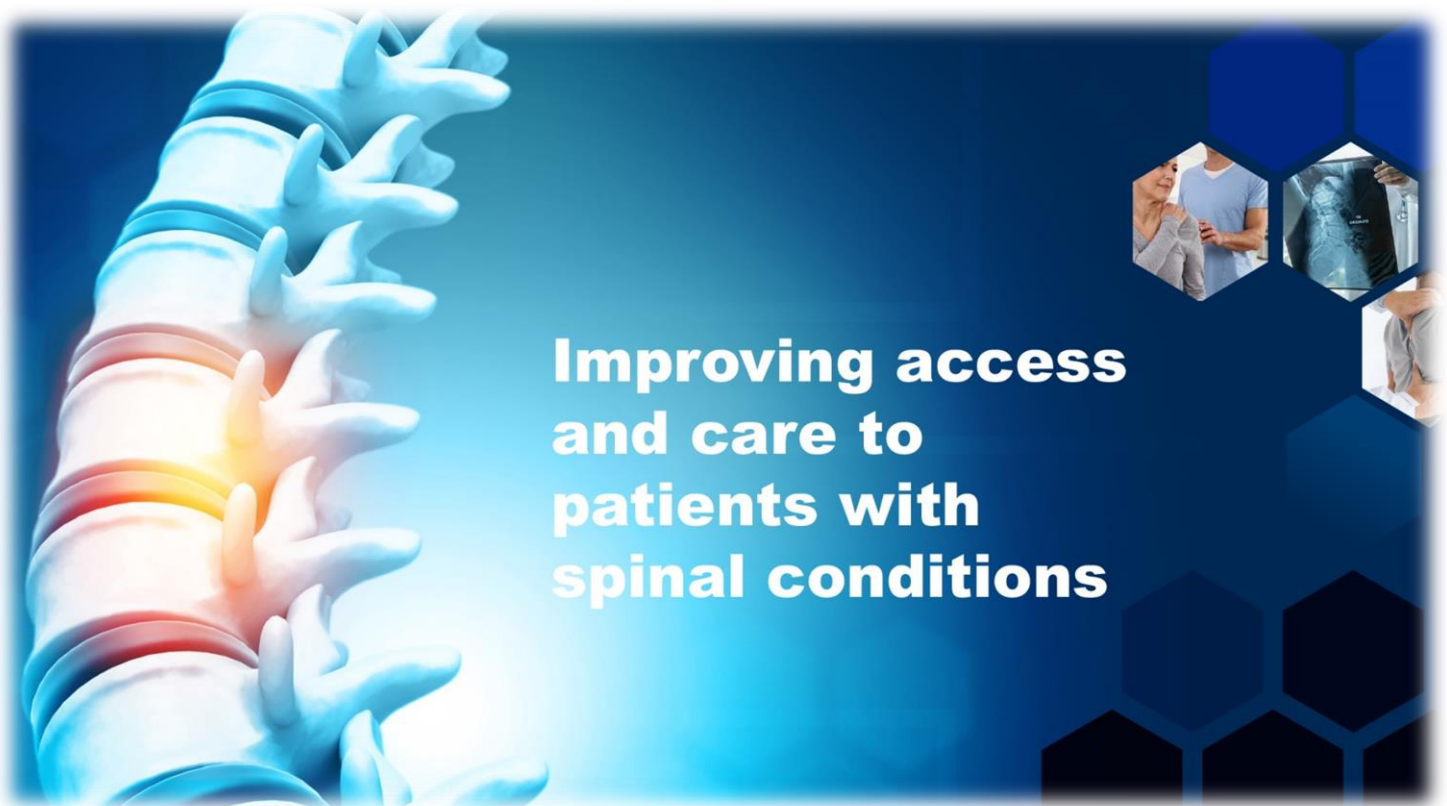


Severn Spinal Operational Delivery Network (ODN)

Annual Report 2020/21



Document Control

Document Control

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Document Abstract

This annual report for the Severn Spinal Operational Delivery Network outlines the background to the network, its vision and key objectives, achievements and key updates for the period from April 2020 to March 2021.

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
03/08/21	0.1	Ryan Doherty	Content	Draft of all content
17/08/21	0.2	Ryan Doherty	Content	Data Update
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22/09/21	0.5	Ryan Doherty	Content	Clinical Director Introduction
23/09/21	0.6	Ryan Doherty	Content	Final Draft
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Clinical Director Introduction

This is the first annual report for the Severn Regional Spinal Operational Delivery Network (ODN). The Severn Regional Spinal Network (RSN) commenced in 2017 and has been developing its systems and links between the spinal units in the Severn area with regular clinical meetings. It was formalised into an ODN in October 2020 which has allowed a more focused look at patient pathways and education for both patients and clinicians.

The Covid-19 pandemic has presented a dramatic impact on healthcare, including spinal surgery. Regular clinical meetings during the pandemic have proven an excellent forum for shared learning and discussions between clinicians to manage patients with spinal conditions. The spinal units have demonstrated great collaborative working to ensure emergency spinal cover is still able to continue throughout the region, despite the pressures experienced by healthcare services. The pandemic has changed the way NHS hospitals can work at the current time, and we look forward to increasing elective work and treating patients at the earliest opportunity with restoration of services.

The Severn RSN has developed a clear work plan to cover aspects of spinal services particularly important to our region, and we look forward to continuing work on the Cauda Equina Syndrome regional guidance and also on the RSN website.

