Back Pain Report

West Norfolk

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 East of England 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 East of England Region are:

- The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust
- Norfolk & Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Peterborough & Stamford Hospitals NHS Foundation Trust
- Hinchingbrooke Health Care NHS Trust
- Cambridge University Hospitals NHS Foundation Trust
- West Suffolk NHS Foundation Trust
- Ipswich Hospital NHS Trust
- Colchester Hospital University NHS Foundation Trust
- Mid Essex Hospital Services NHS Trust
- The Princess Alexandra Hospital NHS Trust
- Barking, Havering & Redbridge University Hospitals NHS Trust
- Basildon & Thurrock University Hospitals NHS Foundation Trust
- Southend University Hospital NHS Foundation Trust

The Independent Sector Providers included for the East of England Region are:

- Springfield Hospital

Clinical Commissioning Group (CCG) activity summary

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

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

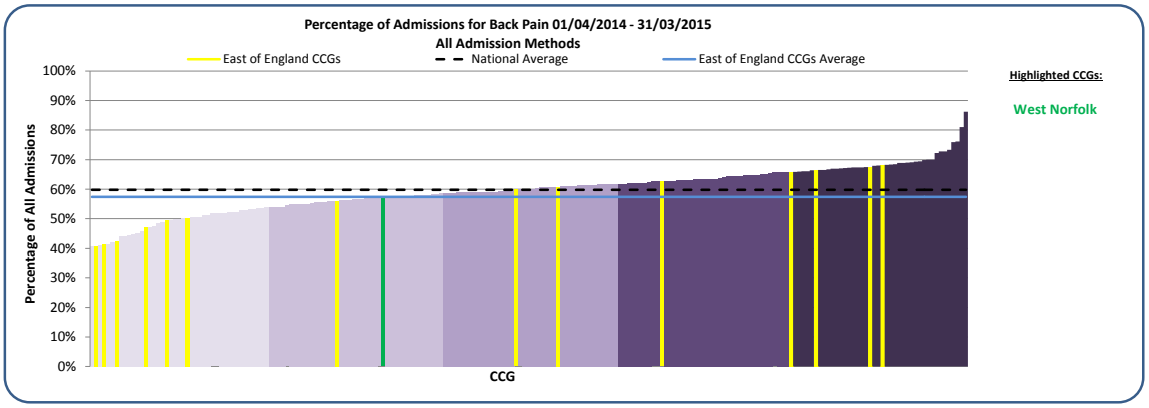
England	Back	Radicular	Total	% Back	% Radicular
Elective	134,448	102,808	**237,256**	56.7%	43.3%
Emergency	39,331	14,309	**53,640**	73.3%	26.7%
Other	771	951	**1,722**	44.8%	55.2%
Total	**174,550**	**118,068**	**292,618**	**59.7%**	**40.3%**

East of England CCGs	Back	Radicular	Total	% Back	% Radicular
Elective	9,044	7,388	**16,432**	55.0%	45.0%
Emergency	2,348	1,027	**3,375**	69.6%	30.4%
Other	61	69	**130**	46.9%	53.1%
Total	**11,453**	**8,484**	**19,937**	**57.4%**	**42.6%**

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)

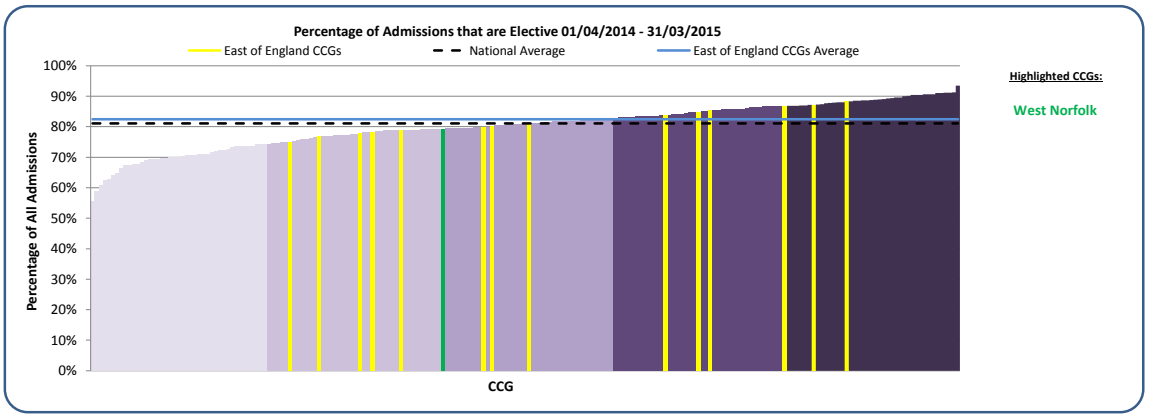
Great Yarmouth & Waveney	40.8%	West Essex	59.9%
North Norfolk	41.5%	North East Essex	60.9%
Ipswich & East Suffolk	42.4%	Basildon & Brentwood	62.7%
Norwich	47.1%	Cambridgeshire & Peterborough	65.9%
South Norfolk	49.5%	Southend	66.5%
West Suffolk	50.4%	Castle Point & Rochford	67.5%
Thurrock	56.1%	Mid Essex	68.1%
West Norfolk	57.2%		
East of England CCGs	57.4%	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

Norwich	74.8%	Cambridgeshire & Peterborough	80.9%
West Essex	76.8%	North East Essex	83.6%
Great Yarmouth & Waveney	77.7%	West Suffolk	84.9%
South Norfolk	78.2%	Basildon & Brentwood	85.4%
Southend	78.9%	Mid Essex	86.8%
West Norfolk	79.4%	Thurrock	87.2%
North Norfolk	79.9%	Ipswich & East Suffolk	88.3%
Castle Point & Rochford	80.3%		
East of England CCGs	82.4%	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 19,937 (6.8%) of these for patients registered within the East of England.

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 East of England the proportion of admissions for back pain ranges from 40.8% to 68.1%.

Nationally, approximately 81% of back and radicular pain admissions are elective, with the East of England having a similar proportion (82.4%). At a CCG level in the East of England, the proportion of elective admissions for these populations ranges from 74.8% in Norwich to 88.3% in Ipswich and East Suffolk.

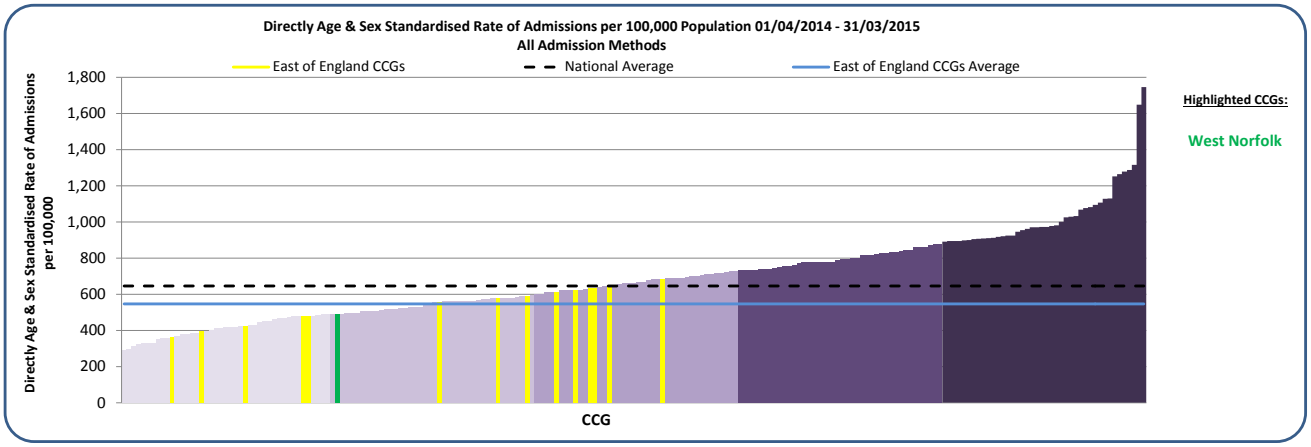
Clinical Commissioning Group (CCG) activity

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

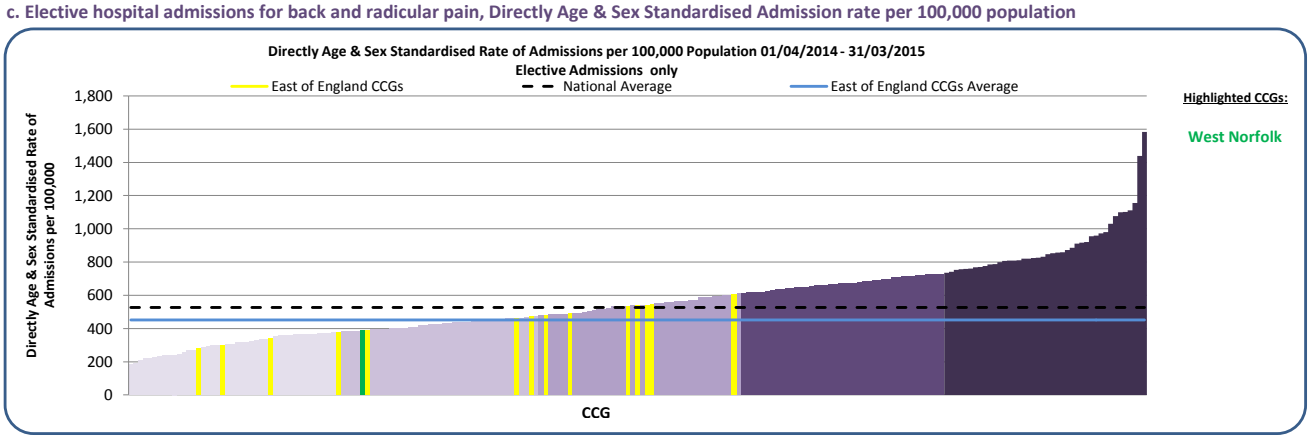
a. Hospital admissions for back pain by CCG (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population

CCG name	All	Elective	Emergency	CCG name	All	Elective	Emergency
Ipswich & East Suffolk	685.9	604.5	79.8	Basildon & Brentwood	558.6	479.7	73.7
North East Essex	645.6	542.9	96.6	West Norfolk	491.9	388.8	91.8
West Essex	633.4	488.3	142.1	South Norfolk	479.9	374.8	101.7
West Suffolk	633.4	536.6	93.2	Cambridgeshire & Peterborough	479.3	390.9	86.8
Mid Essex	624.2	541.5	76.9	North Norfolk	421.2	338.2	79.5
Thurrock	613.6	536.2	75.4	Norwich	394.4	300.9	91.9
Southend	592.2	473.2	117.8	Great Yarmouth & Waveney	362.5	280.6	80.4
Castle Point & Rochford	575.2	460.9	109.9				
East of England CCGs	546.6	451.3	91.7	England	645.6	526.5	115.4

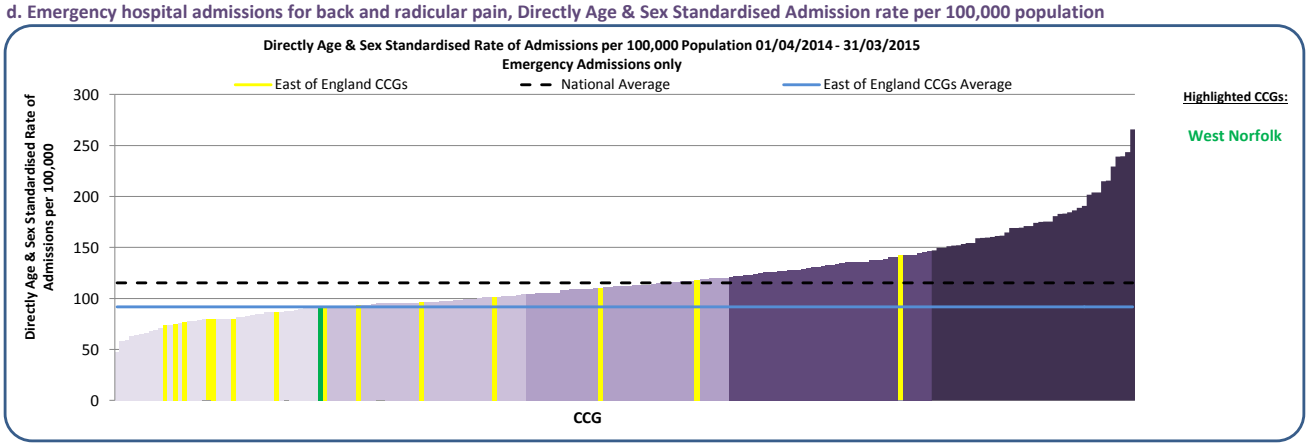
b. Hospital admissions for back and radicular pain (all admission methods), Directly Age & Sex Standardised Admission rate per 100,000 population



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



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



What is the data telling us?

There is some variation in elective admission rates across the CCGs within East of England with over a 2-fold difference between the regional lowest (Great Yarmouth and Waveney CCG) and the highest CCG for the region (Ipswich and East Suffolk CCG). In contrast, for emergency admissions there is wide variation across the CCGs in the region, with 9 CCGs in the lowest quintile to West Essex CCG in the second highest quintile nationally.

