Back Pain Report

South Eastern Hampshire

June 2016

NEQOS Back Pain Report

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

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

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

- Frimley Health NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Salisbury NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Portsmouth Hospitals NHS Trust
- The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
- Dorset Healthcare University NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- Isle Of Wight NHS Trust

The Independent Sector Providers included for the Wessex Region are:

- BMI - The Hampshire Clinic
- New Hall Hospital
- Nuffield Health, Bournemouth Hospital

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Clinical Commissioning Group (CCG) activity summary

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

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

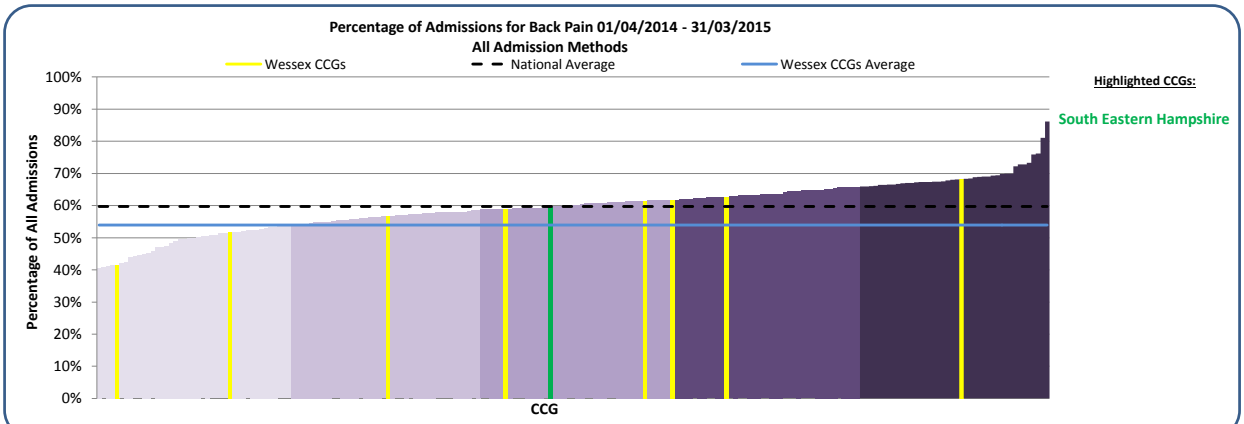
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

Wessex CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	6,158	6,390	**12,548**	49.1%	50.9%
Emergency	2,059	605	**2,664**	77.3%	22.7%
Other	49	50	**99**	49.5%	50.5%
Total	**8,266**	**7,045**	**15,311**	**54.0%**	**46.0%**

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)

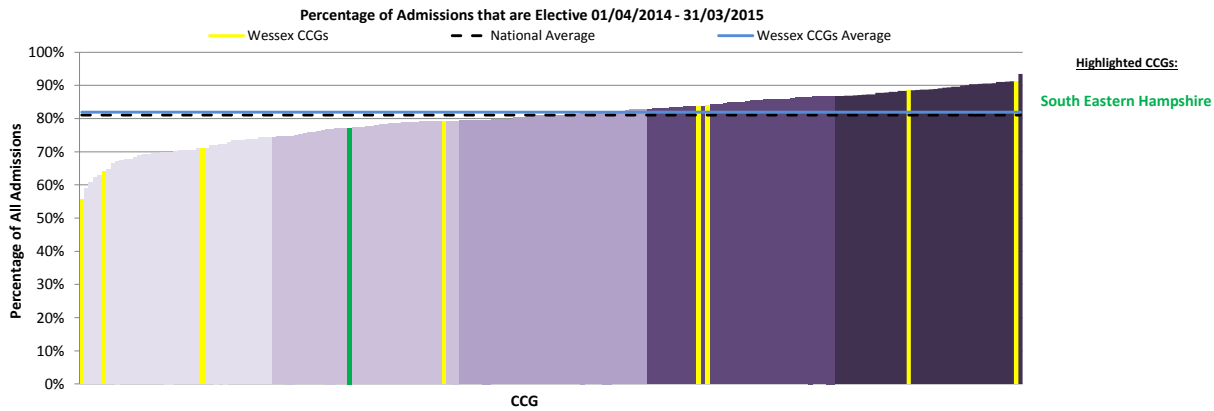
Dorset	41.5%	Isle Of Wight	61.5%
Fareham & Gosport	51.7%	West Hampshire	61.8%
Southampton	56.7%	North East Hampshire & Farnham	62.8%
Portsmouth	58.9%	North Hampshire	68.2%
South Eastern Hampshire	59.4%		
Wessex CCGs	**54.0%**	**England**	**59.8%**



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

Southampton	55.7%	Isle Of Wight	83.6%
Portsmouth	64.0%	Dorset	83.8%
Fareham & Gosport	71.0%	North East Hampshire & Farnham	88.5%
South Eastern Hampshire	77.2%	North Hampshire	91.2%
West Hampshire	79.1%		
Wessex CCGs	**82.0%**	**England**	**81.1%**



What is the data telling us?

In the 2014/15 financial year period there were almost 300,000 admissions for back and radicular pain in England, with 15,311 (5.2%) of these for patients registered within the Wessex 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 Wessex the proportion of admissions for back pain ranges from 42% to 68%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with Wessex having a slightly higher proportion (82%). At a CCG level in Wessex, the proportion of elective admissions for these populations ranges from 58% in Southampton to 91% in North Hampshire.

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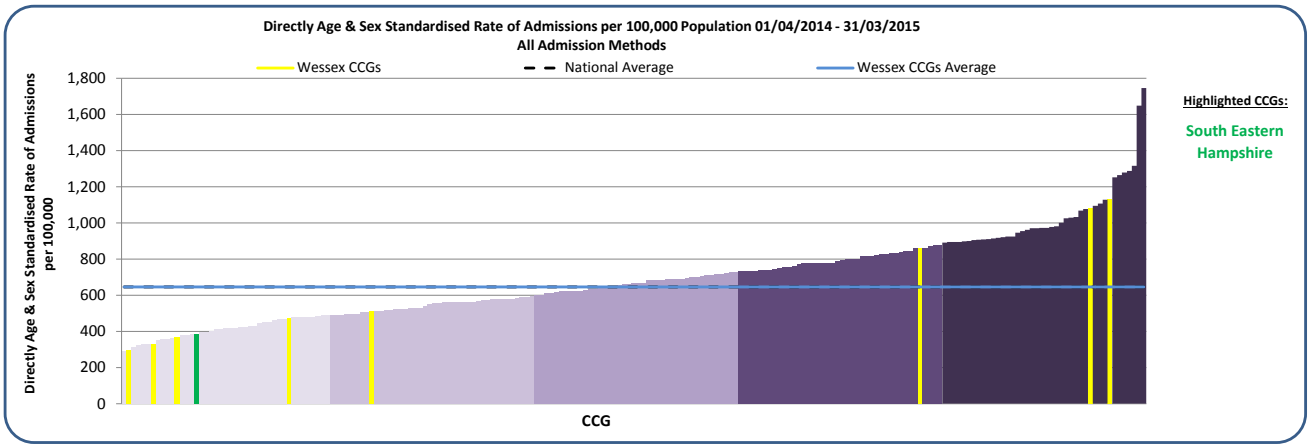
Clinical Commissioning Group (CCG) activity

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

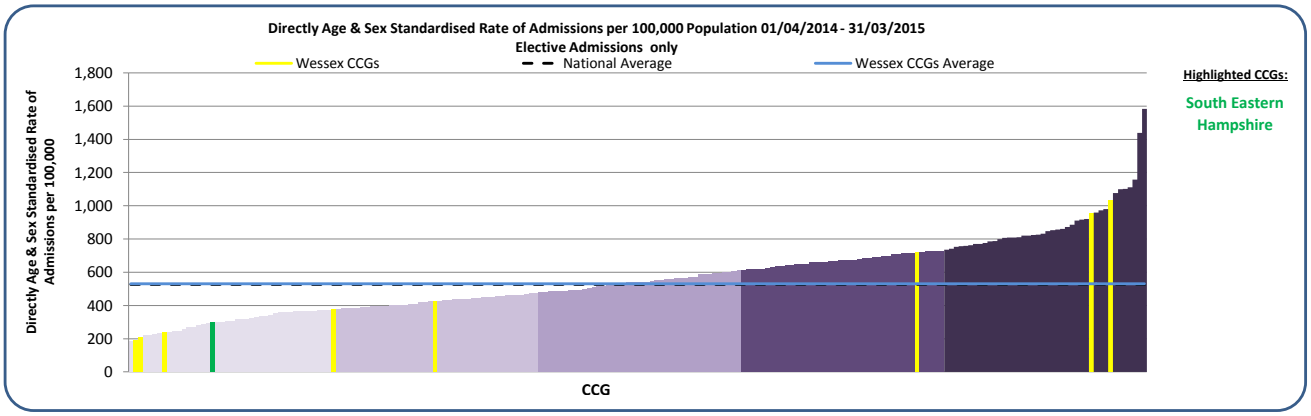
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
North Hampshire	1129.8	1029.9	96.9	South Eastern Hampshire	386.8	297.1	87.1
North East Hampshire & Farnham	1081.7	955.0	123.2	Southampton	366.1	209.4	153.3
Dorset	859.6	719.3	137.4	Fareham & Gosport	331.7	235.4	90.4
Isle Of Wight	509.2	421.0	80.1	Portsmouth	294.9	190.3	97.0
West Hampshire	475.3	374.6	95.6				
Wessex CCGs	644.9	529.8	111.1	England	645.6	526.5	115.4

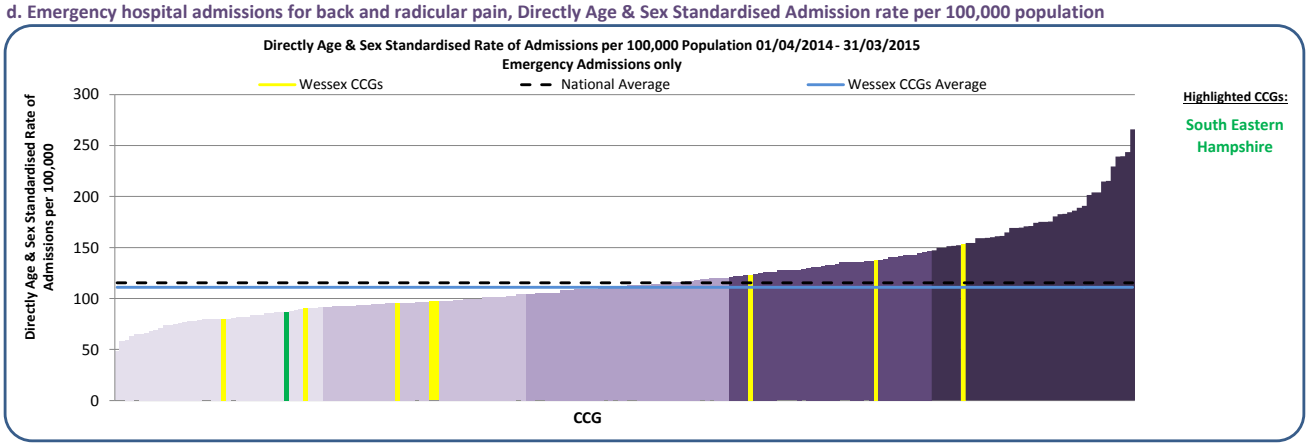
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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



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



What is the data telling us?

There is wide variation in elective admission rates across the CCGs within Wessex with over a 5.4-fold difference between the regional lowest (Portsmouth CCG) and the highest CCG for the region (North Hampshire CCG).

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

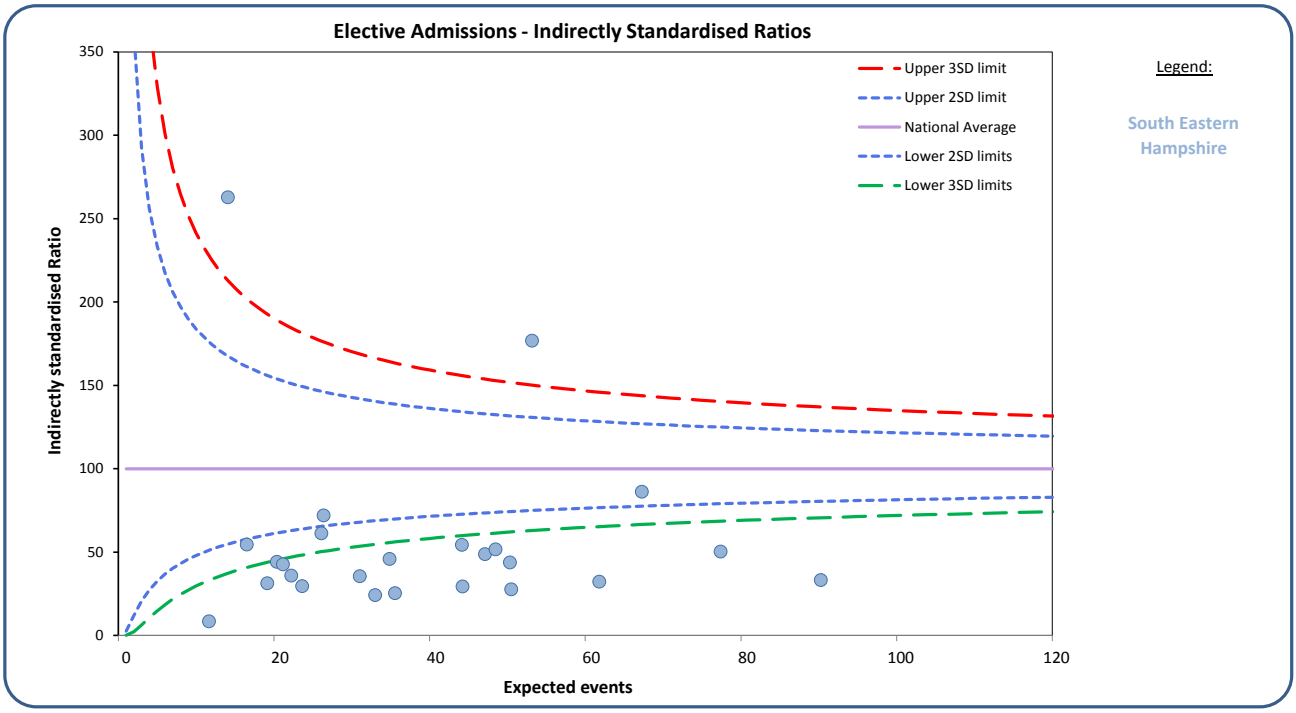
Clinical Commissioning Group (CCG) activity - GP practice level

