

SpineMatters – April 2016

## **CONCEPT and PURPOSE**

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 impact 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)
- 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 [l.nahodilova@boa.ac.uk](mailto:l.nahodilova@boa.ac.uk)

Anticipated publication will be three times a year in January, May and September. These may vary slightly to include relevant breaking items. This edition has been delayed to allow incorporation of some of the feedback from BritSpine.

## **Editorial**

*Alistair Stirling - UKSSB Chair  
BritSpine,  
Current and future challenges and opportunities*

Very many thanks for a really excellent meeting go to all of our BritSpine hosts in Nottingham and in particular to Nas Quraishi, Nick Birch, and the programme committee. Also to all of those contributing by marking abstracts and posters which is both time consuming and essential.

Once again we were very well served by Archie Yates Associates as conference organisers. Also by Julia Bloomfield and Lenka Nahodilova. The participant feedback is included below.

This year for the first time the meeting also focused on current service developments and service implementation (Spine Strategy 2020 and the NHSE Improving Spinal Care Project (ISCP) implementation meeting on Friday afternoon). The recommendations from this are listed below. It is hoped this will have provided useful background as this project is rolled out through England.

The patient participation Friday afternoon session introduced in Warwick in 2014 once again proved very popular and is also abstracted below.

Given the response it is intended to include similar sessions in future meetings.

Each society also provided excellent and highly relevant guest sessions resulting in important cross-fertilisation. These are referred to in the Society updates below.

It has probably never been more important to understand the broad context in which we are now working and the potential changes this may bring. For this reason and for those unable to attend BritSpine a summary of Allyson Pollock's thought provoking presentation about the presently worrying developments in the NHS is included below. Similarly there is a link to a briefing paper by the BOA policy unit about current changes in the law with impact on health service provision. Reflecting parallel evolution in Europe an abstract is included from a presentation given at the European Spinal Societies Advisory Board in Krakow in May.

Past presidents of the BOA (Colin Howie) and SBNS (Rick Nelson) gave excellent presentations about the very considerable and essential work our overarching societies provide challenging us all to get involved to contribute to the future development of our profession.

At the present time apathy or resignation is an easy way out perhaps ducking generic professional responsibility. As the junior doctors have just demonstrated thoughtful representation (and finally action) is in the end respected and can and should bring about change helpful to our patients. Spinal care will be optimised by collaborative development with medical and allied health partners. The current improving spinal care initiatives provide that opportunity, in primary care with the national low back and radicular pain pathway and in secondary care with the regional networks template. Do you know what is happening in your area and are you involved? If not, this might in retrospect be a missed opportunity but it is not too late.

## **Office Matters**

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### **The UKSSB Website:**

Has been serially developed over the last few years and currently has more than 20 subsections and serves as a point of communication for the Spinal Care community and related projects.

It hosts all information about the NHSE Improving Spinal Care Project.

To respond to the growing demand for information and improved communication coming from the Spinal community and related technical issues the website is being revised and redeveloped.

Any suggestions for the functionality, design and purpose of the new website are welcome.

### **Interviews**

- for the post of Honorary Secretary (unremunerated post).will be held on 8 July, 2016
- for a part-time Policy Assistant, will take place on 24 and 29 June.

**Publication Dates:** January , May and September

### **New Members of the UKSSB Board**

David Cumming was appointed as the Secretary of BASS at the Annual General Meeting at BritSpine in April, He is a Spinal Surgeon at Ipswich Hospital.

Colin Natali succeeds Harshad Dabke as the lead of the Private Practice Advisory Group. ( PPAG )

## Updates

### Improving Spinal care Project

Reports from Improving Spinal Care Project workshops held at BritSpine, on Friday 8 April 2016, in Nottingham. The workshop included clinicians and commissioners from around England

### How to implement Pathfinder

Workshop summary by lead David Cumming

. The key elements identified to help implement pathfinder were:

- Identifying the key stakeholders for the implementation process.
  - Identifying the current resource and system, what could be utilised and what changes would be needed to implement.
  - Engagement of AQPs is essential. Engagement between private providers in primary care and secondary care providers is essential in any new system.
  - Co-commissioning agreements between providers to ensure patients have the best possible care.
  - Provider led commissioning may help implementation in certain areas. Block contract with the provider being given the responsibility to organise services.
  - Identifying the key people clinically and in commissioning who will be committed to delivering implementation
  - Make it someone's responsibility to implement
- **Annual spinal care implementation meeting and Governance Workshop summary by lead Elaine Buchanan**

#### 1/ Annual Improving Spinal Care Implementation Meeting

Would be best twice per year initially, possibly funded by relevant CCG

Linked to another meeting: preferably an MDT

? a National Implementation Day before BritSpine 2018.

