

## 2019/20 PSS CQUIN Scheme

### Indicator Template

*[Section B to be completed before insertion in contracts.]*

### PSS10 Spinal Surgery

Indicator Name	<i>Spinal Surgery</i>
<b>A. SUMMARY of Indicator</b>	
Indicator Sponsor (with email address)	<i>Jacque Kemp, David Stockdale</i> <a href="mailto:David.Stockdale1@nhs.net">David.Stockdale1@nhs.net</a>
Improving Value Reference	1617S05T <b>IV scheme moved to Business as Usual</b>
Duration	Two years.
CCG Complementarity	N/A
<b>Problem to be addressed (maximum 150 words):</b> <i>[Briefly characterise the shortfall in quality or efficiency that the indicator is designed to address; detailed evidence should be placed in section D1]</i> Existing data shows substantial variation in practice across England. Some clinicians and providers are operating at far higher volumes than others. The Spinal Surgery CRG believes many patients are receiving surgery that another set of clinicians elsewhere would treat differently.	
<b>Change sought:</b> <i>[Specify what change in behaviour is sought in general terms, with detailed specification set out in section C4.]</i> A successful National Network would reduce the overall volume of surgery, which as well as saving money, would be of benefit to patients.  Improve patient care, save money and contribute to waiting time reduction through a network model to ensure the appropriateness of spinal surgery in context of other treatment options. Ensure compliance against clinical commissioning policies. The CQUIN aims to promote the better management of spinal surgery by creating and supporting a national system of local networks each comprising a host centre and partner providers.  Each local Network will comprise: <ul style="list-style-type: none"> <li>■ One or more centres, which provide specialised spinal surgery, acting as host for the network and adopting this CQUIN indicator</li> <li>■ several providers of non-specialised spinal surgery</li> <li>■ providers of Accident and Emergency services that do not provide any spinal surgery</li> </ul> Each local Network will operationalise the elements set out in section C4.	
<b>National Network system approach</b>	

The Networks nationally will form a system that oversees service evaluation and monitoring service delivery.

The National Network will facilitate the implementation of agreed clinical and managerial standards and patient pathways that are based on best evidence and/or national recommendations. Through the review of audit, quality assurance and peer review, the system hosts and the component local Networks will support providers to achieve best practice and ensure that the standards are met across the whole network, including all providers of spinal care: the specialised providers taking this CQUIN indicator, non-specialised surgery and hospitals with an A&E department.

The local Networks will use the British Spine Registry or other appropriate database for quality assessment and improvement. The information from this dataset will be used to produce frequent monitoring reports, including an annual report on the performance of services.

As an output of the National Network, the annual report must inform future activity and service development.

**B. CONTRACT SPECIFIC INFORMATION** (for completion locally, using guidance in sections C below)

<b>B1.Provider</b> (see Section C1 for applicability rules)	<i>[Insert name of provider ]</i>
<b>B2. Provider Specific Duration.</b> What will be the first Year of Indicator for this provider, and how many years are covered by this contract?	2019/20 2020/21 <i>[Adjust locally]</i> One/two years <i>[Adjust locally]</i>
<b>B3.Indicator Target Payment</b> (see Section C3 for rules to determine target payment)	Full compliance with this CQUIN indicator should achieve payment of: Target Value: <i>[Add locally ££s]</i>

**B4. Payment Triggers.**

The triggers, and the proportion of the target payment that each trigger determines, and any partial payment rules, for each year of the indicator, are set out in Section C4.

Relevant provider-specific variation, if any, is set out in this table.

*[Adjust table as required for this indicator – or delete if no provider-specific information is required.]*

Provider specific triggers	2019/20	2020/21

Trigger 1:		
Trigger 2:		
Trigger 3:		
Trigger 4:		
Trigger 5:		

#### B5. Information Requirements

Obligations under the indicator to report against achievement of the Triggers, to enable benchmarking, and to facilitate evaluation, are as set out in Section C5.

Final indicator reporting date for each year.	Month 12 Contract Flex reporting date as per contract. <i>[Vary if necessary.]</i>
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#### B6. In Year Payment Phasing & Profiling

Default arrangement: half payment of target CQUIN payment each month, reconciliation end of each year depending upon achievement.

