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

Service Specification No.	3
Service	Adult MSK Services
Commissioner Lead	Adele Jones, Commissioning Manager and Dr Will Haynes, GP Commissioning Lead
Provider Lead	
Period	April 2019 – March 2020
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

The Musculoskeletal (MSK) Clinical Programme Group (CPG) has defined a long-term strategic plan for an Integrated Adult MSK Service, forming part of an overall Integrated MSK Pathway, which includes Orthopaedics, MSK Pain and Rheumatology. This includes standardisation and efficiencies within both providers of MSK Services and the introduction of elective care triage, as part of a focus across the MSK Pathway of ensuring patients see the Right Person, at the Right Time and in the Right Place.

Adult MSK Services in Gloucestershire includes Physiotherapy, Hand Therapy, Occupational Therapy and MSK Podiatry. It does not include non-MSK aspects of Podiatry, nor Paediatric MSK Podiatry. Patients should be able to flow seamlessly between MSK Services, utilising higher tiers of services as clinically required but always being treated in the lowest tier possible.

MSK conditions have a significant social and economic impact. Over 200 MSK conditions affect millions of people. These conditions include arthritis, back pain and osteoporosis, some of which can result in long-term functional disability. Arthritis Research UK State of Musculoskeletal Health 2017 report suggests

- One in five people consult a GP about a musculoskeletal problem each year
- 30.8m working days were lost in the UK in 2016 due to musculoskeletal problems
- Musculoskeletal conditions account for the 3rd largest area of NHS programme spending at **£4.7 billion** in 2013/14.33
- **42.3%** of people (612,630) in 'receipt of' or 'entitled to' attendance allowance were recorded with a musculoskeletal condition as their primary disability condition (May 2016)

The number of people aged over 85 in the UK is expected to double in the next 20 years. An estimated four million older people are already living with a limiting long-standing illness. Older people account for 70% of all hospital admissions.

MSK Services play a key role in helping patients with a range of MSK conditions and is an integral component in the management of Orthopaedic, Rheumatological and Pain conditions. Gloucestershire Care Services (GCS) / Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) are expected to provide high quality core and advanced practitioner (MSKAPS) tier services.

MSK Services will provide

- A Referral Management Service for Orthopaedic and, in the future, MSK Pain and Rheumatology
- A therapeutic assessment advice and treatment service, which is free at the point of delivery and accessible to all adults and young people choosing the service. All Therapists / Podiatrists / Occupational Therapists are first contact professionals working autonomously within their scope of practice.

1.2 Evidence for Therapy services of good practice (selected list)

The service complies with evidence based clinical guidelines produced by relevant national and international bodies

- European Guidelines for LBP COST ACTION B13
- NICE Guidelines relevant to patients with MSK conditions.
- CSP 2012 Information Paper on Integrated Musculoskeletal Services.
- College of Occupational Therapists Code of Continuing Professional Development (2010)
- The Musculoskeletal Framework – a joint responsibility: doing it differently, DoH 2006
- Delivering Quality and Value – Focus on Musculoskeletal Service, 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
- NHSE 2017 Transforming musculoskeletal and orthopaedic elective care
- NHSE 2017 Elective Care High Impact Interventions: Musculoskeletal Triage
- 2015 Briggs T, Getting it Right First Time: national review of elective orthopaedic services
- NHS Right Care https://www.england.nhs.uk/rightcare/
- Arthritis and Musculoskeletal Alliance Standards of Care, ARMA 2007
- http://arma.uk.net/resources/standards-of-care/
- i-Refer Making the Best Use of Clinical Radiology, Guidelines for Doctors, 7th edition 2012, The Royal College of Radiologists, London
- Health and Social care Act 2012 (Equity and excellence: Liberating the NHS)
- Department of Health musculoskeletal 18 week wait commissioning pathways guidance

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 provide equitable, high quality, expert advice and specialist MSK treatment for conditions affecting the whole musculoskeletal system, aimed at improving independence, mobility and well-being for the population of Gloucestershire.

The service will provide MSK Specialist Triage for MSK Services, Orthopaedic and, in the future, MSK Pain and Rheumatology referrals, which will

- Allocate all patients to a care pathway appropriate to their clinical need and objectives

For patients requiring assessment and treatment within MSK services, the service seeks the following outcomes:

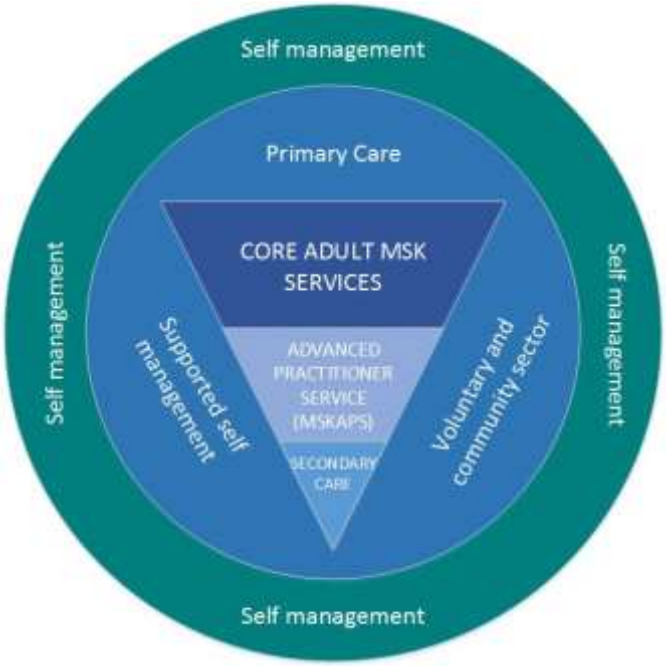
- A maximum wait for MSK services of two weeks for urgent and eight weeks for routine appointments within a managed system, for all referred patients, with an identified MSK need. Exclusions to this would be clinical / consultant protocol and patient choice
- Following assessment, all patients to have an agreed management plan for their episode of care.
- Patients and their Carers are given access to information post triage and prior to any routine appointment, to improve their knowledge and skills to facilitate self-management, wellbeing and to promote independence / healthy lifestyles
- Equitable access to services for all patients across Gloucestershire
- Integrated with health, social care and voluntary and community sector across Gloucestershire, to provide seamless care

3. Scope

3.1 Aims and objectives of service

The service will contribute to the aim of the MSK CPG which is
"**To prevent the onset of MSK conditions where possible and to minimise pain and increase function in patients who have already developed MSK conditions**."

The service will be part of the overall MSK Integrated Service Model



Objectives:
The service will provide equitable, clinical assessment and treatment service, operating 52 weeks a year for patients presenting with MSK conditions, specifically to

- Encourage and promote appropriate self-management
    - Achieve positive outcomes by encouraging and supporting prevention, improvement, signposting, treatment and empowerment.
    - Involve the local population in self-management, healthy lifestyles and supporting their own health. This will be done by listening, identifying and agreeing alternative options that support participation in self-management.
    - Increase patient knowledge of their own conditions, so they can more effectively manage their own condition.
    - Reduce appointments in all settings of care required by patients who can be managed appropriately in primary care services in line with locally produced guidelines.
    - Link with other health and voluntary services, including 2gether Foundation Trust, Integrated Community Teams, Healthy Lifestyles and others, to improve a patient's emotional wellbeing, skills and knowledge.
- Effective and efficient evidence based patient care
    - Work in collaboration with GCCG and other partners to develop, agree and implement local care pathways and clinical guidance.
    - Ensure that the MSK Healthcare provision encompasses a holistic approach, recognising that MSK problems may have a physical, social and psychological element.
    - Provide expert triage for all patients referred to Core, MSKAPS and Orthopaedics and, in the future, Pain and Rheumatology.
    - Provide timely access to services, as defined within this service specification, along with timely diagnostic tests, where clinically appropriate, and evidence based treatments for patients, in line with NICE and local clinical guidance.
    - Provide safe and clinically-effective services.

- Develop, with the patient, an evidence based treatment plan, within the most appropriate setting, to achieve agreed clinical outcomes.
- Provide ongoing treatment in the service with appropriate knowledge and skills, in line with patient needs, which could include voluntary sector organisations.
- Ensure appropriate onward referral to other services and offer choice of secondary care providers to patients, aligned to clinical guidance and care pathways.

- Service structure
  - Refer patients between Core and APS as the patient's complexity, condition and desired clinical and personal outcomes require.
  - Manage capacity of the service to meet demand within agreed targets.
  - Strive to find new and innovative ways of meeting the growing demand put on services and financial resources whilst not losing sight of the need to deliver service improvements which benefit patients.
  - Offer an equitable service, giving patients a choice of clinic locations in agreed localities, as clinically appropriate and as far as reasonably practical.
  - Deliver the service within the agreed financial budget and provide cost-effective services that maximises value for money.
  - Monitor the effectiveness and impact of the service.
- Integrated working
  - The service will work with GHNHSFT and GCS Falls Assessment and Education Service to deliver improved falls prevention.
  - Actively support and contribute to the development of a strong multi-organisational clinical network and MDTs.
  - Work collaboratively with services that could impact patient care to ensure seamless services across all settings of care.
  - Have the knowledge of other services to enable the service to manage onward referral to specialist services.
  - Develop capacity within primary and community care to offer a wider range of non-surgical alternatives for MSK conditions.
  - Provide a source of support, education, training and advice for Primary Care and others supporting people with MSK conditions.

3.2 Service Provision/Care Pathway

MSK services achieve two key roles

- Specialist Triage for MSKAPS and Orthopaedic referrals and, in the future, MSK Pain and Rheumatology referrals.
- Broad service provision for all MSK Conditions and offers a variety of appropriate treatments and therapy approaches in line with local and national guidance, including NICE Guidelines. Adult MSK services in Gloucestershire will be comprehensive, easy to access, patient-centred, locality based, non-consultant led and multi-disciplinary services. Where necessary, patients may be onward referred to other parts of the integrated MSK service without further Primary Care input or unnecessary waiting.