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

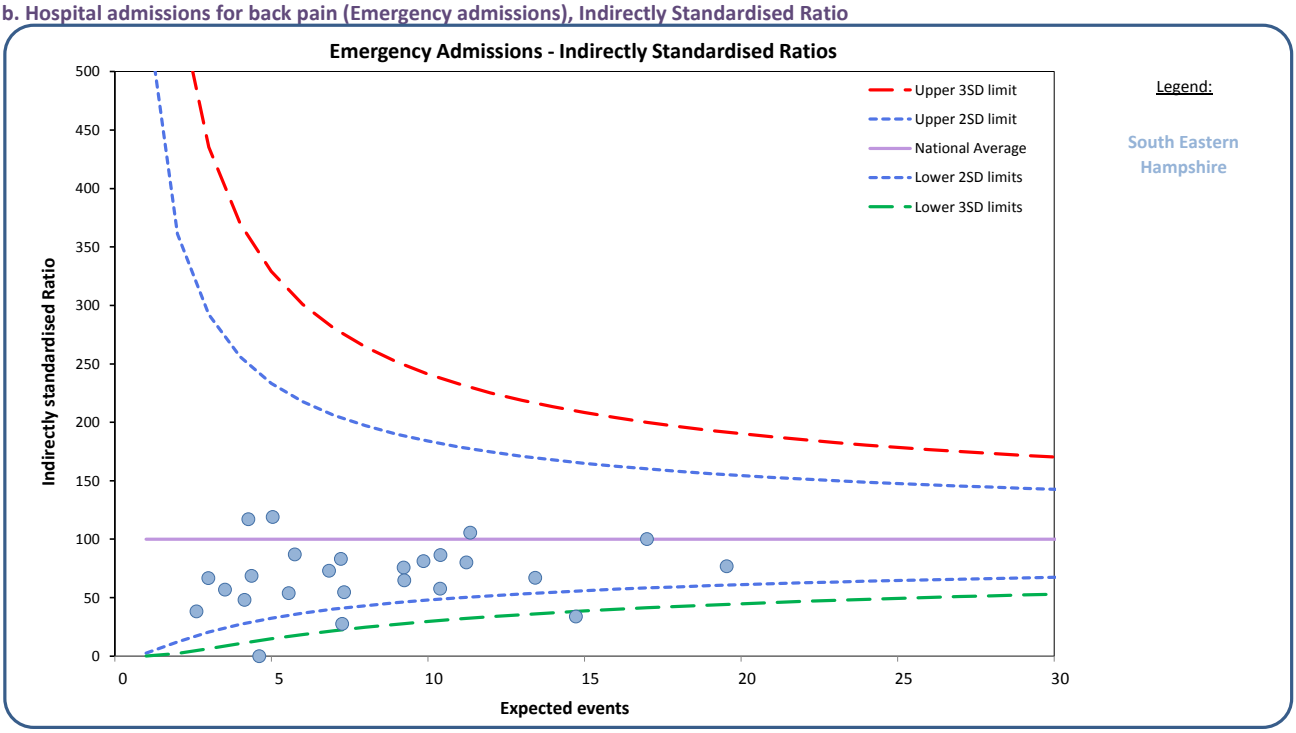
Each symbol represents one GP practice

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

South Eastern Hampshire



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

South Eastern Hampshire

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

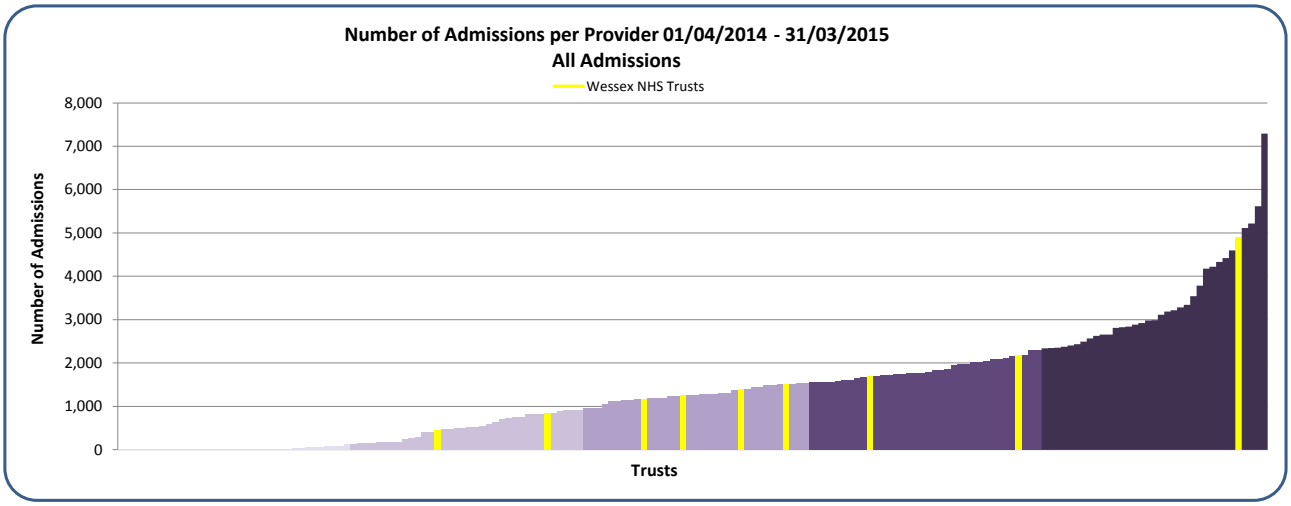
				Elective			Emergency		
Practice Code	Practice Name	CCG	Population 15+	Observed	Expected	Ratio	Observed	Expected	Ratio
J82005	Rowlands Castle Surgery	10V	3,418	9	20.37	44.19	<6	4.15	48.23
J82009	Emsworth Surgery	10V	11,070	58	67.26	86.23	<6	14.73	33.95
J82010	The Bosmere Medical Practice	10V	14,833	39	77.38	50.40	17	17.00	100.02
J82021	Waterside Medical Practice	10V	7,460	23	47.10	48.84	8	9.86	81.16
J82027	Liphook Village Surgery	10V	4,637	19	26.38	72.02	<6	5.74	87.04
J82032	The Curlew Practice	10V	3,168	9	16.51	54.52	<6	3.52	56.88
J82041	The Staunton Surgery	10V	6,392	11	31.03	35.45	<6	6.84	73.11
J82042	Badgerswood Surgery	10V	10,306	94	53.16	176.83	9	11.22	80.18
J82093	Stakes Lodge Surgery	10V	6,396	16	34.86	45.90	<6	7.32	54.63
J82098	Swan Surgery	10V	11,351	20	61.79	32.37	9	13.43	67.03
J82119	Denmead Health Centre	10V	7,705	24	44.15	54.36	7	9.23	75.86
J82134	Forest End Surgery	10V	17,048	30	90.27	33.24	15	19.54	76.77
J82147	The Clanfield Practice	10V	6,470	9	35.54	25.33	6	7.22	83.11
J82163	Cowplain Family Practice	10V	7,786	13	44.22	29.40	6	9.25	64.88
J82164	Liphook & Liss Surgery	10V	8,725	25	48.46	51.59	6	10.40	57.72
J82184	Pinehill Surgery	10V	2,949	37	14.08	262.75	<6	2.99	66.86
J82196	Homewell.Curlew Practice	10V	9,631	14	50.47	27.74	12	11.36	105.67
J82201	The Grange Surgery	10V	6,117	8	33.00	24.24	<6	7.26	27.55
J82210	The Elms Practice	10V	8,163	22	50.30	43.74	9	10.40	86.55
J82609	Queenswood Surgery	10V	3,868	9	21.13	42.59	<6	4.37	68.66
J82633	Riverside Partnership	10V	4,826	16	26.08	61.35	<6	5.56	53.98
J82640	Horndean Surgery	10V	4,065	8	22.22	36.01		4.62	
J82646	Park Lane Medical Centre	10V	4,097	6	19.16	31.32	<6	4.27	117.12
J82650	Middle Park Medical Centre	10V	2,440	<6	11.67	8.57	<6	2.61	38.35
Y01281	The Village Surgery	10V	3,822	7	23.61	29.65	6	5.04	119.10

Hospital Trust activity

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

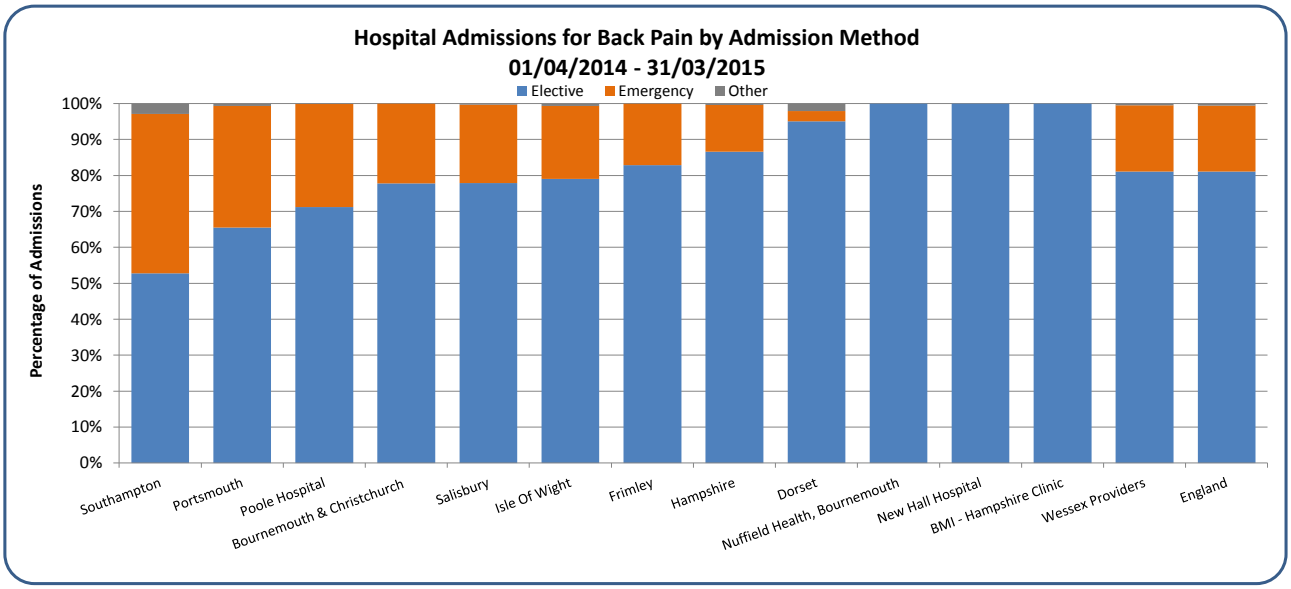
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Frimley	4,899	Portsmouth	1,247
Hampshire	2,168	Salisbury	1,157
Bournemouth & Christchurch	1,695	Dorset	831
Poole Hospital	1,512	Isle Of Wight	449
Southampton	1,388		
Wessex NHS Trusts	15,346	England	251,444



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

(Wessex Providers only)



What is the data telling us?

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

The proportion of hospital activity for back pain which is classed as elective care for Wessex is similar to the England proportion. However at NHS Trust level the proportion varies between 53% at Southampton Trust to 95% at Dorset Trust. All NHS activity at the Independent Sector Providers is classed as elective.

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Hospital Trust activity

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

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

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Frimley	2,325	1,716	-	-	-	20	**4,061**
Hampshire	828	1,024	-	<6	-	25	**1,877**
Salisbury	-	894	-	-	-	7	**901**
Southampton	-	32	-	130	377	193	**732**
Portsmouth	504	294	-	-	-	19	**817**
Bournemouth & Christchurch	488	6	-	79	-	746	**1,319**
Dorset	135	636	-	-	-	19	**790**
Poole Hospital	-	-	-	-	-	1,077	**1,077**
Isle Of Wight	353	<6	-	-	-	<6	**353**
BMI - Hampshire Clinic	603	95	-	-	-	71	**769**
New Hall Hospital	-	274	1,282	-	-	<6	**1,556**
Nuffield Health, Bournemouth	402	-	-	-	-	-	**402**
Total	**5,638**	**4,971**	**1,282**	**209**	**377**	**2,177**	**14,654**

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

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

What is the data telling us?

For elective activity the treatment specialty code indicated within the hospital data varies by hospital trust. Overall the most common specialties are Trauma and Orthopaedics and Pain Management/Anaesthetics, however for Southampton Trust the highest volume of activity is recorded within Neurosurgery.