*[Specify variation of this approach if required]*

### C. INDICATOR SPECIFICATION GUIDE: STEP CHANGE INDICATORS

#### C1. Providers to whom Applicable

Nature of Adoption Ambition:	All providers of specialised spinal surgery.
List of Providers for whom Indicator is Applicable	<ol style="list-style-type: none"> <li>1, Newcastle, Middlesbrough (South Tees*)</li> <li>2, Leeds*, Sheffield, Hull</li> <li>3, Salford, Preston, Liverpool (Walton*)</li> <li>4, Stoke (UHNM*), Coventry, Birmingham</li> <li>5, Nottingham, Leicester, Derby*</li> <li>6, Cambridge, Ipswich*, Norwich</li> <li>7, Bristol (North Bristol*), Taunton</li> <li>8, Plymouth*, Exeter,</li> <li>9, Oxford*</li> <li>10, London (King's), (Guy's &amp; St Thomas'*)</li> <li>11, London (Barts)*</li> <li>12, London (St George's*)</li> <li>13, London (St Mary's, Imperial) (RNOH Stanmore)*</li> <li>14, Southampton*</li> </ol>

\*Candidate for host of network CQUIN.

**C2. Provider Specific Parameters**

The indicator requires the following parameters to be set for each provider in advance of contract, in order to determine precisely what is required of each provider, and/or to determine appropriate target payment (as per C3.)

Status of compliance with 2017/19 CQUIN TR3, to determine whether Trigger One is required, and to set context for Trigger Five. This should ensure Stretch required.

**C3. Calculating the Target Payment for a Provider**

The target overall payment for this indicator (the payment if the requirements of the indicator are fully met, to be set in Section B3 above) should be calculated for each provider, according to the following algorithm:

Year One: £240,000

Year Two: £240,000

See Section D3 for the justification of the targeted payment, including justification of the costing of the indicator, which will underpin the payment.

**C4. Payment Triggers and Partial Achievement Rules**

**Payment Triggers**

The interventions or achievements required for payment under this CQUIN indicator are as follows:

Descriptions	First Year of indicator	Second Year
<b>Trigger 1: Infrastructure (only where not already established)</b>	Spinal Surgery Network MDT: (a) establishment of an area spinal MDT with core members of all Spinal Consultants in the area and at least one Radiology Consultant. (b) Attendance for all core members must be documented; (c) Meetings must be minuted including the time of the MDT. (d) Regional Policy to manage spinal emergencies including transfer; (e) Regional Policy for emergency imaging.	N/A
<b>Trigger 2: MDT Oversight</b>	All elective specialised spinal surgery taking place within the network should have the agreement	As year one.

	of the Network MDT either by individual case or mandatory audit (including meeting inclusion/exclusion criteria and complications) at the agreement of the MDT and Commissioners.	
<b>Trigger 3: Data Entry</b>	All specialised and non-specialised spinal surgery will be entered on the British Spine Registry or Spine Tango	As year one.
<b>Trigger 4: Concentration of Specialised Surgery</b>	<u>Ensuring specialised surgery takes place in specialised spinal surgery centres.</u> Specialised surgery occurring outside specialised centres will be identified. Each network will work with specialised commissioning hubs and Programme of Care Managers to determine the actions necessary to ensure specialised spinal surgery only occurs in specialised centres	As year one.
<b>Trigger 5: Avoidance of Unnecessary Interventions</b>	Each network to publish a baseline of surgical activity and of the waiting list for surgery that will be monitored and refreshed over time. A trend analysis prior to the baseline will also be required because it is recognised that a reduction in the rate of increase in surgery could be deemed a successful outcome.	As year one.

#### **Percentages of Target Payment per Payment Trigger**

The following table sets out the proportion of the Target payment that is payable on achievement of each of the Payment Triggers.

<b>Percentages of Target Payment per Trigger</b>	<b>First Year of indicator</b>	<b>Second Year</b>
<b>Trigger 1</b>	20% (if required)	N/A
<b>Trigger 2</b>	20% or 25%	25%

<b>Trigger 3</b>	20% or 25%	25%
<b>Trigger 4</b>	20% or 25%	25%
<b>Trigger 5</b>	20% or 25%	25%
<b>TOTAL</b>	100%	100%

**Partial achievement rules**

The national system's office will confirm the extent to which cost-reimbursement payments have been earned and are payable.