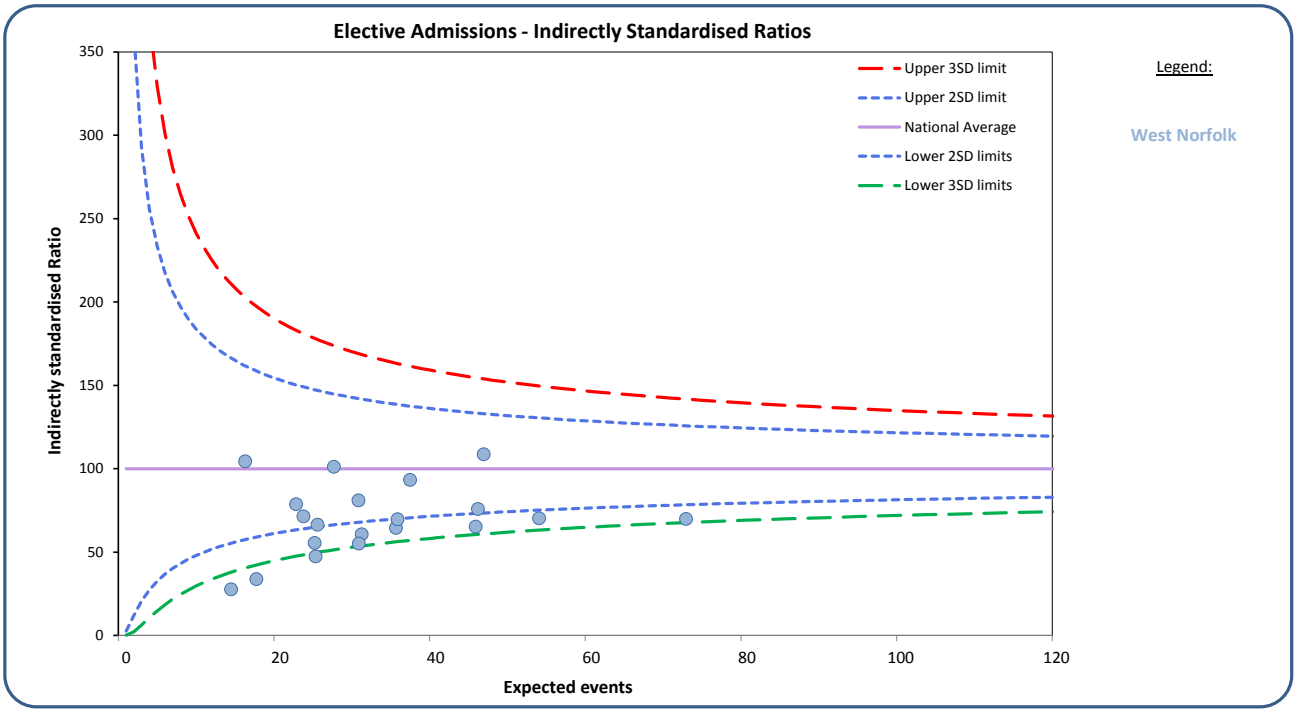
Clinical Commissioning Group (CCG) activity - GP practice level

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

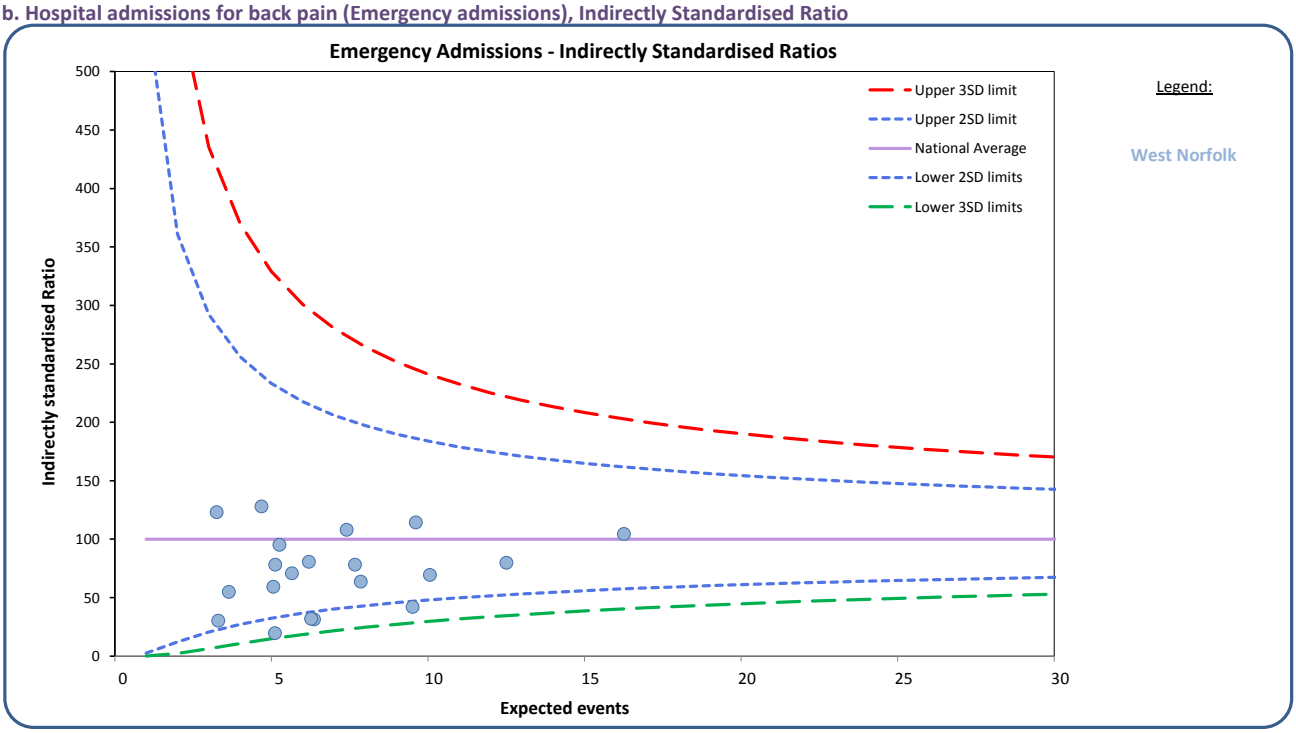
Each symbol represents one GP practice

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

West Norfolk



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

West Norfolk

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.

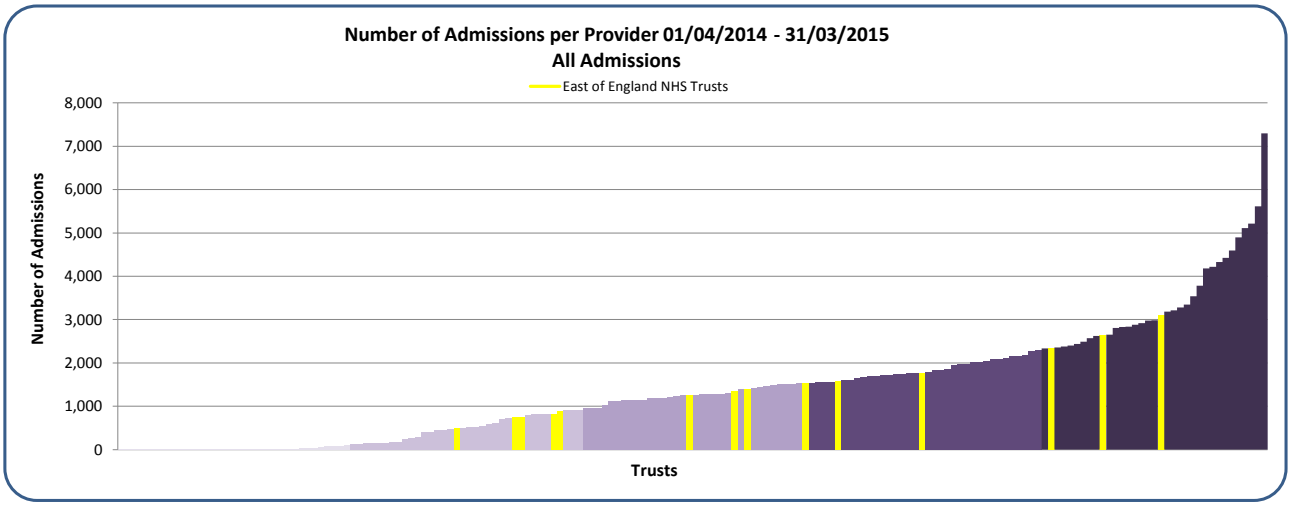
				Elective			Emergency		
Practice Code	Practice Name	CCG	Population 15+	Observed	Expected	Ratio	Observed	Expected	Ratio
D82010	Grimston Medical Centre	07J	4,177	14	25.21	55.52	<6	5.06	59.27
D82015	Bridge Street Surgery	07J	7,597	30	45.90	65.36	7	10.06	69.57
D82027	Heacham Group Practice	07J	7,040	35	46.20	75.76	11	9.61	114.47
D82035	Upwell Health Centre	07J	8,197	51	46.96	108.61	<6	9.51	42.06
D82043	Watlington Medical Centre	07J	5,498	19	31.29	60.72	<6	6.36	31.46
D82044	Vida Healthcare	07J	27,792	107	155.07	69.00	25	34.10	73.32
D82049	Litcham Health Centre	07J	2,957	6	17.72	33.85	<6	3.64	54.92
D82051	St James Medical Practice	07J	13,875	51	72.95	69.91	17	16.26	104.56
D82057	Campingland Surgery	07J	5,862	23	35.68	64.46	6	7.67	78.27
D82065	Manor Farm Medical Centre	07J	5,880	25	35.86	69.72	8	7.40	108.10
D82068	Howdale Surgery	07J	6,231	35	37.50	93.34	<6	7.86	63.64
D82070	Great Massingham Surgery	07J	5,178	17	30.89	55.03	<6	6.19	80.72
D82072	Burnham Surgery	07J	3,929	17	25.59	66.42	<6	5.25	95.16
D82079	Feltwell Surgery	07J	3,992	18	22.84	78.80	6	4.69	127.98
D82099	Southgates	07J	12,304	38	54.07	70.28	10	12.51	79.95
D82105	St Clements Surgery	07J	4,512	12	25.34	47.35	<6	5.12	78.13
D82604	Boughton Surgery	07J	2,650	17	16.28	104.40	<6	3.31	30.23
D82618	The Woottons Surgery	07J	4,360	17	23.78	71.48	<6	5.11	19.56
D82621	Plowright Medical Centre	07J	5,038	25	30.88	80.97	<6	6.27	31.90
Y00297	The Hollies Surgery	07J	2,830	<6	14.50	27.58	<6	3.25	123.05
Y03222	St John's Surgery	07J	4,847	28	27.70	101.09	<6	5.65	70.78

Hospital Trust activity

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

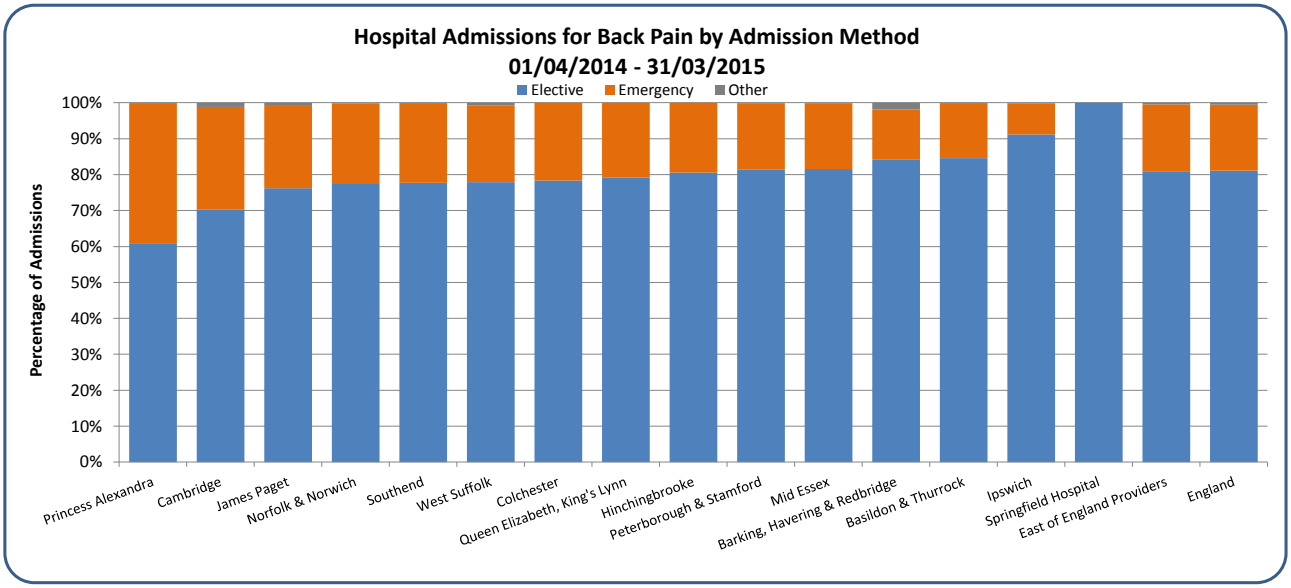
a. Number of hospital admissions for back pain (all admission methods, NHS Trusts only)

Ipswich	3,112	Colchester	1,360
Barking, Havering & Redbridge	2,652	Peterborough & Stamford	1,255
Norfolk & Norwich	2,342	Princess Alexandra	883
Cambridge	1,762	Queen Elizabeth, King's Lynn	831
Southend	1,588	West Suffolk	752
Basildon & Thurrock	1,543	Hinchingbrooke	747
Mid Essex	1,402	James Paget	496
East of England NHS Trusts	20,725	England	251,444



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

(East of England 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 14 NHS Trusts is to some degree proportional to the size of the Trust and is spread across the quintile chart.

The proportion of hospital activity for back pain which is classed as elective care for the East of England is slightly higher than the England proportion. However at NHS Trust level the proportion varies between 61% at Princess Alexandra Hospital to 91% at Ipswich Trust. 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 specialty
(East of England Providers only)

Provider Name	Pain Management & Anaesthetics	Trauma & Orthopaedics	Spinal Surgery Service	Interventional Radiology	Neurosurgery	Other Functions	Total
Queen Elizabeth, King's Lynn	597	53	-	-	-	8	**658**
Norfolk & Norwich	1,324	260	-	-	-	234	**1,818**
James Paget	348	19	-	-	-	11	**378**
Peterborough & Stamford	1,015	<6	-	-	-	6	**1,021**
Hinchingbrooke	40	552	-	-	-	10	**602**
Cambridge	823	<6	-	<6	380	30	**1,233**
West Suffolk	578	-	-	-	-	8	**586**
Ipswich	1,048	532	1,252	-	-	<6	**2,832**
Colchester	620	440	-	<6	-	<6	**1,060**
Mid Essex	1,110	13	-	-	-	21	**1,144**
Princess Alexandra	11	479	-	45	-	<6	**535**
Barking, Havering & Redbridge	1,967	<6	-	-	246	16	**2,229**
Basildon & Thurrock	1,150	146	-	<6	-	8	**1,304**
Southend	472	683	-	-	-	79	**1,234**
Springfield Hospital	308	27	305	-	-	10	**650**
Total	**11,411**	**3,204**	**1,557**	**45**	**626**	**441**	**17,284**

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 the Ipswich Trust approximately 44% of activity is recorded against the Spinal Surgery Service code. It is notable that for Barking, Havering and Redbridge Trust that 88% of the activity is recorded against the Pain Management/Anaesthetics.