3.2.1 MSK Specialist Triage

- Referrals into the Specialist Triage will predominantly be from GPs, or nominated staff, in Primary Care, using, from 4 June 2018, exclusively the Electronic Referral System (eRS). All other MSK Services and Secondary Care will also be able refer into triage.
- The Specialist Trist will be listed on eRS as the "MSK Specialist Triage"
- The Specialist Triage will use eRS to receive, triage and manage referrals, including the offer of choice.
- Triage will review, decide upon and action all referrals within two working days.
- The RTT clock starts and stops will be in line with national RTT guidance. RTT will apply for all tiers of the service for referrals that have come through Specialist Triage.
- When a referral is received, it will be checked by a competent clinician, to decide, in accordance with inclusion and exclusion criteria in Section 3.4, and other agreed locally developed clinical pathways, guidance and IFR policies, to which services the patients meets the criteria.
- All referrals that do not meet any MSK criteria will either be returned to the referrer with an explanation / advice or referred to another service, as appropriate. The reason for refusal must be recorded in an auditable format.
- All referrals that do not provide mandated clinical information to allow efficient triage will, after the agreed

transition period, be rejected and returned to the referrer.

- Outcome of triage will be to the most appropriate service, including the voluntary sector, Core or APS MSK Services, or Secondary Care Orthopaedics, Pain and Rheumatology. It is expected that patients are assessed by the lowest tier service that could meet the needs expressed on the referral form
- The outcome of triage must be recorded in an auditable format on eRS.
- Patients will be prioritised based on agreed criteria related to need i.e. urgent or routine, as per locally agreed definitions.
- Patients referred to Secondary Care will be offered all reasonable and appropriate choices in line with the NHS constitution. Patients who are not satisfied with the choices they have been offered will be able to contact the service to request a different choice. The option and details to enable this should be clearly written in the choices letter sent to the patient.
- Patients not appropriate for any MSK service but who have an urgent need for care (e.g. suspected fracture) will be rejected with guidance on the correct pathway.
- Although preferences for management expressed in the referral form by GPs will be taken into account, the clinical expertise of the triage service and alignment to the clinical criteria for each service will take precedence.

Patients who have previously seen a consultant privately and then referred into the NHS for treatment by that consultant will be triaged to the same criteria as all other patients. Although patient preferences should be a factor in decision making, there should be no guarantees that a patient will be referred to a particular clinic or consultant, particularly if a lower tier service could offer appropriate management.

3.2.1 Pre-referral

Pathway awareness raising:

- Work with GCCG and other stakeholders to develop local clinical pathways/guidance and support awareness raising of these.
- Work with GCCG to raise awareness of MSK Services self-referral process and promote the use of eRS for Primary Care referrals to MSKAPS.
- Assist GCCG in the development of Primary Care education materials and contribute to training to ensure Primary Care clinicians correctly identify symptoms, offer appropriate self-management advice and resources and refer the right patients into MSK Services.
- Use the Your Circle (the public facing website), G-Care and other means to promote their services to GPs in their respective localities to raise awareness of the MSK Integrated Pathway, including MSKAPS and Core services, as per guidance.

3.2.2 MSK Services Referral Procedure(s)

Core Services

The service will provide direct access to Core MSK Services, which can accept patient self-referrals or referrals from any professional who has the patient's permission. The preferred route will be via self-referral. The online form should inform the patient what to do if they do not get an automatic response to their referral. Confirmation of receipt of referral should be sent automatically upon receipt of the referral, telling the person what to do (i.e. a phone number to call) in case they do not hear from the service within a specified amount of time. This should not suggest that someone visits their GP. The automatic response should include suggestions or links to self-management.

People who do not have access to the internet should be able to phone the service and request a paper copy of the referral form.

Core Services will triage all referrals as per clinical guidelines.

MSKAPS

All referrals for MSKAPS will be through MSK Specialist Triage through eRS, except for those from Core Physio/Podiatry.

For patients not requiring discussion at the MDT, arrangements will be made for the patient to be contacted within five working days and an appointment held within two weeks from referral for urgent appointments and within eight weeks from referral for routine appointments.

The Advanced Practitioner Service will be publicised as MSKAPS. All previous names used to describe the service (Orthopaedic Practitioner Service, Interface Services, MSKCAT) will no longer be used or publicised. All publicity and materials using old names will be withdrawn from circulation within 90 days of this service specification being signed.

3.2.4 MDT Working

Where there is uncertainty to which service a patient should be triaged to or to support management of complex cases within MSKAPS, MDTs will operate.

- These will be meetings of consultants, MSKAPS and others as required. They will operate according to the CPG agreed MDT terms of reference.
- Where there is treatment uncertainty within Core, it is expected that advice and support will be sought from MSKAPS, who may then refer on to the MDT. Where advice from MSKAPS could resolve uncertainty, expected that treatment will continue in Core.
- Representation at these MDT discussions and clinical network meetings will be expected to be 100%. This is a key service delivery element.
- MDTs will not be Multi-Disciplinary Clinics, but meetings to make recommendations about options regarding the most appropriate management of complex patients
- MSK services will provide clinical advice to other services, including Pain and non-MSK Podiatry etc.
- MSKAPS remain autonomous practitioners and the duty of care does not transfer for patients discussed at MDT.
- An MDT terms of reference will outline the responsibilities and requirements for MDT operations

3.2.5 Assessment, Diagnosis and Initial Treatment

MSK services will

- Work with patients to assess patients' underlying disease and presentation and its impact on physical, psychological and social function. Assessment will take the form of taking histories and appropriate examination, as well as review of relevant investigations. Pertinent grading and assessment scales will be used.
- Set long and short term goals for intervention, taking into account the needs and objectives of the patient, with the patient provided with a diagnosis and a mutually agreed management plan.
- Focus assessment and treatment on supporting patients to self-manage their conditions, where appropriate, and providing the resources, information and contacts to enable them to do that
- Provide treatment in line with evidence based locally developed clinical pathways, guidance and IFR policy, focusing on treatment being provided within Core services unless otherwise justified.

