

## 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 NHS Standard Contract Technical Guidance.*

<b>Service Specification No.</b>	
<b>Service</b>	Community Musculoskeletal Assessment and Treatment Service
<b>Commissioner Lead</b>	Nottingham North West CCG
<b>Provider Lead</b>	Danielle Brailsford
<b>Period</b>	5 years commencing 1 April 2016
<b>Date of Review</b>	

#### 1. Population Needs

##### 1.1 National/local context and evidence base

Musculoskeletal conditions are often progressive and can often be a major cause of pain, disability and ill-health. Over 200 musculoskeletal conditions affect millions of people including adults, children and other people ranging from all forms of arthritis, back pain and osteoporosis and often the most common reason for repeat consultations with a GP, making up to 30% of primary care consultations (Department of Health, 2006).

The Nottinghamshire County Joint Strategic Needs Assessment (JSNA, 2008) identified diseases of the musculoskeletal system and connective tissue as one of the top ten admissions to hospitals in Nottinghamshire, estimate to be 10% higher than the England average of 7.4%. An estimated 47,300 people (all ages) and 238,400 (all 20+ adults) in Nottinghamshire are believed to be affected with arthritis and back pain respectively.

The prevalence of musculoskeletal conditions generally rise with age and with an estimated significant growth in all age bands from 65-69 onwards population in Nottinghamshire County (JSNA, 2008), there is likely to be a potential increase in the number of older people who will be affected with musculoskeletal conditions such as osteoarthritis and osteoporosis, with an expected increase in the prevalence of falls among older people.

To improve care and outcomes for people with musculoskeletal conditions, the Department of Health has developed and published the Musculoskeletal Services Framework (Department of Health, 2006). The Musculoskeletal Service Framework (MSF) vision is that people with musculoskeletal 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. This will be accomplished through systematically planned services, based on the service user journey, and with integrated multidisciplinary working across the health economy. This vision of preventing ill health, ensuring timely access to services, providing convenient care closer to home, rapid access to diagnostics are echoed in High Quality Care for All (Darzi 2008).

#### 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	✓

<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	✓
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	

## 2.2 Local defined outcomes

- Improved clinical outcomes for patients
- All service users to participate in the decision about the course of their treatment and set goals (shared decision making)
- Reduce patient's need or ongoing care provision by increasing their levels of independence
- Reduced waiting times for patients with musculoskeletal conditions
- Improved clinical pathway
- Reduced health inequalities by improving access to the service
- Reduce the demand and waiting times for secondary care orthopaedic services

## 3. Scope

### 3.1 Aims and objectives of service

The purpose of the Community Musculoskeletal Service is to improve the access to and service user experience of musculoskeletal services (including physiotherapy assessment), promote better self-care and treatment for service users with long term musculoskeletal conditions and rehabilitation needs, and improve the health and well-being of Nottinghamshire residents.

The overall aim is for the Service to provide comprehensive assessment for service users with Musculoskeletal (MSK) conditions, physiotherapy and rehabilitation needs. The expectation is service users shall be treated in the community and only referred to hospital when there is a definite need for hospital based specialist services. The Service shall:

- Provide a single point of access for service users and health professionals
- Improve access to clinical services and ensure service users are offered the most appropriate treatment or management in the shortest possible time
- Provide a single point of information for service users and clinicians
- Improve efficiencies to manage demand within the service
- Ensure service users are seen and treated closer to home in an environment most appropriate to their needs
- Limit the physical and associated disabilities that are caused by musculoskeletal conditions
- Support General Practice by making available a new and effective pathway for service users with musculoskeletal conditions
- Reduce pressure on secondary care services and support the 18 weeks target to be met.