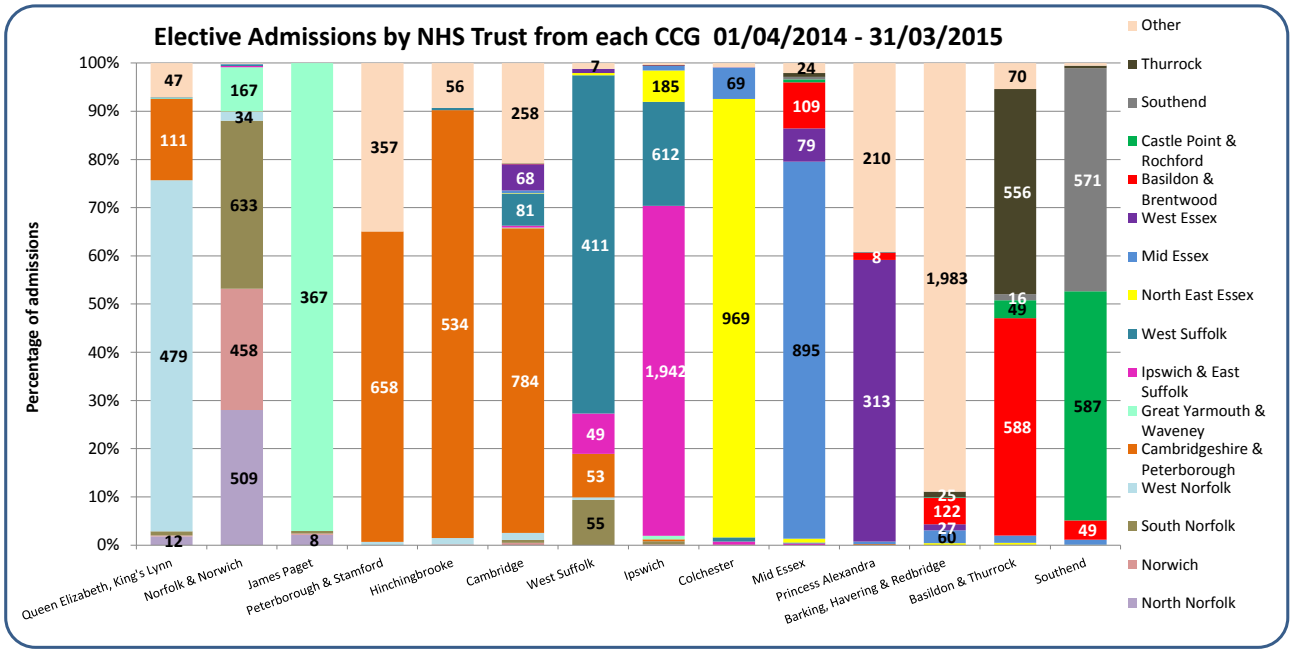
The second table shows the different types of injections being undertaken within each of the treatment function codes and demonstrates that nationally over 62% (104,751) of injections take place within Pain Management/Anaesthetics and 25% of injections are undertaken within Trauma and Orthopaedics.

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.

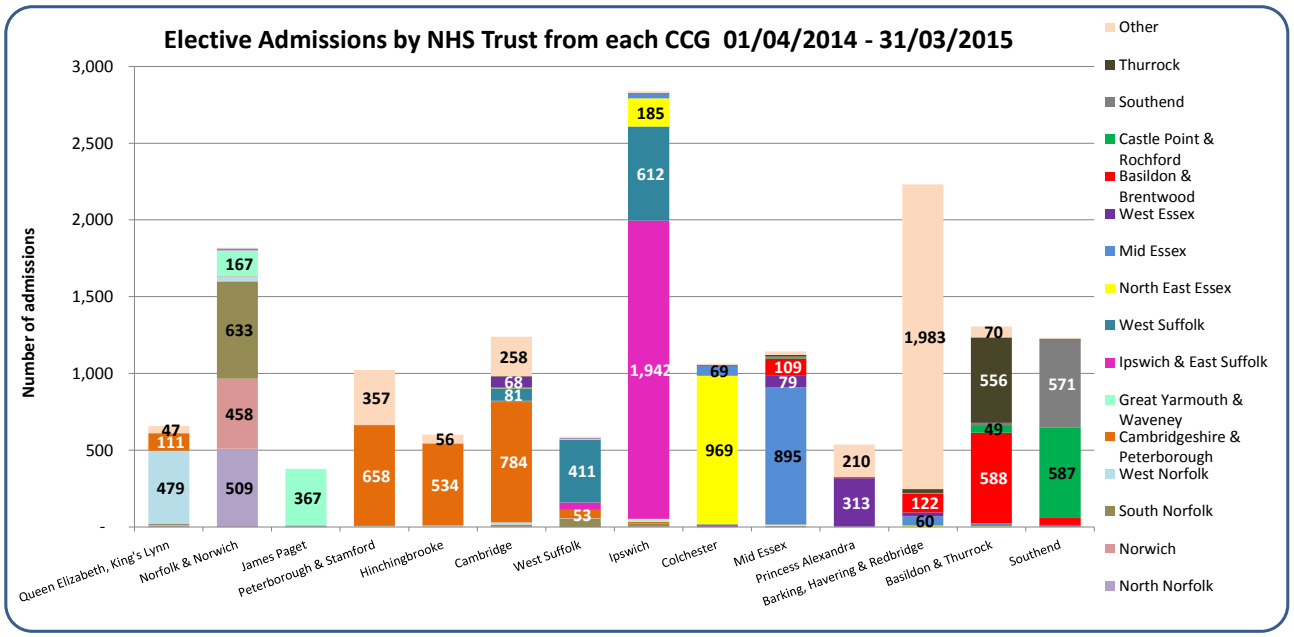
Hospital Trust activity from CCGs

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.

Norfolk & Norwich and Cambridge providers were more likely to take patients from several different CCGs across the region compared to the James Paget Trust which predominantly admitted patients from the CCG where they it was located.

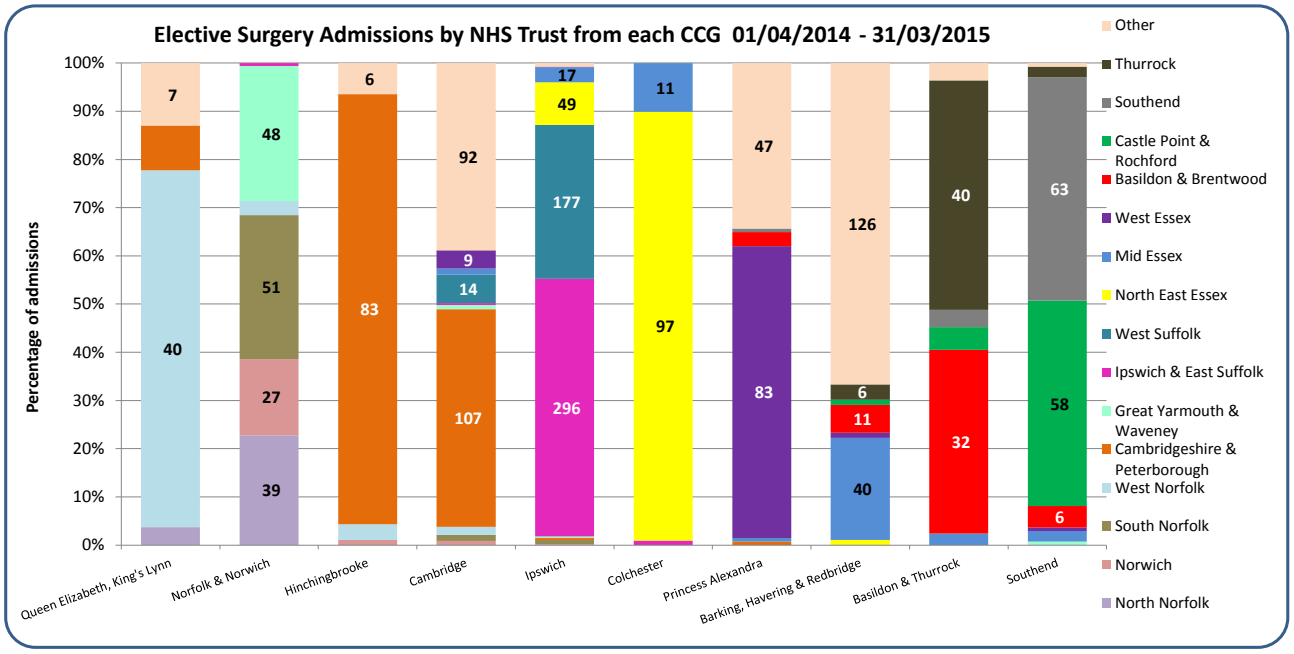
Ipswich Trust had the highest level of activity with almost 70% of patients coming from Ipswich & East Suffolk CCG.

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

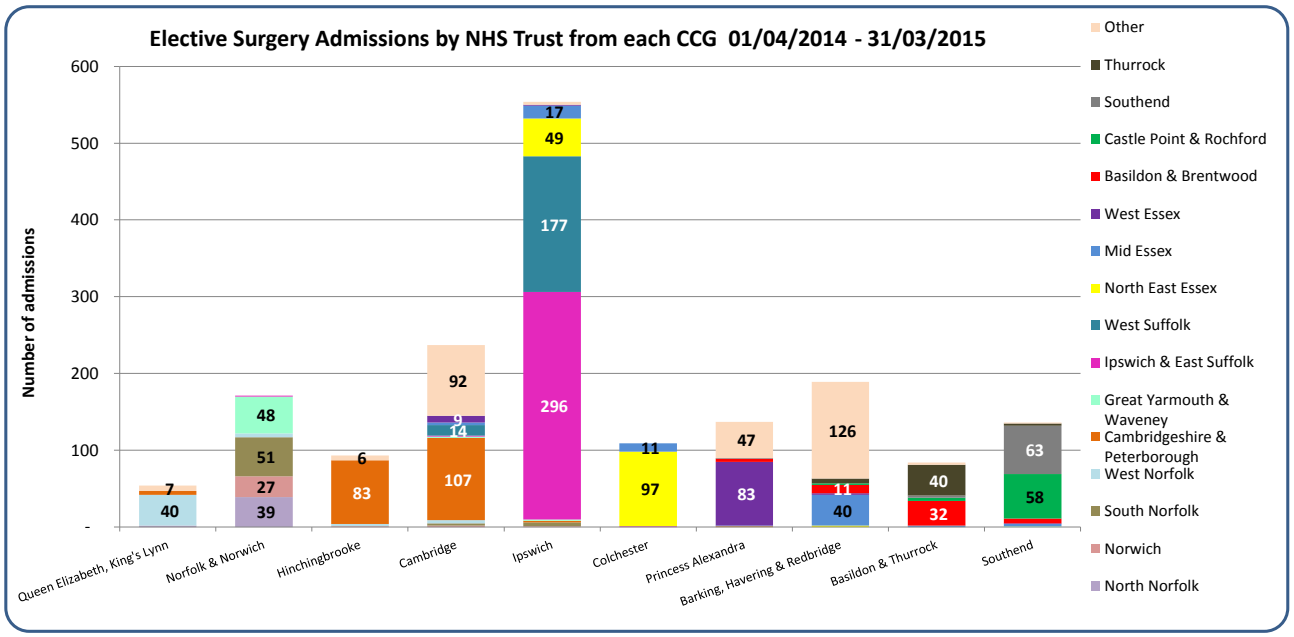
Hospital Trust activity from CCGs

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 with ba ck and radicular pain to have spinal surgery procedures.

Ipswich Trust had the highest level of activity with almost 85% of patients coming from Ipswich & East Suffolk and West Suffo lk CCGs.

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

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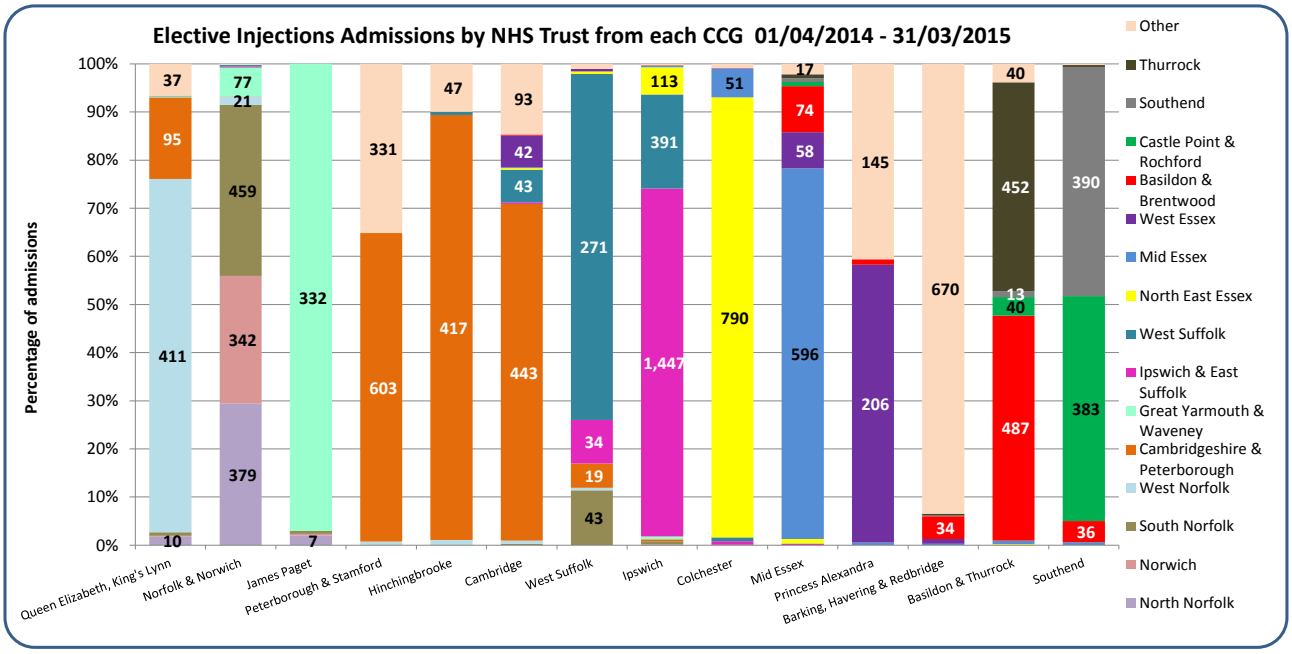
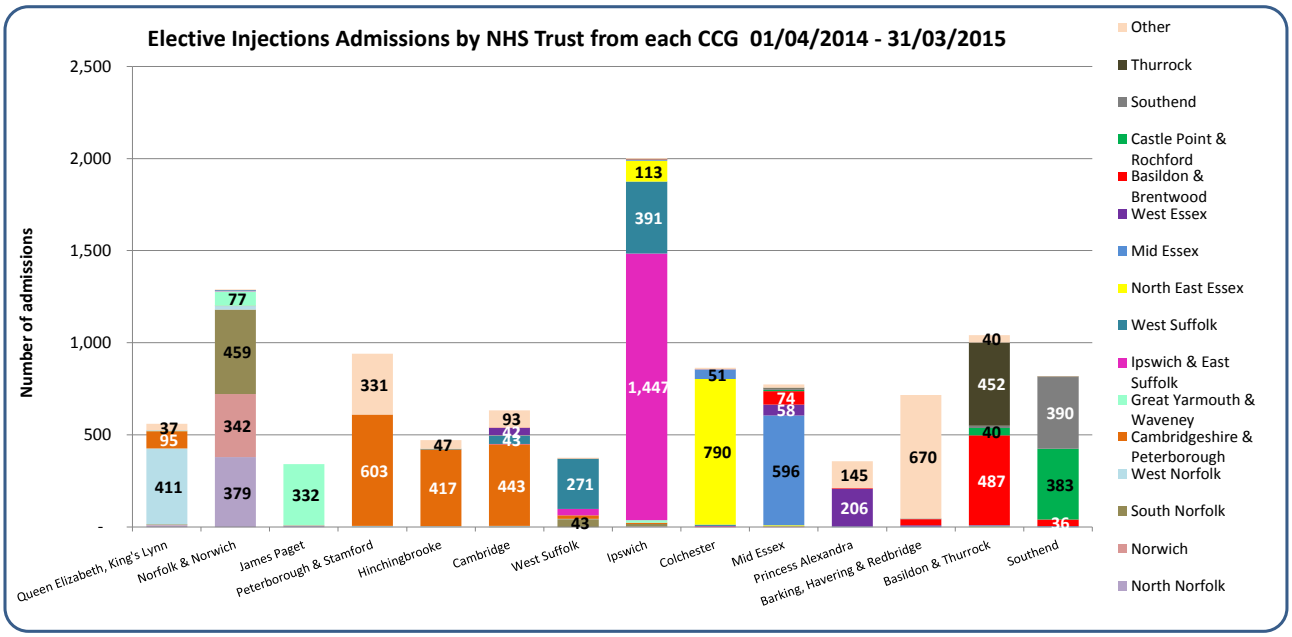
Hospital Trust activity from CCGs

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

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



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



What is the data telling us?

