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Welsh Health Specialised  
Services Committee (WHSSC)

# **Specialised Services Operational Delivery Network: CP241**

## **Spinal Services Operational Delivery Network**

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## **Statement**

Welsh Health Specialised Services Committee (WHSSC) commission the Spinal Services Operational Delivery Network (ODN) for people resident in South Wales, West Wales and South Powys in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

## **Disclaimer**

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this document.

## 1. Introduction

This document has been developed for the planning, and delivery of the Spinal Services Operational Delivery Network (ODN) for people resident in South Wales, West Wales and South Powys.

The ODN will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and for residents of the following Health Boards:

- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board (South Powys only)
- Swansea Bay University Health Board

The ODN does not cover the population of North Wales and North Powys, as they access spinal surgery services provided by Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, University Hospitals of North Midlands NHS Trust, and The Walton Centre NHS Foundation Trust.

### 1.1 Background

A Spinal Services Operational Delivery Network (ODN) involves cross-organisation and clinical multi-professional working, through a whole system collaborative approach, ensuring delivery of safe and effective services across the patient pathway.

Spinal disorders cost the NHS more than £1000 million per year<sup>1</sup> and are mostly managed within primary care. However a large proportion of all musculoskeletal triage services activity is spinal disorder related, for example in South Wales, West Wales and South Powys the number is approximately 50%. A total of 2,000 patients per annum in Wales receive spinal surgical interventions.

Spinal surgery is a high-risk specialty, provided by orthopaedic surgeons and neurosurgeons. To ensure patients have the best possible experiences and outcomes, services need to be appropriately configured and resourced. This should allow seamless access to both non-surgical management and the development of effective care pathways to facilitate admission to a designated surgical centre, within an appropriate timeframe.

After the reorganisation of neurosurgery services in South and West Wales in 2010, a number of attempts were made to further improve the

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<sup>1</sup> <https://www.nice.org.uk/guidance/ng59/update/NG59/documents/low-back-pain-update-draft-scope2>

organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.

Following discussion at the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys.

The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was submitted to the Regional and Specialised Services Programme (RSSPPP) in March 2021 and is waiting to be published. It concluded that the current arrangements for commissioning spinal services in South and West Wales were not fit for purpose, and that spinal services need to be underpinned by a clear strategy for delivery and commissioning.

The report included the following recommendations:

1. Services for patients with spinal conditions must be modernised, with patient centred pathways which are clinically informed and underpinned by the Value-Based healthcare principles.
2. The outputs from the Regional and Supraregional working groups should be used to inform the future delivery and commissioning of services for patients with spinal conditions.
3. The working group risk registers and issues logs must be reviewed by the Health Boards within each region in order to agree the actions required to reduce risk to an acceptable level.
4. Health Boards must formalise their commissioning arrangements for spinal conditions.
5. A shadow network should be established as soon as possible, in order to maintain the momentum of the work undertaken to date by the spinal conditions' community.
6. An Operational Delivery Network should be established with the operational authority to:
  - a. maintain and coordinate patient flow across the spinal surgery pathway.
  - b. lead the development, and coordinate implementation and delivery of standards and pathways.

- c. promote and support cross-organisational and clinical multi-professional collaboration.

The recommendation to establish an ODN was agreed by NHS Wales Health Collaborative Executive Group (CEG) in July 2021. WHSSC were then asked to commission the ODN on behalf of the six Health Boards in South Wales, West Wales and South Powys.

## **1.2 Aims and Objectives**

The aim of this document is to define the requirements and standards for delivering the Spinal Services Operational Delivery Network (ODN).

The overarching aim of the ODN is to improve the experience and outcomes of patients, who require elective or emergency spinal surgery.

This is underpinned by the following objectives:

- To develop a whole pathway service specification for an All Wales Spinal and Surgery Services, in collaboration with the NHSE Spinal Networks that support the North Wales services.
- To foster and promote a collaborative approach to improve patient experience, and outcomes across the network, and at an intra-network level.
- To embed the principles of Value-Based healthcare within the spinal surgery pathways.
- To develop and implement a network wide continuous process of system evaluation, governance, performance and quality improvement.
- To maintain patient flow across South Wales, West Wales and South Powys, ensuring timely and equitable access to local and specialist care, including supraregional services and spinal injury rehabilitation.
- To develop and deliver a network-wide multi-disciplinary training and education programme across Spinal Hubs, Spinal Partners, and Non-Spinal Partners, and to work with other networks to identify opportunities to deliver cross network training.
- To support research on the management of spinal conditions.
- To develop and implement a network-wide audit programme and support the submission of data into national registries and audit databases.
- To facilitate benchmarking with NHS England (NHSE) spinal surgery networks and identify and disseminate best practice.
- To promote service improvement and identify opportunities for innovation in the management of spinal conditions.