The service shall have the following objectives:

- Provide triage, clinical assessment, treatment and clinical leadership within a comprehensive community service
- Improve service user access to services and ensure service users are seen and treated closer to home in an environment appropriate to their needs.
- Reduce waiting times for service users
- Monitor provider referrals to secondary care to ensure that non red flags are retained within the service
- Develop agreed models of care and pathways for common MSK conditions
- Collaboratively support individuals and their carers to develop their knowledge, skills and confidence to care for themselves and their conditions effectively
- Work in partnership with other stakeholders to promote MSK health and ill health prevention
- Enhance the management of service users with MSK conditions within the community and actively manage the demand for secondary care services
- Improve the service user experience through improvements in service user satisfaction

### 3.2 Service description/care pathway

The Provider shall provide a Single Point of Access (SPA) triage and, where required and appropriate, clinically assess and treat adult MSK referrals from GP practices and health professionals.

The Services to be delivered under this specification may be grouped together for service delivery purposes as:

- Lower Limb
- Upper Limb
- Upper Spine
- Lower Spine
- Hand
- Foot and Ankle
- Pain Management

The Services shall be delivered through a multidisciplinary approach. The Provider shall ensure that a range of professionals are involved at all points of the Community Musculoskeletal pathway in order to manage the full range of service users accessing this service. For example, this may include but not limited to Physiotherapists, Orthopaedic and Spinal Consultants, Sport and Exercise Medicine Consultants (SEMs), GPs with a Specialist Interest (GPwSIs) in MSK conditions and Extended Scope Physiotherapists (ESPs).

Services shall be delivered in geographically convenient locations throughout the geographical area covered, to be agreed with the Commissioner, and these sites must have adequate parking facilities and public transport stops within a short walk.

Following triage, the possible options available should be:

- MSK Service (Routine patients) – assessment/advice and guidance/exercise group etc
- MSK Service (Complex patients) – diagnosis and treatment by specialist health professionals for example, Extended Scope Physiotherapist and/or GPs with Special Interest, Orthopaedic/Spinal Consultants and/or Sports and Exercise Medicine Consultants. This may include diagnostics/injections/joint aspirations etc.
- Community based physical and psychological approaches to low back pain
- Referral to diagnostics in the community if available
- Referral back to GP with advice and guidance on treatment in general practice
- Referral to secondary care services which will be subject to service user choice
- Referral to other available community services available at the time in the relevant area e.g. pain management service, weight management service

The Provider shall propose the range of diagnostic imaging to be provided at each service delivery location.

There is an expectation that the Provider will develop shared care pathways and joint working across primary and secondary care providers to enable but not limited to direct listing for surgery.

The Provider should develop a comprehensive range of service user information on MSK conditions, including advice on self-management, shared decision making tools and services to access should complication arise outside the normal hours and directing patients to other resources as appropriate.

The Provider shall also facilitate the development of service user information and health promotion material in partnership with GPs and clinicians with an interest in managing MSK pain to empower potential service users to take ownership of their complaint and make necessary life choices to alleviate discomfort and distress. This material will be disseminated across the GP practices through a range of locations and media to be proposed by the Provider.

The core elements of the patient pathway can be found in the document titled 'Community MSK Service Pathway'.

#### **1. Advice, Guidance and Self-Management**

The Provider shall supply and Advice and Guidance Service to GPs to support their decision making on whether to make a referral. The provider will be expected to develop, in conjunction with GPs, a range of decision making aids in order to decrease the number of inappropriate referrals and to empower GPs, patients and other health professionals. These requests will be made on the E-Referral System with a response made within a standard to be agreed with the Provider

#### **2. Primary Care Intervention and Referral**

The Provider will receive referral to the service via the E-Referral system. The only exception to this is when the referral is urgent – see list of exclusions in section 4.6 – when a direct referral to the hospital of the patient's choice should be made by the GP practice.

Prior to referral into the service a minimum level of work should have been completed in accordance with accepted best practice and the specific pathway requirements and referral thresholds for the service users' condition. The Provider shall work with the Commissioner to define these standards as part of the contract mobilization process.

