SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance.

Service Specification No.	UHMB-2020-21-CS 032
Service	Integrated Musculoskeletal Service
Commissioner Lead	Morecambe Bay Clinical Commissioning Group
Provider Lead	University Hospitals Morecambe Bay NHS Trust
Period	01/04/2020 to 31/03/2021
Date of Review	March 2021

1. Population Needs

1.1 National/local context

Introduction

This service specification outlines the aims and objectives, pathways, governance, and standards for an Integrated Community Musculoskeletal (MSK) Service.

The service will deliver triage, assessment, treatment and management for all MSK-related problems for patients registered with a South Cumbria and North Lancashire General Practitioner. This will serve as an alternative to hospital based treatment for the majority of patients being referred by General Practitioners for Musculoskeletal (MSK) assessments, improve the quality of care delivered, and ensure that patients receive the right care at the right time via a seamless, coordinated service.

National Context and Evidence Base

There are over 200 orthopaedic conditions affecting millions of people, including all forms of arthritis, back pain and osteoporosis. In the UK nearly one-fifth of adults were affected by musculoskeletal conditions in 2017 which accounted for more than 22% of the total burden of ill health [1]. [redacted] [2] and account for the largest part of the workload of the NHS. It is estimated that 20% of England's population consult their GP about a new onset or recurrence of an MSK problem each year [3] and as people age, the risk of having an MSK condition rises.

MSK conditions also have a significant social and economic impact as people with MSK conditions are less likely to be in work than people without, 63% of working age adults with an MSK condition are in work compared to 82% of people with no health condition [5]. MSK conditions (including back pain, neck and upper limb problems) are the second highest cause of sickness absence after coughs and colds, which accounted for over 30.8 million (22.4%) working days lost in 2016 [6].

1 *Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2017 (GBD 2017) Results. Institute for Health Metrics and Evaluation (IHME), Seattle, 2018*

2 *NHS England blog, 2017*

3 *Clarke A & Symmons D. The Burden of Rheumatic Disease Medicine 2006: 34 (9): 333-335*

5 *Office for National Statistics (ONS), Quarterly Labour Force Survey January 2017-December 2018 data collection, UK Data Service, 2017*

6 National Office of Statistics GB

In 2006 the Department of Health published 'The MSK Framework – a Joint Responsibility: Doing it Differently'. The vision of the framework is that people with MSK conditions can access high-quality, effective and timely advice, assessment, diagnosis and treatment to enable them to fulfil their optimum health potential and remain independent. The document proposes this is achieved through systematically planned services, based on the patient journey, and with integrated multidisciplinary working across the health economy.

It also sets out guidance on what high quality, integrated services for people with musculoskeletal conditions in England should receive. It promotes:-

- Redesign of services, and full exploitation of skills and new roles of all healthcare professionals.
- Better outcomes for people with musculoskeletal conditions through a more actively managed patient pathway, with explicit sharing of information and responsibility, agreed between all stakeholders in all sections – patients; the NHS and local authorities; and voluntary/community organisations.
- Support and treatment should be offered as close to home as possible and be holistic in approach, addressing psychological and social needs as well as the physiological. For many people with musculoskeletal conditions assistance with the management of their condition will be as important as its treatment. Multi-disciplinary interface services are central to delivery of care, acting as a one-stop shop for assessment, diagnosis, treatment or referral to other specialists.
- The triage process identifies people who can benefit from rapid access to local services, and those who will need hospital referral.
- The use of patient decision aids to help ensure the best possible outcomes for patients.

Local Context

MSK is one of the key priorities for Morecambe Bay Clinical Commissioning Group and the Bay Health and Care Partners Integrated Care Partnership as there is evidence that there is significant variation in the rates of elective surgery for hips and knees, particularly through Right Care analysis and recent findings from a Health Service Journal (HSJ) review. It is not clear whether this variation is warranted or unwarranted.

An early pilot of the iMSK service supported these findings and evidenced that at least 50% of all new appointments to Trauma & Orthopaedic Secondary Care could actually be seen and treated by iMSK.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	√
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	√
Domain 4	**Ensuring people have a positive experience of care**	√
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	√

2.2 Local defined outcomes

The service will have the following outcomes:-

- Achieve a high level of patient satisfaction
- Empower the patient to self-care/self-manage as appropriate
- Improve the clinical management and outcomes for patients
- Support providers to achieve the 18 week referral to treatment target for both secondary care and community services
- Reduce waiting times for patients with musculoskeletal conditions
- Transfer activity from an acute hospital setting to community settings, closer to home, where appropriate
- Improve the clinical pathway by developing collaborative working between primary, community and secondary care providers and clinicians
- Reduce health inequalities by improving access to services
- Improve the clinical outcomes for patients
- Reduce the reliance on surgery.