Our previous manager, Alexandra Harper, set the network onto a sure footing and her successor, Ryan Doherty, commenced in May 2021. We also welcome Patrick Shaughnessy who will work as our Allied Health Professional Lead for quality improvement and education, an essential aspect of regional development.

I would like to thank all the clinicians from primary and secondary care who continue to provide great input and engagement in the running of the Severn Regional Spinal Network. I look forward to working with all members to meet the challenges of the coming year and optimising care of patients with spinal conditions in our region.



Mr. Stephen Morris

Clinical Director
Severn Spinal Operational Delivery Network

About Us – Background

History of Operational Delivery Networks

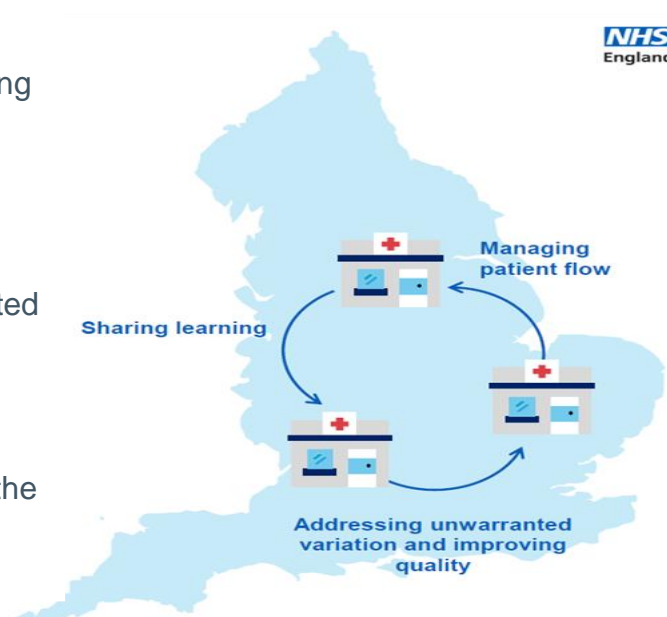
Operational Delivery Networks (ODN's) were formed in 2013 following the publication of the NHS England strategy to sustain and develop clinical networks (*Developing Operational Delivery Networks: The Way Forward*). The benefit of ODN's were further referenced within the NHS Long Term Plan (2019) and seen as a way to support the delivery of specific ambitions referenced in the plan.

What Does an ODN do?

An ODN aims to bring together different parties (including clinicians, providers, commissioners and patients) to realise change across a specific service area aiming to improve care quality and outcomes.

ODN's have 3 main functions:-

1. Increasing effectiveness and reducing unwarranted variation.
2. Improving care, for example through shared learning and best practice.
3. Managing patient flows – ensuring patients can access the right service, at the right time and in the right place



What does this look like for Spinal Services?

As part of the 2016/2017 Commissioning for Quality and Innovation (CQUIN) contracting/payment mechanism between NHS providers and commissioners, Regions were recommended to set up Regional Spinal Networks (RSN's) to support the delivery of high quality, effective, efficient and equitable spinal services.

Within the Severn Region this resulted in the development of a RSN which was hosted by North Bristol NHS Trust. During the intervening years this RSN was further developed and formalised with the ambition of becoming a recognised ODN which was realised in October 2020.

Spinal ODN's have now become widely referenced as a mechanism to support the delivery of high quality spinal services including reference in the Getting It Right First Time (GIRFT) report for spinal surgery and the Complex Spinal Surgery Services (All ages) Specification (NHS England, 2021).

A defined RSN specification has been developed by the National Spinal Services Clinical Reference Group (CRG) (2020), outlining the requirements and expectations for the regional RSN's

About Us – Network Team



Mr. Stephen Morris BSc (Hons), MB ChB, FRCS (Tr+Orth), PGDipSEM
– Clinical Director

Stephen is a Consultant Spinal Surgeon in Bristol and Clinical Director of Severn Regional Spinal Network. After completing his orthopaedic training in the Bristol region, he undertook specialist spinal fellowships in Brisbane, Australia and Great Ormond Street Hospital, London. He also achieved a postgraduate diploma in Sports and Exercise Medicine. He was appointed as Consultant in Spinal Surgery in 2014 at Southmead Hospital, Bristol and Bristol Royal Hospital for Children. He is an experienced trainer and teacher and has been a member of faculty on national and international courses.



Ryan Doherty – Network Manager

Ryan is the Network Manager for Severn Spinal ODN and joined in May 2021. He is a Registered Nurse by background and completed the NHS Graduate Management Scheme in 2018. He has undertaken several clinical, operational management and commissioning roles within the Region. Ryan is also the Network Manager for Peninsula Spinal ODN.