? Questions were raised about how this would be funded

Benefits:

- Networking opportunity: sharing practice
- Opportunity for problem solving
- Case presentations
- Sharing outputs.

#### **2/ Communication**

- Modern Media should be explored
- Target Key Players and link via UKSSB
- Clinical Travel fellowships
- National Network should be developed to share good practice

#### **3/ Governance**

Key Performance Indicators

- % Imaging
- Conversion to surgery: Initial benchmark should initially be set as 70% of patients

- who attend for a surgical opinion should convert to surgery.
  - % referred for an emergency opinion.
  - Complaints/Compliments
  - Friends and Family Test
  - Open reporting of late diagnosed serious pathology
- **Training of Triage and Treat Practitioner (TTP) Workshop summary by leads Diarmaid Ferguson, Steven Vogel**

Essential role of Triage and Treat Practitioner (TTPs) as pathway gatekeeper of the transition of appropriate patients from primary to secondary care.

### **Issues and challenges raised by the group**

- Cultural change needed by some surgeons to accept TTP's , to understand and respect the TTPs role and to delegate responsibility on interventions prior to surgical opinion.
- Consultants /MDT must continuously review work to build confidence of the TTP team to develop the ability to cast 'a surgeon's eye' on the clinical presentation/scans.
- TTPs need specific radiological and clinical training and to build over time within a MDT.
- Senior experienced TTP practitioner should mentor less experienced TTP practitioners.
- The surgical team must also make time for regular ( minimum monthly ) MDT meetings with TTPs to discuss clinical/professional issues to develop trust and mutual understanding.
- In order to ensure effective TTPs, surgical teams should be encouraged to develop consistency of surgical opinion and explicit criteria for referral. Intra consultant variability would cause unnecessary challenges for the TTP team as inconsistency will foster doubt in the referral process and affect the confidence of the TTP to act as gatekeeper.
- The group were unsure of appropriate staffing mix-ratio of TTP: surgeons.
- The TTP role should mean surgeons only give opinion on those appropriate for a surgical opinion, ie radicular symptoms and not axial back pain as per new guidance. This should equate to higher consultation conversion rates to surgery.
- It was felt that the TTPs working in the community rather the hospital sites would help de-medicalise the back pain experience for many patients.
- Development of clear guidelines and entry criteria (which may change with the updated NICE guidance ) to the CPP Programme is desirable.

### **Positive feedback from the group**

- TTPs should have the time for biopsychosocial (BPS) interventions and information giving when triaging as surgeons do not have time to do this. Exposure to training in BPS interventions is not felt to be enough to ensure high

quality implementation. Continuous mentoring and evidence of BPS fidelity will be key in the effective application of BPS approach.

- Networking between peers and amongst the MDT was seen essential in ensuring consistency in use of the pathway and between clinicians. A senior TTP could take responsibility for new members of the TTP team to help ensure this.
- All primary care access to surgeons should be made via the TTP team (apart from patients with clear red flags); this will enhance the status of the TTP's gatekeeper role. Surgeons should have confidence to send inappropriate referrals back to the appropriate pathway – be brave and positive in actions.
- **Regional Spinal Networks**  
(Please make a link to the section below Regional Spinal Networks)

## **Regional Spinal Networks project and Specialized Spinal Services (Ashley Cole)**

### **Summary by Ashley Cole**

- **Regional Spinal Networks**

The concept of Regional Spinal Networks was presented at Britspine and thanks to all those who visited the NHS England stand. For those who want further information please contact [d.waddingham@nhs.net](mailto:d.waddingham@nhs.net) or for more information about any clinical issues [ashcole9@gmail.com](mailto:ashcole9@gmail.com). The Regional Spinal Network template is on the UKSSB website: <http://www.ukssb.com/pages/Improving-Spinal-Care-Project/Regional%20Spinal%20Networks.html>

- **Complex Spinal Surgery Clinical Reference Groups**

All the CRGs were disbanded at the end of April and after consultation, NHSE is restructuring and reducing the number of CRGs. Spinal Surgery and Spinal Cord Injury CRGs have been merged to form the Spinal Services CRG. The position of CRG Chair (1 PA allocated) and the 8 Regional Advisors (voluntary posts funded by local Trust) are in the process of appointment.

