

## 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>	04N RCCG 0037 16-17
<b>Service</b>	Rushcliffe Trauma & Orthopaedics Community Triage, Assessment and Treatment Service
<b>Commissioner Lead</b>	Rushcliffe CCG
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2016 – 31 <sup>st</sup> March 2019
<b>Date of Review</b>	Quarterly

<b>1. Population Needs</b>
<p style="color: #008000;"><b>1.1 National/local context and evidence base</b></p> <p><b>National Context / Evidence Base</b></p> <p>Over 200 musculoskeletal conditions affect millions of people every year including adults, children and older people. These conditions range from all forms of arthritis, back pain and osteoporosis. The Musculoskeletal Services Framework (DoH 2006) states that these conditions can take up to 30% of primary care consultations due to repeat appointments with a GP, as musculoskeletal conditions are often progressive and a major cause of pain, disability and ill-health.</p> <p>To improve care and outcomes for people with musculoskeletal conditions, the Department of Health has developed and published the Musculoskeletal Services Framework (MSF), (DoH 2006). The vision from the MSF is that people with musculoskeletal conditions can access high-quality effective advice and treatment through correct assessment and diagnosis enabling patients to fulfil their optimum health potential and remain independent. This will be accomplished through systematically planned services, based on the service user journey, and integrated multidisciplinary teams working across the health economy.</p> <p>Everyone Counts: Planning for Patients 2014 / 15 to 2018 / 19, Delivering Transformational Change states, “One of our key aims is to enable general practice, community pharmacy and other primary care services to play a much stronger role, at the heart of a more integrated system of community-based services”. The development of these community clinics supports the integration of care and the delivery of community based services.</p> <p>The service supports NHS Outcomes Framework 2013 / 14, Domain four: Ensuring that people have a positive experience of care.</p> <p><b>Local Context</b></p> <p>Rushcliffe CCG will continue to have to make financial efficiencies as part of the Quality Improvement Productivity and Prevention (QIPP) agenda. This service supports the QIPP principles:</p> <p><b>Quality:</b></p>

Patients will receive optimal management of their condition  
 Patients will receive care, where appropriate closer to home  
 Patients will experience integrated care  
 Patients will be empowered to self-manage their condition

**Innovation:**

This service will fully integrate the patients care across primary and secondary care  
 This service will promote self-management

**Productivity:**

The service will reduce secondary care 1st outpatient appointments and follow ups  
 This service will increase surgery conversion rates  
 Low waiting times will be maintained

**Prevention:**

Early intervention by the most appropriate clinician/service will reduce complexity  
 Patient will receive self-management information

Rushcliffe CCG has strong reputation for innovation, having been a Department of Health Integrated Care Pilot, and has recently been awarded Vanguard status to sponsor a Multi-Specialty Community Provider (MCP) under the NHS England New Models of Care Programme. Rushcliffe CCG reserves the right to make alterations to this specification (and budget) to allow the provider to work in collaboration with the MCP to shape and guide future developments. This may mean that additional processes and outcomes measures are developed to reflect wider system developments, and any national policy changes during the life of the contract.

**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>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>X</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 secondary care referral conversion rate (i.e. referral to procedure)
- Patients will receive admitted patient care within 18 weeks of GP referral
- Patients will be assessed and treated by the most appropriate specialist
- Service clinical outcomes and improvements in quality of life will be quantified to improvement to upper quartile and median for total knee and total hip replacement
- Improvement of elective SAR for combined total primary knee replacement and total primary hip replacement to upper quartile performance
- Support the CCG to achieve a 5% year on year reduction in orthopaedics follow up appointments (subject to review)
- Increased patient satisfaction & education
- The workforce will be suitably trained for the service required including training and educating the workforce of the future

**3. Scope**

### 3.1 Service overview

The service will consist of the following service elements:

- Community triage, assessment and treatment lower limb clinic
- Community triage, assessment and treatment upper limb clinic
- Physiotherapy treatment course with self management plan

The service will provide a comprehensive orthopaedic patient management service for Rushcliffe GPs covering;

