Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Referral for Assessment for Spinal Surgical Opinion

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssg.icb.nhs.uk) or consider use of advice and guidance services where available.

Once all conservative measures have been exhausted, referral to secondary care should be raised once the patient has been seen in the spinal interface service. Direct referral from primary care is not appropriate unless the clinician has a dual role within the MSK spinal service. Funding approval for referral for Spinal Surgical Opinion on spinal related back, leg or arm pain will be considered if the following criteria are met:

Section A – Neurogenic/Radicular pain

Once all conservative measures have been exhausted, referral to secondary care should be raised once the patient has been seen in the spinal interface service. Direct referral from primary care is not appropriate. Funding approval for referral for Spinal Surgical Opinion on spinal related back, leg or arm pain will be considered if the following criteria are meet:

1. Patient has received formal diagnosis from the Musculoskeletal Interface Service of:
    a) Lumbar radiculopathy
    OR
    b) Lumbar Stenosis
    OR
    c) Cervical or thoracic spinal disorders causing radicular related issues or pain,
    And
    d) Very severe/intolerable radicular pain which is not controllable with analgesia and not improving after 8 weeks
    OR
    e) Persistent and intrusive Neurogenic claudication despite optimal conservative care

If Cauda Equina Syndrome (CES) is suspected then see Remedy: Cauda Equina Syndrome (Remedy BNSSG ICB)

Emergency surgical opinion may also be required if accompanied by acute major radicular weakness below 3/5. Back pain/ Spinal pathway (Remedy BNSSG ICB)

Continued below

Section B – Specialist opinion on complex conditions.

a) Progressive spinal deformity
OR
b) High grade spondylolisthesis
OR
c) Intradural spinal pathology (tumour, vascular lesions, syringomyelia, cysts)
OR
d) Developmental pathology (spinal dysraphism, tethered cord, chiari malformation)
OR
e) Spinal nerve sheath tumours (neurofibroma, schwannoma)
OR
f) Complex occipito-cervical and C1/2 conditions
OR
g) Deterioration specifically related to previous spinal surgery
OR
h) Tertiary referral from Severn Regional Spine Network partner hospitals for consideration of specialised surgery, where individual meets core policy criteria.
OR
i) Complex spinal patients where there is significant diagnostic uncertainty around symptoms and imaging where expert consultant opinion is required (should be sent via weekly spinal MDT)

Section C – Chronic low back pain

a) Surgical opinion is not normally commissioned for patients with non-specific low back pain i.e., without evidence of nerve root involvement or red flags. If a specific cause for back pain is identified in accordance with NICE guidance, patients will be considered exceptions to this policy where they:
   I. Have completed an optimal package of pain management, including a combined physical and psychological treatment programme where available locally.
   AND
   II. Still have severe low back pain for which they would consider surgery
   AND
   III. The person being referred would consider surgery having discussed the risks of spinal fusion.
   AND
   IV. The person being referred has been discussed at MDT in accordance with GIRFT guidance once this process is available.

b) Medical co-morbidities that prevent surgery at another spine unit, can be redirected to the appropriate unit provided patients having previously met core criteria.

Pain that persists despite treatment should be managed in accordance with CKS guidance on how to manage chronic back pain that persists despite treatment:
https://cks.nice.org.uk/sciatica-lumbar-radiculopathy#!diagnosisSub:1
https://cks.nice.org.uk/back-pain-low-without-radiculopathy#!scenario

NOTE
If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Assessment can improve surgical outcomes, and aid in the development of treatment plans that could reduce the need for further treatment.

Risks

There are no risks reported for patients.

Alternatives

Continue with conservative measures.

