

## SCHEDULE 2 – THE SERVICES

### Part A - Service Specification

<b>Service Specification No.</b>	04/MSKT/0002 v2
<b>Service</b>	Primary Care Direct Access Musculoskeletal Outpatient Physiotherapy - for individuals aged 16+
<b>Commissioner Lead</b>	Musculoskeletal Clinical Commissioning Programme
<b>Provider Lead</b>	To Be Confirmed
<b>Period</b>	1 <sup>ST</sup> April 2014
<b>Date of Review</b>	31 March 2015

### 1. Population Needs

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

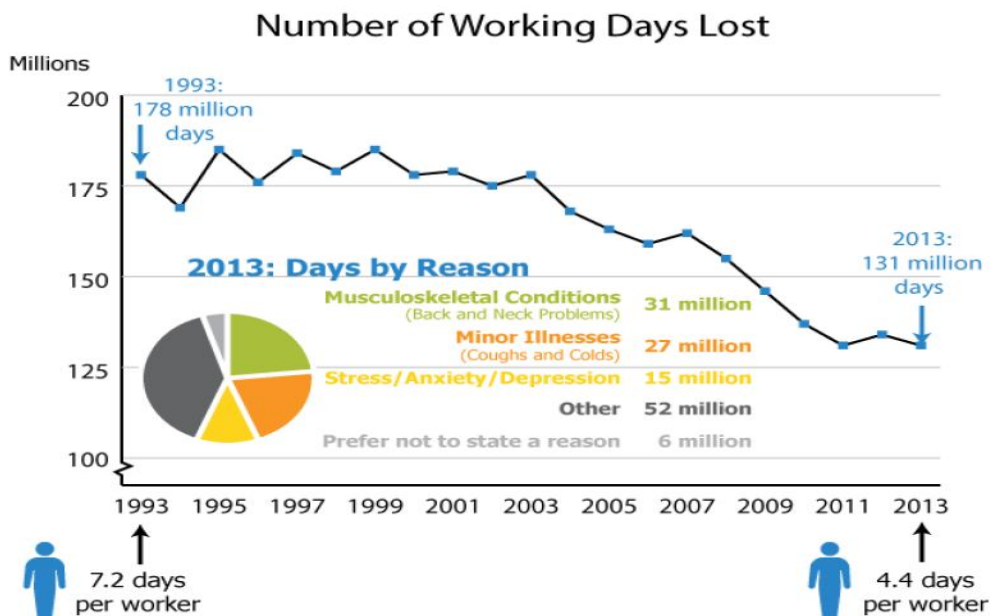
Musculoskeletal conditions are the fifth highest area of spend in the NHS consuming £4.2 billion in 2008/9 and increasing each year.

Musculoskeletal conditions are the most commonly reported type of work related illness. The Office of National Statistics Report into the Labour Market produced in February 2014 reported that 131 million days were lost due to sickness absences in the UK in 2013, down from 178 million days in 1993.

Minor illnesses were the most common reason given for sickness absence but more days were lost to back, neck and muscle pain than any other cause.

[http://www.ons.gov.uk/ons/dcp171776\\_353899.pdf](http://www.ons.gov.uk/ons/dcp171776_353899.pdf)

**Number of working days lost due to sickness absence, 1993 to 2013, and the top reasons for sickness absences in 2013, UK**



Source: Labour Force Survey - Office for National Statistics

Physiotherapy is advised as the first treatment of choice in many patient pathways for both acute and chronic/long term musculoskeletal conditions presenting to GPs.

This physiotherapy can take the form of assessment, mobilisation, manipulation, exercise prescription, advice and education and signposting to other services as appropriate.

Dorset CCG's 5 year strategy sets out a commitment which outlines the ambitions and priorities over the coming years. The CCG wants to support people in Dorset to lead healthier lives and wants to ensure that it commissions :

- services designed around people
- preventing ill health and reducing inequalities
- sustainable healthcare services
- care closer to home

## 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

To provide a responsive Primary Care Direct Access Musculoskeletal Outpatient Physiotherapy - for individuals aged 16+, covering all aspects of musculoskeletal physiotherapy.

The service will promote self-management in patients and if appropriate with relevant carers.

To provide services which plan and deliver physiotherapy, working with patients, carers and other appropriate health and social care professionals.

To work as an integrated part of the wider musculoskeletal condition specific pathways.

To provide services closer to home

To provide equitable clinical outcomes.

Develop strong links with primary care.