Malcolm Dixon - Network Coordinator

Malcolm co-ordinates local Spinal MDT meetings at North Bristol Trust as well as coordinating the Severn Spinal Network meetings and administration. Malcolm has been with the Network team since 2017 and has worked on delivering a number of projects and reports for the network



Patrick Shaughnessy - Network Lead Allied Health Professional

Patrick is the Network Lead Allied Health Professional, who joined in April 2021 (FTC –12 months) and will be supporting the Network with education, innovation and quality improvement. Patrick is a Chartered Physiotherapist who has worked at Southmead Hospital (North Bristol Trust) since April 2019 and in this time has worked with the Orthopaedic Spinal Team as a ward Physiotherapist. Patrick is in the process of finishing a masters qualification in spinal disorders and alongside inpatient spinal surgery has an interest in sports physiotherapy, having previously worked at Liverpool FC Academy

About Us – Network Area

Hub:

Musgrove Park Hospital

NHS Non-Spinal Partners:

Yeovil District Hospital

Jersey

Independent Spinal Partners:

Nuffield Hospital Taunton

Shepton Mallet Treatment Centre

Hub:

Southmead Hospital

Bristol Royal Hospital for Children

NHS Spinal Partners:

Gloucester Royal Infirmary

Royal United Hospital, Bath

NHS Non-spinal partners:

Bristol Royal Infirmary

Weston General Hospital

Independent spinal partners:

BMI Ridgway Hospital

Nuffield Hospital Bristol

Nuffield Hospital Cheltenham

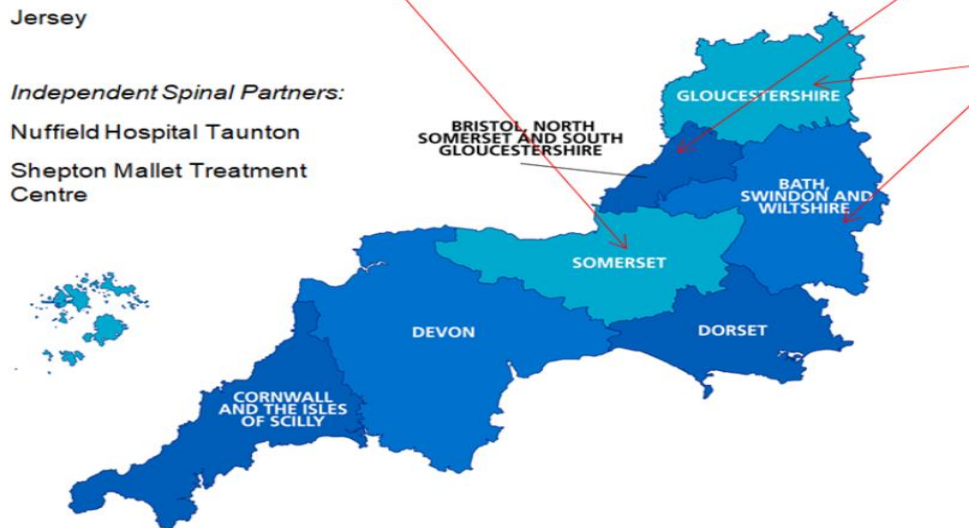
Somerset Surgical Services

Winfield Hospital Gloucester

Circle Bath

BMI Bath Clinic

Spire Bristol



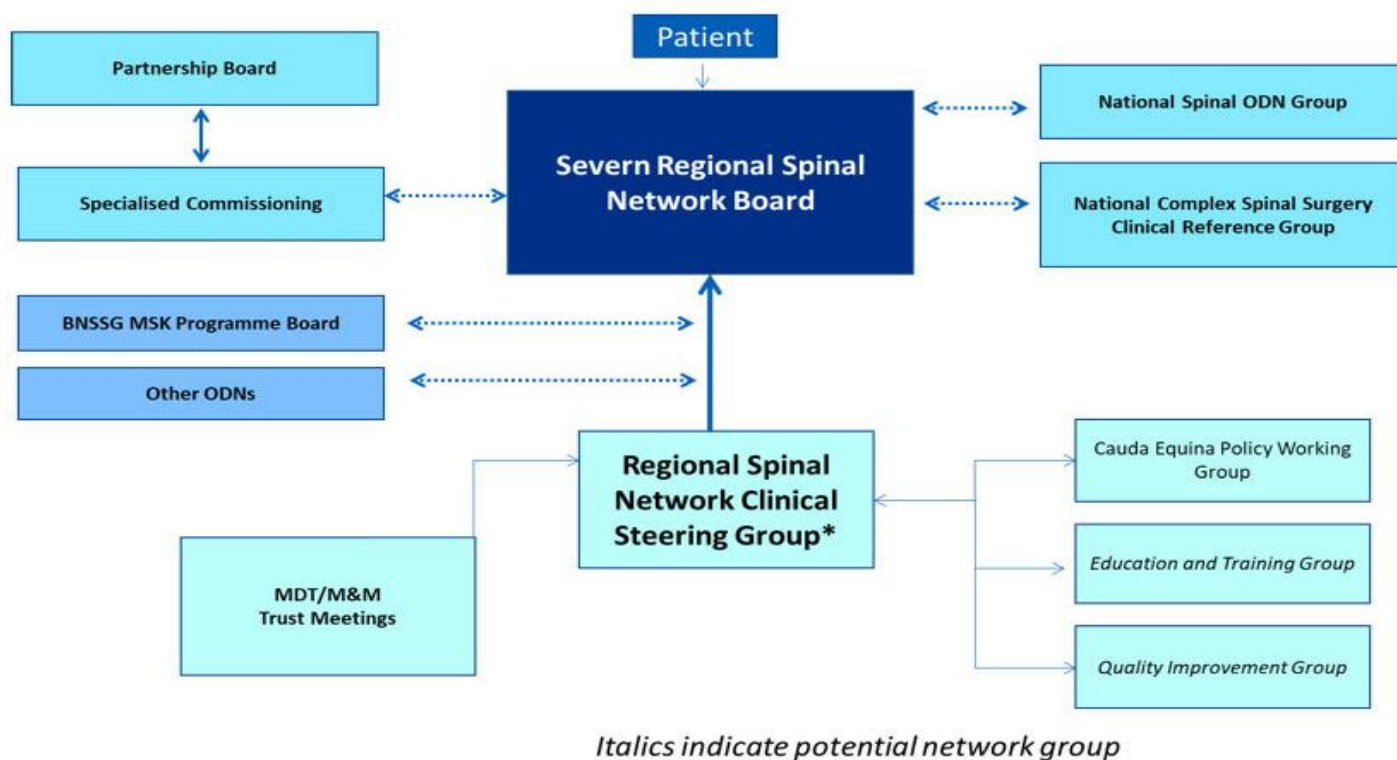
The Severn Spine Network covers the Bristol, North Somerset and South Gloucestershire (BNSSG), Bath and North East Somerset, Swindon and Wiltshire (BSW – Bath and North East Somerset [BaNES] only), Somerset and Gloucestershire Integrated Care System (ICS) regions.

