

British Spine Registry Annual Report Year Ending December 2018

What are the Aims of the Registry?

The BSR facilitates the collection of clinical information on patients undergoing treatment for spinal disorders. The minimum information collected includes basic patient demographics, clinical diagnosis, treatments undertaken, complications of treatment and Patient Reported Outcomes (PROMS).

The information collected may be used in a variety of ways:

1. For an individual surgeon to monitor his activity and outcomes
2. For an individual surgeon or group of surgeons to answer research or audit questions
3. To quality assure or provide outcome benchmarking across the surgical community
4. To assess the safety and performance of medical implants

Over the last 20 years there has been a strong drive within clinical practice to provide evidence supporting the efficacy and safety of our treatments and it is envisaged that this will be one of the primary outcomes of the BSR.

How can the BSR assure the Safety and Efficacy of Surgical Treatments

There is already a vast amount of information on the registry regarding treatments undertaken since it started in 2012. The uptake of the registry has however been variable with some surgeons collecting information on every patient and others not using it all. This means that the information collected may not be representative of the wider spinal community. For this reason the primary aim of the BSR moving forward over the next few years is to drive up usage until the majority of surgery undertaken in the UK is recorded.

Since 2016 usage of the BSR has been mandatory for all complex spine surgery as part of Specialist Commissioning. Despite this usage is still not at a level where unit or surgeon level performance can be assessed. Since 2017, the national GIRFT program, in collaboration with the BSR has been comparing at unit level the percentage of surgical workload that is recorded on the BSR. Over the next 6 months we plan to publish unit level compliance on the BSR. This will allow units to compare their performance with their peers and will hopefully act as a stimulus to drive up utilisation.

In 2018 the Spinal CQUIN offered financial incentives for demonstrating that patients were being entered onto the registry.

In 2019 a Best Practice Tariff will be introduced whereby failure to enter patients onto the registry will result in part of the tariff being withheld.

It is envisaged that using this combination of both a carrot and stick approach that Registry compliance will continue to rise rapidly. Once high levels of compliance are achieved then we plan to produce validated outcomes which will allow unit and surgeon level analysis. This outcome data will be powerful. The BSR and BASS will need to develop a robust structure for validating the data on the registry and also an escalation policy for investigating performance outliers.

A framework for performing this work already exists within HQUIP and preliminary discussions have been held with them about collaborative working.

Data Compliance (GDPR)

In May 2018 the new General Data Protection Regulation was introduced. This stipulated much more rigorous guidance about the collection, storage and usage of patient information. The BSR has always strictly complied with Data Protection Regulation and the new guidance stipulated some changes that needed to be made by both Amplitude (as data processor) and BASS (as data controllers). As a result of this a new privacy policy has been published along with a Privacy Impact Assessment (PIA).

BSR Governance Structure

The BASS executive nominates clinical leads for the BSR on a biannual basis with one representative from neurosurgery and one from orthopaedics. These appointments are staggered so as to ensure continuity of development and understanding of the registry. In 2018 a BSR Steering Group was established with regional representatives from the United Kingdom. This has so far only convened once and is an area which needs to be developed. The clinical leads and steering group will report to the Executive.

Changes made in 2018 to the BSR

Minor changes to the Cervicothoracic Degenerative pathway and Spinal Intradural Pathway were made this year following on from requests from users. Spinal injections are to become a separate Pain Pathway .

A new complication reporting tool is to be introduced which will offer patients the ability to report a post-operative complication. This will be piloted and will notify the surgeon who may offer to validate or acknowledge the complication. This information will be held by the pathway owners and not subject to external review without the owner's permission.

BSR Relationship with Industry

The BSR contains large amounts of clinical data regarding the performance and safety of spinal implants. Surgeon and Unit level compliance will need to increase significantly if this data is to be accurate.

Changes in Compliance and MHRA regulation which require greater levels of data acquisition from industry will come into force over the next few years. Although formal relationships have not yet been established it is envisioned that the BSR will be the only provider capable of supplying this information. This information will have significant commercial value and should allow for a

significant increase in resource towards data acquisition and processing. The BASS executive and members will need to be consulted about the best way of moving forward with this.

Current Utilisation

Total Number of Patients in the System	
144223	
Number of Contactable Patients	Number of Un-Contactable Patients for automated contact
87216	49303

Of the Total Number of Patients with Pathways in the Registry			
With Email	With Mobile Number	Without Email	Without Mobile Number
57442	74899	79077	61620

Total Number of Patients with Pathways	
Spinal (Lumbar Degenerative) Pathway (BSR)	98449
Spinal (Cervicothoracic Degenerative) Pathway (BSR)	21457
Spinal (Deformity) Pathway (BSR)	9972
Spinal (Trauma) Pathway (BSR)	3400
Spinal (Tumour) Pathway (BSR)	1914
Spinal (Intradural) Pathway (BSR)	752
Spinal (Infection) Pathway (BSR)	575

Current Compliance

In 2017-2018 there were 58,590 recorded NHS spinal procedures on Hospital Episode Statistics Data (HES). In the same time period there were 12,351 NHS procedures recorded on the BSR giving an overall compliance of 21%. Utilisation of the BSR has increased dramatically in the last 12 months and we envisage a significant increase in compliance when the next HES data becomes available.

David Bell

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