

SPINE MATTERS

UKSSB Quarterly eBulletin – January 2016

Introduction

Alistair Stirling (UKSSB Chair)

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

- Provide an immediate overview of the several workstreams 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 bear on our subject (NICE, Acute Oncology Measures, etc)
- Provide a notice board for :
 - Spinal and other relevant society events
 - Non-clinical posts of professional interest (RCS, JCST, BOA Board of Examiners, NICE, GMC, etc)
- In future it may include invited articles and debate relevant to professional, rather than clinical practice which is already well covered elsewhere.
- 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). The UKSSB website now has a [reference document section](#) to which additions will be made as they evolve.

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

Anticipated publication dates will be January, April, July and October. These may vary slightly to include relevant breaking items.

Editorial

National Spinal Update - Background to Current Developments

Rapid change in healthcare is continuing apace both within and without the NHS. Whilst this is not always welcome to all, there is a financial necessity to optimize utilization of the resources provided by taxation and maximize the return to the treasury for each health pound spent. Many debate whether recent change has improved this or had the opposite effect. Some calculations suggest that the indirect costs of spinal disorders to the UK economy may be as much as £17bn with a direct cost of £2bn.

In 2008 the inadequacy of secondary care provision for spinal disorders and the associated costs were recognized by the Department of Health (DH) and Sir Bruce Keogh asked the British Orthopaedic Association (BOA) to convene a taskforce to recommend possible solutions. Under John Carvell's chairmanship this reported firstly in 2010 and in a more detailed report in 2013, see UKSSB website. Many of these recommendations have been or are in the process of being implemented. Later in 2013 many of the same group and others were asked to contribute to two workstreams:

In the first workstream, channeled through the Royal College of Surgeons and British Orthopaedic Association, the taskforce was asked to prepare commissioning guidance documents for the General

Practice based Clinical Commissioning Groups (CCGs) focusing on non-specialized spinal care. In the initial version this included guidance for back pain and separately radicular pain. It was subsequently recognized that this was not a useful distinction in initial pathways. At approximately the same time DH redefined the principal domains of care and consequently spinal disorders were included within the Trauma National Programme of Care (PoG). For each of these domains a Pathfinder Project as an annual flagship initiative has been introduced. For the Trauma PoC, the first of these projects focused on back and radicular pain. This work started in September 2013 and was completed in May 2014, resulting in the [Pathfinder](#) document now termed the National Backpain Pathway.

The second workstream focused on specialised services for which Clinical Reference Groups (CRGs) were introduced. The CRG's membership is selected from the representation of all spinal societies as well as Regional representation. Part of the initial work of this (then the proto-group) was to define Service specifications for Specialised Spinal Surgery, [see documents](#)

In parallel, but as a separate project, Tim Briggs as President of the BOA was asked to conduct a review of provision of Orthopaedic services nationally, see Getting It Right First Time GIRFT Report (2015). To deliver this every hospital providing orthopaedic services in England was visited and a report prepared analyzing:

Activity

Variation in practice

Minimum numbers of procedures

Implant choice and cost

Procurement

Complications

Litigation

Morale

Education Coding

AQP relationship

The bottom line was an estimated potential saving of £5 bn and on the basis of this work Professor Briggs has been appointed as NHS director of Clinical Quality and Efficiency.

The team has now been asked to conduct a similar review of all surgical services. This will include spinal services later this year with visits to many but probably not all provider sites. It is intended as far as possible to synchronise visits from the GIRFT and Improving Spinal Care project teams.

Current direction and intentions

As intimated by Charles Greenough in his article below there is now considerable momentum from DH to improve delivery of spinal care nationally with a dedicated project team appointed to assist with this and who started in post this month. Those directly involved in both the GIRFT project and Improving Spinal Care Project are listed in the Dramatis Personae (see in this eBulletin below but now also as a section on the website which will be updated as personnel change). Documents and developments from these initiatives will be posted on the UKSSB website under the heading Improving Spinal Care with the subheadings National Backpain Pathway (previously known as the Pathfinder project) and Regional Spinal Networks (RSN).

