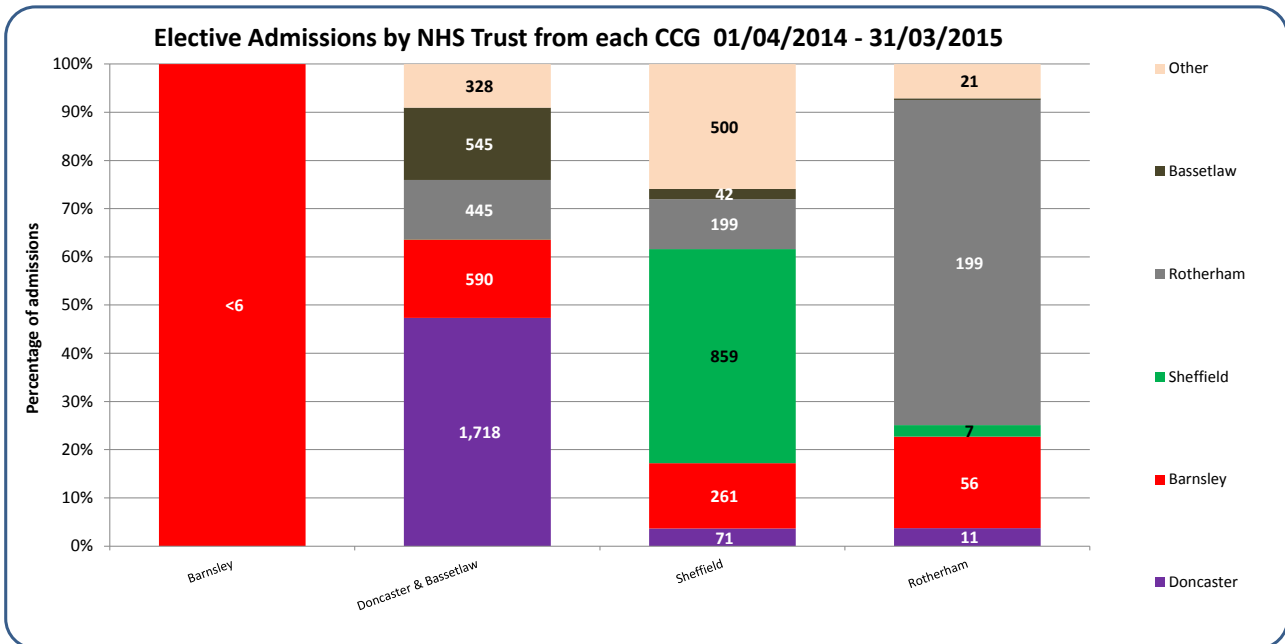
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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.

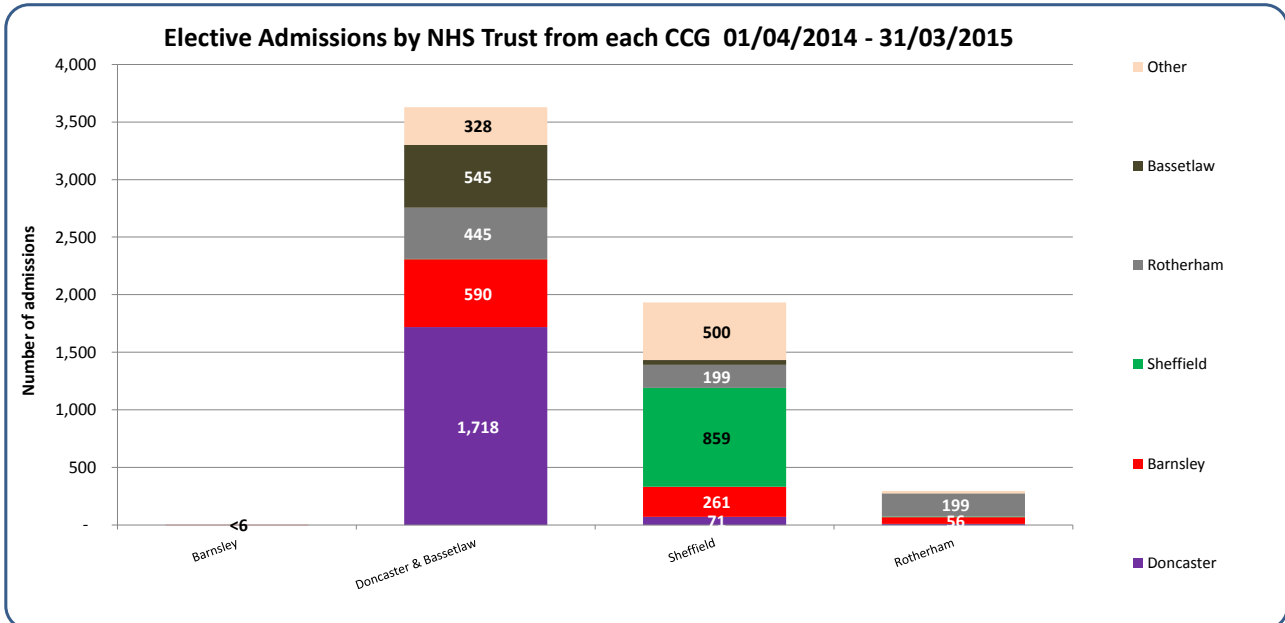
Hospital Trust activity from CCGs

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.

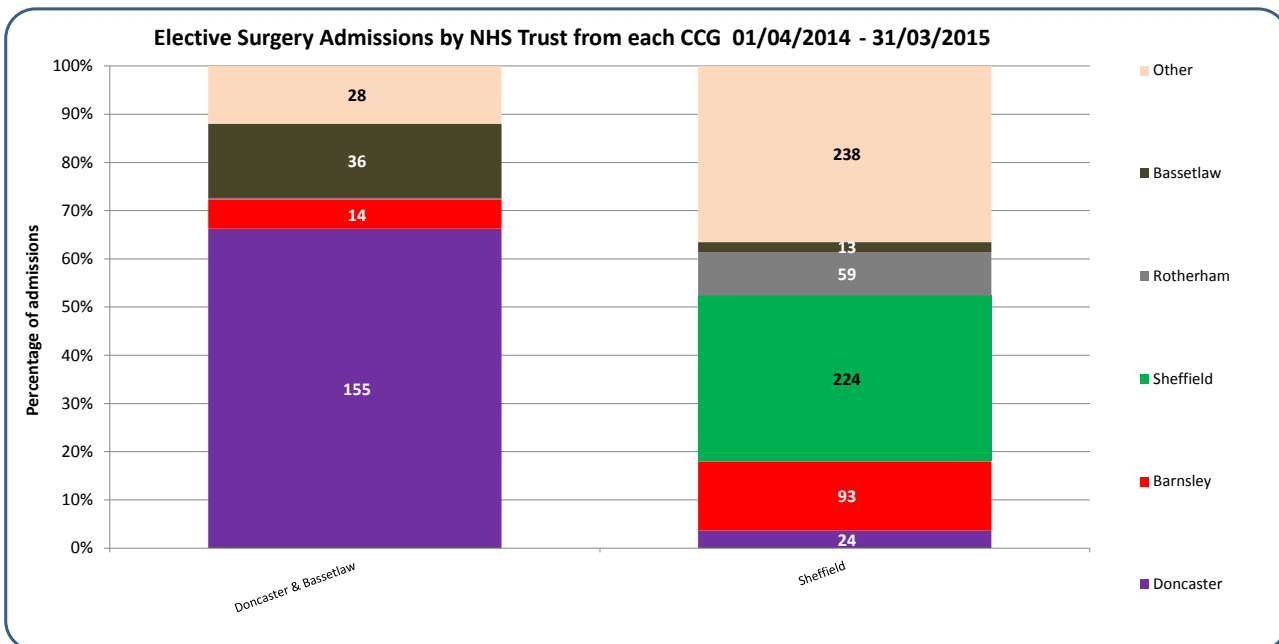
Doncaster & Bassetlaw Trust is the highest volume provider and admits patients from all of the South Yorkshire & Humber CCGs except Sheffield CCG who mainly use Sheffield Trust. The two high volume NHS Trusts also admit patients from CCGs outside of this region.

