

SCHEDULE 2 – THE SERVICES

A. Service Specifications (Full Length Contract)

Service Specification No.	11J/0220
Service	<i>Dorset Spinal Surgery Service (elective and non-elective services)</i>
Commissioner Lead	<i>Planned and Specialist Commissioning Programme</i>
Provider Lead	
Period	1 November 2017 to 31 October 2022
Date of Review	1 November 2018

1. Population Needs

1.1 National/local context and evidence base

There are over 200 musculoskeletal conditions affecting millions of people including all forms of arthritis, back pain and osteoporosis. The World Health Organisation (WHO) and Bone and Joint Health Strategies Projects 2005 cited by Department of Health DH identified that:

- Up to 30% of all GP consultation are about musculoskeletal complaints;
- Musculoskeletal problems are cited by 60% of people on long term sickness.

The National Institute for Health and Clinical Excellence produced NICE clinical guideline 88 for low back pain states:

- Low back pain affects around one-third of the UK adult population each year;
- Around 20% of people with low back pain (1 in 15) will consult their GP about it;
- Trauma caused by road traffic accidents (RTA's) will be the third highest ranked cause of disability by 2020.
- Back pain is a common condition and in the UK, it is the largest cause of work-related absence. Back pain can be very uncomfortable, but it is not usually serious.
- Back pain can affect anyone, regardless of age, but it is more common in people who are between 35 and 55 years of age.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

The service will have the following expected outcomes:

- Positive clinical outcomes as reported by patients;

- work closely with and meet the clinical requirements of GP Clinical Commissioning Groups
- high levels of patient, carer and referrer satisfaction;
- reduced level of epidural injections and full compliance with the Interventional procedures in the Management of Spinal Pain policy;
- compliance with CQUIN;
- compliance with Local Quality Indicators;
- active promotion and participation with nationally and locally defined patient surveys;
- seamless interface across all aspects of the local back pain care pathways and with tertiary centres;
- smooth transition to and from providers in Dorset for non-elective care;
- good liaison between the pan Dorset spinal service in the transition to and from tertiary centres and other centres outside of County;
- identification and notification to Commissioners of any concerns regarding the interrelationship between Dorset services and tertiary spinal services especially those that affect quality of patient care;
- effective communication between providers in Dorset and tertiary centres;
- effective communication with all key stakeholders listed in 3.5;
- delivery of the NHS Constitution for waiting times;
- new to follow up ratios maintained within commissioned levels;
- conversion rate from outpatient to surgery maintained within commissioned levels;
- revision surgery maintained within commissioned levels;
- compliance with guidelines developed with the Dorset Technologies Forum;
- adequate provision of patient and carer education;
- development and implementation of an annual clinical audit, based on local and national priorities;
- interventions limited to those with evidence of cost effectiveness or authorised as part of a research programme;
- support the delivery of infection rate targets;
- Exchange of digital patient information including all referral documentation and imaging;
- Compliance with British Spine Registry.

3. Scope

3.1 Aims and objectives of service

Elective Services

The aim of the elective Spinal Service is to provide:

- surgical assessment and intervention for adults as part of the established spinal pain pathway as defined by this document;
- sustainable, evidenced based, high quality, value for money service for NHS patients;
- flexible services taking account of patient individual needs, co-morbidities

and travel distances;

- deliver affordable and agreed innovative service models;
- suggest innovative practice;
- educational support and guidance on best practice.

Non-Elective Services

The aim of the non-elective Spinal Service is to provide:

- assessment and advice on treatment plans for non-elective patients admitted to Providers in Dorset;
- liaison with specialist tertiary centres as appropriate;
- undertake surgical interventions as appropriate;
- provide a sustainable, evidenced based, high quality, value for money service for NHS patients;
- deliver affordable and agreed innovative service models;
- suggest innovative practice;
- educational support and guidance on best practice.

This specification covers the provision of services provided by The Provider and the repatriation of spinal surgery currently undertaken at other providers e.g. lower thoracic fractures, degenerative lumbar deformity, non-complex lumbar spine problems and non-complex cervical spine work, elective and non-elective.

The key objectives of the service would be to:

- ensure the provision of a responsive, safe and effective spinal surgical service;
- ensure smooth transition from the current provider of service;
- ensure that all referrals are appropriately managed and are in line with the care pathways and clinical thresholds;
- offer evidence based interventions;
- deliver high quality patient outcomes including a robust audit programme;
- ensure rapid access to surgical advice and guidance and transfer if appropriate, for inpatients at Poole Hospital and Dorset County Hospital;
- support emergency Hospital ward rounds providing advice and guidance for inpatient cases;
- provide out-patient follow-up for non-elective patients admitted to Dorset Providers that may or not have had a surgical intervention within the service or with UHS;
- provide 24-hour provision to respond to post-surgical complications including access to a Consultant spinal surgeon and critical care services where appropriate;
- promote and develop effective relationships with the services listed in **3.5**
- maintain and develop effective links and liaison with tertiary centres for patient who require specialist advice and intervention;
- ensure comprehensive assessment processes to ensure people with greater social care needs are identified and that liaison with community services is

commenced prior to admission;

- ensure due consideration is given to individual patient travel times when scheduling their care;
- ensure discharge planning which embraces the physical, psychological and social aspects of care with effective links to intermediate community social services if required;
- achieve all local and national waiting time targets and other key national and local key quality and performance targets;
- offer innovative models of service delivery;
- deliver high quality care and patient experience;
- audit outcomes following spinal surgery

3.2 Service description/care pathway

The Dorset spinal service is part of a continuum of care built upon a robust multidisciplinary approach to support people with spinal problems. Physiotherapy, rheumatology, the Dorset Musculoskeletal Service and back pain services work in a united way to support alternatives to surgery for the majority of people with spinal problems. Effective triage of patients leads to the identification of patients who would benefit from a spinal surgical opinion and potential surgical intervention. The Pan Dorset spinal surgery service is an integral part of the whole pathway for spinal services and is required to liaise with the interface services utilising Multi-disciplinary Team (MDT) meetings and effective communication to ensure best care for patients with refractory spinal problems.

The service provides both elective and non-elective inpatient, day case and outpatient care for people requiring spinal surgery.

Patients in Dorset may attend Emergency Departments in either the West or the East of the county with symptoms that include spinal conditions or injury. The Provider will provide advice and guidance, see Appendix E to Dorset Emergency Departments and specialty and agree, if appropriate transfer of (non-blue light) non-elective cases or to other spinal centres for surgery if appropriate. The Provider will put in place appropriate protocols to ensure advice and guidance is obtained appropriately in a timely manner from either the Provider or Southampton University Hospitals NHS Foundation Trust.

The provider will offer advice and guidance within 48 hours of request by the emergency hospitals in Dorset. In addition there are twice weekly ward rounds in Poole Hospital and once weekly in Dorset County Hospital. Advice and guidance for patients that cannot wait for 48 hours is through Tertiary centres as they are often multiple trauma cases. The local Major Trauma Centre is University Hospital Southampton NHS Foundation Trust (UHS).

For each referral, the patient will be fully informed of the investigation and treatment options available to them. The patient will be asked to give written consent when elective procedures are to be undertaken. All services will be

provided in compliance with the Consent and Examination Policy, as outlined in DH Consent Guidance.

Patients must at all times be respected and treated in a kind, considerate and empathetic way by staff who should at all times demonstrate a professional and patient friendly attitude.

The availability of care and quality of service afforded to individuals must be based on an individual's clinical need and be equally available to all.