3. Scope

3.1 Aims and objectives of service

The overall aim of the service is to improve the outcomes and experience for patients with MSK conditions through a comprehensive, patient-centered, easy access community MSK service. The service will promote self-care and provide a high quality, efficient service in line with national guidance and local requirements, whilst ensuring appropriate use of secondary care services and coordinating other services along a clear pathway.

The service will provide Electronic triage at the point of referral for all Elective Orthopedic and MSK referrals to signpost patients to the most appropriate service and thus provide an appropriate pathway of care for patients.

The service will be provided for the GP-registered adult population of Morecambe Bay CCG and will provide triage, assessment, diagnosis, care planning and treatment for people with MSK problems. The specialties that are included within the service are:-

- MSK
- Elective Orthopaedic Outpatients

The main objectives are to:

- Provide a patient-focused single point of referral and a single integrated service for the triage, assessment, diagnosis, management and onward referral (if necessary) of MSK conditions which supports the 18 week referral to treatment pathway;
- Ensure the service has a strong emphasis on patient education and promote, support and implement self-management strategies for service users with MSK conditions; including integration with lifestyle prevention programmes;
- Provide decision tools to allow patients to have the knowledge of different options of treatment available and support them to make the right decision for them.
- Offer an innovative approach to service delivery (e.g. extended hours, new technologies – video conferencing – patient education), improving access and providing equity;
- Ensure continuous development of care pathways which are consistent with best practice (including NICE guidance);
- Help the management of service users in primary care by offering education and up-skilling of colleagues in MSK conditions/management;
- Build partnerships and collaborative working between organisations delivering various aspects of the care along the pathways; maximising efficiencies whilst delivering high quality care to patients;

- Ensure secondary/acute care capacity is only for service users who need more specialist care;
- Achieve a reduction in orthopaedic referrals to acute hospital providers;
- Ensure service users to be kept informed and involved in their care and are educated and supported to self-manage and can be discharged promptly from the service and stepped down to ongoing management in primary care and self-care;

3.2 Service description/care pathway

Clinical Triage and Assessment Service

The service will follow the Lower and Upper Limb pathways agreed through the Joint MSK Steering Group of the Bay Health and Care Intergreated Care Partnership. It will provide a single point of access clinical and triage service via the Referral Access System (RAS) for all referrals to Orthopedics / MSK specialties. Health Care Practitioners will access the Service via the NHS E-Referral System (NHS e-RS). Referrals will be electronically triaged within 48 hours (Monday to Friday) on receipt of the referral through the RAS and will be triaged to either the IMSK team or a Secondary Care Orthopedics team. At this point, the patient will be able to access the system using their URN Number to book an appointment at a time and location suitable for them.

Within IMSK the patient will then attend for a face to face assessment, after which the following options will be available:

- Assessment and treatment by a qualified practitioner
- Patient discharged with advice for self-care management
- Direct access to investigations (MRI, X-Ray, Blood Tests etc.)
- Referral onto an appropriate MSK pathway, which would include onward referral to a community service such as physiotherapy, podiatry etc. or 3rd sector services, where appropriate
- Referral back to the GP with advice re management in general practice
- Onward referral to secondary care, where appropriate (Orthopaedics, Rheumatology, Pain Management etc). Patient choice of secondary care provider should be offered where this has been specified by the patient/GP.