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

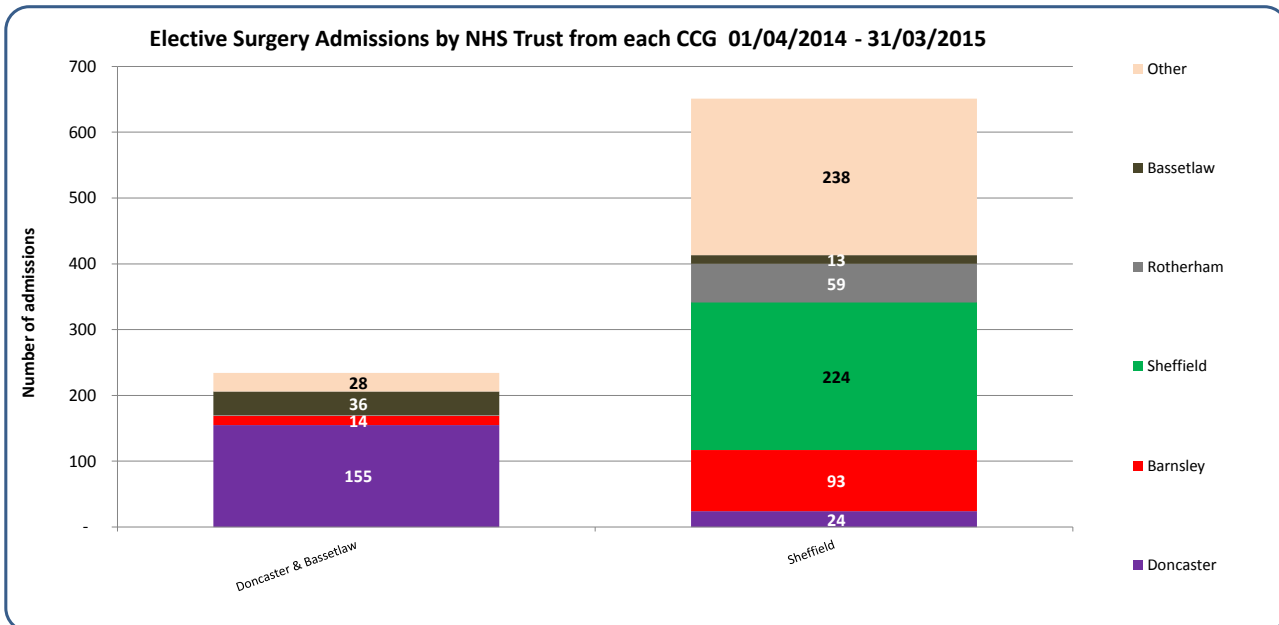
Hospital Trust activity from CCGs

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.

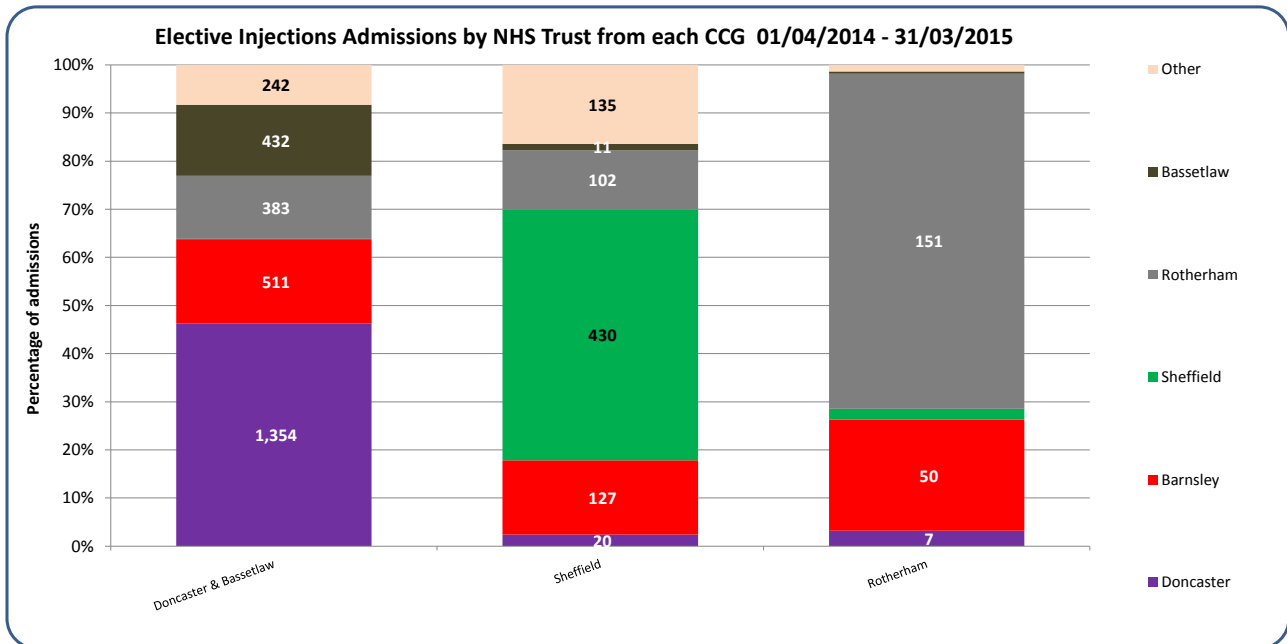
Sheffield Trust is the highest volume provider for spinal surgery for South Yorkshire & Bassetlaw CCGs and admits patients from all of the CCGs in the region, however Doncaster and Bassetlaw CCGs mainly use the Trust located in their region. Sheffield Trust also admits a high volume of patients from CCGs outside of this region.

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

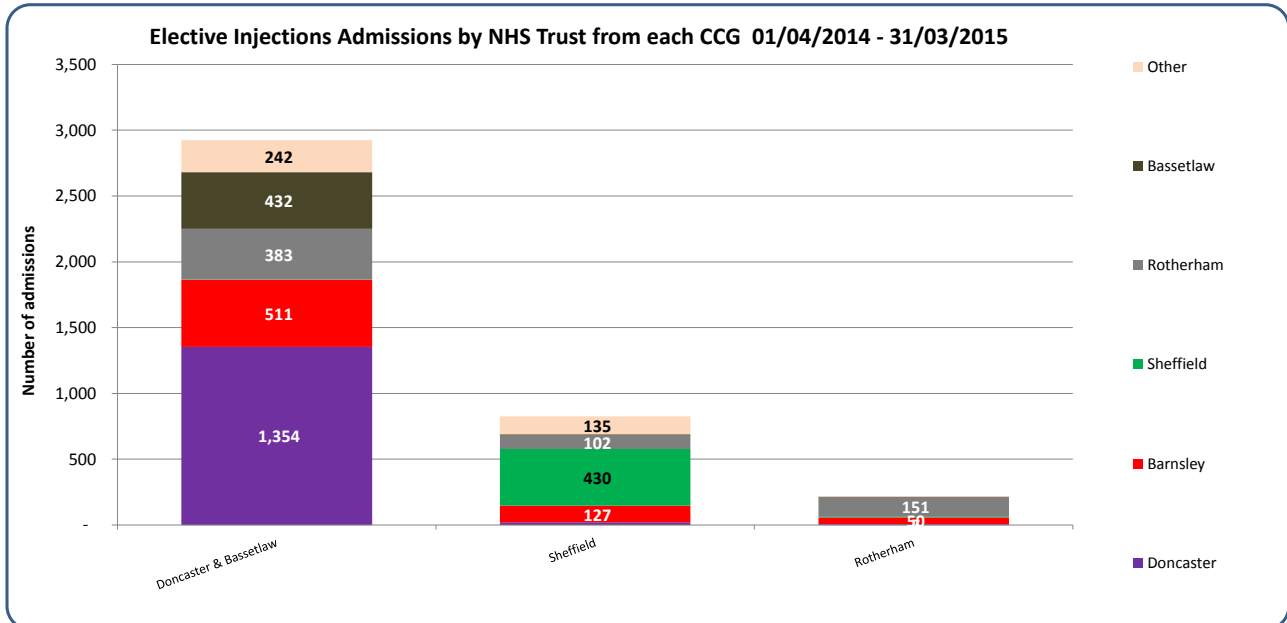
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

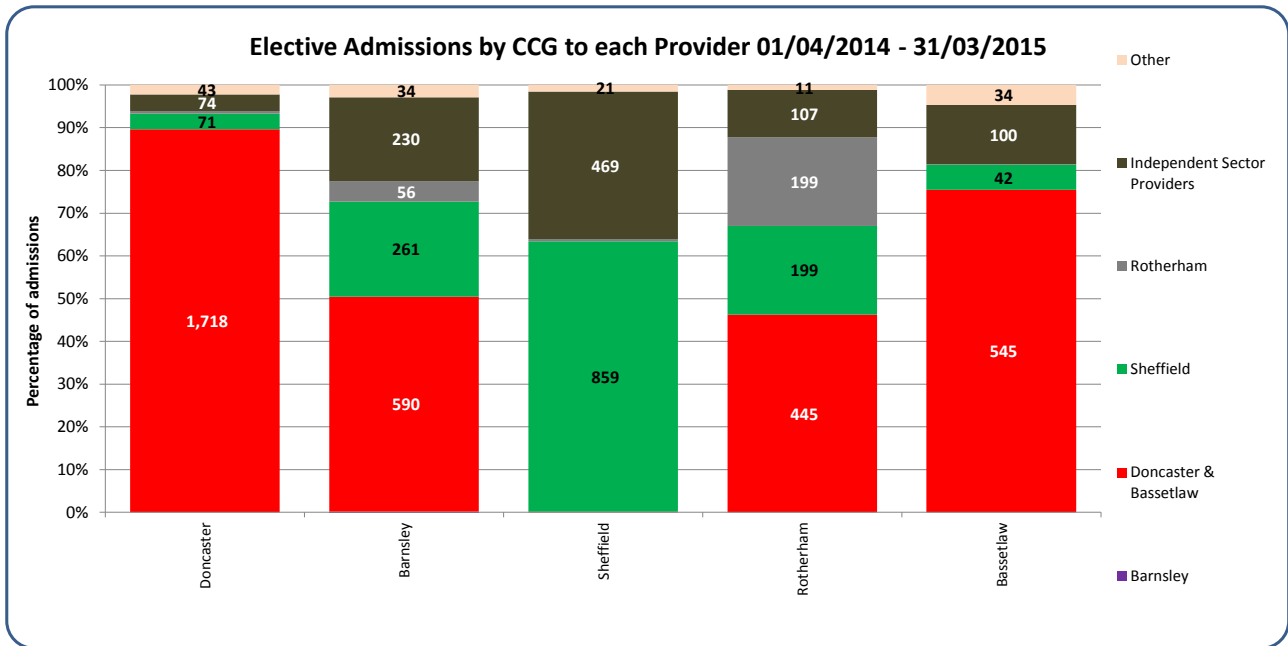
Doncaster & Bassetlaw Trust is the highest volume provider and admits patients from all of the South Yorkshire & Humber CCGs except Sheffield CCG who use Sheffield Trust. In contrast to the spinal surgery activity data, Doncaster and Bassetlaw Trust has notably higher activity than the Sheffield Trust with both Trusts also admitting patients 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.

