

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement  
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	BL/BTH/87/JR
<b>Service</b>	MSK Pathway – Comprising Clinical Triage and Tier 2 Assessment/ Treatment Service for Blackpool and Fylde and Wyre District
<b>Commissioner Lead</b>	Beth Goodman (BCCG) and Katie Rimmer (FWCCG)
<b>Provider Lead</b>	Nick Lane – Head of Therapies, Blackpool Teaching Hospitals NHS Foundation Trust
<b>Period</b>	01/04/2022 – 31/3/2023
<b>Date of Review</b>	Jointly Reviewed & Agreed: TBC Next Review due: 31/3/2023

<p><b>1. Population Needs</b></p> <p><b>1.1 National/local context and evidence base</b></p> <p>The Musculoskeletal (MSK) pathway is a community based clinical assessment and treatment service for patients who have a musculoskeletal/ orthopaedic condition/ problem.</p> <p>MSK disorders are the fifth highest area of spend in the NHS, consuming in excess of £4.2bn annually, and increasing each year. MSK conditions also have a significant social and economic impact, with up to 60% of people who are on long-term sick leave citing MSK problems as the reason, and patients with MSK forming the second largest group (22%) receiving incapacity benefits.</p> <p>There are over 200 MSK conditions affecting millions of people, including all forms of arthritis, back pain and osteoporosis. The World Health Organisation, (WHO) and Bone and Joint Health strategies Project (2005 cited by the Department of Health) identified that:</p> <ul style="list-style-type: none"> <li>- Up to 30% of all GP consultations are for MSK complaints.</li> <li>- MSK problems are cited by 60% of people on long term sickness. 40% of the over 70's have Osteoarthritis (OA) of the knee.</li> <li>- An estimated 8-10 million of the UK population have arthritis, including 1 million adults under 45 and 70% of 70 year olds.</li> <li>- 80% of people report low back pain at some point in their life.</li> <li>- Trauma caused by road traffic accidents (RTAs) will be the third highest ranked cause of disability by 2020.</li> </ul> <p>The socio-economic impact is significant and predicted to rise.</p> <p>This Service Specification draws on guidance from Towards the Best Together (East of England SHA 2008) and the Lord Darzi NHS next stage review – High Quality for All (2008) and the Musculoskeletal Framework (DH 2006).</p>
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The services have been developed to comply with a broad evidence base, which is largely client group specific. This includes:

- Map of Medicines pathways
- 18 weeks – examples of best practice
- Care Quality Commission Standards
- NICE Guidance – Low Back Pain and sciatica in over 16s: assessment and management, November 2020
- NICE Guidance, Rheumatoid Arthritis: The Management of Rheumatoid Arthritis in Adults. July 2018
- NICE Guidance, Osteoarthritis: The care and Management of Osteoarthritis in Adults. December 2020
- Self-Referral Pilots to Musculoskeletal Physiotherapy and the Implications for Moving Access to Other AHP Services
- Teamwork Review 2009
- The Musculoskeletal Services Framework – July 2006
- Guidelines for GPs with Special Interest: Musculoskeletal Services 2003

## **2. Outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

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

### **2.2 Local defined outcomes**

- Achieve a high level of patient satisfaction
- Involve the patient in the management of their condition
- Empower the patient to self-care/ self-manage as appropriate
- Improve the clinical management and outcomes for patients
- To support providers to achieve the 18 week referral to treatment target for both secondary care and community services
- To support providers to achieve the 6 week DMO1 diagnostic target
- 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
- To provide access to physiotherapy services within 4 weeks of referrals to patients deemed appropriate by triage clinician.

## **3. Scope**

### **3.1 Aims and objectives of service**

#### **3.1.1 Aims**

The purpose of this specification is to set out the requirements for a community musculoskeletal electronic triage, clinical assessment and treatment (METCAT) service for the Fylde and Wyre CCG and Blackpool CCG. This service will run for 2 years.

This service will provide clinical electronic triage at the point of referral for all Trauma and Orthopaedic and MSK referrals, in line with commissioning policies, to signpost patients to the most appropriate musculoskeletal or secondary care service and thus provide an appropriate pathway of care for patients.

