



## **PARTNERSHIPS COMMITTEE**

**Tuesday, 29 June 2021**

<b>REPORT TITLE:</b>	<b>RECONFIGURATION OF SPINAL SURGERY SERVICES IN CHESHIRE AND MERSEYSIDE</b>
<b>REPORT OF:</b>	<b>WIRRAL CLINICAL COMMISSIONING GROUP</b>

### **REPORT SUMMARY**

This report provides an overview of the proposal for reconfiguration of Spinal Services for Cheshire & Merseyside (C&M).

The proposal is for a single spinal service for C&M. The Partnerships Committee views are sought in respect to the review and the process for developing the proposal. Under the Health and Social Care Act, all NHS Health bodies should consult with Scrutiny Committees on service change proposals.

The Case for Change and Options Appraisal has been led by NHS England (NHSE) and overseen by an Executive Steering Group. The Case for Change was developed from a Getting it Right First Time (GIRFT) review in 2018 and accepted by the C&M Collaborative Commissioning Forum.

This proposal is due to be approved by the Boards of Liverpool University Hospitals and the Walton Centre, as the current providers of these services. The proposal will then need to be approved by the Governing Bodies of all the Cheshire and Merseyside Clinical Commissioning Groups (CCGs).

There are currently four providers of spinal surgery in Cheshire & Merseyside. CCGs commission 70% of spinal surgery from acute/secondary care providers; NHSE commission complex spinal surgery services. The proposal is for a single service model delivered via a Hub (Walton Centre) and spokes (Royal Liverpool & Halton). This single service will address:

- Unexplained variation, highlighted by GiRFT and the Cheshire and Mersey Neuro Vanguard; recommendations set out by GiRFT;
- 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, highlighted in the Walton Neuro Vanguard back pain data dashboard;
- Ensure financially efficient and sustainable services

The proposal enables implementation of a single referral pathway for emergency spinal surgery, with access to 24/7 MRI & co-location of services with the Major Trauma Centre. The Walton site will provide a concentration of specialist neurosurgeons & orthopaedic surgeons.

An analysis of the existing activity by CCG, demonstrates that a shift to a single site will have limited impact on Wirral CCG patients, as the majority are already treated at the Walton Centre. Referral pathways will be unaffected.

The proposal is expected to be cost-neutral. Current commissioning arrangements will remain in place for the time being.

## **RECOMMENDATION/S**

The Partnerships Committee are requested to:

1. Note the contents of the report and the proposal for reconfiguration to a Single Service.
2. Agree that due to the minimal impact on Wirral patients, the proposal does not represent a substantial variation in the way the service is delivered and that the proposal development process, including the approach to patient engagement, is commensurate with the scale of the proposed change.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATIONS**

1.1 This paper seeks support from Partnerships Committee for the proposed single service model. The single service model will be delivered through a hub and spokes model, with the Walton Centre as the Hub and spokes at the Royal Liverpool and Halton Hospital sites.

1.2 The rationale for this preferred option is that this service delivery model would enable the implementation of a single referral pathway for emergency spinal surgery, with access to 24/7 MRI and co-location of services with the Major Trauma Centre. The Aintree/ Walton site provides a concentration of specialist neurosurgeons and orthopaedic surgeons to undertake this work. Furthermore, this option would cause the least disruption to current patient pathways and as a result would be the most cost-effective option.

1.3 The impact of the change for Wirral patients is minimal (see 4.1 for full detail):

- The majority of Wirral Patients already access these services at the Walton centre
- The referral pathway is unchanged
- The new service delivery model will enable a single referral pathway for emergency spinal surgery, with access to 24/7 MRI and co-location of services with the Major Trauma Centre

As a result it is not considered to represent a substantial variation in the way the service is delivered.

1.4 As demonstrated in this paper, the proposal has been developed through a robust process, which has included patient engagement and staff engagement at provider level, which is considered to be commensurate with the scale of the proposed change.