The provider will ensure:

- access to outpatient, day case, elective and non-elective capacity;
- a commitment to developing innovative pathways with the agreement of commissioners;
- provision of high quality, timely and safe assessment, treatment options, assessing the need for surgery and providing informed choice, including counselling on the risks and benefits of surgery;
- the capability, capacity and experience to carry out kyphoplasty as per the pathway **See Appendix C**
- appropriate pre-operative MRSA screening arrangements;
- personalised care planning to agree goals and outcomes with each patient;
- patient and clinician has a shared understanding of anticipated outcomes of surgical intervention;
- that those patients who are classified as ASA3 and above are treated
- ongoing delivery of local and national waiting times;
- effective management of follow ups;
- consistent high standards of service;
- positive and robust approach to partnership and multi-disciplinary team working, including promotion of professional development and training;
- positive, innovative and robust approach to the use of Information Management Technologies and other technologies as well as good information governance and reporting;
- value for money and robust arrangements to ensure a sustainable service;
- patient centred care and high levels of patient satisfaction.

Appropriate management support will be available which will ensure:

- effective management of the service;
- efficient management of resources;
- implementation of organisational policies and procedures;
- appropriate provision of resources to support service delivery including administration support, building and IT equipment;
- appropriate clinical and corporate governance and risk management structures and processes.

There will be:

- twice weekly ward rounds at Poole Hospital and once a week in Dorset County Hospital
- remote access to advice and guidance within 48 hours through a formalised referral process for in-county providers. (see Appendix B) This will require the ability to access diagnostic imaging and reports remotely;
- follow up in an out-patient setting for non-elective patients will need to be coordinated with the elective care provider;
- outpatient clinics held in appropriate venues to support care close to home, diagnostic imaging access and acceptance of referrals from the non -elective providers where follow-up or continuing management of the patient is required;
- monthly multidisciplinary team meeting including rheumatology, Southampton neurosurgeons and Dorset Musculoskeletal pain service providers across Dorset;
- monthly joint clinic with rheumatology and spinal surgeon at Royal Bournemouth and Christchurch Foundation Trust (RBCH) (this activity is classified as rheumatology and recorded to RBCH);
- Referrals received for patients aged under 18 years should be redirected without undue delay to UHS and the referrer informed of this action;
- Referrals received for patients with risk of malignancy should be redirected through the cancer fast track route to UHS and the referrer informed.

Spinal intervention should be consistent with the 'Interventional Procedures in the Management of Spinal Pain policy'.

The elective Spinal Service model will include:

- acceptance of referrals from the Pan Dorset MSK Triage Service as outlined in Spinal Pathways **Appendix A**
- re-direction of referrals to other more appropriate elements of the back pain pathways eg. Pain and/or Rheumatology;
- attendance by the patient at an outpatient appointment, providing timely access to diagnostics, imaging <6 weeks and pre-operative assessment supporting one stop services;
- explanation of treatment options; surgery, physiotherapy, other conservative treatment such as injection in line with Dorset policy, referral on for aids/appliances, referral back to GP, pain management regimes;
- multi-disciplinary team meetings and review of treatment options for complex patients;
- surgery as appropriate;
- appropriate access to critical care services as required;
- post-operative re-admission when complications occur;
- access to physiotherapy services;

- discharge and follow up tailored for individual patients;
- post operative after care including rehabilitation and outpatient follow up appointments where clinically necessary;
- post operative telephone advice;
- access to orthotic expertise as required;
- administrative and management expertise.

The non-elective spinal service model will include:

- Timely advice and guidance into Dorset Hospitals where patients with spinal problems are admitted (within a maximum of 48 hours) ;
- Ward rounds in Poole Hospital twice a week and Dorset County Hospital once a week;
- surgery as appropriate;
- appropriate access to critical care services as required, including in an emergency situation;
- access to urgent CT, MRI and other relevant diagnostics;
- contribute to developing a robust interface with UHS;
- bed/transfer coordination;
- discharge and follow up tailored for individual patients with a personalised care plan;
- post-operative telephone advice;
- post-operative after care including rehabilitation and outpatient follow up appointment where necessary for patient treated within the provider and treated at UHS surgically, and treated by in-County providers non-surgically;
- post-operative re-admission when complications occur;
- access to physiotherapy services;
- access to orthotic expertise within 8 weeks
- administrative and management expertise

The provider will adopt new technologies as appropriate.

Diagnostics

The Provider will specify the arrangements that it will put in place to provide diagnostic investigations for this service. It is expected that the Provider will use any relevant previous diagnostic results as part of the agreed pathway of care. All diagnostics will be requested appropriately and according to relevant guidelines to inform the decision to treat. Agreed protocols and procedures relating to the provision of the imaging services will be based on current Royal College of Radiologist guidelines.

The service will seek to minimise multiple attendances for diagnostic investigations separate from the out-patient appointment. Where diagnostic investigations are separate from the out-patient appointment, regard must be given to where these take place to ensure value for money for the NHS whilst giving due regard to travel distances for patients. The Provider and referrer will share images.

Workforce

- Professional accountability must be formulated within an agreed governance structure
- All staff will be required to attend relevant mandatory training
- All staff will be required to satisfy appropriate The Disclosure and Barring Service repeated every 3 years

The Provider will work with patients in ways that foster partnerships and include:

- Taking into account social needs and travel implications;
- Promote and report PROMS;
- working with local Patient Advice and Liaison Service (PALS);
- undertaking patient surveys; eg Friends and Family
- compliance with local complaints process and annual review.
- Ensuring patients are provided with appropriate information to make an informed decision

Accessibility/Acceptability

The Provider will provide information about any reimbursements made to patients, in line with the Hospital Travel Cost Scheme, and recharge the CCG accordingly.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097374

Care Pathways

The provider will be expected to adhere to NHS Dorset elective and non-elective Referral Pathways **Appendix A, B, and C** and work with Commissioners and other key stakeholders to ensure the service remains innovative and represents value for money.

For a very small number of people there may be a requirement for longer term inpatient rehabilitation post-surgery (particularly non-elective). Pathways to in-County providers close to the patient home will need to be in place. It is anticipated that most rehabilitation will happen in the community and the service will need to develop relationships with community rehabilitation teams to support care at home and timely discharge.

The Provider will develop clinical care pathways for elective and non-elective patients following referral into the service which will include:

- outpatient appointments;
- appropriate conservative treatment;
- appointments for diagnostic procedures;
- telephone based services and enabling technologies;
- pre-assessment, day case or inpatient stay;
- follow-up care including rehabilitation after discharge.

These pathways will be reviewed regularly with stakeholders.

The Provider will ensure that any patient who undergoes investigation / procedure/ diagnostics and is found to have a suspected cancer will be referred to the appropriate site specific MDT via the established clinical pathways. The Provider will ensure the correct relevant cancer site specific forms are used for the various Trusts in line with individual Trust requirements.

Patients and carers will receive verbal and written information in a timely manner and in a format which is understood including:

- information about their condition and advice about all management options including non-surgical and surgical (if appropriate).
- information regarding surgical procedures to be undertaken including risks and complications;
- personalised care planning to agree goals with patients
- preparation before surgery and likely course of recovery;
- hospital information including location and travel, visiting times and family, carer accommodation;
- discharge information, including aftercare and returning to 'Activities of Daily Living';
- specific points of contact for advice and support before and after surgery.

The Provider will work with patients and carers in ways that support self-management including:

- online;
- verbal and written information in the self-management of their condition;
- recommendation to the Live Well Dorset My Health My Way.

Referral route

Elective referrals will be in accordance with NHS Dorset Spinal pathway **Appendix A**. Referrals from the private sector must comply with the Dorset Cluster Access Policy and guidance.

Non-elective referrals will be identified by in-County providers and a formal process of referral for 48 hour advice and guidance will be put in place. There will be ward rounds in Poole and Dorset County Hospital twice a week through which referrals will be assessed.

The provider will ensure a single point of contact for referrals including designated phone, email and fax number.