To support the Service objectives the Provider shall provide:

- An Advice and Guidance service to referrers to inform that management of the MSK condition of individual service users
- Education opportunities for up-skilling GPs in relation to the recognition and treatment of musculoskeletal conditions; and
- Feedback on trends and referral patterns within each practice, as well as trends and audit findings being provided for GP education and learning on a quarterly basis.

### **3. Triage**

Triage is defined as a brief clinical assessment that determines the timing, pathway and sequence of events the referral will take based on a short evaluation of the referral information. This shall be carried out by an appropriate accredited and experienced clinician (s) within the service according to specialty or condition specific protocols with governance systems in place to evaluate the impact of triage.

### **MSK**

The Provider shall propose the approach for multidisciplinary triage for agreement with the Commissioner.

Arrangements must be in place for service users to receive the outcome of the initial triage and to book the next stage of the community service journey if appropriate. The outcome decision shall be sent to the service users' GP via the E-Referral system.

GPs will have the opportunity to state whether a patient is 'routine' or 'complex' at point of referral.

Therefore, the outcomes from the triage process could be:

- Referral returned to the GP for further information or inappropriate referral
- Advice and guidance given to the GP to enable them to continue managing the patient within primary care
- Service user identified as 'routine' or 'complex' booked an appropriate appointment for assessment, diagnostic investigation or treatment within the Community MSK Service
- Service user referred to secondary care

The outcome of triage shall be recorded on the E-Referral System. Information is not required on the status of all referrals but there should be flexibility to view a service user's referral. GPs practices will have direct access to the SPA to request information on the status of all referrals if further information is required.

### **4. Clinical Assessment**

A service user will be identified as 'routine' or 'complex' and appropriate clinical assessment should be provided as a multi-disciplinary assessment of a service user to make sure they get definitive advice and guidance, diagnosis and any treatment that is required within waiting time standards agreed in the contract and to standards set out in relevant NICE guidance. As a guideline, an onward referral shall be made within 6 weeks of the date of the initial referral from the authorized referrer.

All service users requiring assessment and/or treatment will be allowed the opportunity to participate in the decision about the course of their treatment and enabled to set goals and outcomes (shared decision making).

The Provider shall communicate with service users triaged as requiring clinical assessment and will offer a choice of date, time and location for the appointment. The outcome of the clinical assessment will be recorded on the Provider's clinical information system.

If any other information is required, such as diagnostic reports from investigations made by referring GP practices, prior to the clinical assessment appointment, the Provider shall request this information prior to booking the clinical assessment appointment.

### **5. Diagnostics and Review**

The term 'diagnostics' refers to any investigative tests or imaging carried out to aid and support the identification and

extent of the service user's condition. Where indicated these tests shall be requested or carried out before the referral to Community MSK Service or prior to the initial clinical assessment where agreed as part of the pathway agreed by the Commissioner and Provider. The Provider will provide information and education to GP practices to improve decision making around appropriate requests for investigations for MSK conditions prior to referral to the Community MSK Service. Diagnostics requested for patients accepted into the Community MSK Service will be requested following assessment.

The Provider shall propose the range of diagnostic investigations to be provided in the community and shall be responsible for funding the investigations that are requested internally by the Provider. The Provider will not be responsible for funding investigations requested by GP practices prior to referral to the Community MSK Service. Funding responsibility for investigations other than US, MRI and X-ray will be agreed with the Provider for each additional pathway in operation.

The objectives for the referral for diagnostics within the Community MSK Service are to:

- Ensure all service users are referred for the most appropriate clinically indicated tests/imaging
- Ensure that first line diagnostic reasoning and interventions are provided on the same site, same day wherever possible
- In conjunction with diagnostic service providers, maximize the use of new innovations and technology where evidence based, for example, PACS (Picture Archive and Communication Systems) remote reporting, telemedicine etc.

The Provider shall also be required to work with the secondary care sector to ensure that duplicate testing is avoided.

## **6. Treatment and Follow up attendances**

The Provider shall comply with all regulatory body standards in the provision of treatment services.