The aim of the community MSK Pathway is to improve access for patients and provide value for money as well as:

- Offer a single pathway of care for patients which is timely and effective
- Ensure that the patient sees the most appropriate clinician at the right time
- Reduce unnecessary demand on secondary care
- Make best use of available capacity.
- Primary access point for all MSK/ trauma and orthopaedic referrals

### **3.1.2 Objectives**

The service will have the following objectives:

- Provide clinical assessment and electronic triage within a comprehensive community service.
- Enhance the management of patients within the community, and actively manage the demand for secondary care services ensuring patients have timely access to the most appropriate course of treatment.
- Deliver care within a single pathway, and reduce un-necessary delays in the patient's journey.
- To retrospectively monitor direct referrals to secondary care and work with acute hospital providers to ensure that non red flags are directed to community provider.
- Achieve a reduction year on year in orthopaedic referrals to acute hospital providers.
- Improve the patient experience through reducing waiting times for patients and assist in maintaining the target of a maximum 18 week period from referral to treatment.
- Achieve high level patient satisfaction.
- Ensure patients are seen closer to home in an environment most appropriate to their needs.
- To support the development of care pathways for common musculoskeletal pathologies
- Offer patient choice for the management of orthopaedic conditions, implementing Patient Initiated Follow-Ups for all patients being discharged following treatment
- Promote secondary prevention by providing patients with information regarding their musculoskeletal condition, promoting self-care and management.
- Provide regular educational support to referrers/staff.
- Provide advice & guidance to primary care clinicians to help avoid unnecessary referrals and admissions

### **3.2 Service description/care pathway**

- Electronic Triage
- All orthopaedic and musculoskeletal referrals will be electronically triaged within 48 hours (Monday to Friday) of receipt in a community setting, with patients being seen and treated within the community service or being referred onto other appropriate services as their condition dictates. Patients will be triaged against commissioning policies and referrals rejected back to the referrer, with notes and explanation, if the referral does not comply with the commissioning policies.

CCG link to policies - [www.fyldeandwyreccg.nhs.uk/resources/our-policies](http://www.fyldeandwyreccg.nhs.uk/resources/our-policies)  
<http://blackpoolccg.nhs.uk/local-services/clinical-commissioning-policies/>

- Following triage of the referral, the following options will be available:

- Referral to diagnostics
- Diagnosis and treatment by a Consultant Physiotherapist, Orthopaedic Surgeon working with MSK, GPWSI MSK, Extended Scope Physiotherapy Practitioner (ESP), including prescribing of any medication required, soft tissue and articular injections (including Ultrasound Guided Injections)
- Referral to other community services such as MSK physiotherapy, podiatry or foot and ankle surgery
- Referral back to General Practitioner with advice regarding treatment in General Practice
- A choice option (where available) for Referral to secondary care providers – orthopaedics, rheumatology, pain management and neurosurgical input. The call centre team offer the patient choice of secondary care provider. A choice script is utilised within the service to ensure that all patients who are offered choice to secondary care is standardised. (attach choice script)
- Self- management

- Tier 2 Service

- Tier 2 Clinics - this is a clinical assessment and treatment service for patients with complex musculoskeletal conditions.
- A team of Clinical Practitioners (Doctors, Extended Scope Physiotherapy Practitioners and Consultant Physiotherapist) provide specialist assessment and diagnosis of musculoskeletal/ orthopaedic conditions/ problems. They offer advice on the management of complex musculoskeletal conditions, and have direct access to investigations and secondary care as well as other services. They also provide injection therapy and image guided injection therapy if this is identified as being clinically appropriate. Patients are referred on to the musculoskeletal physiotherapy service outlined below if they require physiotherapy as part of their management. Referrals to this service are from the GP or from other health care professionals as part of the MSK pathway. This service provides an alternative care option for patients who would otherwise be referred to secondary care to see an Orthopaedic Surgeon as a first line of management. The service does not provide a Rheumatology assessment or Pain Management service but work is ongoing to align the MSK service with other services.

If a patient is referred onto secondary care following treatment in the service, then the patient who be offered choice of secondary care provider by the referring clinician and the patient will be referred onto secondary care utilising the eReferral system.