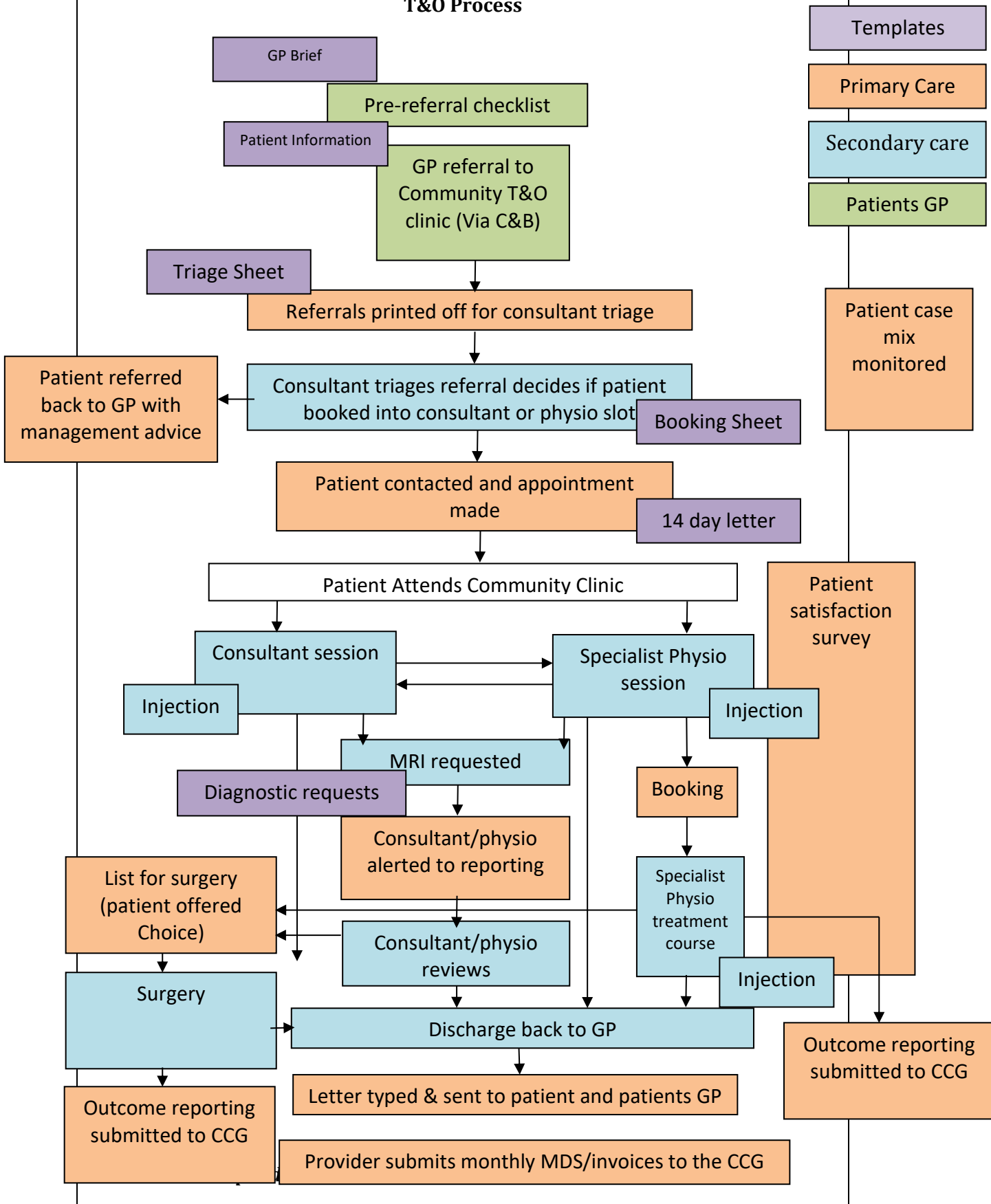
- Triage
- Assessment and treatment
- Ordering of x-rays and MRI
- Coordinating orthopaedic pathways
- Supporting and educating GPs and trainees with the management and diagnosis of orthopaedic conditions

### 3.2 Aims and objectives of service

- To ensure that clinicians are supported through appropriate guideline and protocols
- To make expert advice readily available to clinicians in primary care
- Support the self-management agenda
- To direct patients to the most appropriate service to meet their care needs
- Reduce unnecessary hospital referrals
- Increase number of patients managed in primary care and community settings where appropriate, ensuring GP's are educated on all appropriate conservative management options within primary care through provision of education sessions, development of patient materials
- Increase patient satisfaction
- Improve relationships and collaboration between primary and secondary care, including training, education and Research and Development
- Make cost savings through reduction of interventions without clinical or patient benefit
- Provide referral intelligence to assist ongoing service redesign
- Use of patient decision aids to support patients making informed decisions about the likely clinical outcome of a surgical procedure for their circumstances

### 3.3 Service description/care pathway

#### T&O Process



The Commissioner shall contract with the Provider to deliver the following services to service users that are registered with General Practitioners in the geographical area of Rushcliffe.

