University Hospital Southampton

Wessex Spinal Service

Update for Hampshire County Council Health & Adult Social Care Select Committee

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Background

This paper is to update Hampshire County Council's Health & Adult Social Care Select Committee on the Wessex Spinal Service.

Following the absorption of the Portsmouth work in 2018 (circa 230 surgical cases per annum) the University Hospital of Southampton's (UHS) spinal team have been working on the reorganisation and development of the service so that patients are treated locally where possible and by the right professional for their needs at the time. This remains a work in progress and over the past 12 months significant changes in service delivery have been put into place.

To note – The waiting list figures in this service update are a reflection of a combined waiting list for the spinal service.

Overview - Structure and staffing

The Wessex Spinal Service is a regional hub and spoke service for the delivery of spinal surgery across Southampton, Portsmouth, Hampshire, Dorset and parts of Wiltshire. The hub is located in UHS with surgical spoke services for noncomplex/ non specialist spinal surgery in Hampshire hospitals and in Salisbury Hospital. Dorset's noncomplex spinal surgery is delivered by Ramsey Newhall Hospital in Salisbury. All complex and emergency work is carried out in UHS.

The spinal service now is sits as a separate business unit within UHS; previously it sat across the specialties of Trauma and Orthopaedics and Neurosurgery. It is led by a consultant spinal surgeon supported by a senior operations manager. It has its own administration team who manage spinal patients only and it benefits from dedicated speciality nurse input, 3 WTE and a spine specific therapy team.

The service is currently funded for 6 full time and 3 part time surgeons. Currently 4 full time and 3 part time are in post with the 5th full time surgeon currently working as super numery

A 6th surgeon is due to join the team at the end of March, firstly in a locum capacity with a view to substantive appointment later in the year.

All surgeon job plans have been reviewed and the addition of a colleague in March will, after a period of induction and supervised practice, give the service a level of leave cover and backfill of up to 20 additional lists per annum.
In patient terms the new colleague will deliver 450 clinic slots & 90+ surgical cases.

Pathways

Over the past 12 months UHS has worked with Southern and Solent partners to ensure that all non-urgent referrals for spinal surgery now go via community triage teams. These teams see patients locally and have rapid access to both therapy support and to pain management services and the aim is to ensure that only patients who require a surgical intervention are referred into see a surgeon at UHS. These triage teams also have access to imaging in their local hospitals.

The community teams bring cases for review to a weekly virtual triage clinic. Each case is reviewed with a surgeon and those deemed appropriate for surgical intervention are booked into face to face OP appointments. The Isle of White jointed this virtual arrangement in December 2019.

As a further backstop and to ensure a single point of access for all referrals, UHS has a second tier triage service which captures all other referrals into the service (consultant to consultant, out of area, etc.) This service is run by the spinal therapy team who review all referrals and ensure that they are following the agreed and commissioned pathway. It also ensures that any patients for onward referral to a surgeon have had appropriate test and investigations. The therapy team direct referrals as appropriate and this may be straight to surgeon for review, direct to therapy treatment or back to the GP with a recommendation for ongoing care. The aim of all triage and pre hospital work up is to ensure that all 1st consultant appointments deliver a worthwhile visit to the hospital for both the patient and the consultant

The establishment of these triage services has decreased the number of inappropriate referrals to surgeons considerably. The conversion rate from OPs to theatre lists in 2018 /19 was low at < 25 %; this has continued to increase since the last report to HASC to over 55%. Conversion rate from OP to surgery is considered to be an indication that only pts who require surgical intervention are filtering through to consultant clinics. That said it is still appropriate for a certain cohort of patients to be given consultant appointment even if there is no surgical intervention indicated at the outset.

Capacity & waiting times.

The re-direction of referrals along the most appropriate pathway for condition has allowed the service to deal with a significant increase in referrals without a commensurate deterioration in OP waiting times. The combined number of referrals waiting to be seen in OPs currently sits at 349 pts with an average wait of 11 weeks for clinic. This is expected to decrease as the community triage teams develop further and offer more pts a non-surgical first line treatment.

Access to operating theatres remains a challenge in light of competition from emergency and cancer workload across other specialities. There are currently 351 patients on the surgical waiting list with an average waiting time of 30 weeks. An additional theatre came on line in Quarter 3 19/20 and spines now benefit from 1 additional all day operating list per week. Currently this additional capacity is being used to support the emergency workload and discussion is underway with the anaesthetic and theatre team regarding access to weekend operating to support the elective service. The service continue to work with the private sector to access additional theatres for any non-complex spinal work that is suitable for transfer out from UHS

Governance

The spinal team has established its own governance arrangements which feed up into the Divisional and Trust structures. Outcome data should become more easily available as all spinal surgeons are now required to enter their patients onto the national spinal register.

The Wessex spinal network is now well established with a quarterly meeting and all of the hub organisations, including the private sector, are represented.

Summary

The spinal team have made significant progress over the past 12 months particularly around parity of access, triage & common pathways for all pts referred into the team. The surgeons are now working as a single service and the administrative and business functions have been centralised.

Access to theatres remains a challenge but this has been escalated as a priority for the service .