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

Norfolk & Norwich Trust were more likely to take patients from several different CCGs across the region compared to the James Paget Trust which predominantly admitted patients from the CCG where they it was located.

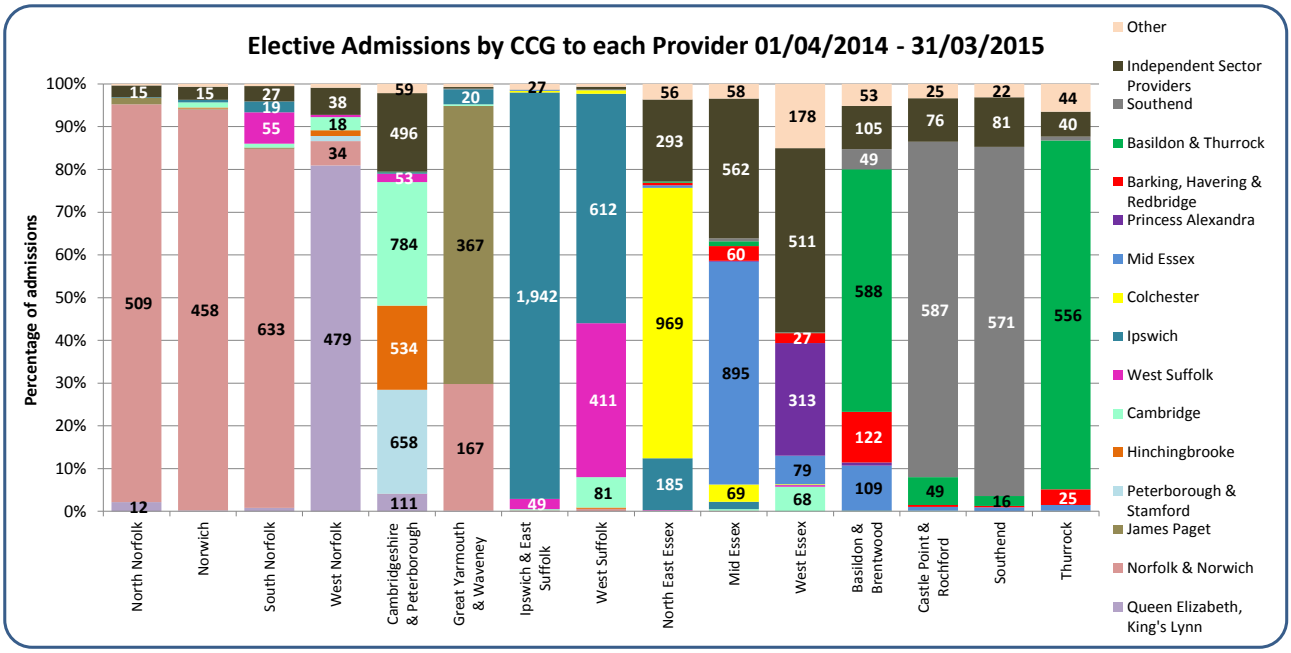
Ipswich Trust had the highest level of activity with over 70% of patients coming from Ipswich & East Suffolk CCG.

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

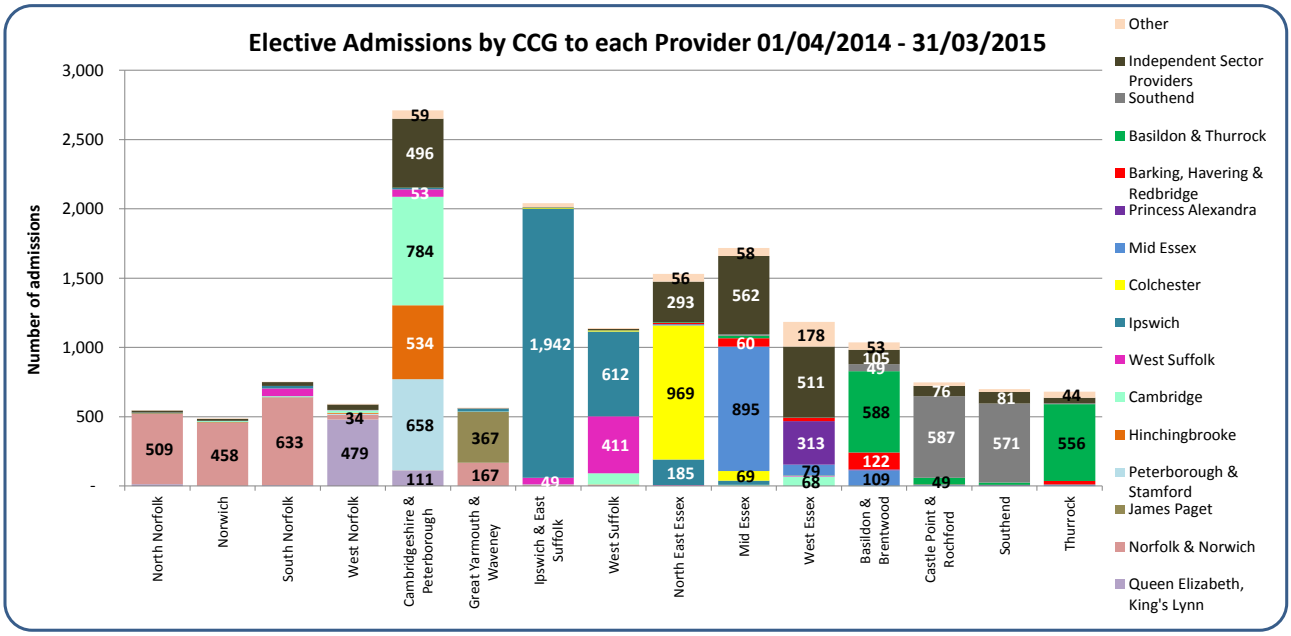
CCG activity to Hospital Trust

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 Cambridgeshire & Peterborough CCG. Patients were admitted to at least five NHS Trusts as well as Independent Sector Providers compared to Ipswich & East Suffolk CCG which almost solely used the Ipswich Trust.

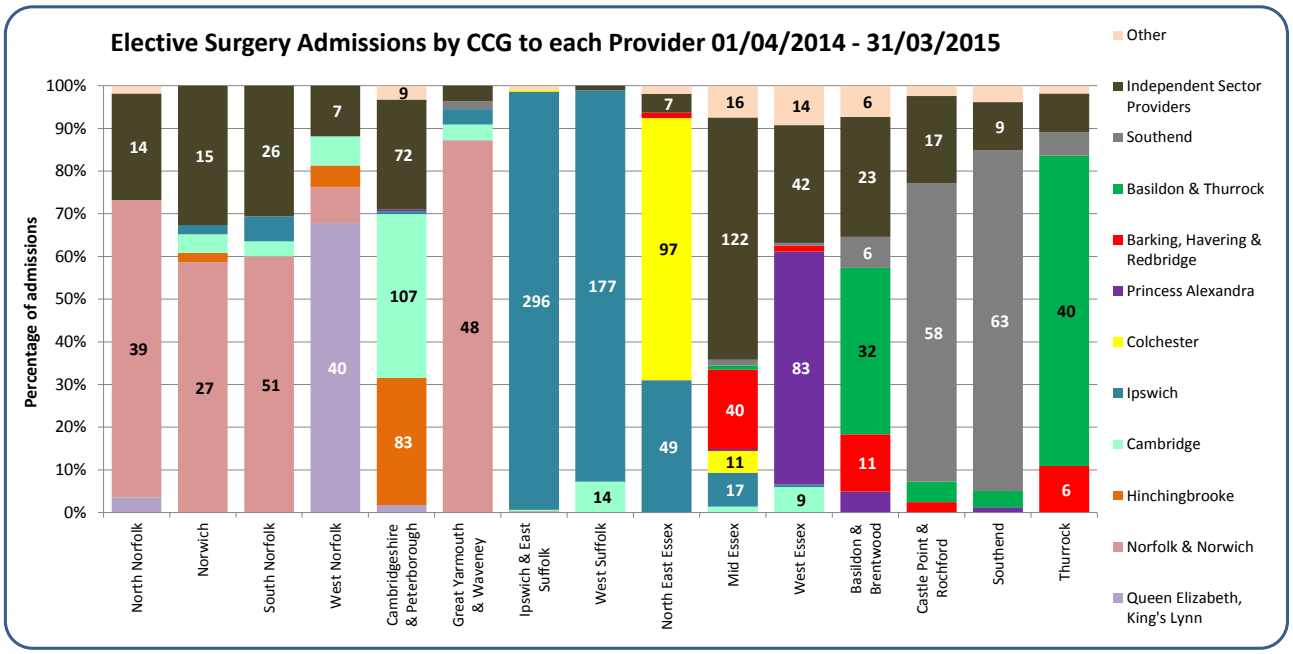
Mid Essex, North East Essex and West Essex CCGs are the highest users of Independent Sector activity in the East of England.

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

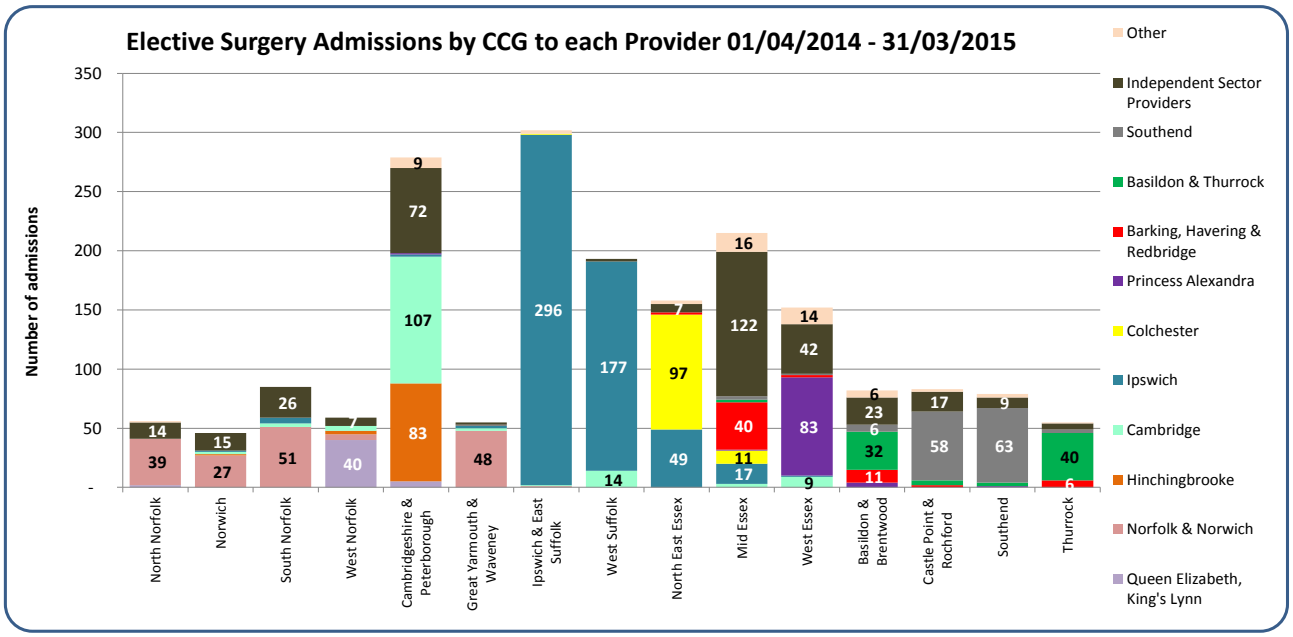
CCG activity to Hospital Trust

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.

Patients from Cambridgeshire & Peterborough CCG were admitted to two NHS Trusts as well as Independent Sector Providers compared to Ipswich & East Suffolk CCG which almost solely used the Ipswich Trust.