## 3. Scope

### 3.1 Aims and objectives of service

To treat and advise primary care direct access individuals aged 16+ with musculoskeletal conditions requiring physiotherapy across Dorset:

- receive GP directed / or GP suggested self-referrals into the service;
- undertake appropriate triage of all referrals to identify red flags and refer as appropriate;
- process all referrals in agreed timescales;
- offer a choice of locations and times for appointments wherever possible (in agreement with the commissioner);
- provide individuals with advice and guidance on the management of their condition to meet their agreed identified goals;
- ensure patients feel informed and have a choice in decisions regarding their health
- obtain appropriate patient consent in line with Department of Health guidance;

- enable the patients to return to an appropriate level of activity to meet their identified goals e.g. return to work, hobbies or leisure activity, to optimise the patient experience;
- demonstrate that clinical activities undertaken are based on the best available evidence and delivered according to local and national clinical guidance;
- work toward reducing the incidences of DNAs to below the national average of 8%;
- provide a discharge summary to the referring GP upon the completion of treatment within 1 week;
- show evidence of risk management processes – Within 1 week;
- provide clinical audit reports and outcomes on an annual basis agreed with the commissioners;
- provide relevant information to the referring GP and other agencies as deemed necessary;
- sustain the service managing internal holidays and absence.

### 3.2 Service Description / Care Pathway

The primary care direct access musculoskeletal physiotherapy service will assess, advise and where appropriate carry out an appropriate course of treatment (related to clinical need) to individuals aged 16+ registered population of Dorset with the approach being, wherever appropriate, one of self management, advice and education for primary care Musculoskeletal conditions aimed at:

- Improving mobility and function
- Improving the ability to do day-to-day activities;
- Achieving Pain control where necessary
- Exercise Prescription
- Healthy lifestyle advice and signposting to appropriate services

The clinical skills available within the service will include:

- Manual Therapies
- Provision of Exercise
- Electrotherapy

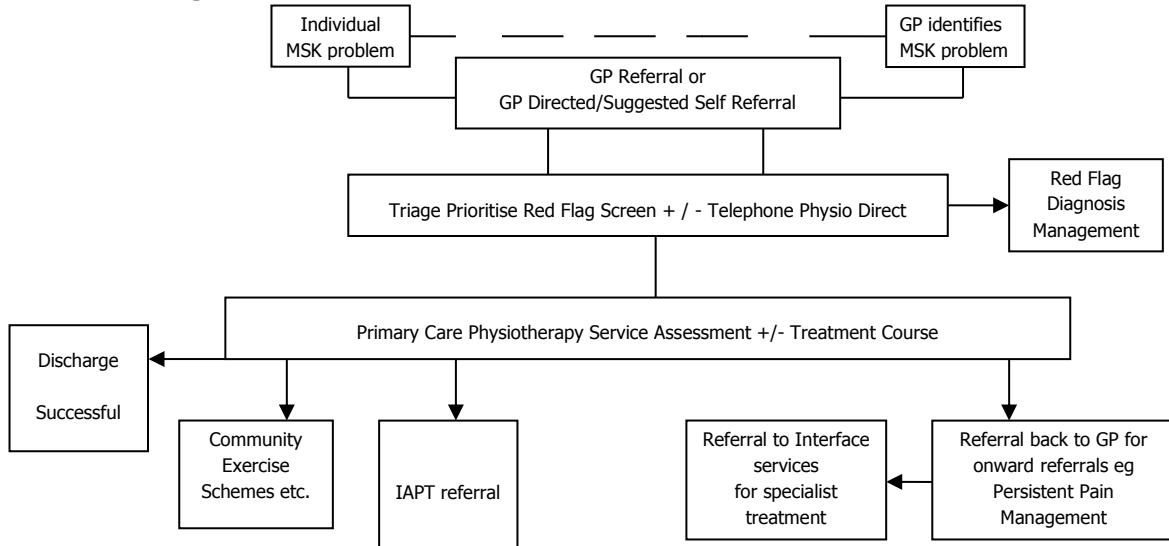
The service will be provided by a suitably registered physiotherapist\*\* with the appropriate knowledge and skills including the biomedical principles of patho-physiology as well as a sound understanding of the bio psychosocial model. This includes the ability to identify potential serious pathology and refer those patients to the appropriate medical professional and understand and manage patients who are at risk of poor prognosis.

\*\*<http://www.csp.org.uk/professional-union/professionalism/regulation/regulatory-requirements>

Physiotherapists working in primary care, staff must be aware of local specialist services and appropriate patient management pathways to refer patients through.

The service will meet all requirements to comply fully with the Equality /Disability Act. In addition to this, the Provider has a duty to undertake Equality Impact Assessments as a requirement of race, gender and disability equality legislation. The Provider will be required to cooperate with the Commissioner's Equality Impact Assessment processes.