The Provider will maintain inpatient services 7 days a week, 24 hours a day over a 52 week year. Outpatient, diagnostic and elective surgery will be provided appropriate to the needs of the service

Response time & detail and prioritisation

The provider will adhere to local, regional and national targets for Referral to Treatment (RTT)

Admission for surgery will be according to clinical priority and the NHS Constitution target for waiting times.

Patients will be given reasonable notice of admission date in order to achieve waiting time targets and in line with commissioner access policies.

Following cancellation, the patient will be re-booked within 28 days in line with National policy and ensuring that waiting time target breaches do not occur.

Patients who do not attend (DNA) the service may be offered a single further opportunity to attend the clinic. The referral will be returned to the referrer, if the patient DNA's a second time. The provider will not be paid for DNA's.

The Provider shall comply with the Framework for Scheduled Care.

Discharge Criteria and Planning

Providers will comply with the March 2010 DOH guidance Ready to Go? This will include GP notification within 24 hours of discharge.

Patients will be discharged to the community if deemed safe and clinically appropriate for the patient and there is adequate support from family/carer. The Provider will liaise directly with Primary/Intermediate Care and/or Social Services if required.

The patient and carer will be provided with written and verbal guidance on immediate aftercare. Symptoms indicating deviations from the normal course of recovery must be explained and the patient and carer will be advised of how and when to seek medical help.

The patient/carer will be provided with a 24 hour emergency contact number for immediate advice and support.

Patients do have the right to choose to cease all or some of their treatment. In such instances, the service will ensure that the patient fully understands the consequences of such a decision and has the capacity to do so and that this is recorded. Any such decision will be communicated to the patient's GP and the referrer by the next working day.

The Provider will provide transport for patients who meet patient transport eligibility criteria.

<http://www.dorsetccg.nhs.uk/services/dorset-patient-transport-service.htm>

3.3 Population Covered

The service shall cover those who are registered with a GP in the geographical area of Dorset and are therefore within the commissioning responsibility of NHS Dorset CCG.

The population profiles for both NHS Dorset can be found within the appropriate Joint Strategic Needs Assessment documents:

<http://www.publichealthdorset.org.uk/understanding/isna>

3.4 Any acceptance and exclusion criteria

The provider will ensure equitably access into the service which meets the health needs of patients living in all localities within the Dorset catchment area.

Meets fully the Operating Framework requirements for delivering same sex accommodation. DH guidance;

<http://www.dh.gov.uk/en/Healthcare/Samesexaccommodation/Practicalsupport/DH099072>

The Provider must adhere to Commissioner Access Policies, Individual Patient Treatments; covering transfer from private care.

The Dorset spinal service will only accept referrals in accordance with the agreed pathways **Appendix A**.

The Provider must comply with the Disability Discrimination Act 1995.

The service is not available to:

- patients aged under 18 years unless agreed with the commissioner;
- patients with suspected malignancy;
- where significant co-morbidity makes surgery inappropriate

3.5 Interdependence with other services/providers

The provider will ensure close working relationships with all relevant stakeholders to attain optimum outcomes, address the needs of individual patients and maximise the use of service resources. This will include:

- Local General Practitioners and localities
- Consultant Rheumatologists
- Dorset Musculoskeletal Service
- Orthopaedic Consultants
- Pain Consultants
- Neurology Consultants

- Physiotherapists
- Diagnostic Services
- Local Radiologists
- Local Acute Trusts – Royal Bournemouth and Christchurch NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, Poole Hospitals NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Salisbury Hospital NHS Trust
- Local NHS Community Service providers
- Independent and Third Sector Providers
- Commissioning CCG/future GP Clinical Commissioning groups in Dorset
- Local Authority Social Services Departments
- Intermediate Care Services
- Ambulance Services
- Orthotists
- Patient Transport Services
- Service Users
- Pan Dorset Prescribing and Technologies Forum
- Patient Forums
- Royal Devon and Exeter NHS Foundation Trust
- Dorset Community Pain Service
-

In particular the Provider will be dependent on effective working relationships with:

- Acute Hospital Trusts – Royal Bournemouth and Christchurch NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, Poole Hospitals NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Other specialist spinal injuries units
- Local Authorities
- Social Services
- Primary care, General Practitioners, Community Nurses
- Secondary Care Consultants – particularly rheumatology, pain, orthopaedics
- Podiatrists
- Occupational Therapists
- Physiotherapists
- Wheelchair Centres
- Critical Care transfer
- Transport Providers
- Blood Transfusion
- Cancer Care
- Pathology
- Microbiology
- Royal Devon and Exeter NHS Foundation Trust

Relevant Clinical Networks and Screening Programmes

The Provider will ensure that they liaise and adhere to policies with any local Musculoskeletal Networks and other providers of musculoskeletal services as appropriate including:

- Dorset Spinal Task and Finish Group

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The provider is expected to fully meet all national quality standards as set out in the Care Quality Commission's Essential Standards of Quality and Safety. The Commissioner will monitor against Provider Declarations and published Care Quality Commission Annual Reports.

The Care Quality Commission carries out a series of reviews each year including reviews of clinical areas. The Commissioner expects the Provider to participate in all relevant reviews.

The Provider will deliver clinical services in line with relevant Royal College/Professional Body standards and guidelines. The Provider will inform the Commissioner if these standards and guidelines are breached. The Commissioner reserves the right to request the Provider to carry out an audit against a relevant Royal College/Professional Body standard or guideline if a specific issue or concern arises.

The provider will have a robust process for assessing, implementing and monitoring NICE Technology Appraisals, Clinical Guidance, Interventional Procedures (as appropriate) and other national best practice guidance for example: National Confidential Enquires, National Inquires, National Audits. The Provider will agree action plans with the Commissioner prior to implementation (as and if appropriate).

The Commissioner and Provider will agree to a schedule of 'Walk Arounds' to an agreed format, to be completed as a minimum bi-annually focusing on patient quality, safety and patient experience. The commissioner may conduct occasional unannounced visits.

The Provider will be expected to be fully compliant with the 'Health Act 2006' and Department of Health National directives and must be registered with the Care Quality Commission. The provider will share action plans with the commissioners demonstrating how compliance with the 'Health Act 2006' will be maintained across all services

The Provider will have full knowledge of the latest guidance and adopt latest best practice in agreement with the CCG.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

The service shall be provided in accordance with the following policy guidance:

- The Musculoskeletal Services Framework, A Joint Responsibility: doing it differently. (DH 2006)
- Our Health, Our Care, Our Say. (DH 2006)
- Making the best use of a department of clinical radiology – guidelines for doctors. (Royal College of Radiologists 2006)
- Relevant National Service Frameworks Long Term conditions. (DH 2005), Older People. (DH 2001)
- Choice at Referral – Guidance Framework for 2007/08. (DH 2007)
- Tackling Hospital Waiting: The 18 Week Patient Pathway. An Implementation Framework. (DH 2006)
- High Quality care for All (DH 2008)
- Implementing Care Closer to home: Convenient quality care for patients (DH 2007)
- Health Inequalities: Progress and Next Steps (DH 2008)
- The Strategic Framework for Improving Health in the South West 2008/9, 2010/11 NHS South West (2008)
- Care Quality Commission 16 Safety and Quality Registration Requirements
- Health and Social Care Act 2008 and associated Regulations
- The Operating Framework for the NHS in England [2010/11] (or any updated version thereof)
- National Good Practice on Pre-Operative Assessment for In-patient surgery, Modernisation Agency 2002 and 2003
- Criteria, Standards and Evidence, Royal College of Surgeons, Dec 2004
- Guidelines for the provision of anaesthetic services, The Royal College of Anaesthetists 1999
- Improving Orthopaedic Services, A Guide for Clinicians, Managers and Service Commissioners, Modernisation Agency 2002
- Management of Individuals with spinal cord injury in General Hospitals, Good Practice Guide, British Association of Spinal Cord Injury Specialists
- Implementation Manual Surgical Safety Checklist WHO (First Edition) 2008
- Codes of Professional Conduct – General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Healthcare Professionals Council (HPC)
- Guidelines for the provision of Surgeons, The Royal College of Surgeons
- Guidelines for the provision of Radiology services, The Royal College of Radiologists
- Antibiotic Prescribing:

<http://www.dorsetformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=5&SubSectionRef=05&SubSectionID=A100>

- Ready to go? Planning the discharge and the transfer of patients from

hospital and intermediate care Department of Health 2010

- NHS Interim Management & Support: Effective approaches in Urgent and Emergency Care. Paper Three Whole System priorities for the discharge of frail older people from hospital care.
- The Kings Fund Continuity of care of older hospital patients March 2012
- Framework for scheduled Care – Dorset CCG
- National Pathway of Care for Low Back and Radicular Pain 17 December 2014

N.B This list is not exhaustive and the Provider is contractually obligated to review evidence base on a continual basis.