There has been no official information given to the current CRG but we understand that members will lead on:

- Research priorities through the National Institute for Health Research (NIHR)
- Data and tariff with the Health and Social Care Information Centre (HSCIC) and NHS Improvement
- Liaison with NICE
- Commissioning for Value

For those who have queries, please contact [ashcole9@gmail.com](mailto:ashcole9@gmail.com) for further information.

- **Orthopaedic Expert Working Group (EWG)**

The Orthopaedic EWG meets to consider applications for new OPCS codes and putting OPCS (procedure) and ICD-10 (diagnosis) codes into Healthcare Resource Groups (HRGs) of equal resource for tariff allocation. The group met with Monitor on 4 May to consider 2016/17 pricing for Orthopaedics and Spine.

## **Related Matters**

### **National Audit Office (NAO) finds lack of strategy for specialised services**

The National Audit Office (NAO) recently published a [report](#) on specialised services commissioned by NHS England. The report finds that NHS England still does not have an overarching strategy for commissioning specialised services despite taking on the responsibility three years ago.

The NAO warns that any overspend on specialised services will affect NHS England's ability to resource services such as primary care and non-specialised hospital and community services. The report highlights that the budget for NHS specialised services rose by 6.3% per year on average, from £13 billion in 2013/14 to £14.6 billion in 2015/16, compared to 3.5% per year on average for the entire NHS budget. Concerns are expressed around NHS England keeping within its budget for 2016/17, despite an increase of 7%.

Pressures on specialised services are identified as growth in costly new drugs and increasing demand for specialised services. The NAO warns that in attempting to control costs by reducing the tariff on these services, NHS providers' financial sustainability may have been affected. NHS England is found to not have consistent information from providers on costs, access to services and outcomes, or the efficiency of service delivery.

## **UKSSB working groups**

### **Private Practice Advisory Group**

Colin Natali is now Chair of this group and a report on progress will follow in the next edition.

## **Training and Education**

*Spinal* Surgery Training Interface Group (SSTIG) NHS Funded Training Fellowships  
JCST signed off the new regulations for Surgical Training Interface Groups (STIGs) at the end of April. This is now the defined framework and has been endorsed by the Joint Surgical Colleges. The development of a Spinal Surgery Training Interface Group has the full support of the chair of JCST to progress. This does need to be under the auspices of JCST and the relevant SACs for it to be officially accredited and to permit the funding to be vired through Severn Deanery which hosts all of these. Societies have provided a full complement of possible representation for this for some time and this can now progress. It is anticipated that it will take at least a year for all aspects of this to be defined and for these to be introduced. Dates for an initial meeting are being defined and doodle polled. This will include the chairs of the SACs of both Orthopaedics and Neurosurgery.

## Society / Registry reports

### British Association of Spine Surgeons (BASS)

[www.spinesurgeons.ac.uk](http://www.spinesurgeons.ac.uk)

President – Am Rai

The new BASS executive elected by the membership at Britspine in Nottingham is listed below:

Am	Rai	AR	President
Stuart	Blagg	SB	President Elect
David	Cumming	DC	Secretary
Harshad	Dabke	HD	Treasurer
Mike	Hutton	MH	Audit & Registry
Golash	Aprajay	GA	Education & Training
Jake	Timothy	JT	Research
Amarjit	Anand	AA	Trainee representative
Sherief	Elsayed	SE	Webmaster
David	Bell	DB	Membership
Colin	Natali	CN	Professional Practice
Sashin	Ahuja	SA	NICE Guidelines and Policy

Over the last year, the BASS consent group has produced several surgical procedure specific information leaflets and new consent forms to increase patient awareness and the consent process. These will be available from the BASS website.

The BASS website will be undergoing a significant upgrade in the next few months, to improve functionality and become a key resource for all spinal surgeons, including trainees.

The British Spine Registry continues to grow and has recently been upgraded. We would encourage all spinal surgeons to make the registry a routine part of their practice.

The executive is keen to bring together all units interested in new research projects. It is important that the spinal community works together to advance research and produce meaningful results. All those interested should contact Jake Timothy [jaketimothy@mac.com](mailto:jaketimothy@mac.com).



In the coming year the executive will continue to actively engage in all areas that affect spinal surgery. BASS encourages all spinal surgeons, neurosurgical and orthopaedic, to become active members of the association.