Dramatis personae

Many have asked whether there is a significant clinical input into the current NHSE structure and national initiatives. To answer this, a list of those involved in these is provided. As will be noted there is a high level of both Orthopaedic and Neurosurgical representation.

UKSSB sponsored BOA Clinical Leaders Programme (CLP) – Applications now open

Following on from the success of the first Clinical Leaders Programme, the BOA has opened applications for the 2016/17 programme. The CLP offers further educational support with a specific focus on developing leadership within Trauma and Orthopaedics and related disciplines.

Please see under Fellowships below and also on the main website menu.

<http://www.ukssb.com/pages/Fellowships.html>

Updates

“Improving Spinal Care”

Charles Greenough (National Clinical Director for Spinal Disorders)

The Improving Spinal Care programme, previously known as the spinal transformation project, commenced in January. This is an initiative of the specialised commissioning in NHS England and is supported by the Trauma Programme of Care Board.

The Improving Spinal Care project will be rolled out to the Specialised Commissioning Oversight Groups (SCOGs) in the ten areas of England. Within these groups smaller groups of CCGs and hospitals will be identified for further developmental road shows to engender local uptake and modification according to local circumstances.

In addition at the BritSpine Meeting in April, some time will be devoted to the project on the Wednesday (6 April), and on Friday (8 April) afternoon a meeting of all interested stakeholders will take place to which all are welcome.

The project comprises two main components; the National Back Pain Pathway and the Regional Spinal Network (RSNs).

The National Back Pain Pathway

The National Back Pain Pathway is the product of the Pathfinder project which reported in 2014. The pathway is based on current evidence and provides seamless care management from the General Practitioner to secondary care. The majority of the care is provided in primary care and in the community, with core therapies being provided by community therapy teams. For the first time in England the high intensity Combined Physical and Psychological Programme (CPPP) is being implemented, this was a major plank of the 2009 NICE guidance. Patients with radicular pain will have an expedited care pathway. The pathway is managed in the community by “Triage and Treat Practitioners” who will form a constant point of contact for the patient and ensure delivery of coherent and expeditious care.

The principal objective of the care pathway is to improve the management of acute and subacute back pain and reduce the onset of chronicity. Key features of the pathway will be the use of the Start Back triage tool in general practice to indicate appropriate management. Routine X-rays and MRI scans will be requested only by triage and treat practitioners in cases of suspected red flags or compressive radiculopathy. Whilst surgical referral for neurological compression will be expedited, surgical referral for axial back pain will take place only at a multi-disciplinary review following completion of the CPPP.

For further information, please contact Professor Charles Greenough at charles.greenough@stees.nhs.uk.

Regional Spinal Networks (RSNs)

The Regional Spinal Networks are based on the same concept as the major trauma networks. The network will be based on the spinal hub where 24/7 emergency spinal care is provided. The spinal hub will work with regional partner hospitals to provide a network of spinal care both for emergency and elective conditions.

The networks have three primary objectives. The first is to support partner hospitals, where there may be one or two surgeons with a spinal interest undertaking non specialised spinal surgery. Regional meeting will provide improved support and governance for these surgeons in order to promote their continuing spinal practice. The second primary objective is to provide a networked system of emergency spinal care with electronically based referrals and the development of locally based and locally devised protocols for emergency spinal care. The third objective is to provide a critical mass of spinal surgical expertise at Regional meetings which will be on locally determined basis. The purpose of the meetings will be to provide improved audit and governance of spinal surgical practice and support to spinal surgeons within the network.

For further information, please contact Mr Ashley Cole at ashcole9@gmail.com whose update follows:
The Regional Spinal Networks Project is progressing and a template of how a network might look has been approved by the Project Board and circulated to the Societies' Executive for comments and suggestions before wider circulation around the membership. The appointment by NHS England of two full time posts starting in January 2016 to implement Networks and Pathfinder will hopefully give these projects some momentum. Further details will follow and an update will be given at BritSpine in April.

Spinal Cord Injury Service Review

At the initiative of the Trauma Programme of Care Board, NHS England Specialised Commissioning is undertaking a service review of the spinal cord injury service. This review started in January. It is well known that the spinal cord injury centres are struggling to provide a timely and satisfactory service for the admission of acutely injured patients. There are in addition significant geographical variations in this service with the South East of England being less well served.