4.3 Applicable local standards

- Early management of persistent non-specific low back pain. (NICE 2009)
- Osteoarthritis: The care and management of osteoarthritis in adults. London: (NICE 2008).
- NICE guidelines TAG 279

N.B This list is not exhaustive and the Provider is contractually obligated to review evidence base on a continual basis.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

Location of service delivery

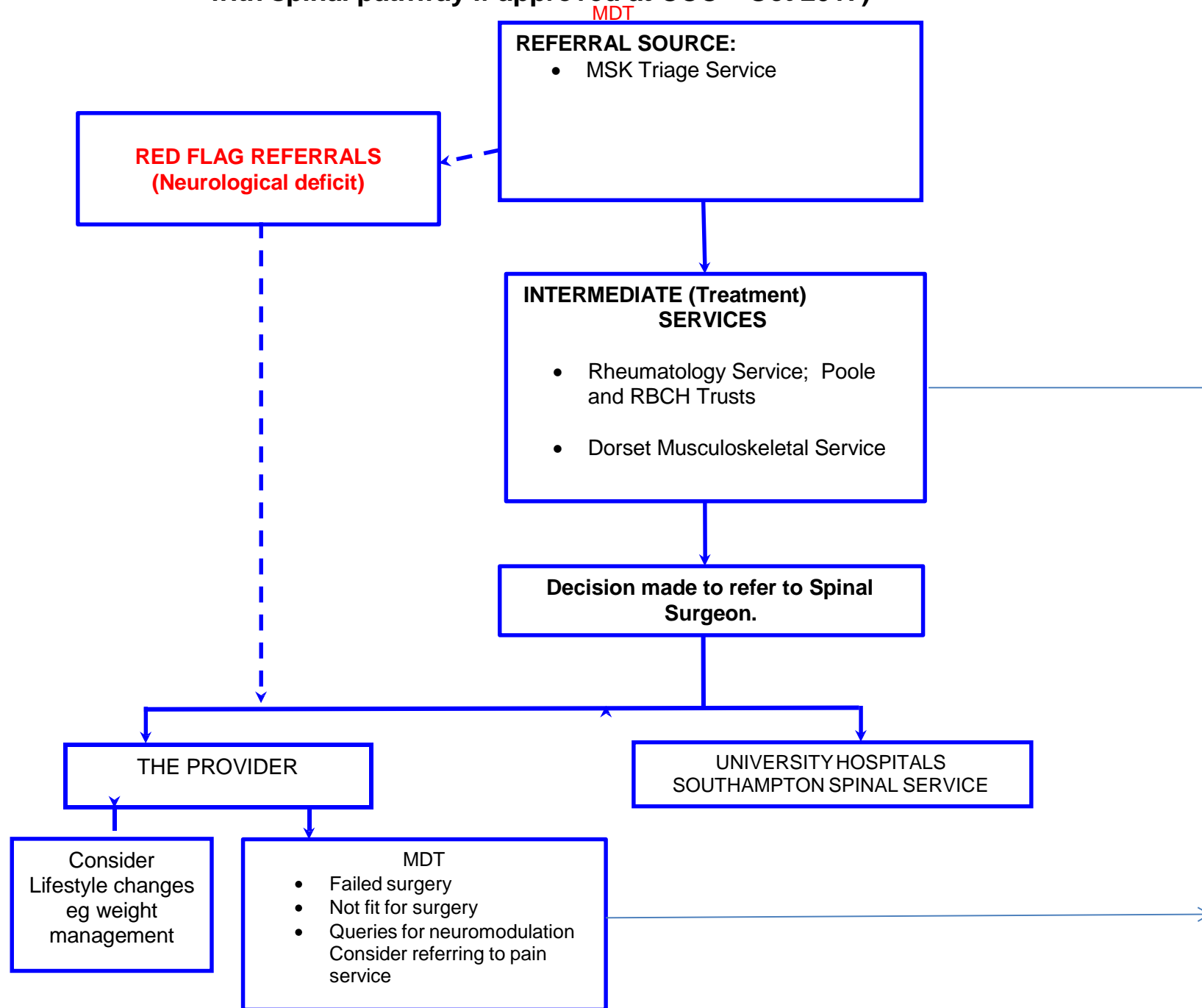
All inpatient surgical services will be located on one site with out-patient services on appropriate sites, ward rounds at Poole Hospital and Dorset County Hospital to review and support the clinical management of non-elective patients and remote access to advice and guidance for all in-County providers for inpatient admissions.

The service will be delivered in outpatient, day-care and inpatient facilities that meet general health and safety requirements.

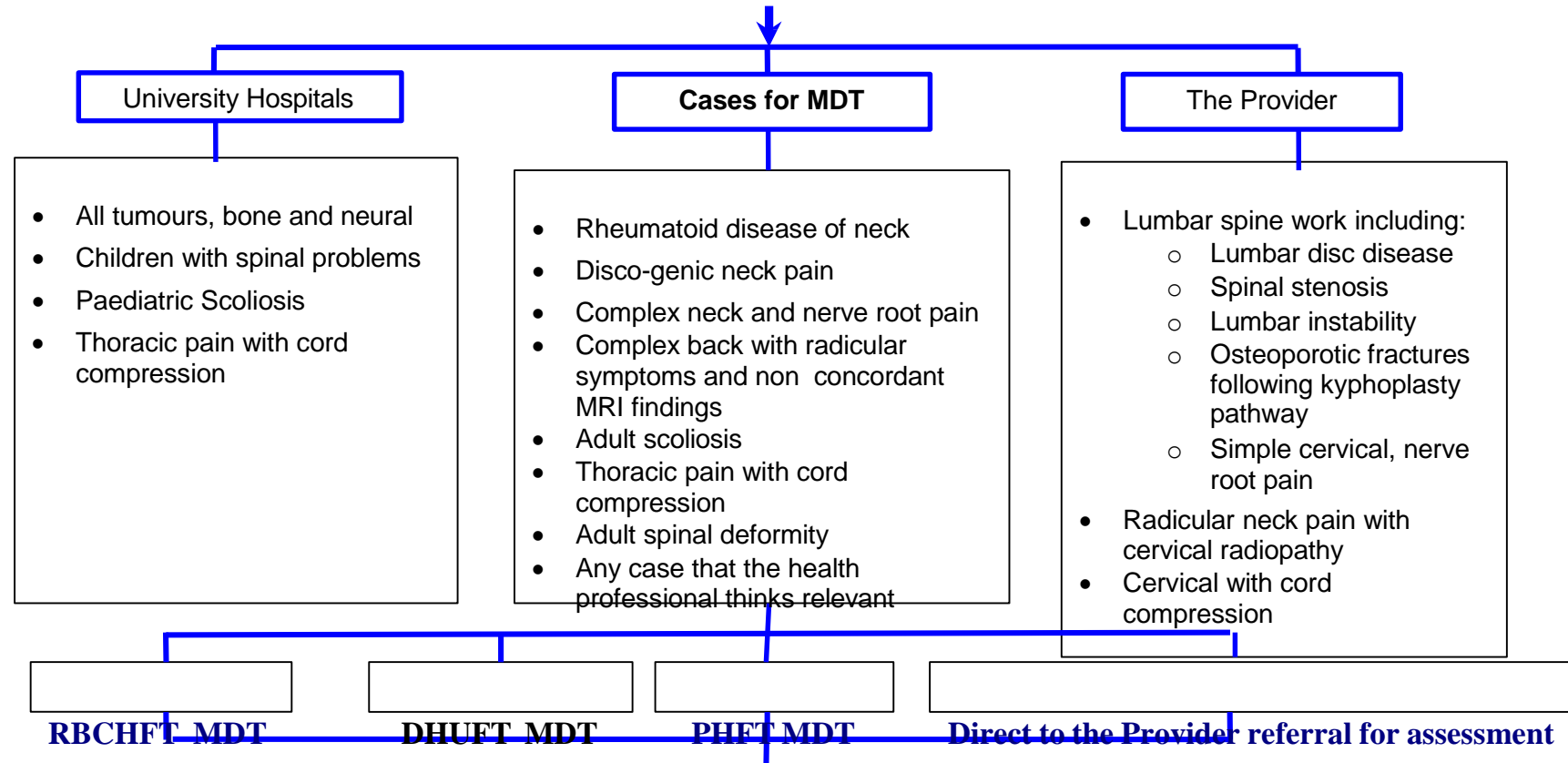
The service will provide a smoke-free environment for patients and staff in accordance with NHS Dorset policy.

