

Annual Report 2023/24

South East London and Kent Regional Spinal Network



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SUMMARY

The South East London Kent (SELK) Spinal Network is one of 14 networks across England set-up to ensure equity of access for patients to a comprehensive range of spinal services regardless of geography using existing resources.

There are seven hospital trusts in the SELK Spinal Network working within the framework of the NHSE Network Specification and recommendations of the Getting It Right First Time (GIRFT) National Review of Spinal Surgery by Mike Hutton (January 2019) and the National Low Back and Radicular Pain Pathway 2017.

During 2023 to 2024, the SELK Spinal Network continued to engage and coordinate stakeholders across the region to work together to achieve the [work plan deliverables](#). There were significant achievements throughout the year these included; the [Enhanced Recovery after Surgery \(ERAS\)](#) protocol, a nurse led service which optimizes the patients' health before surgery. The protocol resulted in reduced bed days, reductions in post-surgery complications, re-admissions and opioid use. There has been a major improvement of data collection for [British Spinal Registry \(BSR\)](#) across the region most spinal centres in the region, achieved best practice tariff compliance. A [SELK Spinal Network Dashboard](#), has been developed to measure the efficacy of the network. [Consent a Patient](#) was implemented at King's, a web based software which facilitates shared decision making between clinician and patient. The network also championed the NHSE campaign to reduce waiting lists ahead of winter, and identified potentials for mutual aid across the region.

2023 to 2024 also presented on-going concerns, which will roll over into next year's work plan. These include a lack of awareness amongst GPs of the National Back Pathway, despite being in place for more 7 years. The challenge of engaging with imaging networks. There was also a realization of the limitations of the range of influence the network can have on the implementation of Cauda Equina Syndrome (CES) in hospital trusts. It has become more evident from stakeholder feedback that the pathway is reliant on the radiology workforce, operational hours and resources.

This annual report aims to describe in detail the progress of key deliverables and offer recommendations going forward.

