

# Severn Regional Spinal Network

## Regional Elective Care Pathway

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**Distribution:** Severn Spinal ODN including spinal and non-spinal partner hospitals' clinical leads and operational managers; regional CCGs

*Related Guidelines:*

- *TR3 Spinal surgery: networks, data, MDT oversight (NHS England, 2017)*
- *Service Specification – URN - 1738 Complex Spinal Surgery Services (NHS England, 2021)*
- *Spinal CQUIN 2019*

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## Executive Summary

- 1) This document acts as a guide for the management of elective spinal conditions between partner hospitals in the Severn Regional Spinal Network.
- 2) Referrals from Primary care will be assessed by the local triage service who will manage and investigate as required, as per current local policies. Patients may be discharged, if appropriate, or referred on to a spinal unit.
- 3) Patients may be referred between spinal partner hospitals if specific expertise or further opinion is required. The receiving hospital will triage the written referral for urgency.
- 4) Non-spinal clinicians may refer to their local spinal service. Referral should be assessed for urgency and managed accordingly.
- 5) Urgent spinal clinics will be required in some spinal units to facilitate urgent review and management of certain patients.
- 6) Specialised spinal surgery will be carried out in spinal units who have the relevant expertise and peri-operative care to manage those patients. Morbidity and mortality data will be presented in the regional MDT every quarter.
- 7) All spinal providers are required to enter all operative cases onto the British Spine Registry.
- 8) A regional multidisciplinary team meeting will be held every two months to discuss specific cases, morbidity and mortality data for specialised surgery, and audit presentations.

- 9) Post-operative complications will be admitted to the operating spinal unit for further management.

## Introduction

The Severn Regional Spinal Network involves Southmead Hospital and Musgrove Park Hospital as adult hub centres which have a spinal on call service 24/7, with the spinal partner NHS hospitals being Gloucester Royal Infirmary and Royal United Hospital Bath. Non-spinal partner NHS hospitals are Bristol Royal Infirmary, Cheltenham General Hospital, Weston General Hospital, and Yeovil District Hospital. The Bristol Royal Hospital for Children is the regional hub for paediatric spinal conditions, and Musgrove Park Hospital treats children who do not require admission to a paediatric intensive care peri-operatively.

Independent providers undertaking elective NHS spinal work perform this at private hospitals including BMI Bath Clinic, BMI Ridgway Hospital, Bristol Spire Hospital, Circle Hospital Bath, Nuffield Hospital Bristol, Nuffield Hospital Cheltenham, Somerset Surgical Services, Winfield Hospital Gloucester, Nuffield Hospital Taunton and Shepton Mallett Treatment Centre.

Network clinical sub-group details can be found in Appendix 1.

## Purpose of Policy

This policy aims to detail the pathway for patients with elective spinal conditions within partner hospitals in the Severn Regional Spinal Network.

These details are described as follows:

## 1. Referral of Patients from Primary Care

This will continue to follow local pathways already in place. Following referral by Primary Care, patients will be seen in the local triage service. If conditions can be managed non-operatively by the triage service, they will pursue suitable investigations and give appropriate advice. Referral for physiotherapy or interventions such as nerve root injection may be suitable at this point and improve pain to avoid referral to secondary care services. The patient may be discharged at this point.

If the triage practitioner deems conservative measures have been exhausted and that referral to secondary care is appropriate, this will be made to the appropriate spinal unit in the network. Radiology images will need to be transferred to the correct PACS system for that unit. If the receiving unit does not feel the referral is appropriate, they will inform the referrer and provide recommended action.

The triage practitioner may wish to discuss selected cases in the local spinal MDT meeting to confirm referral is appropriate or arrange any further investigations.

Spinal units should have urgent out-patient clinic capacity to allow early review of certain referrals.

## 2. Referral of Patients between Spinal Partner Hospitals

If a spinal consultant wishes to refer a patient for further management at another spinal partner or obtain a second opinion, this referral will be made in writing and relevant images transferred to the receiving hospital. These referrals will be triaged to assess urgency. Once the patient has been reviewed, the referrer will be sent a summary from the consultation.

Selected cases can be discussed in the regional MDT meeting (see Section 5) as required.

### 3. Referral of Patients from Non-spinal Clinicians to Spinal Units

Referrals will be received from other medical staff in the same hospital or from non-spinal partner hospitals, in line with current commissioning guidelines. Relevant imaging should be transferred to the receiving centre's PACS system to facilitate early review. These referrals will be triaged to assess urgency and may be reviewed in urgent clinics to provide urgent spinal opinion. Once the patient has been reviewed, the referrer will be sent a summary from the consultation.

