

SPINE MATTERS

UKSSB Triannual eBulletin – February 2018

www.UKSSB.com

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CONCEPT AND PURPOSE OF THIS BULLETIN

This is an attempt to inform and thereby empower the spinal services community. It is designed to:

- Provide an immediate overview of the several work-streams which currently, or in the near future, will directly affect spinal services both within and without the NHS; and which organisations and individuals are contributing to these.
- Share knowledge of the different societies' news and developments that may be of relevance without those societies themselves. (It is not intended to replace or duplicate the content of individual societies' newsletters).
- Provide a précis of the continuing work of advisory bodies which impact on our subject (NICE, Acute Oncology Measures, etc)
- Provide a notice board for:
 - Spinal and other relevant society events
 - o Non-clinical posts of professional interest (RCS, JCST, BOA Board of Examiners, NICE, GMC, etc)

It is not intended that this eBulletin will be exhaustive, rather a rapid digest to inform and point to more detailed resources (as e-links, where available, or to relevant websites).

Suggestions for improvements are very welcome. Please send these to ukssb@boa.ac.uk

EDITORIAL

Alistair Stirling - UKSSB Chair

Latent paranoia or existential threat?

Your patients' future care and your professional future

Despite the near complete scientific consensus on the reality of climate change there are a number of well-informed people who remain sceptical. Whichever side you are on, change is certainly occurring but the rate and degree to which this is caused by man remains unclear. Irrespective, it seems likely that our species' behaviour may have some influence on the world's climate, and the engagement of those with relevant knowledge with those in positions deciding and implementing policy should generate helpful change in that behaviour.

It may be stretching the analogy, but within spinal care and spinal surgery in particular, significant changes have taken place and are continuing. Like climate change, multiple influences are at play and future outcomes remain uncertain. Also, as for climate change, there are a range of opinions amongst knowledgeable people and those opinions can count when policy is decided.

Over the past decade much of the dialogue and consequent policy direction with regard to spinal care has been led by a relatively small group of interested and committed individuals. Many of them are now going out to grass (gone to seed, it could be said) probably quite appropriately. This leaves a smaller number contributing to organisations at a national level, at a time when the delivery of spinal care is being widely re-assessed and the role of some surgical activity called into question.

As can be seen from the attached links, much of this has been conceived centrally with greater, and not inappropriate involvement of allied health professionals whose employment is not necessarily linked to secondary care provision (irrespective of the sector in which this is occurring.)

Allied Health Professions into Action 2017 - <u>https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf</u>

Transforming Musculoskeletal and Orthopaedic elective care services: <u>https://www.england.nhs.uk/publication/transforming-musculoskeletal-and-orthopaedic-elective-care-services/</u>

This has the potential for less than optimal communication with regard to a number of important issues:

• Clinical matters – there are implications for an individual spinal patient, given the range of possible diagnoses and appropriate next treatment steps. Even once a firm diagnosis is defined, the timing and type of subsequent interventions can be variable.

• Organisation of service delivery – Sustainability and Transformation Partnerships (STPs) exist and Accountable Care Organisations (ACOs - subject to current upheld legal challenge) are coming into being. Discussion suggests, and BMA analysis confirms, that very few secondary care clinicians have been involved with these entities and the level of engagement with local CCGs and commissioning processes varies considerably.

It is up to individual clinicians (irrespective of their background profession) as to whether they choose to become directly involved in processes of this sort. Often this is dictated by the current stage of their career. A possible pattern of development for spinal clinicians is that in the first five years of their careers, the main focus should be on optimising requisite clinical skills. During the next 10 years it would be appropriate to take on local roles as well as enhancing higher-level clinical skills. In the subsequent 10 years, if clinicians are so inclined, progressively taking on national roles would make a significant contribution to the profession and the wider healthcare environment. Variety being the spice of life, some progression of this sort is probably important to minimise "bore out", let alone "burn out".

At present, an impression is that the clinical agenda, organisation of commissioning of parts service provision is increasingly being dictated by those without professional clinical knowledge. Loss of professional control is recognised as a significant cause of work-related stress amongst clinicians. It has also resulted in decreased clinical ownership and passivisation in representation.