The spinal cord injury service review, which will be clinician and patient led, will examine the adequacy of access for patients and will look in detail at the long term results of rehabilitation, especially in restoration of the individual to a full and active lifestyle, including, for example, employment, training, social integration, sport etc. It is many years since Sir Ludwig Guttmann expressed his desire to turn every spinal cord injured individual into a tax payer. The service review will pay particular attention to support the development and rehabilitation in society after discharge from the spinal cord injury centre.

For further information/comment, please contact Professor Charles Greenough at charles.greenough@stees.nhs.uk.

Complex Spinal Surgery Clinical Reference Group

Ashley Cole (Complex Spinal Surgery Clinical Reference Group Chair)

The **Complex Spinal Surgery Clinical Reference Group (CRG)**, chaired by Ashley Cole, has just signed off a proposed policy for the use of **BMP** in specialised spinal surgery and this will go to NHS England Clinical Panel in the next few weeks. It is anticipated that all Stakeholders including the Societies will have the opportunity for comment within the next two months.

Office Matters

Julia Bloomfield – As many of you will remember Julia was appointed as the first Executive Assistant in 2012 to UKSSB, also providing administrative support to BASS, BSS and SBPR. Since then she has provided excellent service and has been involved in many aspects of subsequent development including arrangements for BritSpine, BASS and BSS meetings. This has frequently involved considerable additional out-of-hours work particularly close to the dates of the meetings. She has also updated the membership databases of the societies amidst the many other tasks involved in the day-to-day running of the Board and BASS. Julia has

recently notified her intention to retire after BritSpine. A vote of thanks and presentation will be made at BritSpine in the UKSSB AGM.

Succession - Advice from both recruitment agencies and the BOA suggested that for our purposes this post would be more appropriately advertised as a Policy Officer. After advertisement and interview we have been fortunate to appoint a very well qualified and highly recommended replacement Dr Lenka Körner Nahodilová (PhD) who has significant experience in administration, policy development, education and research most recently in the University of London.

UKSSB Working Groups

Professional Practice Issues

UKSSB Private Practice Advisory Group (PPAG)-Harshad Dabke Chair

In November 2015, the PPAG sent a letter to all Private Medical Insurers (PMIs) along with a proposal for the Common Platform Policy (CPP), aiming to improve standards of spinal care in the independent sector. The CPP sought to implement evidence based spinal practice in accordance with national and international guidelines by audit and whole practice appraisal, establishment of spinal networks, MDT meetings and use of British Spine Registry. It was proposed that PMI's should first raise issues relating to spinal surgical services with the UKSSB PPAG as mandated by the spinal surgical societies. These might include changes to codes, modifications to contractual terms, alteration of fee arrangements etc. It was acknowledged that the PPAG does not wish to negotiate fees but proposed that PMIs, Hospital Groups and surgeons could work towards developing a unified "Fee Matrix" consisting of the various and diverse parameters that are involved in delivering private surgical care.

In December, responses were received from BUPA, AXA, Spire, HCA, FIPO, and Aviva. All agreed in principle that quality of spinal care in independent sector needs to be improved but there was a lot of misunderstanding about the PPAG's proposals. The summary of responses was that while PMIs wished to keep their freedom to do business with whom they choose, they did not want any interference in their right to recognise surgeons. They were keen to see standards raised but not to pay for them!

The PMI's responses were discussed by the PPAG in a teleconference held on 18th January. It was felt that the group should not discuss fees and should only focus on quality, however it was appreciated that neither the PPAG, nor the spinal societies, had a regulatory role and were not in a position to enforce any measures on spinal surgeons in the independent sector. Therefore, further engagement with PMIs would not be fruitful, but no consensus was achieved. It was proposed that an online survey should be done to gauge the response of spinal surgeons to CPP before taking further steps, but again, no consensus was achieved. It was agreed that the PPAG would inform members of all 3 spinal surgical societies about the work undertaken till now and also present a summary in BritSpine. Further steps are actively being considered.