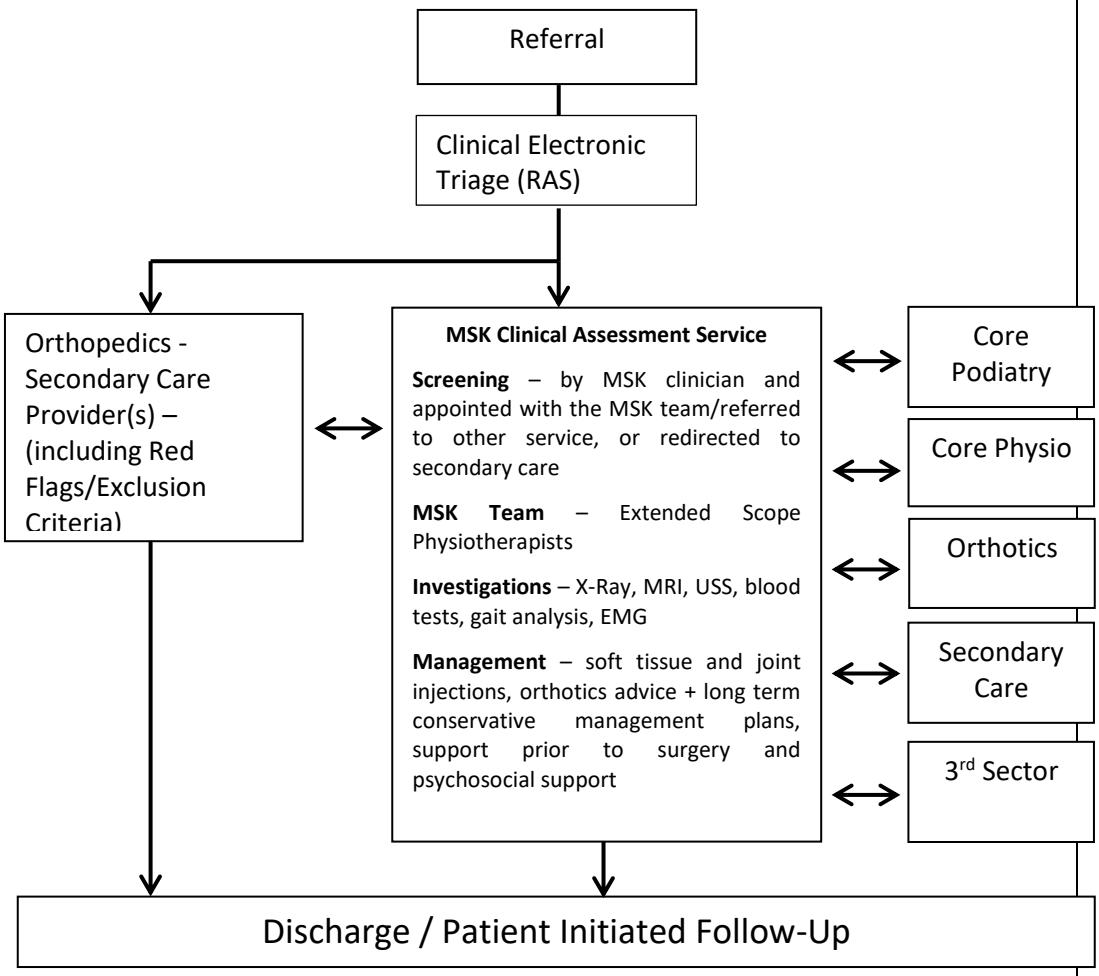
The service shall be provided by qualified and registered Physiotherapy practitioners appropriately skilled to provide specialist assessment and diagnosis of musculoskeletal conditions / problems.

The provider will operate from an N3 compatible system and will have the ability to transfer images via PACS system. GPs and Physiotherapists will also have access to Advice and Guidance requests via the NHS e-RS when capacity allows.

The Community MSK service shall offer patients a choice of sites and access to specialist treatment within the local community and shall cover a range of MSK problems, these include, for example, but shall not be limited to:-

- Back pain (symptom focused)
- Adhesive capsulitis (Early/pain dominant)
- Rotator cuff tears
- Bursitis (Hip, Knee, Elbow)
- Swellings / ganglia
- Tenosynovitis
- Trigger finger / thumb
- OA peripheral joints
- Adductor tendonitis
- Undifferentiated / undiagnosed musculoskeletal pain
- Achilles tendinopathy
- Referral for opinion re possible joint replacement

The MSK Pathway



Investigations

Access to investigations such as MRI, ultrasound and blood tests will be managed through the musculoskeletal pathway. The provider will ensure that all appropriate investigation results are reported back to the referring GP and where urgent, are acted upon without delay for the appropriate intervention or follow up.

Decision Support Tools

The service will provide the patient with appropriate decision support tools to ensure the patient is informed about the treatment options available and supported in making the right decision for them. There will be an expectation that a decision support tool (such as the Oxford Scoring template on Hips and Knees (to be agreed with the Commissioners)) and will be completed by the MSK practitioner before any referral to secondary care for joint replacement surgery.