- To lead the development of a network wide workforce and service development plan to maintain the resilience and sustainability of spinal surgery services in line with best practice, evolving pathways, techniques and technologies.
- To provide advice on future service provision to commissioners and providers, including the designation of regional and supraregional services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments.
- To facilitate the delivery of the commissioning framework.

### **1.3 Relationship with other documents**

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - [A Healthier Wales: Our Plan for Health and Social Care](#): Welsh Government (2019)
  - [National clinical framework: a learning health and care system](#): Welsh Government (2021)
- **WHSSC policies and service specifications**
  - [Trauma Operational Delivery Network](#), Service Specification (CP199), WHSSC, February 2021
  - [All Wales Posture and Mobility Service](#) Specialised Services Service Specification (CP59), WHSSC, April 2017
  - [Specialised Spinal Cord Injury Rehabilitation](#) (CP 141), WHSSC, February 2018
- **National Institute of Health and Care Excellence (NICE)**
  - [Spinal Injury: assessment and initial management](#), NICE Guideline (NG41), February 2016
  - [Low back pain and sciatica in over 16s: assessment and management](#). NICE Guideline (NG59), December 2020
  - [Metastatic Spinal Cord Compression in adults: risk assessment, diagnosis and Management](#). NICE Clinical Guideline (CG75). November 2008
  - [Percutaneous vertebroplasty and percutaneous balloon kyphoplasty for treating osteoporotic vertebral compression fractures](#). NICE Technology Appraisal (TA279) April 2013
  - [Direct C1 Lateral Mass screw for cervical stabilisation](#). NICE Interventional Procedures Guidance (IPG146). December 2005
  - [Prosthetic intervertebral disc replacement in the lumbar spine](#). NICE Interventional Procedures Guidance (IPG306). July 2009

- [Lateral Interbody Fusion in the lumbar spine for low back pain.](#) NICE Interventional Procedures Guidance (IPG574). February 2017
- [Transaxial interbody lumbosacral fusion for severe chronic low back pain.](#) NICE Interventional Procedures Guidance (IPG620). July 2018
- [Non-rigid stabilisation techniques for the treatment of low back pain.](#) NICE Interventional Procedures Guidance (IPG366). November 2010
- [Percutaneous coblation of the intervertebral disc for low back pain and sciatica.](#) NICE Interventional Procedures Guidance (IPG543). January 2016
- [Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica.](#) NICE Interventional Procedures Guidance (IPG544), January 2016
- **NHS England**
  - [Complex Spinal Surgery Services \(All ages\)](#) Service Specification: URN 1738, NHS England (2021)
  - [Spinal cord injury services \(All ages\)](#) Service Specification: 170119S ,NHS England (2019)

## 2. Service Delivery

The Welsh Health Specialised Services Committee commission the Spinal Services Operational Delivery Network for South Wales, West Wales and South Powys in line with the criteria identified in this document.

### 2.1 Elements of the Spinal Services Operational Delivery Network

The ODN acts as an overarching network for the South East Wales and the South West Wales regional spinal surgery networks for residents within the following areas:

- South East Wales:
  - Aneurin Bevan University Health Board
  - Cwm Taf Morgannwg University Health Board
  - Cardiff & Vale University Health Board, and
  - South Powys.
- South West Wales:
  - Swansea Bay University Health Board
  - Hywel Dda University Health Board, and
  - South Powys

Each region contain the following elements of service provision:

- **Non-Spinal Partner Hospitals**

Hospitals with an emergency department but without any surgeons undertaking spinal surgery on site.
- **Spinal Partner Hospitals**

These hospitals may have Spinal Consultants offering 'non-specialised' +/- 'specialised' spinal surgery and may offer an emergency service without a 24/7 emergency on-call.
- **Spinal Hubs**

These hospitals are where the 24/7 emergency spinal service is located but not necessarily where all the emergency work for the region is done. Spinal Hubs can provide regional or supraregional services.