The national system annual report will also allow determination of whether and to what extent success payments are earned.

**Definitions**

A list of codes for the proposed Best Practice Tariff is the most reliable way of identifying spinal surgery.

**C5. Information Flows: for benchmarking, for evaluation, and for reporting against the triggers.**

**Reporting of Achievement against Triggers:**

Reporting of spinal surgery rates, especially changes to spinal surgery rates to their NHS specialised commissioning hub.

**Information for Benchmarking:**

**Information Governance:**

**Reporting Template requirement:**

**C6. Supporting Guidance and References**

**Further details on implementation, and references to documents that will support implementation:**

**D. Indicator Justification and Evaluation**

**D1. Evidence and Rationale for Inclusion**

### **Evidence Supporting Intervention Sought**

Specialised spinal surgery should only be done at specialised centres. 19% isn't currently and it is a key aim to reduce this figure to zero as quickly as possible. We have good data demonstrating that there is unaccountably large variation in the number of legitimate spinal surgical procedures undertaken across the country. For example, some specialised centres do not do any Cervical Disc Replacement (and do not refer on patients to centres performing CDR) whilst others do 30 or 40 per year. There is evidence arising from regional efforts to ensure spinal surgery referrals are subject to MDT assessment that that a significant amount of spinal surgery is inappropriate.

### **Rationale of Use of CQUIN incentive**

**CQUIN as an instrument is justified if net costs beyond normal service requirements are incurred by providers whilst benefits and cost savings accrue to patients and commissioners.**

The CQUIN aims to improve patient care by ensuring that providers of care co-operate to ensure the best clinical decisions are taken concerning whether or not to list a patient for surgery. There should be less variation concerning the management of patients. Overall, the work of 14 successful networks should bring all high spinal surgical operating geographies of England closer to the average rate of surgical intervention.

**The lower levels of surgery will represent significant cost savings, although in the short term lower intervention rates may be used to reduce backlogs.**

There is a longer term benefit of reduced litigation payments to patients with late or misdiagnosed cauda equine syndrome. Networks will aim to ensure patients with suspected cauda equina are managed more effectively. **A modest improvement of reducing the litigation cases by ten would save an estimated £4M compensation.**

### **D2. Indicator Duration and Exit Route**

**The appropriate duration of an indicator depends upon how long CQUIN support is required before the change in behaviour sought can be embedded in services specification or otherwise.**

Depends upon uptake of this indicator and the successful establishment of a national system, with costs flowing through in due course into prices.

### **D3. Justification of Size of Target Payment**

**The evidence and assumptions upon which the target payment was based, so as to ensure payment of at least 150% of average costs (net of any savings or reimbursements under other mechanisms), is as follows:**

Each network will deploy a network manager and 0.5-1.0 days per week of the lead clinician. Combined cost c. £150k.

Contribution to national system of ODNs overhead -- £10k

Cost to each of the 14 networks is £160K per year.

£160,000 x 1.5 = £240,000

**D4. Evaluation: Approach, data and resources**

**Evaluation Approach:**

Metrics of Success:

- EQ-5D scores on post-operative patients
- Ensuring specialised surgery takes place in specialised spinal surgery centres.
  - Specialised surgery occurring outside specialised centres will be identified.
- Revision Surgery. GIRFT data provide a baseline for the levels of revision surgery which could be monitored over time to assess this aspect of quality. (The MDT oversight of decisions should ensure that surgery takes place only in adequately specialised centres, reducing the revision rate.)
- Unnecessary Interventions:
  - reduced volume of elective spinal surgery. Each network to publish a baseline of surgical activity that will be monitored and refreshed over time. A trend analysis prior to the baseline will also be required because it is recognised that a reduction in the rate of increase in surgery could be deemed a successful outcome.
  - The outcome will be judged by the national system, so that performance is interpreted relative to peers as well as to baseline; and also to take account of any reduction in backlog.

**Information for Evaluation**

*[Information flows required for evaluation should be referenced here, building on those set out at C5]*  
As above.

**Resources for Evaluation**

The national system should provide this resource/