The Network is made up of the following:-

- The adult spinal hub centres located at Southmead Hospital and Musgrove Park Hospital, which have a spinal on-call service 24/7
- The regional hub for paediatric spinal conditions located at Bristol Royal Hospital for Children, with Musgrove Park Hospital additionally treating children who do not require admission to a paediatric intensive care peri-operatively
- Spinal partner NHS hospitals located at Gloucester Royal Infirmary and Royal United Hospital Bath
- Non-spinal partner NHS hospitals located at Bristol Royal Infirmary, Cheltenham General Hospital, Weston General Hospital, and Yeovil District Hospital
- Independent providers undertaking elective NHS spinal work at private hospitals, including Bristol Spire Hospital, Nuffield Hospital Bristol, Circle Hospital Bath, BMI Bath Clinic, BMI Ridgway Hospital, Winfield Hospital Gloucester, Nuffield Hospital Cheltenham, and Somerset Surgical Service
- Community and Primary Care Providers including Virgin Care (BaNES), Sirona Health and Care (BNSSG), Gloucestershire Care Services and the Orthopaedic Assessment Service in Somerset (OASIS).
- Commissioning representatives from local Clinical Commissioning Group/ICS areas and NHSE/I Specialist Commissioning.

About Us – Governance

Severn Spine Network Structure



The Severn Spine Network is made up of the following:-

Network Board – This is the decision making body of the Network and is made up of clinical, operational management and commissioning representatives. The Board is responsible for overseeing the Network and its work plan, ensuring the Network is delivering on its objectives and priorities

Network Clinical Steering Group - This is the expert clinical group and is made up of clinical representatives from providers across the Region as outlined on page 7. This group helps develop clinical policies/pathways for ratification by the Board and additionally reviews morbidity & mortality (M&M), waiting list and British Spine Registry (BSR) data to share learning and best practice information.

Defined Working Groups – These groups lead on subject specific projects for the Network e.g. Cauda Equina and feed in to the Network Clinical Steering Group.

The Network additionally has the following governance documents:-

- Ratified Terms of Reference for the Network Board and Clinical Steering Group*
- Agreed Governance Framework*
- Work plan 2020/22*
- Action and Issues Logs

* Please contact the Network Manager if you require access to these documents:-
ryan.doherty@nbt.nhs.uk

Vision & Network Priorities 2020-22

Our Vision

To guide the delivery of a high quality, safe and sustainable spinal service across the Severn Regional Spinal Network and ensure patients can access effective advice and treatment in a timely manner



Goals

Priorities 2020/22

1) Improvements in the quality of spinal services and outcomes

- A developed Network work plan with defined governance
- Effective data sharing/audit – including regional M&M, BSR and waiting list review
- Effective engagement across the Network inc. patient engagement and wider specialties e.g primary care & pain.

2) Promote developments in spinal care pathways to spread best practice

- Embed regional MDT and sharing of best practice/learning
- Development of a Network website to share best practice
- Development of Nurse/AHP quality improvement forums
- Network education and workforce strategies

3) Maximise availability of spinal resources and minimise delays

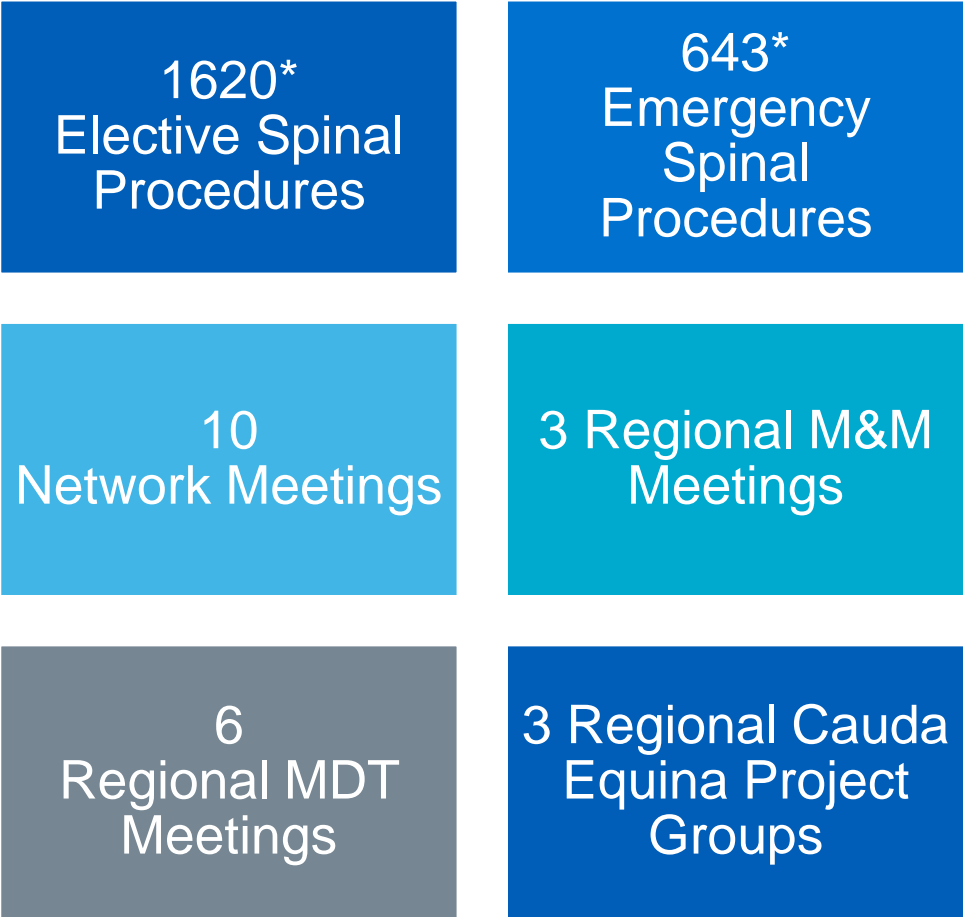
- A developed and implemented regional Cauda Equina policy
- Support regional image sharing work groups to improve access for spinal patients (link with Cauda Equina).
- Review of waiting lists and sharing of best practice to manage