The ODN will develop, monitor, and review the pathways for each region, and clarify the roles of non-spinal and spinal partner hospitals and the regional and supraregional spinal hubs.

### **2.1.1 Regional Services**

The following spinal surgery services should be delivered within each regional spinal surgery network:

- Adult deformity and specialised orthopaedic spinal surgery
- Cauda equina syndrome
- Spinal infection
- Intradural pathology
- Metastatic spinal cord compression
- Non-specialised degenerative cervical spine
- Non-specialised degenerative lumbar spine.

### **2.1.2 Supra Regional Services**

The following spinal surgery services should be delivered on a supra-regional basis:

- Paediatric spinal surgery
- Major trauma
- Spinal injury rehabilitation

In addition to the Supra Regional Services, the ODN will establish Supra Regional MDTs for the following areas:

- Adult deformity
- Intradural pathology.

## **2.2 Service description**

The ODN should meet the standards as set out below. A three-year phased approach will be adopted from the launch of the Spinal Services ODN in June 2022.

### **2.2.1 Essential criteria**

The following aspects are considered essential and are critical to the successful delivery of the Spinal Services ODN:

- **Strategic planning**
  - Provide professional and clinical leadership across the network.
  - Collaborate with other relevant networks to ensure coproduction of phases of pathways that may have cross cutting themes.
  - Develop and implement an effective framework for monitoring quality and performance; and to establish a network-wide audit programme.

- Develop a value-based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway, and reducing interventions of limited efficacy.
  - Provide advice on future service provision to commissioners and providers, including the commissioning, delivery, designation of regional and supra-regional spinal services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments.
  - Host a risk and issues register and undertake risk and issue management across the network.
  - Produce quarterly and annual reports for the Network Board Delivery Assurance Group and WHSSC
  - Develop an annual working plan for the network to deliver against the quality and delivery framework.
  - Contribute to a comprehensive evaluation programme of the network.
  - Develop a longer-term plan (5-10 years) to ensure new capabilities can be brought into core operations as quickly and efficiently as possible.
- **Operational delivery**
    - The ODN will have the operational authority to maintain, coordinate and when necessary, direct/arbitrate patient flow across the spinal pathway.
    - Lead the development, and coordinate implementation and delivery of standards and pathways.
    - Ensure improved access and equity of access to spinal services.
    - Be responsible for monitoring of day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand.
    - Support capacity planning and activity monitoring across the whole of the spinal pathway.
    - Support workforce monitoring to ensure minimum standards are met in line with network specifications and policies, for areas providing spinal services across the pathway e.g. FCPs, triage & treat APP/ESP/AMP spinal specific appointments, Spinal surgical hub team junior surgeon and medical/ Orthogeriatric cover.
    - Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit and peer review.

- Deliver a Spinal Services Network Annual Report and intended work plan to ensure consistent evaluation and development.
- **Tactical (local) advice and support to commissioners**
  - Develop both clinical and operational policies and specifications to support the commissioning of spinal services.
  - Improve availability of quality and performance data to inform the commissioning of spinal services.
- **Improved quality and standards of care**
  - Mandate the use of the British Spine Registry across the pathway in line with network and pathway specific specifications.
  - Develop and implement network protocols for patients.
  - Develop value-based healthcare outcomes
  - Deliver a robust clinical governance framework across the ODN.
  - Evaluate and ensure consistent revision of policies and protocols where appropriate to support the delivery of spinal services.
  - Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance.
  - Ensure on-going workforce establishment infrastructure, training and best practice models are embedded and contribute to improved quality performance e.g. Frailty and medical models.
  - Use both clinical and operational process and outcome measures to compare and benchmark providers.
  - Deliver an annual quality improvement and audit programme.
- **Partnership development**
  - Engage with patient representatives and all relevant third sector organisations.
  - Promote and support cross-organisational and clinical multi-professional collaboration.
  - Link with other relevant networks across NHS Wales and NHS England.
  - Embed communication strategies and key communication deliverables.
  - Monitor and performance manage active engagement by members in the network to improve performance against agreed outputs.
  - Participate in relevant national policy or guideline development.

