

Improving the metastatic spinal cord compression pathway at Surrey and Sussex NHS Trust

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Aims

Metastatic spinal cord compression (MSCC) is defined as spinal cord or cauda equina compression by direct pressure and/or induction of vertebral collapse, or instability by metastatic spread or direct extension of malignancy that threatens or causes neurological disability. There are approximately 4,000 cases each year in England and Wales. Scottish audits have shown there are significant delays in the recognition and management of MSCC. At Surrey and Sussex NHS Trust (SASH) we have identified that there are problems with the MSCC pathway, where the pathway is unclear and onerous to follow. The aim of this project is to simplify the current pathway and make it more accessible for doctors managing these patients, and improve patient outcomes.

Methods

Important stakeholders were identified which included oncologists, acute oncology nurses, acute physicians, general internal medicine (GIM) consultants, chief of medicine and junior doctors. In addition a key stakeholder was the chief of neurosurgery at the local neurosurgery centre (St George's Hospital). A semi-qualitative questionnaire using SurveyMonkey was used to explore doctors' views on their knowledge in the diagnosis and management of MSCC. The results of the questionnaire were analysed and we are currently in the process of planning the next steps.

Results

The doctor questionnaire had 30 completed responses. We found that although doctors knew how to manage these patients the system was felt to be onerous and the pathway was largely inaccessible. We found it took the majority of doctors between 60–90 minutes to complete all the steps, which is not practical out-of-hours.

Conclusion

We have found that the pathway is inaccessible and difficult to find on the intranet. It is also very detailed and not practical.

We have begun to simplify the pathway and have made simple posters to make it more accessible and practical. The electronic referral pathway is being reviewed to see if we can reduce the number of steps required. There are plans in place to try and have an on-call spinal surgeon 24/7 at the tertiary centre, where they will merge neurosurgery and orthopaedics at a directive level. This will ensure patients with MSCC receive optimal care. Following implementation, we will ask doctors to complete a questionnaire. In addition, data will be reviewed to see whether there has been any adverse events or where patients have potentially come to any adverse events or delays in referral.■

Conflict of interest statement

Nil.

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