It is suggested that all of us, irrespective of professional background, should:

• Consider the level of involvement we wish to have in determining our individual professional destiny.

• Think through with colleagues within our units, and if appropriate more widely in our hospitals and professional societies, what our aspirations are for our patients and ourselves and how we can align these with related professions;

• Discuss how, through our respective professional organisations, this can be delivered together.

In combination the professional voice should gain an appropriate audience. For many of us the underpinning altruistic principle that generated a collaborative NHS is, and will remain, preferable to top down (potentially commercially driven) competitive healthcare.

It is for this reason that a focus at BritSpine is on strategy. This will include presentations on commissioning, GIRFT, and ACOs, Regional Spinal Networks and implementation of the National Back and Radicular Pain Pathway (delivery of the latter hopefully enhanced by the nascent National Back Pain Clinical Network). International comparisons will be discussed by senior clinicians who can inform UK Spinal professionals about the benefits and limitations of alternatives. It is hoped this will enable all to determine what their current contribution is and might be in future, which in turn should assist in securing that future.

The current and next generation of clinicians have to amplify the combined patient and professional voice which should then be the most heeded opinion by government in determining future provision. Without this we risk the loss of trust of our patients and further loss of ground in professional recruitment and retention. The Founding Fathers of the USA made their mantra "No taxation without representation". Our patients are already saying "No decision about me, without me." Spinal clinicians need to stand and join their patients to make similar statement both on behalf of their patients and themselves.

Please consider coming to Leeds on the 20th March (the day before BritSpine) to attend:

National Back and Radicular Pain Pathway (NBP-CN) meeting – details at <u>www.BritSpine.com</u>

Consider what role you might play in the future. Whatever your professional background, there is a real need for greater clinical involvement with current processes.

With your engagement, as with global warming, there should be the potential to bring about favourable change. It is your patients' future care and your professional future that are at stake.

NEW MEMBERS OF THE UKSSB EXECUTIVE BOARD

No new members to the UKSSB Board

OFFICE MATTERS

Henry Dodds – UKSSB Executive Assistant

UKSSB Websites

<u>www.ukssb.com</u> – The new UKSSB website has now been launched. We hope that this resource website will be useful for all society members and the general public.

Feedback is always welcome on how this can be improved to help support the Spinal Community, so if you have any comments, queries or suggestions regarding the site, please send an email to <u>ukssb@boa.ac.uk</u> with subject line "UKSSB Website Feedback"



<u>www.britspine.com</u> is redirected to each event Cvent page for each BritSpine event. Here you will be able to find all the information for BritSpine 2018, which will take place at Leeds University – 21-23 March 2018. Information includes registration, pre-conference courses, event programme, accommodation, social events, location and directions. After the event, this will be pointed towards the BritSpine 2020 page once ready.

FINANCES

Nick Birch – UKSSB Treasurer

No Report for this edition of Spine Matters

SECRETARY'S REPORT

Lee Breakwell – UKSSB Secretary

Final BritSpine preparations are in full swing for the meeting in a few weeks in Leeds. The program covers a broad range of spine related topics on the overarching theme of Back pain from cradle to grave. Hope to see many of you in Leeds!

Many of you will be aware of the upcoming changes to privacy law with respect to information storage with the so called GDPR legislation. This will come into action at the end of May this year. Whilst there are many rumours and misinformation, the overall thrust is to ensure that as individuals we can trust bodies to securely hold relevant information about us. As a membership organisation the UKSSB has a duty to protect your information as members, but we are still able to hold your details to ensure continued function of the association and the timely communication of updates to you.

Following BritSpine 2018 we will see some changing of the guard at UKSSB. Both Alistair Stirling and Nick Birch will be stepping down from the Executive after many years of hard work and commitment to the betterment of our spinal community. I personally would like to thank them for their efforts in bringing the UKSSB and BritSpine to where they are today. I would also welcome Patrick Statham and Neil Orpen as the elected successors, and wish them well for their tenures.

Coming soon will be the adverts for this year's Clinical Leadership Fellowships as a collaboration between the UKSSB and the BOA. Look out for the advert and consider encouraging your colleagues of trainees to apply for this prestigious and influential program.