7. Individual Service User Placement

REFERRAL PATHWAY TO SPINAL INTERMEDIATE SERVICES (to be updated with spinal pathway if approved at CCC – Oct 2017)



DORSET MSK AND RHEUMATOLOGY REFERRAL ROUTE FOR ELECTIVE SPINAL SURGERY



Onward Referral from MDT can be made to any of the listed providers

If there is any doubt make contact with the Provider as detailed in the Attachment B

Routes of Referral to MDT's

1. RBCHFT: this is the joint clinic with S Mukherjee and A Hilton. Refer to S Mukherjee for inclusion in this MDT.

2. PHFT spinal MDT. For those not attending the meeting, refer to S Richards for inclusion of a case at this MDT.
3. Opinion from The Provider. Refer in normal way from Dorset Musculoskeletal Service or Rheumatology and, if appropriate the Provider will refer on to our other spinal services after assessment.
4. Dorset Healthcare: MDT for pain and Dorset MSK

Red Flag patients can be referred directly.

- Agreed at pan-Dorset Spinal Reference Group on 31 Oct 2016

APPENDIX B

NON ELECTIVE SPINAL PATHWAY – REFERRAL ROUTES

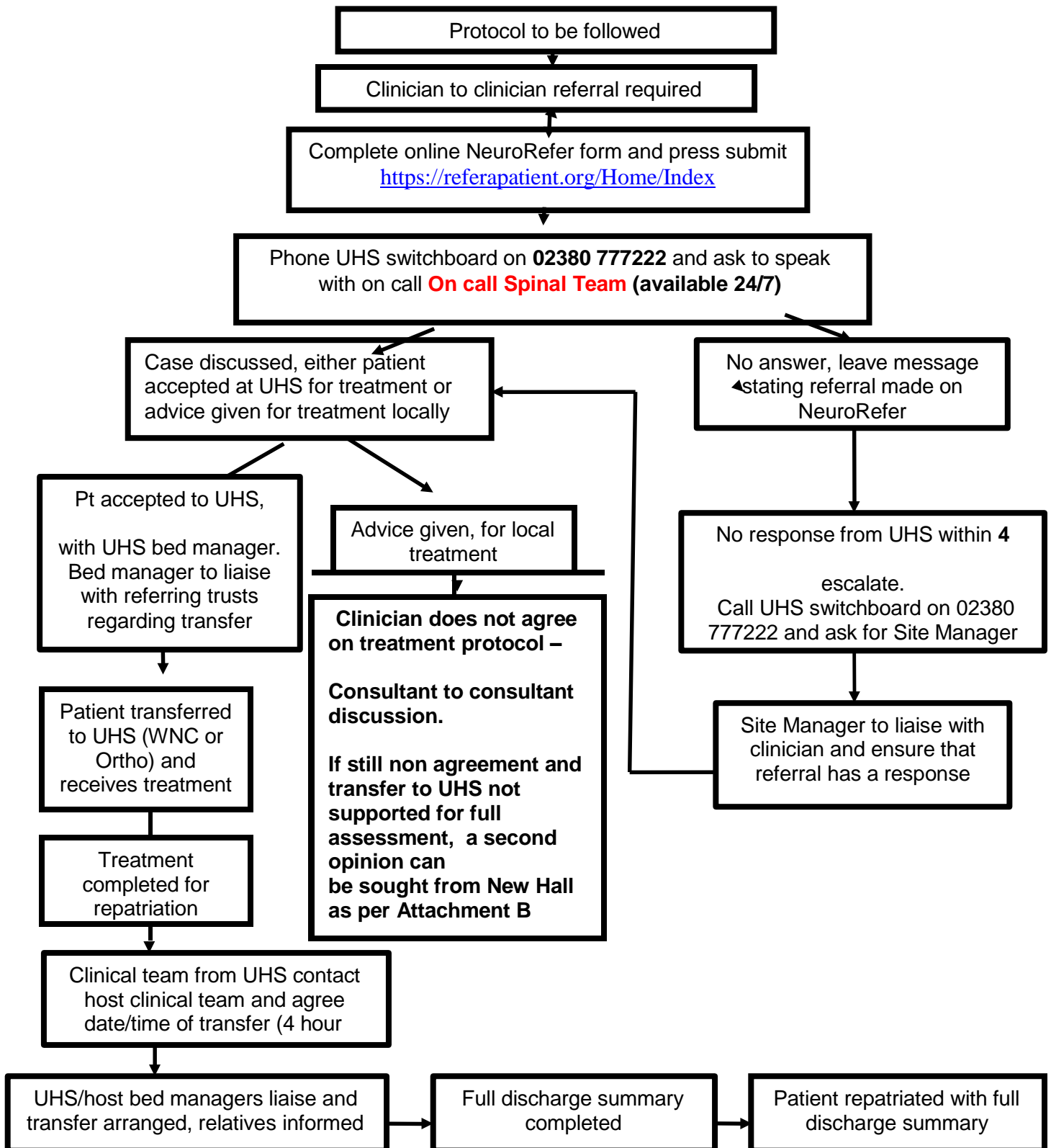
Cases where requirement for urgent discussion with Southampton:

- Cervical and thoracic spinal cord injury (sustained or progressive lumbar paralysis); to also inform Salisbury spinal Injuries Unit;
- Thoracic and cervical traumatic two column spinal injuries
- Unstable fractures of cervical spine
- Acute neck pain with cord compression
- Acute thoracic pain with cord or nerve compression
- Metastatic cord compression;
- Any spinal tumour with cord compression
- Spinal infections with cord compression/neurological injury;
- Polytrauma (ie Head injury requiring discussion with neurological team);
- Facet dislocations of the cervical spine with or without cord injury;
- Children under 18, spinal injuries with or without neurological injury;
- Cauda equina syndrome presenting out of hours when MRI not available and the case cannot wait until morning (development of diagnostics for TIA will extend availability of MRI).
 - The process of referral to Southampton is attached; attachment A.
 - The process to escalate when agreement on transfer is not reached is in the attached flow chart; attachment A.