MDT

The Provider will ensure a fortnightly multidisciplinary team meeting is held in order to provide a forum in which a collaborative approach in the management of patient care can be achieved to ensure the best decision is made regarding the patient's treatment. It will also provide a level of governance and consistency in the patient management, as well as a teaching opportunity for clinical staff.

Advice and Guidance

Access to advice and guidance to be available through the team at a time, agreed with Commissioners, that service capacity allows.

Patient Initiated Follow-up (PIFU)

The Provider will ensure the service utilises the patient initiated follow-up model to ensure the patient is in control of any further follow-up appointment for their existing condition.

Training

The service will provide a rolling programme of training and education for MSK Clinical Staff, General Practitioners and other Health Care Professionals regarding appropriate referrals, case reviews, and maintenance of clinical competence.

Communication

The provider is required to communicate effectively and regularly with service users, patient forums and key stakeholders.

Discharge Planning

The service is expected to discharge patients once their packages of care are completed. However, service providers must ensure arrangements are in place for patients to be reassured that they will be seen again through the Patient Initiative Follow-up (PIFU) process if their condition were to deteriorate or reoccur.

The Provider shall be responsible for ensuring that the patient's GP is sent a discharge summary letter in line with the service conditions of the NHS Standard Contract; SC11 Transfer of and Discharge from Care; Communication with GPs, outlining the diagnosis, investigations, treatment plan, recommendations and patient advice following the patient consultant. The patient shall also receive a copy of their discharge letter, if, when asked, they indicate they would like one.

If a patient requires a referral to secondary care after assessment, the provider will ensure that the patient has been offered a choice of provider. The provider will ensure a discharge summary letter (outlined above) is sent to the secondary care provider with the referral and the referring GP is informed of the onward referral. If surgical opinion is required, the provider will ensure that relevant investigations have been taken and their results forwarded to the surgical intervention provider with the outcome of any relevant decision tool or Oxford Score completed prior to the patient's first appointment with the surgical intervention provider.

If a patient requires referral to another community service, then the provider will arrange an onward referral within 2 working days and notify the GP of the onward referral as soon as possible and in line with SC11 above.

If a patient does not attend (DNA) for any treatment then the provider will act in accordance with the local Access Policy. The referring practice will be advised of any DNA's within 5 working days.

Prevention and Self Care

Patient self-care must be promoted throughout the assessment and follow-up care, and the provider will offer a comprehensive range of patient information on musculoskeletal conditions as well as signposting patients to other resources as appropriate.

This information should consist of thorough education and supported self-management plans using a variety of tools and techniques to support patients in understanding their condition, what their

treatment plan involves and their role in their care and recovery. It will include a range of decision support tools to advise and explain to the patient about all choice options available for their condition including non-surgical and surgical interventions.

The production of patient information leaflets used by the iMSK service will be the responsibility of the service provider and should be appropriate for the requirements of a patient's age, sex, ethnic origin, religion or disability.

Record keeping

Full records of all consultations and any procedures shall be maintained in such a way that aggregated data and details of individual service users are readily accessible. Records also to be kept on a suitable IT system to ensure all reporting requirements within this specification are achieved.

Continual Service Improvement

The service provider must operate a robust and continuous approach to the improvement of its patient care pathways and must liaise with the commissioners to collectively decide how the service could be developed to deliver improved outcomes.

The service provider must ensure that the service is appropriately staffed to manage the demand and ensure a business continuity plan is in place to reduce any unforeseen risks to the service provision.

3.3 Population covered

The service will be available to all adult patients (over 16 years) registered with a GP within the Morecambe Bay wide GP Practice, or for whom the CCG is responsible, and who do not satisfy any of the exclusion criteria listed below.

3.4 Any acceptance and exclusion criteria and thresholds

The service shall not be available to:-

- Those not registered with a South Cumbria or Lancashire North GP or whom the CCG is not responsible.
- Those requiring emergency treatment.
- Those with suspected serious pathology or red flag systems (see below).
- Patients who require core physiotherapy.
- Patients under 16 years of age.
- Patients who require physiotherapy treatment post operatively where treatment is available via a separate, defined and commissioned pathway.

