

REPORT TO: Health Policy & Performance Board
DATE: 9 March 2021
REPORTING OFFICER: Chief Commissioner, NHS Halton CCG
PORTFOLIO: Health and Wellbeing
SUBJECT: Complex Spinal Surgery Service
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the status of the realignment of Complex Spinal Surgery services across the Cheshire and Merseyside

2.0 RECOMMENDATION: That:

- i) The Board note that the reconfiguration proposal is in line with the national recommendation for the centralisation of complex spinal surgery; and
- ii) The Board acknowledges that the new service configuration will provide Halton with a single point of access to a high quality, multidisciplinary led surgical service.

3.0 SUPPORTING INFORMATION

3.1 It has been recognised for a long time both Nationally and across Cheshire and Merseyside that the fragmentation of complex spinal surgical services and the continued provision of undesignated interventions provides sub-optimal outcomes and increases inherent risks within the management of patients.

3.2 NHS England in collaboration with the national programme for improvement of acute services, Getting It Right First Time (GIRFT), sets out guidance and plans for the centralisation of complex spinal surgery and interventions to improve the outcomes and experiences of patients. This was developed in parallel with the production of the NICE Guidelines and National Pathway for the management of lower back pain to reduce the number of patients undergoing unnecessary surgical interventions.

3.3 An independent review of Spinal Surgery services in Cheshire and Merseyside by GIRFT made a number of recommendations, including:

- Complex spinal surgery should take place on a single site and should be co-located with Major Trauma services.

- Elective surgery should be performed at scale.
- Development of a single on-call rota for out of hours/emergency consultant cover.
- Deformity surgery should take place at scale with a single Multi-Disciplinary Team (MDT) and should be co-located with cancer services. If this is not possible, there should be significant “in-reach” to cancer services.
- Implementation of the National Back Pain and Radicular Pain Pathway across Cheshire and Merseyside would be required.

These recommendations were adopted as the design principles for a programme of work to establish a single service model for spinal surgery in Cheshire and Merseyside.

- 3.4 The key drivers for change were:
- Unexplained variation in patient outcomes, highlighted by the independent review.
 - Responding to the recommendations set out by GIRFT, a national improvement programme.
 - Occasional practice and low volume activity at some sites.
 - Disparity and inconsistency in clinical decisions and management of patients across the region.
 - High volume of procedures of limited clinical value at some local acute trusts.
 - Financially efficient and sustainable services.
- 3.5 A model of care has been developed that sets out the proposed locations and model for outpatients, non-complex spinal surgery, complex spinal surgery, and emergency spinal surgery.
- 3.6 Under the new model, the proposed lead provider would be The Walton Centre NHS Foundation Trust, who will work in collaboration with Liverpool University Hospitals for the management of the single clinical team and workplans.
- 3.7 The majority of elective surgery would be carried out at the Walton Centre, performed at scale. All complex and non-elective surgery would be performed at the Walton Centre.
- 3.8 Under the new service model there would be no change to the location of outpatient clinics and all outpatient clinics managed by the Walton Centre would continue, with satellite clinics at Whiston, Chester, Southport, Isle of Man and Wirral.
- 3.9 The new service model for non-elective (emergency) care proposes also that patients would be transferred from other hospitals to the Walton Centre if spinal surgical surgery is required and will be managed by the on-call rota and surgical teams.

3.10 Spinal surgery is classified as complex and non-complex. Complex Spinal surgery services are commissioned by NHS England Specialised Commissioning, each of the Cheshire and Merseyside CCGs commissions non-complex spinal surgery.

3.11 An analysis of the current NHS England specialised spinal surgery spells and CCG commissioned spinal surgery spells demonstrates that this proposal impacts a relatively small number of patients in Halton and that the majority already have their complex surgery at the Walton Centre and non-complex interventions fragmented across a number of providers.