### **2.2.2 Desirable/aspirational areas of development**

The following aspects are considered desirable or aspirational. Whilst not critical to the successful implementation of the ODN, they represent future areas of development for the Spinal Services ODN:

- Instigate a research programme for the spinal pathway.
- Instigate a spinal health promotion scheme.
- Support development of spinal networks in other parts of Wales.
- Design and develop an effective and fully integrated digital infrastructure for spinal services.
- Design and develop an effective training and education programme for spinal services across South Wales, West Wales and South Powys.
- Work with all providers across the spinal pathway to review current practice and evaluate the evidence base for non-surgical and surgical interventions.

### **2.3 Staffing**

In order to deliver the service specification recommendations and quality indicators there is a requirement to establish a spinal services ODN management team. The management team should consist of following core staff members:

- ODN Manager
- Admin support
- Programme Support
- Network Clinical Director (sessional)
- Network Board Chair

Swansea Bay University Health Board (SBUHB), in its role as host health board of the ODN, is responsible for the delivery of all elements of this service specification. SBUHB will also be expected to provide HR support, finance support, accommodation and other support functions as deemed necessary by the ODN management team. The Senior Responsible Officer to the ODN will be an Executive from the host health board.

### **2.4 Governance Structure**

The organisational governance structure should ensure clear lines of accountability and responsibility across the pathway, in order to achieve the best possible outcomes and experience for patients. This should align with the overarching aim of the ODN, to improve the experience and outcomes of patients, who require elective or emergency spinal surgery.

The arrangements need to create an environment in which all components of governance are delivered openly and transparently. In addition, all providers should contribute equally, and positively to the governance activities of the network.

The ODN clinical governance structure should consist of the following:

- **Spinal Services Network Delivery Assurance Group (DAG)**  
This group will have top level system oversight and ownership. In the first year of the establishment of the ODN, the group will meet bimonthly, and quarterly thereafter. The group will be chaired by a WHSSC Executive or WHSSC Independent member and will be accountable to WHSSC Joint Committee.
- **Spinal Services Network Board (NB)**  
The board will oversee clinical and operational delivery, and is responsible for ensuring timely escalation, management and resolution of clinical and operational issues. The board will meet monthly, and will be chaired by an independent chair. The board will have a performance management function and maintain operational authority.

Both the DAG and NB will ensure

- delivery against the commissioning framework
- the timely escalation of issues to the organisations responsible for delivering the patients care
- that all learning and achievements are reported into the senior leadership structure of the NHS.

Both the DAG and NB will be supported by core subgroups within the network where they can discharge and commission their responsibilities.

The core subgroups and their function are described below:

- **Governance**  
A meeting of the spinal hubs and spinal partners to discuss, review and advise on supraregional and regional network governance issues. The work programme of this subgroup will be also be informed by the outputs of the Quality Improvement subgroup.
- **Workforce & Service Development**  
Develop a network wide workforce and service development plan to maintain the resilience and sustainability of spinal surgery services in line with best practice, evolving pathways, techniques and technologies.

- **Education and Training**  
Develop and implement training and education programmes across the network, linking with HEIW and other national training and education partners regarding training requirements, etc.
- **Quality Improvement**  
Develop a framework for system evaluation, governance and performance and quality improvement, including benchmarking with NHS England networks and identifying and disseminating best practice.
- **Rehabilitation**  
Develop the framework for spinal rehabilitation across the network, including interfaces between Welsh Spinal Injury Rehabilitation Centre and local and community-based rehabilitation and requirements for supporting repatriation to enable delivery of care closer to home.
- **Clinical Reference Group**  
A Clinical Reference Group will be formed by the leads from the Governance, Workforce & Service Development, Education and Training, and Quality Improvement subgroups. This group will be responsible for developing core commissioning and delivery products e.g. service specifications, commissioning policies, clinical patient pathways, etc. The outputs from all groups will be progressed through the identified spinal network governance structure.

The network structure is illustrated in annex ii.

## **2.5 Hosting and accountable arrangements**

In its capacity as host of the ODN, Swansea Bay UHB will provide all organisational supporting arrangements. The ODN Board will report into Swansea Bay Management Group and will escalate any matters which relate to enabling or support functions for the delivery of the network through the Senior Responsible Office (SRO).

These matters include (but are not restricted to):

- HR and workforce
- Financial and procurement
- Project and programme management
- Health and safety
- Statutory and mandatory training for ODN staff
- Risk and incident management
- Planning and managerial support

The ODN is accountable to WHSSC Joint Committee through the Delivery Assurance Group (DAG). The DAG will escalate any matters that relate to commissioning and service delivery, planning and performance or any wider system related issues (e.g. patient flow, workforce risks and issues, approval for service change) directly to Joint Committee through the WHSSC governance structure.