**NB – See Appendix 1 Musculoskeletal Patient Pathway- Clinical Assessment Service (CAS)**

- MSK Outpatient Physiotherapy
- Outpatient Physiotherapy– this service provides physiotherapy to patients who, within the MSK pathway require non-surgical physiotherapy management/ treatment. It also includes the provision of physiotherapy to patients who require outpatient physiotherapy rehabilitation within a surgical orthopaedic or rheumatology pathway.
- MSK physiotherapists provide assessment, advice and treatment to patients with musculoskeletal conditions/problems. Referrals to this service are from the GP, Consultant or from other health care professionals as part of the MSK pathway. This team work closely with the Tier 2 Service referred to above.

- A wide range of treatment modalities, such as exercise therapy, electrotherapy, soft tissue and joint mobilisation/ manipulation and other interventions are provided. Group education, advice and exercise programmes, such as the back fitness programme, are also provided, to assist in the management of patients. The MSK service does not provide a Pain Management Service, however part of the service development plan is to align/integrate MSK and Pain Management services.
- Patient Initiated Follow-Up to be implemented for any patients who have had MSK physiotherapy for a period of 3 months post-discharge

### **Clinical Assessment Service**

General Practitioners and Health Care Practitioners in Primary Care will have direct access to electronic triage 'virtual appointments' via the national booking and choice management system. The electronic referral will be triaged within 2 working days of receipt. The patient will be advised to contact the Clinical Assessment and Electronic Triage Service from 3 working days onwards following their visit to the General Practitioner to be informed of the result. The provider will operate from an N3 compatible system and will have the ability to transfer images via PACS system. Appendix 1 demonstrates the patient pathway. Referrals will be rejected if they do not comply with commissioning policies.

Paper referrals will only be accepted from consultant to consultant.

### **Patient Non-Attendance (DNA)**

Patients who fail to attend their **New appointment or fail to honour their telephone booking appointment** without notifying the provider, and where no further appointment is indicated following clinical review, will be discharged back to the GP following 72 hours of the DNA.

The **18 week clock will be nullified** for this pathway.

Patients who fail to attend their **Follow-up appointment** without notifying the provider, and no further appointment is indicated following clinical review, will be discharged back to the GP following 72 hours of the DNA.

The GP and patient will be informed, by means of a standard letter that the patient failed to attend their appointment and has been discharged back to the care of the GP – this will be recorded as a treatment status of "discharge". In the event that additional clinical information is required to be communicated to the GP the Clinician must communicate this at point of discharge by way of a non-standard discharge summary (containing any special instructions).

Exceptions to the follow up DNA rule are:

Patients deemed to be vulnerable.

The clinician requests another appointment be made on clinical grounds.

If rebooking of a **(First) new patient appointment** is required, another appointment will be made as a default and a **new 18 week pathway clock will start when the patient contacts to make the second new appointment.**

N.B. The discharge letter must state that the patient can re-book a new appointment if discharged. The patient will need to contact the Trust. Patients will have a new clock start date from the date the Trust is contacted by the patient.

### **Training**

The service will provide a programme of ongoing training and education for General Practitioners and other Health Care Professionals regarding appropriate referrals, case reviews, and maintenance of clinical competence. The provider will be expected to provide 2

half day training sessions per year for General Practitioners and maybe required to attend Council of Members as appropriate to provide updates regarding the service.

### **Staffing**

Staff providing the MSK Pathway fall into one of the categories below:

- 1) A GP with Special Interest in musculoskeletal medicine with nationally recognised qualifications and accreditation in this area and listed on Specialist Register.
- 2) A GP with an interest in musculoskeletal medicine who is interested in or in the process of training and acquiring nationally recognised qualifications and accreditation under the direct supervision of a Consultant.
- 3) A Consultant Physiotherapist / Extended Scope Physiotherapy Practitioners (ESP) with with-advanced skills, knowledge and training in the initial assessment and arranging diagnostics and initial treatment under the close supervision of a GPwSI or Consultant Physiotherapist.
- 4) A registered Physiotherapist with the relevant MSK knowledge & Skills.
- 5) Trainees/students.
- 6) An Orthopaedic Consultant
- 7) Non-qualified technical instructors

Continued registration and accreditation to be maintained

The provider will ensure that its workforce is able to meet the needs of the service including taking account of :