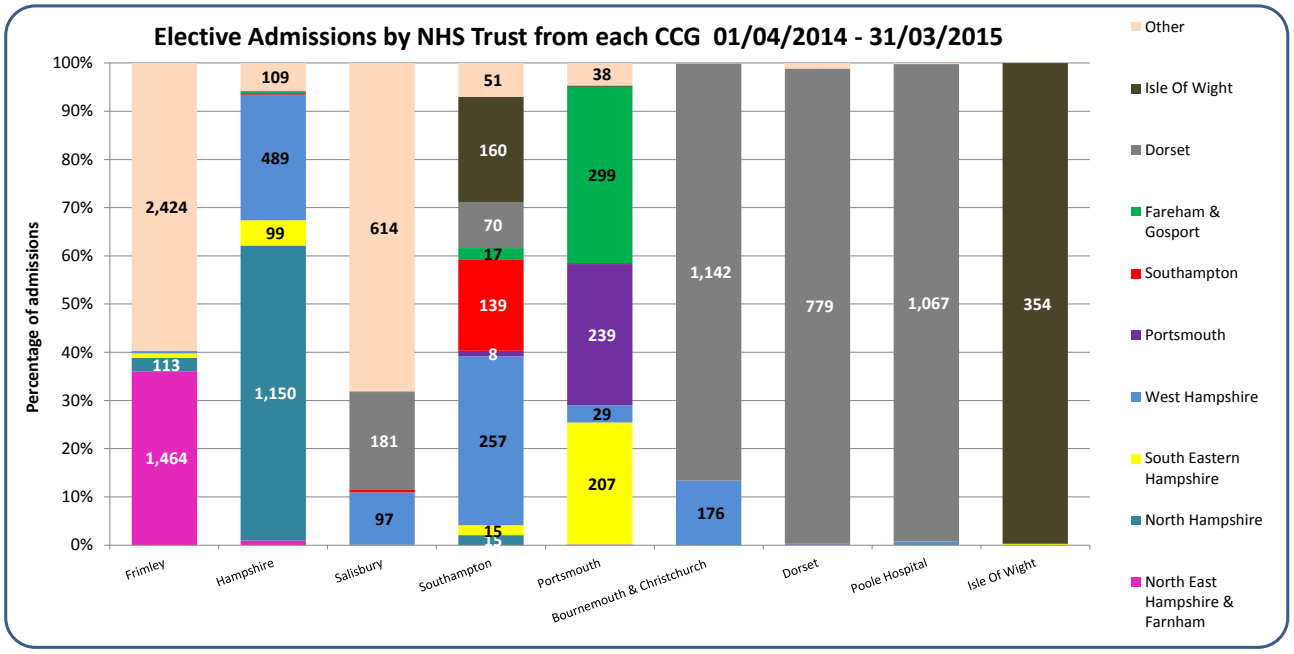
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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

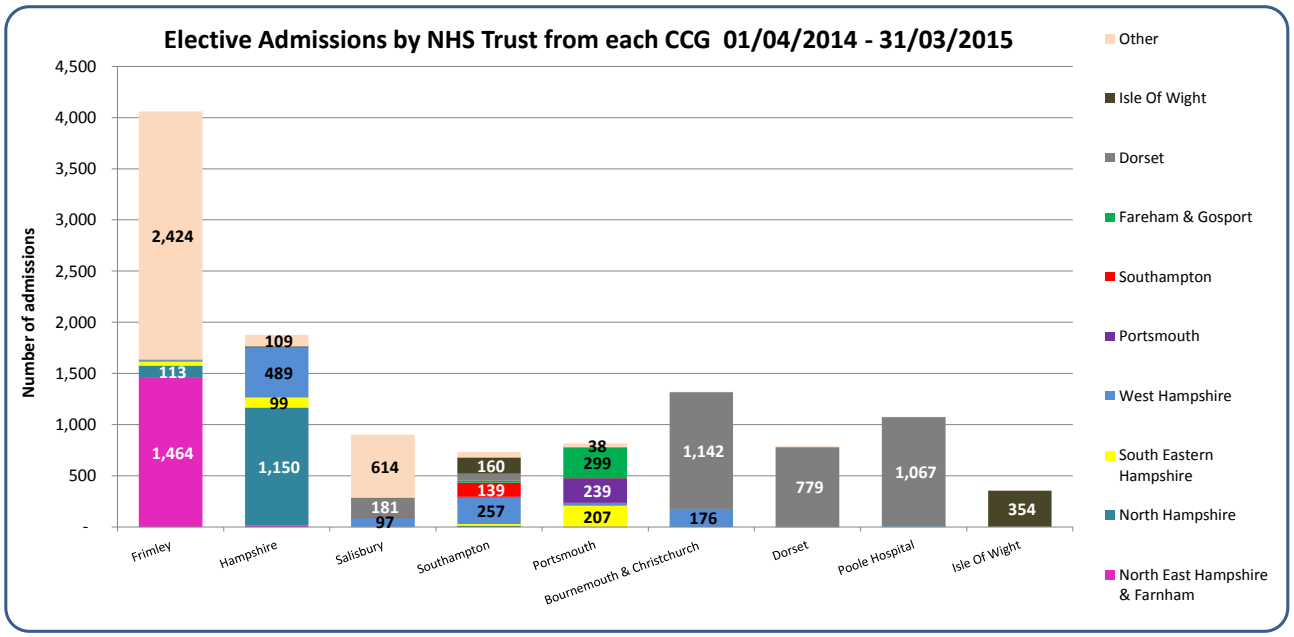
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

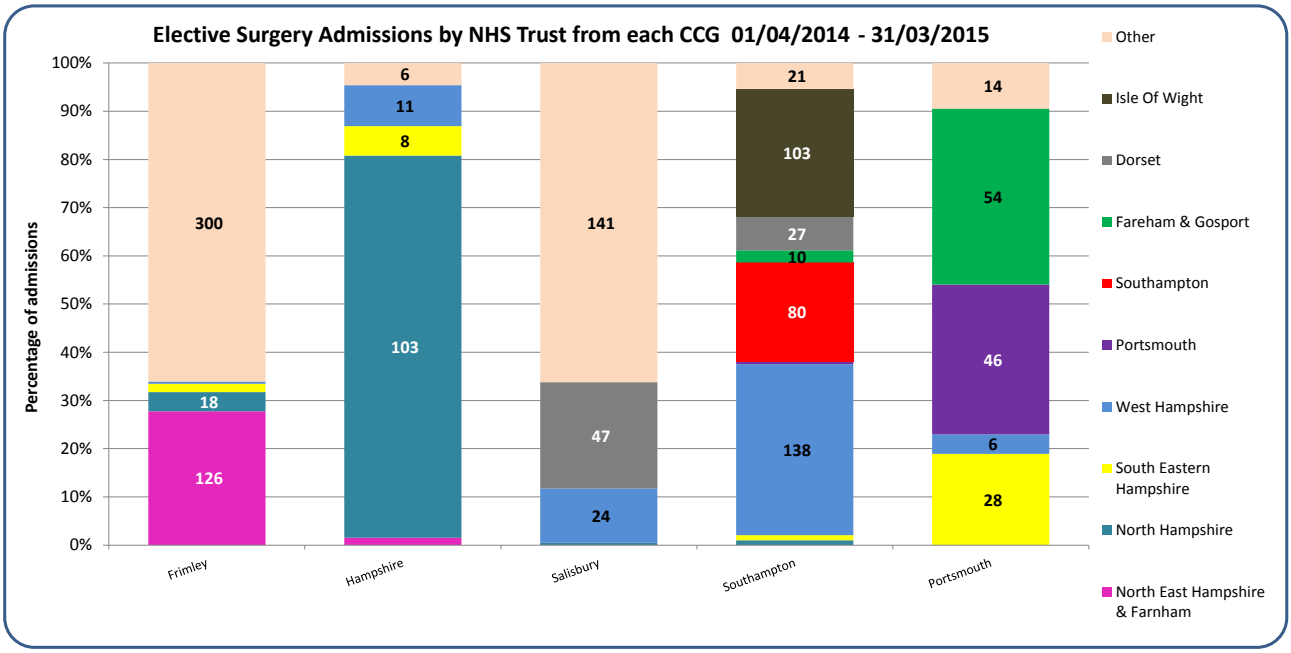
The highest volume NHS Trusts used by the Wessex CCGs is Frimley which is located just outside this region and they therefore also admit a high volume of patients from several different CCGs outside of this region. This is in contrast to the Dorset and Poole Hospital Trusts which predominantly admit patients from Dorset CCG.

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

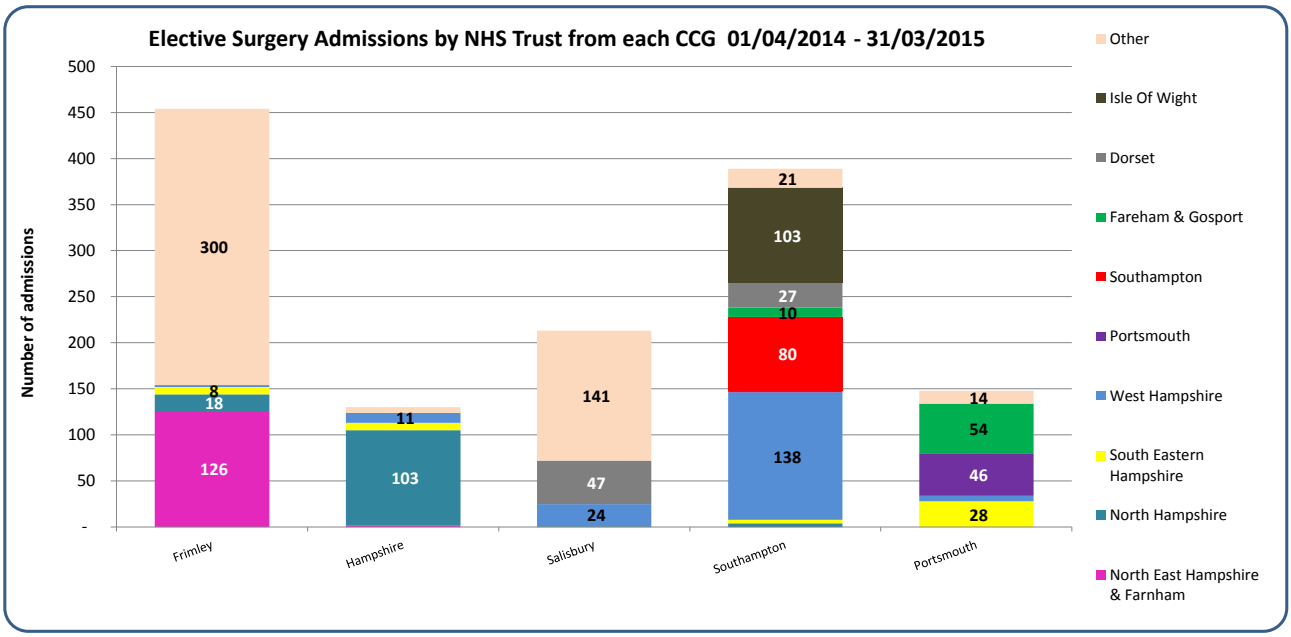
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

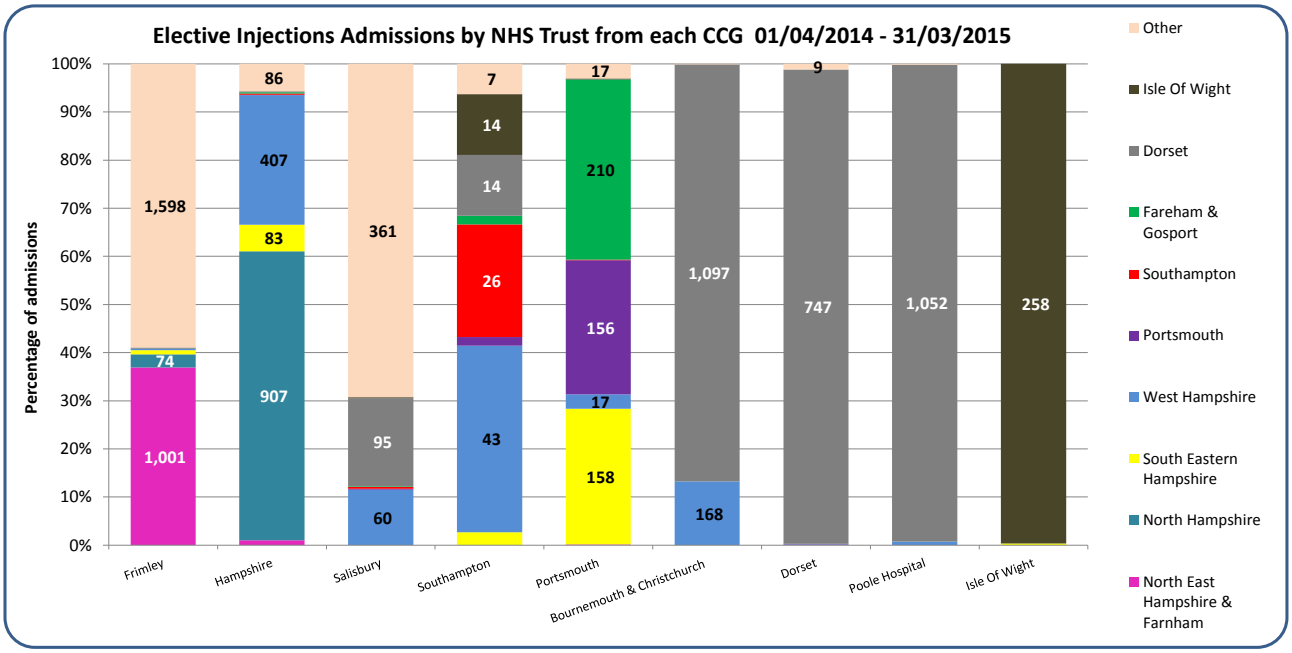
The highest volume NHS Trusts used by the Wessex CCGs for spinal surgery is Frimley which is located just outside this region and they therefore also admit a high volume of patients from several different CCGs outside of this region. This is in contrast to the Southampton Trust which mainly admits patients from the Wessex CCGs and very few from outside the region.