GUY'S AND ST
THOMAS'
SPECIALIST
CENTRE

KING'S
COLLEGE
SPECIALIST
CENTRE

EAST KENT
HOSPITALS
SURGICAL
CENTRE

MEDWAY
HOSPITAL
SURGICAL
CENTRE

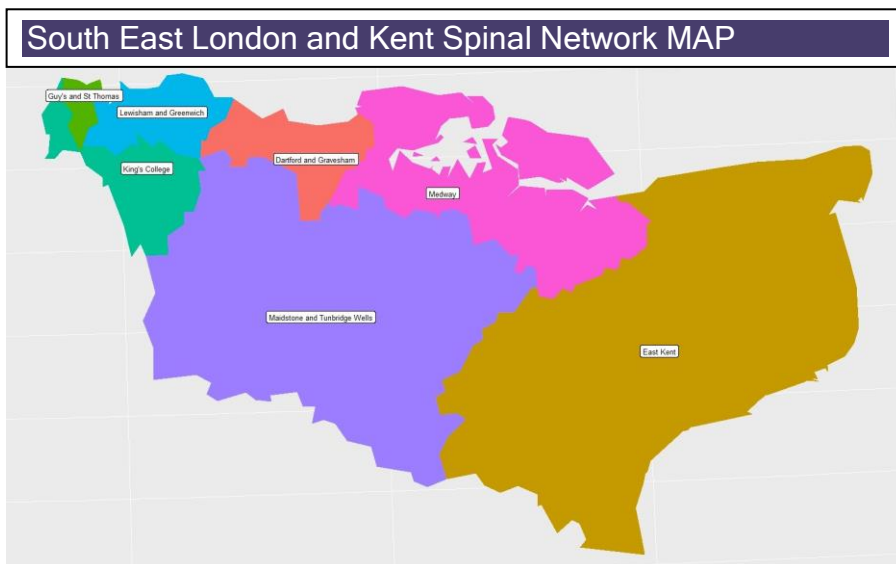
DARTFORD
AND
GRAVESHAM
NON-
OPERATIVE

MAIDSTONE AND
TUNBRIDGE
WELLS
NON- OPERATIVE

LEWISHAM
AND
GREENWICH
NON-
OPERATIVE

STAKEHOLDERS

The SELK Spinal Network management team includes two lead consultants Gordan Grahovac (King's College Hospital NHS Foundation Trust) and Baharam Fakouri (Guy's and St Thomas' NHS Foundation Trust), MSK consultant physiotherapist Andrew McCarter, network manager Cecilia Clarke, and a spinal administrator. The SELK Spinal Network Board has regional representation from surgeons, community MSK practitioners, pain management, radiology, ED Consultants and occasional representation from the Integrated Care Boards (ICB) in south east London and Kent. The network has also invited private providers to participate in board meetings and holds regular subspecialty meetings with for musculoskeletal community triage and treat service leads, who contribute to supporting the network achieve the spinal service priorities for the region.



Provider Organisations

Primary Care	Secondary Care	ICBS
Circle Health	Dartford and Gravesham NHS Trust	
Healthshare Ltd	East Kent Hospitals University NHS Foundation Trust	
Kent Community Health NHS Foundation Trust	Guy's and St Thomas' NHS Foundation Trust	Kent an Medway Integrated Care Board (ICB)
Level Health UK Ltd	Lewisham and Greenwich NHS Trust	South East London Integrated Care Board (ICB)
Medway Community Healthcare CIC	Maidstone and Tunbridge Wells NHS Trust	
Oxleas NHS Foundation Trust	King's College Hospital NHS Foundation Trust	
Vita Health Group	Medway NHS Foundation Trust	

Work plan deliverables 2023-24

The table below details the 2023 to 2024 work plan deliverables, their achievement status, the metrics used to measure the deliverable and what action will be taken to mitigate unachieved or partially achieved deliverables.

Deliverables	Achievement status	Metrics/ Mitigation action
1. Support the Kent Sectra implementation programme of PACS (picture archiving and communication system).	Partially achieved: Carry over to 24/25:	Data sharing agreements (DSA) approved and signed between Kent. Delays to final DSA sign off - awaiting completion from King's Information Governance team. Mitigation: Escalated to site GM and Director of operations at King's
2. Cauda Equina Syndrome Pathway - Influence trusts to embed new recommendations for GIRFT CES pathway by 2024	Partially achieved: Carry over to 24/25	CES feedback questionnaire March 2024 - responses from three out of five trusts. All respondents find the CES pathway help. Two trusts state that they will audit the impact of the CES pathway on patient diagnoses. Mitigation: Contribute to CES NHSE London led workshop. The workshop will include key decision makers. Ask for completed CES pathway audits.
3. National Back Pain Pathway training for GPs.	Partially achieved: Carry over to 2023/24:	Developed GP survey to measure level of awareness of the National Back Pathway. Completion rate is poor. Mitigation: Identify sponsorship to incentive GPs to complete survey.

<p>4. Implementation of Consent a Patient, the shared decision making software</p>	<p>Achieved</p>	<p>Metrics in development: as yet not agreed.</p>
<p>1. Implement GIRFT recommendations from 2023 review, namely encourage trust to:</p> <ul style="list-style-type: none"> - Move to recording spinal activity under treatment function code (TFC) 108 to provide a clearer view of spinal activity - Significantly improve compliant with British Spinal Registry (BSR) to ensure remuneration for activity done - Patient initiated follow-up (PIFU) influence improved rates of PIFU. 	<p>Partially achieved: Carry over to 2024/25:</p>	<p><u>Treatment Function Code</u></p> <p>Guys and St Thomas' and Tunbridge Wells use treatment function code (TFC)108. King's College Hospital do not use TFC 150, as activity is recorded under Neurosurgery. Medway and East Kent are prepared to switch to 108</p> <p>Mitigation: Obtain written confirmation from GIRFT and NHSE, that switching codes should not affect income and share with trusts.</p> <p><u>BSR compliance</u> achieved by most surgical centres in the region, with exception of King's due to staffing issue</p> <p>Mitigation: Improve administrative system at King's. Use admin model at Guy's and St Thomas</p> <p><u>PIFU</u> partially implementation at King's. Medway, East Kent outstanding. There is a need to identify the appropriate data that is validated.</p>

- Improve day case rates for disectomy

Mitigation: Share NHSE PIFU training webinars keep engaged with trust service managers.