- Professional registration
- Disclosure and Barring service (DBS) checks
- Appropriate skills and qualifications
- Mandatory training
- Training and development plans
- Making sure the clinical workforce is able to meet the needs of the patient
- Induction training for staff is in place
- HR policies are in place
- There is a staff appraisal system in place

### **Diagnostics**

Access to diagnostic tests such as MRI and ultrasound will be managed through the MSK pathway. The provider will ensure that all appropriate diagnostic results are reported back to the referring GP and where urgent, are acted upon without delay for the appropriate intervention or follow up. However the MSK Pathway does not receive funding for the provision of diagnostic procedures. Blackpool and Fylde & Wyre CCG commission diagnostic procedures from Blackpool Teaching Hospitals NHS Foundation Trust Radiology Department and Alliance Medical. The MSK service may make referrals to these providers and the CCG will reimburse the providers directly for these costs. The MSK service should only refer to Alliance Medical for claustrophobic or obese patients. All other referrals should be referred to Blackpool Teaching Hospitals NHS Foundation Trust Radiology Department.

### **Communication**

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

The provider will make arrangements to carry out a referrer survey to ensure satisfaction with the service and will act upon any service improvements identified.

### **Quality Standards**

Please see matrix for full reporting requirements – attached section 7

## **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 are also to be kept on a suitable IT system, to ensure all reporting requirements within this specification are achieved. Full electronic clinical records are currently not available but work will continue in line with the National IT programme to develop this.

## **Information Technology**

The provider will work in ways that support national and local programmes and utilises IT in a way that maximises patient care. The provider will have regard to:

- Implementation of a fully integrated IT system – N3 Compliant
- ERS
- Communication and use of email systems
- Participation in audits and data collection
- PACS System
- Advice & Guidance
- Utilisation of audio-visual applications to enhance patient access i.e-Attend Anywhere

## **Advice & Guidance**

The provider will enable primary care clinicians to request direct advice and guidance on patient care via a recognised electronic system.

## **Response time & detail and prioritisation**

Referrals will be triaged in chronological order from the date they are received and within a maximum time of two working days.

The National target for diagnostics within 6 weeks and treatment within 18 weeks is to be achieved \*

## **Patients requiring physiotherapy should commence treatment within 4 weeks of triage decision.**

The provider will offer a comprehensive range of patient information on musculoskeletal conditions, including advice on self-management, and will signpost patients to other resources as appropriate. This information should also be made available to GPs and their staff.

The provider will ensure patients have access to information as to what service to contact should a treatment complication arise outside normal hours. This information should also be made available to GPs and their staff.

The provider will make available to patients the agreed procedure for booking appointments and the policy on DNAs and cancellations.

Information will be formatted according to NHS Blackpool CCG and NHS Fylde & Wyre CCG guidelines and agreed by the Trust Communications team and should be available in different languages as required.

## **Promotion of self-care and patient education**

The provider will work with patients in ways that support self-care and self-management including:

- Supply of education materials to assist patient in self-management of their condition

Patients will be given an explanation of the triage outcome and advice about all choice options available including non-surgical and surgical (if appropriate).

### **Patient participation**

The provider will work with patients in ways that may include:

- Patient participation groups
- Healthwatch Blackpool and Healthwatch Lancashire
- Patient satisfaction surveys
- Local complaints process and annual review
- Promoting self-care

The provider will make arrangements to carry out patient satisfaction surveys in relation to the service and will co-operate with such surveys that may be carried out by the commissioner. The provider shall have regard to any Department of Health guidance relating to patient satisfaction surveys. The provider will be expected to demonstrate evidence of having used the patient experience to make improvements to service delivery.

### **3.3 Population covered**

The service is available to any patient over 16 years of age who is registered with a General Practitioner within the Blackpool, Fylde and Wyre locality.

### **3.4 Any acceptance and exclusion criteria and thresholds.**

This service is available to all patients who meet the referral criteria, and accepts all clinically appropriate referrals without prejudice.

The MSK Pathway will list 'virtual appointments' on the e-Referral service to allow General Practitioners access to the pathway. Patients will be asked to call the Referral Management Centre within 3 working days of their booking appointment to receive information on the manner in which their needs will be met. The MSK Pathway will only accept referrals via the assessment service. With the exception of Consultant paper referrals if the patient is on an orthopaedic pathway

Referrals will be accepted provided the following data set is completed.