In addition, MSKAPS will

- Request investigations and organise access to diagnostic tests, where appropriate and according to local practice, and as part of locally agreed pathways of care. Diagnostic investigations will be requested appropriately (Royal College of Radiologists 2012[1]). Nerve conduction studies will be utilised as per locally agreed pathways. Diagnostic investigations include access to pathology, biochemistry, microbiology, haematology and imaging tests.
- Report back the results of diagnostic tests along with diagnosis and management plan to the referrer and, where urgent, will ensure they are acted upon without delay for the appropriate intervention or follow up.

3.2.6 Procedures/Treatments

MSK services will

- Provide treatment in line with national guidelines, individual competence and locally developed clinical pathways, guidance and IFR policy.
- Maximise the use of non-surgical interventions, where these are evidence based and considered to offer patient optimal health gain.
- Have a full discussion with the patient around the available options and which of them may provide the best opportunity for improvement in symptoms and function. To underpin this, clinicians will be trained in

[1] 'Making the Best Use of a Department of Clinical Radiology, Guidelines for Doctors'.7th edition 2012, The Royal Collage of Radiologists, London).

motivational interviewing techniques to support the effective delivery of healthy lifestyle advice that could impact clinical outcomes

- Ensure patients are fully informed of the treatment options and the treatment proposed. The patient will give verbal/written consent for interventions to be carried out and this should be noted on the patients' records.
- Provide a detailed explanation of whether surgical intervention is or is not likely to be offered (as per guidance) or why other interventions are likely to be of most benefit.
- Perform peripheral, soft tissue or joint injections, in-line with locally agreed guidelines.
- Provide orthosis in accordance with Orthotics service specification, when agreed. Until that point, orthosis will only be provided as part of an evidenced based package of care.

In addition, MSKAPS will

- Incorporate shared decision making into the service to ensure the patient is fully informed about the range, risks and benefits of treatment options and is able to make an informed choice as to treatment. Decision aids, if available and agreed by the MSK Clinical Programme Board, may be used to support this process.
- Ensure patients are offered choice, as in 3.2.8, and informed of the potential procedure, risks and expected outcomes, where intervention or referral on for other potential procedures is offered. The clinician will also outline the importance of commitment to physical pre-habilitation and re-habilitation to ensure that the patients fully understand their own role in achieving the desired outcomes.

Nice Guidelines and Low Priority Procedures
It is the responsibility of the Provider to ensure compliance with NICE guidance and ensure implementation of NHS Gloucestershire CCG's Individual Funding Request policy : (https://g-care.glos.nhs.uk/ifrs/#cat_11)

Non-compliance with this policy will not be funded, unless agreed by the Clinical Effectiveness Group

3.2.7 On-going Management (Follow-up care)

- MSKAPS will ensure that, where appropriate, patients are referred to Core Services at the earliest possible point in the patient pathway. Patients requiring ongoing management should be referred to Core MSK Services.
- Where patients have been offered an intervention they will be followed up as per locally agreed guidelines. All treatment plans will be reviewed at agreed intervals to ensure the treatment plan is meeting the patient's needs.
- GCS / GHNHSFT should seek to reduce variation in follow-up rates and practices, where it exists, by providing formal training to ensure a consistency of approach to managing conditions.
- Ensure MSKAPS follow-up rates are maintained below 0.8 for Therapy APS and 1.2 for Podiatry APS
- Ensure Core follow-up rates are maintained below 3.
- Follow up care could include telephone based management, where appropriate to the needs of the patient and if the patient agrees.

3.2.8 Discharge

- The patient will be discharged from the service when the patient reaches a stage where the desired clinical outcomes have been achieved and/or it is deemed that a patient will derive no further benefit from continuing observation/treatment. It is expected that patients will be managed, where appropriate, by exception rather than reviewed at specific points in time.
- Patients should be stepped down to appropriate voluntary care or community support services at the first opportunity or back to their GP, as determined by the clinician.
- Patients will be supplied with appropriate self-management information at discharge.

Summary letter

- The provider will be responsible for ensuring that the referrer is sent a summary letter outlining the assessment, diagnostic tests, treatment plan, and treatments carried out and patient advice on leaving/discharge of the patient. The preferred option would be by secure email, within 3 working days, however, secure fax or letter would also be acceptable.
- The discharge letter to the referrer should be explicit whether there is an action required or if it is for information only. Two different headings (Action and Information) should be used that clearly

demonstrate a difference so that Practice Secretaries can escalate as appropriate.
- The patient will be offered a copy of the summary letter.