### **2.0 OTHER OPTIONS CONSIDERED**

2.1 In April 2019, the Executive Steering Group reviewed four potential options to deliver the design principles for a single service model across C&M which included:

- Do nothing.
- Development of a new hospital site for all spinal surgery in Cheshire and Merseyside.

- All emergency spinal surgery takes place at a single site, with all elective surgery taking place at a different single site.
- All neuro/orthopaedic spinal surgery is carried out at a single site

2.2 A clinically-led options appraisal recommended establishing a single service, and a single team, managed by a lead commissioner with a single service specification, a single set out of outcomes and with the potential for a pooled budget and single contract. This represents the recommended option.

### **3.0 BACKGROUND INFORMATION**

3.1 This report provides an overview on progress towards delivering a single service model for Spinal Surgery in Cheshire and Merseyside (C&M). It explores the impact on Wirral patients.

3.2 The re-configuration has been led by NHS England (NHSE), and overseen by an Executive Steering Group, following acceptance of the Case for Change by the C&M Collaborative Commissioning Forum.

The full details of the proposal including the case for change are included in Appendix 1.

#### **Current Provision**

3.3 There are currently four providers of spinal surgery in Cheshire and Merseyside:

- Aintree University Teaching Hospitals \*
- The Royal Liverpool and Broadgreen University Teaching Hospitals \*
- The Walton Centre Foundation Trust -designated specialised centre for complex surgery
- Warrington and Halton Hospitals Foundation Trust

\*Aintree and Royal Liverpool and Broadgreen Hospitals have merged and are now known as Liverpool University Hospitals.

3.4 CCGs commission the vast majority (70%) of spinal surgery from acute/secondary care providers.

3.5 NHS England commissions complex spinal surgery services for adults from Specialist Spinal Surgery Centres including services delivered on an outreach basis as part of a provider network.

3.6 The majority of NHS Wirral CCG patients are treated at The Walton Centre for both non-specialist and specialist spinal surgery.

## **Vision & Key Drivers**

3.7 In February 2018, Getting it Right First Time (GiRFT) set out several recommendations to improve quality, safety and efficiency of spinal surgery services in the Cheshire & Mersey region.

3.8 A Vision was established to improve spinal services across the region by delivering a spinal service that:

Is recognised internationally as a leading spinal provider;

Integrates Liverpool University Hospitals (LUH) and Warrington and Halton Hospital (WWH) spinal provision with Walton Centre Foundation Trust (WCFT) to create a lead provider model with minimal impact on patients;

Creates a partnership between LUH, WWH and WCFT to improve patient care.

3.9 The key drivers for change, based on recommendations set out by GiRFT February 2018, are:

Unexplained variation, highlighted by GiRFT and the Cheshire and Mersey Neuro Vanguard;

Responding to the recommendations set out by GiRFT;

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, highlighted in the Walton Neuro Vanguard back pain data dashboard;

Financially efficient and sustainable services.

## **Impact on NHS Wirral CCG Patients**

### **Location:**

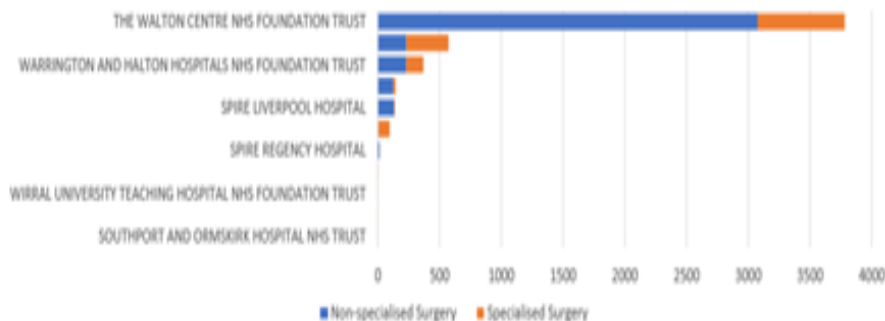
Currently the majority of Cheshire & Merseyside activity takes place on the Walton Site as seen in table 1 below:

Table 1: Overview –Activity (Spells)

- Total Spinal Surgery over the past three years across Cheshire and Merseyside averages at just over 1,700 spells per year. The split between Specialised and non-Specialised is shown below:



- The Walton Centre activity accounts for 74% of the total activity across Cheshire and Merseyside. 54% of the Total Specialised Surgery and 80% non-Specialised.