## **British Scoliosis Society (BSS)**

[www.britscoliosissoc.org.uk](http://www.britscoliosissoc.org.uk)

President – Bob Crawford

The BSS thanks Nas Quraishi and the Nottingham team for all their work in putting on a stimulating and enjoyable Britspine meeting.

BSS BritSpine Proceedings

### **Adult Spine Deformity guidelines:** A progress report was given

An English language *Pubmed* literature search of the past 10 years yielded 5356 potentially relevant articles. After screening this was whittled down to 65 articles based on RCT or prospectively gathered data, Dr Joost Van Middendorp, project Director, is constructing the data extraction table to address the 60 key questions identified by the Steering Group who will then produce relevant evidence based guidelines.

**Magec Rod surveillance and debate:** A national audit by Irfan Siddique reported that since 2010, 736 rods have been implanted by 52 surgeons in 17 units in the UK and 17 have been explanted. Detailed audit data were received from 21 of the 17 units about 369 rods in 195 patients. Amongst other data unplanned revision surgery was reported in 43 patients (22%)

A debate was held at the Britspine on the motion 'Magec Rod - Trick or Treat?' staging Colin Nnadi and Andrew O'Brien in favour of the implant versus Mike Gibson and Sashin Ahuja against it ( The debate became quite lively with some telling blows being landed by both sides, but without clear conclusion

**Scoliosis school screening:** The UK National Screening Committee asked BSS for an update on their previous recommendation from 2012. The Executive Committee agreed unanimously that the evidence remains that screening should not be adopted as a national policy because, given the imprecision of clinic screening methods, the potential harm ( of x-rays and unnecessary treatment) outweighs potential benefits.

**BSS website:** This site, (thanks to the hard work of Vinay Jasani,) is now live and providing a useful resource for members, the general public and patients. For members, there is on line access to the SRS journal 'Spine Deformity' , E-Spine. and a variety of useful documents (eg the UK National Screening Committee document on Screening for Adolescent Idiopathic Scoliosis ). For patients there is a large amount of well-written and illustrated material.

**British Spine Registry:** The Mandatory Dataset for spinal deformity surgery is now set up on the British Spine Registry and completion is required ( for payment ) by the NHSE D14 contract This was fully endorsed by the BSS AGM in Sheffield last year.

**Next BSS meeting:** the annual meeting of the BSS is being hosted by the Middlesbrough team in Hardwick Hall, Sedgefield, Co Durham on 14.10 2016, Further details are on the BSS website.

<https://www.southteeslri.co.uk/bss-annual-meeting>

## **Society for Back Pain Research (SPBR)**

<http://www.sbpr.info/>

President – Lisa Roberts

### **Annual meeting Preston November 3-4<sup>th</sup> November 2016**

Keynotes have been planned and include:

- New Directions in Back Pain Consultations – Dr Lisa Roberts
- New Directions in Back Pain Management – Dr Nick Hacking
- Role of 3D printing in orthopedic surgery – Professor Justin Cobb
- Consent and research – TBC

A panel discussion of the NICE clinical guideline on low back pain and sciatica with contributions from SBPR members (Professor Nadine Foster and Dr Serena Bartys) and members of the NICE Guideline Development Group (Dr Ian Bernstein and Professor David Walsh).

This very friendly meeting includes wide ranging first class research presentations across the spinal field and the opportunity to network with many professional groups

Abstract submission is welcome from members and non members of the Society and closes on 10 July 2016 Details are available

<http://www.sbpr.info/meetings/sbpr-2016-preston>

## **Travelling Fellowships**

Seven UKSSB supported travelling fellows reported on their work at BritSpine. The range of activity was impressive and the Fellowship awards are leading to publications and the development of new research collaborations. Titles of the awards and fellows:

- A European collaboration on a project for antibiotics for LBP - Dr Majid Artus
- Assisting 'significant others' in the collaborative self-management of pain - Dr Serena Bartys
- An investigation into roles of Spinal Extended Scope Physiotherapy Practitioners (ESP) within the Acute NHS setting - Jill Billington and Catherine Kelsall
- Normal biomechanics of the lumbar spine: a quantitative fluoroscopy and electromyography study - Alister du Rose

- Investigating variation in lumbar spine curvature in asymptomatic individuals with modic changes and lumbar disc degeneration - Dr Anastasia Pavlova
- Visit to Insight Centre for Data Analytics: Collaboration towards the development of wearable technologies for classification and personalised therapies for back pain - Dr Liba Sheeran
- The science of spinal pain: the way forward for improved management for people with back pain - Dr Valerie Sparkes

This year UKSSB has doubled the grant value. The call for this year schemes has been published: <http://www.sbpr.info/news/2014/12/03/sbpr-travel-fellowships-2016> The closing date for this years application was the 2<sup>nd</sup> of May 2016.