4) Minimise the requirements for spinal surgery

- Equitable and consistent implementation of the National Lower Back & Radicular Pain Pathway in the Severn region.

Network Activity 2020/21

Our Network in Numbers 2020/21



* Data Source – NHSE SUS Data + Private Provider M&M Submissions

Top 5 Procedures Undertaken in 2020/21

- Primary Posterior Decompression of Lumbar Spine
- Primary Anterior Decompression/Fusion of Cervical Spine
- Injection of Therapeutic Substance Around Spine
- Primary Posterior Laminectomy Decompression of Lumbar Spine
- Posterior Attachment of Correctional Instrumentation to Spine

Network Objectives 2020/21

Below is a retrospective review of the Networks progression against its objectives/priorities in 2020/21 (as outlined on page 9) and an overview of what was achieved during the 2020/21 financial year.

Next steps are located within the summaries below and also outlined in the forward view for 2021/22 listed on page 19.

Formalising & Developing the Network

During 2020 the Severn Spinal Network became a formalised Operational Delivery Network, allowing it to further build upon its aims and ambitions of delivering high quality, safe and sustainable spinal services within the region.

Significant work and engagement was undertaken to ensure the Network had an appropriate structure, governance and a defined work plan in place to drive the delivery of its member's priorities.

Such engagement supported the development of a comprehensive and multidisciplinary membership across acute and community care, alongside representation from independent sector providers. This engagement and membership has helped forge effective working relationships between members and supported the rapid maturity of the Network to deliver its priorities and meet the needs of the individuals requiring spinal services within the Severn region.

The Network Team would like to formally thank members for their continued engagement and support for the Network and would also like to particularly recognise the integral work of Alexandra Harper who was the Network Manager until Jan 2021 and led much of this work. Thank you Alex!!!

Funding & Recruitment

During Q4 2020/21 the Network agreed long term funding with its Commissioners (NHS England) giving it certainty for the future and allowing it to formally recruit to Network posts. During this time a substantive Network Manager (Ryan) was recruited to help support and lead the Network to continue in its ambitions and deliver the Network memberships collective priorities as outlined in the Network work plan.

Additionally, a fixed term Lead Allied Health Professional (Patrick) was recruited to support the Networks priorities, with specific reference to supporting education within the Network and QI projects for specific pathways e.g. Lower Back Pain; alongside increasing the AHP and Nursing voice within the Network through the development of specific forums/working groups.

Network Objectives 2020/21

Cauda Equina Syndrome (CES)

The Network membership identified CES as a key priority for the Network in 2020/21 and thus a specific working group was set up to review best practice, develop an agreed regional best practice guidance and support the implementation of this across the region.

During 2020/21 a multidisciplinary CES working group met on several occasions to review guidance in relation to CES, begin drafting the regional best practice guidance and explore gaps within the region e.g. some units not able to offer 24/7 MRI to diagnose CES. The Network has also built links with the Regional Image Sharing work programme to support effective image sharing between providers.

The implementation of this best practice guidance aims to ensure individuals presenting with CES in the region have timely access to diagnosis to confirm/exclude CES in their presenting hospital and in turn receive appropriate and timely treatment of the condition where CES is confirmed.

This ultimately aims to reduce the often life changing implications of CES, alongside reducing the system costs of CES such as transfers for MRI or litigation costs, and facilitate equitable care across the region ensuring that no matter where an individual presents with CES they get high quality and timely diagnosis and treatment.

Website

The Network began the development of its website in Q4 of 2020/21 with the ambition of this website providing a high quality repository of information regarding spinal services for both patients and clinicians.

For patients and their families this aims to provide information on how to manage their condition, what to expect when having surgery and other patient's stories of living with that condition, leading to improved patient experiences, self-management and outcomes.

For clinicians this aims to provide access to best practice guidelines, regional policies and guidance to support the delivery of education and ultimately high quality spinal care.