### 4. British Spine Registry

All Spinal Providers are required to enter all operative data into the British Spine Register. Written consent will need to be obtained from the patient, before their demographics and operative information are entered. This is in line with the spinal CQUIN (TR3).

### 5. Regional Multidisciplinary Team Meeting

A regional clinical MDT will be held once every two months. Clinicians may participate in this in person or via teleconference. Clinical cases can be referred to the hosting hub to allow collation of all images for presentation during the MDT. This forum will be used to present morbidity and mortality data for specialised surgery, audit projects, and discussion of specific cases. A network board meeting will occur every four months to aid development of regional pathways and processes.

## 6. Specialised Surgery

Specialised spinal surgery is defined in the Service Specification – URN 1738 and summarised in Appendix 2. Spinal units in the Severn Regional Spinal Network will perform specialised surgery when the local surgical team are experienced to perform the surgery and they have the peri-operative facilities to manage those patients. The morbidity and mortality data from these procedures will be presented to the regional MDT meeting every quarter to allow discussion between units.

Appendix 3 details the conditions and procedures that the NHS spinal units will manage at this time. Independent spinal providers are not currently commissioned to provide specialised spinal surgery.

## 7. Management of Unplanned Post-operative Spinal Conditions

It is expected that patients are re-admitted to the spinal unit where they underwent their surgery for further management. If patients present to a non-spinal partner hospital, they will be assessed by the local on call team and discussed with the spinal unit on call team for transfer back, as required.

## Appendix 1: Severn Regional Spinal Network Clinical Sub-Groups

### Network Sub-Group Bristol

*Hub:*

Southmead Hospital  
Bristol Royal Hospital for Children

*NHS Spinal Partners:*

Gloucester Royal Infirmary  
Royal United Hospital, Bath

*Non-spinal partners:*

Bristol Royal Infirmary  
Weston General Hospital

*Independent spinal partners:*

BMI Ridgway Hospital  
Nuffield Hospital Bristol  
Nuffield Hospital Cheltenham  
Somerset Surgical Services  
Winfield Hospital Gloucester  
Circle Bath  
BMI Bath Clinic  
Spire Bristol

### Network Sub-Group Taunton

*Hub:*

Musgrove Park Hospital

*NHS Non-Spinal Partners:*

Yeovil District Hospital  
Jersey

*Independent Spinal Partners*

Nuffield Hospital Taunton  
Shepton Mallet Treatment Centre

## Appendix 2: Current Specialised and Non-specialised Procedures

### NON-SPECIALISED:

- Lumbar**      Posterior decompression (any number of levels)  
                  Posterior fusion (1 or 2 levels)  
                  Interspinous spacer
- Cervical**     Posterior decompression (any number of levels)  
                  Anterior cervical decompression and fusion (1 or 2 levels)
- Other**        Vertebroplasty or Kyphoplasty

### SPECIALISED:

- Lumbar**      Posterior fusion (3 or more levels)  
                  Lateral and Anterior fusion (any number of levels)
- Cervical**     Anterior cervical decompression and fusion (3 or more levels)  
                  Posterior fusion (any number of levels)
- Thoracic**    Any surgical procedure
- Other**        Deformity procedure  
                  Fracture stabilisation  
                  Tumour procedure  
                  Spinal infection procedure  
                  Intra-dural procedure

**NOTE:** These criteria include primary and revision procedures for each group, for elective and emergency conditions.

### Appendix 3: Elective Conditions Managed at each NHS Unit

This table covers the elective surgical procedures currently performed at each NHS spine unit:

	Spinal Deformity			Degenerative		
	Paediatric	Adult	Degenerative	Cervical	Thoracic	Lumbar
Southmead Hospital, Bristol	No	Yes	Yes	Yes	Yes	Yes
Bristol Royal Hospital for Children	Yes	No	No	Yes (paeds only)	Yes (paeds only)	Yes (paeds only)
Gloucester Royal Infirmary	No (out-patient assessment only)	No (out-patient assessment only)	No (out-patient assessment only)	Yes	Yes	Yes
Royal United Hospital Bath	No (out-patient assessment only)	No (out-patient assessment only)	No (out-patient assessment only)	No (out-patient assessment only)	No (out-patient assessment only)	Yes (posterior non-spec only)
Musgrove Park Hospital Taunton	Yes (except pts requiring PICU or open surgery for early onset scoliosis)	Yes	Yes	Yes	Yes	Yes