### **EuroSpine meeting**

SBPR president Dr Lisa Roberts is attending the Eurospine specialty meeting in Krakow for SBPR to join Eurospine as an institutional member.

### **NICE Consultation – Draft Clinical Guidelines for Low Back Pain and Sciatica**

Many helpful responses were received from members contributing to SBPR stakeholder feedback on the draft guidelines.. Elaine Buchanan collated and submitted the response from SBPR.

Steven Vogel Secretary, Society for Back Pain Research

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

[www.sbns.org.uk](http://www.sbns.org.uk)

President - Richard Kerr

Recent highly successful SBNS meeting in Newcastle with dedicated spinal sessions, and the Life Long learning session entitled ***Spine – Where Orthopaedics and Neurosurgery meet.***

This very well attended part of the conference was organised by Mr Adrian Casey, with lectures from Vittorio Russo from Queen Square, Kia Rezajooi and Sean Malloy from Stanmore and James Allibone from Queen Square and Stanmore. The session reviewed spinal problems, the interface between orthopaedics and neurosurgery, and areas of joint working. Adrian Casey spoke about the problems of disease around the C-C junction.

There were also wide ranging dedicated spinal sessions combining presentations and free papers.

**The Walton Centre in Liverpool** was the first neurosurgical unit to receive a CQC visit the outcome of which is awaited. SBNS is working directly with the CQC to optimize appropriate metrics.

**The National Neurosurgical Audit Project (NNAP)** is now on the list of National Registries and has been presented to Sir Bruce Keogh who was very supportive. Contribution to NNAP may become mandated through the CQC.

We await the results of the changes in the configuration of the CRG's, with the proposals for spinal services.

### **Next meetings**

Contributions from all colleagues are welcome  
September 2016 - Telford, currently open for submissions  
<http://www.sbns.org.uk/index.php/conferences/abstract/>  
March 2017 - Oxford  
September 2017 - Liverpool

### **British Orthopaedic Association (BOA)**

[www.boa.ac.uk](http://www.boa.ac.uk)  
Alistair Stirling

### **BOA National Clinical Leaders Programme (CLP) - Limited places available!**

There are limited places available on the BOA Clinical Leaders Programme.

Currently, candidates can either apply via their Trust, as an individual or through their specialist society (providing they are sponsoring a place on the programme). More information can be found on the [BOA website](#). The deadline for submission is Sunday 5th June 2016.

### **RCS report: 'Smokers and overweight patients: soft targets for NHS savings?'**

An RCS report released last week showed that 22% of CCGs used mandatory BMI thresholds on referrals for Hip and Knee Replacement, and 12% of CCGs required smoking cessation before referral for routine surgery. Please see BOA website for full [Report](#). It is anticipated similar criteria may be applied to other surgery, including spinal surgery

In opposition to these restrictions on patient care, the BOA supported the report. Labour then questioned Government and, in response, a DH Minister stated he would not take any action against CCGs. Please see BOA website for full report.

### **BOA T&O Curriculum App - new update**

The BOA T&O curriculum app has been updated to match the current curriculum, incorporating and changes recently made. The app offers the full version of the T&O curriculum in an easy to read format allowing for quick access. This includes spinal surgery

The app is available on both Android and Apple devices. If you have already downloaded the BOA T&O curriculum app you will be asked to install the latest update. If you would like to download the curriculum app on an Android device please follow [this link](#), for all Apple devices please visit [here](#). If you have any problems with downloads please contact [policy@boa.ac.uk](mailto:policy@boa.ac.uk).

## **Undertaking Clinical Trials in Trauma and Orthopaedics**

The BOA Orthopaedic Surgery Research Centre (BOSRC) is running its second meeting for trauma and orthopaedic surgeons interested in getting involved in Randomised Controlled Trials (RCTs) or research grant applications, either as a chief investigator or as a co-applicant on 27th-28th June 2016. Please see BOA website for full report.