A range of treatments shall be offered by the Community MSK Service to include, but not limited to:

- Physiotherapy – e.g. education (may include group sessions), progressive exercise regime, manual therapy, soft tissue manipulation
- Orthoses to address routine deficiencies
- Lifestyle advice e.g. smoking cessation, weight management/education, alcohol intake, weight bearing activity, facilitate access to leisure activities and education activities
- Encouraging self-management and service user education through the use of written and verbal condition specific material and shared decision making
- Occupational advice and guidance relating to their MSK condition
- Treatment by specialist health professionals for example, Extended Scope Physiotherapist and/or GPs with Special Interest, Orthopaedic/Spinal Consultants and/or Sports and Exercise Medicine Consultants. This may include diagnostics/injections/joint aspirations etc
- Support service users and their carers where appropriate to adapt and manage changes in their home and work lives that have resulted from their condition

The service will also provide an upper limb splinting service.

It is not envisaged that all service users will require routine follow-up appointments therefore Commissioners allow a new to follow up ratio of 1:2 for service users

## **7. Fit and Available for Surgery**

The objectives of fit for surgery assessments in the Community MSK Service are to:

- Ensure that service users offered a choice of secondary care provider are fit for surgery and are willing to go ahead with the procedure following shared decision making
- Ensure that the service user understands the nature, aims and expected outcome of surgery
- Identify any contraindications for surgery and make provision for the service users' health to be optimized before referral
- Offer the opportunity for direct listing for surgery wherever possible

The Provider should agree the fit for surgery health assessment process with local secondary care providers to agree protocols for direct listing and making sure that service users do not experience duplicate assessments. It shall include treatment and discharge planning provided in the Community MSK Service and will involve liaison with the relevant local authority, primary and community services to ensure that the right services are in place at the right time.

The Commissioners recognize that for some procedures a further 'consenting' appointment may be carried out by the chosen secondary care provider near to the date of surgery to ensure fitness for anaesthesia.

## **8. Onward Referral**

Onward referral requires the service user to be offered the choice of referral to a provider for treatment or interventions that are not available within the Community MSK Service because of:

- Urgency
- Multiple Pathologies
- Complexity
- Overnight stay required
- Service/procedure not available within/not suitable for the Community MSK service

Consequently, all service users referred onwards from the Community MSK Service to secondary care, or to other community or primary care services, must have a full care transfer plan that has also been provided to the referring clinician, and includes:

- Full assessment with summary of findings;
- The results of all tests and fit for surgery assessment;
- Recommended procedure(s) or diagnostics where appropriate
- Full information about any recommended procedure(s)

The Provider shall make arrangements to offer the service user a choice of secondary care provider. Choice shall be offered during the clinical appointment in the Community MSK Service and again by the Providers SPA at the point of referring on to secondary care.

## **9. Discharge to Referring Clinician with Advice**

Discharge occurs when the Community MSK Service clinician reaches a stage where no further action will take place with the service user's referral – it should take place as soon as clinically appropriate – with which the service user is directed back to the originator of the referral.

At the point of discharge from the Community MSK Service, the Provider will be required to produce a discharge plan, to be communicated electronically, which includes:

- Full assessment with summary of findings, including any treatments carried out in the Community MSK Service, including outcomes achieved
- The results of all tests and any fit for surgery assessment. Recommended procedure(s) or diagnostics where appropriate
- Full information about any recommended procedure(s)
- Recommendations for ongoing care if the patient is not being referred onwards

This information shall be transferred electronically within 2 working days of the service user being discharged from the Community MSK Service. If for some reason this is not possible, the delay shall be communicated to the referring clinician.

A copy of this documentation should normally be given to the service user as they progress through the Community MSK Service if they have indicated a wish to receive this information. The discharge documents shall conform to an agreed minimum standard and service user consultations will conform with an agreed minimum data set to enable reporting on outcomes.