Triage and where required clinically assess and treat adult MSK referrals from GP practices in the geographical area of Rushcliffe

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

- Lower Limb – hip / knee
- Upper Limb – shoulder / elbow / hand / wrist
- Physiotherapy treatment course with self care

The service shall be for patients aged 18 years and over and will operate 50 weeks of the year, (excluding Christmas / New Year's Day). The Provider shall ensure that services are provided weekly via a 4 hour time slot.

It is envisaged that there will be a hip / knee triage, assessment and treatment clinic weekly with a ratio of 1:3 (hips:knees)

It is envisaged that there will be a shoulder / elbow clinic fortnightly and a hand / wrist clinic fortnightly.

Triage will occur prior to the beginning of these clinics.

The need for a patient to be offered a physiotherapy treatment course will be identified within these clinics. This specification covers the provision of physiotherapy treatment courses, but these courses do not form part of the community clinic structure as outlined above and may be offered separately either within a community or secondary care setting.

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 pathway. It is expected that these roles will include, but not be exclusive to, Orthopaedic Consultants, and Extended Scope Physiotherapists (ESPs).

It is envisaged that the weekly lower limb and the fortnightly shoulder / elbow clinic will be Consultant led with ESP support and administrative support.

It is envisaged that the fortnightly hand / wrist clinic will be Consultant led with administrative support.

Services shall be delivered at a GP Practice / s within Rushcliffe CCG.

The Provider shall describe the process by which triage will be undertaken; however it will be Consultant led. It is envisaged that the clinics will provide an educational opportunity for junior doctors as part of their teaching programme and support the accreditation of for example GPSI's where appropriate. Ability to provide cover for clinics is an expectation of the commissioner, so providers should demonstrate a depth of workforce to draw upon, evidencing that workforce sustainability is supported by a robust workforce training and development plan.

Following triage, the possible options available should be:

- Diagnosis and treatment by Extended Scope Physiotherapists (ESPs) and / or, Orthopaedic Consultant
- Referral for diagnostics
- Referral back to the GP with advice on treatment in general practice
- Referral to secondary care services which will be subject to service user Choice
- Self care management and advice

The Provider should work with the commissioner to develop a comprehensive range of service user information on MSK conditions, including advice on self-management. The provider should sign post to existing materials for example [www.rushcliffccg.nhs.uk/healthy-living-aches-pains](http://www.rushcliffccg.nhs.uk/healthy-living-aches-pains)

Agreed procedure for booking appointments and the policy on DNAs and cancellations shall be made available to patients via the CCG website: [www.rushcliffccg.nhs.uk](http://www.rushcliffccg.nhs.uk) and also by request from the Provider.

Information shall also be provided by the referring GP prior to service users' first attendance so that they are fully informed regarding what to expect at their appointment.

The core elements of the patient pathway are:

- Stage 1 – Advice, Guidance and Self-Management
- Stage 2 – Primary Care Intervention and Referral
- Stage 3 – Triage
- Stage 4 – Clinical assessment
- Stage 5 – Diagnostics and review
- Stage 6 – Treatment with appropriate follow up care
- Stage 7 – Fit for surgery assessment
- Stage 8 – Onward referral
- Stage 9 – Discharge to referring Clinician with advice

#### **Stage 1 – Advice, Guidance and Self-Management**

The Provider shall supply an Advice and Guidance service to GP's to support their decision making on whether to make a referral assessing previous use of interventions by the patient. These requests will be made on Choose and Book with a response made within a standard to be agreed with the Provider. (Telephone A & G may be offered by the Providers)

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 via the Clinicians Intranet, PLT events and the weekly bulletin.

#### **Stage 2 - Primary Care Intervention and Referral**

The Provider will receive referrals to the Community Clinic via the Choose and Book system. The only exception to this is when the referral is urgent – see list of exclusions in section 3.6 – when a direct referral to the hospital of the patient's choice should be made by the GP practice.

The Commissioner shall be responsible for the review of referrals bypassing the Community Clinic to confirm compliance with the exclusion criteria.

Prior to referral the referring clinician shall have completed a minimum level of workup (pre-referral checklist) 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 mobilisation process.

#### **Stage 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. The Commissioner requires that this shall be carried out by an appropriately accredited and experienced clinician(s) within the Community Clinics.