BRITSPINE 2018

Almas Khan – BritSpine 2018 Host and Nick Birch – UKSSB Treasurer



Less than a month to go before BritSpine 2018 in Leeds.

All information for this much-anticipated event can be found at <u>www.BritSpine.com</u>, including programmes for the conference and all pre-conference events, accommodation and travel, dinners and social events.

UPDATES

SPINAL SERVICES CLINICAL REFERENCE GROUP

Ashley Cole

The Spinal Services CRG now has 3 Working Groups:

- Spinal Cord Injuries
- Spinal Surgery
- Improving Spinal Care Board

The CRG meets face-to-face twice a year and the working groups mostly meet by teleconference. The work plan includes:

- Revision of the Specialised Spinal Surgery Service Specification. This is going to be finalised to support the findings of the Spinal GIRFT Report. The Spinal Surgery Dashboard will augment the Service Specification allowing Commissioners and the Regional Spinal Networks to monitor spinal services in each Region. The new Service Specification is unlikely to change the definition of what is specialised and what is non-specialised surgery but is likely to define which hospitals can be commissioned for specialised spinal surgery.
- The Spinal Cord Injuries Service Specification and dashboard are also being reviewed.
- The Spinal Cord Injuries Review has been accepted by NHSE and the cost of additional spinal cord injuries beds are being considered. Setting up a Network Board is a priority.
- Developing a Policy for vertebral body tethering in scoliosis. This has been proposed as a research priority to go to NIHR.

The CRG has written its objection to new proposals for surgeon level data as part of a National Clinical Improvement Programme led by Sir Norman Williams.

IMPROVING SPINAL CARE PROJECT

Ashley Cole

The Regional Spinal Network (RSN) Clinical Leads and NHSE Spinal Commissioners met in Birmingham on 29 November. This was a successful meeting with only 2 Networks not represented and one of these is making excellent progress. All Networks are at different stages of development, with all except one having agreed a structure and Terms of Reference with a named RSN Clinical Lead. NHSE are working on plans to formalise the RSNs in their main roles of organising elective and emergency spinal care and governance.

The National Low Back and Radicular Pain Pathway implementation will be through the National Back Pain Clinical Network and the RSNs. We are working on a project to map existing facilities at CCG level.

NATIONAL TARIFF

Ashley Cole

The new National Tariff is due to start in April 2019 and is likely to be a 2-year tariff. Early discussions are now underway to ensure correct relativities between the Healthcare Resource Groups (HRGs, groups of procedures which cost approximately the same). Efficiency savings are not yet known and may result in funding problems.

UKSSB WORKING GROUPS

TRAINING AND EDUCATION

Niall Eames

I am delighted to report that the spinal interface training group (STIG), has now received its penultimate set of approvals from JCST and the TIG chair. This now means that a shadow TIG committee can be formed.

After an application and appointment process, I have been appointed as its chair for a three year term. The position will rotate between Neurosurgery and Orthopaedics.

The spinal TIG now joins the other TIGs already set up - cleft lip and palate surgery, hand surgery, head and neck surgical oncology, oncoplastic breast surgery, reconstructive and aesthetic surgery and trauma surgery (also in the process of being established).

Like all the others, our STIG comes under the auspices of the Joint Committee of Surgical Training. The membership of the committee is regulated by their rules and will be formed with representatives from our spinal societies both neurosurgical and orthopaedic, trainee representatives and SAC representatives. Nominations are being put forward by each respective organisation at this time. At the time of writing most positions are now filled with Aprajay Golash - SBNS, Stuart Blagg - BASS, Jonathan Lucas - BSS joining myself (UKSSB/BOA) on the committee to date.

The committee will meet in March to establish the necessary requirements for centres to host STIGs, seek and obtain GMC curriculum approval, invite centres to apply to host STIGs and begin the process of advertising STIG Fellowships.

It is envisaged that the first STIG fellow will be in post by the latest summer 2019.

This is a very exciting stage of the process. Our STIG dream is now coming to life. I hope to be in a position to ask for expressions of interest from centres very soon.

EUSSAB continues to move forwards with a European model for spinal education, and we will be again represented at the spring meeting to put forward the U.K. position.