All other spinal conditions can be assessed by the Provider service in the first instance.

- The service will provide, within 48hours, advice and guidance. The process of referral is attached; Attachment B.

ATTACHMENT A FOR REFERRAL INTO UNIVERSITY HOSPITAL SOUTHAMPTON (UHS) FOR SPECIALIST ADVICE FLOWCHART

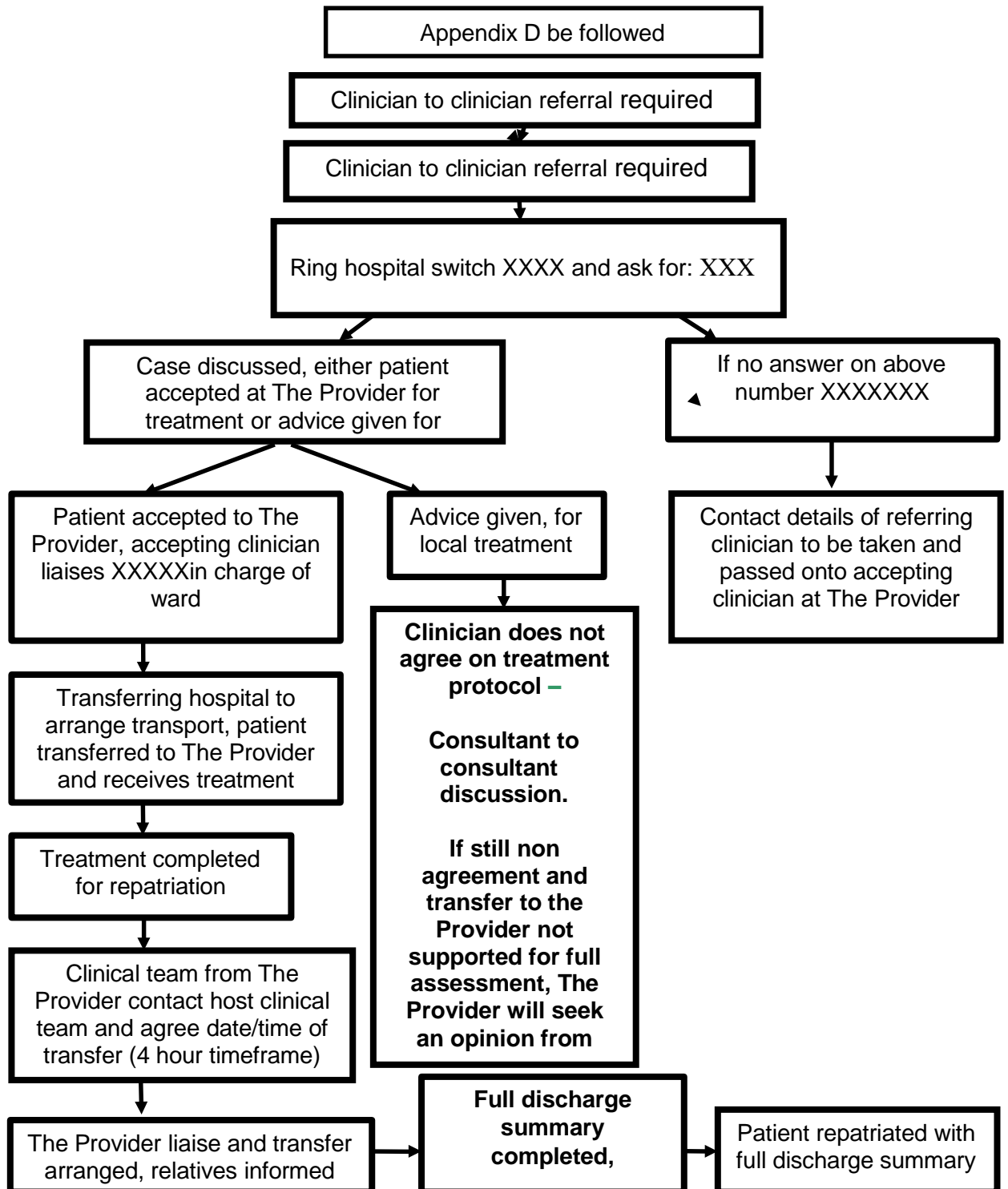


Link for NeuroRefer at UHS -

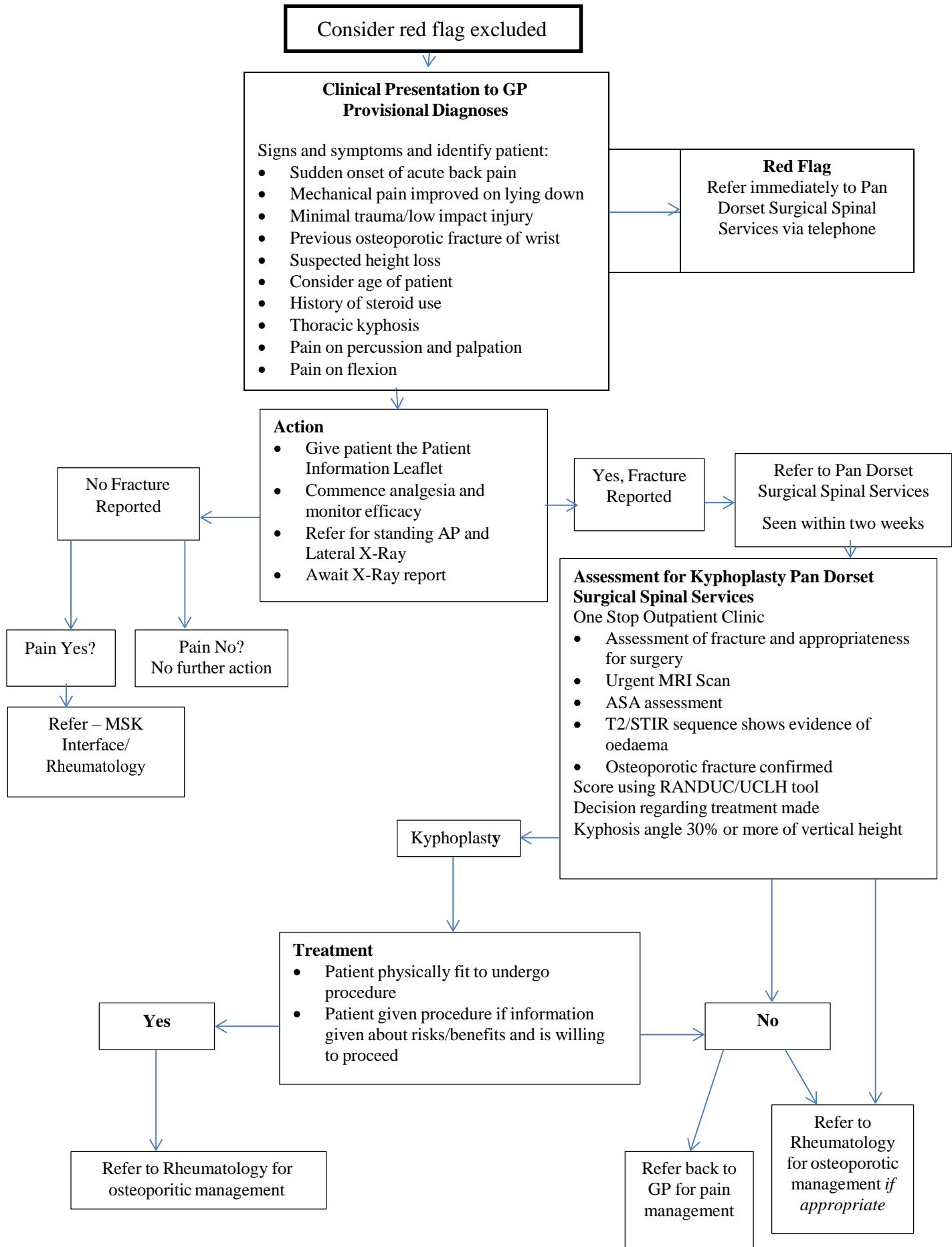
https://secure.bcentralhost.com/medicstravel.co.uk/referral/Neuro/southampton_hospital.htm

