

Cheshire and Merseyside Collaborative Commissioning Forum

Date of Meeting: Friday 24th July 2020

Report of:

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Title of Report:

Reconfiguration of Spinal Surgery Services in Cheshire and Merseyside: Update to Cheshire and Merseyside Collaborative Commissioning Forum

Recommendations/Actions:

Cheshire and Merseyside STP Collaborative Commissioning Forum are requested to:

- **Note the progress made in developing the proposal for a single spinal service for Cheshire and Merseyside, and the temporary changes that have been implemented in light of COVID-19;**
- **Agree which Cheshire and Merseyside CCG populations are materially impacted by the proposed service change, which will determine which CCG's will need to undertake a formal process, including Governing Body decision to approve the proposal and agreement with Local Authority Overview and Scrutiny Committees on the nature of the service change and engagement;**
- **Agree lead commissioning arrangements, subject to approval, for the new single spinal service for Cheshire and Merseyside.**

Executive Summary:

This report provides an update on progress towards delivering a single service model for Spinal Surgery in Cheshire and Merseyside. The previous update to the Collaborative Commissioning Forum set out the case for change, included as an appendix to this report.

There are currently four providers of spinal surgery in Cheshire and Merseyside. A proposal is being developed by providers to improve quality and outcomes by establishing a single service, a single team and a lead commissioner.

A clinically-led options appraisal has identified a preferred option for all complex and emergency spinal surgery to be delivered at the Aintree/Walton site in Liverpool, with the Walton Centre as the hub, and spoke services at the Royal Liverpool and Halton Hospital sites.

The formal service change programme was paused in February 2020 to focus on the COVID19 response. However, as part of this response, the Liverpool University Hospitals spinal surgery service based at the Royal Liverpool site was temporarily relocated to the Walton Centre in order to release bed capacity on the acute site. The service will remain at the Walton Centre until at least August 2020. In addition, the Walton Centre have issued honorary contracts to the Royal Liverpool surgeons, which has enabled the establishment of a single spinal surgery team from 3rd July 2020.

The next steps in the proposal process include:

- Completion of quality and equality impact assessments based on the proposal;
- Further development of the detailed operational delivery model;
- Discussions between relevant CCGs and Overview and Scrutiny Committees about the nature of the service change;
- Agreement of appropriate commissioning governance and decision-making, based on impact on the population of each CCG;
- Agreement on lead commissioner arrangements;
- Conduct appropriate patient engagement;
- Conduct provider staff engagement and consultation;
- Develop a consistent pre-hospital care pathway across CCGs.

1 Background and context

Spinal Services provide treatment for a diverse and complex range of conditions, ranging from the conservative management of disabling spinal pain, the correction of congenital spinal deformations to metastatic cord compression. Delivery of these services involve both orthopaedic and neurosurgical specialties, and a scope of activity that ranges from high volume interventions to highly specialised procedures delivered in specialised centres.

Spinal Surgery sits across both specialised and non-specialised activity and therefore has multiple commissioners of the pathway. It also works within the trauma service and network and this has significant implications in terms of geography and on-call commitments.

In Cheshire and Merseyside there are four commissioned providers of adult spinal surgery, these are:

- Aintree University Teaching Hospitals.
- The Royal Liverpool and Broadgreen Hospitals Trust
- The Walton Centre NHS Foundation Trust
- Warrington and Halton Hospitals NHS Foundation Trust

In 2014, NHS England began to commission complex spinal surgery in Warrington. Concerns about the service were identified and an external review was commissioned, which made several recommendations in May 2015. Thereafter, the Trust took steps to improve its spinal surgery service, but in 2017, the occurrence of four serious incidents at Warrington, led to the suspension of both complex and non- complex spinal surgery. The suspension remains in place to date.

In July 2017, NHS England specialised commissioning and Warrington Hospital requested an independent review of spinal surgery at Warrington Hospital, carried out by the Royal College of Surgeons in November 2017. The final report was produced in March 2018 with several recommendations regarding the future of spinal surgery service arrangements at both Warrington Hospital and more widely across Cheshire and Merseyside, to address issues regarding differences in clinical decision making in areas such as the use of disc replacement procedures over spinal fusion surgery and in some circumstances a preference for surgery over more conservative management, which were divergent from regional and national clinical trends.

