

# GIRFT GOOD PRACTICE Commissioning Guidance for Orthopaedics and Spinal SURGERY

## Specifications to be measured for Performance Indicators

This GIRFT guidance document is intended for use by clinical commissioning groups to support them in commissioning orthopaedics and spinal surgery for their local population.

The table below lists the main requirements within orthopaedics and spinal surgery that should be measured throughout all hospitals treating NHS patients.

This is referred to in the NHS Standard Contract Technical Guidance (see <https://www.england.nhs.uk/nhs-standard-contract/>) and should be used to support good practice orthopaedics and spinal surgery contracting for all providers.

Procedures	Specific measures to be supplied by Commissioning Bodies in order to best measure and monitor patient care.
NJR Outcomes	Measure all providers to ensure transparent review of NJR outcomes to ensure an annual transparent review of NJR Outcomes relevant to hip, knee, shoulder, elbow and ankle replacement. This will be 1/5 year survivals hip.
Low Volume Surgeons	Commissioners to request KPIs to identify surgeons who are carrying out less than five procedures a year to avoid operating as outliers.
National Joint Registry Data	Evidence that the National Joint Registry data for each surgeon is reviewed quarterly by the provider.
Arthroplasty Deep Infection	All providers to measure DIR of arthroplasty up to one-year post implantation. All providers ensure arthroscopic procedures follow best guidance and available evidence.
Spinal: Complex Procedures.	For all complex spinal procedures to be commissioned only at hospital sites that can suitably care for the patient in case of emergency care required. All thoracic spinal surgery, all anterior lumbar spine surgery, posterior instrumented spinal fusion / stabilisation more than two levels, all surgery for spinal deformity, all surgical procedures except biopsy, all spinal surgery for potentially curative spinal tumors including biopsy procedures should not be taking place at hospital sites that do not have the appropriate level of emergency care service as stated by Specialised Spinal Services Commission group.
Surgical Site Infection Rate and Deep Infection Rate	Surveillance of surgical site infection rate and deep infection rate should be mandatory by the provider. For all hospital directors to provide an up to date surgical site infection rate to commissioning services when required.

Workforce	Review of the current workforce, clinical vacancies, sickness rates, training (completion against annual training plan) and performance development review providing the services and results of any staff survey or feedback undertaken.
Elective Hip Replacements	All providers to use appropriate implants that follow best practice tariff: All patients over 70 receiving a hip replacement to receive a cemented hip as supported by the National Joint Registry Data. Commissioners to clarify the percentage of fixation method used on patients.
30-Day Readmission rate	Commissioners to audit sites' 30-day readmission rates to ensure this is below 5% (national average) for primary hip and primary knee replacements. For hospital site director to provide commissioners with their up-to-date 30-day re-admission rate when required.
Length of Stay	Commissioners to audit hospitals' overall length of stay rate to ensure this is below 4.5 days for hip and knee replacements.
Repeat Injections	Commissioners to ask for hospital sites' spinal repeat facet injection volume figure – to be provided by the hospital director in order to highlight any bad practice and to review commissioning contracts.