

# **West Midlands Regional Spine Network**



## **WM Regional Spine Network outline document**

**December 2018**

<b>Category</b>	<b>Operational Delivery Network policy document West Midlands Regional Spine Network (WMRSN)</b>
<b>Purpose</b>	<b>To provide a outline of the WMRSN</b>
<b>Version</b>	<b>1.0</b>
<b>Previous versions</b>	<b>Nil</b>
<b>Supporting documents</b>	<b>RSN mandatory items National GIRFT report 2018</b>
<b>Responsible working group</b>	<b>WMRSN Board</b>
<b>Sign off</b>	<b>WMRSN board</b>
<b>Related networks</b>	<b>Major trauma network MSK network</b>
<b>Distribution</b>	<b>All WMRSN hospital COO and medical director (including AQP) Clinical leads ED / oncology / acute medicine / spine surgery / radiology Chair STPs / CCG Betsi Cadwaladr health board</b>
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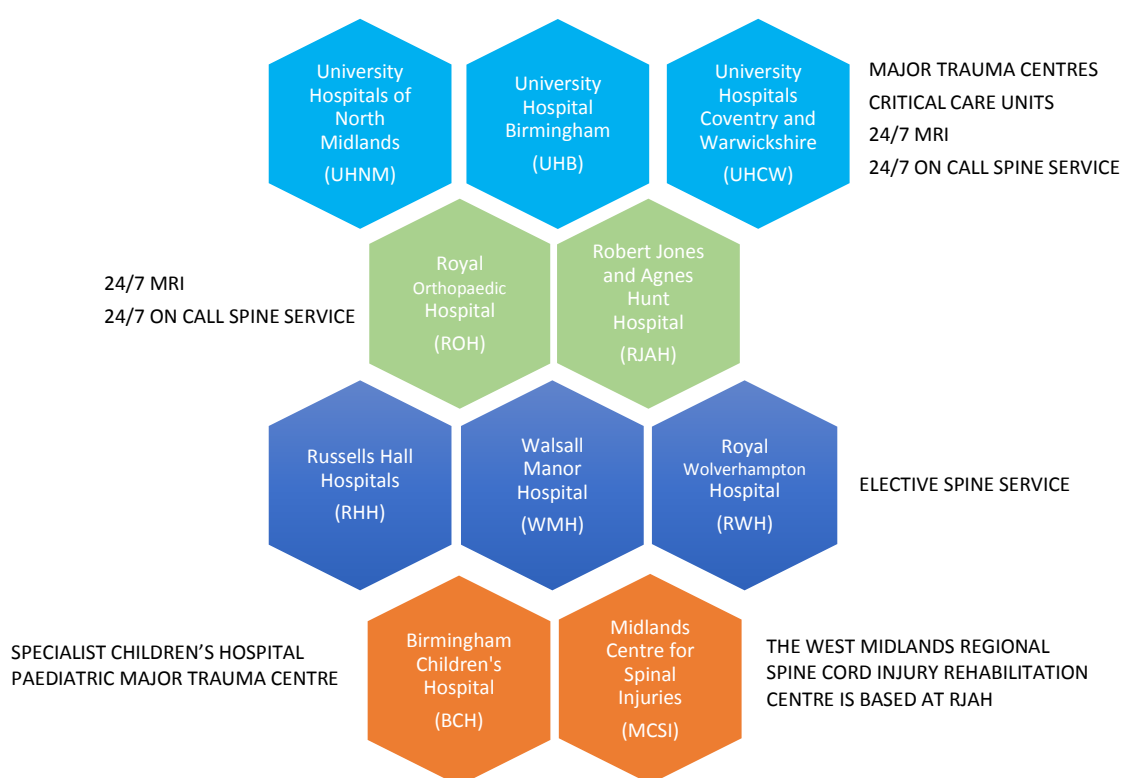
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## INTRODUCTION

The West Midlands Regional Spine Network (WM RSN) includes 3 major trauma centres, 2 specialist orthopaedic hospitals, 3 neuroscience centres and 3 spine partner hospitals. There is also a specialist children’s hospital which provides elective and emergency spine care. There is a regional specialist spinal cord injury rehabilitation centre. Spine cord injury rehabilitation also takes place at the neurorehabilitation centres associated with the major trauma centres.