Improve day case rates at King's, data incorrectly recorded at king's

Mitigation: Working with ICT team and service manager at King's to ensure day cases are recorded accurately on hospital IT system.

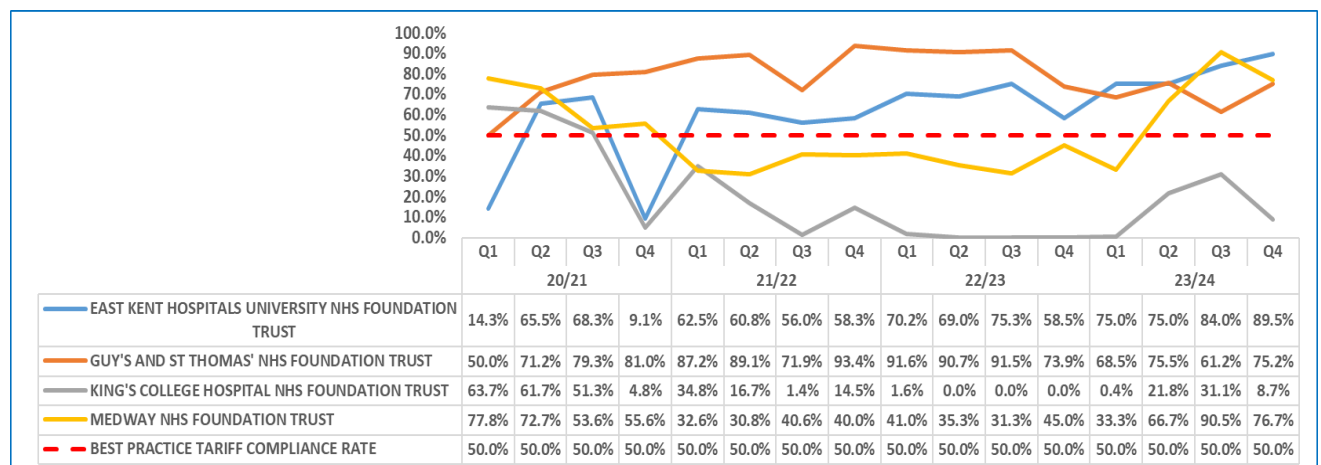
KEY ACHIEVEMENTS

- Enhanced Recovery after Surgery (ERAS) protocol,**
 This is a nurse lead service, partially funded by the network. The service helped to reduce patient's length of stay. During 2023, 334 patients were treated under the ERAS protocol, leading to a reduction of 100 bed days. Other advantages of this protocol include reductions in complications, readmissions and opioid use. An abstract of the ERAS achievements for 2023-2024 was submitted to the [ERAS World Conference September 2024](#). It was accepted and the nurses will attend to present the abstract at the conference.



Irene Dela Cruz (right) Racquel Calado (left) ERAS Nurses

- Improved data British Spinal Registry (BSR) collection**
 Across the region, most spinal centres in the region, achieved best practice tariff compliance. The network also delivered a national BSR workshop, for network managers and administrators.

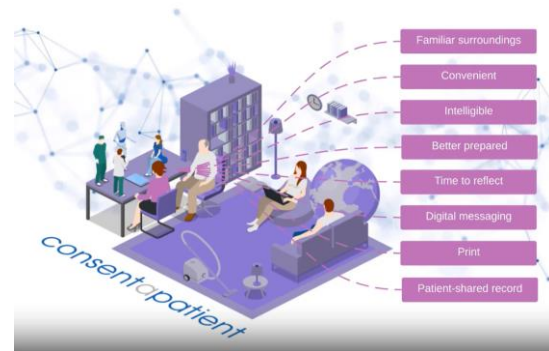


Quarterly Best Practice Tariff Compliance Rate FY20/21 to FY23/24

- Developing SELK Spinal Network Dashboard**
 It is hoped that a dashboard will help to measure the impact of the network's work plan and the ability to influence to improve care and gain efficiencies across the region. The dashboard is in final development stage and includes regional data on the waiting list, British Spinal Registry compliance and High Volume Low complexity (HVLC) - National Comparison.