SOCIETY/REGISTRY REPORTS

BRITISH ASSOCIATION OF SPINE SURGEONS (BASS)

www.spinesurgeons.ac.uk

Stuart Blagg and David Cumming

New voting system has been put in place for the executive roles. This is now a formalised process where the members have a vote to decide prior to AGM.

Posts for election this year are: president elect, secretary, treasurer, Policy and guidelines, research, education, membership, webmaster and professional practice.

Bass continues to develop policy documents to improve and ensure safe surgical practice. Current guidelines being developed are: Wrong level surgery, Neuromonitoring & Management of spondylodiscitis.

Education within BASS remains an important development area. BASS will be running a Boot Camp in May 2018 with plans for further courses including FRCS courses over the next year. We have recently requested our members to submit any educational courses they run to BASS for endorsement.

The new BASS website should be up and running by Britspine in Leeds.

BRITISH SCOLIOSIS SOCIETY (BSS)

www.britscoliosissoc.org.uk

James Wilson-Macdonald and Elnasri Ahmed

No Report for this edition of Spine Matters

SOCIETY FOR BACK PAIN RESEARCH (SPBR)

umcg

www.sbpr.info

Nadine Foster and Steve Vogel



SBPR 2018

UNIVERSITY MEDICAL CENTRE GRONINGEN THE NETHERLANDS

15th and 16th NOVEMBER 2018

'Understanding The Mechanisms Of Back Pain: Work, Rest And Play'



For more information, please visit the <u>SBPR Website</u> or click image above for the <u>Full Flyer</u>

www.bascis.org.uk

Ali Jamous – President Nigel Henderson –UKSSB BASCIS representative

1. The Spinal Cord Injury Working Group of the Spinal Services CRG is meeting regularly. The agenda includes updating of the Service Specification and the dashboard and the new currency and tariff.

2. The NHSE SCI Service Review has been assessed by the Specialised Commissioning Oversight Group (SCOG) and has now progressed through Gateway 2. This means, in principle, NHS England have agreed the need for 54 extra beds. With the assistance of the NHS England Commercial Team the business case for these additional beds is nearing completion ready for the next stage. Gateway 2 also agreed with the proposal for a National SCI Network Board which will sit within the Spinal Services CRG. The plans for this are nearing completion.

3. The National Report of the Peer Review of spinal cord injury centres a year ago (NHS England Quality Surveillance Team) has not been forthcoming. The centres received individual reports to form their own action plans but have no clear information with which to make peer comparisons, seek out best practice and move forward as a national service. We will soon be starting a second round of self-assessment review.

4. The SCI Currencies and Tariff remain under active discussion with NHSE.

5. The 35th Annual Guttmann conference will take place on 5/6th July at Sheffield Hallam University.

6. The spinal cord injury referral portal, which includes a useful and informative document resource, is available on www.spinalcordinjury.nhs.uk

SOCIETY OF BRITISH NEUROLOGICAL SURGEONS (SBNS)

http://www.sbns.org.uk/

SBNS Vice-President – Mr Tom Cadoux-Hudson SBNS lead for Spine Surgery – Mr Aprajay Golash

No Report for this edition of Spine Matters

www.boa.ac.uk

Lee Breakwell – BOA Representative

This year sees the centenary of the BOA, and the celebrations will reach their heights at this year's congress in Birmingham.

Spinal input will follow the same pattern as recent years, with revalidation sessions, as well as instant updates for the spinal fraternity. Interactive cases discussions will be aimed directly at the trainees.



25th-28th September, ICC Birmingham

Taking stock: Planning the future congress.boa.ac.uk

Join us in Birmingham this September to celebrate the BOA's 100 year anniversary!

We are delighted to be hosting the BOA's Centenary Congress at the ICC Birmingham. The theme for this year's Congress is 'Taking stock: Planning the future' and we are currently building an exciting programme which will be a dedication to the growth and success of the BOA since 1918. Member registration will open on Monday 2nd April and close on Friday 1st June, please visit congress.boa.ac.uk to find out more.

Register for British Orthopaedic Association membership before Friday 16th March to receive FREE registration to the BOA Centenary Congress - Join the BOA today!