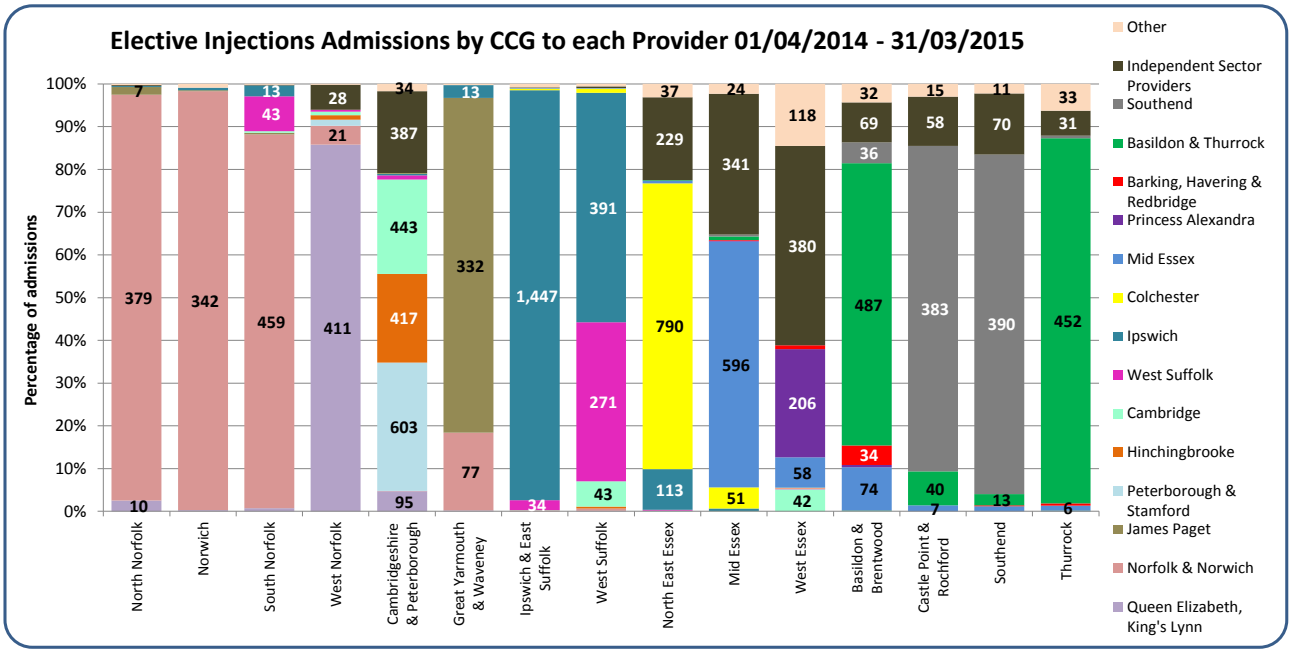
Mid Essex CCG is the highest user of Independent Sector Providers for spinal surgery in the East of England.

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

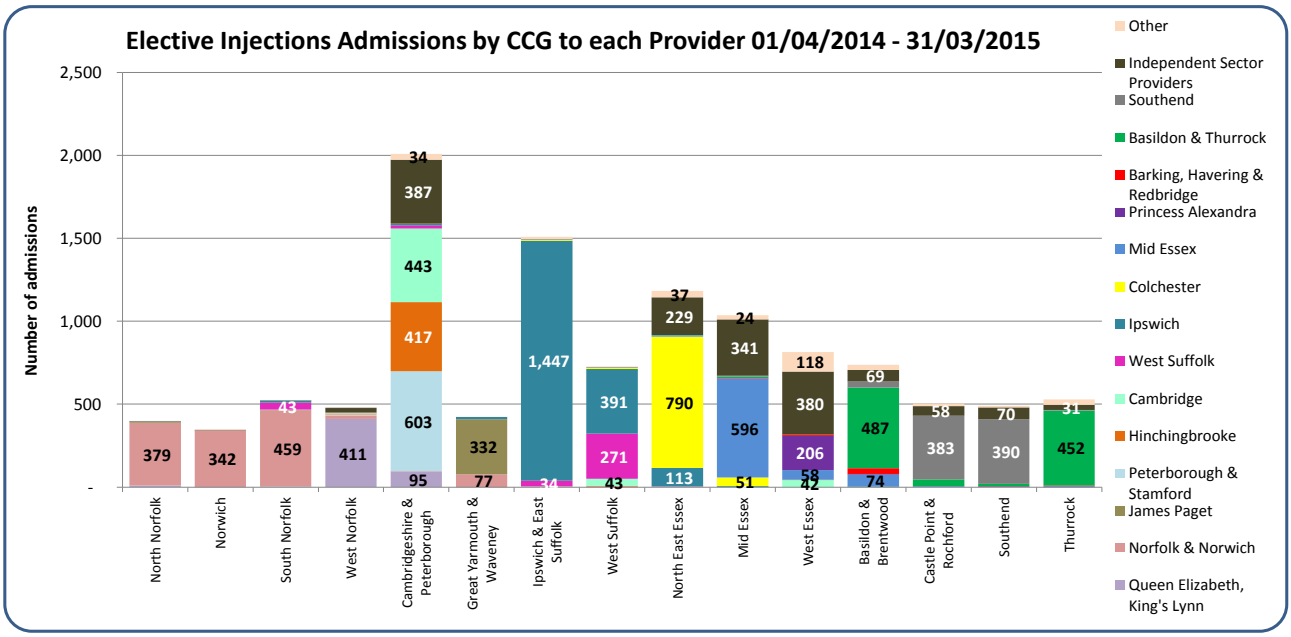
CCG activity to Hospital Trust

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

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



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



What is the data telling us?

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

Activity is highest for Cambridgeshire & Peterborough CCG. Patients were admitted to at least four NHS Trusts as well as Independent Sector Providers compared to Ipswich & East Suffolk CCG which almost solely used the Ipswich Trust.

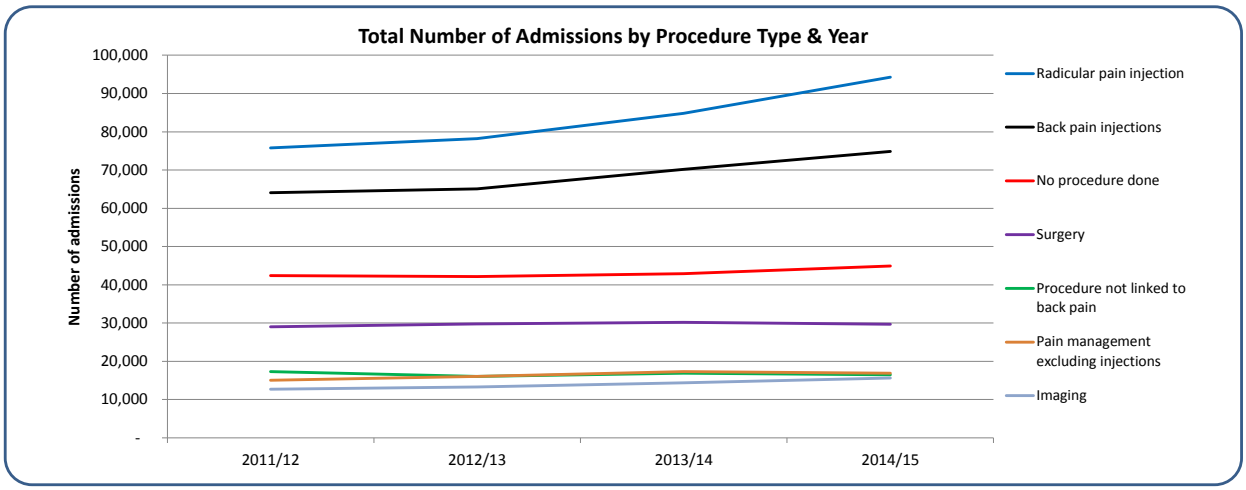
Cambridgeshire & Peterborough, Mid Essex, North East Essex and West Essex CCGs are the highest users of Independent Sector Providers for back and radicular pain injections in the East of England.

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

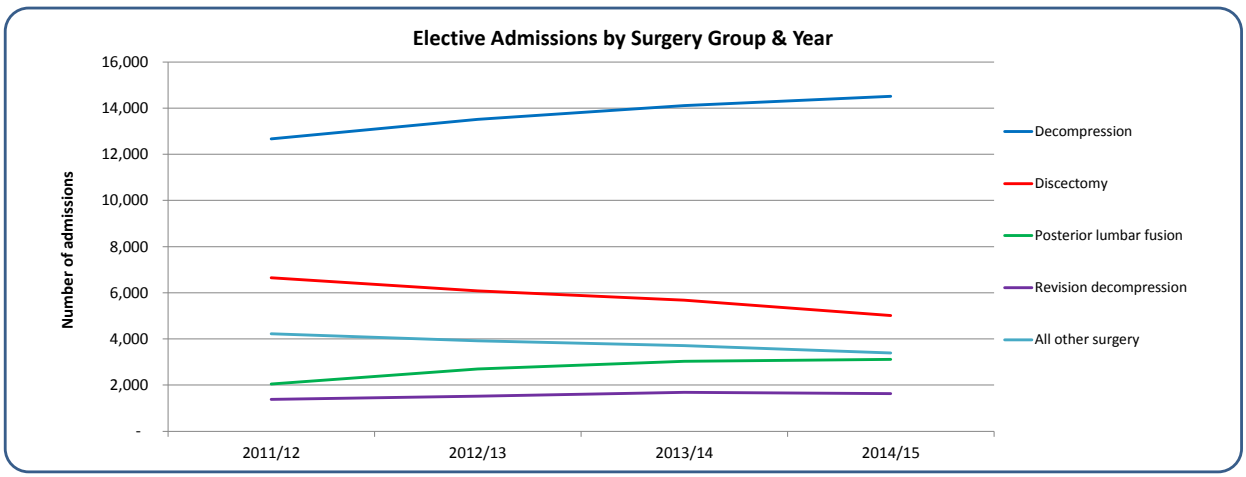
Hospital Trust activity (national level)

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

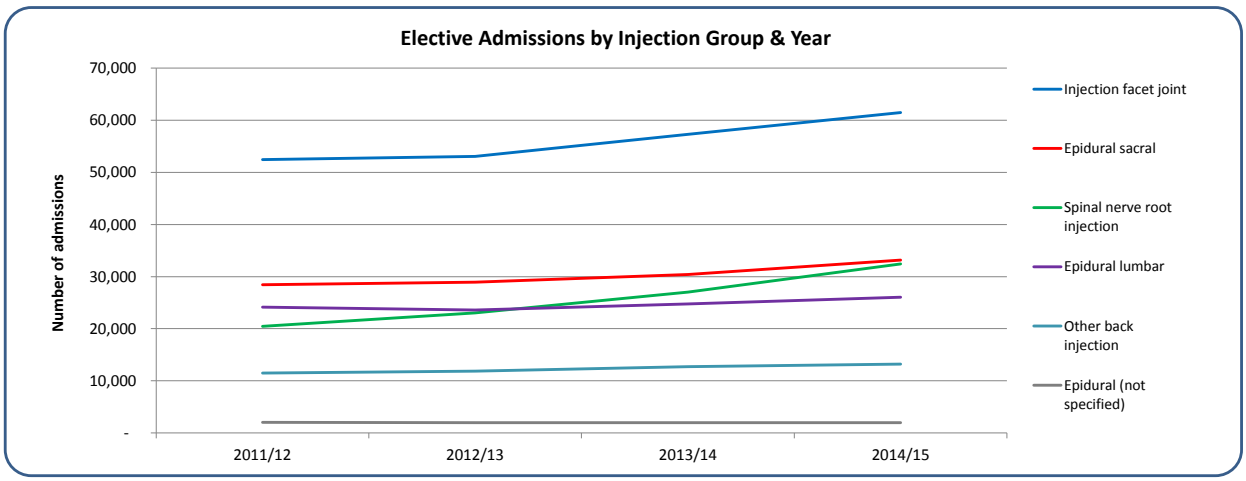
a. Hospital admissions by procedure type over time (all admission types)



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

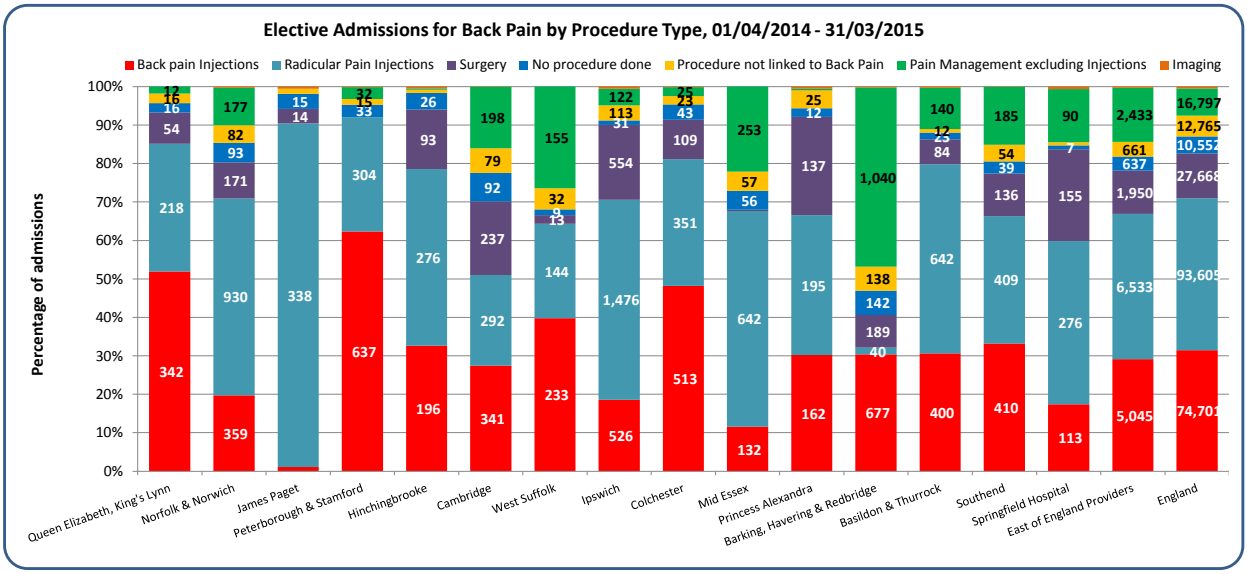
9. Elective hospital admissions for low back and radicular pain in people aged 16 years and over (April 2014 - March 2015)

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%**

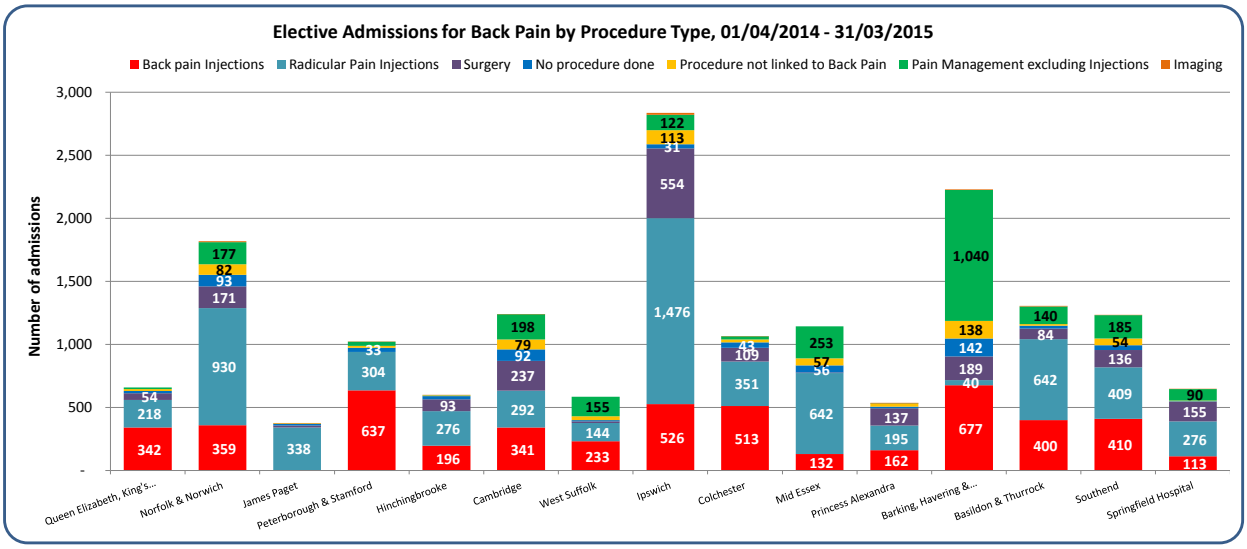
b. Number of elective admissions per hospital Trust, by procedure type (percentage of activity)

(East of England Providers only)



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

(East of England Providers only)



What is the data telling us?