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 Choose and Book.

Therefore, the outcomes from the triage process could be:

- Diagnosis and treatment by Extended Scope Physiotherapists (ESPs) and/or, Orthopaedic Consultant
- Referral for diagnostics
- Referral back to the GP with advice on treatment in general practice
- Referral to secondary care services which will be subject to service user Choice

The outcome of triage shall be recorded on Choose and Book which will have the facility for referrer to review where a service user is on their pathway: routine information is not required on the status of all referrals but the flexibility to view a service user's progress is. GPs practices will have direct access to the Clinical Assessment Service to request information on the status of all referrals if further information is required.

#### **Stage 4 – Clinical Assessment**

Clinical assessment should be provided as a multi-disciplinary assessment of a service user to make sure they get a definitive diagnosis and any treatment that is required within waiting time standard of 4 weeks.

The Provider shall communicate with service users triaged as requiring clinical assessment and will offer a choice of date, and time for the appointment. The outcome of the clinical assessment will be recorded by the Provider's on a local information system. Patients who do not wish to be seen in a community clinic may choose a secondary care provider.

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.

#### **Stage 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 Clinics 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 Community Clinics (pre-referral checklist). Diagnostics requests for patients accepted into Community Clinics will be requested following clinical assessment appointment.

The objectives for the referral for diagnostics within the Community Clinics are to:

- Ensure all service users are referred for the most appropriate clinically indicated tests/imaging.
- The Provider shall also be required to work with the secondary care sector to ensure that duplicate testing is avoided.

#### **Stage 6 – Treatment and Community Clinics follow-up attendances**

Surgical interventions or minor procedures delivered within the Community Clinics shall typically be confined to those categorised as minor 'clean room' interventions that will not require an overnight stay.

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

A range of non-surgical treatments shall be offered by the Community Clinics to include, but not be limited to:

- Physiotherapy – e.g. education, progressive exercise regime, manual therapy, soft tissue manipulation, as part of the initial assessment. If a course of physiotherapy is required this should be offered to the patient. The treatment course is to comprise of a maximum of 4 sessions per patient. Provision has been made within this specification for an expected number of patients to receive courses of physiotherapy treatment. The provider should assess previous physiotherapy interventions via information provided from the GP and patient
- Referral to weight management programmes where this is an appropriate intervention that may alleviate the need for a surgical intervention or improve the clinical outcome of a surgical intervention
- Orthoses to address routine deficiencies
- Lifestyle advice e.g. smoking cessation, weight management / reduction, alcohol intake, weight bearing activity
- Encouraging self-management and service user education through the use of written and verbal condition specific material
- Occupational advice and guidance relating to their MSK condition.
- Steroid Injections

The provider shall operate within the Commissioner's policies on the access to treatment services as outlined in the policy of procedures of limited clinical value (PLVC). This may be updated during the life of the contract



1516PLCV.pdf

It is not envisaged that all service users will require routine follow-up appointments so the Commissioners propose a new to follow up ratio of 1.25 for service users returning for a follow up appointment in a clinical assessment setting. Surgical interventions or minor procedures delivered within the Community Clinics do not form part of the follow-up appointments for the determination of the new to follow up ratio of 1.25.

Provision shall be made for service users to “self-refer” within 6 months of treatment for a follow up or be reviewed by telephone where the Provider deems this to be reasonable.

### **Stage 7 – Fit for Surgery assessment**

The objectives of fit for surgery assessments in the Community Clinics 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
- 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.
- 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.

### **Stage 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 Clinics because of:

- Urgency
- Multiple pathologies
- Complexity
- Overnight stay required
- Service / procedure not available within / not suitable for Community Clinics.

All patients referred onwards 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 patient a choice of secondary care provider. Choice shall be offered during the clinical appointment in Community Clinics and again by the Provider's Patient Care Advisor at the point of referring on to secondary care.

### **Stage 9 – Discharge to referring Clinician with advice**

Discharge occurs when the clinician reaches a stage where no further action will take place with the patient's referral. It should take place as soon as is clinically appropriate with the patient being directed back to the originator of the referral with information being provided to the patient's GP if not the originator.

At the point of discharge from the Community Clinics, the Provider will be required to produce a discharge plan which includes:

- Full assessment with summary of findings, including any treatments carried out in the community clinics, including outcomes.
- 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 has not being referred onwards.

