

Appendix A - Background Information

Service Overview

Key to the organisation of safe and effective spinal services is an understanding of the type of patients presenting with spinal complaints and the services they require. Broadly patients requiring spinal services fall into the following areas:

- **Non-specific back pain** (provided by NOC).
- **Elective spinal surgery** e.g. discectomy decompression (provided by NOC and NTSS Division)
- **Potentially serious spinal pathology** - cauda equina syndrome, cancer of the spine, fragility fractures and infection. This cohort requires urgent surgery and can therefore not be considered as elective (provided by NOC and NTSS Division)
- **Spinal deformity - Paediatrics** - currently numbers are increasing and there is a lengthy waiting list for surgery. Patients with scoliosis (spinal lateral curvature and rotation) and kyphosis (forward curvature) who require co-ordinated diagnostic and therapeutic support services (provided by NOC & JR spinal service, many require ITU support and can only be done on the JR site). Some children are wheelchair dependent and require extended high dependency support during hospital stay. (NOC and C & W Divisions)
- **Spinal deformity - Adults** - Patients with scoliosis (spinal lateral curvature and rotation) and kyphosis (forward curvature) who require co-ordinated diagnostic and therapeutic support services (provided by NOC and NTSS Divisions, with CCTA provided critical care beds also). This is largely delivered on the NOC site at present.
- **Spinal trauma** - patients presenting as emergencies require emergency services that are able to promptly assess and investigate their condition, backed by appropriate inpatient provision. This includes care for patients suffering life threatening and major complex injuries including those sustaining trauma to the spine. Spinal fractures are present in about 5% of admissions to the JR trauma unit (provided by NOC and NTSS Division)
- **Neurosurgery** - in relation to intracranial, cranio-cervical spinal disorders and intradural and intramedullary tumours

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The previous section highlights the complex interactions that exist in delivering the service; made more complex as currently delivery is across multiple wards, three sets of theatres, two sites and by two divisions. Therefore there is merit in developing a discreet business unit in order to meet Trust's objectives relating to quality, safety, activity and financial management. This will in particular facilitate a shared approach to patient safety and governance, for example around the use of equipment in relation to microsurgical approaches.

A further opportunity will be in relation to both orthopaedic and neurosurgical trainees receiving training in aspects of spine surgery that would otherwise be limited to one or other specialty.

Strategic Developments

The following developments and initiatives have had or will have a direct impact on Spinal Services :

Major Trauma Centre Designation

The designation of OUH as a major trauma centre will increase all trauma admissions including spines, the OUH approved business case allocates additional trauma operating, and from 2/4/12, there will be double running lists each week day and one list each weekend day. This includes moving the Spinal Trauma list to Thursdays, but this does not increase spinal operating time specifically.

National Spinal Taskforce

The Department of Health (DH) recently commissioned the Spinal Taskforce to assist the NHS in developing and delivering effective spinal services creating a set of productive services that deliver quality, timely and clinically appropriate care that meets patients' needs and expectations. This was in recognition of the fact that many providers are struggling to deliver 18 week pathways for patients requiring surgery. "Organising Quality and Effective Spinal Services for Patients" identified the following work streams for the clinical network to consider:

- Identify and designate a lead centre or centres for the provision of specialist spinal surgery to the local population;
- Agree which services should only be provided by the specialist centres;
- Ensure that all organisations providing spinal surgery have links with the lead centre;
- Ensure there is effective triage to make sure patients are dealt with appropriately.

This group is now represented on Specialised Services Clinical Reference Group: Specialised/Complex Spinal Services which is responsible for National Commissioning.

Spinal Tumours

Primary tumours of the spine are rare. Two years ago the Bone Tumour Service in Bristol was closed by DH and the work moved to Oxford. The development of the Oxford Sarcoma Service has attracted more primary spine tumours (particularly Chordomas). A new referral stream from Northern Ireland will bring more cases. Surgical techniques have developed to perform en-bloc resections. These require MDT approach with complex surgery involving several specialities.

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NICE Guidance on Spinal metastases

Secondary tumours of the spine (metastases) are common. When spinal cord damage is due to soft tumour rather than bony compression, radiotherapy and surgery have both been shown to be effective. The good outcomes from surgery have only recently been established by high quality trials.

NICE (2008), produced guidance on the diagnosis and treatment of patients at risk of or with Metastatic Spinal Cord Compression. Extending the survival of previous poor prognosis cases has altered decision-making. Oncologists are now referring more cases than previously for consideration of spinal surgery.

The change in clinical practice has led to a rapid increase in referrals for patients requiring surgery from 1-2 per month to 2 per week. As such these have taken clinical priority over routine elective cases (including scoliosis patients); this has meant that both the adult and paediatric waiting list for such surgery include patients waiting longer than 18 weeks.

DGH Cessation of Spinal Activity

Over the past few years District General Hospitals have relinquished much of their spinal work that has then been absorbed by the Oxford Spinal teams. The neurosurgical unit has increased the amount of spinal instrumentation that it undertakes and is expanding the treatment of chronic back pain with spinal cord stimulation.

OUH Merger

The recent merger of NOC and ORH to become one organisation as OUH has presented an opportunity to review and implement a sustainable future pathway for spinal patients.