Onward referral
- If ongoing pain management is required and patients fit the pain service referral criteria, patients should be referred into the Pain pathway
- If, in agreement with the patient, onward referral for a consultant opinion is considered appropriate, the patient will be offered a choice of providers appropriate to them within five working days of the clinical decision. The willingness of the patient to undergo surgery, where appropriate, should be confirmed by the MSKAPS.
- Patients referred to Secondary Care will be offered all reasonable and appropriate choices in line with the NHS constitution. Patients who are not satisfied with the choices they have been offered will be able to contact the service to request a different choice. The option and details to enable this should be clearly written in the choices letter sent to the patient.
- Any onward referral should be in line with locally produced clinical guidance and comply with IFR policy.
- Any onward referral should involve an Inter-Provider transform form, including Pathway ID. This should include the clock start date, which should be the date the referral was received into the Specialist Triage.
- Onward referral will be through eRS and documented in auditable clinical systems.

3.2.9 Group Work

Where possible and clinically appropriate, patients will be encouraged to participate in rehabilitation or exercise groups, as an effective way of supporting multiple patients. Service leads should consider how they adapt and possibly expand the group work options across both GHNHSFT and GCS in future years to support people to manage their conditions.

The service will work with voluntary care organisations to ensure, where patients can be stepped down, that group work carried out in the third sector is allied with the standards expected in healthcare. A degree of clinical governance will therefore be required for any services formalised as part of any pathways. It is not necessary; however, that all groups are specifically focused on MSK patients, as long as the group is appropriate.

3.2.10 Education and Self-Management

- Patient education and self-management programmes are a fundamental aspect of care for all long-term conditions.
- If surgical interventions are not likely to benefit the patient, a detailed explanation of options likely to be of benefit should be offered. Explanation should be aimed at empowering the patient to understand that self-management can help them improve function.
- Referral to Pain Services, Orthotics or another MSK Service will aim to provide patient education and evidence-based information to help reduce pain and improve coping skills in patients.
- The service must provide and promote ongoing access to educational and self-management advice that begins shortly after diagnosis.
- The service will signpost to care provided by other agencies and the voluntary and community sector, e.g. Healthy Lifestyles, Arthritis Care, Artlift, Slimming world etc. Information may be verbal, written or in other formats dependent on need.
- The service will engage with the development and recommendation of patient resources, including the Public Facing Website and G-Care, which can be shared with patients by GPs to help inform patients about self-management and what MSK Services can and cannot do to support them.
- MSK Services should procure and provide patients with appropriate self-management resources and the opportunity to access voluntary sector support or community support services at all appointments.

- Contact details for the service will be provided to ensure access for advice should the patient or carer require it after their appointment.

3.2.12 DNA & Cancellations

- Patients who do not attend (DNA) their appointment will have a single further opportunity to attend the clinic. The referral will be returned to the GP if the patient DNA's a second time. The provider will not be paid for DNA's.

3.3 Future Developments

The service must consider:

- How to achieve the aims of the MSK CPG, focusing on integrating MSK services and ensuring patients see the Right Person, in the Right Place at the Right Time.
- Additional opportunities to use scarce MSK resources more efficiently, including by altering appointment content to shorten appointments and introducing telephone follow up appointments.
- The impact and opportunities of moving to 7 day and evening working.
- How to implement a system wide outcomes measures once agreed e.g. MSK-HQ.
- How to develop a simple, auditable process for Primary Care, Out of Hours, MIUs etc. to notify the MSK service of complications and access information on treatment already provided, follow ups and care management plans.

3.4 Population Covered

The service will practice all aspects of Core and Advanced MSK services. MSKAPS is available to Adults, while Core is available to Children and Young People who would rather been seen in Adult MSK services rather than Children and Young People MSK services.

General eligibility criteria:

- Patients registered with a GP Practice in Gloucestershire.
- Those legally entitled to access healthcare services in the UK.
- Patients resident in Gloucestershire but who have a GP based in Wales are eligible for MSK services in line with the Protocol for Cross Border Healthcare Services. These patients would tend to be from NP16 7 (Tutshill and Sedbury area), NP25 (those living closer to Monmouth) and those in St Briavels area that have a GL postcode.

Core criteria

Under 18's

- **All** Children and Young People (C&YP) under the age of 16 will access the Children's and Young People's MSK Services, with the exception of children who have specific MSK conditions where the expertise is held within adult services e.g. Hand Therapy.
- Young People between the ages of 16-19 and in **full-time education** may access either Adult MSK or C&YP MSK Services as appropriate to their need and their choice with the following exception.
- Any Young person between the ages of 16-19 presenting with a Musculoskeletal Condition, but who have identified additional needs (e.g. long term condition, learning disability), **MUST be** seen by the C&YP MSK Services Service in the first instance. Following the assessment by C&YP Physiotherapist, it may be appropriate to agree a transfer to Adult MSK services when considered clinically appropriate to do so and is the service user's choice.

Inclusion criteria:

- People with MSK conditions who are not responding to self-management or need more help and support in how to do this e.g. web-based information.
- People with injuries / MSK acquired problems / post-surgery who are not progressing e.g. struggling with activities of daily living / work / home / carer responsibilities.
- People needing help with understanding and managing their MSK condition.
- People with MSK problems needing reactivation to maximise their health including aerobic exercise / mobility / strengthening/promoting health lifestyles.
- Patients needing help with managing new or recurrent MSK pain i.e. pain strategies including increasing physical activity, pacing and relaxation.
- People at risk of falls due to MSK problems e.g. OA knee giving way, balance issues.

Exclusion Criteria:

All patients should be managed in line with the Gloucestershire MSK clinical guidance and the principles of the service specification.