- Patients details including NHS number, reason for referral and presenting condition
- Past medical history
- Details of any investigations
- Details of any previous treatment
- Relevant social history
- Known risks

Incomplete referrals will be rejected and returned to the referring GP immediately.

The service will accept and triage all MSK conditions, excluding emergency interventions which should be referred directly using the appropriate methods.

The MSK Pathway aims to reflect the needs of the patient, and will be delivered without discrimination of age, race, disability, gender or cultural and lifestyle differences, in a considerate and informed manner. There are policies and procedures in place to safeguard the well-being of both patients and staff.

This service is not available to:

- Patients not registered with a GP in the Blackpool, Fylde and Wyre localities;
- Patients who are under 16 years of age;



- Patients who require emergency treatment;
- Patients with suspected cancer;
- Patients with post-operative or post traumatic complications;
- Patients who require a second surgical opinion.

The service should not be used for patients who have red flag symptoms, these patients should be referred directly to an acute hospital.

If the triaging clinician is of the opinion that the patient should be referred directly to a secondary care provider, choice will be offered and the referral will be forwarded immediately to the secondary care provider chosen by the patient. A script for best practice when offering patients a choice of secondary care provider is included in Appendix A, and is to be used as a guide when training staff that have choice conversations with patients (see Appendix A). A copy of these onward referrals should be maintained by the provider and distributed to the referring GP.

Following assessment in Tier 2, the referring GP will receive a care plan following initial assessment and a discharge summary report from the MSK pathway within a maximum of 5 working days.

### 3.5 Relevant networks and screening programmes.

The provider should aim to develop a local musculoskeletal clinical network to give all local providers the opportunity to discuss specific cases and service developments

- Representation at national and regional conferences
- Regional networks
- Map of Medicine

Subcontracting of any part of this service will require the agreement of the commissioner and is subject to local determination.

### 3.5 Interdependence with other services/providers

The success of this service will depend on the provider developing good relationships with General Practitioners, local acute hospitals and established community services/ non acute service providers.

It will be dependent upon referrals from General Practitioners within Blackpool, Fylde and Wyre localities.

## 4. Applicable Service Standards

### 4.4 Performance Indicators

<b>Performance Indicator</b>	<b>Indicator</b>	<b>Threshold</b>	<b>Method of Measurement</b>	<b>Frequency of Monitoring</b>
<b>Improving Productivity</b>	Proportion of patients who DNA as a % of available treatment slots/contacts/visits	Achieve a DNA rate of less than 10%, with a stretch target of 5%	Report monthly numbers and % by exception	Quarterly Workbook submission
<b>Waiting times</b>	For the CAS - Number of patients triaged within two working days	100%	Twice yearly non-clinical audit of most recent 50 referrals	6 Monthly (March & September)

	Number of patients waiting more than 6 weeks from referral decision to initial appointment with MSK Physiotherapy Service	0% (Patients who opt to wait > 5 weeks excluded from this target)	Monthly audit/ report by exception	6 Monthly (March & September)
	Number of patients waiting more than 6 weeks from referral decision to initial appointment with Tier 2 MSK service	0% (Patients who opt to wait > 5 weeks excluded from this target)	Monthly audit/ report by exception	6 Monthly (March & September)
<b>Appointments per patient</b>	Number of appointments per patient over journey from first appointment to discharge	Average number of appointments per patient to not exceed X	Monthly audit/ report by exception	6 Monthly (March & September)
<b>Patient experience</b>	Recording of Friends and Family test results for patients of the service	100% of patients to be sent the Friends & Family survey	Monthly audit/ report by exception	6 Monthly (March & September)

If activity levels fall or waiting times increase an activity plan/ action plan will need to be developed. Commissioners have the right to request details on staffing vacancies and sickness levels as part of this process.