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

[www.spineregistry.co.uk](http://www.spineregistry.co.uk) (Data Input)

[www.britishspineregistry.com](http://www.britishspineregistry.com) (Information Website)

Mike Hutton

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

[www.bascis.org.uk](http://www.bascis.org.uk)

Ali Jamous - President

Nigel Henderson –UKSSB BASCIS representative

1. The CRGs for spinal cord injury (SCI) and for complex spinal surgery are to be merged to form a new CRG to be known as “Spinal Services”. The last meeting of the SCI CRG was on 12<sup>th</sup> April 2016. We look forward to working in partnership with complex spinal surgery in the new arrangement.
2. The NHS England Specialised Commissioning Review of SCI services in England is well underway. Service Review workstreams established by the SCI CRG will continue with the current membership as an expert working group of the new CRG. The workstreams are: Access to Services, Specification of Services, Performance of Services, Quality of Services, Patient Experience and Rehabilitation into the Community, Measurement and Research, and Option Appraisal.
3. The planned Peer Review of spinal cord injury centres (NHS England Quality Surveillance Team) is establishing parameters to assess compliance with specifications focusing on patient pathway and experience. These will occur during late summer and early autumn.
4. Next meeting Oswestry Thursday 23<sup>rd</sup> June to be followed by the Annual Multidisciplinary Guttman meeting on Friday 24<sup>th</sup> June.
5. The spinal cord injury referral portal, which includes a useful and informative document resource, is available on [www.spinalcordinjury.nhs.uk](http://www.spinalcordinjury.nhs.uk).

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

<http://www.eurospine.org>

Lisa Roberts

Lisa Roberts and Alistair Stirling attended the third Eurospine spring specialty meeting in Krakow on the 12<sup>th</sup>- 13<sup>th</sup> of May.

This focused on spinal trauma. It was clear from the presentations that a much more interventional approach is generally in use on the continent. This was counterbalanced by comment from the UK and in particular experience from Oswestry with conservative

management of traumatic spinal-cord injury patients .

On the political front it is suggested some progress has been made through UEMS towards recognition of a spinal surgical specialty within Europe. A curriculum group, currently without British representation is making progress with a view to an improved European spine course diploma. Discussion occurred about British input into this and is being progressed.

A lunchtime European spinal societies advisory board (EUSSAB) meeting took place. The principal points were:

- National societies may each have a representative on the board but voting rights will be limited to one vote per country.
- The EUSSAB board will have a single seat on the SSE Executive committee
- This individual will be selected by the EUSSAB board with a view to serving for a period of two years to ensure continuity of process.
- Research grants are available. These will normally be for Euro10 to 100,000. The principal applicant will be required to be a full member of SSE. The intention is these should be used as pump priming form for more major grant applications.
- A new director of education and research has been appointed Julie-lyn Noel [noel@eurospine.org](mailto:noel@eurospine.org)
- The next Eurospine meeting is in Berlin from 5-7 October 2016
- UKSSB , SBPR and BASS are institutional members of SSE. At present BSS is not and may wish to consider this.
- EuroSpine Newsletter [EuSSAB/ EUROSPINE Newsletter](#).

Presentation from Belgium “Spine specialists vs. policy makers in Belgium: a call for change“by Dr. Bart Depreitere during EuSSAB Meeting in Kraków

Presentation from Belgium “Spine specialists vs. policy makers in Belgium: a call for change”  
by Dr. Bart Depreitere during EuSSAB Meeting in Kraków

 [http://www.eurospine.org/cm\\_data/16-05-12\\_EuSSAB\\_presentation.pdf](http://www.eurospine.org/cm_data/16-05-12_EuSSAB_presentation.pdf)

#### Abstract

In 2014, a report of the Christian Mutuality on spine surgery practice variation, spine surgery associated sick leaf as well as failed back surgery syndrome numbers in Belgium, coincided with the election of a right-winged cabinet eager to cut in the healthcare budget and with a revival of a longstanding question to reform the outdated spine surgery reimbursement code list. This coincidence placed spine surgery in the spotlight as an area where a lot of money could be saved. The Spine Society of Belgium (SSBe) received the task of modernizing its surgical code list, along with the duty to establish a framework of measures for quality improvement and measures that should reduce the numbers of spine surgeries. To increase pressure and achieve short-term savings, the government decided to cut the reimbursement for spinal implants by an average rate of 30%.