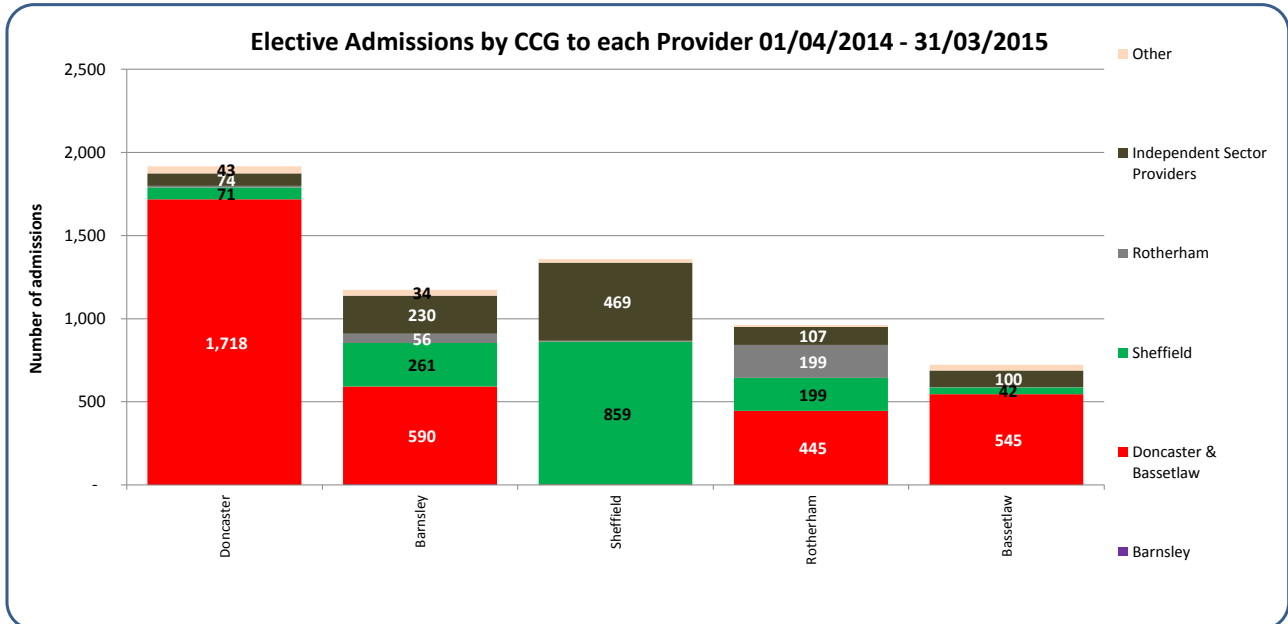
CCG activity to Hospital Trust

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 Doncaster CCG with the majority of patients admitted to the Doncaster & Bassetlaw Trust as well as some using Sheffield Trust and Independent Sector Providers.

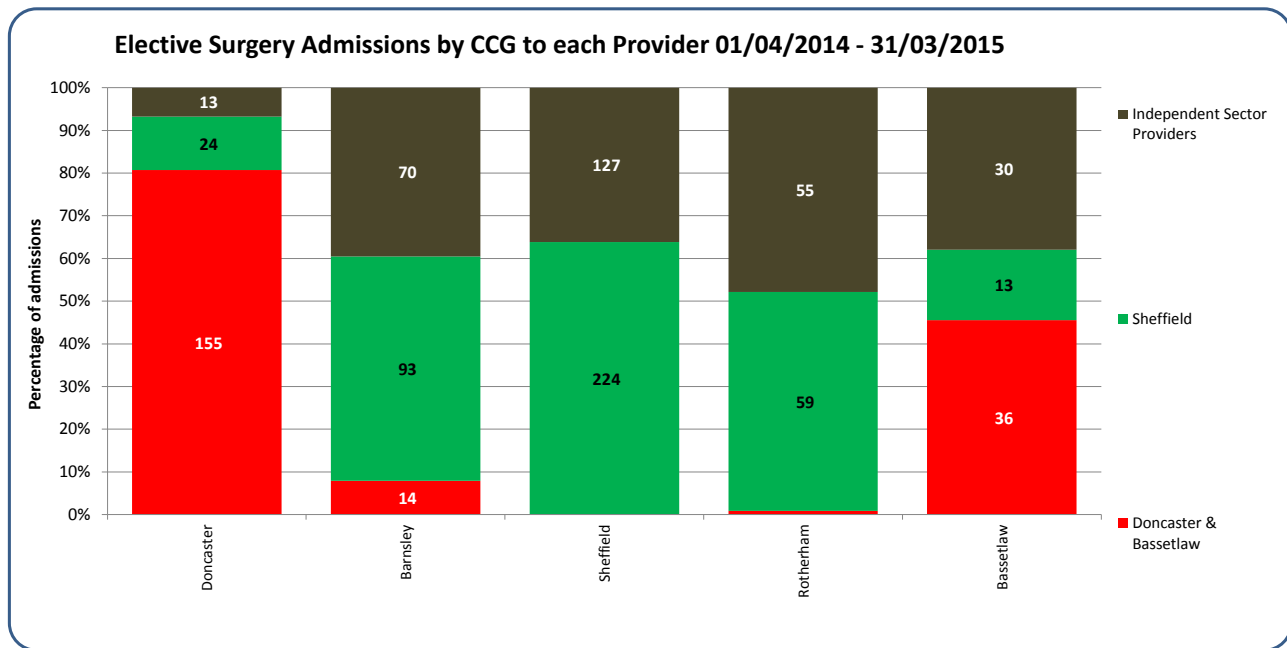
Sheffield CCG is the highest user of Independent Sector activity in South Yorkshire & Bassetlaw CCGs.

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

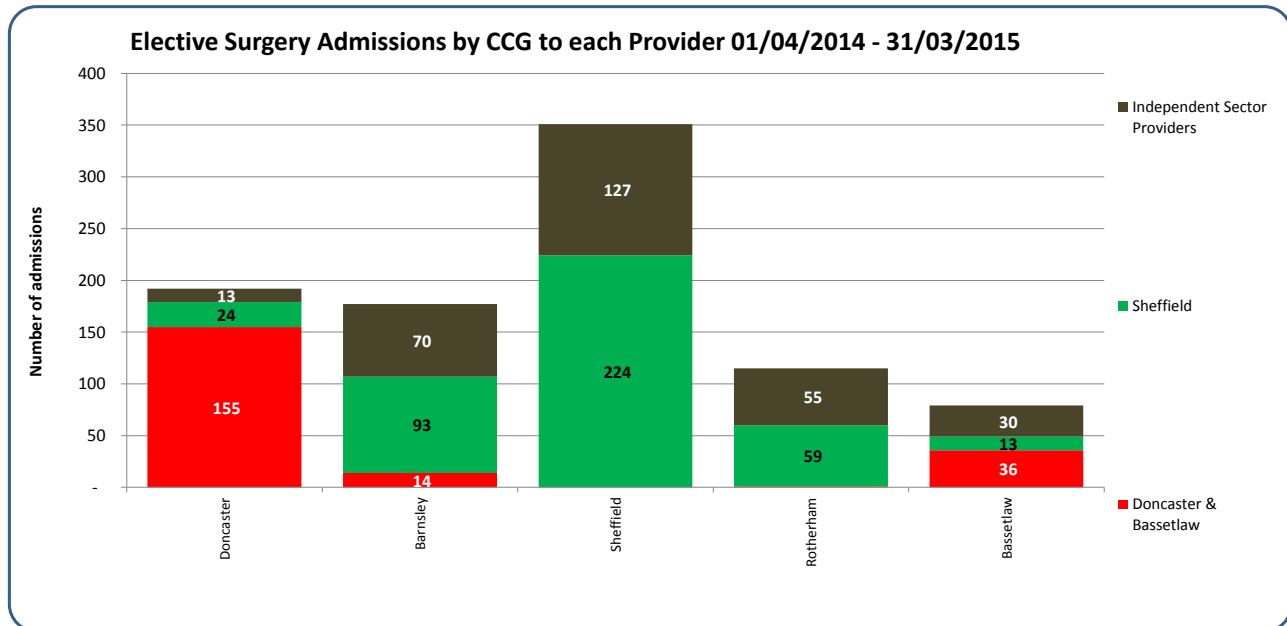
CCG activity to Hospital Trust

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.