The website is due to launch in Oct/Nov 2021 and can be accessed at the following location:-

<https://severnspine.nhs.uk>

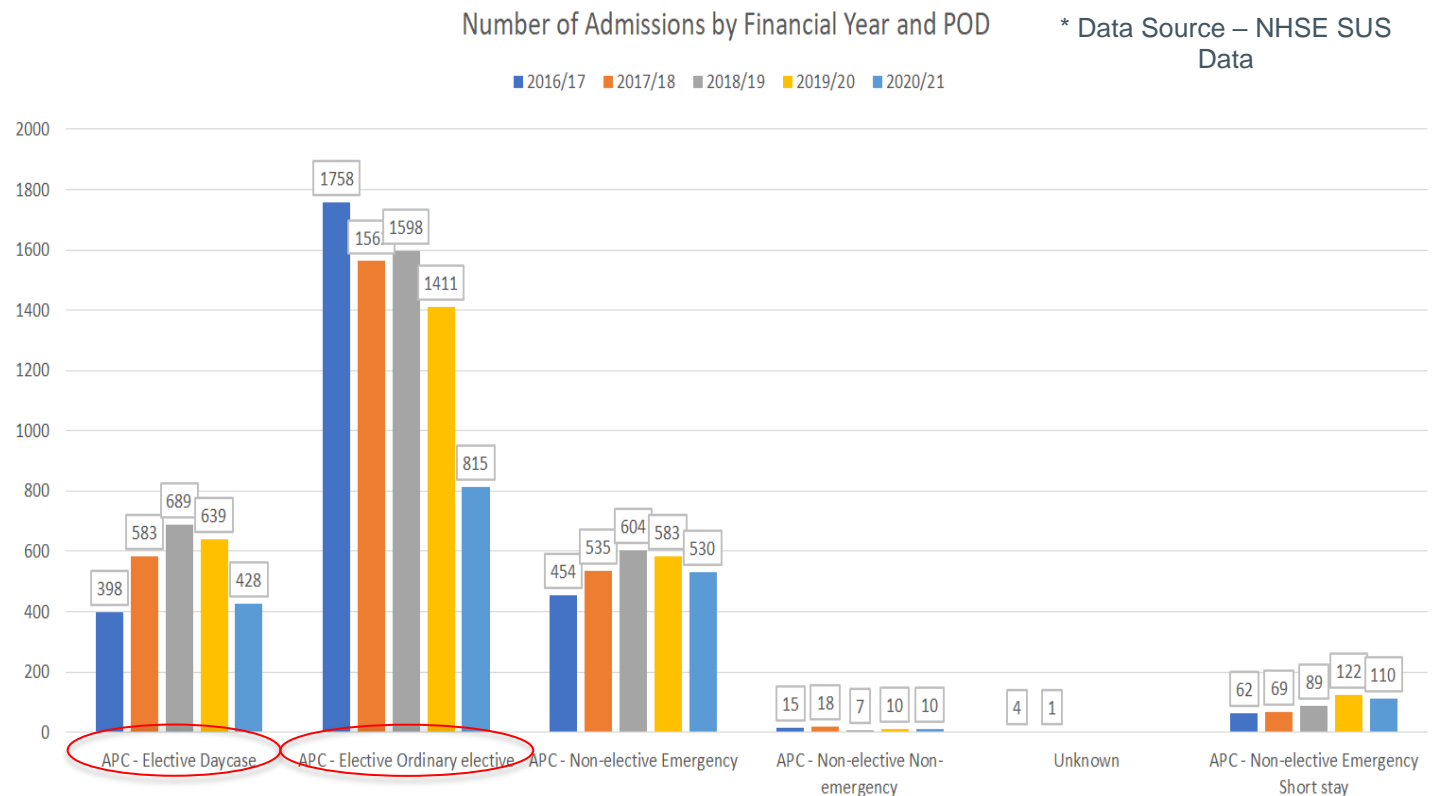
We are keen to continually develop the website and thus if you would like to support the development of its content please contact: - ryan.doherty@nbt.nhs.uk

Finally, the Network Team would like to thank Rebecca Ladd who supported the management of this project while Network posts were recruited to. Thank you Becki!!

Network Objectives 2020/21

COVID-19 Response and Recovery

The escalating coronavirus pandemic necessitated a change in the network work plan and priorities at the start of 2020/21, resulting in a number of priorities being paused for a period of time. The national NHS response required NHS providers to review and prioritise the delivery of services which resulted in a significant impact on our member's non-urgent elective activity within 2020/21. The chart below demonstrates the impact on elective activity levels in NHS providers within the Network area:-



The Network has been reviewing the impact of the pandemic on services within the region and has facilitated the sharing of best practice/learning through its Clinical Steering Group. This has included:-

- Learning and support in relation to video consultation.
- Sharing best practice on managing social distancing within outpatients
- Reviewing the implementation of the Federation of Surgical Specialty Association (FSSA) Clinical Guide to Surgical Prioritisation During the Coronavirus Pandemic
- Working collaboratively to maintain emergency spinal surgery provision across the region.

The Network recognises the long term impact the pandemic has and will continue to have on the delivery of spinal services, with specific reference to elective spinal surgery which has seen waiting times increase throughout the region. As a response the Network plans to continue to review and monitor the impact of COVID-19 on spinal service delivery within the region and will actively be looking to support restoration and recovery activities as appropriate. This will include building a regional picture of waiting times and sharing practices and learning across the region as to the management of such waiting times in the short, medium and long term, aiming to ensure individuals can receive the spinal care they need in a timely manner.