Referrals for patients with 'red flags' are to be excluded from the Community MSK pathway. Any red flag patients will be referred immediately to secondary care and will be seen by secondary care within 5 working days. Red flags include symptoms and signs that are suspicious of:

- Suspected cancer (follow 2 week wait pathway)
- Patients with acute, rapid progressive or severe neurological deficit
- Trauma; acute trauma, suspected fracture, dislocation or infection
- Acute tendon rupture < 6 weeks
- Emergency conditions including but not limited to suspected septic arthritis, temporal arthritis
- Suspected organ damage related to an inflammatory rheumatic disorder or vasculitis (e.g. acute renal impairment, interstitial alveolitis, pericarditis, optic neuritis, digital ischeamia etc.) or systemic disease causing toxic symptoms

- Inflammatory arthritis

Patients with suspected cancer should be managed via the established 2 week wait referral pathway with referrals directed straight to the appropriate hospital service.

3.5 Interdependence with other services/providers

The service shall be integrated with other healthcare providers in primary, community and secondary care settings. Where a referral is outside the scope of the service, the Provider shall work closely with other providers to ensure the appropriate care is provided to patients. The Provider shall ensure that onward referral and signposting is carried out in a timely fashion and does not contribute to a delay in treatment, where treatment is required.

In addition, as the service develops, it shall be accessible to all Healthcare Professionals and the Provider shall be required to facilitate and develop robust two-way referral mechanisms so that patients can move easily between different parts of the system when required.

A variety of interdependencies are recognised in the delivery of a comprehensive community MSK service to ensure effective and seamless care for patients. Key interdependencies include:

- General Practitioners
- Secondary Care
- Dietary, weight loss, exercise programmes and smoking services
- Diagnostic services
- Psychology Therapies
- Occupational Therapy
- Patients/carers
- Community Providers and Voluntary sectors
- Education programs
- CCG

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

This service will be provided in line with all the latest guidance and standards pertaining to MSK services. These include the following but are not limited to:-

- NICE Guidance – Osteoarthritis: The Care and Management of Osteoarthritis in Adults, 2014
- NICE Guidance – Osteoarthritis: Diagnosing, Assessment and Managing Osteoarthritis in Adults 2015
- NICE Guidance – Rheumatoid Arthritis: The Management of Rheumatoid Arthritis in Adults, 2018
- NICE Guidance – Low Back Pain and Sciatica in over 16's: Assessment and Management of non-specific low back pain, 2017

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- High Quality Care For All, DH, 2008
- The Musculoskeletal Service Framework - A joint responsibility: Doing it differently, DH, 2006
- Delivering Quality and Value – Focus on Musculoskeletal Interface Services, NHS Institute for Innovation and Improvement, 2009
- Delivering Quality and Value – Focus on Magnetic Resonance Imaging (MRI) and Low Back Pain, NHS Institute for Innovation and Improvement, 2008

- Delivering Care Closer to Home: Meeting the Challenge, DH, 2008
- Arthritis and Musculoskeletal Alliance Standards of Care, ARMA, 2007
- Our Health, Our Care, Our Say – A New Direction for Community Services, DH, 2006
- The related Technical Appraisals and Interventional Procedure Guidance for Musculoskeletal/Rheumatological conditions.
- Applicable National Service Frameworks (Long-term Conditions (2005), Older People (2016))
- Guidelines for GPs with a Special Interest (GPwSI): Musculoskeletal Conditions, RCGP, 2003
- Care Quality Commission Registration and service delivery in line with the Essential Standards of Quality and Safety, 2010
- Making the Best Use of a Department of Clinical Radiology, Guidelines for Doctors, 5th Edition, RC Radiologists, 2003
- MSK Core Capabilities Framework, July 2018
- The Chartered Society of Physiotherapists – Quality Assurance Standards, 2012
- Health Professions Council – Standards of Proficiency; Physiotherapists, 2013
- NHS Long Terms Plan, 2019

4.3 Applicable local standards

The provider will ensure clinical effectiveness is a significant aspect of the service provided, ensuring evidence based treatments or services are provided in a way that allows the recipient(s) to achieve maximum health gain.

It is expected that clinicians will:

- contribute to a local clinical audit at least once a year
- maintain a professional portfolio which provides evidence of audits and educational training

The provider will be expected to comply with Morecambe Bay CCG's Commissioning policies and local guidance on evidence based referrals https://www.morecambebayccg.nhs.uk/about-us/publications/policies-and-procedures/commissioning

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises

The Provider's Premises are located at:

The MSK Community Service will offer clinics within the geographical boundaries of the South Cumbria and Lancashire North localities as agreed with Morecambe Bay Clinical Commissioning Group.

7. Individual Service User Placement