BRITISH SPINE REGISTRY (BSR)

http://www.britishspineregistry.com/

Mike Hutton

No Report for this edition of Spine Matters

Elaine Buchanan

Pre Britspine Event – We very much hope that you will be able to join us at this year's annual meeting. An exciting full day programme of lectures and networking opportunities with national experts is available at www.cvent.com/events/britspine-2018/custom-37-867b22c182e442fca949e62425e378b0.aspx.

The focus of the meeting is to:

- Promote the implementation and advancement of the National Low Back Pain Pathway.
- Develop networks amongst experienced spinal clinicians, from a range of professions.
- To stimulate the exchange of models of service delivery, knowledge and ideas, related to the spinal pathway.

Committee – The NBP-CN committee has now been established and is meeting regularly by teleconference.

Elaine Buchanan	Chair	Sue Greenhalgh	Manchester & West Midlands Rep
Eilish Simpson	Secretary & Irish Rep	Jim Greenwood	North London Rep
Anna White	Treasurer & Welsh Rep	Suzie McIlroy	South West London & London & South East
			Rep
Frances Arnall	Academic Rep	Alison Reid	Scottish Rep
Helen Challinor	Peninsula, Severn & Wessex Rep	Helen Roper	Nursing Rep
James Beck	Osteopath Rep	Ruth Sephton	Cheshire& Mersey and Cumbria Rep
Diarmaid Ferguson	North East, Humber & West	Louise White	Birmingham & Thames Valley Rep
	Yorkshire Rep		
Jonathan Field	Chiropractic Rep	Sarah Withers	South Yorkshire, East Midlands & East of
			England Rep

We look forward to working collaboratively with the UKSSB and the Improving Spinal Care Board to facilitate the implementation of the National Back and Radicular Pain Pathway for the benefit of the UK population

Thank You – The NBP-CN extend their thanks to Alistair Stirling. The success in establishing the network is reflective of his endless energy, support and commitment.

EVENTS AND MEETINGS

BritSpine 2018 - University of Leeds, UK

21-23 March 2018 www.britspine.com

SBNS Spring Meeting – Torquay, UK

11-13 April 2018 www.sbns.org.uk/index.php/conferences/plymouth-2018/

EUROSPINE Spring Meeting – Vienna, Austria 26-27 April 2018

www.eurospinemeeting.org/welcomevienna2018.htm

BASS Boot Camp – Birmingham, UK

11-12 May 2018

www.spinesurgeons.ac.uk - register interest by emailing ukssb@boa.ac.uk

EUROSPINE Meeting – Barcelona, Spain

19-21 September 2018

www.eurospinemeeting.org/f130000847.html

BOA Annual Congress – Birmingham, UK 25-28 September 2018 congress.boa.ac.uk

North American Spine Society (NASS) Annual Meeting – Los Angeles, USA 26-29 September 2018 www.spine.org/am

Society for Back Pain Research (SBPR) 2018 – Groningen, Netherlands 15-16 November 2018 www.sbpr.info/meetings

British Scoliosis Society (BSS) 2018 – Belfast, Northern Ireland 28-30 November 2018 www.britscoliosissoc.org.uk

COURSES

BASS BOOT CAMP

This year BASS boot camp will be help on 11th -12th May in Birmingham. The faculty would be sharing their experience and talking about topics which are difficult to find in the books. The final programme will be advertised shortly.

There will be limited seated. Expression of interest at this stage is welcome please send to <u>ukssb@boa.ac.uk</u> with the subject line - **BASS Boot Camp Expression of Interest**

Provisional programme is as below-

<u>11 May 2018</u> Start 4.30pm (registration) 5.00-8.00 pm general topics

<u>12 May 2018</u> 9.00-11.00am - Master class on Degenerative scoliosis 11.00am-1.00pm - General topics 1.00-1.30pm – Lunch 1.30- 3.30pm - Team building 3.30pm - Finish

<u>Following topics will be included:</u> Complication - what and how to explain to patient and family (duty of candor). Learning from other people's mistake! Work and life balance Setting up practice, marketing yourself Masterclass - how to manage adult degenerative scoliosis (conservative and surgery) Techniques of Dural repair Litigation - how to avoid and how to face it