An analysis of the existing activity by CCG – table 2 below, demonstrates that a shift to a single site will have limited impact on Wirral CCG patients, as the majority are already treated at the Walton Centre.

N.B. Activity by CCG is not evenly distributed, with Liverpool and Wirral CCGs commissioning the greatest activity. Updated activity data has been requested to establish any impact on activity since the introduction of the Wirral MSK Integrated Triage Service,

Table 2: Shift in Spinal Surgery Activity by CCG (based on 2018/19 activity)

CCG_Name	Provider	18/19 Activity Current Model		18/19 Under Proposed Model		Change	
		Non-Specialised Surgery	Specialised Surgery	Non-Specialised Surgery	Specialised Surgery	Non-Specialised Surgery	Specialised Surgery
NHS LIVERPOOL CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	66	11	133	56	67	45
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	36	41	0	0	-36	-41
	SPIRE LIVERPOOL HOSPITAL	31	4	0	0	-31	-4
NHS LIVERPOOL CCG Total		133	56	133	56		
NHS WIRRAL CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	135	43	137	51	2	8
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1	8	0	0	-1	-8
	SPIRE LIVERPOOL HOSPITAL	1		0	0	-1	0
NHS WIRRAL CCG Total		137	51	137	51		
NHS ST HELENS CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	99	16	101	17	2	1
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2	1	0	0	-2	-1
NHS ST HELENS CCG Total		101	17	101	17		
NHS WEST CHESHIRE CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	69	19	79	23	10	4
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	6	3	0	0	-6	-3
	SPIRE LIVERPOOL HOSPITAL	4		0	0	-4	0
	COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST		1	0	0	0	-1
NHS WEST CHESHIRE CCG Total		79	23	79	23		
NHS KNOWSLEY CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	63	8	69	16	6	8
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	4	8	0	0	-4	-8
	SPIRE LIVERPOOL HOSPITAL	2		0	0	-2	0
NHS KNOWSLEY CCG Total		69	16	69	16		
NHS WARRINGTON CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	58	12	58	16	0	4
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST		3	0	0	0	-3
	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST		1	0	0	0	-1
NHS WARRINGTON CCG Total		58	16	58	16		
NHS HALTON CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	52	11	59	14	7	3
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2	3	0	0	-2	-3
	SPIRE LIVERPOOL HOSPITAL	5		0	0	-5	0
NHS HALTON CCG Total		59	14	59	14		
NHS SOUTH SEFTON CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	49	13	55	17	6	4
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3	4	0	0	-3	-4
	SPIRE LIVERPOOL HOSPITAL	3		0	0	-3	0
NHS SOUTH SEFTON CCG Total		55	17	55	17		
NHS SOUTHPORT AND FORMBY CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	38	9	40	11	2	2
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1	2	0	0	-1	-2
	SPIRE LIVERPOOL HOSPITAL	1		0	0	-1	0
NHS SOUTHPORT AND FORMBY CCG Total		40	11	40	11		
NHS SOUTH CHESHIRE CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	4		4	1	0	1
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST		1	0	0	0	-1
NHS SOUTH CHESHIRE CCG Total		4	1	4	1		
NHS VALE ROYAL CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	2		2	1	0	1
	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST		1	0	0	0	-1
NHS VALE ROYAL CCG Total		2	1	2	1		
NHS EASTERN CHESHIRE CCG	THE WALTON CENTRE NHS FOUNDATION TRUST	2		3	0	1	0
	SPIRE REGENCY HOSPITAL	1		0	0	-1	0
NHS EASTERN CHESHIRE CCG Total		3		3			

### 3.1.1 Referral Pathway:

The current referral pathway for planned care is via the MSK Integrated Triage Service, this will not change.

However, the new service delivery model will enable a single referral pathway for emergency spinal surgery, with access to 24/7 MRI and co-location of services with the Major Trauma Centre.