Network Objectives 2020/21

MDT/M&M

The Network Clinical Steering Group supports a regional MDT and M&M meeting with such meetings sitting on a 2 monthly and quarterly basis respectively.

From an MDT perspective, this provides a regular MDT forum for providers to bring complex case discussions to the regional membership to share perspectives and knowledge on the management of the case ensuring individuals are receiving care that best meets their presenting needs but also ensuring such management has gone through a robust regional review process where required.

From an M&M perspective, providers regularly present their individual trust M&M data in relation to spinal surgery, referencing complications identified during the reporting period. There is then a specific focus on key cases/learning points presented by members ensuring learning from the complications/incident is shared throughout the region supporting the delivery of high quality spinal care.

Data

The Network Clinical Steering Group has developed a data submission process which supports regular review of agreed data sets, namely waiting list data, M&M data and BSR data facilitating the sharing of information and best practice through the region supporting the aim of improving care quality and timely access to services.

Regarding waiting list information, this has helped provide a broader regional understanding in regards to waiting times across providers and the impact of the COVID pandemic which in turn aims to help inform and influence future planning and work streams in relation to restoration and recovery of spinal service provision within the region.

From a BSR perspective, the Network regularly reviews provider compliance with the target of provider's submitting 90% of their procedures to the portal, ensuring that there is a robust capture of procedure data and patient reported outcomes across the region.

Finally, there are ambitions to further develop the Networks data review with specific reference to GIRFT measures and Model Hospital, with discussions exploring how a Network data dashboard may be developed to ensure regular review of key measures as determined by the Network membership.

Network Member Feedback 2020/21

North Bristol NHS Trust Members (NBT) (Neurosurgery & Orthopaedics)

Reflections on 2020/21

2020/21 was a difficult and unprecedented year but Southmead hospital's layout/design ensured pathways for COVID and non-COVID patients were quickly implemented. This, coupled with RCS priority listings, ensured urgent elective cases went ahead despite overall reductions in elective capacity. Specifically from a Neurosurgical perspective, the use of the short stay surgical unit allowed some specified elective activity to continue.

Again from a Neurosurgical perspective there has been further development of the team including 2 x new Spinal Consultants, a new Trainee Spinal Advanced Clinical Practitioner (tACP) and a new Enhanced Spinal Practitioner (ESP).

Finally, there has been further integration between Neuro and Ortho Spines, including a new triage with a single point of entry, integrated Spinal MDTs/Clinical Governance and more collaborative operating.

Feedback on the Network

From a Network perspective NBT's reflections are

-Gloucester Spine Surgeons implemented a 24/7 spine on-call (during COVID) and NBT Complex Spine Consultants were given honorary contracts at RUH Bath to help manage spinal emergencies at admitting hospitals if required: A clear example of the spine network working together to ensure delivery of emergency spinal surgery at a time of unparalleled pressures on acute hospitals.

-NBT and regional hospitals have been working together to create our network website which aims to educate our patients about the services provided within our region.

-Valuable discussions on impact of Covid on service delivery and how to mitigate risk during Covid

-Working together to deliver a regional Cauda Equina guideline

Virgin Care (B&NES) Members

Reflections on 2020/21

The switch to virtual appointments was a seismic shift in clinic provision however this wasn't without challenge and many patients were requiring a 'second' first appointment face to face in order to rule out clinical uncertainty. The reflection is that although virtual 'new' patient appointments can be useful in some cases, offering patient choice between face to face or virtual initial consultation has been a better, safer and more efficient way of operating.

However, most 'follow ups' are now via telehealth. This is better for most patients as they do not have to travel or, for those that work, have to take time off work. It also reduces footfall in hospital and requires less clinical space thus freeing up space for face to face clinics.

Finally, a BaNES Spinal MDT has been organised by the RUH and the use of TEAMS has enabled more staff to attend, build relationships and trust and develop their skills. This is of huge benefit to us in Community Services that do not routinely work alongside Secondary Care Spinal Teams and MSK Radiologists.

Network Member Feedback 2020/21

Bristol Royal Hospital for Children Members

Reflections on 2020/21

This year has presented a challenge for the service due to the backlogs the reduction in elective capacity and beds has created. However, the consultant body, as always, are working tirelessly to try and improve this position by utilising the majority of elective sessions available to them, carrying out additional outpatient clinics and offering extra theatre capacity. The team have also welcomed an incredibly experienced honorary spinal consultant from Nottingham who is supporting the team. The service has also been successful in procuring two items of theatre kit that had been on the “wish list” for a while, both of which will support theatre workload going forward

Feedback on the Network

As the specialist paediatric complex spine centre for the south-west, our working partnerships with our regional centres remains a real positive point within the network and long may this continue. We have also been given the opportunity to work with the network to support building the spinal surgery south west network website and our contribution toward this has been very fun and humbling, in terms of creating patient experience videos, patient stories and publishing our internal information resources. We are very excited to see the evolution of the wider areas of the network, such as the great work planned to expand the networking across AHP and nursing groups in the south-west.

Somerset NHS Foundation Trust (Musgrove Park) Members

Feedback on the Network

It has been very useful over the pandemic to be able to touch base with spinal surgical colleagues across the Region to understand that the problems introduced by the Covid-19 restriction to services are regional and indeed national, not just local. It has been very helpful to touch base on recovery solutions.

We have done some good Regional work on trying to rationalise referrals for Cauda Equina Syndrome, that has helped support us in implementing our local programme.