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

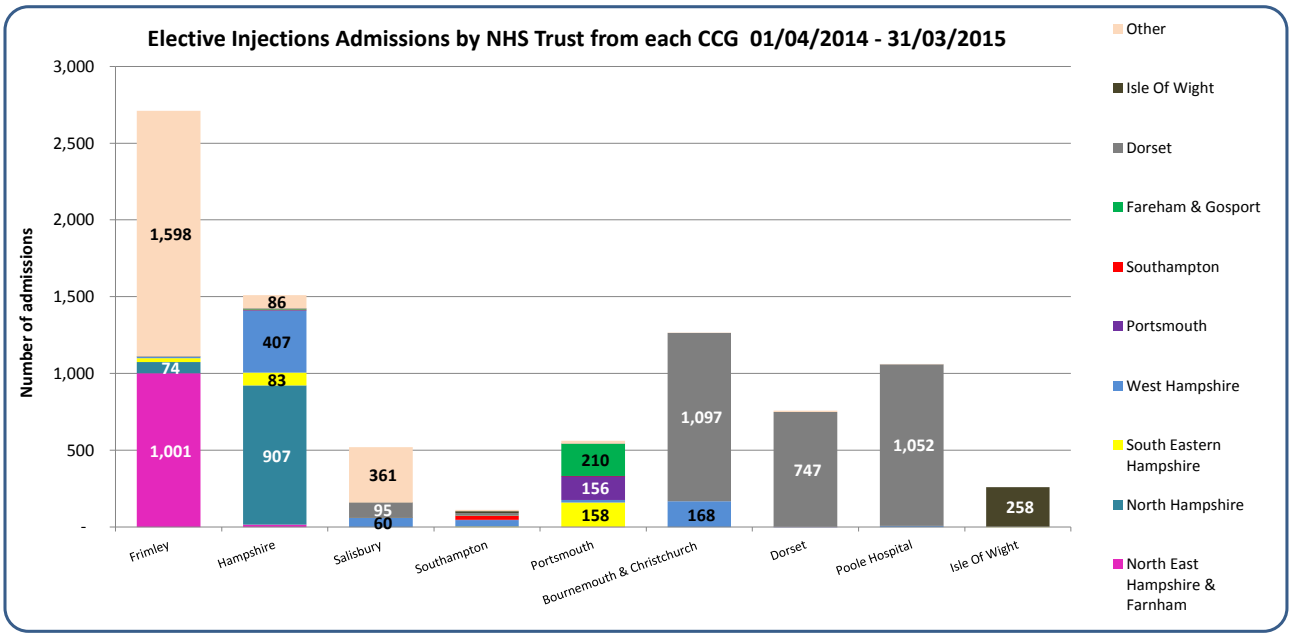
Hospital Trust activity from CCGs

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.

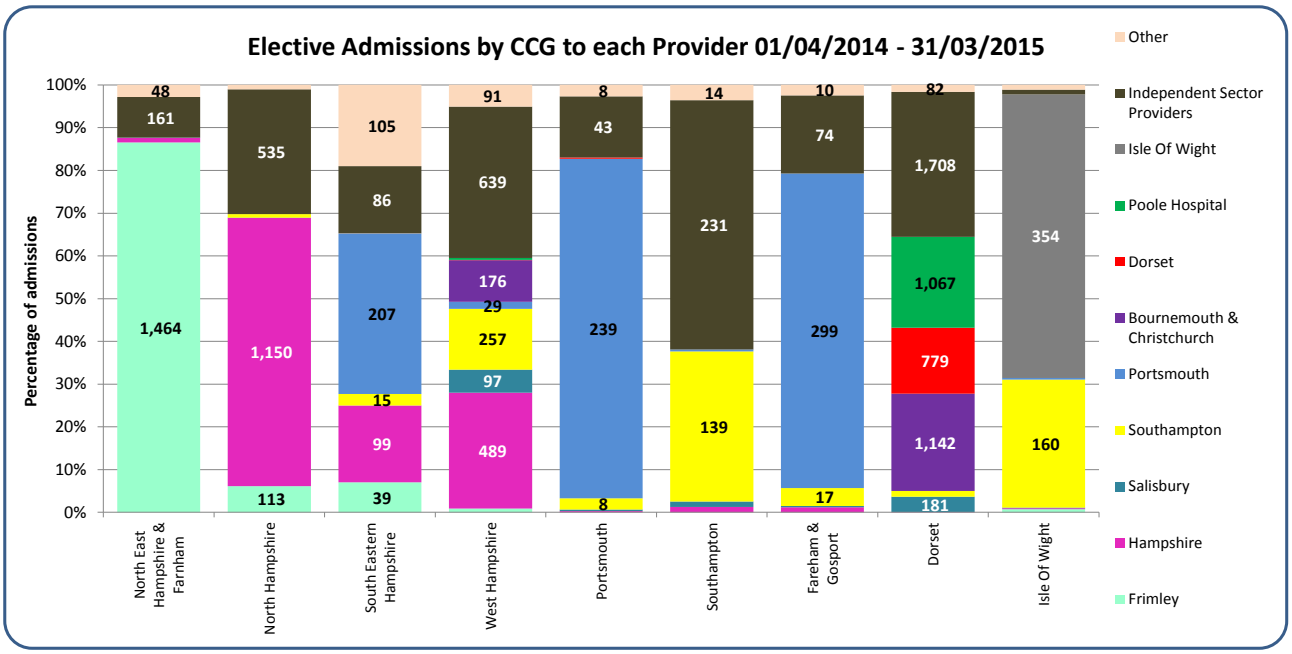
The highest volume NHS Trusts used by the Wessex CCGs is Frimley which is located just outside this region and they therefore also admit a high volume of patients from several different CCGs outside of this region. This is in contrast to the Dorset and Poole Hospital Trusts which predominantly admit patients from Dorset CCG.

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

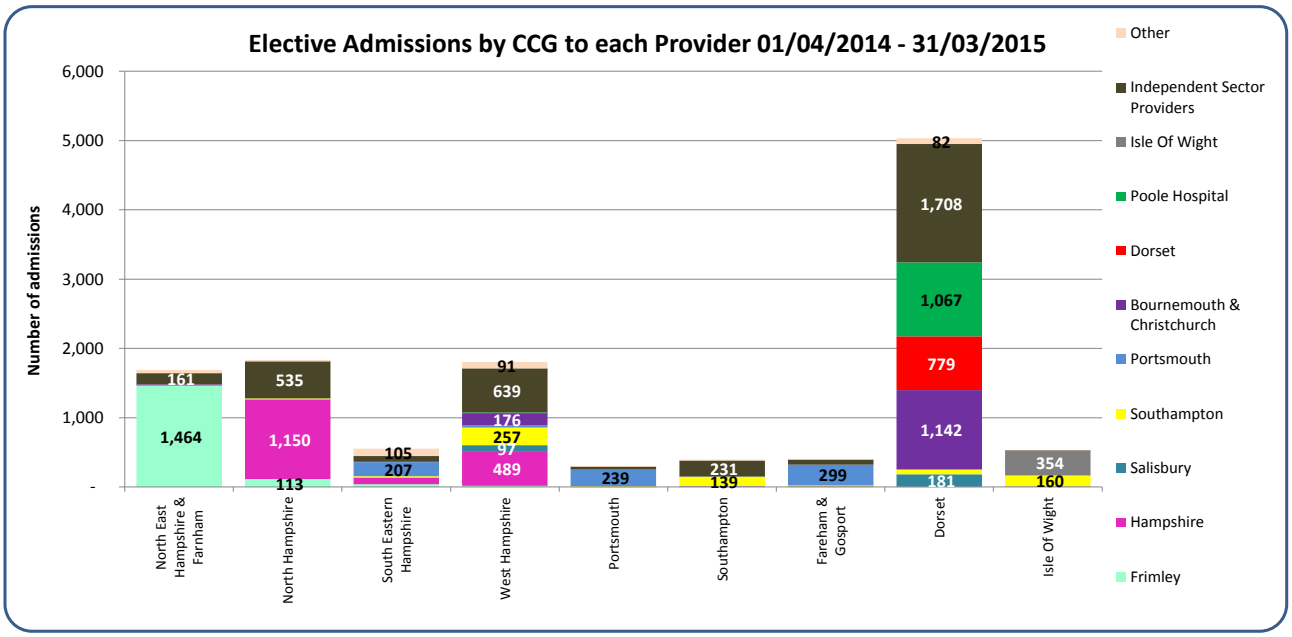
CCG activity to Hospital Trust

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 Dorsett CCG and patients from this CCG were admitted to at least six NHS Trusts and also frequently used Independent Sector Providers (1,708 admissions).

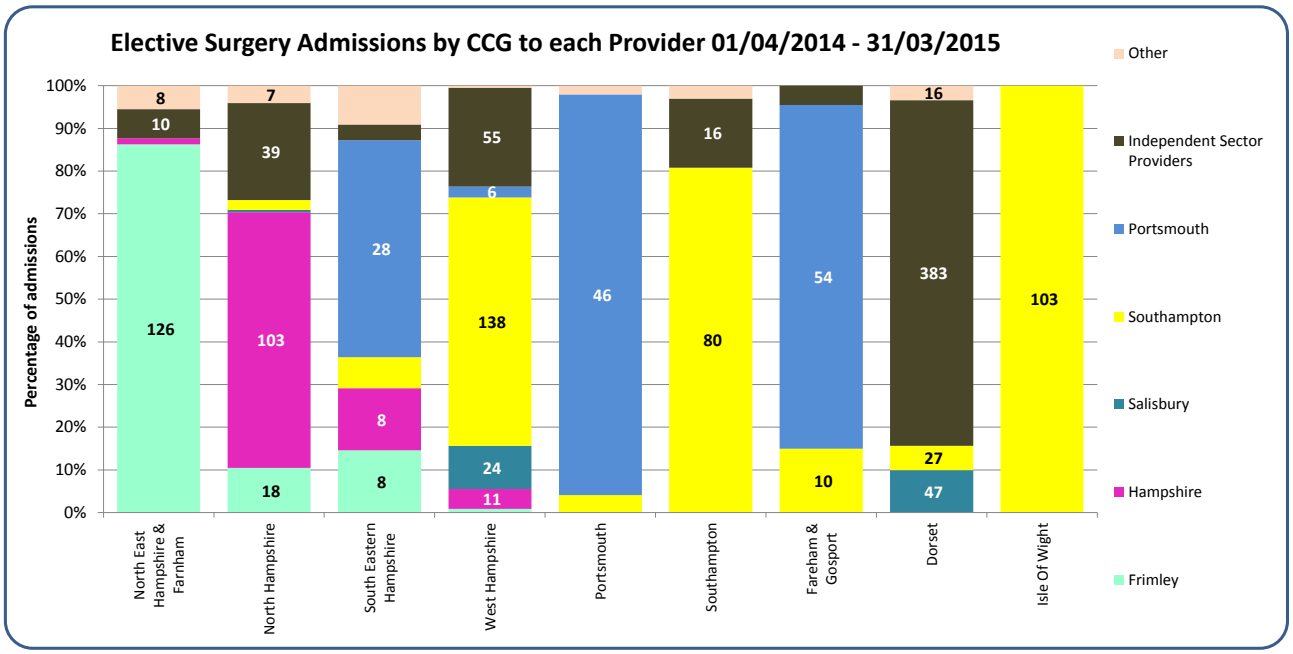
West and North Hampshire CCGs are also high users of Independent Sector Providers in Wessex.

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

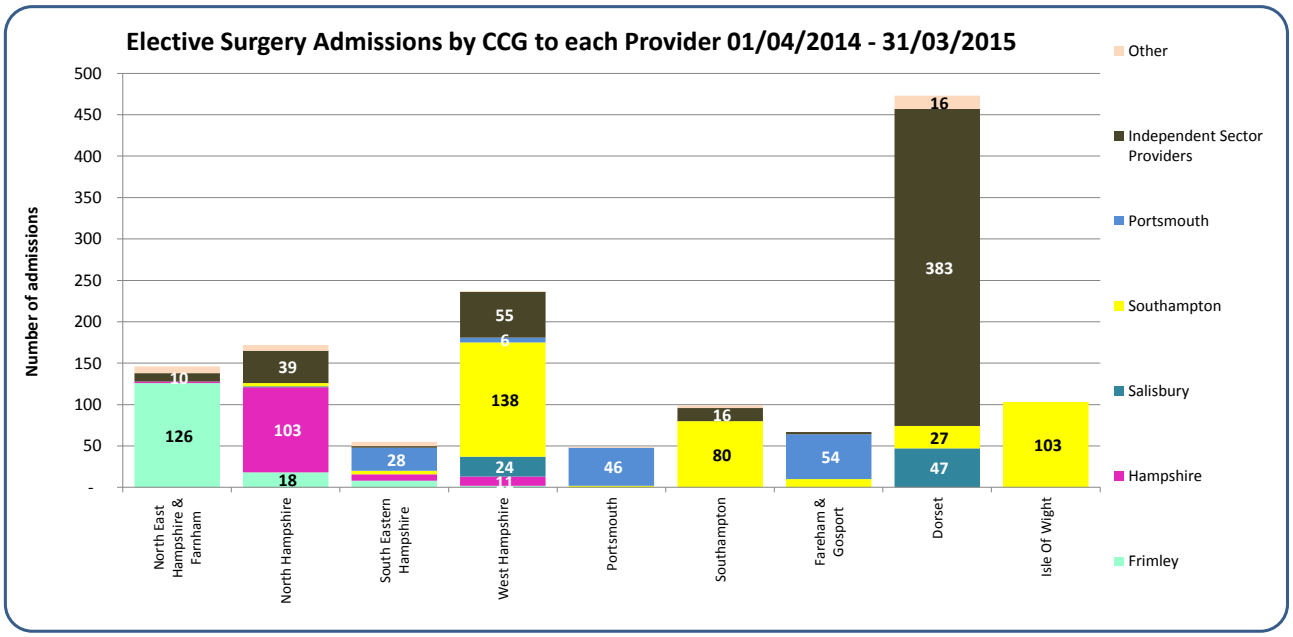
CCG activity to Hospital Trust

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

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



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



What is the data telling us?

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

Activity is highest for Dorsett CCG and patients from this CCG were admitted to at two NHS Trusts and also frequently used Independent Sector Providers (383 admissions).

