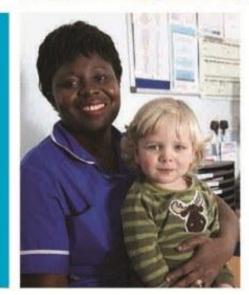


Interim Clinical Commissioning Policy: Spinal Surgery

Agreed: November 2013 Ref: N-SC/031









Interim Clinical Commissioning Policy

Spinal Surgery

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Policy Statement

NHS England will commission Spinal Surgery in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for all patients where NHS England directly commissions this service.

Equality Statement

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

Plain Language Summary

Surgery for back pain is usually only recommended when all other treatment options have failed. Spinal fusion surgery permanently joins together bones in the spine to ensure that there is no movement between them. Discectomy surgery is the removal of herniated disc material that is pressing on a nerve root or on the spinal cord.

1. Introduction

Spinal fusion and discectomy surgery is regarded as procedures of low clinical priority and therefore not routinely funded by the Commissioner.

2. Criteria for commissioning

Surgical treatment will only be commissioned by NHS England for patients meeting criteria set out below;

A. Spinal Fusion

NHS England will fund when there is unequivocal root compression spinal stenosis instability failure of adequate conservative trial of >6 months duration.

B. Discectomy for Lumbar Disc Prolapse

NHS England will fund when the patient is 18 years or older;

AND

The patient has had magnetic resonance imaging, showing disc herniation (protrusion, extrusion, or sequestered fragment) at a level and side corresponding to the clinical symptoms;

AND

The patient has a corresponding neurologic deficit (asymmetrical depressed reflex, decreased sensation in a dermatomal distribution, or weakness in a myotomal distribution, altered bowel or bladder function);

OR

The patient has radicular pain (below the knee for lower lumbar herniation's, into the anterior thigh for upper lumbar herniation's) consistent with the level of spinal involvement;

OR

There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise–positive between 30° and 70° or positive femoral tension sign);

AND

Symptoms persist despite some non-operative treatment for at least 6 weeks (e.g. analgesia, physical therapy etc).

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding

(Individual funding request policy, application form and contact details on NHS Internet – http://www.england.nhs.uk/ourwork/d-com/policies/gp/)

An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

3. Evidence Base

This procedure is considered to be of limited clinical value