Training and Education <<<sub heading>>

Spinal Surgery Training Interface Group (SSTIG)

Alistair Starling - Chair

Following a meeting of the RCS JCST interface group chairs in December there has been a significant rethink about the reorganisation of the Surgical Training Interface groups (STIGs) and a much improved governance structure is being proposed to JCST in April. Accordingly moves are now afoot to set up a national spine fellowship programme through an education group including three Orthopaedic and three Neurosurgical

representatives with research representation from SBPR.

Fellowships

BASS/BSS Presidents' Travelling Fellowship, please see BASS or BSS websites.

UKSSB SBPR Fellowships, please see SBPR website.

BOA Clinical Leadership Programme Fellowships Following on from the success of the first Clinical Leaders Programme, the BOA has opened applications for the 2016/17 Programme. The CLP offers further educational support with a specific focus on developing leadership within Trauma and Orthopaedics and related fields. For further details on the programme, including how to apply either as an individual or with support from your Trust, please visit the [BOA website](#) or contact policy@boa.ac.uk.

In addition UKSSB is sponsoring applications for members of SBPR, BASS, or BSS with a minimum of one per constituent society and depending on the quality of application consideration may be given to a second place. Membership of the BOA is a normal requirement for eligibility. Whether SBNS members could apply is being explored. For more information, please see

Spinal Societies Interface/ Registry Reports

This is intended to include information from each society that is thought will be of interest to the other societies. It is not intended to replace or duplicate internal society newsletters.

- **British Association of Spine Surgeons (BASS)**

www.spinesurgeons.ac.uk

President – *Am Rai*

1. **Consent** documents project going well with launch at BritSpine
2. **VTE** guidelines also progressing with plan to discuss at BritSpine, and summary of our recommendation.
3. **CES** – This has been signed off by both BASS and SBNS and arrangements are underway for distribution and implementation shortly
4. **BSR** uptake improving and hopefully will be linked to payment.
5. **Elections** for several Executive positions available at BritSpine. Would encourage all to apply especially neurosurgeons.

- **British Scoliosis Society (BSS)**

www.britscoliosissoc.org.uk

President – *Bob Crawford*

1. **Adult Spine Deformity guidelines. – BSS working party**

An evidence-based assessment of adult spine deformity surgery is underway led by Dr Joost van Middendorp employed by BSS (prev. Research Director at Stoke Mandeville Hospital) Medline search > 5,000 references after screening yielded 278 articles for the evidence base. A 'Delphic process' (consensus-seeking approach) has been adopted to obtain best answers to questions posed. Results TBA at BritSpine.

2. **Magec rod surveillance.**

Reports of breakage of this device associated with metallosis have prompted a BSS centre by centre survey, to ascertain the incidence which will be presented and debated at BritSpine.

3. **British Spine Registry**

The new version has mandatory fields for scoliosis in particular Magec cases. To be released by the end January 2016. Poor compliance to date, however, necessitates the Magec survey currently under way.

4. **New BSS website**

- See Britscoliosissoc.org.uk, which has a large and expanding patient information section seminal references and a discussion forum.
- AIS specific surgery information document currently in development to assist the patient consent process.
- Membership fees now payable via website link.

5. **New BSS membership benefit**

BSS membership now includes access to the SRS journal **Spine Deformity**. The website is currently being modified to allow members access.

6. **Patient Liaison**

Patient representative being invited to the next Executive meeting via SAUK.

- **Society for Back Pain Research (SBPR)**

www.sbpr.info

President – *Lisa Roberts*

At the Society for Back Pain Research annual scientific meeting was held on 5th-6th November. The Annual meeting took place at the Anglo-European College of Chiropractic and was hosted by Professor Alan Breen, Clinical Director of Special Imaging at the Institute for Musculoskeletal Research and Clinical Implementation.

The principle highlight was the debate: Is non-specific low back pain a valid concept?

Other highlights from the meeting included keynote presentations from: Professor Maurits van Tulder from The Netherlands on 'The biopsychosocial model: Time for a new back pain revolution?'; Professor Sally Roberts on 'Disc degeneration: The how and why'; Dr Judith Meakin on 'Back pain – too many degrees of freedom?'; and Professor Mark Hancock from Australia on 'Challenges in researching the importance of biology in back pain'.