In February 2018, Getting it Right First Time held a senate to set out findings and recommendations resulting from their review of Spinal Surgery services in Cheshire and Merseyside. The recommendations included:

- Development of a single on-call rota for out of hours/emergency consultant cover;
- Complex spinal surgery should take place on a single site and should be co-located with Major Trauma;

- Implementation of robust arrangements for access to out of hours imaging for the early identification of Cauda Equina Syndrome;
- All spinal surgery providers should be 100% compliant with reporting data on the British Spinal Registry;
- Deformity surgery should take place at scale with a single MDT and should be co-located with cancer services. If this is not possible, there should be significant “in-reach” to cancer services;
- Implementation of the National Back Pain and Radicular Pain Pathway across Cheshire and Merseyside
- Elective surgery should be performed at scale

These recommendations were adopted as the design principles for a programme of work to establish a single service model for spinal surgery in Cheshire and Merseyside.

The vision is to improve spinal services across Cheshire and Merseyside by delivering a spinal service that:

- Excels in quality, safety, consistency in excellent patient experience, research, innovation and teaching;
- Is recognised internationally as a leading spinal provider;
- Integrates LUH and WHH spinal provision with WCFT to create a lead provider model with minimal impact on patients;
- Creates a partnership between LUH, WHH and WCFT to improve patient care.

The key drivers for change are:

- Unexplained variation, highlighted by Getting it Right First Time and the Cheshire and Mersey Neuro Vanguard;
- Responding to the recommendations set out by Getting it Right First Time;
- 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.

An Executive Steering Group was established in June 2018, the membership of which included service leads, clinicians and Medical Directors of provider Trusts, CCG representation, Chaired independently by a member of the Spinal Surgery Clinical Reference Group.

Cheshire and Merseyside Accountable Officers agreed to support the development of a shared commissioning approach to Spinal Surgery services in September 2018. The preferred option being to work towards a lead commissioner model with a single contract and single service specification for all commissioned providers within the pathway. Work commenced to establish a commissioning model and a service delivery model that is efficient, equitable and effective and that contributes to local delivery of the NHS Long Term Plan. Elements of the treatment pathway which need to be addressed include:

- Redirecting of GP referrals in some cases through improved referral guidance;
- More frequent use of conservative clinical management options in primary care prior to referral to hospital where appropriate and evidence based;
- Increased differentiation in the triage process for referrals to secondary care so that the appropriate patients are seen by the correct specialty;
- Protocols for the identification and referral of patients in emergency cases;
- Streamlining of care pathways using direct access to diagnostic procedures such as MRI, for example, using agreed criteria;

- Responding to patient choice where more than one treatment option could be offered.

In April 2019, the Executive Steering Group reviewed four potential options to deliver the design principles for a single service model across Cheshire and Merseyside which included:

1. Do nothing
2. Development of a new hospital site for all spinal surgery in Cheshire and Merseyside
3. All emergency spinal surgery takes place at a single site, with all elective surgery taking place at a different single site.
4. All neuro/orthopaedic spinal surgery is carried out at a single site

The Spinal Surgery Executive Steering Group conducted an options appraisal which set out a preferred option for all complex and emergency surgery to take place at the Aintree/Walton site and the majority of non-complex spinal surgery to remain at the Walton Centre, with the option of exploring additional capacity at Warrington and Halton Hospitals for non-complex spinal surgery.

The rationale for the preferred option was 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.

In October 2019, a Clinical Design Workshop was held, chaired by Michael Gregory and attended by Medical Directors, Consultant spinal surgeons, service leads, and the Spinal Surgery GiRFT Ambassador and CCG representatives. The purpose of the workshop was to seek clinical endorsement of the service delivery model and to set key actions and timescales for the development of the detailed operational delivery model in order to assess the impact of such change and to engage NHS England, CCG Governing Bodies and OSCs regarding the level of stakeholder engagement required in order to comply with statutory requirements to involve.

In December 2019, Liverpool CCG, on behalf of Cheshire and Merseyside CCGs, shared the proposed service change for a single spinal surgery service as part of the NHS England service change assurance Checkpoint 1. The feedback from NHS England was that the scale of change and the level of impact pointed to an engagement approach rather than formal consultation, however further detail was required in the form of a completed business case and impact assessments, discussions with CCG Governing Bodies and relevant Overview and Scrutiny Committees (OSCs).

2 Operational Delivery model

The operational delivery model, which is in the final stages of completion by providers, sets out the proposed locations for outpatients, non-complex spinal surgery, complex spinal surgery and emergency spinal surgery. Wherever clinically appropriate, patient choice will be encouraged and supported.

A summary of the delivery model is set out below.

The proposed single service model is through a hub and spokes model, with the Walton Centre as the Hub and spokes at the Royal Liverpool and Halton Hospital sites.