This information shall be transferred electronically within 2 working days of the service user being discharged from the Community Clinic. 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 patient as they progress through the Community clinics if they have indicated a wish to receive this information.

The discharge documents shall conform to an agreed minimum standard and service users consultations will conform with an agreed minimum data set to enable reporting on outcomes.

The above detail may be amended during the life of the contract through discussion between the provider and commissioner for example for the purpose of service improvement / innovation / new technology. This will be mutually agreed as part of the ongoing contract review process.

### **3.5 Population covered**

Patients registered with a GP in Rushcliffe.

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

#### **Exclusion criteria**

- Immediate life threatening conditions;
- Acute trauma e.g. RTA or fall from a significant height, still in the acute phase;
- Children (under 18s);
- Service users with suspected red flags e.g. cauda-equina, systemically unwell, significant weight loss suggestion of serious infection or malignancy;
- Progressive neurological deterioration;
- Post-surgical service users/post-fracture service users;

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

The service shall be dependent on referrals from primary care professionals and the development of good working relationships with all local acute hospitals and relevant community services.

The Provider shall develop shared care pathways and joint working across primary and secondary care to enable but not limited to direct listing for surgery.

The Service shall work at 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 relationship 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.

### **3.8 General service requirements**

- 18 week RTT – The orthopaedic community clinics are an “interface” service as defined by “Referral to treatment consultant-led waiting times – How to measure” January 2012 and therefore fall within the scope of RTT data collection requirements. The service will be responsible for collecting and reporting RTT data to the Department of Health and the CCG.
- Where a patient is onward referred to another provider, under the RTT mechanism, the service will be responsible for completing the Inter Provider Transfer (IPT) form and issuing this to the recipient provider. This will ensure the appropriate RTT clock details are retained from the original GP referral.
- The service will work with NUH’s Radiology Department and ICT to ensure it has remote access to investigation reports, results, discharge letters and diagnostics ordering (PACS, NOTIS, GP Access / Sunquest ICE).
- The service will work with the commissioner to amend existing pathway documents and protocols, creating new ones where required.
- Appointments will be directly bookable on Choose and Book.
- The service is a key part of the pathway to admitted secondary care treatment. It will therefore ensure that patients are processed quickly and efficiently so that patients triaged to secondary care or directed to secondary care receive admitted patient care within 18 weeks of GP referral.
- The service will work closely with NHS Rushcliffe CCG commissioned providers, in particular secondary care orthopaedic surgeons, community MSK physiotherapy service and community pain service. The provider will consider subcontracting arrangements with local commissioned providers to ensure seamless care between services. Where formal subcontracting arrangements are not used the provider will ensure that it has close professional links with these organisations.

- Direct listing for surgery – The provider will work with the commissioner and other local providers of orthopaedic surgery to facilitate direct listing to their surgical lists. This will include agreeing clinical criteria for direct listing, process for sharing pre-operative assessment information and sharing dates of available slots on surgical lists with the CAS to facilitate patient choice.
- Once in the service a referral should not normally be returned to the GP requesting additional diagnostics. The service will order diagnostics on behalf of the GP and inform the GP that they have done so.
- Once in the service an onward referral should be actioned by either the service or the CAS. The referring GP should not normally have to action an onward referral recommended by the service.
- In designing the service specification the principle that the service provider will be responsible for as much of the administrative workload as is practically possible has been followed. This is to reduce the number of inter-organisational hand overs which in turns streamlines the administrative process and reduces the opportunity for error. The provider will continue to work with the commissioner to further streamline the process.
- The provider will work with the commissioner to monitor demand versus capacity. It will further work with the commissioner to increase or reduce capacity in response to long term demand patterns in order to maintain response times.
- This specification may be updated to reflect any changes in national policy guidance that may be issued through the life of the contract.

## **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, NHS COMMISSIONING BOARD

2013/14 NHS STANDARD CONTRACT

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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**

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

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

### **5.2 Applicable CQUIN goals (See Schedule 4 Part [E])**

## 6. Location of Provider Premises

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

- Circle Nottingham NHS Treatment Centre  
Queen's Medical Centre Campus  
Lister Road  
Nottingham  
NG7 2FT
- Belvoir Health Group  
Bingham Medical Centre  
Newgate Street  
Bingham  
Nottingham  
NG13 8FD
- Castle Healthcare Practice  
Embankment Primary Care Centre  
50-60 Wilford Lane  
West Bridgford  
Nottingham  
NG2 7SD

## 7. Individual Service User Placement