The next meeting will take place in Preston on 3rd and 4th November 2016 and the theme will be 'New trends'.

Report from The Society for Back Pain Research Annual Scientific Meeting Debate : Is non-specific low back pain a valid concept?

When the initial vote was taken by Professor Nadine Foster who chaired the proceedings, there was a landslide majority in favour of the motion among the 100+ delegates that included orthopaedic surgeons, physiotherapists, rheumatologists, psychologists, anaesthetists, chiropractors, osteopaths, biomechanists and basic scientists.

Speaking for the motion, Professor Charles Greenough, National Clinical Director for Spinal Disorders and orthopaedic surgeon reminded the audience that specific diagnosis was associated with a five-fold

increased risk of chronicity and that back pain was responsible for 11% of disablement in this country. He warned against providers treating abnormalities on MRIs and highlighted that false labelling destroys lives. In the 75th anniversary year of the Battle of Britain, he paraphrased: *'Low back pain: Never in the field of human healthcare has so much been spent by so many for such disastrous results'*.

Next, speaking against the motion, Professor Wim Dankaerts from the University of Leuven, Belgium, gave a passionate account of how the concept is based on a diagnosis by exclusion (where no specific patho-anatomical or pathological disorder can be linked to the pain) and argued that the concept is uni-dimensional and fails to recognise that there are specific drivers of pain for which person-centred care can be delivered. He said the concept is as outdated as saying the earth is flat and argued: *'To have clinical validity, we need a concept that is able to guide clinicians beyond just triaging (based on the absence of patho-anatomical findings) patients into one non-specific LBP box.'*

In response, Elaine Buchanan, consultant physiotherapist from Oxford warned against iatrogenesis associated with over-diagnosis as she spoke in support of the motion and asked *'What is wrong with being honest? We know that clinicians can greatly improve the patients' response to back symptoms by being honest, admitting our diagnostic limitations, demedicalising the issue, providing assurance, encouraging a more reasonable approach to symptom management and improving activity participation.'* Her conclusion was that non-specific low back pain remains an honest and valid concept.

Finally, Nick Birch, spinal surgeon in private practice spoke against the motion, highlighting the correlation between scan findings for most degenerative conditions was modest at best and absent at worst. He said of the non-specific low back pain concept, *'The fallacy of this philosophy is that an investigation for pain does not exist – we do not have a pain scanner yet. Current imaging can show that there is no structural cause for a person's back pain, but it cannot comment on the pain itself. After all, a scan is a picture of what a person looks like, not what they feel like.'* He concluded that in 2015, patients know too much about the spine to be 'fobbed off' with a term such as non-specific low back pain'.

At the final vote, the margin had narrowed considerably. However, there was still a small majority supporting the motion, which was carried.



The debate: From left to right: Wim Dankaerts; Nick Birch; Elaine Buchanan; Charles Greenough



*President Lisa Roberts with local host Alan Breen
(pictures courtesy of Alex Breen)*

- **Society of British Neurological Surgeons (SBNS)**

www.sbns.org.uk

1. Mr Paul May has been elected as the next SBNS President and will take up office in September 2016. He is Consultant Neurosurgeon in Liverpool and is Co-Chair of the Trauma Programme of Care Board.
2. Guidelines for the management of Cauda Equina Syndrome have been developed with BASS and will be distributed to all the emergency units, primary care teams and spinal units.
3. There is updated guidance on avoidance of wrong site surgery and neurosurgical standards of care on the SBNS website.
4. Following the last SBNS meeting where a life-long learning session and debate regarding CJD and vCJD was held, we will hopefully be able to publish the most up-to-date guidance regarding this.
5. The next meeting of the SBNS will be held in Newcastle in April 2016.