Provider	19/20 Activity		19/20 Under Proposed Model	
	Non-specialised Surgery	Specialised Surgery	Non-Specialised Surgery	Specialised Surgery
The Walton Centre	48	14	92	21
Spire Liverpool	29	1	0	0
Pioneer Healthcare	11	0	0	0
Liverpool University Hospital	4	6	0	0
Salford Royal	2	2	2	2
Robert Jones and Agnes Hunt	0	1	0	1
Alder Hey	0	1	0	1
Lancashire Teaching Hospital	0	1	0	1
	94	26	94	26

3.12 The Merseyside and Cheshire Spinal Board's intention is to continue to mobilise the reconfiguration with the aim to be operationally live early in the new financial year. The impact of the pandemic and the recovery programme will continue to be considered.

3.13 Patient Engagement

Patient engagement has been conducted at Cheshire and Merseyside level to inform the development of this proposal. The starting point when considering the engagement approach was to incorporate insights already available. In 2017, a public consultation was undertaken on proposed changes to Trauma & Orthopaedic and ENT (Ear, Nose and Throat) services across Aintree University Hospital NHS Foundation Trust and Royal Liverpool & Broadgreen University Hospitals NHS Trust (now Liverpool University Hospitals NHS Foundation Trust). The case for change underpinning the proposals was built upon similar clinical principles to the spinal services review and held similar impacts for patients. As such, the outputs from the consultation were used as a key source of intelligence to inform this piece of work and the review process.

3.14 Based on these insights, the approach for this engagement was a

blend of engagement and experience-based learning. The two key engagement methods were:

- Telephone interviews with Liverpool University Hospital patients who, due to temporary changes to move spinal surgery to the Walton Centre because of the Covid pandemic, had received surgery there.
- A virtual focus group with patients and carers who had experience of using spinal services.

3.15 The outputs from both engagement methods were analysed to identify themes and to provide deeper insights and meanings about the experiences of spinal patients and their carers. Overall, the engagement found there was support across all participants for the proposal to bring spinal surgery together in one location at the Walton Centre and for the new model of care.

3.16 Participants could see the benefit of developing a 'Centre of Excellence' staffed by specialists and were keen to highlight this as an opportunity to improve communication and continuity of care.

3.17 Local engagement plans for Halton include:

- Gathering insight and patient experience from the Walton Centre's PALS for Halton patients.
- Engagement with NHS Halton CCG's Engagement and Involvement Group which is the patient sounding board with representatives from Third Sector organisations, PPG representatives, our provider Public Governors and Healthwatch.
- Targeted work, with the Walton Centre, to seek patient experience from patients who have had spinal surgery Working with the Cheshire Spinal Injury Association to organise a focus group to seek patient experience.
- Supported by Healthwatch Halton, there will be a communications campaign across Halton to ask for experiences from those people who have had spinal surgery at the Walton Centre and their families.

4.0 **POLICY IMPLICATIONS**

4.1 The proposed configuration of spinal services would ensure Cheshire and Merseyside are compliant with the National recommendations.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The reconfiguration is being developed within the existing resources for spinal services.

5.2 The cost of the additional capacity will need to be considered in context to the affordability and the clinical benefits for the system.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton** – none anticipated

6.2 **Employment, Learning & Skills in Halton** – none anticipated

6.3 **A Healthy Halton** – none anticipated

6.4 **A Safer Halton** – none anticipated

6.5 **Halton's Urban Renewal** – none anticipated

7.0 **RISK ANALYSIS**

7.1 The risks to the system for the reconfiguration are being managed within the Spinal Surgery Steering Group and Clinical Board and are being assessed and mitigated before and service changes are made.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment has been undertaken on the new model of care of which identifies travel impact as the likely main issue for Halton patients, although patients are already travelling to hospitals in the Liverpool region for spinal treatment.

Ongoing monitoring of the service will help inform ongoing impacts in relation to protected characteristics.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers under the meaning of the Act