## **Service Model**

It is essential that a suitable clinical or service user administration system is used for service provision for the purposes of:

- Electronic record keeping;
- Appointment booking;
- Data and key performance indicator monitoring;
- Management reporting

## **3.3 Population covered**

The areas in Nottinghamshire County which are included in this specification cover a registered population of 238,407. This population is registered with GP practices in areas which will be part of NHS Nottingham West CCG, NHS

Nottingham North and East CCG.

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

The service shall be for patients aged 16 years and over and will operate 52 weeks of the year, excluding bank holidays. The Provider shall ensure that some services are provided outside core (Monday to Friday, 9am to 5pm) working hours every week that the service operates.

The procedure for booking appointments at the Community MSK Service shall be set out by the Provider and shall operate in a way that improves access to the service, ensures service users have a positive experience of booking an appointment and minimizes the number of DNAs (Did Not Attend).

#### **Exclusion Criteria:**

- Immediate life threatening conditions;
- Acute Trauma e.g. RTA or fall from a significant height, still in acute phase
- Children (under 16s)
- Service users with suspected red flags e.g. cauda-equina, systemically unwell, significant weight loss suggestive of serious infection or malignancy
- Progressive neurological deterioration
- Post-surgical service user/post-fracture service users;
- Those service users awaiting a consultant opinion where there is no recognized benefit from referral to the Community MSK Service

### **3.5 Interdependence with other services/providers**

The Service shall be dependent on referrals from primary and secondary care professionals and the development of good working relationships with all local acute hospitals, community services and voluntary organisations.

The Service shall work as the interface between primary and secondary care. The Service shall collaborate with a range of clinicians from primary and secondary care providers and established community providers who will work within a range of locations. This collaborative approach to service user care shall develop and sustain good relationships, ensure that the skills set reflects service user and service need, provide a high quality service and optimize working relationships between primary and secondary care. This shall be reflected in agreements to directly list service users at their chosen provider.

The Service shall possess strong leadership and will ensure the involvement of service users, health and social care staff from all sectors (primary and secondary) and the voluntary sector.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

- Darzi, A.W. 2008. High Quality Care for All: NHS Next Stage Review Final Report, London, The Crown
- Department of Health, 2006. Musculoskeletal Services Framework – A Joint Responsibility: Doing it Differently
- Department of Health, 2007. National Service Framework for Long Term Conditions, London, The Crown
- NICE Guidance, 2008, Osteoarthritis: The Care and Management of Osteoarthritis in Adults (CG59)
- NICE Guidance 2009, Rheumatoid Arthritis: The Management of Rheumatoid Arthritis in Adults (CG79)
- NICE Guidance, Low Back Pain: Early Management of Non-Specific Low Back Pain (CG88)
- Department of Health, 2011, NHS Outcomes Framework 2011/12

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

### **4.3 Applicable local standards**

- NHS Nottinghamshire County, 2011, Procedures of Limited Clinical Value Policy
- NHS Nottinghamshire County, 2008, Joint Strategic Needs Assessment (JSNA)

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

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

**5.2 Applicable CQUIN goals (See Schedule 4E)**

**6. Location of Provider Premises**

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

Equitable provision should be provided within each locality across NHS Nottingham North and East CCG, NHS Nottingham West CCG.

Prices submitted are also required to be inclusive of estate costs. Within the tender offer, bidders are anticipated to use the existing NHS premises currently utilised being Park House Health & Social Care Centre, Stapleford Care Centre and Hucknall Orthopaedic Centre. Where this is the case, a pass through cost from commissioners will be made available to fund the estate requirements in line with existing usage. Where providers are not willing, or able, to use existing NHS estate, the cost of that estate must be covered in their bid price. Commissioners will need a clear understanding of why it is not possible to use existing NHS estate, particularly where services are currently delivered from NHS locations. Bidders must ensure that a range of community estates are used across CCG areas covered in this service to deliver all parts of the service specification. Please note for this service there will be a mixture of both NHS estate, and for the bidder to source its own estate.