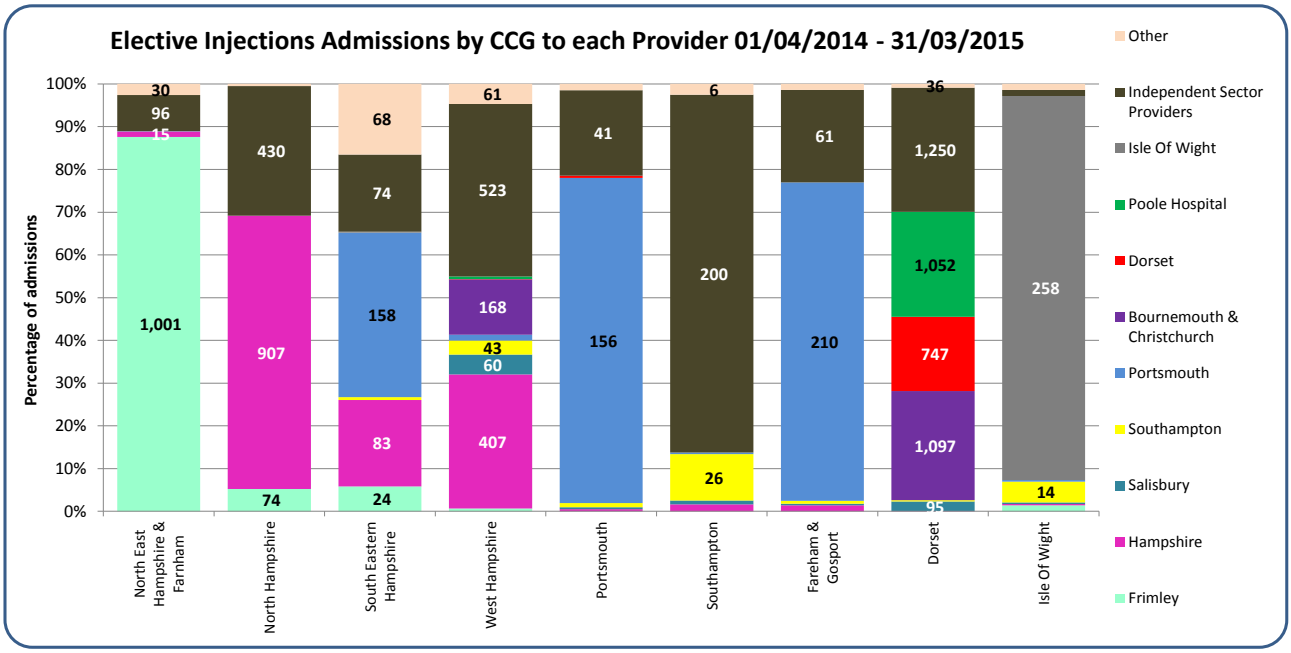
West and North Hampshire CCGs are also high users of Independent Sector Providers in Wessex.

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

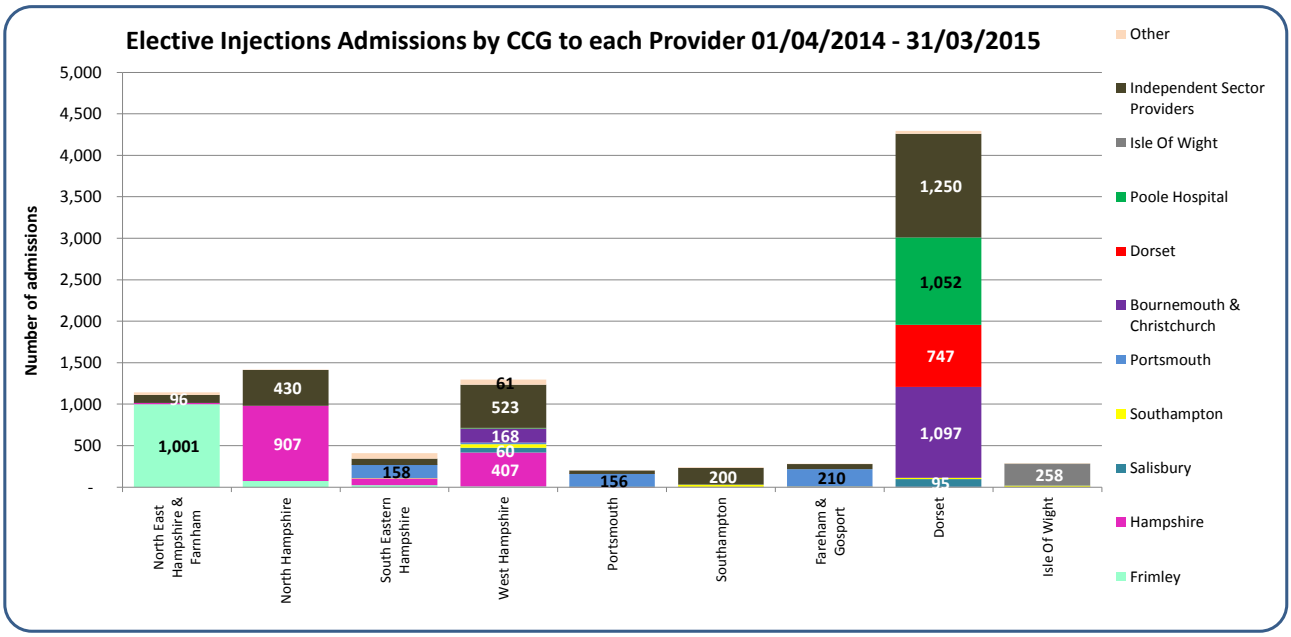
CCG activity to Hospital Trust

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 Dorsett CCG and patients from this CCG were admitted to at least five NHS Trusts and also frequently used Independent Sector Providers (1,250 admissions).

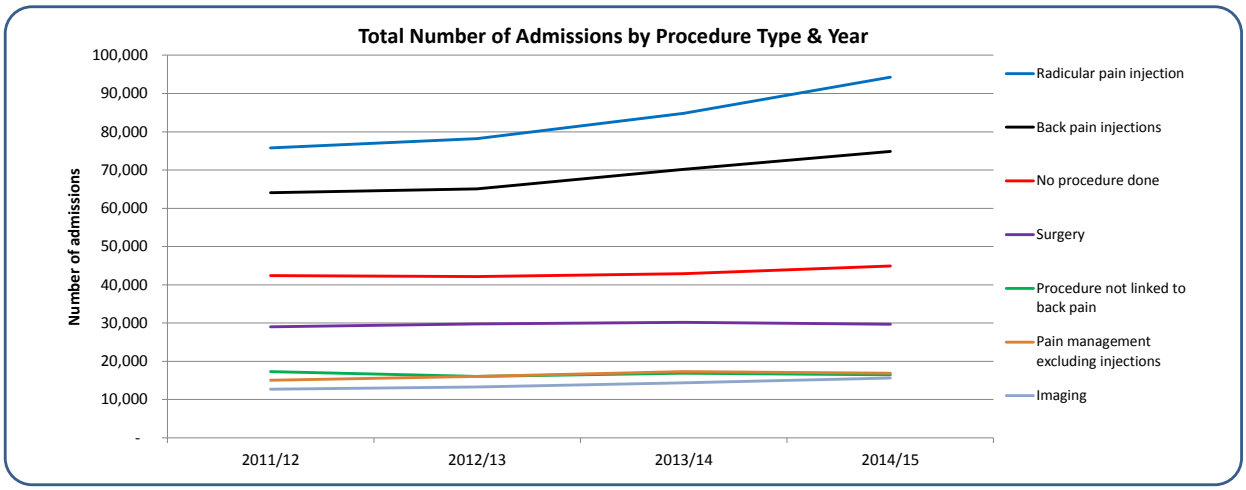
West and North Hampshire CCGs are also high users of Independent Sector Providers and were used for over 80% of admissions for injections for Southampton CCG.

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

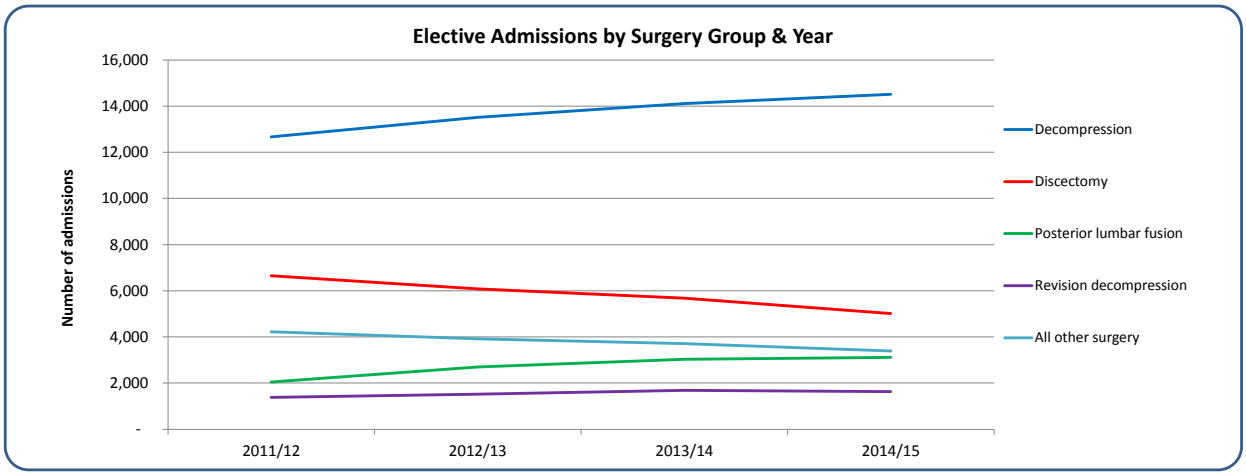
Hospital Trust activity (national level)

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

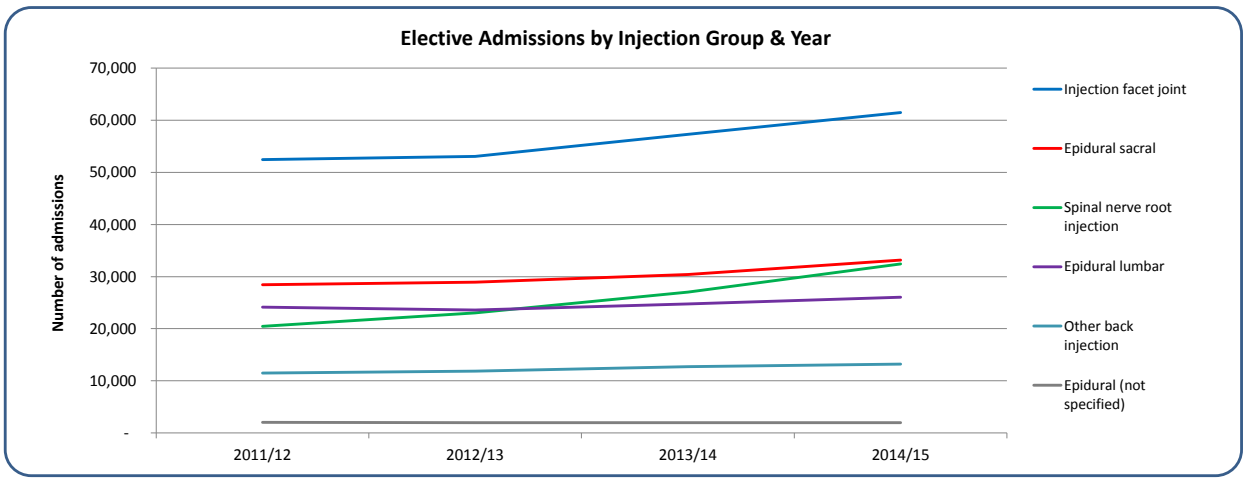
a. Hospital admissions by procedure type over time (all admission types)



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.

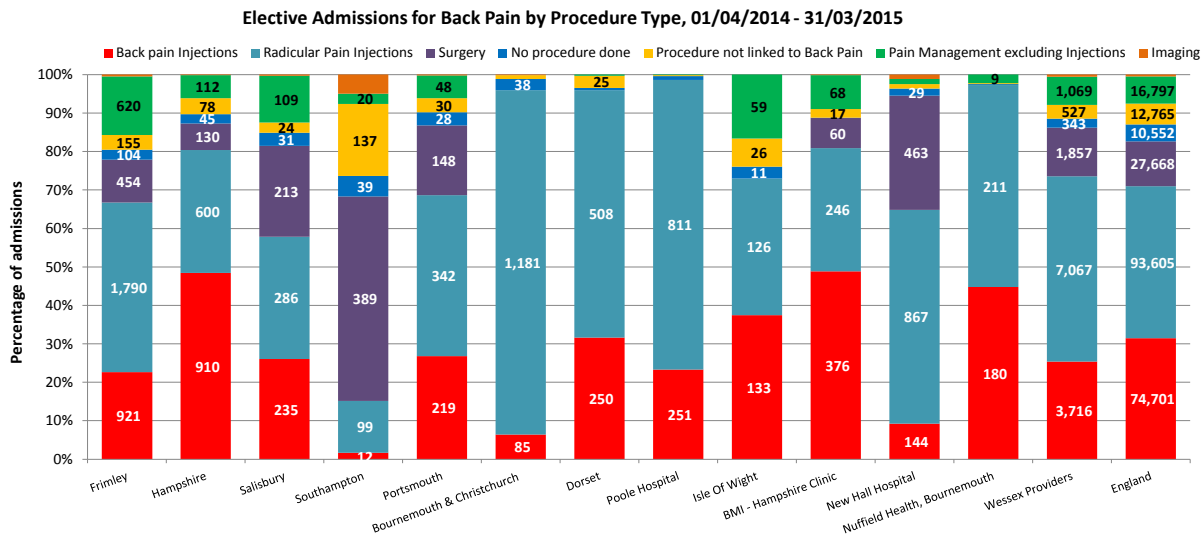
Hospital Trust activity

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

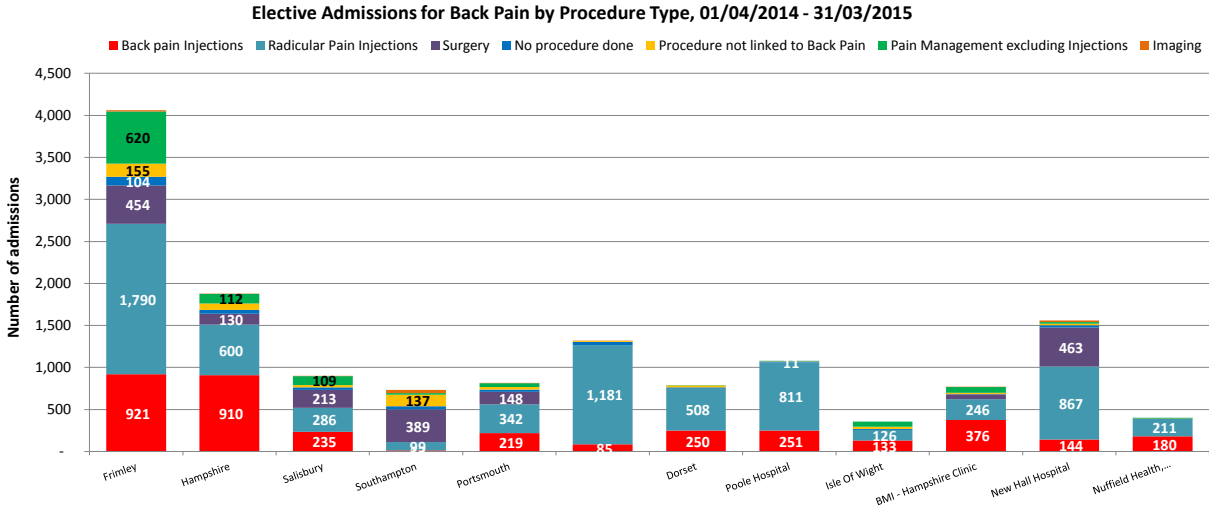
a. Elective hospital admissions by procedure type (national level including all providers)

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)
(Wessex Providers only)



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



What is the data telling us?

