New to review permissible pathways (Spinal)

At recent new to review meetings it was identified that many of the spinal pathways of care would exceed the current new: review target ratio. This document has been developed to present the current pathways utilised within the service so that the new to review ratio can be reviewed for spinal patients.

The spinal service offers a multidisciplinary approach to care, providing both consultant and nurse led new and review clinics where clinically appropriate. In order to assist GP's in finding the most appropriate pathway, GP's are given the option of both nurse led and consultant led spinal clinics. Guidance and recommendations for referrals is/are available on Choose and Book to assist GP's in finding the most appropriate pathway. Patients requiring nurse led input following the initial Consultant appointment are followed up in nurse led clinics which enables the trust to keep Consultant review appointments to appropriate cases and reduces the cost to local commissioners.

However there are several cases where the current new to review ratio cannot be met due to the following clinical reasons;

- Surgical follow up/complications following surgery.
- Merging of several pathways and the need for multiple procedures

Surgical follow up/complications following surgery

No specific number of referrals/ time frame is mentioned in any of the NICE guidance (see appendix B for reference to NICE guidance) however given that spinal surgical procedures can have the same if not greater complications than other orthopaedic surgical procedures, it is accepted that patients must be followed up by Spinal Consultants post surgery. Mr Tai Friesem (Consultant Spinal Surgeon and Service Lead for Spinal) stated that the standard agreed number of follow ups for spines is 6 on a time frame of;

- 2weeks
- 6weeks
- 3months
- 1year
- 2years

It should be noted that on current pathways where there are zero complications the patient will only be followed up by the Consultant once at 6weeks. This is providing that it was apparent that surgery was needed at the first consultant appointment. In this scenario the patient would not exceed the agreed new to review ratio. However in instances where complications occur (see NICE guidance in appendix B) it is necessary that the patient be followed up by the Consultant and therefore have an impact on the new :review ratio.

Merging of several pathways and the need for multiple procedures

A second reason why current ratios would be exceeded is that many patients may follow multiple pathways, (see appendix A) resulting in the accumulation of multiple consultant reviews. A hypothetical situation has been developed to portray this scenario in appendix A where patients may have multiple diagnostic/therapeutic injections or a discography prior to surgical intervention.

Although every effort is made to get patients onto the final pathway as quickly as possible, in most cases it is necessary for patients to go through several procedural pathways (as in appendix A) in order to ensure that surgery is the optimal resolution for that patient. This is further emphasised by the complications and impacts of spinal surgery which are noted in the NICE guidance in appendix B.

Moving forward

There are many instances where the current agreed new :review ratio cannot be met due to clinical need. In regards to *Surgical follow up/complications following surgery;* although NICE guidance exists for some procedures, there are no specific review criteria documented in any of the guidance. However, the complications known to spinal surgery which are eluded to in the NICE guidance dictate the need for follow up treatment which is within current accepted practice in the field of spinal surgery.

In regards to *merging of several pathways and the need for multiple procedures;* as spinal surgery is often seen as a last resort, patients can often have several procedures prior to major surgery whether these are diagnostic or therapeutic. As this is still the same episode of care, the new to review ratio can begin to exceed the target ratio. It would appear that there are two options moving forward. Either the new: review ratio can be adjusted or the patient's would have to be discharged back to the GP after the diagnostic/therapeutic procedure has taken place. The second option would mean the patient may not be fully treated or that the patient may have incomplete diagnostic procedures, therefore requiring an additional referral. There are several disadvantages to this option in that it is not cost effective, it would impair continuity of care, and would increase the amount of time which the patient is in pain or discomfort.

Recommendations

Further discussion needs to take place between acute and commissioning services to ensure that patients receive the optimal treatment pathway whilst ensuring that the new to review target is agreed and achieved.

Appendix A

See attached excel spreadsheets.

- Therapeutic foraminal block
- Diagnostic nerve root block
- Therapeutic facet joint injection
- Diagnostic facet joint injection
- Therapeutic sacro-illiac injection
- Diagnostic sacro-illiac injection
- Therapeutic sacral epidural
- Surgery with instrumentation
- Surgery without instrumentation
- Surgery with interspinous stabilisation
- Vertebroplasty
- Hypothetical situation

Appendix B

Non-rigid stabilisation techniques for the treatment of low back pain. NICE interventional procedures guidance 183 (2006).

Prosthetic intervertebral disc replacement in the lumbar spine. NICE interventional procedures guidance 306 (2009).

Prosthetic intervertebral disc replacement in the cervical spine. NICE interventional procedure guidance 143 (2005).

Lateral (including extreme, extra and direct lateral) interbody fusion in the lumbar spine. NICE interventional procedures guidance 321 (2009).

Automated percutaneous mechanical lumbar discectomy. NICE interventional procedures guidance 141 (2005).

Interspinous distraction procedures for lumbar spinal stenosis causing neurogenic claudication. NICE interventional procedures guidance 165 (2006).

Percutaneous vertebroplasty. NICE interventional procedure guidance 12. (2003)