#### 4.5 Data Collection Requirements (in addition to minimum dataset)

<b>Data Collection Requirements</b>	<b>Description</b>	<b>Justification and relevance of data collection</b>	<b>Method of Measurement</b>	<b>Frequency of Monitoring</b>
Referrals for the Clinical Assessment Service (CAS)	Trends of GP referrals	Used to support and target GP education for both high and low referrers.	Report highlighting statistical outliers by GP, Practice and PBC	Quarterly
	Number of referrals rejected	To ensure referrers are accessing the service appropriately	Report to be produced by CCGs highlighting rejected referrals and reasons for rejection.	Quarterly exception report
	Percentage of appointments directly booked via CAS and outcomes i.e. referred to MSK,	To understand where the triage team are directing patients to for treatment	Report to be produced by CCGs detailing outcome of triage by patient.	Quarterly

	Secondary Care etc.		Number of referrals received at CAS and outcome of each referral e.g. Number of patients being triaged to MOD, Physiotherapy, Secondary Care, for routine care, urgent care or self-care.	
Number of onward referrals and patient outcomes for the MSK service	Number of patients who are treated within MOD/MSK who continue onto secondary care	To evaluate the effectiveness of the community service to manage patients without secondary care intervention	Report detailing total number of patients by specialty	Quarterly
Procedure Data Capture	Breakdown of procedure level data to include as a minimum:  Number of image guided injections by site  Number of non-image guided injections by site	Pilot phase for image guided service  Support ongoing pathway development and local MSK agenda	Quarterly report	Quarterly

## **5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable Quality Requirements (See Schedule 4A-D)**

**5.2 Applicable CQUIN goals (not applicable)**

## **6. Location of Provider Premises**

The Provider shall ensure that:

- The sites have sufficient patient parking to facilitate access to the site
- Access to the buildings and clinics is compliant with the Disability Discrimination Act (2004)
- The service is delivered in an area that is fit for purpose; there is access to an area suitable
- There is access to toilets /changing facilities for all patients as required
- There is access to a private room for more confidential assessment or treatment
- Appropriate clinical support is in place within the site of delivery to provide emergency care if required.

**The Provider's Premises are located at:**

Electronic Triage

Various clinical locations

Tier 2 Service

Lytham Primary Care Centre  
Fleetwood Hospital  
Whitegate Drive Health Centre  
Garstang Medical Practice

MSK Physiotherapy

Fleetwood Hospital  
Whitegate Drive Health Centre  
Lytham Primary Care Centre  
Garstang Medical Practice  
Blackpool Teaching Hospitals

Core opening hours are Monday to Friday 8am to 5pm, referrals will be triaged within a maximum of 48 hours from receipt

Extended hour surgeries to be offered based upon patient requirements

**7. Individual Service User Placement**

N/A

## SCHEDULE 2 – THE SERVICES

### B. Indicative Activity Plan

**New Activity**

**14,468 minimum new patient contacts through triage**

Estimated 1:1 new to follow up ratio for Tier 2 Service  
Estimated 1:4 new to follow up ratio for MSK Physiotherapy Service

**9.3 Capacity Review**

Capacity will be continually reviewed until service reaches steady state. Redesigning health services which better meet the needs of patients has never been more critical to the long term success of the NHS. A core component of Commissioning is to drive continuous innovation and improvement. It is therefore the responsibility of both the Commissioner and Provider to ensure innovation, knowledge and best practice is applied to improve the quality and outcomes of its commissioned services. It will be the responsibility of the provider to fully cooperate in reviewing and redesigning services at the request of the Commissioner

Version	Date of Change	Issue Status	Changed by	Reason for Change
Version 1	21.12.12	Draft	Pippa Hulme	Issued for 13/14 sign off
Version 2	06.03.13	Final	Paul Stevenson	All parties agreed, finalised
Version 3	08.11.13	Draft	Jamie Sinclair	Issued for review for 14/15 sign off

Version	Date of Change	Issue Status	Changed by	Reason for Change
Version 4	12.11.13	Draft	Mike Bryant	Amendments made.
Version 5	25.11.16	Draft	Nick Lane	Amendments made due to service expansion
Version 6	14.06.17	Draft	Nick Lane	Amendments made to combine Blackpool and Fylde & Wyre CCG service specs as part of service spec review process
Version 7	19.06.17	Draft	Laura Arpino	Amendments made following the service specification review meeting between BTH/BCCG/FWCCG
Version 8	17.07.18	Draft	Laura Arpino / Calum Dixon	Updated following joint review between BCCG, F&W CCG and BTH
Version 9	07.07.21	Draft	Stephen Hill	Amendments made due to service changes

## APPENDIX A

Best practice guide for offering patients a choice of secondary care provider.