MSK Advanced Practitioner Service criteria

Inclusion Criteria:
All Orthopaedic referrals and, in the future, MSK Pain and Rheumatology referrals, which will now go through the MSKAPS Specialist Triage. Prior to referral to the MSKAPS service, the following interventions should have been considered and completed, if appropriate:

- Bio psycho-social assessment that may include referral to the Patient Self-Management Programme.
- Conservative management, i.e. advice/information regarding diagnosis and self-care including healthy living advice.
- Optimal analgesia.
- Referred for community based lifestyle services and activities, such as health trainers and walking classes.

The key inclusion criteria for MSKAPS

- there is diagnostic uncertainty *or*
- uncertainty around management choices or whether surgery is indicated *or*
- comprehensive conservative measures (core physiotherapy/podiatry/hand therapy have been unsuccessful *or* patient is medically unfit or has declined surgery

Exclusion criteria:

All patients should be managed in line with the Gloucestershire MSK clinical guidance and the principles of the service specification, including treatment being provided by Core services wherever possible.

Pain and Rheumatology are excluded from MSK Specialist Triage in the first phase. They will be included at an agreed point in the future

3.5 Geographical Coverage/Boundaries

Clinical need is triaged, prioritised and provided in the following localities:

GHNHSFT

Provision of Core and MSKAPS Physiotherapy and Hand Therapy in

- Gloucester Locality
- Cheltenham Locality

GCS

Provision of Core and MSKAPS Physiotherapy, Hand Therapy and Podiatry in

- North Cotswold Locality
- South Cotswold Locality
- Stroud & Berkeley Vale Locality
- Forest of Dean Locality
- Tewkesbury Locality

Provision of Core and MSKAPS Podiatry in

- Gloucester Locality
- Cheltenham Locality

Providers will demonstrate that capacity for services in each locality is adequate to meet demand, with the intention that patients can receive support as close to home or work as possible. It will be expected that the majority of patients being assessed and treated by the services will originate from their localities.

Where, for reasons of patient choice, a patient would like to be seen in a locality other than the one in which their GP is located, the referral will still go to the service responsible for their GP's locality, to be referred on to the locality where the patient would like to be seen. It is the responsibility of the referrer to state if they wish to be seen in a particular location. The services should not accept referrals for people not registered with a GP in their locality that have not been forwarded from the MSK services responsible for that patient's locality.

The service will demonstrate that it has a process of efficiently referring patients to or from Core Podiatry (GCS)

from or to Core Physio (GHFT) for Gloucester and Cheltenham localities.

Where services are accepting out of country referrals, the service will need to demonstrate that this is not negatively affecting service provision in county.

3.6 Interdependence with other organisations

The service will proactively work with all relevant teams or organisations, in health, social care, the voluntary sector or any other arena, which could positively **prevent the onset of MSK conditions where possible, and to minimise pain and increase function in patients who have already developed MSK conditions**.

It is particularly important that the identified members of the service are leaders of Clinical Network Meetings and focused, with GCCG and GCS/GHNHSFT, on the joint development of MSK services.

3.7 Interdependence with other services

A strong clinical network will be an integral component of the service. It is expected that there will be representation at MDT meetings, as specified in 3.2.4, to discuss complex patients and best options for management;

The service will agree pathways, modes of working and an MDT approach with following services to ensure patients' needs are met, as part of a targeted and agreed package of care, with a focus on MSK Services providing rehabilitative and long term support of patients.

- Rheumatology
- Pain
- Orthotics
- Trauma and Orthopaedics
- Neurology
- Falls Assessment and Education Service
- Integrated Community Teams

3.8 Governance

The provider will have an established Clinical Governance programme which as a minimum covers the following:

- Development and updates for all staff on countywide clinical and operational policies
- Patient, public and carer involvement.
- Risk management, including incidents and complaints.
- Staff management & performance, including recruitment workforce planning and appraisals.
- Education, training and continuous professional development.
- Clinical effectiveness & audit.
- Information Governance.
- Communication both internal & external.
- Leadership at all levels of the organisation.

The provider shall appoint a senior clinician or other senior member of staff and a deputy who shall be responsible for ensuring clinical governance arrangements are in place and for monitoring the effectiveness of the clinical governance systems.

The clinical responsibility for the patient will remain with the referrer until the point of referral into another service. For clarity, if a patient is referred to APS and it is considered that referral into the Orthopaedic service, for example, is appropriate, clinical responsibility for the patient remains with APS until the point of acceptance into the Orthopaedic service.

The provider is responsible for maintaining staff professional registration and accreditation.

The provider will ensure that services offered reflect evidence-based practice and conform to current NICE guidance where relevant.

3.9 Making Services Accessible

Providers of the services are required to demonstrate:

- How it makes services accessible and convenient for all patient groups.

- How it ensures that its services are appropriate and responsive to patient needs of all patient groups.
- How it involves all patient groups in delivering or designing its services.
- How progress in the above areas is monitored and evaluated.
- How it manages all requirements in terms of ethnicity and non-discrimination and people who are non-English speaking.
- The provider will ensure that written information when supplied through the pathway is presented in a format suitable for the patient's needs e.g. large print, different languages.