UHNM, UHB, UHCW, ROH and RJAH are known as spine hubs as they provide 24 hours spine on call cover. RWH, Walsall Manor and RHH are spine partners as they provide a spine service but without 24 hours on call cover.

## WM RSN SPINE SURGICAL SERVICE OUTLINE



All hospitals accept adult patients for outpatient and inpatient management.

BCH, UHNM, ROH and RJAH accept 16 – 18 year olds for outpatient and inpatient management.

BCH and UHNM accept <16 year olds for outpatient and inpatient management. RJAH manages patients <14 years old as inpatients through Alder Hey Hospital, Liverpool.

In addition to the above hospitals are the triage services, pain management and rehabilitation services. Private provider hospitals carrying out spine surgery are also part of the RSN.

## TYPES OF EMERGENCY SPINE DISORDERS ACCEPTED FOR MANAGEMENT BY HOSPITAL

Hospital	Major Trauma	Isolated spine trauma (ISS < 9)	Osteoporotic and elderly trauma (no neurology)	Cauda Equina Syndrome	MSCC	Intradural pathology	Primary sarcoma	Spinal cord injury (acute)	Spinal cord injury specialist rehabilitation
UHNM	✓	✓	✓	✓	✓	✓		✓	
UHB	✓	✓	✓	✓	✓	✓		✓	
UHCW	✓	✓	✓	✓	✓	✓		✓	
ROH		✓	✓	✓	✓		✓		
RJAH		✓	✓	✓	✓		✓		
RHH		✓*	✓*						
WMH		✓*	✓*						
RWH		✓*	✓*						
BCH	✓ <sup>^</sup>	✓ <sup>^</sup>			✓ <sup>^</sup>	✓ <sup>^</sup>			
WMSCIC									✓

\*can manage isolated spine trauma presenting at own ED if no requirement for surgery

<sup>^</sup>paediatric major trauma centre and specialist children's hospital

## TYPES OF ELECTIVE SPINE SURGERY BY HOSPITAL

Hospital	Degenerative lumbar	Degenerative cervical	Adult deformity	Paediatric disorders	MSCC	Intradural pathology
UHNM	✓	✓	✓	✓	✓	✓
UHB	✓	✓	✓		✓	✓
UHCW	✓	✓	✓		✓	✓
ROH	✓	✓	✓	✓*	✓	✓
RJAH	✓	✓	✓	✓*	✓	
RHH	✓					
WMH	✓					
RWH	✓	✓				
BCH				✓		

\*16 – 18 year old on site; for ROH < 16 y are managed at BCH; RJAH < 14 y at Alder Hey

## PRIVATE PROVIDERS OF ELECTIVE SPINE SURGERY

BMI Meriden Hospital

BMI South Cheshire

BMI Priory

Nuffield North Staffordshire

Nuffield Shrewsbury

Nuffield Warwickshire

Nuffield Wolverhampton

Ramsay Rowley Hall

Ramsay West Midlands Hospital

Spire Little Aston

Spire Parkway

Spire Little Aston

Spire Droitwich

## **EXECUTIVE SUMMARY**

- The aim of this document is to outline the purpose of the West Midlands Regional Spine Network (WMRSN).
- Regional spine networks have been recommended by NHSE and the spine GIRFT report.
- As an operational network, it brings together all hospitals providing spine surgical care in the West Midlands.
- The aim of the WMRSN is to standardise care, shape and implement national pathways and policies, disseminate and implement best practice and develop local policy and pathways.
- The WMRSN includes pain services, triage services, rehabilitation services and primary care services relevant to spine surgery.
- The mandatory items that the RSN is expected to complete will be developed and signed off by the board.
- Board representatives include clinicians and managers from secondary care providers, spinal cord injury rehabilitation services, specialised commissioning, clinical commissioning groups, Other stakeholders will be invited as necessary.
- Output from the RSN will be distributed to all stakeholders in the network that carry out or use spine surgical services.