The SSBe, established in 2012 as a society representing spine care activities of orthopedic surgery, neurosurgery and physical and rehabilitation medicine, requested a platform for direct communication with the policy makers, which resulted in the creation of an ad hoc spine task force in March 2015. In this platform, the SSBe presented figures on evolutions of spine and other locomotor surgeries in Belgium and abroad in order to draw the exact contextual background on spine surgery practice. Also, the SSBe took the lead at the very first task force meeting by launching a set of quality enhancing measures including a spine registry, guidelines, better registration of actual practice through a modernized code list, peer review committees for decisions on extensive surgeries and installment of multidisciplinary clinics. The policy makers embraced all proposals, however, this was accompanied by a strong wish from their side to couple reimbursement to fulfillment of the above criteria as compulsory requirements as well as a wish to only reimburse spine surgery in a limited number of hospitals only. This felt to the SSBe representatives as an over-rigorous measure that would never achieve sufficient support for effective implementation and that would even not be realistic. Dialogue was kept up and finally resulted in a proposal on spine units acceptable to all parties: each hospital can become a spine unit if they fulfill a set of staffing criteria and minimal service requirements, outline their management algorithms in a spinal handbook – for which a template will be provided-, register a predefined set of indications through Spine Tango and organize a multidisciplinary clinic one a month. This spine unit concept will allow all centers to enhance quality in a gradual and bottom up manner and come along with the development of a national spine registry, a Belgian guideline (in the form of a template for the hospitals' spinal handbook) and a modernized spine surgery reimbursement code list.

Currently, texts are being reviewed and are going through the political decision process. A potential role for the industry, e.g. in contributing to fund the registry, still needs to be defined. Ideally, a triple partnership of policy makers, caregivers and industry should be installed in the future in order to maximally facilitate overlapping interests. Finally, it is clear that a positive evolution of this story was only possible due to the creation of a united multidisciplinary national spine society that could speak with one voice as well as to the conviction that aiming for improved quality is the only way forward for our field.



**BritSpine 5-8 April 2016**

**500 delegates 200 trade delegates**

**Brief summaries of some of the highlights are given below**

**Genetic epidemiology of low back pain**

**Dr Frances Williams, Reader & Hon Consultant, King's College London**

Frances summarised the important finding from twin studies that lumbar disc degeneration has 68% heritability. Useful in clinic when patients ask 'why is this happening to me?' She identified plausible candidate genes and explained how genome-wide association studies are helping identify variants, such as the PARK2 gene. Frances concluded outlining the exciting PAIN-OMICS work, which is a stratified approach for patients with low back pain that will capitalise on existing high quality clinical, genetic, biochemical and pharmacological data and biological samples of over 5000 patients with low back pain and controls. It is clear that genetic epidemiology has much to contribute to understanding back pain

**PERSPECTIVES ON CURRENT HEALTHCARE DEVELOPMENTS IN ENGLAND (UK)**

**Allyson Pollock**

**Junior Doctors are now paying for the high costs of the market in health care article <<<[link to PDF 1](#)>>>**

**BOA Policy Briefing on Policy briefing on Cities and Local Government Devolution Act 2016 <<<[link to PDF 2](#)>>>**

**What specialist associations do for spinal surgeons**

Colin Howie

**What does the BOA do?**

**Presentation by BOA Past President, Colin Howie**

BOA Past President Colin Howie delivered a presentation on the roles and functions of the BOA. Traditional core workstreams (Training and Education, Research and Professional Practice) continue to be delivered successfully to international standards.

He outlined new developing areas of the BOA's activities including: advocacy which ranges from high level political engagement to representation and co-operation with governmental departments and reports e.g. with Monitor; communicating with Clinical Commissioning Groups, and extensive public engagement through ARMA and the BOA Patient Liaison Group. Behind all BOA activities, is a commitment to raising standards, and creating a vibrant, sustainable representative orthopaedic community which delivers high quality effective care to fully informed patients.

Current key activities to support advocacy include:

- Engagement with Specialist societies (to ensure that specialist societies are involved and that the BOA is well informed)



- Development of local clinical networks
- Local and national commissioning activities
- External engagement on wider healthcare issues
- Development of a T&O registries initiative
- Supporting the implementation of GIRFT
- Engagement on Tariff and coding

For more information about the work of the BOA, and how to get involved please contact [policy@boa.ac.uk](mailto:policy@boa.ac.uk)

## **Management of Symptomatic Spondylolysis**

### **“If it’s broke, if and when to fix it?”**

The development and natural history of pars lesions in professional cricket was *presented by Nick Peirce* (Chief Medical Officer - England & Wales Cricket Board) Conservative treatment in "young" patients with symptomatic spondylolysis and a normal disc (on MRI scan) was presented by *Robin Chakraverty* (Chief Medical Officer - British Athletics) This was an excellent session and worth revisiting on webcast .