- **British Orthopaedic Association (BOA)**

www.boa.ac.uk

Alistair Stirling

A consultation on the Government's mandate to NHS England to 2020

The Department of Health has recently published its mandate to NHS England, see [Reference documents](#)

The BOA responded to the [consultation document](#) for the mandate, arguing that:

- The Department should consider how the mandate can be used to empower the health and care system to meet the needs of patients with musculoskeletal conditions
- Data-rich, clinically-led quality improvement programmes should be recognized as key to improving outcomes
- Low QALY cost treatments, such as Hip and Knee Replacement should be recognized, alongside prevention and supported self-management, as central to achieving the Government's priority of preventing ill health and supporting people to live healthier lives.

You can find a copy of the BOA's response <http://www.boa.ac.uk/latest-news/boa-response-a-consultation-on-the-governments-mandate-to-nhs-england-to-2020/>

GIRFT Professional Guidance for implementation has been launched

<https://www.boa.ac.uk/pro-practice/boa-professional-guidance-implement-girft-england/>

BOA Letter to Members

<http://us4.campaign-archive2.com/?u=2242b78af1af1962af0ac2da8&id=58064195eb&e=de0509896c>

MSK Clinical Network

NHS England has partnered with ARMA (Arthritis and Musculoskeletal Alliance) to improve MSK care through the development of MSK clinical networks, as explained by Martin McShane in his recent [blog](#).

If you are the MSK lead in your CCG or work within an MSK service and you want to:

- improve outcomes, increase value and reduce wastage in your local MSK economy,
- access the best national expertise to drive improvement in key areas including metrics and workforce,
- Find out practical solutions and learn from the experience of others.
- Then join ARMA's [MSK Knowledge Network](#), <http://www.knowledge.scot.nhs.uk/msk.aspx>

- **British Spine Registry (BSR)**

www.spineregistry.co.uk (Data Input)

<http://bsrcentre.org.uk> (Information Website)

Mike Hutton

The British Spine Registry (BSR) has seen some healthy growth since June 2015, there is still a long way to go!

There are now 41,921 patients registered on the BSR, a 13% increase since June 2015. There are 815 users registered on the system, 209 of these are actively entering data, a rise of 20% since June 2015. A new update to the registry is due for release at the end of January. The update will include new features such as:

1. Obvious mandatory field capture in all pathways.
2. The ability to turn on and off mandatory fields in all pathways, (This way the minimum data required is seen on the screen),
3. An operation note print facility,
4. Integrated audit forms for Cauda Equina Syndrome and Magnetically Controlled Growing Rods. (Mention Cauda Equina Syndrome in your assessments of patients on the registry and further relevant questions are asked),
5. The ability to record whether the case is NHS or independently funded.

The update will be notified to all users via the notification section of the registry and via email.

A further update is planned for introduction at BritSpine 2016 in Nottingham. It is hoped this will have reporting tools for revalidation and appraisal.

The BSR has visited a number of centres across the UK over the last 6 months, helping units understand the requirements and costs of effective data capture.

Any unit needing assistance in doing so can contact us (audit@spinesurgeons.ac.uk) to arrange a team registry visit providing a free and independent report on 'how to set up the registry for your unit' or to work uploading existing data onto the registry again.

- **British Association of Spinal Cord Injury Specialists (BASCIS)**

www.bascis.org.uk

Ali Jamous - President

Nigel Henderson –UKSSB BASCIS representative

1. An enquiry into the provision of local health services for people being discharged from spinal cord injury centres, entitled “A Paralysed System?” was published by the All Party Parliamentary Group on Spinal Cord Injury in association with the Spinal Injuries Association in June 2014.
2. NHS England Specialised Commissioning is to conduct a Service Review of spinal cord injury services in England during 2016. This will look at demand, equality of access, the consequences of delays, and the impact on, and from, other services (also see above under Updates Charles Greenough)
3. The Quality Surveillance Team of Specialised Commissioning, NHS England, is planning to conduct a peer led quality review of spinal cord injury centres during 2016 assessing compliance against service specification with a focus on the patient pathway and experience.
4. BASCIS held its six-monthly business meeting on 21.01.2016. Centres remain under pressure because of unfilled consultant and specialty training posts and, in many areas, nursing shortages.
5. The SCI service in England will move into a shadow tariff in April 2016 using information from the National Spinal Cord Injury Database which is rapidly becoming a comprehensive record of SCI centre activity.
6. The spinal cord injury referral portal, which includes a useful and informative document resource, is available on www.spinalcordinjury.nhs.uk.