Activity is highest for Sheffield CCG with the majority of patients admitted to the Sheffield Trust as well as relatively high use of Independent Sector Providers.

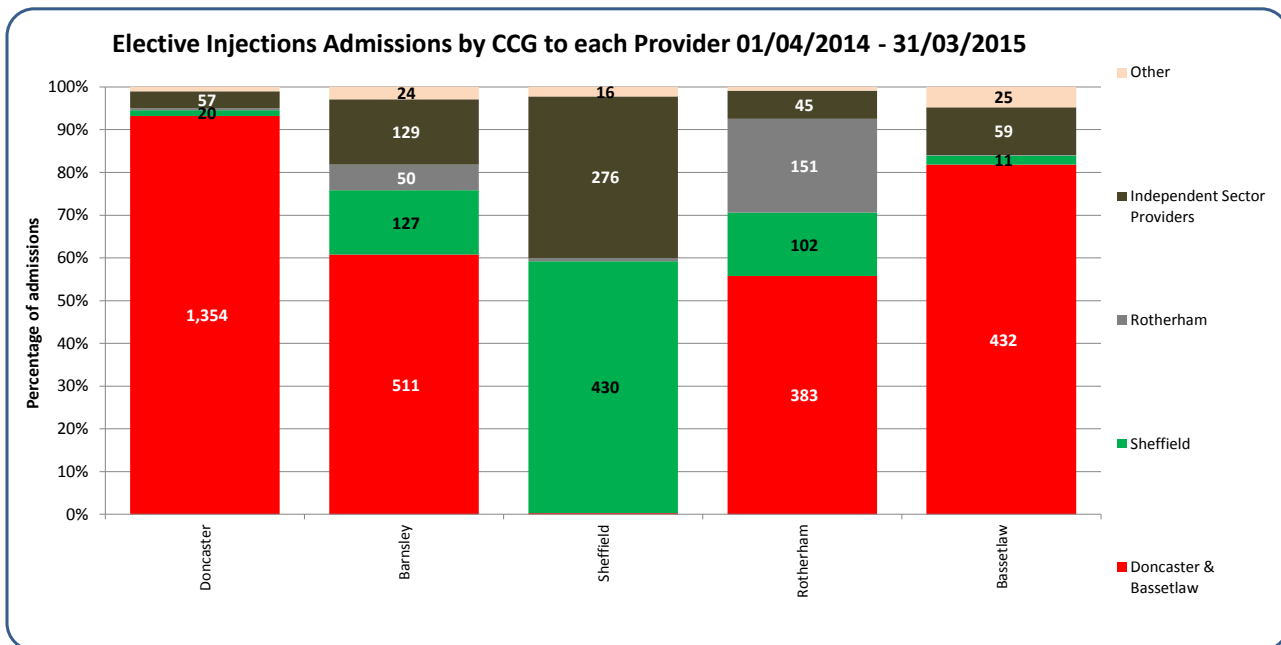
All CCGs except Doncaster CCG are relatively high users Independent Sector Providers in South Yorkshire & Bassetlaw CCGs.

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

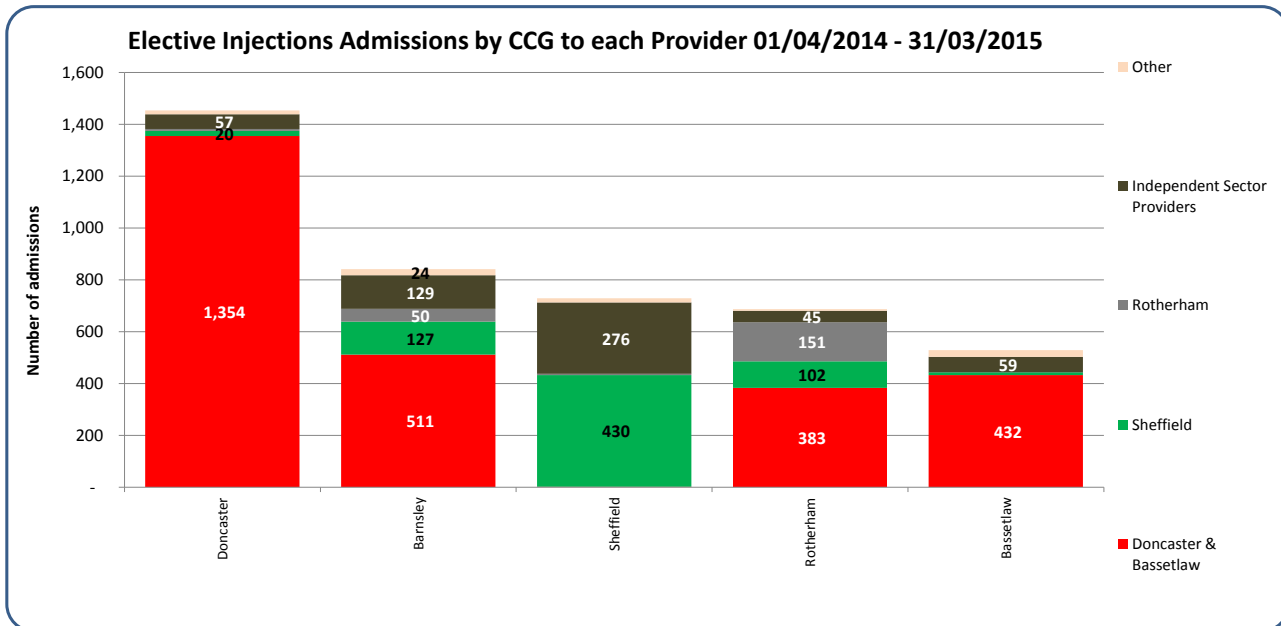
CCG activity to Hospital Trust

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 Doncaster CCG with the majority of patients admitted to the Doncaster & Bassetlaw Trust as well as some using Sheffield Trust and Independent Sector Providers.

Sheffield CCG is the highest user of Independent Sector activity in South Yorkshire & Bassetlaw CCGs.

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

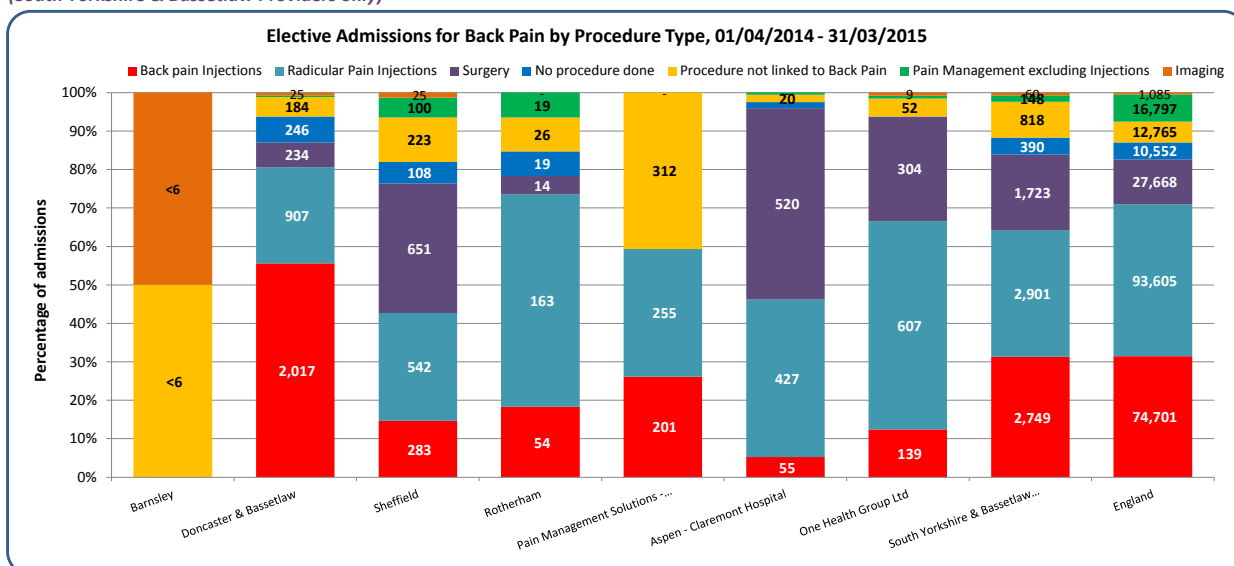
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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% |