- **Consent a Patient -**

There will be a gradual roll out of a web based consenting tool across King's, starting with a pilot for spinal patients. The software provides a tool for genuine shared decision making between clinical and patient, with the facility of two way communication.



- **Preparing for winter pressures**

The network supported ad hoc request from the NHSE team to all spinal networks; to support the campaign to reduce waiting lists ahead of winter. Data was gathered and analyzed, to identify potential opportunities for mutual aid and meetings and discussion were coordinated by the network management between East Kent and Medway Hospital trusts.

Looking Ahead

During 2024 to 2025 the network aims to:

- Complete the Kent Sector PACS Procurement Implementation Programme over from 2023/24. King's has an outstanding data sharing agreement that needs to be approved and signed in order for patient imaging to be shared across the region between.
- To ensure that Kent patients referred to neurosciences centres in London for spinal appointments can have follow-up imaging done locally in Kent, rather than travelling back to London just for imaging. The network plans to provide a solution by developing a service level agreement ensuring specialist centres can book follow-up imaging closer to patients' home. Currently clinicians can only book imaging in the trust they work in.
- Offer development and training for network specialty clinical groups. As a network it is paramount that best practice knowledge and experience are shared.
- Continue to influence spinal surgical centres to embed Further Faster Spinal Services (GiRFT) programme including switch to TFC to 108, drive forward the accurate capture of day cases and BSR best tariff compliance at King's.

On Going Concerns

Engage and influence regional Imaging Networks, to help develop imaging service level agreement

Despite the National Back Pathway being in place for more 7 years, there is a lack of awareness amongst GPs. Some GPs still have direct access to order MRIs. This continues to be a concern

CES pathway limited influence on trust

Actions

Sustain engagement with south east London and Kent Imaging Network leads

Continue GP training through existing primary care training channels. Identify GP incentive to complete GP 350, which be a confident representation of the target population

Continue to contribute to CES NHSE London led workshop which will be delivered in Autumn 2024.

The implementation of the CES pathway is reliant on the radiology workforce in the region, and further thought is required on how best to support this group. The Royal College of Emergency Medicine states: *"Whilst the National Suspected Cauda Equina Syndrome Pathway has many merits, central to the delivery of the pathway is the availability of MRI scanning. Few EDs, outside of tertiary centres, have access to 24/7 MRI scanning and many still report difficulties in accessing MRI scans within four hours even 'in-hours!'"* This is also echoed by network stakeholders.

CONCLUSION

Although only one of the five network priorities for 2023 to 2024 has been fully achieved, a lot of work has been taken forward over the past year. Each of the remaining objectives are well placed to be completed within the next financial year. Given the complexity of the improvement projects and recognising the time it has taken to undertake this work, the time frames for delivery of future priorities should be carefully considered.

Many projects have interdependent factors such as operational pressure, lack of resources and capacity within trusts and GP practices. These factors have a direct impact on the delivery of improvements. In a year in which there has been large periods of industrial action, the focus of many trusts has been on operational delivery rather than strategic planning; therefore what the network has been able to achieve in these circumstances is positive. The network needs to work with trusts to ensure that best practice is shared and that the operational benefits are tangible - for example through sharing of the ERAS protocols across organisations. The ERAS protocol has already proved to have a significant positive impact in reducing length of stay and bed days; although more time and evidence needs to pass to solidify the argument, this initiative is moving in the right direction and demonstrates improvements in spinal services and the ethos of network.

RECOMMENDATIONS

- Work with Trusts to identify more robust ways to complete the British Spinal Registry to ensure compliance to the best practice tariff. This is especially significant to King's as this performs the majority of the spinal procedures for the region.
- ERAS protocol best practice and teaching shared across the spinal centres across the region.

FINANCE

Network Funding

NHS England allocated £158,403 for the financial year 2023-2024 to King's College NHS Trust, the host site for the South East London and Kent (SELK) Regional Spinal Network.

This funding was used to support the following roles:

- Spinal Network Manager
- Enhanced Recovery Nurse
- Spinal Network Administrator

End