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

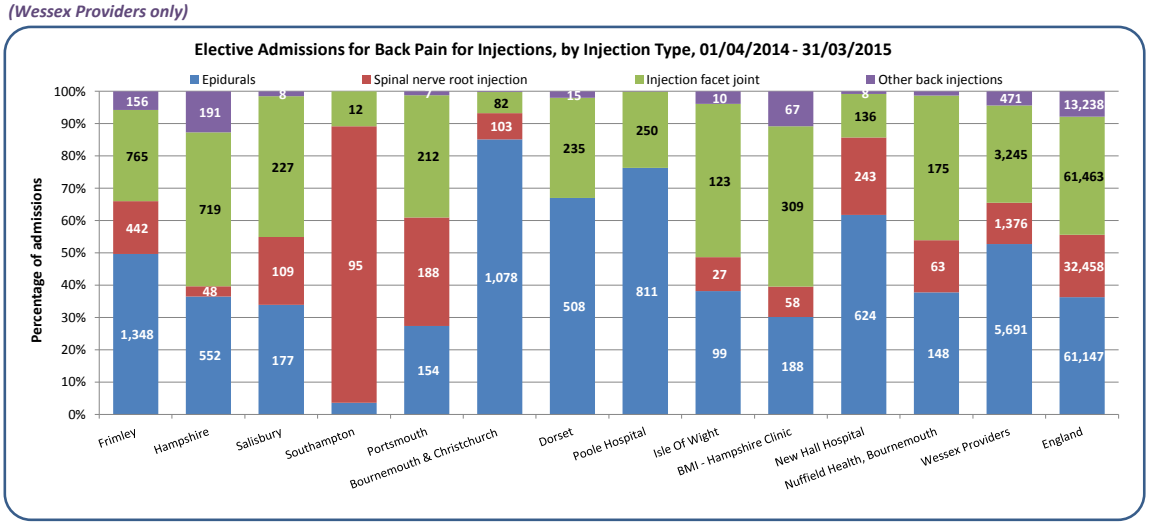
Four of the NHS Trusts used by Wessex CCGs have a higher proportion of elective activity for injections than the England rate (approx. 70%) and it is possible that the variation may be even greater due to differences in the point of delivery of care across hospital Trusts (for example it is possible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

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

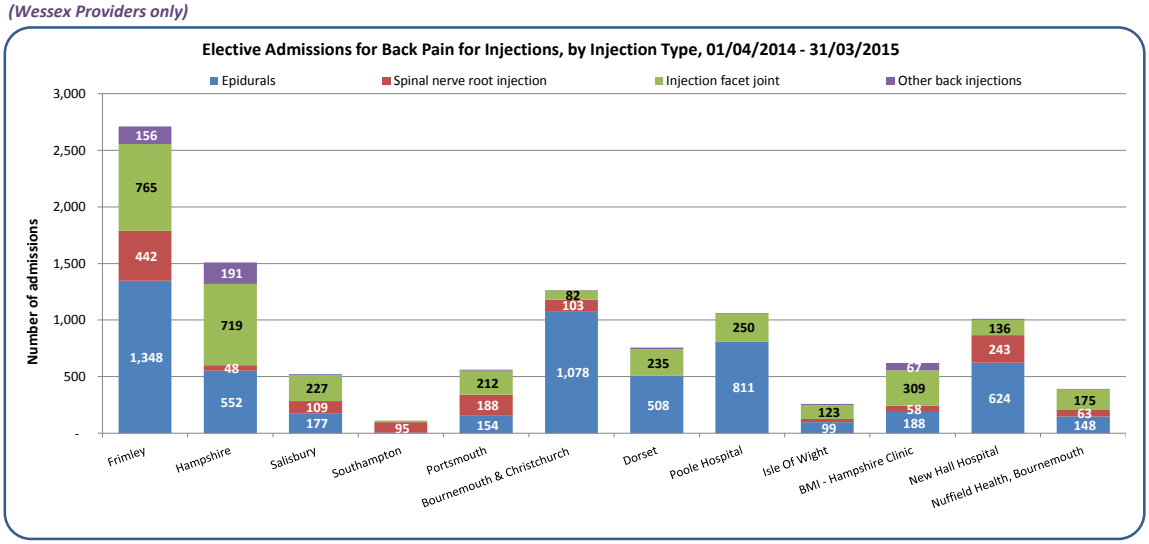
Hospital Trust activity

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

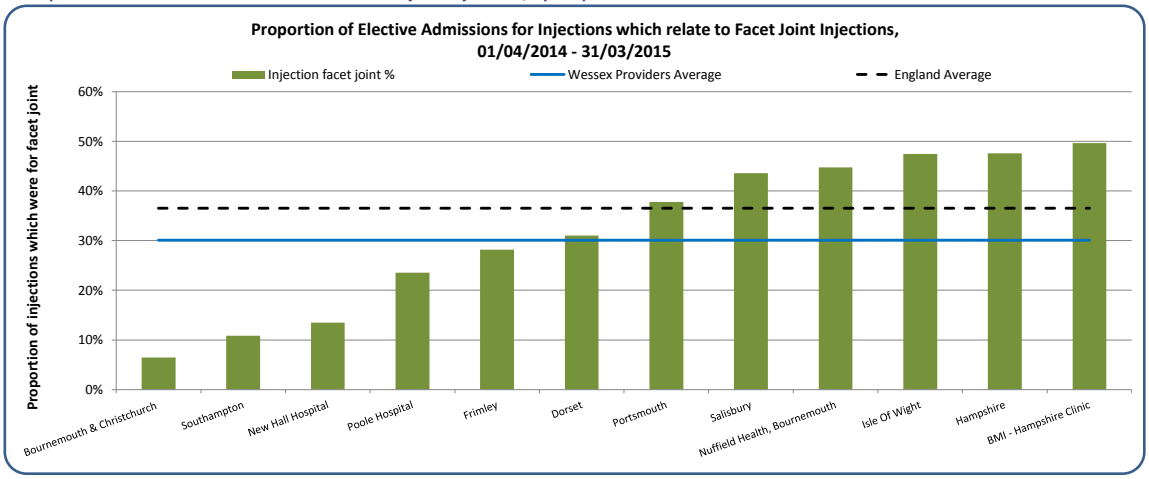
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)
(Wessex Providers only)



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



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



What is the data telling us?

Epidurals are those most frequently done within the providers for the Wessex CCGs, constituting over 53% of injection activity which is notably higher than the England proportion (36%). These providers overall do lower proportion of lumbar facet joint and spinal nerve root injections.

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

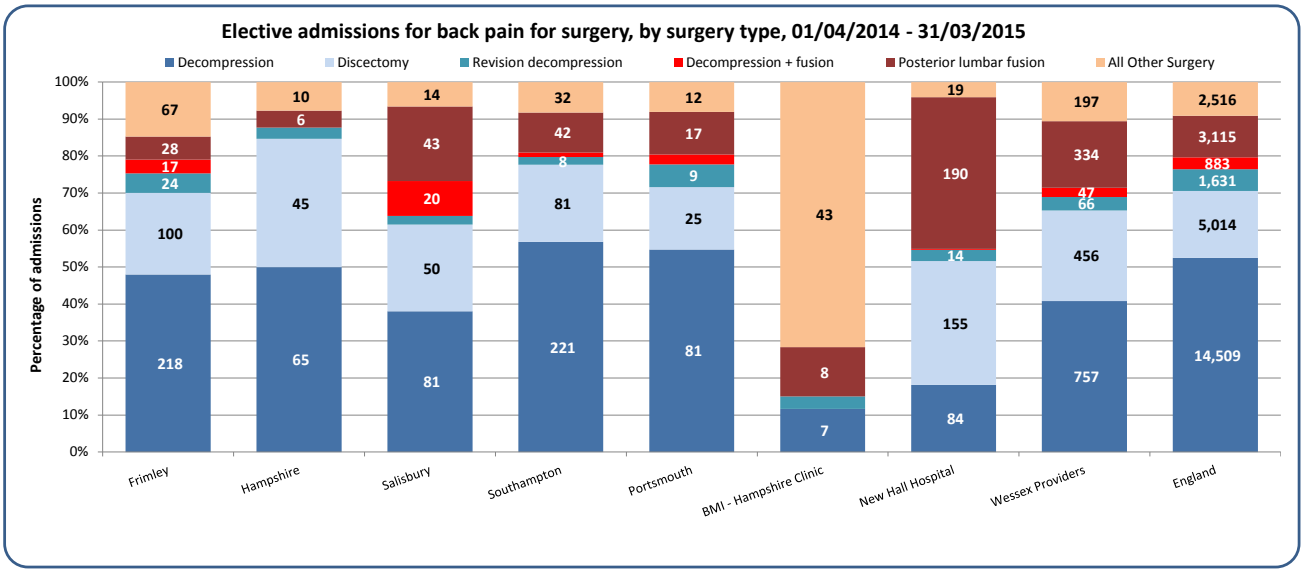
Bournemouth & Christchurch, Dorset and Poole Hospital Trusts do markedly higher proportion of epidurals compared to all of the other providers. The proportion of facet joint injections done at NHS Trust level ranges from 6% (Bournemouth & Christchurch) to 48% (Hampshire) compared to the England figure 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)

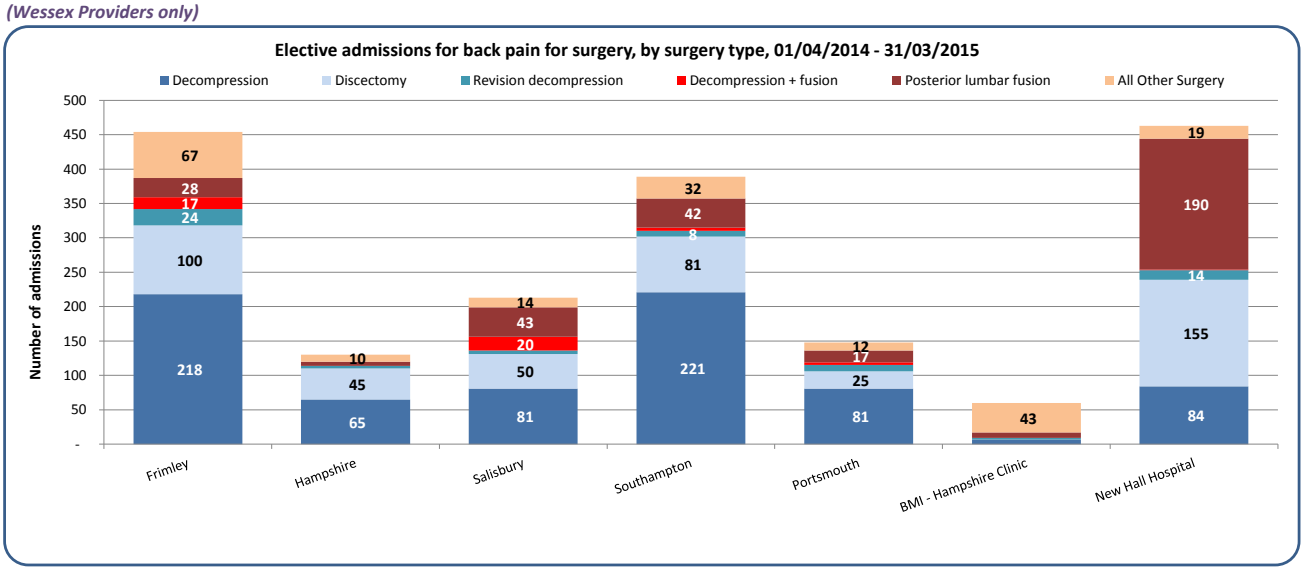
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(Wessex Providers only)



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

(Wessex Providers only)



What is the data telling us?

The charts above show the range in activity relating specifically to elective admissions for surgery, by type of surgery, for the providers used by the Wessex CCGs.