## **2.6 Service Provider/Designated Centre**

The ODN is located at:

- Swansea Bay University Health Board Headquarters  
1 Talbot Gateway  
Baglan Energy Park  
Baglan  
SA12 7BR

### 3. Quality and Patient Safety

The ODN should work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems should be externally audited and accredited.

The ODN should enable the patients, carers and advocates to have informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

#### 3.1 Quality Indicators

<p><b>Network configuration</b></p> <p>The network structure should be identified in the network operational policy including pre-hospital services, hospitals and rehabilitation services.</p>
<p><b>Network governance structure</b></p> <p>A clinical governance structure that includes a network manager, clinical director and a number of leadership roles, identified in the network operational policy.</p>
<p><b>Patient transfers</b></p> <p>Review of patient transfers from year 1 to include the following:</p> <ul style="list-style-type: none"> <li>• The number and proportion of patients transferred directly to the Spinal Hubs.</li> <li>• The number and proportion of patients that have an acute secondary transfer (within 24 hour) from a Non-Spinal Partner / Spinal Partner to a Spinal Hub.</li> <li>• The number and proportion of patients that have an inpatient secondary transfer (&gt;24 hours) from a Non-Spinal Partner / Spinal Partner to a Spinal Hub.</li> </ul>
<p><b>Teleradiology services</b></p> <p>There should be teleradiology facilities between the Spinal Hubs and all Non-Spinal Partners / Spinal Partners in the network allowing immediate image transfer 24/7.</p>
<p><b>Spinal conditions guidelines</b></p> <p>There should be network agreed clinical guidelines for the management of:</p> <ul style="list-style-type: none"> <li>• Adult deformity and specialised orthopaedic spinal surgery</li> <li>• Cauda equina syndrome</li> <li>• Spinal infection</li> <li>• Intradural pathology</li> <li>• Metastatic spinal cord compression</li> <li>• Non-specialised degenerative cervical spine</li> <li>• Non-specialised degenerative lumbar spine</li> <li>• Paediatric spinal surgery</li> <li>• Major trauma</li> <li>• Spinal injury rehabilitation</li> </ul> <p>There must be a comprehensive dashboard monitoring the quality and performance of these guidelines, with appropriate level of administrative resource to maintain this function.</p>
<p><b>Establishment of Supraregional MDT</b></p> <p>There should be a quarterly Supraregional MDT with core members of all Spinal Consultants undertaking adult deformity surgery and intradural pathology surgery in the area, at least one Radiology Consultant as well as Clinical Nurse Specialists and Allied Health Practitioners, with administrative support for minute keeping and co-</p>

ordination tasks (Spinal co-ordinator). The meetings should be held to an agreed standardised agenda.

- Attendance for all core members must be documented
- Meetings must be minuted including the time of the MDT

#### **Establishment of Local & Regional MDTs**

There should be a weekly local, and monthly regional MDTs, held throughout the network, with core members of all Spinal Consultants in the region, MSK Radiology Consultant, with input from Consultant in Pain management and Physiotherapist (to advise on alternatives to surgery, as well as Clinical Nurse Specialists, Allied Health Practitioners, and representation from Consultants in Clinical and Medical oncology, and Consultant Neurologists as required, with administrative support for minute keeping and co-ordination tasks (Spinal co-ordinator). The meetings should be held to an agreed standardised agenda.

- Attendance for all core members must be documented
- Meetings must be minuted including the time of the MDT

#### **Management of spinal injuries**

There should be a network protocol agreed with the South Wales Trauma Network (SWTN) for the following:

- Assessment and imaging of the spine
- Resuscitation and acute management of spinal cord injury linked with a Spinal Cord Injury Centre (SCIC) at the MTC
- Emergency transfer of spinal patients

#### **Management of Cauda Equina Syndrome**

There should be a network protocol agreed for the following:

- Assessment and imaging of the spine for suspected cauda equina
- Emergency transfer to a Spinal Hub

#### **Management of Metastatic Spinal Cord Compression (MSCC)**

There should be a network protocol agreed for the following:

- Assessment and imaging of the spine for suspected MSCC
- Co-ordination of specialist, oncological and spinal surgical opinions\*
- Emergency transfer to a Spinal Hub
- Emergency transfer to an oncology/radiotherapy centre

*\*There should be substantive MSCC co-ordination available 12/7 in all network regions*

#### **Patient transfer policies**

There should be the following network policies in place:

- Acceptance policy to the Spinal Hubs for patients who arrive in a Non-Spinal Partner/Spinal Partner who need urgent transfer to the Spinal Hub
- Automatic repatriation policy ('care with treatment closer to home'(CWTCH))

#### **Avoidance of Unnecessary Interventions**

The network will require each Spinal Hub and Spinal Partner to submit specialised and non-specialised spinal surgery data to the British Spine Registry (BSR).