The Aintree/Walton site will provide a concentration of specialist neurosurgeons and orthopaedic surgeons to undertake this work.

A single complex spinal Multi-Disciplinary Team (MDT) meeting would take place weekly to review all complex spinal surgery elective and non-elective cases, all metastatic spinal cord compression (MSCC) cases and Spinal infections that require surgery.

## **4.0 FINANCIAL IMPLICATIONS**

4.1 The proposed option causes the least disruption to current patient pathways and as a result is the most cost-effective option. From a CCG Commissioning perspective, the project is cost neutral. There are no cost implications from a Council perspective.

## **5.0 LEGAL IMPLICATIONS**

Each clinical commissioning group has the function of arranging for the provision of health services in its area in accordance with the National Health Services Act 2006.

Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the CCG must consult the local authority about any proposal which they have under consideration.

There are no legal implications for Wirral Council.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

Impact assessments available in Appendices three and four include staffing, ICT and assets implications.

The lead commissioner has undertaken engagement with affected services which are supportive of the proposals.

## **7.0 RELEVANT RISKS**

No risks have been identified, however this will be reviewed as the proposal is further developed.

Quality Impact Assessment has been completed. See Appendix three

## **8.0 ENGAGEMENT/CONSULTATION**

NHS commissioners and providers are required to meet statutory duties in relation to public involvement and consultation, and local authority consultation, as set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

The main commissioner, Cheshire and Merseyside Collaborative Commissioning Forum, has, with input from a number of parties and consideration of the guidance, determined how and the extent to which other CCGs should be part of the decision making arrangements. As a result, CCGs have been involved in the development process and are asked to engage relevant Overview and Scrutiny committees prior to Governing Body approval.

Cheshire and Merseyside Collaborative Commissioning Forum have undertaken discussions with the Spinal Injuries Association, which advised that a survey of patients in outpatient settings would be a good method of engagement with this specific community of interest.

The full Engagement Report is included in Appendix two. In summary, the report concluded:

There was support across all participants for the proposal to bring spinal surgery together in one location.

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.

A key factor influencing participants support for the proposal was the fact that clinicians would follow the patient across sites and be part of one clinical team.

Some concerns were expressed regarding the reduced number of beds planned in the future model and whether this would increase waiting times for surgery. While participants were reassured, once they understood how the numbers of beds was

calculated, that a decline in provision is not intended, this did remain a source of anxiety with the proposals.

While willing to travel further for specialist care, participants did make the point that any centralised centre must have good transport links that are accessible and adequate car parking facilities on site.

In addition, The proposal is supported by a clear clinical evidence base:  
GiRFT review of spinal surgery services in Cheshire and Merseyside  
Compliance with national guidance such as NG59 and the national low back and radicular pain pathway  
Medical Directors and spinal surgery consultants have led the development of the service model

The proposal is consistent with current and prospective need for patient choice:  
The proposed model increases patient choice for outpatient appointments, with an additional location for appointments in Halton, and no change to existing sites

Patients with low comorbidities having non-complex surgery would have a choice of two sites for surgery, (Walton or CMTC) if clinically appropriate

The increase in sites for outpatient appointments would offer additional choice and the potential to increase the number of appointments available, based on any changes in demand. This will help to build a sustainable service for the future

## **9.0 EQUALITY IMPLICATIONS**

Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

An Equality Impact Assessment has been undertaken. See Appendix four.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

There are no implications identified.

**REPORT AUTHOR: Sue Borrington**  
**Head of Planned Care Commissioning, Wirral CCG**

## APPENDICES

- Appendix 1 Report:  
Reconfiguration of Spinal Surgery Services in Cheshire and Merseyside:  
Update to Cheshire and Merseyside Collaborative Commissioning Forum
- Appendix 2 Engagement Report
- Appendix 2 Quality Impact Assessment

## BACKGROUND PAPERS

<https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/01/Spinal-Services-Report-Mar19-L1.pdf>

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Partnerships Committee	9 <sup>th</sup> November