The table shows the number of procedures done in the latest 12 month period, by procedure type, with injections being the most common elective procedure. Nationally only 4.4% of elective admissions have no procedure recorded indicating that there are relatively few elective admissions where no procedure is undertaken but this is more likely to occur in Cambridge and Barking, Havering and Redbridge Trusts.

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

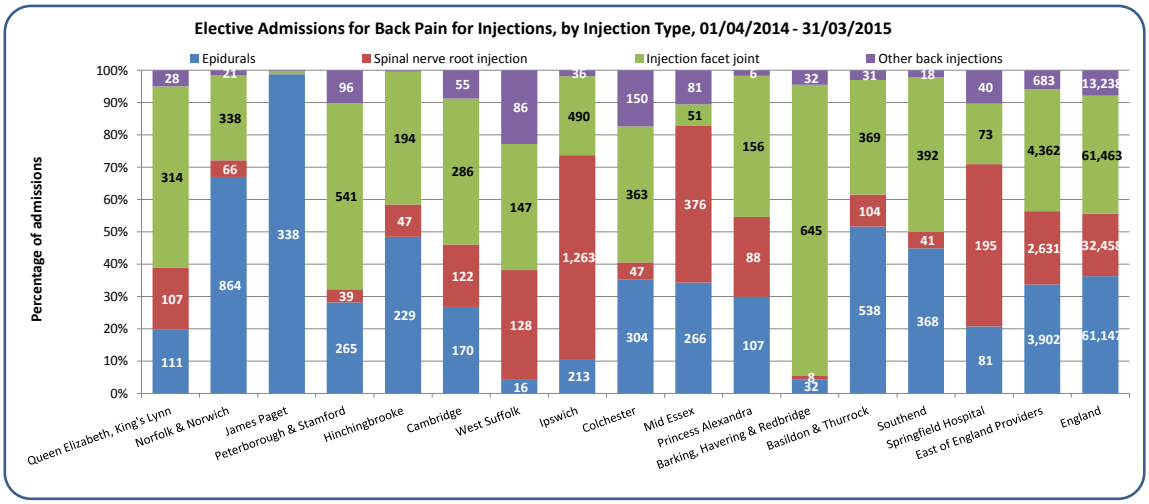
The data is shown in two ways, indicating both the proportion and amount of activity relating to each procedure.

Hospital Trust activity

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

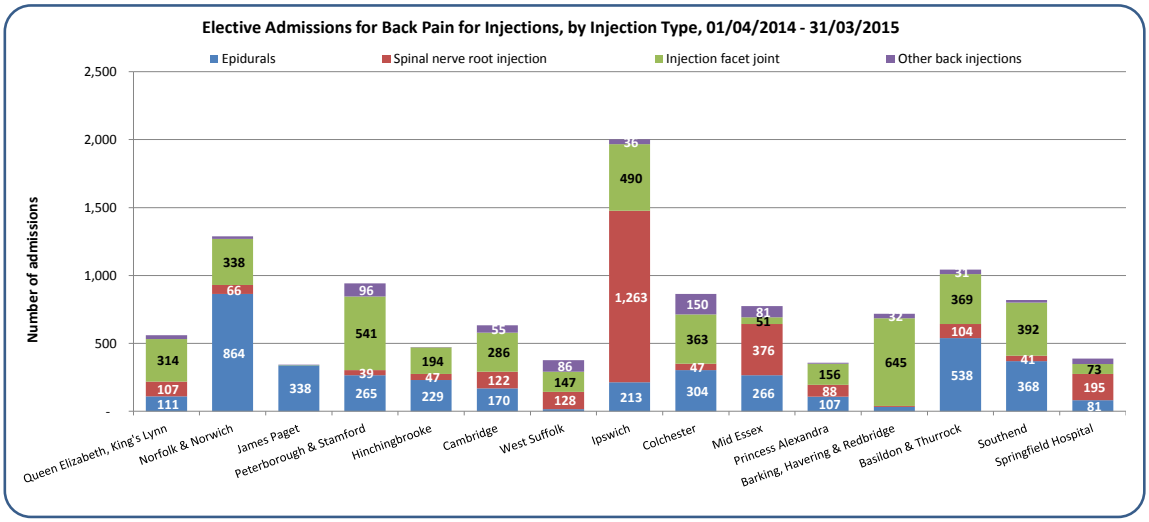
d. Number of elective admissions for injections per hospital Trust, by injection type (percentage of activity)

(East of England Providers only)

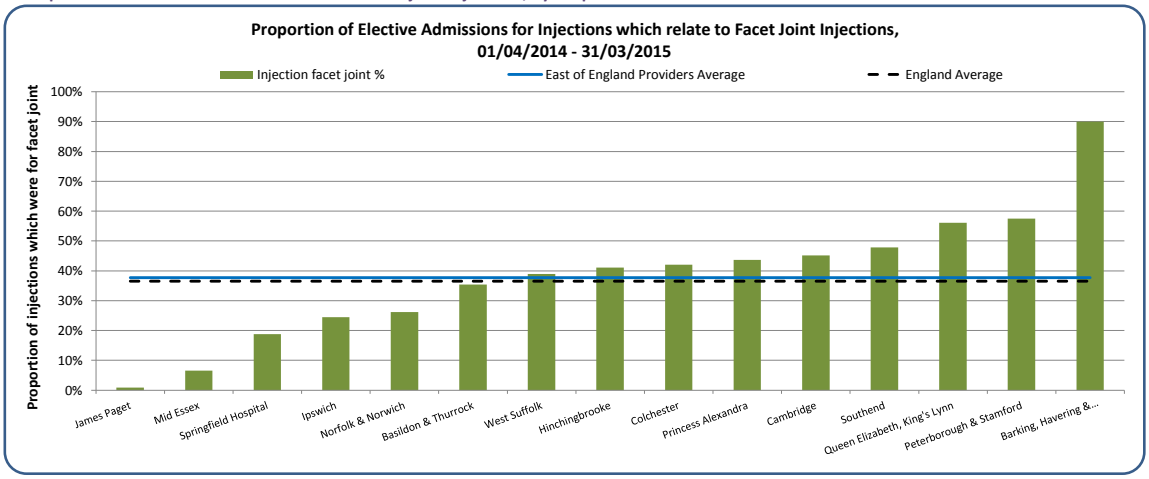


e. Number of elective admissions for injections per hospital Trust, by injection type (actual activity)

(East of England Providers only)



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



What is the data telling us?

Spinal nerve root and facet joint injections are those most frequently done within the East of England, constituting almost 57% of injection activity which is very similar to the England proportions. East of England providers overall do slightly higher rates of spinal nerve injections and slightly lower rates of lumbar facet joint injections. The data is shown in two ways, indicating both the proportion of overall activity and number of episodes for each Provider.

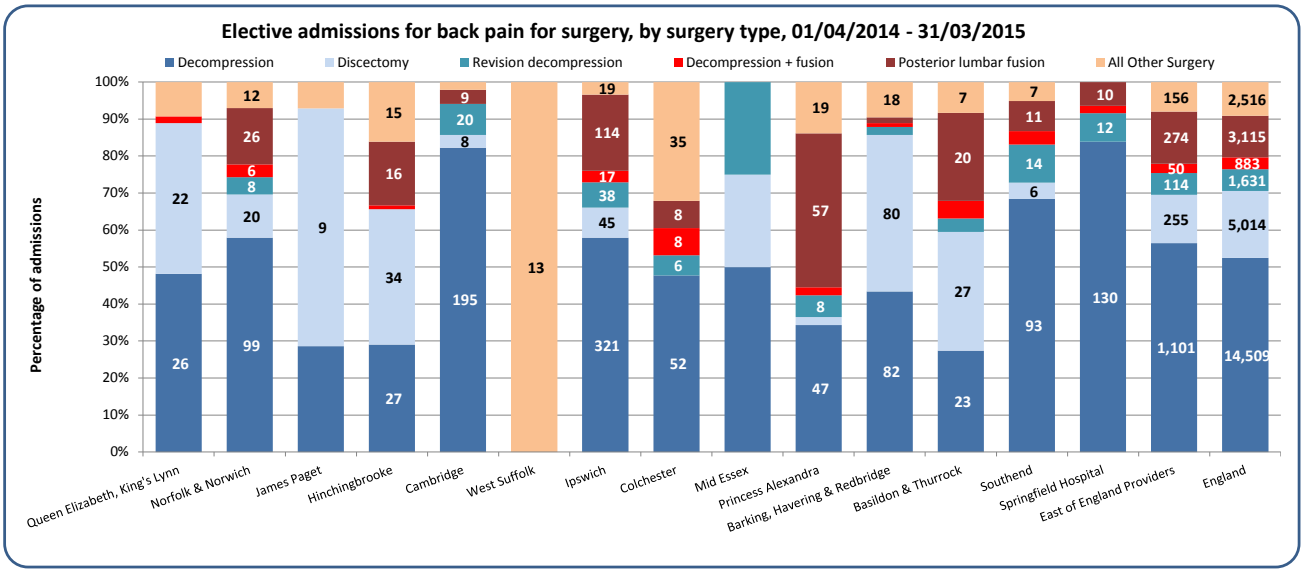
Ipswich Trust does a markedly higher number of spinal nerve root injections compared to all of the other providers. The proportion of facet joint injections done at Trust level ranges from 1% (James Paget Hospital) to 90% (Barking, Havering and Redbridge) compared to the England figure of 37%.

Hospital Trust activity

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

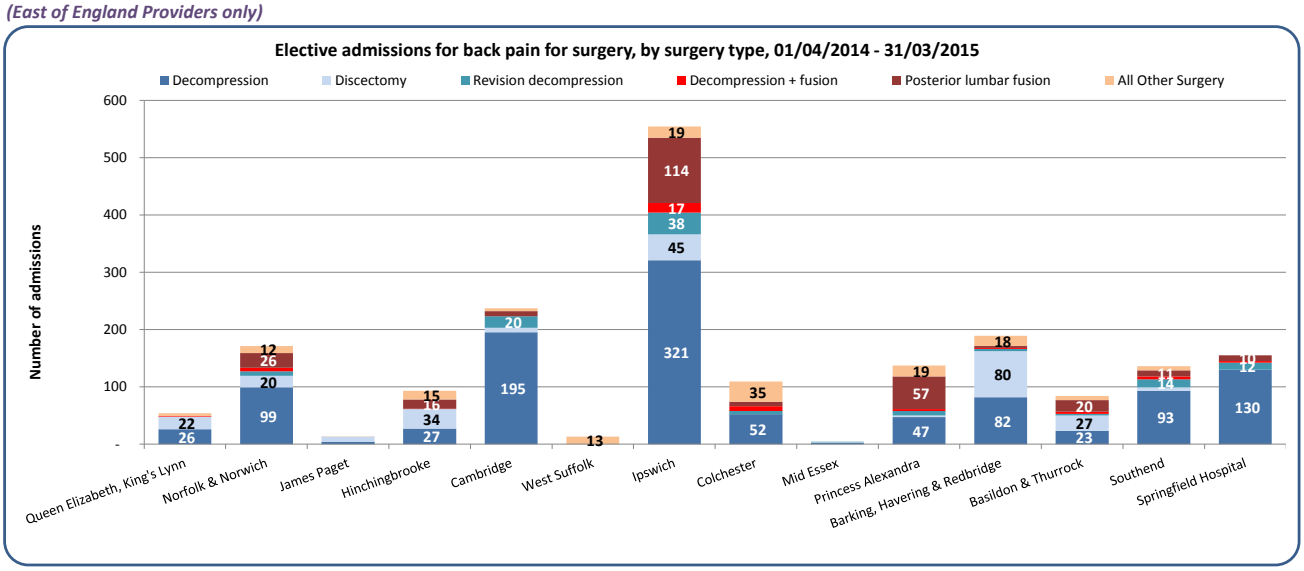
g. Number of elective admissions for surgery per hospital Trust, by surgery type (percentage of activity)

(East of England Providers only)



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

(East of England 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 East of England Trusts. East of England overall does a higher proportion of fusions and lower proportion of discectomy compared to the England profile but there are wide variations at Trust level.

Decompression is the most common surgical procedure for back pain at Ipswich and Cambridge Trusts with a relatively lower proportion of discectomies which is in stark contrast to Barking, Havering and Redbridge where the proportion of discectomies are similar to decompressions.

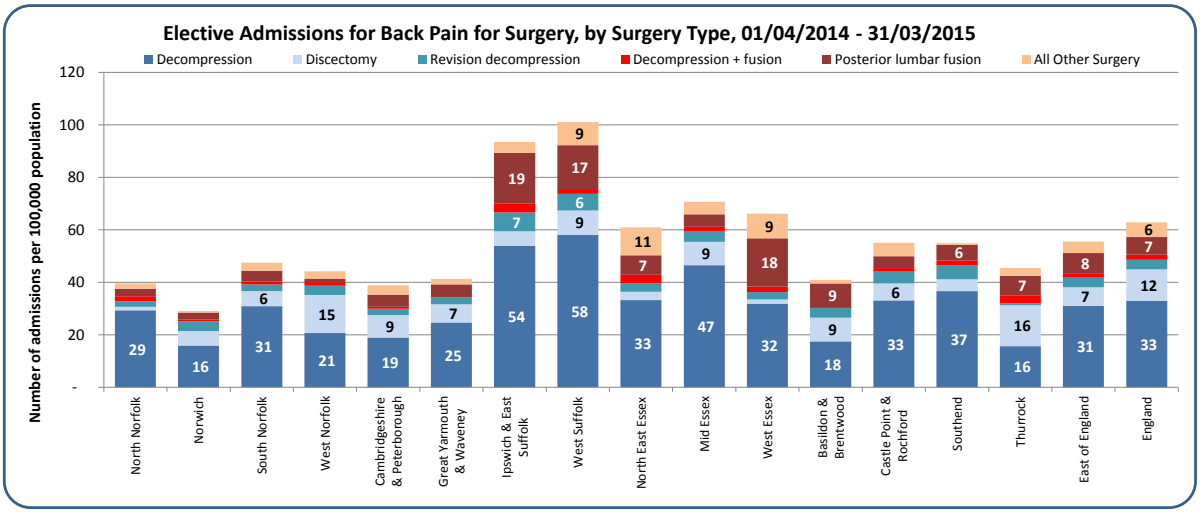
Ipswich and Princess Alexandra Trusts do higher volumes of spinal fusions compared to the other Trusts.