3.10 Record Handling and Communications

- Clearly defined processes using SystmOne / TrakCare.
- The Provider shall ensure the maintenance of full, accurate, legible and contemporaneous records utilising IT systems for all patients attending for treatment.
- All patient outcomes should be recorded and auditable.
- Produce Performance Scorecards to monitor targets and standards.

3.11 Workforce Development

The service will require a highly specialist understanding of MSK conditions, inclusion/exclusion criteria, red flags and all other community services in order to triage, assess and treat patients effectively and to ensure safe clinical governance.

- All therapists have a BSc in the relevant therapy for their service or equivalent and are registered with the Health and Care Professions Council (HCPC).
- Advanced Practitioners will have broad clinical and specialist musculoskeletal clinical experience. Some may have additional musculoskeletal specialist clinical qualifications.
- Appropriately trained Therapy Support workers / Assistants work under the supervision of a registered staff member.
- Student Therapists, under the supervision of a registered staff member, may be used to deliver the service as part of their undergraduate training. Clinical responsibility for the patient will remain with the registered staff member.
- In-service training and clinical supervision is provided for all MSK services staff.
- The service is supported by administration staff.
- An established Junior Rotational Scheme operates across GCS/GHT MSK Services.
- Senior staff lead and contribute to audit and Clinical Pathway Development.

The service will encourage workforce development through:

- Ensure appraisals and individual performance reviews for all staff are in place and up-to-date.
- Map, review and update current workforce information, based on clinical competencies and the skills that are required within the clinical pathways.
- Develop a flexible, consistent and effective administration function countywide.
- Provide a safe working environment for staff and patients.
- Provide flexible working for the MSK Services workforce in-line with National and Local policies.
- Help GCCG to develop a public relations programme and marketing material aimed at a wide audience.
- Develop partnerships with education establishments with a view to developing local CPD events.
- Working with GCS/GHNHSFT MSK Services to explore staff rotations and skill sharing.

Maintenance of Competencies

The service will be required to demonstrate, as or when requested, that all clinicians have the competence required for their level of work.

To facilitate learning and expand skills within the service, and within a culture of team work, it is expected Therapists will seek input and advice from a clinician(s) who have specialist knowledge of the relevant sub-specialty required to assess and treat complex patients, where appropriate, rather than always referring on. This includes making use of MDTs and other specialist services.

3.12 Health and Wellbeing

The team will proactively give health and wellbeing advice as part of consultations and be aware of what resources and tools are available to support patients in making better choices.

3.13 Lean Design

The service will be developed according to lean principles, minimising waste and ensuring effective delivery and value for money. The provider will ensure duplication and non-value added activities will be identified and designed out of services. The provider will demonstrate a culture of continuous improvement. Attempts to streamline the service should be developed in collaboration with GCCG. These will include innovative new ways to offer high-quality services and investigate the use of technology to support patient management and annual reporting.

3.14 Sustainability

The provider must consider their environmental impact and over time to proactively reduce their impact.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The service practices all aspects of MSK management, complying and adhering to all relevant NICE guidance and the following:

- Health and Care Professions Council Standards of Conduct Performance and Ethics Revised January 2016.
- Health and Care Professions Council Standards of Proficiency for Occupational Therapists 2013.
- Health and Care Professions Council Standards of Proficiency for Chiropodists and Podiatrists 2013.
- Health and Care Professions Council Standards of Proficiency for Physiotherapists 2013.
- Health and Care Professions Council Standards of Continuous Professional Education 2016.
- Chartered Society of Physiotherapy 2013, Quality Assurance Standards.
- Royal College of Occupational Therapists 2017 Professional Standards for occupational therapy practice.
- RCOT 2015 The Code of Ethics and Professional Conduct for Occupational Therapists.
- The College of Podiatry 2017 Updated Standards of Clinical Podiatric Practice.
- National Service Framework for Older People 2001.
- National Service Framework for Long Term Conditions 2005.
- NICE Guidance – Osteoarthritis: The Care and Management of Osteoarthritis in Adults, 2014 NICE.
- Nice Guidance 59 Low Back Pain and Sciatica in Over 16s: 2016.
- National Low Back Pain and Radicular Pathway 2017 https://www.ukssb.com/improving-spinal-care-project.
- NG 79 Rheumatoid Arthritis in Adults: Management updated 2015.
- NG 65 Spondyloarthritis in Over 16s : https://www.nice.org.uk/guidance/ng65
- British Orthopaedic Association Commissioning Guides http://www.boa.ac.uk/pro-practice/commissioning-guides/
- I-Refer: Making the Best Use of Clinical Radiology, Guidelines for Doctors, 7th edition 2012, The Royal Collage of Radiologists, London.
- Health and Social Care Act 2012 (Equity and Excellence: Liberating the NHS).
- NHS Operating Framework 2017 -19.
- Department of Health Musculoskeletal 18 week Wait Commissioning Pathways Guidance.
- Care Quality Commission 2017 Fundamental Standards.
- European Bone and Joint Health Strategies Project 2000 European action towards better musculoskeletal health: A public health strategy to reduce the burden of musculoskeletal conditions. The Bone and Joint Decade, Lund Sweden.
- Referral To Treatment Resources https://www.england.nhs.uk/resources/rtt/
- Protocol for Cross Border Healthcare Services, April 2013 https://www.england.nhs.uk/wp-content/uploads/2013/03/england-wales-protocol.pdf

4.2 Applicable Local Standards

- Gloucestershire MSK Clinical Guidance. This Guidance will be regularly updated in line with best practice. Updates to be approved by the MSK CPG.