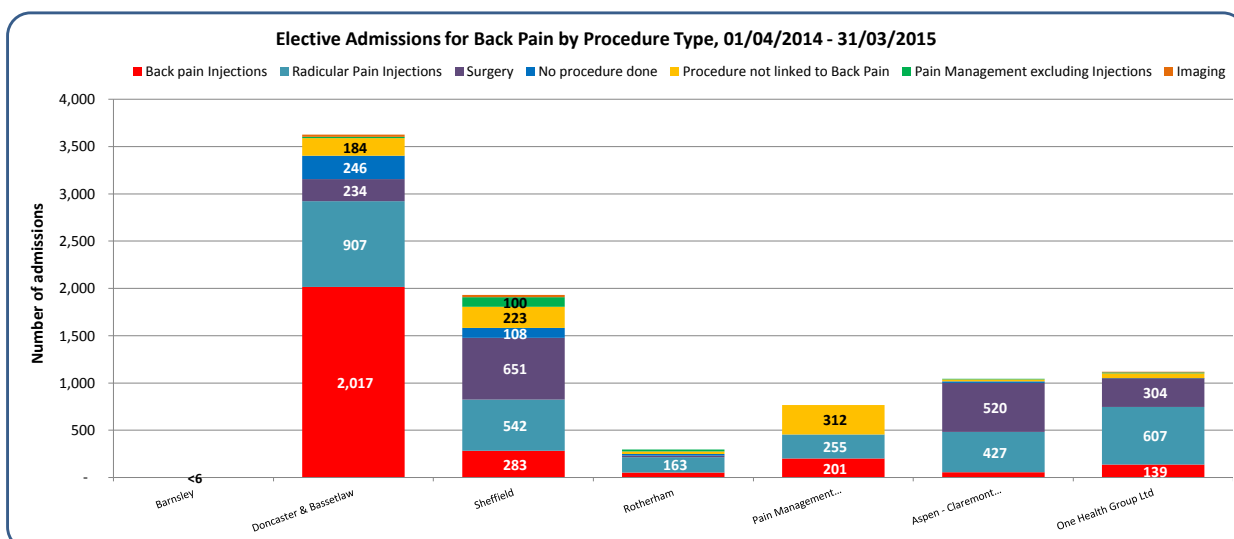
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(South Yorkshire & Bassetlaw Providers only)



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

(South Yorkshire & Bassetlaw Providers only)



What is the data telling us?

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

Doncaster & Bassetlaw and Rotherham Trusts 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).

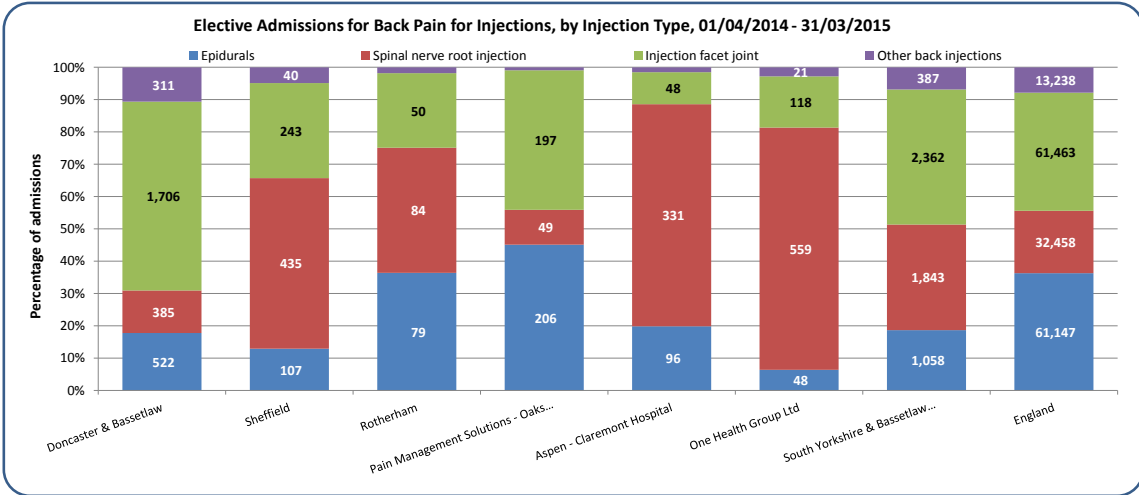
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

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

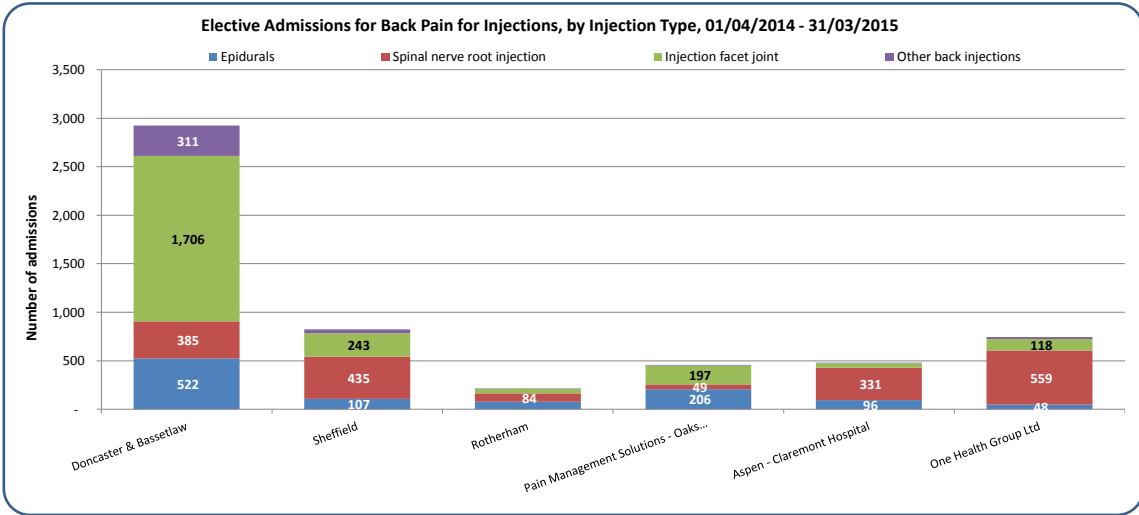
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(South Yorkshire & Bassetlaw Providers only)

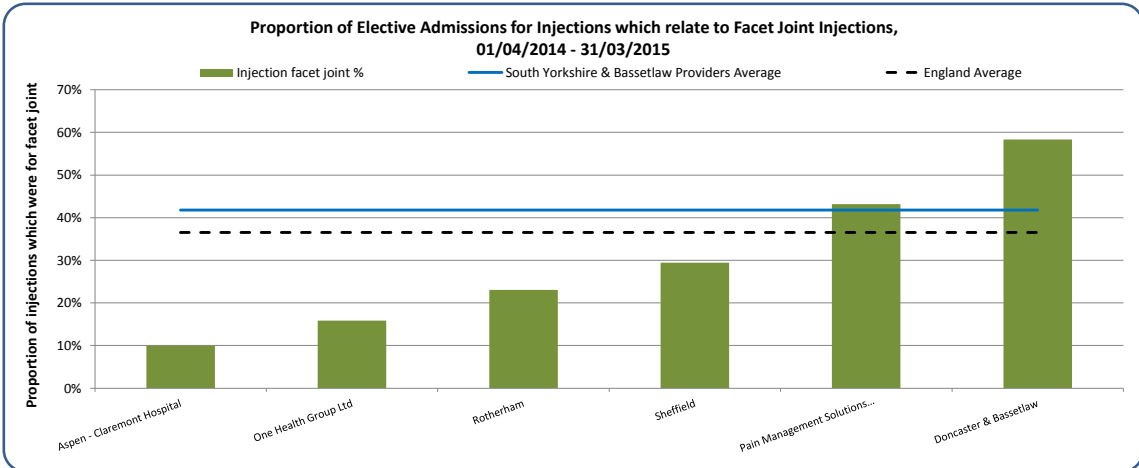


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(South Yorkshire & Bassetlaw Providers only)



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



What is the data telling us?

Facet joint injections are those most frequently done within the South Yorkshire & Bassetlaw CCGs, constituting almost 40% of injection activity which is higher than the England proportion (37%). These providers overall do higher rates of spinal nerve injections (33%) and slightly lower rates of epidurals (19%) but there is wide variation across all the providers.