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

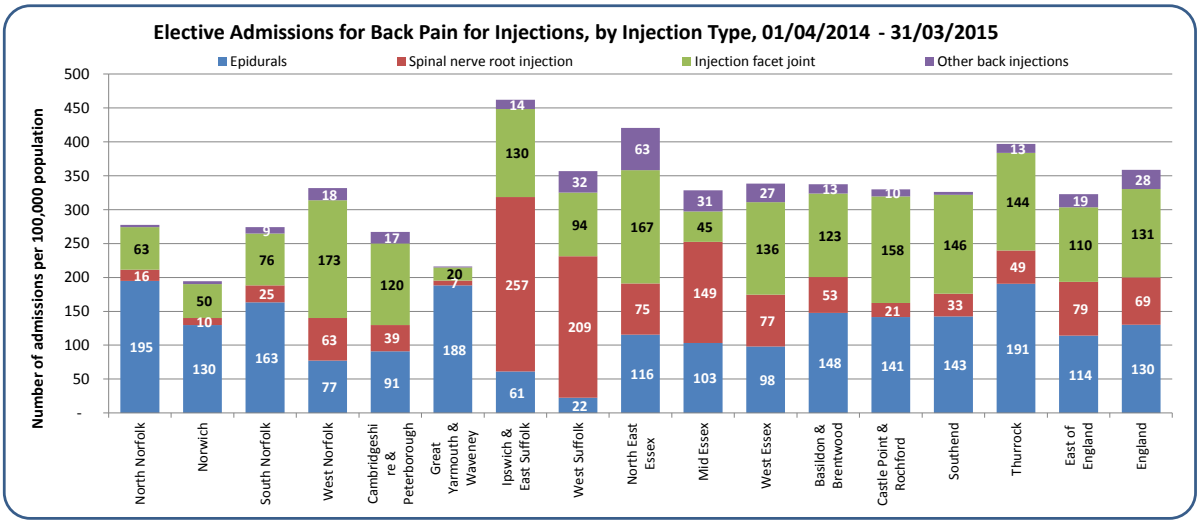
CCG activity by back pain procedure group

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

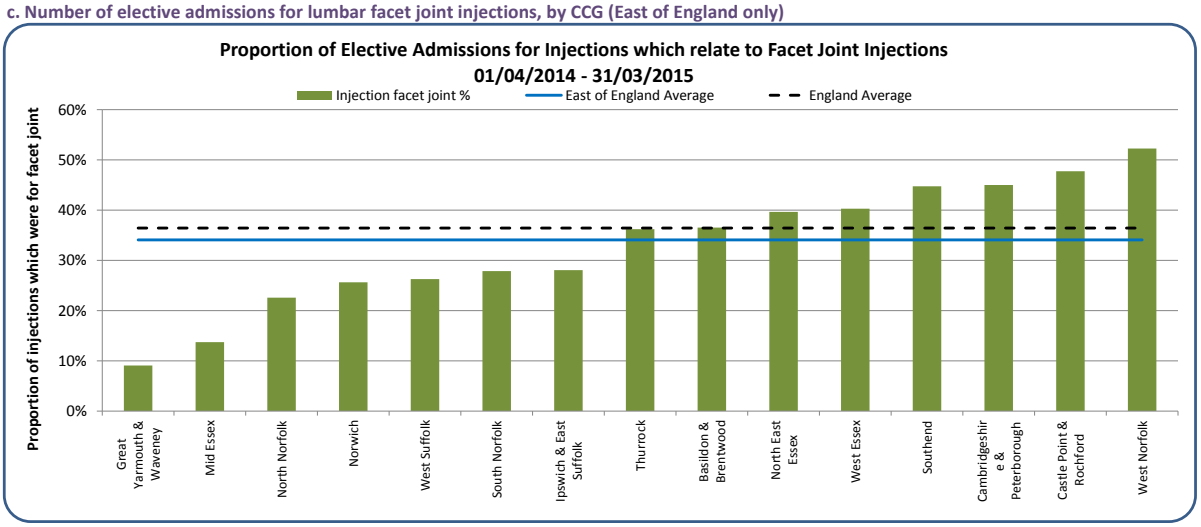
a. Number of elective admissions for surgery per CCG, by surgery type (East of England only)



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



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

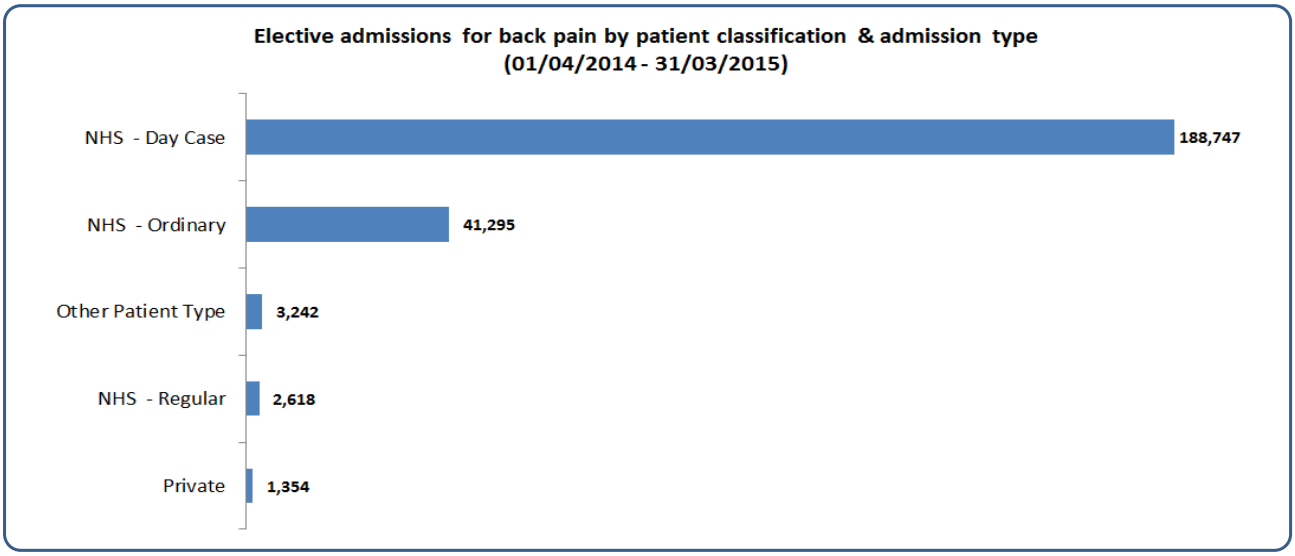
Ipswich & East Suffolk CCG and West Suffolk CCG have a notably higher rates of spinal surgery (particularly fusions) and injections (particularly spinal nerve root injections) compared to both the regional and England rates.

The proportion of facet joint injections done at CCG level ranges from 9% (Great Yarmouth & Waverly) to 52% (West Norfolk) 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

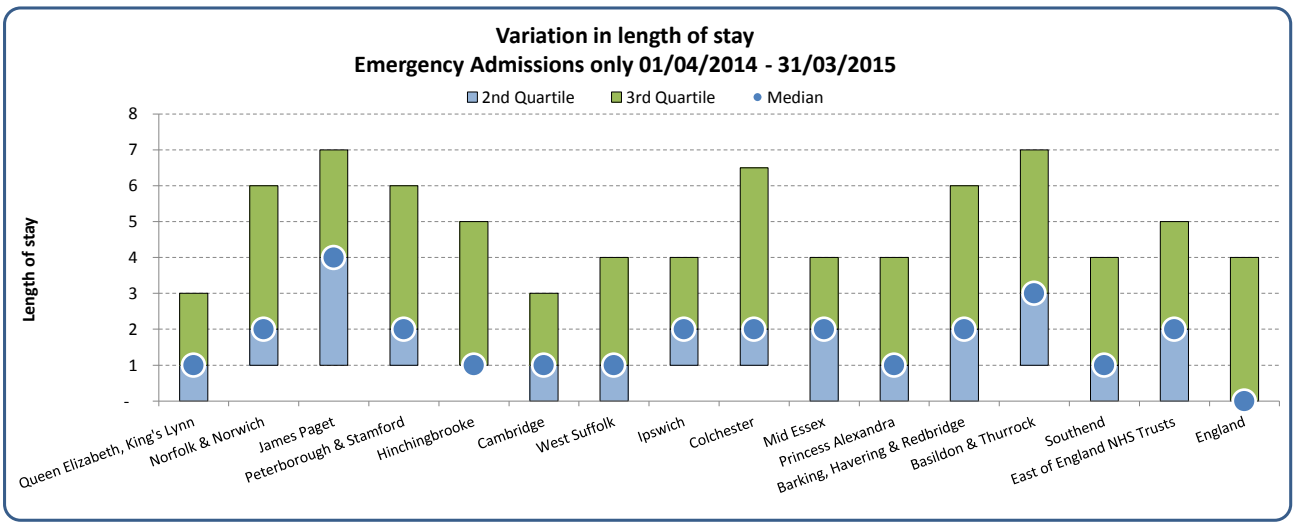


Other Patient Types are Amenity patients and Category II patients, and where the Administrative Category is unknown.

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
(East of England Trusts only)



What is the data telling us?

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

The boxplot indicates the variation in length of stay for emergency admissions to the East of England Trusts and shows that these Trusts have median length of stay of 1 to 4 days, compared to the England rate of zero days.

Hospital Trust Activity Total Costs

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

a. Total Costs by Admission Method Type (East of England FTs only)

Provider Name	Elective	Emergency	Other	Total
Ipswich	£ 5,019,199	£ 448,323	£ 6,824	**£ 5,474,347**
Barking, Havering & Redbridge	£ 2,313,775	£ 614,920	£ 153,931	**£ 3,082,626**
Norfolk & Norwich	£ 1,999,050	£ 775,383	£ 6,318	**£ 2,780,751**
Cambridge	£ 1,895,549	£ 795,196	£ 49,379	**£ 2,740,125**
Southend	£ 1,597,088	£ 378,660	£ 1,318	**£ 1,977,066**
Princess Alexandra	£ 1,431,469	£ 430,156	£ 1,248	**£ 1,862,873**
Basildon & Thurrock	£ 1,422,429	£ 385,215	£ 5,446	**£ 1,813,090**
Colchester	£ 1,286,986	£ 445,147	£ -	**£ 1,732,132**
Mid Essex	£ 707,775	£ 313,197	£ 12,223	**£ 1,033,195**
Hinchingbrooke	£ 801,841	£ 195,228	£ -	**£ 997,069**
Peterborough & Stamford	£ 577,971	£ 285,870	£ 4,006	**£ 867,847**
Queen Elizabeth, King's Lynn	£ 547,483	£ 210,888	£ -	**£ 758,371**
West Suffolk	£ 332,147	£ 172,668	£ 15,753	**£ 520,568**
James Paget	£ 285,655	£ 169,659	£ 6,795	£ 462,109
Total	**£ 20,218,417**	**£ 5,620,512**	**£ 263,241**	**£ 26,102,170**

b. Total Costs by Procedure Type (East of England 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
Ipswich	£ 3,182,157	£ 953,340	£ 312,672	£ 184,439	£ 643,017	£ 110,440	£ 88,281	£ -	**£ 5,474,347**
Barking, Havering & Redbridge	£ 1,036,938	£ 35,086	£ 470,209	£ 276,539	£ 432,458	£ 218,990	£ 612,406	£ -	**£ 3,082,626**
Norfolk & Norwich	£ 941,907	£ 665,788	£ 208,140	£ 344,899	£ 289,559	£ 216,378	£ 114,080	£ -	**£ 2,780,751**
Cambridge	£ 1,215,310	£ 200,881	£ 188,969	£ 215,076	£ 423,921	£ 313,221	£ 182,746	£ -	**£ 2,740,125**
Southend	£ 787,336	£ 311,075	£ 252,867	£ 252,082	£ 138,131	£ 82,379	£ 153,196	£ -	**£ 1,977,066**
Princess Alexandra	£ 1,142,819	£ 186,652	£ 114,419	£ 214,406	£ 93,073	£ 110,301	£ 1,202	£ -	**£ 1,862,873**
Basildon & Thurrock	£ 510,357	£ 477,978	£ 253,088	£ 131,534	£ 58,575	£ 157,560	£ 223,997	£ -	**£ 1,813,090**
Colchester	£ 703,287	£ 237,326	£ 301,148	£ 225,332	£ 136,279	£ 116,315	£ 12,446	£ -	**£ 1,732,132**
Mid Essex	£ 14,017	£ 421,088	£ 88,453	£ 164,933	£ 76,172	£ 132,300	£ 136,231	£ -	**£ 1,033,195**
Hinchingbrooke	£ 484,484	£ 190,353	£ 124,352	£ 123,347	£ 20,655	£ 50,119	£ 1,299	£ 2,460	**£ 997,069**
Peterborough & Stamford	£ -	£ 202,249	£ 364,266	£ 171,236	£ 25,793	£ 87,827	£ 16,476	£ -	**£ 867,847**
Queen Elizabeth, King's Lynn	£ 200,277	£ 144,518	£ 199,928	£ 138,840	£ 32,750	£ 33,826	£ 8,231	£ -	**£ 758,371**
West Suffolk	£ 10,444	£ 88,272	£ 121,050	£ 116,150	£ 55,578	£ 49,357	£ 79,717	£ -	**£ 520,568**
James Paget	£ 48,394	£ 228,919	£ 1,927	£ 84,148	£ 20,694	£ 78,027	£ -	£ -	**£ 462,109**
Total	**£ 10,277,730**	**£ 4,343,526**	**£ 3,001,489**	**£ 2,642,962**	**£ 2,446,654**	**£ 1,757,041**	**£ 1,630,308**	**£ 2,460**	**£ 26,102,170**

What is the data telling us?