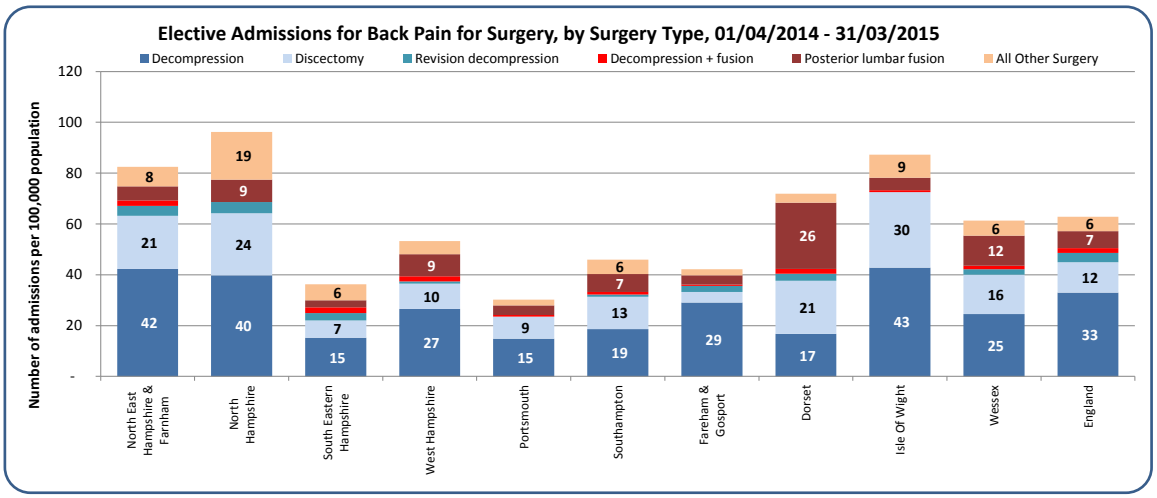
These providers overall do notably higher proportion of fusions compared to the England profile. There are variations at Trust level between the three high volume centres with higher proportion of fusions most notably at the Independent Sector Provider, New Hall Hospital.

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

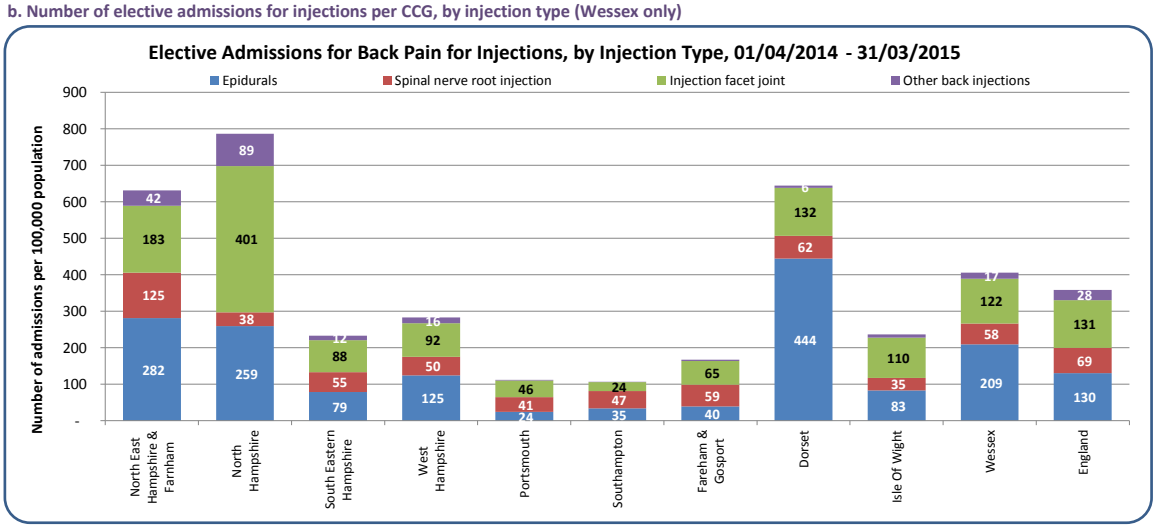
CCG activity by back pain procedure group

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

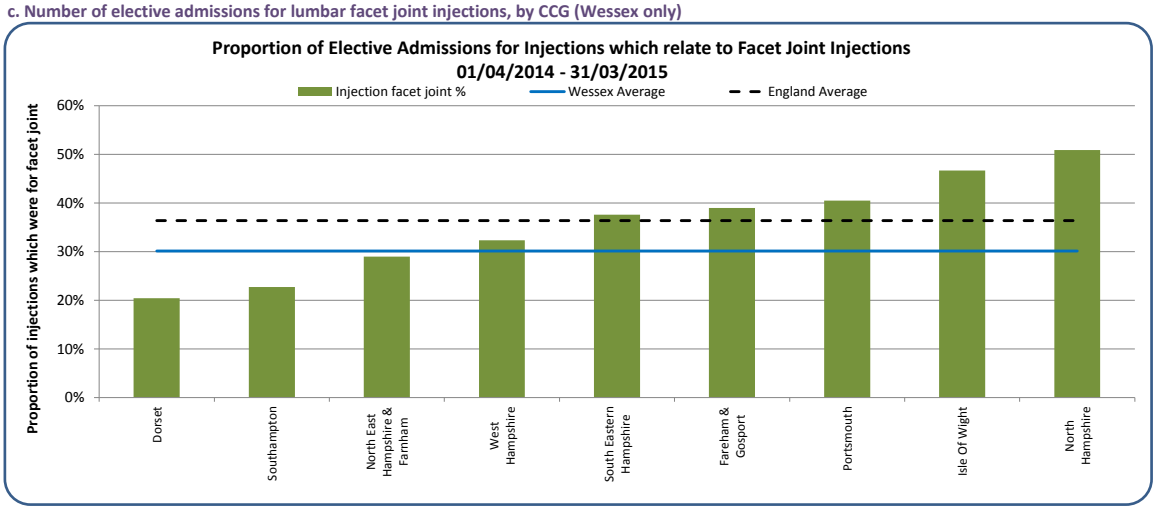
a. Number of elective admissions for surgery per CCG, by surgery type (Wessex only)



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



c. Number of elective admissions for lumbar facet joint injections, by CCG (Wessex 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 of West Midland CCGs, with chart 9b showing the same for injections.

Overall, this region has similar rates per 100,000 for surgery but there is wide variation between the CCGs with North Hampshire CCG having higher rates of surgery and Portsmouth CCG the lowest rates.

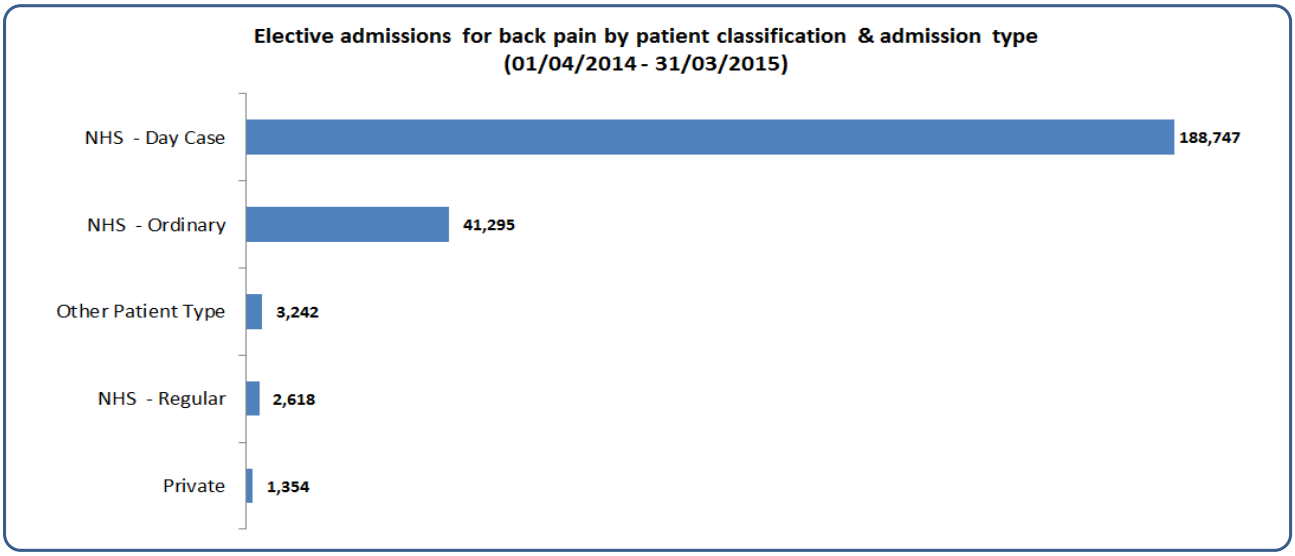
This region also has similar rates per 100,000 for injections but again there is variation between the CCGs with North Hampshire CCG having higher rates of surgery and Portsmouth and Southampton CCGs the lowest rates.

The proportion of facet joint injections done at CCG level ranges from 20% (Dorset) to 51% (North Hampshire) 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

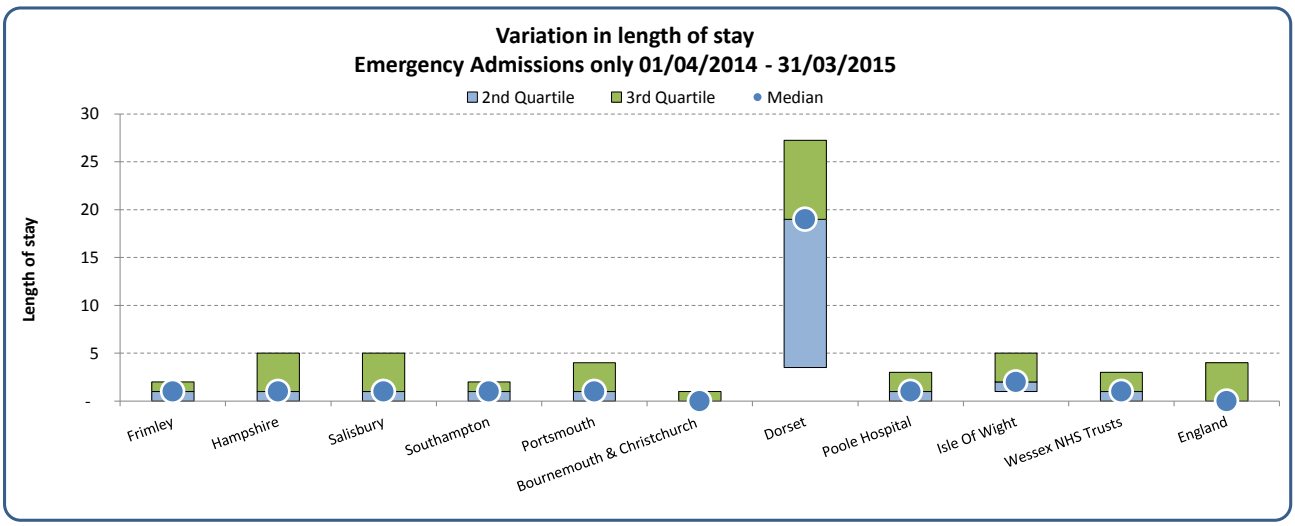


Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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
(Wessex Trusts only)



What is the data telling us?

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

The boxplot indicates the variation in length of stay for emergency admissions to NHS Trusts used by the Wessex CCGs and shows that there Dorset Trusts has a significantly higher median length of stay compared to all the other Trusts in the region and 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 (Wessex FTs only)

Provider Name	Elective	Emergency	Other	Total
Frimley	£ 4,847,361	£ 967,824	£ 28,612	**£ 5,843,797**
Southampton	£ 3,436,415	£ 755,208	£ 136,823	**£ 4,328,446**
Hampshire	£ 1,617,721	£ 444,443	£ 24,737	**£ 2,086,901**
Salisbury	£ 1,580,470	£ 372,849	£ 1,272	**£ 1,954,590**
Portsmouth	£ 1,250,133	£ 586,984	£ 24,481	**£ 1,861,598**
Poole Hospital	£ 706,627	£ 459,519	£ 15,323	**£ 1,181,468**
Bournemouth & Christchurch	£ 846,599	£ 295,019	£ -	**£ 1,141,618**
Dorset	£ 657,243	£ 90,412	£ 70,821	**£ 818,476**
Isle Of Wight	£ 230,889	£ 126,263	£ 4,939	**£ 362,091**
Total	**£ 15,173,458**	**£ 4,098,521**	**£ 307,007**	**£ 19,578,986**

b. Total Costs by Procedure Type (Wessex FTs only)

Provider Name	Surgery	Radicular pain Injections	Back pain Injections	No procedure done	Procedure not linked to back pain	Imaging	Pain Management excluding Injections	Other Non-Surgical	Total
Frimley	£ 2,154,365	£ 1,342,999	£ 594,304	£ 512,988	£ 369,788	£ 334,263	£ 535,089	£ -	**£ 5,843,797**
Southampton	£ 2,394,361	£ 157,133	£ 7,452	£ 413,123	£ 1,044,803	£ 258,840	£ 52,733	£ -	**£ 4,328,446**
Hampshire	£ 566,987	£ 425,744	£ 527,655	£ 272,016	£ 139,681	£ 99,499	£ 55,318	£ -	**£ 2,086,901**
Salisbury	£ 1,262,410	£ 161,184	£ 57,725	£ 161,698	£ 129,773	£ 125,069	£ 56,732	£ -	**£ 1,954,590**
Portsmouth	£ 799,315	£ 231,185	£ 141,159	£ 310,717	£ 193,052	£ 158,380	£ 27,790	£ -	**£ 1,861,598**
Poole Hospital	£ -	£ 550,530	£ 155,636	£ 277,906	£ 12,790	£ 183,879	£ 727	£ -	**£ 1,181,468**
Bournemouth & Christchurch	£ -	£ 771,482	£ 51,747	£ 225,281	£ 56,147	£ 36,961	£ -	£ -	**£ 1,141,618**
Dorset	£ -	£ 339,607	£ 157,122	£ 33,458	£ 287,260	£ -	£ 1,029	£ -	**£ 818,476**
Isle Of Wight	£ -	£ 86,556	£ 81,207	£ 55,152	£ 50,908	£ 58,060	£ 30,209	£ -	**£ 362,091**
Total	**£ 7,177,438**	**£ 4,066,421**	**£ 1,774,007**	**£ 2,262,340**	**£ 2,284,202**	**£ 1,254,950**	**£ 759,628**	**£ -**	**£ 19,578,986**

What is the data telling us?