## **Primary Care Direct Access Musculoskeletal Outpatient Physiotherapy - for individuals aged 16+**



There will be GP directed / suggested referral into the Primary Care Direct Access Musculoskeletal Outpatient Physiotherapy - for individuals aged 16+. There will be appropriate consultation and clinical triage onto appropriate physiotherapists within the respective providers.

The aspiration will be for electronic referral to be introduced in line with the necessary national Choose and Book developments in the future.

Primary Care Direct Access Musculoskeletal Outpatient Physiotherapy - for individuals aged 16+ will provide an assessment and, if appropriate, a course of treatment. It is anticipated that this will be an average of 1 new to 4 follow up sessions.

The clinical skills required for this service will include:

- Assessment and treatment planning – demonstrating an ability to plan an assessment strategy interpret the assessment information and plan an intervention or treatment based on assessment findings.
- Interventions and treatments – conduct appropriate interventions or treatments; review the interventions and ensure safe and effective performance of such interventions or treatments.
- Interpersonal skills –are utilised in a variety of areas including communication (verbal and non-verbal), personal and people development, health, safety and security, equality and diversity and service improvement

Referrals are accepted from:

- GPs
- GP directed / suggested self referral from individuals aged 16+
- Allied Health Professionals in primary and community services with agreement of the referring GP
- Interface Services including Dorset Musculoskeletal Service if referral agreed by GP
- Integrated rehabilitation health and social care teams if referral agreed by GP.

Referrals must be on the agreed form in paper or electronic format.

Patients can be GP directed / suggested referral if they are over 16 and are registered with a Dorset cluster GP and have a musculoskeletal problem.

Patients are discharged from the primary care direct access musculoskeletal physiotherapy service when:

- Their condition has improved to a level required for discharge,
- They have achieved their goals, or have reached a stage where they can continue to work towards their goals independently,
- They have failed to achieve their goals,
- They are referred back to the GP with advice for onward referral on to an alternative service (e.g. secondary care)

On admission, during treatment and on discharge the following information will be collected as appropriate for individual patients:

- Patient Reported Outcomes –EQ5D5L or the Patient Specific Functional Scale- to measure the achievement of patient specific functional goals;
- Change in pain levels start-finish of treatment;
- Change in function/disability from start to finish of treatment;
- Change in work status/return to work status on discharge whichever is relevant
- Area of body treated
- Patient satisfaction

### **3.3 Population Covered**

Any person aged over 16 who is registered with a Dorset CCG GP and where the primary condition is musculoskeletal.

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

Acceptance of any person aged over 16 who is registered with a Dorset CCG GP and where the primary condition is musculoskeletal

Exclusions:

- Any child under 16;
- Any person where the primary condition is not musculoskeletal in origin (e.g. Stroke, COPD, Neurological pathology, Pregnancy, Mental Health). Such patients will be re-directed to appropriate services by primary care.

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

All GP practices in Dorset  
Community Persistent Pain Service  
Podiatry Services  
Orthotic Services  
Interface Services including Dorset Musculoskeletal Service  
Rheumatology  
Orthopaedic Services  
Other Therapy Services

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

Department of Health “The Musculoskeletal Services Framework” 2006.

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

Physiotherapy is defined as “a health care profession concerned with human function and

movement and maximising potential. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking into account variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core” – Chartered Society of Physiotherapy (CSP), Scope of Practice 2008.

Chartered Society of Physiotherapy Quality Assurance Standards

<http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/quality-assurance-standards>

#### 4.3 Applicable local standards

Referrals will be categorised into urgent and routine priority:

- Urgent referrals will be seen within 2 – 5 working days of receipt of referral to ensure they are appropriate for the service (based upon duration of symptoms, state of the condition e.g. worsening, stable, improving, effect on everyday activities/work.
- Routine referrals will be seen within 4 - 6 weeks of receipt of referral.

All referrals at initial assessment must include the identification of any red flags (indicators in the history or examination suggestive of serious underlying pathology) which should be managed as per local pathway. If information on the referral form/ at assessment indicates potential presence of a Red flag, the clinician will contact the referrer offering further advice. This information is used to decide on the most appropriate action for the patient.

The initial assessment must also include the identification of any yellow flags (indicators in the history or examination of psychosocial (surmountable) obstacles to recovery). All providers must be able to identify these obstacles and be able to work with patients towards overcoming them.

### 5. Applicable quality requirements and CQUIN goals

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

See Schedule 4 Part C and Schedule 6B, 02, 03, 04, 05, 08 and 11

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

None currently

### 6. Location of Provider Premises

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

The service will be based across the Dorset cluster localities in a range of existing locations, to ensure ease of access for patients, and offering choice of location to patients.

### 7. Individual Service User Placement

Not applicable