Elective Service

The proposed elective service model is underpinned by the strategic aims and recommendations from GiRFT. Under the new model all elective spinal activity will be owned by a lead provider to ensure consistency with governance arrangements across the region and

address the disparity and inconsistency in clinical decisions and management of patients. The proposed lead provider would be the Walton Centre (WCFT).

The majority of elective surgery would be carried out at WCFT, performed at scale, with the potential for some non-complex cases to be performed at CMTC in Halton as WCFT activity. All complex and non-elective surgery would be performed at WCFT.

There will be one regional on-call complex spinal rota for out of hours/emergency consultant cover.

Outpatients

Under the new service model there would be no change to the location of outpatient clinics, other than the introduction of spinal clinics taking place at Halton. The outpatient clinics under WCFT would continue to be held at WCFT, with satellite regional clinics in Whiston, Wigan, Chester, Southport, Isle of Man and Wirral. This model provides local access for more of the patient pathway.

MCAS

WCFT runs an MCAS service consisting of 3 WTE senior extended scope practitioners who work alongside a consultant spinal surgeon for outpatient clinics. Under the new service model there would be no change to the MCAS provision at WCFT. The Royal Liverpool Hospital MCAS service would continue to accept referrals from primary care in Liverpool. The MCAS service based within Aintree Hospital would continue to accept referrals from primary care and under the new service model, continue to be able to refer appropriate patients for spinal surgery.

Inpatients

The majority of elective surgery will be carried out at WCFT in order to benefit from surgery performed at scale, with potential for some non-complex cases to be performed in Halton as WCFT activity. All complex and non-elective surgery will be performed at WCFT.

A capacity and demand exercise has been undertaken with regards to the current utilisation of WCFT operating theatres which shows that by utilising current capacity more efficiently and by potentially moving some simple spinal operations to Halton there would be enough space to accommodate the four operating consultants from LUH and the two consultants from WHH.

The proposed service model would see all spinal patients who require an elective operation to have a pre-operative assessment carried out by a specialist spinal nurse at WCFT.

A single complex spinal 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.

Non-Elective Model

The new service model for non-elective patients proposes that patients would either be transferred to WCFT if spinal surgical input is required, sent for further investigations at the referring hospital or discharged home safely with an urgent or routine outpatient appointment.

In order to minimise the disruption to existing services and to limit the impact on patient experience and to maintain high quality service delivery during the transition of service delivery models, the implementation of changes would be divided in to two phases. Phase 1 would encompass changes to outpatient services and the transition of spinal surgery from the Royal

Liverpool site to the Walton Centre. Phase 2 would be to develop a non-complex surgical service at the Cheshire and Merseyside Treatment Centre (CMTCC) in the Halton Hospital site.

The completed operational delivery plan will inform a business case which will incorporate a benefits realisation case, activity and outcome data and financials.

3 Activity

The chart below demonstrates spinal surgery activity within Cheshire and Merseyside

Overview – Activity (Spells)

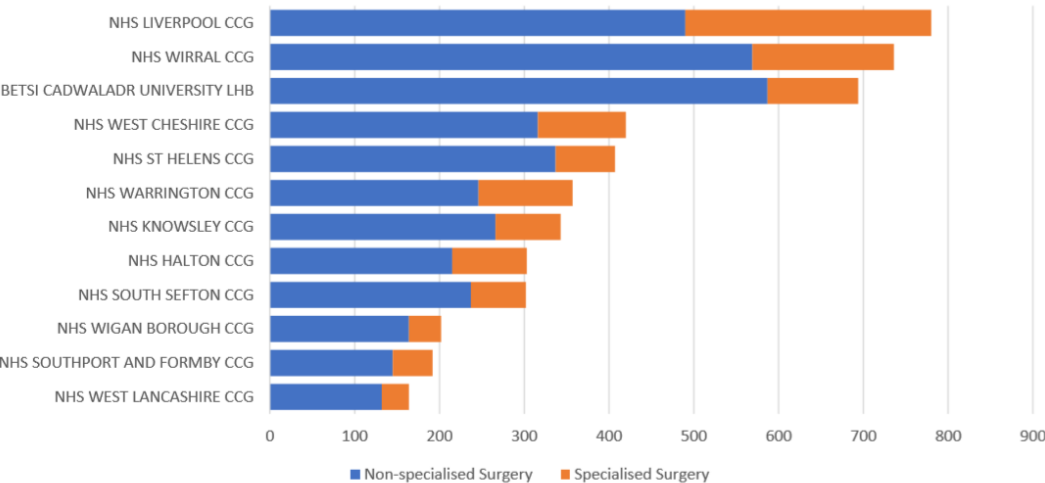
- Total Spinal Surgery over the past three years across Cheshire and Merseyside averages at just over 1,700 spells per year. The split between Specialised and non-Specialised is shown below:



- 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.