Across all NHS Trusts used by the Wessex CCGs in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £19.6 million, with 77% of the costs attributed to elective activity. Note that these costs are by provider Trust and will include activity for CCGs outside of the Wessex region.

The surgery procedures group accounts for almost 37% of the total cost of all procedures, and the cost of injections is an additional 30% of the total.

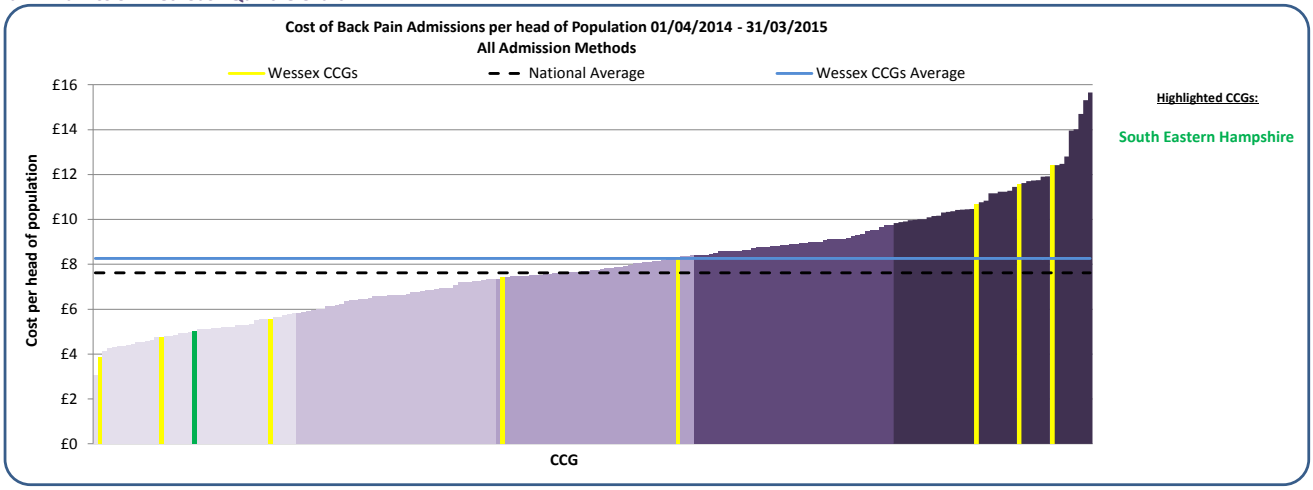
CCG Activity Total Costs

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

a. All Admission Methods - Table

	All Admissions		Elective Admissions		Emergency Admissions		
Responsible CCG Name	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Cost per head of Population	Total Cost	Registered Population (Ages 15+)
Portsmouth	£ 3.84	£ 699,340	£ 2.56	£ 467,263	£ 1.16	£ 211,053	182,333
Fareham & Gosport	£ 4.75	£ 800,927	£ 3.44	£ 580,152	£ 1.23	£ 207,498	168,533
South Eastern Hampshire	£ 5.04	£ 890,201	£ 3.67	£ 648,214	£ 1.31	£ 231,203	176,743
Southampton	£ 5.56	£ 1,257,744	£ 4.02	£ 907,940	£ 1.44	£ 326,412	226,055
West Hampshire	£ 7.40	£ 3,402,460	£ 5.98	£ 2,749,709	£ 1.23	£ 566,878	459,535
Isle Of Wight	£ 8.33	£ 1,010,755	£ 6.91	£ 839,239	£ 1.28	£ 155,350	121,392
Dorset	£ 10.67	£ 7,118,482	£ 8.98	£ 5,988,138	£ 1.55	£ 1,032,443	667,118
North East Hampshire & Farnham	£ 11.58	£ 2,106,103	£ 10.09	£ 1,835,449	£ 1.35	£ 245,563	181,881
North Hampshire	£ 12.39	£ 2,238,932	£ 10.56	£ 1,908,192	£ 1.64	£ 296,081	180,769
Wessex Total	**£ 8.26**	**£ 19,524,943**	**£ 6.74**	**£ 15,924,295**	**£ 1.38**	**£ 3,272,482**	**2,364,359**

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
Dorset	£ 2,711,449	£ 2,205,878	£ 525,748	£ 32,365	£ 456,524	£ 12,540	£ 42,901	£ 732	**£ 5,988,138**
West Hampshire	£ 1,320,326	£ 596,687	£ 284,049	£ 2,288	£ 439,946	£ 11,039	£ 95,373	£ -	**£ 2,749,709**
North Hampshire	£ 812,011	£ 362,249	£ 526,848	£ 5,141	£ 134,177	£ 930	£ 66,837	£ -	**£ 1,908,192**
North East Hampshire & Farnham	£ 721,545	£ 535,656	£ 258,201	£ 7,394	£ 108,976	£ 4,067	£ 199,610	£ -	**£ 1,835,449**
Southampton	£ 613,651	£ 110,259	£ 33,997	£ 6,038	£ 121,797	£ 4,710	£ 17,488	£ -	**£ 907,940**
Isle Of Wight	£ 468,578	£ 97,195	£ 88,372	£ 12,867	£ 116,733	£ 13,562	£ 41,932	£ -	**£ 839,239**
South Eastern Hampshire	£ 283,434	£ 158,334	£ 106,882	£ -	£ 64,062	£ 3,242	£ 32,260	£ -	**£ 648,214**
Fareham & Gosport	£ 320,462	£ 109,279	£ 70,447	£ 6,970	£ 58,096	£ -	£ 14,898	£ -	**£ 580,152**
Portsmouth	£ 227,680	£ 78,462	£ 60,161	£ 4,211	£ 85,964	£ 2,356	£ 8,429	£ -	**£ 467,263**

What is the data telling us?

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

North Hampshire CCG has the highest spend per head of population regionally (£12.39) driven mainly by high costs for elective admissions. Portsmouth CCG has the lowest costs per head for both emergency and elective admissions (£3.84) in the region as well as being the second lowest nationally.

The final table shows the total spend for elective admissions for each CCG for 2014/15 (based on national tariff) and includes a breakdown of this spend by procedure type. Surgery generally accounts for the majority of spend, but for several CCGs in Wessex more is spent on admissions for injections compared to what is spent on surgery. Most notably, this happens in the 3 CCGs in Wessex with the highest spend per head.

14. Back & Radicular Pain Admissions Breakdown for the Wessex Region

Highlighted Provider Data is included in this report
(Blue=NHS Trust & Green=Independent Sector Provider)

		Elective Admissions			Emergency	Other Admission	
Code	Provider Name	Surgery	Injections	Other	Admissions	Types	Total
RN5	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	124	1,424	221	253	7	**2,029**
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	154	1,113	370	208	-	**1,845**
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	-	1,265	53	362	-	**1,680**
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	-	1,060	15	425	<6	**1,502**
NVC09	NEW HALL HOSPITAL	427	956	69	-	-	**1,452**
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	368	104	209	583	33	**1,297**
RHU	PORTSMOUTH HOSPITALS NHS TRUST	134	544	101	410	7	**1,196**
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	-	749	32	24	17	**822**
NT418	BMI - THE HAMPSHIRE CLINIC	46	497	70	-	-	**613**
R1F	ISLE OF WIGHT NHS TRUST	-	259	96	86	<6	**444**
NT202	NUFFIELD HEALTH, BOURNEMOUTH HOSPITAL	-	386	11	-	-	**397**
RNZ	SALISBURY NHS FOUNDATION TRUST	72	160	55	57	-	**344**
NT304	SPIRE SOUTHAMPTON HOSPITAL	6	226	25	-	-	**257**
NT433	BMI - SARUM ROAD HOSPITAL	-	204	46	-	-	**250**
NTP11	SOUTHAMPTON NHS TREATMENT CENTRE	-	206	9	-	-	**215**
NT345	SPIRE CLARE PARK HOSPITAL	11	95	55	-	-	**161**
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	124	-	**130**
RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	-	55	20	17	19	**111**
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	7	60	7	26	-	**100**
RYR	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	-	35	26	8	-	**69**
NT419	BMI - THE HARBOUR HOSPITAL	-	65	<6	-	-	**67**
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	<6	12	16	-	-	**32**
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST				27	-	**27**
NV302	CIRCLE BATH HOSPITAL	6	14	<6	-	-	**21**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	<6	7	6	<6	-	**18**
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	7	8	<6	<6	-	**17**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	<6	<6	11	<6	-	**16**
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	<6	10	<6	<6	-	**15**
R1C	SOLENT NHS TRUST	-	-	<6	<6	9	**14**
RVJ	NORTH BRISTOL NHS TRUST	<6	<6	9	<6	-	**14**
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	<6	6	<6	<6	-	**13**
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	<6	<6	<6	<6	<6	**10**
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	<6	-	6	<6	-	**9**
NT212	NUFFIELD HEALTH, CHICHESTER HOSPITAL	<6	7	-	-	-	**8**
NV323	CIRCLE READING HOSPITAL	<6	<6	-	-	-	**7**
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	<6	<6	-	<6	-	**<6**
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	-	<6	<6	<6	-	**<6**
NT402	BMI - BATH CLINIC	<6	<6	-	-	-	**<6**
NVC02	THE BERKSHIRE INDEPENDENT HOSPITAL	<6	<6	-	-	-	**<6**
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	-	<6	-	<6	-	**<6**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	-	<6	<6	-	**<6**
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	-	<6	-	<6	-	**<6**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	-	-	<6	<6	-	**<6**
NT337	SPIRE LIVERPOOL HOSPITAL	-	<6	<6	-	-	**<6**
NT344	SPIRE DUNEDIN HOSPITAL	<6	<6	-	-	-	**<6**
NT417	BMI - GORING HALL HOSPITAL	-	<6	<6	-	-	**<6**
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	<6	-	<6	-	**<6**
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RJR	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RK9	PLYMOUTH HOSPITALS NHS TRUST				<6	-	**<6**
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST				<6	-	**<6**
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RRK	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	-	-	<6	<6	-	**<6**
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	<6	<6	-	-	-	**<6**
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	-	-	<6	<6	-	**<6**
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	-	<6	**<6**
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	-	-	<6	<6	-	**<6**
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
NT214	NUFFIELD HEALTH, WESSEX HOSPITAL	-	-	<6	-	-	**<6**
NT238	NUFFIELD HEALTH, TAUNTON HOSPITAL	<6	<6	-	-	-	**<6**
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	<6	<6	-	-	-	**<6**
NT428	BMI - THE PRINCESS MARGARET HOSPITAL	-	<6	-	-	-	**<6**
NT430	BMI - THE RIDGEWAY HOSPITAL	<6	<6	-	-	-	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST				<6	-	**<6**
RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RBK	WALSALL HEALTHCARE NHS TRUST	-	<6	-	-	-	**<6**
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST				<6	-	**<6**
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
REF	ROYAL CORNWALL HOSPITALS NHS TRUST				<6	-	**<6**
REM	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RJ2	LEWISHAM AND GREENWICH NHS TRUST				<6	-	**<6**
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST				<6	-	**<6**
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST				<6	-	**<6**
RPA	MEDWAY NHS FOUNDATION TRUST	<6	-	-	-	-	**<6**
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	-	-	<6	-	-	**<6**
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RW6	PENNINE ACUTE HOSPITALS NHS TRUST				<6	-	**<6**
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST				<6	-	**<6**
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST				<6	-	**<6**
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	<6	-	-	-	-	**<6**
RXC	EAST SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**

14. Back & Radicular Pain Admissions Breakdown for the Wessex Region

Highlighted Provider Data is included in this report
(Blue=NHS Trust & Green=Independent Sector Provider)

		Elective Admissions			Emergency	Other Admission	
Code	**Provider Name**	Surgery	Injections	Other	**Admissions**	**Types**	**Total**
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST				<6	-	**<6**
NDA01	VIRGIN CARE SERVICES LTD (BROOK GREEN)	-	-	<6	-	-	**<6**
NT233	NUFFIELD HEALTH, PLYMOUTH HOSPITAL	<6	-	-	-	-	**<6**
NT239	NUFFIELD HEALTH, TUNBRIDGE WELLS HOSPITAL	-	-	<6	-	-	**<6**
NT350	SPIRE METHLEY PARK HOSPITAL	-	<6	-	-	-	**<6**
NT449	BMI THE LANCASTER HOSPITAL	-	<6	-	-	-	**<6**
NT455	BMI MOUNT ALVERNIA HOSPITAL	-	<6	-	-	-	**<6**
NT497	BMI GISBURNE PARK HOSPITAL	-	-	<6	-	-	**<6**
NVC15	PINEHILL HOSPITAL	-	<6	-	-	-	**<6**
Total		**1,401**	**9,576**	**1,571**	**2,664**	**99**	**15,311**

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

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0.3	Draft V3	15/04/2016	Further minor amendments	Adam Fearing, Kayoung Goffe
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CONFIDENTIALITY CHECKLIST – FOR COMPLETION PRIOR TO ANY DRAFTS SENT TO CLIENTS	
Does the report include any small numbers?	Yes
If yes, can we produce a meaningful suppressed version?	Yes, the small numbers in this report have been suppressed. Observed events less than 6 have been replaced by "<6". Rates where the numerator or denominator are less than 6 have been shown, although to calculate that small number would not be possible from the data shown here.
If not, the Epidemiologist AND Director must justify why not here, highlight, and agree the need for an NDA	
Have Lightfoot/HSCIC approved use of NDA in order to disclose small numbers?	
Has the recipient of the report signed the NDA?	