ATTACHMENT B

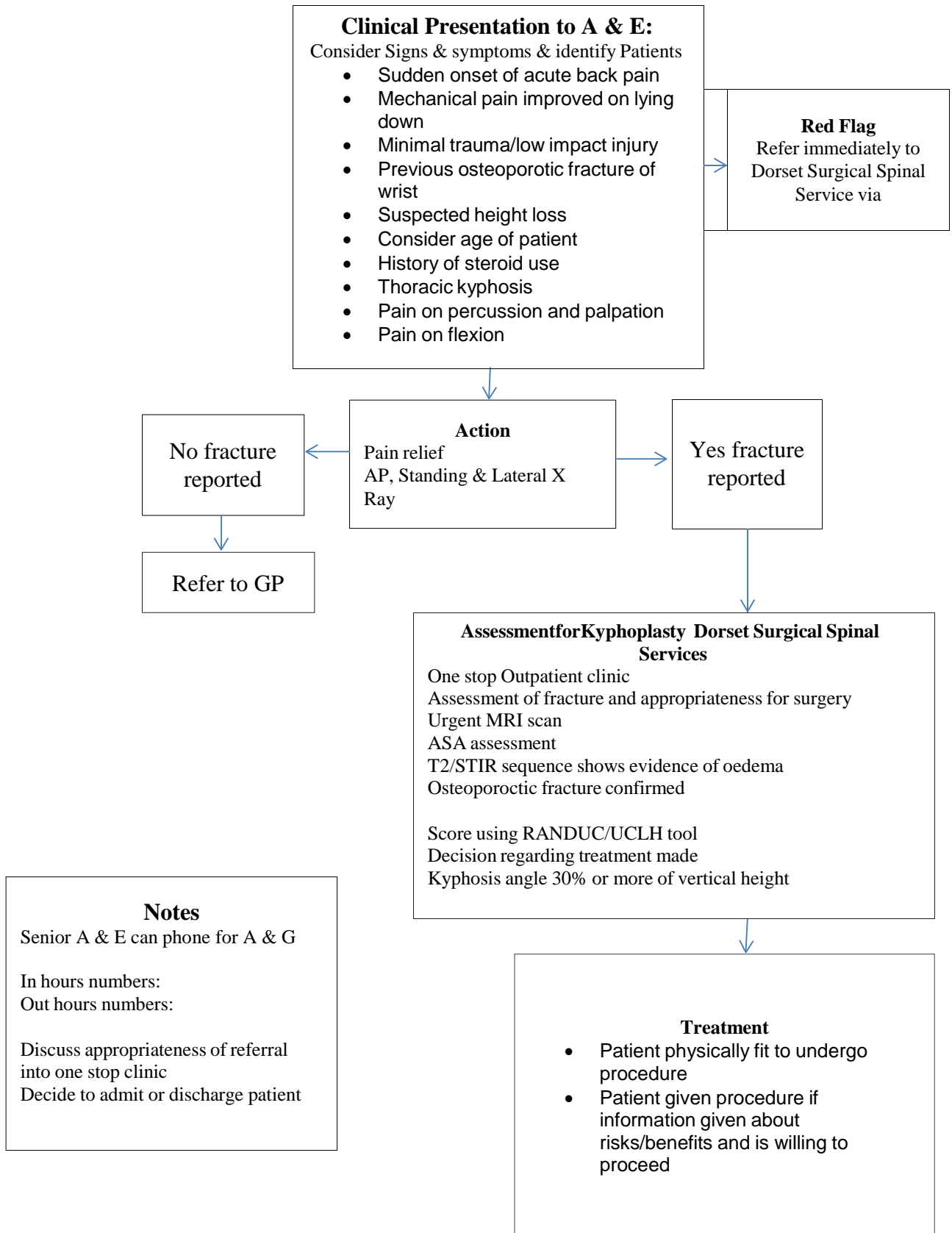
**FLOWCHART FOR REFERRAL INTO THE PROVIDER FOR SPECIALIST
ADVICE FROM SPINAL SURGEONS**



APPENDIX C Draft Referral Pathway: Acute Vertebral Compression Fractures (Osteopathic) Out Patient Service



Referral Pathway: A & E (referral form – DCH/PH/RBCH use)



Appendix D

Gaining Spinal Advice and Guidance from The Provider

Service available Monday – Friday, 09.00 – 17.00 (UHS to be contacted out of these hours)

1. Patient information and medical history to be sent via For clinically urgent advice contact
2. All images to be sent to the Provider via Blue Light IEP
3. The Provider will acknowledge email and register patient on PAS system
4. Information will be presented to the spinal consultant and a response provided back to the requestor within 24 hours via email.

Ward Rounds are held at Poole Hospital on a Tuesday and Friday morning and will be held at Dorset County Hospital on a Monday afternoon.

APPENDIX E

GUIDANCE ON THE MANAGEMENT OF ACUTE SPINAL INJURIES

General Principles

- 1. All spinal injuries with acute changes in neurology whether resolved, transient or persistent (i.e. weakness, altered sensation or central cord syndrome) must be referred to Southampton Wessex Neuro immediately.**
2. All spinal injuries should be treated as unstable until appropriate assessment and imaging has been undertaken and reviewed.
3. All referred spinal injuries should be reviewed by the on-call middle grade/consultant.
4. The guidance below represents recommendations from the Consultant surgeons from the Dorset Spinal service and are intended to support decision making and to guide appropriate referral to Wessex Neuro.
5. Please request transfer of images via EXOPACS to either Ramsay New Hall or Southampton General.
6. Urgent referral to Dorset Service by direct phone call to XXXXX or liaison with Jolyon Lockhart/TAC Team (Monday to Friday 8-5).
7. Routine referral to Dorset Spinal service achieved through contacting Jolyon Lockhart or the TAC Team and obtain a review on the next available ward round.
8. Out of hours referral to Wessex Neuro is by www.neurorefer.co.uk and telephoning Southampton and asking to speak with the on-call spinal team. (N.B. the on-call for spine alternates between neurosurgery and orthopaedics).