Additionally, our BSR/Network Liaison administrator is really finding her feet now, which has been so helpful in providing the data the Network requires for regional audit, M&M and waiting list comparison.

It has also been very helpful to discuss some very challenging cases – not always to come up with a solution, but to have reassurance from your colleagues and peers that we all have cases which are difficult to solve!

I look forward to continuing work with the Network on information videos and pathways to standardise best care across the Region

Network Member Feedback 2020/21

Gloucestershire Hospitals NHS Foundation Trust Members

Reflections on 2020/21

2020/21 has been a challenging year to everyone at the Trust as you can imagine. For the stopping of elective work for some time during the peak of the pandemic, this has been difficult for staff and primarily patients. The Trust had managed to outsource elective operating to the independent sector hospitals to help with capacity issues and this was beneficial.

The pandemic allowed us to develop different ways of working and we found that in many cases telephone consultations are quite satisfactory. Departmental meetings and regional meeting works well with Teams and Zoom. We feel many changes are here to stay. We also found that many patients, due to the natural history of symptoms, had improved in time.

Feedback on the Network

Regarding the Network, this is an excellent Network to standardise the excellent level of care given to the people of the South West. The hub and spoke model for the Network is working well and is mutually beneficial to both hub and spoke parties and to patients. We are encouraged to say that issues can be brought up at the Regional Spine Network meetings and overall there has been good networking and team working over the past few years.

Sirona Health & Care (BNSSG) Members

Reflections on 2020/21

Sirona's perspectives on Spine services over 2020/21, as is the case for everyone, is it has been very challenging year on many levels. In addition to the impact of COVID, we have had to accommodate a merger of our services into one organisation and all the change to delivery this entails.

Additionally, we had to quickly adapt to the utilisation of remote consultations, and for a defined period, a suspension of service which invariably brought challenge and concern. However, the continued links in to the NBT Neuro and Ortho MDT's have been invaluable to support the management of patients during this time.

Feedback on the Network

With regard to being part of the ODN, again this has been entirely beneficial, the most notable advantage has been being part of the CES working group. The ability to manage this group of patients is always a challenge and we feel reassured our concerns are being acknowledged and measures are being taken to try and ensure safe management of these patients. The discussions on management across the region is a huge learning opportunity to us in Sirona and we look forward to continued involvement.

Network Member Feedback 2020/21

Orthopaedic Assessment Service in Somerset (OASIS) Members

Reflections on 2020/21

Clearly this has been a challenging year. We managed to very quickly move our activity to virtual appointments from March 2020, using telephone consultations and subsequently also video appointments using the Attend Anywhere platform. Clinicians worked either from home or in larger departments where social distancing was possible. All these changes were made in discussion with the secondary care spinal surgical service at Musgrove; we are all part of Somerset Foundation Trust.

Routine investigations and invasive interventions were initially delayed or completely stopped, but we were always able to get urgent spinal surgical opinions if needed. OASIS has been accepting referrals from Primary Care throughout this period, although the volume of referrals in initial stages was obviously very much reduced. By March 2021 referrals had increased again but not to normal pre-Covid levels. (Jan-March 2021 New Patient spinal consultations in OASIS was 67% of Jan-March 2019 level)

Feedback on the Network

OASIS reflections on being a member of the ODN in 2020/21 and what opportunities/benefits that brought:-

- Increased networking opportunities, including opportunities to provide perspective from Triage/Interface Services point of view.
- Sharing of resources, including patient information leaflets and videos
- CPD and education opportunities; discussion of complex patients.
- Image sharing across the region being worked on
- Pathway and guideline work

BMI Ridgeway Members

Reflections on 2020/21

The COVID-19 Pandemic dominated all aspects of our year, with the hospital handed over to the NHS to support the Pandemic response which resulted in limited spinal service utilisation. We were pleased to recommence elective surgery in July 2020, which was done safely and with no increase in normal rates of complications.

Feedback on the Network

The main benefit of the Network is being part of a wider community of surgeons that can regularly interact, collaborate and share learning. As a private provider it allows greater collaboration and cooperation with NHS services, giving a wider perspective of spinal services within the region in turn allowing the identification of support opportunities and facilitating alignment around spinal service outcomes/quality measures (e.g. GIRFT).

Our Focus 2021/22

The Networks focus for 2021/22 will be to continue to deliver on its 2 year work plan (2020-22) alongside continuing to reflect and explore the impact of COVID 19 on spinal services within the region.

Key priorities in 2021/22 will be to:-

1. To conclude the development of the regional CES guidelines and support the implementation across the region (including links with MRI availability)
2. To complete the development of the Network website with a launch date in Oct/Nov 2021
3. Commence the Lower Back and Radicular Pain Pathway regional review and gap analysis supporting the identification of commissioning/service gaps
4. Develop and facilitate regional AHP/Nurse QI groups, supporting the development of specific priorities for these groups to consider and deliver
5. Explore education requirements within the region and develop initial plans to meet these needs (including possible funding sources).
6. Continue with the Regional data collection (BSR & waiting lists), M&M and MDT to support high quality care provision in the region and sharing of learning and best practice
7. Continually review the implications of COVID-19 and support regional planning around restoration and recovery within the short, medium and long term
8. Review the National Complex Spines Specification and develop plans for Network spinal units self-assessment/peer review to commence in 2022/23
9. Continue Network engagement facilitating wider representation e.g. Patients, Primary Care and Pain services and engage on the Networks work plan for 2022/23