- **BritSpine 2016 – Nottingham 6th- 8th April 2016**

Nas Quraishi – local host

This year's meeting and exhibition will be taking place at the Nottingham Conference Centre. In addition to the main paper presentations, there are a number of unique sessions for 2016 including:

- A 'Grandmasters of Spine Symposium' with past spinal masters sharing their wealth of experience,
- A must-attend session on 'Informed Consent in the Post-Montgomery era',
- A number of important and politically charged discussions in the 'Spine Care Strategy 2020' session,
- The first combined British Scoliosis Society / Scoliosis Research Society Worldwide event at a BritSpine conference with internationally renowned speakers and experts,
- An AOSpine Instructional Session,
- A brand new 'Best of the Best' papers session.

Once again there is a pre-meeting trainees' cadaver lab that will be held at the Queens Medical Centre but new for 2016, there is a Spine Masterclass focusing on 'Management of Spinal Complications' that will run on the afternoon of Tuesday 5th April at the Nottingham Conference Centre.

On Friday afternoon 8th April there will be two additional meetings bringing spinal care "Together":

- Spinal Transformation and Pathfinder meeting with interactive workshops. This will introduce these major initiatives from NHS England and enable participant feedback through

workshops to enhance project implementation.

- Patient, Carer & Public Involvement & Engagement (PCPIE), a patient forum open to support groups and patients alike.

- **The Spine Society of Europe (SSE)**

<http://www.eurospine.org/>

Phil Sell

UKSSB and all members of the British Association of Spine Surgeons and the Society for Back Pain Research are now associate members of Eurospine as their society has joined EUSSAB, the board of National spine societies across Europe. There are many benefits of this, such as free access to the webcasts of the Eurospine Annual meeting, among others www.eurospine.org/important-meeting-reports.htm.

BritSpine

- **Nottingham – 6th–8th April**

www.britspine.com

Nas Quraishi

Other Clinical Items

Spinal Oncology Meetings and Development

4th British Spinal Tumour Group meeting - Primary Spinal Tumours Birmingham 10/11/15

The meeting reviewed:

- Proton Beam therapy
- Appropriate surgery for benign locally aggressive tumours
- Denosumab for GCT

7th Annual MSCC meeting (NHS supported) Birmingham 11/11/15

The meeting focussed on :

- Revision surgery
- Spinal instability
- A principle conclusion after a survey monkey review and subsequent workshop discussion of the 2008 MSCC guidance being that this requires updating and approaches are being made to NICE to bring this forward.

Research Funding

Do you seek funding for your research project?

Then apply here www.eurospine.org/application-guidelines.htm until 31 January 2016. Here www.eurospine.org/funding.htm are some figures to what the EUROSPINE Task Force on Research (TFR) is funding. In 2015 it distributed EUR 180,000 in total.

NICE updates and related matters

This section is in development

Clinical Guidelines

For the list of current relevant spinal guidance, please see the main UKSSB menu Guidance

Current Consultations

Venous Thromboembolism - Colin Nnadi

LBP CG88 (2009) Philip Sell Anticipated date of update 2016

New Technology Appraisals – work in progress

ELF John O’Dowd/Naffis Anjarwalla

IDET Mike Grevitt

AxialIF Andrew Quaile

New Reference Documents

- see Reference Documents section on website

[“Monitor 2015.10 Elective Care Helping NHS Providers Improve Productivity”](#)

Commissioning

[“NHS England 2015.09 Specialised Services Commissioning”](#)

Private Practice

[FIPO Newsletter Competition Law - Compliance Guidance on Fees November 2015](#)

[FIPO Consultant Fee Setting and Information Exchange – Compliance Guidance November 2015](#)

[FIPO Annex 1 - Competition Law Affecting LLPs, Companies and Sole Traders – Compliance Guidance November 2015](#)

Events and Meetings

BOA Congress 2016 – Abstract submissions now open

The abstract submissions ‘Call for Papers’ is now open. Please submit your abstract online [here](#). The submission deadline is 8th February 2016. The BOA Congress will take place at the Belfast Waterfront 13th-16th September 2016. The programme is currently being developed under the theme of “Clinical Leadership and Engagement”.