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

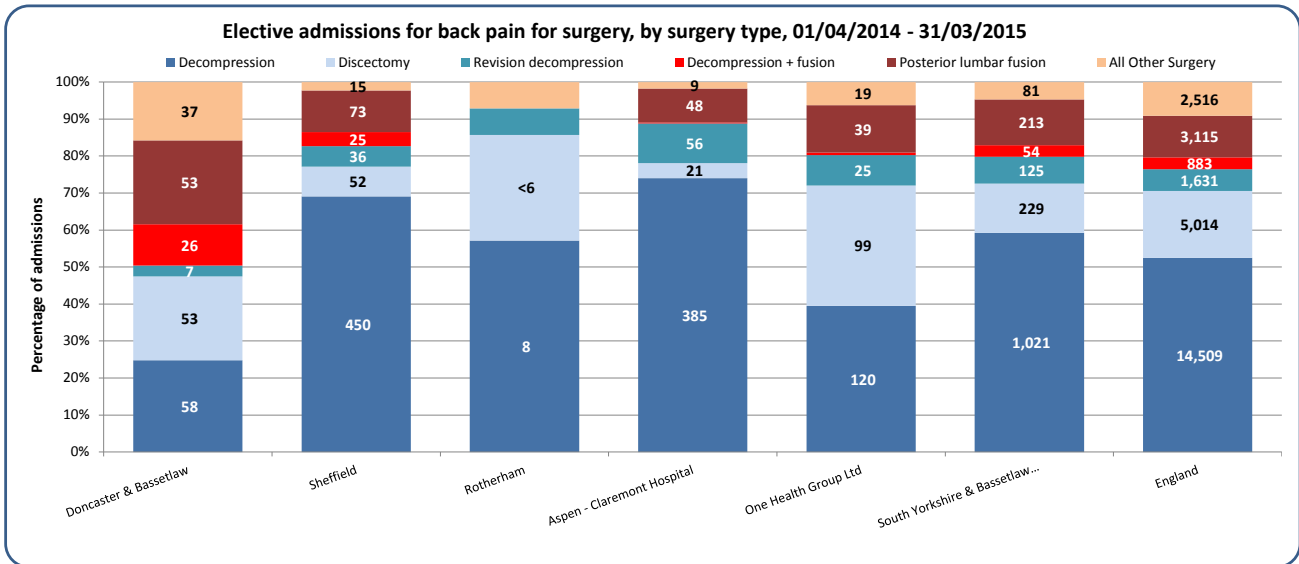
Sheffield Trust does a higher proportion of spinal nerve root injections compared to Doncaster & Bassetlaw Trust. The proportion of facet joint injections done at NHS Trust level ranges from 23% (Rotherham) to 58% (Doncaster & Bassetlaw) compared to the England (37%).

Hospital Trust activity

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

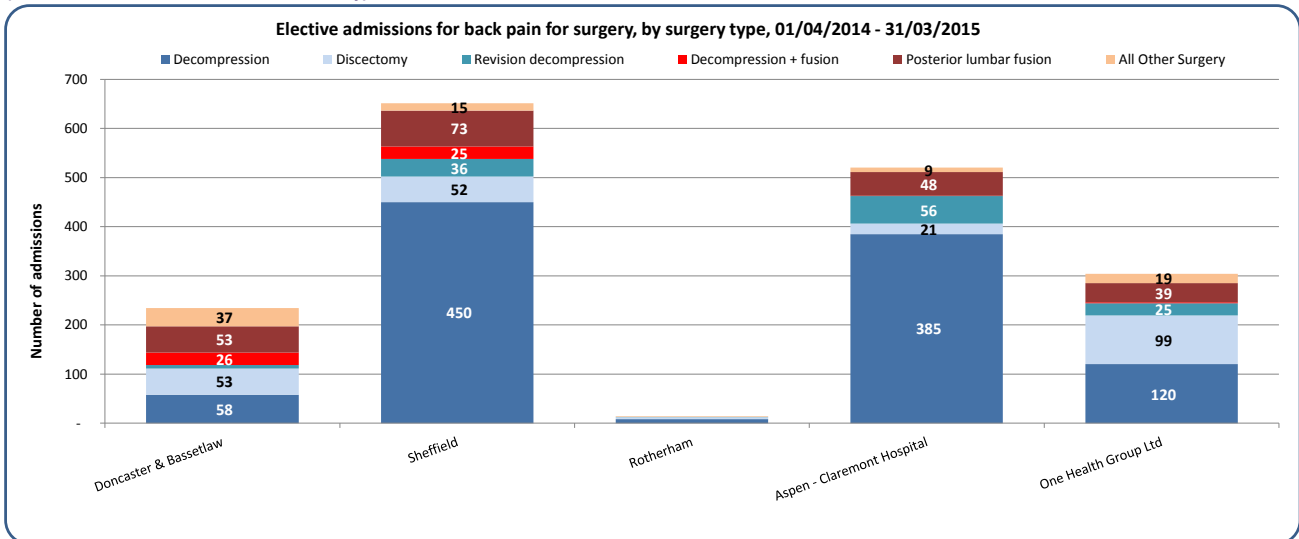
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(South Yorkshire & Bassetlaw Providers only)



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

(South Yorkshire & Bassetlaw 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 South Yorkshire & Bassetlaw CCGs.

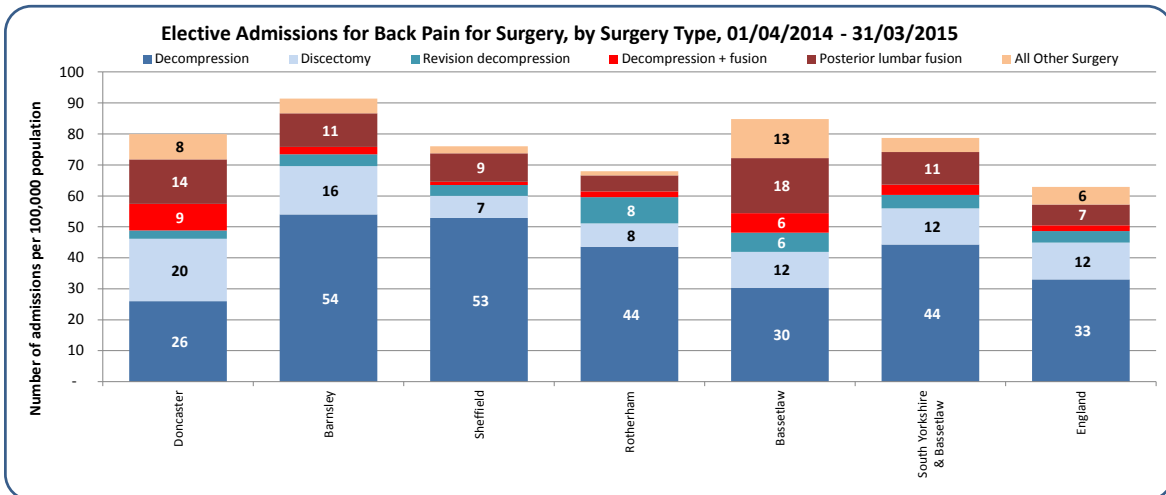
These providers combined do a slightly higher proportion of decompressions and lower proportion of fusions compared to England but there are wide variations at Trust level. Sheffield Trust is the highest volume provider for this region and has a similar proportion of the different types of surgery as England overall. In contrast, Doncaster & Bassetlaw Trust do a much higher proportion of fusions and almost equal numbers of discectomies and decompressions.

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

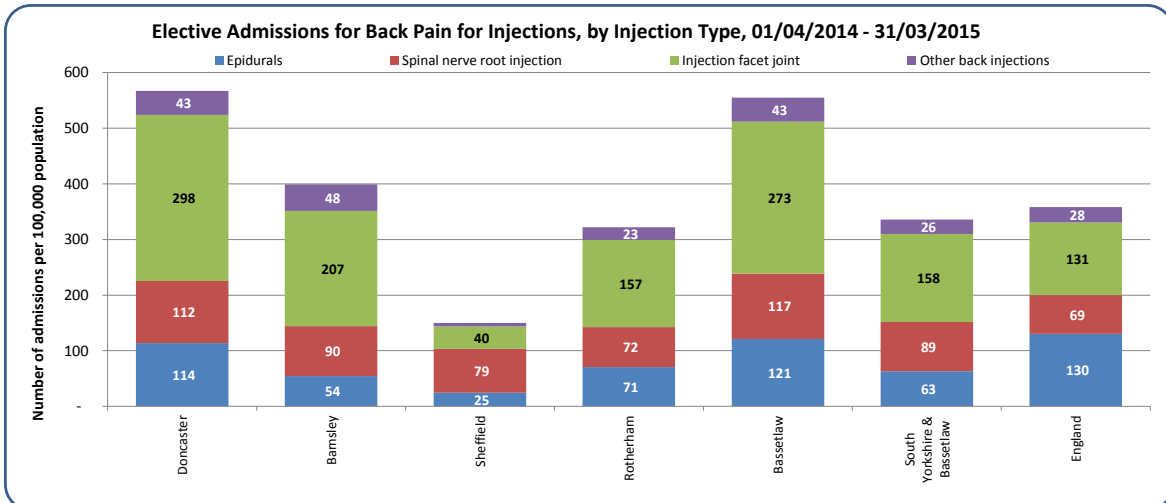
CCG activity by back pain procedure group