The range of current surgical approaches was described by Lester Wilson ( direct pars repair ), Thanos Tsirikos( uninstrumented posterior fusion ) and Daniel Chan ( 360 degree fusion ) .

Overall the conclusion was that even in high level athletes a majority of these will settle with conservative treatment and even if this is unsuccessful direct pars repair via a minimal intervention approach is usually successful

## **PCPIE session Friday 8<sup>th</sup> April 2016 Nick Birch**

### **Spinal cord stimulation**

#### **Cauda Equina**

On the afternoon of Friday, 8 April 2016 the second BritSpine Patient, Clinician and Researcher Participation session was held, following the successful inaugural event in 2014 at Warwick.

The first hour involved presentations from Professors Fairbank, Eldabe and Al Kaisy to describe an RCT of High Frequency spinal cord stimulation (HF10) that would necessarily involve actual and sham treatment. Six patient representatives from the Nottinghamshire and Leicestershire area and one from London attended and provided direct feedback to the investigators. The facilitators were Jane Stewart and Paula Wray from the local ethics, research and NIHR public involvement organizations. The positive patient responses were very helpful in focusing the investigators’ thoughts on the end-user experience and the potential anxieties of patients volunteering for the RCT.

The second presentation was given by Olivia Chapple, the principal trustee of the Horatio’s Garden charity. She described the work in creating the original garden in Salisbury and the progress made in Glasgow and Stoke Mandeville where the projects

are progressing apace. Horatio's Garden was chosen by UKSSB and the BritSpine 2016 organisers as the nominated charity for the event . Almost £2000 was raised following Olivia's presentation during the conference dinner at Colwick Hall,

Finally, a lively set of presentations followed by a robust discussion on the thorny issue of Cauda Equina Syndrome wrapped up the afternoon. Nick Todd and Am Rai presented views from the medico-legal and clinical perspectives and Sister Paula Muter from Sheffield gave a vivid description of the urogenital difficulties faced by people who have had CES.

76 people attended (up from 54 in 2014) indicating the value that conference attendees attached to it. The BritSpine 2018 organising committee will be pleased to receive suggestions for topics for the event in Leeds via the UKSSB .

## **Other clinical items**

### **Fellowships**

**BASS/BSS Presidents' [Travelling Fellowship](#),**  
please see [BASS](#) or [BSS](#) websites

### **UKSSB SBPR Fellowships,**

The Society for Back Pain Research Travel Fellowships 2016  
please see [Travelling Fellowships](#) SBPR. Deadline extended!

**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](mailto: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 [UKSSB/BOA Fellowships](#).

## **Research Funding**

**NICE updates and related matters**

LBP and Sciatica Draft guideline consultation

Closed on 5<sup>th</sup> May 2016

The anticipated publication date is September 2016 .

**New reference documents <<<Menu Title>>>**

Regional Spinal Networks updated template

<http://www.ukssb.com/pages/Improving-Spinal-Care-Project/Regional%20Spinal%20Networks.html>

**Events and meetings <<<Menu Title>>>**

[3rd Eurospine Spring Speciality Meeting](#) , from 12–13 May 2016 in Kraków, Poland and **EUROSPINE 2016** from 5–7 October 2016 in Berlin, Germany.

**BSS meeting:** *Middlesborough team in Hardwick Hall, Sedgefield, Co Durham on 14.10 2016.* <https://www.southteeslri.co.uk/bss-annual-meeting>

British Scoliosis Research Foundation,  
15th International Phillip Zorab Symposium  
<http://www.bsrf.co.uk/conferences-conferences/15th-ipzs>

**Courses <<<Menu Title>>>**

The Royal College of Physicians and Surgeons of Glasgow ,

<https://rcpsg.ac.uk/events/basic-ortho/?cookieCheck=true>

**Notices <<Menu Title>>**

Please see UKSSB website, which links to [BASS](#) website, [BSS](#) website, [SBPR](#) website.

## Vacancies <<<Menu Title>>>

### **The RVI in Newcastle upon Tyne Hospitals NHS Foundation Trust**

is offering 3 fellowship posts. These fellowships are based in the Orthopaedic Department, which does paediatric and adult deformity as well as degenerative work and trauma. The department also includes a sarcoma unit and has a neurosurgeon specialist on staff.

For further information please contact Andrew Bowey, [Andrew.Bowey@nuth.nhs.uk](mailto:Andrew.Bowey@nuth.nhs.uk)



Dramatis Personae <<Menu Title>>