Across all East of England Trusts in 2014/15 the total cost to commissioners for back and radicular pain admissions was approximately £26 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 East of England region.

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

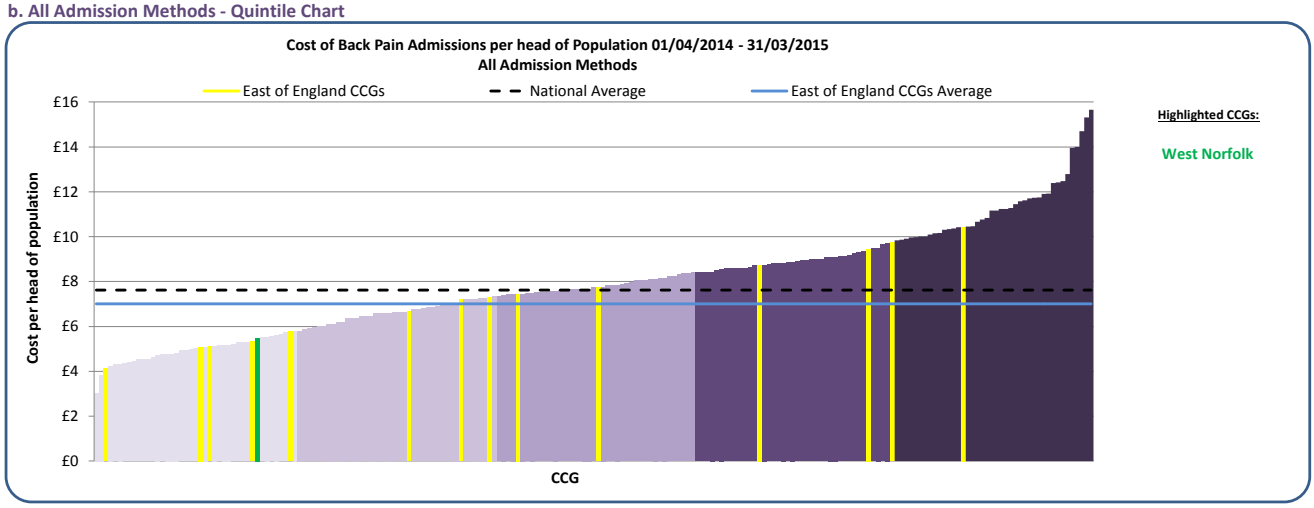
CCG Activity Total Costs

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

a. All Admission Methods - Table

	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+)
Norwich	£ 4.13	£ 753,037	£ 2.84	£ 518,472	£ 1.26	£ 230,823	182,513
Cambridgeshire & Peterborough	£ 5.09	£ 3,847,711	£ 3.90	£ 2,946,923	£ 1.16	£ 877,870	756,177
Great Yarmouth & Waveney	£ 5.11	£ 1,015,055	£ 3.58	£ 710,936	£ 1.50	£ 297,323	198,767
North Norfolk	£ 5.32	£ 781,153	£ 4.02	£ 589,439	£ 1.19	£ 175,031	146,745
West Norfolk	£ 5.49	£ 795,356	£ 4.09	£ 592,714	£ 1.09	£ 157,329	144,746
South Norfolk	£ 5.78	£ 1,120,638	£ 4.17	£ 807,592	£ 1.46	£ 283,574	193,792
Basildon & Brentwood	£ 6.66	£ 1,481,520	£ 5.27	£ 1,172,598	£ 1.23	£ 274,533	222,325
Thurrock	£ 7.19	£ 965,969	£ 5.98	£ 802,317	£ 1.14	£ 152,520	134,263
Southend	£ 7.32	£ 1,118,782	£ 5.86	£ 895,961	£ 1.41	£ 215,332	152,835
Castle Point & Rochford	£ 7.44	£ 1,148,206	£ 6.12	£ 943,917	£ 1.19	£ 184,244	154,250
Mid Essex	£ 7.74	£ 2,442,904	£ 6.60	£ 2,081,919	£ 0.95	£ 299,567	315,520
North East Essex	£ 8.75	£ 2,470,398	£ 6.96	£ 1,967,152	£ 1.63	£ 459,485	282,480
West Essex	£ 9.46	£ 2,316,937	£ 7.49	£ 1,835,187	£ 1.91	£ 468,960	245,005
West Suffolk	£ 9.73	£ 1,994,532	£ 8.50	£ 1,741,910	£ 1.15	£ 235,906	204,918
Ipswich & East Suffolk	£ 10.44	£ 3,459,889	£ 9.20	£ 3,050,940	£ 1.23	£ 406,758	331,508
East of England Total	**£ 7.01**	**£ 25,712,087**	**£ 5.64**	**£ 20,657,977**	**£ 1.29**	**£ 4,719,256**	**3,665,844**

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
Ipswich & East Suffolk	£ 1,716,970	£ 638,467	£ 271,702	£ 3,378	£ 318,666	£ 8,612	£ 93,145	£ -	**£ 3,050,940**
Cambridgeshire & Peterborough	£ 1,333,678	£ 617,774	£ 598,599	£ 9,816	£ 212,360	£ 9,056	£ 163,181	£ 2,460	**£ 2,946,923**
Mid Essex	£ 1,020,042	£ 512,562	£ 156,949	£ 1,598	£ 174,645	£ 4,370	£ 211,753	£ -	**£ 2,081,919**
North East Essex	£ 909,421	£ 345,434	£ 386,057	£ 1,686	£ 276,253	£ 4,490	£ 43,811	£ -	**£ 1,967,152**
West Essex	£ 987,231	£ 283,239	£ 267,667	£ 20,154	£ 133,762	£ 3,509	£ 139,626	£ -	**£ 1,835,187**
West Suffolk	£ 1,049,475	£ 286,504	£ 135,629	£ 564	£ 200,579	£ 1,461	£ 67,699	£ -	**£ 1,741,910**
Basildon & Brentwood	£ 477,963	£ 297,636	£ 189,315	£ 1,567	£ 85,781	£ 4,907	£ 115,429	£ -	**£ 1,172,598**
Castle Point & Rochford	£ 448,138	£ 167,963	£ 158,347	£ 9,788	£ 51,354	£ -	£ 108,326	£ -	**£ 943,917**
Southend	£ 444,495	£ 183,625	£ 138,702	£ 9,657	£ 61,605	£ 825	£ 57,053	£ -	**£ 895,961**
South Norfolk	£ 354,576	£ 236,973	£ 93,546	£ 3,027	£ 69,382	£ 2,217	£ 47,870	£ -	**£ 807,592**
Thurrock	£ 301,969	£ 211,736	£ 133,020	£ 1,651	£ 93,416	£ 1,570	£ 58,063	£ 893	**£ 802,317**
Great Yarmouth & Waveney	£ 355,503	£ 251,517	£ 27,311	£ 7,829	£ 58,072	£ 2,037	£ 8,666	£ -	**£ 710,936**
West Norfolk	£ 225,542	£ 135,144	£ 161,467	£ 1,246	£ 59,372	£ -	£ 9,941	£ -	**£ 592,714**
North Norfolk	£ 230,234	£ 200,727	£ 54,504	£ 4,327	£ 62,306	£ 1,668	£ 35,674	£ -	**£ 589,439**
Norwich	£ 206,223	£ 165,863	£ 55,100	£ 3,078	£ 57,551	£ 851	£ 29,805	£ -	**£ 518,472**

What is the data telling us?

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

Ipswich and East Suffolk CCG has the highest spend per head of population regionally (£10.44) driven mainly by high costs for elective admissions. Norwich CCG has the lowest costs per head for elective admissions (£4.13) in the region as well as being in the lowest 5 CCGs 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 there are several CCGs (Thurrock, Norwich, West Norfolk and North Norfolk) where more is spent on admissions for injections compared to what is spent on surgery.

14. Back & Radicular Pain Admissions Breakdown for the East of England 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**
RGQ	IPSWICH HOSPITAL NHS TRUST	550	1,996	280	263	7	**3,096**
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	171	1,286	358	508	<6	**2,327**
RAJ	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	135	817	275	346	<6	**1,574**
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81	1,002	152	231	<6	**1,468**
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	145	540	297	378	10	**1,370**
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	<6	757	359	246	<6	**1,370**
RDE	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	109	856	91	289	-	**1,345**
RGN	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	-	610	55	153	<6	**820**
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	47	523	41	148	-	**759**
RGR	WEST SUFFOLK NHS FOUNDATION TRUST	13	373	193	159	6	**744**
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	87	425	34	137	-	**683**
NVC18	SPRINGFIELD HOSPITAL	148	388	106	-	-	**642**
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	90	212	24	230	<6	**557**
NVC06	FITZWILLIAM HOSPITAL	69	405	37	-	-	**511**
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	14	342	22	115	<6	**496**
NVC19	RIVERS HOSPITAL	31	299	71	-	-	**401**
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	63	47	138	31	43	**322**
NVC13	OAKS HOSPITAL	-	219	63	-	-	**282**
R1H	BARTS HEALTH NHS TRUST	24	116	49	62	-	**251**
NT313	SPIRE WELLESLEY HOSPITAL	32	132	-	-	-	**164**
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	15	72	40	<6	<6	**129**
NYW01	ASPEN - HOLLY HOUSE HOSPITAL	-	71	11	-	-	**82**
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	8	41	25	<6	<6	**76**
NT318	SPIRE NORWICH HOSPITAL	63	-	-	-	-	**63**
NT422	BMI - THE LONDON INDEPENDENT HOSPITAL	<6	45	9	-	-	**56**
RJ1	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	<6	27	17	6	-	**51**
RY3	NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	-	-	<6	11	33	**45**
NT314	SPIRE RODING HOSPITAL	<6	14	<6	-	-	**23**
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	-	20	-	-	-	**20**
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	-	<6	<6	6	-	**13**
RYJ	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	<6	6	<6	<6	-	**12**
NT209	NUFFIELD HEALTH, CAMBRIDGE HOSPITAL	10	-	<6	-	-	**12**
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	<6	9	-	-	-	**11**
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	-	7	<6	-	-	**8**
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	-	<6	6	-	-	**7**
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	-	<6	<6	<6	-	**7**
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	<6	<6	-	<6	-	**6**
NQ108	CLACTON HOSPITAL				<6	<6	**6**
NWF01	BENENDEN HOSPITAL	-	6	-	-	-	**6**
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	<6	-	-	<6	-	**<6**
RN7	DARTFORD AND GRAVESHAM NHS TRUST	-	<6	-	<6	-	**<6**
RTH	OXFORD UNIVERSITY HOSPITALS NHS TRUST	<6	-	<6	<6	-	**<6**
RAT	NORTH EAST LONDON NHS FOUNDATION TRUST				<6	<6	**<6**
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	-	-	<6	<6	-	**<6**
NT204	NUFFIELD HEALTH, BRENTWOOD HOSPITAL	<6	-	-	-	-	**<6**
NYW20	ASPEN - THE CHELMSFORD	-	<6	<6	-	-	**<6**
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	-	<6	<6	-	-	**<6**
RVJ	NORTH BRISTOL NHS TRUST	<6	-	-	<6	-	**<6**
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	<6	<6	-	<6	-	**<6**
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	-	-	<6	<6	-	**<6**
NQ106	FRYATT HOSPITAL				-	<6	**<6**
NT421	BMI - THE KINGS OAK HOSPITAL	-	<6	-	-	-	**<6**
NVC05	EUXTON HALL HOSPITAL	-	<6	-	-	-	**<6**
NVC15	PINEHILL HOSPITAL	-	<6	-	-	-	**<6**
R1K	LONDON NORTH WEST HEALTHCARE NHS TRUST	-	-	<6	<6	-	**<6**
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RJ2	LEWISHAM AND GREENWICH NHS TRUST	-	<6	-	<6	-	**<6**
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	-	<6	-	-	-	**<6**
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	-	<6	-	<6	-	**<6**
RNZ	SALISBURY NHS FOUNDATION TRUST	-	-	<6	<6	-	**<6**
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	-	<6	-	<6	-	**<6**
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	<6	-	-	<6	-	**<6**
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	-	-	<6	<6	-	**<6**
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	-	<6	<6	-	-	**<6**
NQA31	ST PETER'S HOSPITAL				-	<6	**<6**
NT406	BMI - THE BLACKHEATH HOSPITAL	-	<6	-	-	-	**<6**
NT410	BMI - THE CHILTERN HOSPITAL	-	-	<6	-	-	**<6**
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST				<6	-	**<6**
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	-	<6	-	-	-	**<6**
RAS	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RC1	BEDFORD HOSPITAL NHS TRUST				<6	-	**<6**
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RFR	THE ROTHERHAM NHS FOUNDATION TRUST				<6	-	**<6**
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST				<6	-	**<6**
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RJ6	CROYDON HEALTH SERVICES NHS TRUST				<6	-	**<6**
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RJR	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST				<6	-	**<6**
RLT	GEORGE ELIOT HOSPITAL NHS TRUST				<6	-	**<6**

14. Back & Radicular Pain Admissions Breakdown for the East of England 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**
RM3	SALFORD ROYAL NHS FOUNDATION TRUST				<6	-	**<6**
RP5	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST				<6	-	**<6**
RRJ	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	-	<6	-	-	-	**<6**
RT3	ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	-	-	<6	-	-	**<6**
RTG	DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST				<6	-	**<6**
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST				<6	-	**<6**
RXC	EAST SUSSEX HEALTHCARE NHS TRUST				<6	-	**<6**
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST				<6	-	**<6**
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST				<6	-	**<6**
RY4	HERTFORDSHIRE COMMUNITY NHS TRUST				-	<6	**<6**
RYR	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST				<6	-	**<6**
RYV	CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST				-	<6	**<6**
NT212	NUFFIELD HEALTH, CHICHESTER HOSPITAL	-	<6	-	-	-	**<6**
NT304	SPIRE SOUTHAMPTON HOSPITAL	-	-	<6	-	-	**<6**
NT403	BMI - THE BEARDWOOD HOSPITAL	-	<6	-	-	-	**<6**
NT416	BMI - HENDON HOSPITAL	-	<6	-	-	-	**<6**
NT418	BMI - THE HAMPSHIRE CLINIC	-	<6	-	-	-	**<6**
NTP11	SOUTHAMPTON NHS TREATMENT CENTRE	-	<6	-	-	-	**<6**
NTP13	BARLBOROUGH NHS TREATMENT CENTRE	-	<6	-	-	-	**<6**
NTX01	ONE HEALTH GROUP LTD	-	<6	-	-	-	**<6**
Total		**1,930**	**11,713**	**2,789**	**3,375**	**130**	**19,937**

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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?	