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

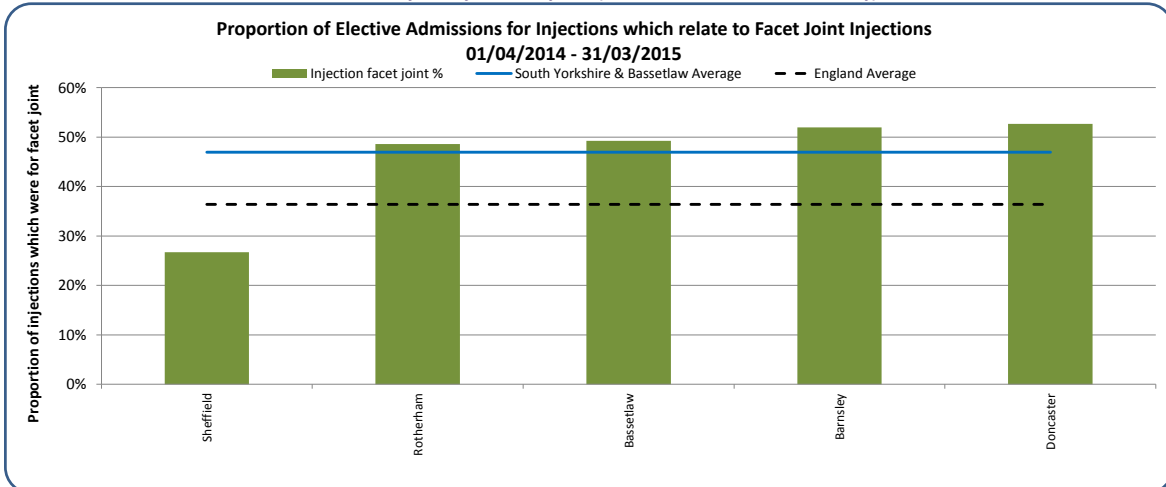
a. Number of elective admissions for surgery per CCG, by surgery type (South Yorkshire & Bassetlaw only)



b. Number of elective admissions for injections per CCG, by injection type (South Yorkshire & Bassetlaw only)



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

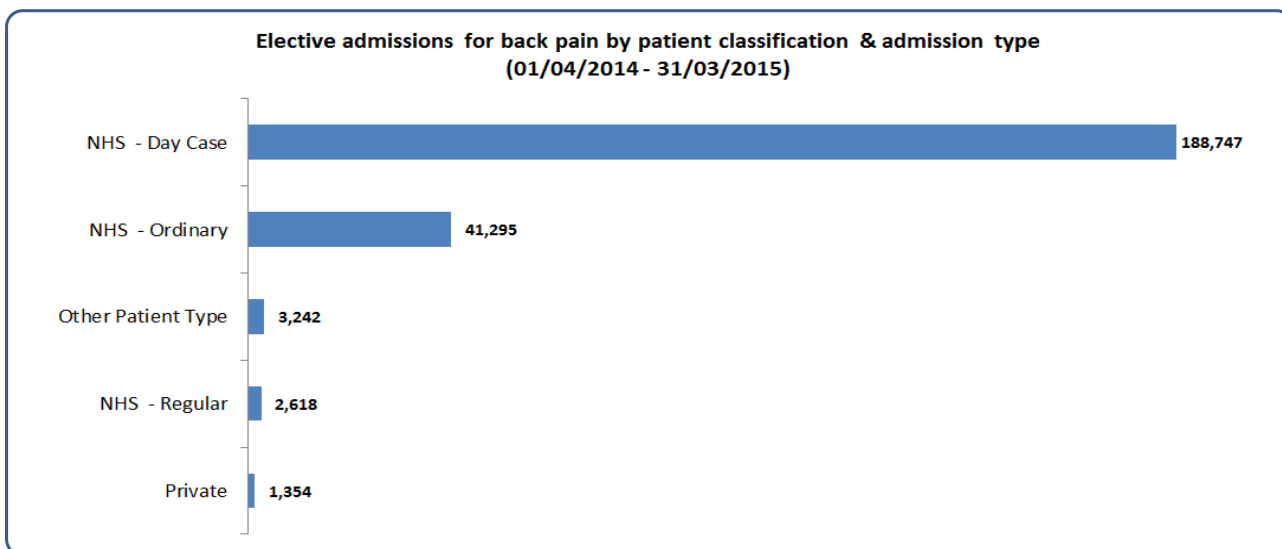
Overall South Yorkshire & Bassetlaw CCGs have a higher rate per 100,000 for spinal surgery with slightly lower rates of injections compared to the England rates. It is notable that Doncaster and Bassetlaw CCGs have over twice the rate of fusion surgery and markedly higher rates of injections compared to the other CCGs in the region and England rates.

The proportion of facet joint injections done at CCG level ranges from 27% (Sheffield) to 53% (Doncaster) 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



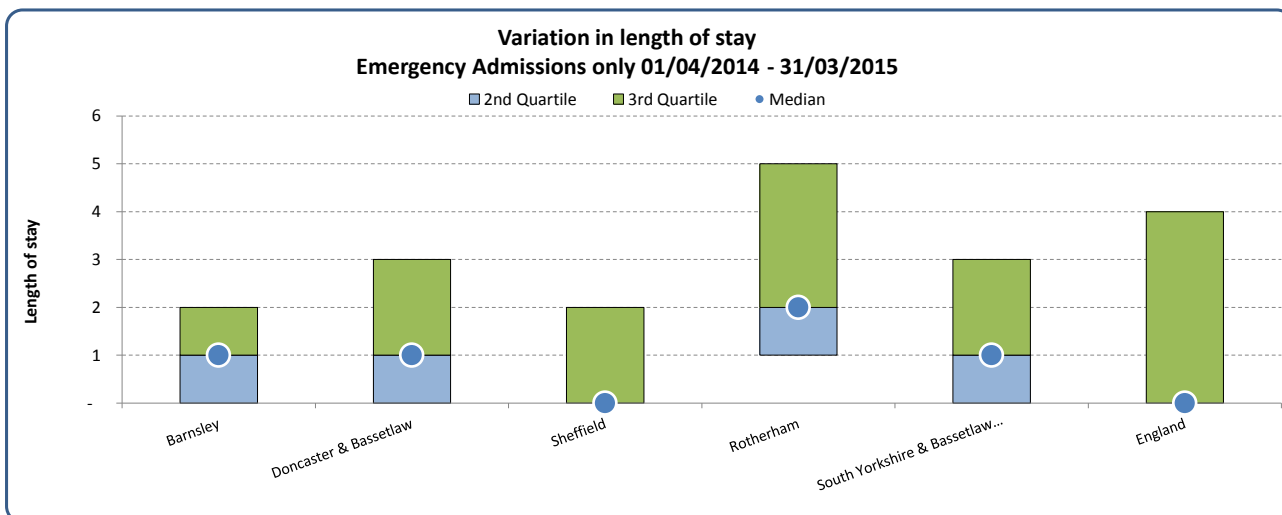
Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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 Yorkshire & Bassetlaw 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 NHS Trust providers used by the South Yorkshire & Bassetlaw CCGs and shows that there all Trusts, except Sheffield, have a median length of stay of 1 or 2 days, compared to the England average of zero days.

Hospital Trust Activity Total Costs

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

a. Total Costs by Admission Method Type (South Yorkshire & Bassetlaw FTs only)

| Provider Name | Elective | Emergency | Other | Total |
|-----------------------|--------------------|--------------------|------------------|--------------------|
| Sheffield | £ 4,263,895 | £ 1,057,587 | £ 110,121 | £ 5,431,603 |
| Doncaster & Bassetlaw | £ 3,177,489 | £ 573,938 | £ 6,169 | £ 3,757,596 |
| Rotherham | £ 200,034 | £ 182,018 | £ 7,934 | £ 389,986 |
| Barnsley | £ 2,261 | £ 225,481 | £ - | £ 227,743 |
| Total | £ 7,643,679 | £ 2,039,024 | £ 124,225 | £ 9,806,928 |

b. Total Costs by Procedure Type (South Yorkshire & Bassetlaw 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 |
|-----------------------|--------------------|---------------------------|----------------------|-------------------|-----------------------------------|------------------|--------------------------------------|--------------------|--------------------|
| Sheffield | £ 3,340,509 | £ 350,217 | £ 158,669 | £ 378,209 | £ 818,503 | £ 295,902 | £ 89,595 | £ - | £ 5,431,603 |
| Doncaster & Bassetlaw | £ 1,285,413 | £ 618,589 | £ 1,156,259 | £ 337,141 | £ 177,173 | £ 175,610 | £ 7,412 | £ - | £ 3,757,596 |
| Rotherham | £ 61,706 | £ 100,456 | £ 31,716 | £ 74,525 | £ 48,274 | £ 65,484 | £ 7,825 | £ - | £ 389,986 |
| Barnsley | £ - | £ - | £ - | £ 157,487 | £ 5,046 | £ 65,209 | £ - | £ - | £ 227,743 |
| Total | £ 4,687,629 | £ 1,069,262 | £ 1,346,643 | £ 947,362 | £ 1,048,995 | £ 602,206 | £ 104,831 | £ - | £ 9,806,928 |

What is the data telling us?

Across all NHS Trust providers used by the South Yorkshire & Bassetlaw CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £9.8 million, with 78% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the region.

The surgery procedures group accounts for almost 48% of the total cost of all procedures, and the cost of injections is an additional 25% of the total.