## **Who does the RSN affect?**

### **Patient group**

The RSN aims to improve the care of all patients requiring spine surgical services or spine intervention (injections) in the West Midlands in particular. However, the policies and pathways may also affect patients not having intervention and not referred to surgical services.

Paediatric and adult patients are included. Elective and non-elective patients are included.

### **Clinical staff**

All clinicians involved in the management of patients with a spine disorder

### **Managerial staff**

The responsible directorate managers, divisional managers, associate directors and Chief Operating Officer for each Trust in the WM RSN (spinal hub, spinal partner and non-spine partner hospitals), the STP / CCG chairs and the planned and unplanned care leads in the CCG must all be aware of the RSN and be involved in acting on policies and recommendations.

## **Clarifying the terms used.**

The spine surgical services in the RSN are based in the following NHS hospitals:

1. University Hospitals of North Midlands (UHNM)
2. University Hospital of Birmingham (UHB)
3. University Hospitals Coventry and Warwickshire (UHCW)
4. Royal Orthopaedic Hospital (ROH)
5. Robert Jones and Agnes Hunt Hospital (RJAH)
6. Royal Wolverhampton Hospital (RWH)
7. Russells Hall Hospital (RHH)
8. Walsall Manor Hospital (WMH)

Spine hub refers to any hospital that provides a 24hour on call service for spine disorders UHNM, UHB, UHCW, ROH, RJAH). It may additionally be a major trauma centre (UHNM, UHB, UHCW, BCH).

A spine partner is a hospital that carries out spine surgery but without providing a 24 hour on call service for spine disorders (RWH, RHH, WMH).

A non-spine partner is any hospital that may see and refer spine disorder patients within a network, but does not carry out spine surgery itself.

AQP refers to any qualified provider that carries out spine intervention in the network.

In the West Midlands, the network is divided into 2 subnetworks (northern and southern) to allow frequent meetings and clinical relationships (e.g. MDT) between hospitals geographically closer to each other. The northern network consists of UHNM, RJA, RWH and WMH. The southern network consists of UHB, UHCW, ROH and RHH. In all other aspects, the WMRSN functions as one network and policy and pathway implementation affects the whole RSN. The RSN as a whole meets twice a year and the board has representation from both subnetworks.

## **What is the RSN trying to achieve?**

The RSN has terms of reference that can be viewed at request.

Broadly, the RSN aims to:

1. Ensure spine disorder patients are treated in the right place at the right time
2. Improve and standardise care across the WM region for spine disorder patients
3. Disseminate and implement best practice across the region
4. Influence and implement national policies and pathways
5. Develop and implement region specific pathways
6. Encourage clinical engagement between spine hubs and partners in the network.

NHS England does require every region to deliver on the following mandatory items:

1. Support implementation of the National Back Pain Pathway
2. Electronic emergency referral system
3. RSN policy for emergency MRI scan: local MRI scan if operational
4. PROMS / PREMS / Complications data collection with admin support
5. Repatriation policy
6. Local MDT in place
7. RSN meeting
8. AQP involvement
9. MRI scanning locally for patient (if elective)
10. Regional plan for service evaluation / audit / research
11. Regional workforce planning
12. Regional spinal training

## **What next?**

The RSN will meet on a regular basis and discuss items relevant to the care of spine disorder patients in the region.

We will develop local policies and pathways and disseminate these documents to hospitals within the RSN to help improve the care of these patients.

We welcome feedback and comments on spine surgical services in the region and we are happy to work to providing solutions in partnership wherever possible.

## Contributors

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