The allocation of this activity by CCG is detailed in the chart below:



The table below shows the shift in spinal surgery activity that would take place from the Royal Liverpool site to the Walton Centre (based on 2018/19 activity levels).

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	0		

This data demonstrates that:

- CCGs' commission the greater proportion of spinal surgery across Cheshire and Merseyside;
- The scale of spinal surgery is not significant in the context of major service reconfiguration;
- Activity by CCG is not evenly distributed, with Liverpool and Wirral CCGs commissioning the greatest activity, followed by other North and Mid Mersey CCGs; with Cheshire CCG commissioning negligible activity.

This data is presented to inform agreement by the Collaborative Commissioning Forum about which CCGs are required to undertake a process in order to make a decision on this proposed service change.

4 Assurance and Decision-Making

NHS commissioners and providers are required to meet statutory duties in relation to public involvement and consultation, and local authority consultation, 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.

In determining the approach where services are commissioned by two or more commissioners, the number of commissioners that need to be involved in engagement or

consultation will depend on the scale of services commissioned and the impact on their patients and public.

The main commissioner(s) need to determine how and the extent to which other CCGs should be part of the decision making arrangements. Each relevant CCG should be engaged to agree their involvement in decision making and the approach formally agreed, this case by the Cheshire and Merseyside Collaborative Commissioning Forum. CCGs also need to consider whether NHS England should be a commissioner and decision-maker. Other CCGs are able to respond as consultees.

A high level review of the spinal surgery proposal against the four tests, and the additional test for proposed bed closures, is summarised below:

1. Strong public and patient engagement

This depends on the level of change and the impact of these changes on patient groups, particularly disadvantaged groups. Discussions have taken place with the Spinal Injuries Association, which has advised that a survey of patients in outpatient settings would be a good method of engagement with this specific community of interest.

2. Consistency 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.

3. Clear clinical evidence base

The design principles of this programme are based on recommendations from the GiRFT review of spinal surgery services in Cheshire and Merseyside. The model ensures compliance with national guidance such as NG59 and the national low back and radicular pain pathway. The proposed service delivery model would improve patient experience, clinical outcomes, MDT decision-making and will reduce low volume or occasional practice. Medical Directors and spinal surgery consultants have led the development of the service model.

4. Support for proposals from clinical commissioners

The spinal programme has included representation from CCG commissioners across Cheshire and Merseyside and Specialised Commissioning. There have also been updates to Accountable Officers through the Collaborative Commissioning Forum to seek ongoing support for the proposal.

NHS England Assurance

Following stage 1 assurance, commissioners discussed next steps earlier in the year from NHS England regarding the remaining assurance process. At the time the view was that the change to spinal services may not represent a major service configuration and to engage with relevant Overview and Scrutiny Committees to agree an engagement approach.

Commissioners have recently asked NHS England for confirmation of this earlier view and we await a response.

5 Milestones and Next Steps

Prior to the COVID-19 pandemic, spinal surgery providers had intended to implement the change to services in September 2020. The pause in the programme has created challenges to this timescale - indicative timescales are summarised below, which would enable the service change to be agreed by September. This is acknowledged to be a challenge.

Providers are intent in avoiding the need to reinstate the spinal surgery service at the Royal Liverpool site from its temporary relocation to the Walton Centre, as this would be disruptive to patients and to the integration of the spinal team.

The next steps in this process are:

- Completion of impact assessments, when the business case is completed. This will enable informed discussions with CCG Governing Bodies and Overview and Scrutiny Committees to agree the level of stakeholder engagement required; (July 2020)
- Further development of the detailed operational delivery model and business case being undertaken by the Spinal Provider Board; (July 2020)
- To agree lead commissioning arrangements; (July 2020)
- Providers to conduct patient engagement; (July-August 2020)
- For commissioners to agree and undertake the governance and decision-making process for this service change, once the business case has been completed; (July – September 2020)
- Providers to conduct timely and sufficient staff consultation regarding the changes to service delivery; (July – August 2020)
- Ongoing work to develop a consistent pre-hospital care pathway across CCGs to address demand management and capacity issues outside of the scope of this report.

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STP paper
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APPENDIX 2: Full data set



1819 Spinal Activity
Shift - CM Providers.x
