

Regional Spinal Service Transfer Update for Hampshire HASC.

Subject

Update of transfer of orthopaedic spinal surgery from Portsmouth hospital to the Wessex Spinal service, University Hospital Southampton.

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Summary.

In 2016 UHS were approached by Portsmouth Hospital Trust regarding their spinal surgery service. They had and continued to have an unsustainable service with only 1 part time substantive spinal consultant and another Orthopaedic spinal surgeon with some spinal interest who was planning to retire in the next couple of years. No complex or emergency work was undertaken in Portsmouth as that component of spinal practice was already being carried out within UHS. Routine elective work was being delivered in Portsmouth via limited PHT capacity or in the private sector.

In 2017 UHS was formally asked by Portsmouth, Fareham & Gosport and South Eastern Hampshire Clinical Care Commissioning Groups (PSEH) to accept a transfer of the spinal service. The capacity and financial risks of transfer were considered by the UHS team but paramount was consideration of the risk to patients from not moving the service before the retirement of the Orthopaedic spinal surgeon which was now planned for 2019. Following discussion with commissioners the decision was made to proceed with the transfer. The transfer was concluded on November 1st 2018.

Volume of transfer.

Prior to the transfer, waiting list and activity data was requested from Portsmouth. The number of operative cases was relatively small scale @ c230 operative cases per annum. The data in relation to OPs and their waiting times was less clear.

An agreement was reached with Portsmouth that they would clear their existing operative waiting lists before transfer occurred and UHS gave them a cut-off date for the acceptance of new referrals (September 1st) so that they would also clear their OP waiting list.

Alongside discussions with Portsmouth, UHS was also working with Dr Cathy Price's Solent community team to put in new pathways which would support more patients being assessed and treated in a community setting & closer to home. At the time it was known that this team would require some investment although the leave of this investment was unclear as the volumes of suitable patients had not been clarified by Portsmouth.

In October 2018 it became clear that Portsmouth would not be in a position to clear their waiting lists and they proposed the transfer of over 100 patients to UHS, over 40 of whom they believed required surgical intervention.

At this point UHS asked Dr Price to review these surgical candidates and suggest an alternative pathway for treatment if appropriate. On completion of Dr Prices' review only 16 of the 40+ pts were deemed to require surgical intervention as a first course of treatment with the remainder being treated with either intensive physiotherapy regimes in the community or spinal injections for pain relief. UHS then used this exercise as an opportunity to quantify the volume of pts that could be managed outside of the acute setting and closer to home. The proposal was presented by Dr Price's team to commissioners for approval of funding and a level of investment was made in 2019 to support an expansion of the community service. Overall this model represented a saving for the

health economy and supported the treatment of patients in an appropriate setting.

Current waiting list position.

The current position is that the majority of direct referrals into UHS's spinal service now go via a single point of entry as per the Royal College of Surgeons recommendations. Those referrals may require a face to face surgeon clinic appointment or further non-surgical intervention may be advised by the UHS spinal team. Referrals that have already been assessed by the community teams are presented at a virtual clinic and discussed with a surgeon to decide on the best treatment options for them. As the final phase of a planned roll out the spinal service is just in the process of turning off direct referrals from GPs for neck pain and back pain as alternative options should be considered from community teams prior to seeking surgery.

As a result of these pathway changes the conversion rate to surgery from surgical OP clinics has increased from 20% to 40 % which is an indicator that the right patients are now seeing surgeons and less time is being taken seeing pts who require alternative treatment options.

The addition of the Portsmouth patients to the Orthopaedic spinal waiting list over the period October to December 2018 saw the overall number of pts waiting for an Orthopaedic OP spinal appointment with a consultant increase to a peak of 138 in December. On a positive note the introduction of the triage system for referrals has gradually brought the volume down again with the number of patients waiting for an appointment now back to pre-transfer levels.

The average waiting time for an OP surgical appointment has also decreased with the introduction of the triage system with most patients waiting approximately 10 weeks from GP referral to surgical OP appointment.

For patients who require surgery the wait remains significant, however the number of patients waiting over 18 weeks has decreased in the past 6 months down by 20% to 58.

The recruitment of an additional surgeon, interviews scheduled for the end of September and the allocation of additional theatre sessions should see this number decrease further in the next 12 months.

In summary, after an initial increase in waiting times immediately post transfer the investment in community teams working in collaboration with UHS spinal surgeons has seen a slow but sustainable decrease in waiting times for Orthopaedic spinal surgery despite an increase in the volume of patients on the spinal pathway. Patients have the opportunity to be treated closer to home via community teams and unnecessary trips to UHS are kept to a minimum.