4.3 Key Performance Indicators (KPI's)

Quality requirement	Threshold	Method of Measurement	Consequence of breach
General			
% of patients receiving 'Friends & Family Test' questionnaire.	Operating standard – as defined in main contract	As defined in main contract	As detailed in overarching Schedule 4
DNA Rate	Operating Standard Maximum 8%	Monthly Report	As detailed in overarching Schedule 4
The wait from referral for urgent patients to be assessed and treated should not exceed 2 weeks.	Operating Standard 95%	Monthly Report	As detailed in overarching Schedule 4
The wait from referral for routine patients to be assessed and treated should not exceed 8 weeks.	Operating Standard 95%	Monthly Report	As detailed in overarching Schedule 4

4.4 Reporting Requirements

Schedule 6, Part C – Reporting Requirements

MSK services will work with Gloucestershire CCG to demonstrate the activity the service undertakes and the outcomes it produce to achieve the terms of the service specification. This will include details on patients and their journey through the pathway. TrakCare/SystmOne will be configured with required local fields specific to the service and the CCG provided with the required scripts to enable accurate activity and outcomes data to flow automatically to GCCG. The service will work with the CCG to refine the data flow, as required. The service will validate and assure the accuracy of the data. Additional evidence will be required for the CCG to pay for any activity reported outside the SystmOne/TrakCare data flow.

Where the service undertakes out of county activity and where that could affect performance measures for the service, particularly around WTE available per 1000 appointments, the provider will work with the CCG to validate the data and ensure accurate analysis.

The list of activity reporting requirements are attached. These are to be reported for each service.

MSK Reporting requirements for serv

In addition, the service will work with commissioners to implement a countywide Patient Reported Outcome Measure, to be agreed by the MSK Clinical Programme Group.

5. Applicable quality requirements and QIPP goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

It is expected that MSK Services will demonstrate the following quality standards.

Quality Outcomes:	Input:	Indicator:	Evidence
Delivery of Patient Centred Care:			
Patients feel they are at the centre of decision making and are empowered with knowledge specific to	Providing assessment and treatment which: • Actively engages service user / parent and or carer in their	• Friends and Family Test. • Service users /carers participate in service review.	Demonstrated by • Annual Case notes review and narrative examples. • Documented

their condition and the options available to them in how their care is delivered.	assessment and in decision making. • Responsive to patient, family and carer needs. • Gives patients and carers understanding of health status and care and treatment options.	• Holistic Assessment documentation to detail all aspects of individual need. • An agreed Patient Reported Outcome Measure is used to demonstrate the value added to the patient of the service.	Evidence of service user involvement in assessment. • Friends and family results. • Patient outcome data.
Delivery of Collaborative Care			
Patients feel their needs are understood by the professionals involved in their care regardless of the care setting and do not experience unnecessary delays, repetition or duplication in service delivery.	Providing assessment and treatment which delivers: • Continuity of care, smooth transitions between care settings. • Collaborative working with GP's / Secondary care colleagues. • To include education to professionals and carers.	•	Demonstrated by Annual Case note review and narrative examples.
Health Promotion and Self-care			
Patients feel able to make informed decisions and choices to meet their needs based on personal preference and fulfil their self-determined longer-term goals.	Empowering people with confidence and information promoting independence and control. Promotion of access to supplementary voluntary services/service user organisations.	• Referral onto voluntary sector support / service user organisations. • Management plans/ information booklets for patients, carers and families which provide consistent and clear advice.	• Demonstrated by Annual Case Note Review and narrative examples.
Service safety and effectiveness			
The service will undertake, consider and respond to recommendations from audits, Serious Incident Reports or patient safety reports and complaints, disseminating learning to Staff.	• The service will comply with the National Framework for Serious Incidents. • The service will undertake an annual review of staff competencies to ensure education & training of staff is maintained and developed to provide safe and effective care to patients. • The service will comply with recommendations from NICE. • The service will monitor, review and analyse themes and	• Staff will receive an annual appraisal at which mandatory training is monitored and discussed. • The service will have mechanisms for recording all mandatory and development training undertaken by staff. • The service must provide a staff sickness rate and keep business continuity in the advent of absences.	• Complaints and Compliments and actions presented quarterly. • The service will publish staffing data to provide assurance that safe care is being provided to patients.

	trends arising from all incidents • The service will have systems in place to monitor, review and report all violence related incidents		

The service will adhere to the NICE Patient experience in adult NHS services standards, outlined here, and below.

No.	Quality statements
1	Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.
2	Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3	Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
4	Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
5	Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6	Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7	Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8	Patients are made aware that they can ask for a second opinion.
9	Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
10	Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11	Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12	Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13	Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14	Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

As per the national contract variation between GHNHSFT and NHS Gloucestershire CCG.

6. Location of Provider Premises

The Provider's Premises are located at:

7. Days/Hours of Operation

The providers will ensure their services are available between Mondays and Fridays, 52 weeks a year, during daytime hours up to 8pm, with sufficient clinics to meet waiting time standards. Opening times and days may be flexed to meet demand.

Flexible opening will also be considered, such as evenings and weekends.

8. Value and activity

Value and activity assumptions