Registration for EUROSPINE congress 2016 is open now

Held on 5-7 October 2016, in Berlin, the Eurospine congress is a not-to-be missed opportunity to meet and exchange with the best experts. The abstract submission will open end of January (until 1 March 2016). Stay tuned!

Register and save EUR 380 (based on early bird fee, compared to a non-member)

www.eurospine2016.eu/index.php?id=7489

SSE 3rd Spring Speciality Meeting 2016 in Kraków

Trauma spine is the focus of our Spring Speciality Meeting 2016. Discuss exciting new developments in the management of spinal trauma and join us in Kraków, a cracking venue for a cracking meeting!

Register and save money now! www.eurospine-spring.com/index.php?id=6492

Courses

Surgical Approaches to the Spine, 24-26 May 2016, The Royal College of Surgeons of Edinburgh advertised 25-Jan-2016, <https://www.rcsed.ac.uk/the-college/news/2016/january-2016/surgical-approaches-to-the-spine.aspx>

Fundamentals of spine research methodology - TFR Course 2016 in Milan, Italy

Register www.eurospine.org/p31002146.html until 11 February 2016 for the TFR Research Course! EUROSPINE members will benefit from a discounted registration!

Basic Biomechanics and Biomechanical Methods for Experimental Research of the Musculoskeletal System

The aim of this workshop from 19-22 June 2016 in Ulm, Germany, is to train clinicians and unexperienced biomedical engineers in basic principles of biomechanics.

The EUROSPINE Task Force on Research will financially support 5 attendees (EUR 2,000 each).

Applications have to be sent to Erin Goddard at goddard@eurospine.org before 17 April, 2016.

Course info www.biomechanics.de/ufb/lehre/summercourse/start.html

Notices

- **Meeting Dates**

Please see UKSSB website www.ukssb.com which links to BASS, BSS and SBPR websites with details of the Spinal Societies and other meetings.

Spinal Matters – Dramatis Personae

This is included for information and is now a page on the main website menu which will be updated as personnel change.

NHS Chain of Command

Medical Director NHS	Sir Bruce Keogh
Deputy Medical Director NHS	Jonathan Fielden
Acute Care	Keith Willett (Orth)
NHS Clinical Quality and Efficiency	Tim Briggs (Orth)
Specialised Services	James Palmer (NS)
NPOC Trauma	Paul May (NS)
NCD Spine	Charles Greenough (Orth)
CSS CRG Chair	Ashley Cole (Orth)

GIRFT (Getting It Right First Time) Team

Tim Briggs (Orth)
Rachel Yates
Mike Hutton (Orth)
Nick Phillips (NS)

Improving Spinal Care Team (National Backpain Pathway and Spinal Networks *previously Spinal Transformation*)

Clinical Team

England -North	Ashley Cole (Orth)
England - South	David Cummings (Orth)
England	Tim Pigott (NS)
AHP	Elaine Buchanan (Physiotherapy)
UKSSB	Alistair Stirling (Orth)

Implementation and Administrative Team

Transformation Manager	David Waddingham
Project Manager	Sarah Kirkland
Accountable Commissioner	David Stockdale
Communications and Engagement	Mary Hardie
Patient Representative	Gillian Goodrich

Vacancies

Please go to the relevant websites.

UKSSB strongly encourage members of the Spinal Societies to contribute to the essential professional infrastructure and thereby raise the profile of Spinal care.

- British Orthopaedic Association (BOA)
www.boa.ac.uk/?s=vacancies
- Joint Committee on Surgical Training (JCST)
www.jcst.org/@@search?SearchableText=vacancies
- Royal College of Surgeons of England (RCSEng)
www.rcseng.ac.uk/search?SearchableText=vacancies
- Society of British Neurological Surgeons (SBNS)
www.sbns.org.uk/index.php/search-results/?query=vacancies&submit=Go
- National Institute for Health and Care Excellence (NICE)
www.nice.org.uk/get-involved/join-a-committee