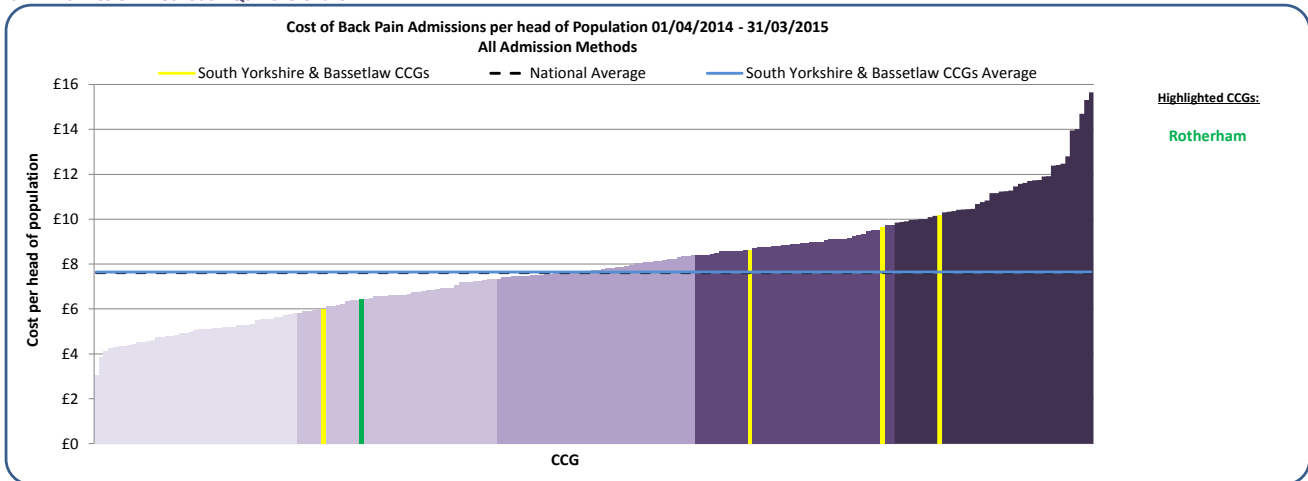
CCG Activity Total Costs

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 | |
| Sheffield | £ 6.00 | £ 2,932,465 | £ 4.78 | £ 2,332,350 | £ 1.22 | £ 595,888 | 488,340 |
| Rotherham | £ 6.46 | £ 1,376,880 | £ 5.06 | £ 1,079,442 | £ 1.15 | £ 244,353 | 213,243 |
| Barnsley | £ 8.63 | £ 1,821,021 | £ 6.74 | £ 1,423,445 | £ 1.67 | £ 352,460 | 211,119 |
| Bassetlaw | £ 9.65 | £ 921,473 | £ 8.68 | £ 829,182 | £ 0.96 | £ 91,479 | 95,517 |
| Doncaster | £ 10.16 | £ 2,619,021 | £ 8.00 | £ 2,061,898 | £ 2.09 | £ 537,380 | 257,700 |
| South Yorkshire & Bassetlaw Total | £ 7.64 | £ 9,670,860 | £ 6.10 | £ 7,726,316 | £ 1.44 | £ 1,821,559 | 1,265,919 |

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 |
|----------------------|-------------|---------------------------|----------------------|-------------------|-----------------------------------|----------|--------------------------------------|--------------------|-------------|
| Sheffield | £ 1,571,048 | £ 298,832 | £ 124,711 | £ 11,656 | £ 278,152 | £ 11,969 | £ 35,981 | £ - | £ 2,332,350 |
| Doncaster | £ 995,783 | £ 375,407 | £ 506,082 | £ 27,889 | £ 124,801 | £ 23,108 | £ 8,828 | £ - | £ 2,061,898 |
| Barnsley | £ 799,218 | £ 187,833 | £ 290,709 | £ 5,035 | £ 125,459 | £ 2,859 | £ 12,331 | £ - | £ 1,423,445 |
| Rotherham | £ 572,226 | £ 188,907 | £ 212,960 | £ 3,398 | £ 92,894 | £ 1,452 | £ 7,605 | £ - | £ 1,079,442 |
| Bassetlaw | £ 432,501 | £ 147,438 | £ 178,368 | £ 706 | £ 61,317 | £ 2,684 | £ 6,167 | £ - | £ 829,182 |

What is the data telling us?

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

Doncaster CCG has the highest spend per head of population regionally (£10.16) driven mainly by high costs for elective admissions. Sheffield CCG has the lowest costs per head for both emergency and elective admissions regionally (£6.00) and is below the national average.

The final table shows the total spend for elective admissions for each CCG for 2014/15 (based on national tariff) and includes a breakdown of this spend by procedure type. Surgery generally accounts for the majority of spend and we observe this consistently across all CCGs in the region. It is notable that Doncaster CCG has almost the same spend on injections as it does for surgery compared to Sheffield CCG where there is considerably less spend on injections compared to what is spent on surgery.

14. Back & Radicular Pain Admissions Breakdown for the South Yorkshire & Bassetlaw 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 | | | |
| RP5 | DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST | 206 | 2,682 | 412 | 544 | <6 | 3,849 |
| RHQ | SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST | 413 | 690 | 329 | 565 | 22 | 2,019 |
| NYW04 | ASPEN - CLAREMONT HOSPITAL | 191 | 254 | 15 | - | - | 460 |
| RFR | THE ROTHERHAM NHS FOUNDATION TRUST | 14 | 214 | 46 | 158 | 6 | 438 |
| RFF | BARNESLEY HOSPITAL NHS FOUNDATION TRUST | - | - | <6 | 226 | - | 228 |
| NY601 | PAIN MANAGEMENT SOLUTIONS - OAKS PARK PCC | - | 114 | 92 | - | - | 206 |
| NTX01 | ONE HEALTH GROUP LTD | 57 | 109 | 6 | - | - | 172 |
| NVC14 | PARK HILL HOSPITAL | 8 | 56 | <6 | - | - | 69 |
| NT440 | BMI - THORNBURY HOSPITAL | 32 | 17 | <6 | - | - | 50 |
| RX1 | NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | <6 | 23 | 8 | <6 | - | 35 |
| RXF | MID YORKSHIRE HOSPITALS NHS TRUST | <6 | 21 | <6 | <6 | - | 30 |
| RFS | CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST | - | 14 | <6 | <6 | - | 21 |
| RR8 | LEEDS TEACHING HOSPITALS NHS TRUST | <6 | 7 | 9 | - | - | 19 |
| NTP13 | BARLBOROUGH NHS TREATMENT CENTRE | 7 | 11 | - | - | - | 18 |
| RJL | NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST | - | <6 | 7 | <6 | - | 14 |
| RXE | ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST | - | - | 9 | - | - | 9 |
| RXG | SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST | - | - | - | - | 7 | 7 |
| RK5 | SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST | - | <6 | - | <6 | - | <6 |
| RWA | HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST | - | <6 | <6 | <6 | - | <6 |
| RCU | SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST | - | <6 | <6 | <6 | - | <6 |
| RRV | UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST | - | - | <6 | <6 | - | <6 |
| RTG | DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST | <6 | - | - | <6 | - | <6 |
| RWD | UNITED LINCOLNSHIRE HOSPITALS NHS TRUST | - | <6 | <6 | <6 | - | <6 |
| RWJ | STOCKPORT NHS FOUNDATION TRUST | <6 | <6 | - | <6 | - | <6 |
| RWY | CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST | - | <6 | - | <6 | - | <6 |
| NT350 | SPIRE METHLEY PARK HOSPITAL | - | <6 | - | - | - | <6 |
| RCB | YORK TEACHING HOSPITAL NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RJ1 | GUY'S AND ST THOMAS' NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RL1 | THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST | <6 | <6 | - | - | - | <6 |
| RNA | THE DUDLEY GROUP NHS FOUNDATION TRUST | - | <6 | <6 | - | - | <6 |
| RTH | OXFORD UNIVERSITY HOSPITALS NHS TRUST | - | <6 | - | - | - | <6 |
| RTR | SOUTH TEES HOSPITALS NHS FOUNDATION TRUST | <6 | - | - | <6 | - | <6 |
| RW6 | PENNINE ACUTE HOSPITALS NHS TRUST | - | <6 | - | - | - | <6 |
| NV313 | CIRCLE - NOTTINGHAM NHS TREATMENT CENTRE | - | <6 | - | - | - | <6 |
| RA4 | YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RAE | BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RAN | ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST | - | <6 | - | - | - | <6 |
| RCD | HARROGATE AND DISTRICT NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RET | THE WALTON CENTRE NHS FOUNDATION TRUST | <6 | - | - | - | - | <6 |
| RF4 | BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RHU | PORTSMOUTH HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RK9 | PLYMOUTH HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RM2 | UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RN3 | GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RNL | NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST | - | - | - | <6 | - | <6 |
| RNS | NORTHAMPTON GENERAL HOSPITAL NHS TRUST | - | - | - | <6 | - | <6 |
| RQM | CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RRK | UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RTX | UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST | - | <6 | - | - | - | <6 |
| RWW | WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST | - | - | - | <6 | - | <6 |
| RXW | SHREWSBURY AND TELFORD HOSPITAL NHS TRUST | - | - | - | <6 | - | <6 |
| Total | | 939 | 4,238 | 954 | 1,537 | 40 | 7,708 |

| DOCUMENT GOVERNANCE | |
|-------------------------------------|---|
| Document name | Back Pain Report |
| Document type | Final |
| Version | 0.6 |
| Date | 29/06/2016 |
| 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 | 29/06/2016 | 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? | |