The network will publish a baseline of surgical activity and of the waiting list for surgery that will be monitored and refreshed over time. A trend analysis prior to the baseline will also be required because it is recognised that a reduction in the rate of increase in surgery could misleadingly be deemed a successful outcome.

Levels of revision surgery should be monitored over time to assess this aspect of quality.

### **3.2 National Standards**

The ODN should participate in national UK audit and British Spinal Registry in order to ensure the best possible clinical outcomes.

### **3.3 Other quality requirements**

The network should assess whether systems used by providers to demonstrate service quality and standards are effective for spinal services.

- The service should have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- The quality system and its treatment protocols will be subject to regular clinical and management audit.
- The network should undertake regular patient surveys and develop and implement an action plan based on findings.

## **4. Performance monitoring and Information Requirement**

### **4.1 Performance Monitoring**

WHSSC is responsible for commissioning the ODN in line with this service specification. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- ODN to provide evidence of quality and performance controls.
- ODN to provide evidence of compliance with standards of care.
- WHSSC to conduct performance and quality reviews on an annual basis.

### **4.2 Key Performance Indicators**

The Spinal Services ODN will be performance managed and benchmarked through national peer review.

### **4.3 Date of Review**

This document is scheduled for review before 2025, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

## **5. Equality Impact and Assessment**

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

## **6. Putting Things Right**

### **6.1 Raising a Concern**

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to WHSSC.

### **6.2 Individual Patient Funding Request (IPFR)**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

## **Annex i Abbreviations and Glossary**

### **Abbreviations**

<b>AWMSG</b>	All Wales Medicines Strategy Group
<b>BSR</b>	British Spine Registry
<b>CWTCH</b>	Care with Treatment Closer to Home
<b>DAG</b>	Delivery Assurance Group
<b>EQIA</b>	Equality Impact Assessment
<b>HEIW</b>	Health Education and Improvement Wales
<b>HR</b>	Human Resources
<b>IPFR</b>	Individual Patient Funding Request
<b>MDT</b>	Multi-Disciplinary Team
<b>MSCC</b>	Metastatic Spinal Cord Compression
<b>MTC</b>	Major Trauma Centre
<b>MTN</b>	Major Trauma Network
<b>NB</b>	Network Board
<b>NHSE</b>	NHS England
<b>ODN</b>	Operational Delivery Network
<b>RSSPPP</b>	Regional and Specialised Services Provider Planning Partnership
<b>SBUHB</b>	Swansea Bay University Health Board
<b>SWTN</b>	South Wales Trauma Network
<b>WHSSC</b>	Welsh Health Specialised Services
<b>WSIRC</b>	Welsh Spinal Cord Injury Rehabilitation Centre

### **Glossary**

#### **British Spine Registry (BSR)**

The British Spine Registry was established in May 2012 with the aim to improve patient safety and monitor the results of spinal surgery. It is a web-based database for the collection of information about spinal surgery outcomes in the UK.

#### **Individual Patient Funding Request (IPFR)**

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

### **Operational Delivery Network (ODN)**

An Operational Delivery Network (ODN) is a formal structure which enables cross-organisational and clinical multi-professional working, with the aim of ensuring the delivery of safe and effective services across the patient pathway. The ODN acts as an overarching network for two regional spinal surgery networks in South Wales, West Wales and South Powys:

- South East Wales – serving the populations of ABUHB, CTMUHB, CVUHB and South Powys.
- South West Wales – serving the populations of SBUHB, HDUHB and South Powys.

The ODN has the operational authority to:

- maintain and coordinate patient flow across the spinal surgery pathway.
- lead the development, and coordinate implementation and delivery of standards and pathways.
- promote and support cross-organisational and clinical multi-professional collaboration.

### **Welsh Health Specialised Services Committee (WHSSC)**

WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

## Annex ii Network Structure