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

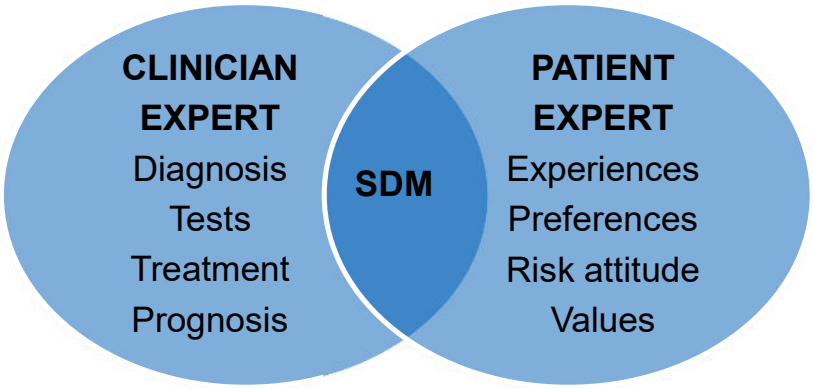
Referral for Spinal Surgical Opinion– Plain Language Summary

Patients with spine-related complaints might be referred to a spinal service to discuss surgical and non-surgical management strategies for patients with spinal conditions.

Shared Decision Making

If a person fulfils the criteria for Referral for this policy it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. National Health Service (2022) Health A to Z: Back pain [online] www.nhs.uk/conditions
2. National Health Service (2024) Health A to Z: Slipped disc [online] www.nhs.uk/conditions
3. National Health Service (2020) Health A to Z: Sciatica [online] www.nhs.uk/conditions
4. National Health Service (2023) Health A to Z: Ankylosing spondylitis [online] www.nhs.uk/conditions
5. National Health Service (2023) Health A to Z: Spondylolisthesis [online] www.nhs.uk/conditions
6. NICE (2023) Sciatica (lumbar radiculopathy) (CKS) www.nice.org.uk
7. NICE (2023) Back pain - low (without radiculopathy) (CKS) www.nice.org.uk
8. NICE (2023) Spinal metastases and metastatic spinal cord compression (NG234) www.nice.org.uk

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB is responsible, including policy development and review.

OPCS Procedure codes

Must have any of (primary only):
V221, V222, V223, V224, V225, V226, V227, V228, V229, V231, V232, V233, V234, V235, V236, V237, V238, V239, V241, V242, V243, V244, V245, V248, V249, V251, V252, V253, V254, V255, V256, V257, V258, V259, V261, V262, V263, V264, V265, V266, V267, V268, V269, V271, V272, V273, V278, V279, V281, V282, V288, V289, V291, V292, V293, V294, V295, V296, V298, V299, V301, V302, V303, V304, V305, V306, V308, V309, V311, V312, V313, V314, V318, V319, V321, V322, V323, V324, V328, V329, V331, V332, V333, V334, V335, V336, V337, V338, V339, V341, V342, V343, V344, V345, V346, V347, V348, V349, V351, V352, V358, V359, V361, V362, V363, V368, V369, V371, V372, V373, V374, V375, V376, V377, V378, V379, V381, V382, V383, V384, V385, V386, V388, V389, V391, V392, V393, V394, V395, V396, V397, V398, V399, V401, V402, V403, V404, V405, V408, V409,

V411, V412, V413, V414, V418, V419, V421, V422, V423, V424, V425, V426, V428, V429, V431, V432, V433, V438, V439, V441, V442, V443, V444, V445, V448, V449, V451, V452, V453, V458, V459, V461, V462, V463, V464, V465, V468, V469, V471, V472, V473, V478, V479, V481, V482, V483, V484, V485, V486, V487, V488, V489, V491, V492, V493, V494, V495, V496, V498, V499, V501, V508, V509, V521, V522, V523, V524, V525, V528, V529, V541, V542, V543, V544, V548, V549, V551, V552, V553, V558, V559, V561, V562, V563, V564, V568, V569, V571, V572, V573, V574, V578, V579, V581, V582, V583, V588, V589, V591, V592, V593, V598, V599, V601, V602, V603, V608, V609, V611, V612, V613, V618, V619, V621, V622, V623, V628, V629, V631, V632, V633, V638, V639, V661, V662, V663, V664, V668, V669, V671, V672, V678, V679, V681,V682, V688, V689

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Document Control

Document Title	Referral for Assessment for Spinal Surgical Opinion
Author(s) job title(s):	Commissioning Policy Development Manager
Document version:	v2425.3.2
Supersedes:	v1516.1.01
Discussed at Commissioning Policy Review Group (CPRG):	15.08.2024
Approval Route (see Governance):	Level – 1
Approval Date	15.08.2024
Date of Adoption:	01.10.2024
Publication/issue date:	01.10.2024
Review due date:	Earliest of either NICE publication or three years from approval.

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.