The final programme will be advertised shortly - <u>www.spinesurgeons.ac.uk</u> and <u>www.ukssb.com</u>

ARTICLES AND NEWSLETTERS

NASS NEWSLETTER



EUROSPINE NEWSLETTER

Link to recent EuroSpine Newsletter: http://newsletter.eurospine.org/m/12160728/



19–21 September 2018 CCIB – Barcelona International Convention Centre, Spain



UNDERSTANDING CAUDA EQUINA SYNDROME: A UK PROSPECTIVE STUDY

The <u>British Neurosurgical Trainee Research Collaborative</u> will launch a UK-wide prospective study of all patients with cauda equina syndrome in April 2018.

The study aims to:

- Identify the number of cases presenting with CES in the UK in all participating centres and calculate incidence of CES and its subtypes
- Describe the range of clinical presentations that lead to treatment as CES in current practice
- Assess timing, type, and location of investigation and surgical management for CES and compare this to current published standards of care and legal precedents
- Establish outcomes for patients with CES at one year including service usage and patient reported outcome measures and stratify these by type of presentation and management

To date twenty neurosurgical and orthopaedic centres have expressed an interest in taking part but we are aiming to have all sites represented by trainees. We encourage anyone interested, or with questions, to get in touch and look forward to working together to answer these important questions.

To take part fill in this form: <u>https://goo.gl/forms/5bFzh980UVKuCgGs2</u>

Or email: <u>julie.woodfield@ed.ac.uk</u>, <u>ingrid.hoeritzauer@ed.ac.uk</u> or <u>aabjamjoom@gmail.com</u>

RCSENG: THE SURGICAL PERSONALITY - DOES IT EXIST?

DOI: 10.1308/rcsann.2017.0200 https://www.ncbi.nlm.nih.gov/pubmed/29260896 Link to Full Article <u>HERE</u>

Author: Matthew Whitaker

INTRODUCTION This study aims to answer the question of whether surgeons have different personalities to non-surgeons. METHODS Members of the Royal College of Surgeons of England were sent an email survey containing 50 standard questions from the Five Factor personality assessment, which scores each respondent in five key personality traits (conscientiousness, agreeable- ness, neuroticism, openness, extroversion). Results were analysed and compared with a population-level data set from a survey conducted by the BBC.

RESULTS Five hundred and ninety-nine surgeons completed the survey. Analysis showed that surgeons scored significantly higher for conscientiousness, agreeableness, openness and neuroticism than non-surgeons (P < 0.05). Further analysis showed that female surgeons scored higher in openness and extroversion relative to the population average and that surgeons become more prone to neuroticism than non-surgeons as they age.

CONCLUSIONS The results support the notion of a surgical personality, as well as indicating that female surgeons have significantly different personality profiles from male surgeons, and that age affects surgeons' personalities in different ways to non- surgeons.

VACANCIES

There are no current vacancies on the UKSSB Board

NOTICES

For more information on many of the topics detailed in this eBulletin, please visit the <u>UKSSB</u> website, along with each of the constituent society websites. <u>BASS</u>, <u>BSS</u>, <u>SBPR</u> and <u>BASCIS</u>.

LINKS

Useful Spine Society Website Links

- UK Spines Societies Board (UKSSB) Website
- BritSpine Event Website
- British Association of Spine Surgeons (BASS) Website
- British Scoliosis Society (BSS) Website
- Society for Back Pain Research (SBPR) Website
- British Association of Spinal Cord Injury Specialists (BASCIS) Website
- The Society of British Neurological Surgeons (SBNS) Website
- British Orthopaedic Association (BOA) Website
- Spine Societies of Europe (SSE) Website
- North American Spine Society (NASS) Website
- Scoliosis Research Society (SRS) Website

Links to external websites are being provided as a convenience and for informational purposes only; they do not constitute an endorsement or an approval by the UK Spine Societies Board (UKSSB) of any of the products, services or opinions of the corporation or organization or individual. The UKSSB bears no responsibility for the accuracy, legality or content of the external site or for that of subsequent links. Contact the external site for answers to questions regarding its content.