Stage of Call	Call Guidelines – New Booking with Choice Discussion	Courtesy/Call handler instructions
Opening	<p>Thank you for calling The NHS Appointments Line. My name is (First Name). May I take your name please?</p> <p>Thank you (callers name). Can I please take your booking reference number?</p>	Use of caller's name
Authentication	<p>Your booking reference number is located in section one of your appointment request form.</p> <p>Thank you. Can I please take your password?</p> <p>Can you spell that for me? Are you ringing for yourself or someone else?</p> <p>If calling for someone else: Please can you confirm the patients full name?</p>	<p>If caller cannot find UBRN</p> <p>Confirm as correct</p> <p>Use of phonetic alphabet. Check</p>

		lower or upper case.
Identify Need and Satisfy Need	<p>Thank you (caller name). How can I help you?</p> <p><i>Call up referral and confirm specialty</i></p> <p><b>Where multiple hospitals listed offer a choice discussion</b></p> <p>We can offer information to help you choose which hospital you would like to go to. I can see you have # hospitals to choose from. Would you like further non clinical information or do you have a preference?</p> <p>Answer patient queries as necessary:</p> <ul style="list-style-type: none"> <li>• Available appointments</li> <li>• Details regarding the hospital/clinic e.g. transport links, parking, star rating &amp; relevant scores: Key Targets, Clinical Focus, Patient Focus, and Capacity and Capability.</li> </ul> <p>If patient asks for a recommendation or comment on specific services, please use the Impartiality statement.</p> <p>(Caller Name}, please note that this information is correct as of (date)*</p> <p><b>If information is unavailable or there is a technical problem:</b> I'm sorry, the information you require isn't available. I will feed this back to the website owner.</p> <p>Or</p> <p>I'm sorry, the NHS Choices website is currently unavailable and I'm unable to access the information you require. I will report this to the website owner.</p> <p>If patient states preference before choice discussion offered:</p> <p>Would you like information about the hospitals available to you or shall I continue to book an appointment at #?</p> <p>The earliest appointment is on (Date) at (Time) at (hospital name}.</p> <p>*****</p> <p>Where the priority is 2WW, the patient should be offered an appointment within two weeks of the date the patient calls. Where an appointment is not available, the patient must be asked to contact their GP practice immediately and advise them they were unable to book an appointment through The Appointments Line.</p>	<p>Both the Directory of Services and nhschoices.nhs.uk must be used to attempt to answer patient queries. Where a patient requests specific clinical information or information that is unavailable, you may need to refer the patient to the PALS service for the provider. For FAQs refer to DoH leaflet.</p> <p>*Please inform patient of date that appears on the system or the current date if this information is not available.</p> <p>When patients contact us and their options are IBS we should still attempt to answer their queries via NHS Choices.</p>

	<p>*****</p> <p>Is that suitable for you?</p> <p>I will attempt to book that for you.</p> <p><b>If successful:</b> <i>Confirm detail back to caller</i></p> <p><b>If not successful:</b> <i>Offer to select different date/time or location and repeat process</i></p>	<p>Click on <b>Book</b> on EBS System</p> <p>Click on <b>Submit</b> on EBS System</p> <p>Please remind patient to hold if system is slow to respond with a confirmation of the appointment being booked.</p>
Confirmation	<p>I can confirm that your appointment has been provisionally booked at (hospital) on (date) at (time) in (clinic). The hospital will review your referral in line with their normal procedures and should send you a written confirmation. If you don't hear, please contact the hospital directly.</p> <p>Please can I remind you (Caller/Patient Name) the hospital that you have booked will be responsible for diagnosis and treatment? You will only be transferred to an alternative hospital if the treatment is unavailable at this hospital.</p>	<p>Ensure that booking has been confirmed on system.</p> <p>Ensure appointment instructions are read out in full.</p>
Closure	<p>Should you need to change or cancel your appointment, please call us back on this number. You will need your password and reference number. We are open from 7am until 10pm 7days a week.</p> <p>Thank you for your call (callers name). Good-bye.</p>	<p>Advise of Contact Centre Opening Times (07:00-22:00)</p> <p>Use of callers name</p>

## Appendix 1 Musculoskeletal Patient Pathway- Clinical Assessment Service (CAS) 2021