Cervical Spine Fractures	
Fracture of C1 (Jefferson Fracture)	Suspected through clinical history e.g. weight falling on head; head hitting roof of car; fall from height landing on heels; diving in shallow water or roll over car crash.. Patient may support head with hands and occipital pain In ED Triple immobilise. C spine series + CT On ward: Keep supine in Miami J with sandbags. Refer to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.
Odontoid peg fractures	Associated with sudden severe extension or flexion. Common in the elderly who may fall and hit their head and present with associated

	<p>contusion on occiput or forehead.</p> <p>Imaging: C spine series with open mouth view +/- CT.</p> <p>Surgical intervention rarely required.</p> <p>Elderly patients >55 years, apply Miami J collar and may sit to 30°. May sit up fully when head control achieved.</p> <p>Younger patient need to be discussed with a spinal surgeon as a priority.</p> <p>Routine referral to Dorset Spinal Service via Jolyon Lockhart/TAC Team.</p>
Clay Shoveller's Fracture (Avulsion of spinous process of C6 or C7)	<p>History of violent muscular contraction.</p> <p>Imaging: C spine series.</p> <p>No treatment or admission required.</p>
# dislocation with any degree of anterior or posterior displacement.	<p>Thorough clinical history.</p> <p>Imaging: C spine series + CT and consider MRI</p> <p>Nurse supine in Miami J collar and triple immobilise.</p> <p>Discuss with Dorset Spinal Service.</p> <p>If associated neurology immediate referral to Wessex Neuro.</p>
3 column burst fracture	<p>Thorough clinical history</p> <p>Triple immobilise and Miami J collar.</p> <p>Imaging: C spine series + CT + MRI if any acute changes in neurology either resolved, transient or persistent.</p> <p>Refer to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.</p>
Anterior tear drop fracture (flexion) may be associated with spinous process fracture.	<p>Forced flexion injury involving the inferior-anterior corner of vertebral body and possible spinous process fracture.</p> <p>Triple immobilise and Miami J collar (may need HALO/ORIF).</p> <p>Imaging: C spine series + MRI</p>

	Refer to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.
Anterior tear drop fracture (extension) may be associated with a spinous process fracture	Forced extension injury involving the inferior-anterior corner of vertebral body and possible spinous process fracture. Triple immobilise and Miami J collar. Imaging: C spine series + CT Refer to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.
Elderly patients with abnormal x-ray	Thorough clinical history and examination: Neck palpation, evaluation of range of movement pain and neurology. Consider CT scan if loss of head control Apply Miami J collar and may sit to 30°. May sit up fully when head control achieved.
Thoracic Spine Fractures	
Vertical compression fractures (wedge)	Patient to lay supine and log roll. Examine for sternal tenderness. If present, potentially unstable. Imaging: Plain thoracic spine + CT and reconstruction to include sternum if clinically tender. Routine referral to Dorset Spinal service for review.
Vertical compression fractures (burst)	Stable 2 column injury - treat as above. 3 column injury - image as above + MRI if any neurology and refer to Wessex neuro.
Shearing fractures of vertebral body, bilateral neural arch or traumatic spondylolisthesis.	Unstable injuries. Patient to lay supine and log roll. Imaging: Plain thoracic spine + MRI. Referral to Wessex Neuro.
Low energy vertical compression fractures in the elderly.	Thorough examination and history. Imaging: Plain Thoracic spine. If red flag signs e.g. pyrexial or history of carcinoma then consider a CT/MRI. If no red flag – mobilise and obtain standing lateral x-ray centred on level of fracture and

	assess for further compression or increase in kyphosis.
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Lumbar Spine Fractures	
Vertical compression fractures (wedge)	<p>Patient to lay supine and log roll.</p> <p>Imaging: Plain lumbar spine + CT</p> <p>Routine referral to Dorset Spinal service for review.</p>
Vertical compression fractures (burst)	<p>Stable 2 column injury - treat as above.</p> <p>3 column injury - image as above + MRI if any neurology and refer to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.</p>
Shearing fractures of vertebral body, bilateral neural arch or traumatic spondylolisthesis.	<p>Unstable injuries.</p> <p>Patient to lay supine and log roll.</p> <p>Imaging: Plain lumbar spine + MRI.</p> <p>Referral to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.</p>
Low energy vertical compression fractures in the elderly.	<p>Thorough examination and history.</p> <p>Imaging: Plain lumbar spine. If red flag signs e.g. pyrexial or history of carcinoma then consider a CT/MRI.</p> <p>If no red flag – mobilise and obtain standing lateral x-ray centred on level of fracture and assess for further compression or increase in kyphosis.</p>
Sciatica with associated foot drop	<p>Thorough examination.</p> <p>Imaging: MRI scan</p> <p>Referral to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.</p>
Spine fractures in patients with ankylosing spondylitis.	
	<p>Treat all fractures as unstable.</p> <p>Triple immobilise c-spine injuries maintain patient's 'normal' spinal alignment. N.B. due to increase in thoracic kyphosis and ankylosis patient's spine will be rigid and thus they will be unable to lay head flat on the bed.</p> <p>Immediate referral to Wessex Neuro for cervical and thoracic injuries. Lumbar injuries Refer to Dorset Spinal Service Mon-Fri 8-5 and Wessex Neuro at weekends.</p>

Appendix F Informatics requirements

Correspondence in/out

The supplier must

- a) be able to receive referrals from GP practices for red flag symptoms and other NHS organisations via the NHS eReferrals service. It will be the responsibility of the provider to maintain the entry and available appointment slots on eReferrals
- b) Provide a method for receiving referrals from acute hospitals and other referral sources via secure email (TLS Secured to local community standards)
- c) Provide information to feed the non-elective directory of service as required
- d) Send referrals via secured email (NHSMail2 or TLS Secured to local community standards)
- e) Provide a summary of care provided to the requester and (if different) to the registered GP for the patient. This must be
 - a. To GPs via electronic messages, either Kettering using the MESH service, or ITK CDA format. It is the responsibility of the provider to test , prove and manage the flow of information and to deal with any queries.
 - b. As agreed with the commissioner, send as a structured message to the Acute provider and/or shared Dorset Care Record, directly or via national messaging services.

Access to Clinical Records held elsewhere

The supplier must

- a) Signup to the Dorset Information Sharing Charter for exchange of information within the Dorset Health and Social Care community <https://www.dorsetforyou.gov.uk/disc>
- b) Arrange for relevant clinical and support staff to have appropriate access to
 - a. relevant referral information
 - b. electronic records held by the acute and community hospitals in Dorset, plus the relevant tertiary centres, for patients referred to the Spinal service.
 - c. securely access relevant services when visiting these sites, including access to wifi networks as appropriate.
 - d. Images, reports and relevant results for patients referred into the Spinal service
- c) Ensure that where provider staffing changes occur, that rights are revoked promptly and new requests made for new staff to access these systems
- d) Ensure that suppliers staff are adequately trained to use these resources securely.

Recording information

- a) The supplier must demonstrate progress towards recording activity and actions in support of patient care contemporaneously and electronically in accordance with the national ambitions for paperless healthcare.

- b) This information should be shared as appropriate with the other agencies in the patient pathway. This should be electronic, and made available without requiring external individuals to logon to the providers records. Pushing information to the relevant other clinical portal would be acceptable.
- c) Clinical reports on imaging must be made available electronically to the requestor and other providers in the pathway. Methods as b) above, or via the NHS Mesh transport.
- d) Images must be made available to other providers in the pathway.
 - a. At least using Sectra IEP transfer on demand (and at the time of referral)
 - b. Participate as the community moves to an on-demand query-retrieve process so that a service with a legitimate reason to view images can self-serve these (Sectra C&S or Dicom Pull with appropriate security)

Information for patients

- a) Patients should be given copies of correspondence, where they choose, this should be available to them via email.
- b) As Personal Health Records develop, the provider will be expected to feed information into the PHR of choice for the patient. The CCG would expect participation for all providers over time, both for feeding relevant summaries in and for using the Dorset Care record where relevant to access information from other services.

APPENDIX G **HRG codes AB04Z and HC27C mapped into HRG4+**

The currency of the contract shall be HRG4+ with the exception of injections previously coded as AB04Z and HC27C under HRG 4 where the CCG has a local price of £241. A table of the code links that the current HRG 4 AB04Z and HC27C translate to under HRG4+ is below.

Count of Hospital Spells HRG 4+																
HRG 4 Code	AA26H	AB16Z	AB20Z	AB21Z	HC20L	HC20M	HC26E	HC26F	HC27J	HC27M	HC27N	HC28M	HC32J	HC32K	HD39H	Grand Total
AB04Z	9	91	184		2	1	7	14	1	9	143	1	1	1	2	466
HC27C		22	54	1							11	207				295
	9	113	238	1	2	1	7	14	1	20	350	1	1	1	2	761