

Service Specification Number	04/MSKT/0004
Care Pathway/Service	MSK Foot and Ankle: Biomechanics and Orthotics
Commissioner Lead	CCP for Musculoskeletal & Trauma
Provider Lead	DUHFT; DCHFT; RBCHFT
Period	Sep 2012 onwards
Date of Review	

### Key Service Outcomes

The provision of an MSK foot and ankle pathway has been designed to meet the following NHS Outcomes:

#### Domain 1 - Prevent people from dying prematurely

- To receive the right care, at the right service, at the right time in the right place

#### Domain 2 - Enhancing quality of life for people with long-term conditions

- Early diagnosis and treatment to enhance quality of life
- Support people in optimising their independence
- Providing self-management plans for patients

#### Domain 3 - Helping people to recover from episodes of ill health or following injury

- Patients reporting they have returned to “normality” ie work, lifestyle etc
- Education and support

#### Domain 4 - Ensuring that people have a positive experience of care

- Streamlined pathway flow – entry and exit

#### Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

- Amalgamation of the above Domain outcomes

## 1. Purpose

### 1.1 Aims and objectives

The aim of the MSK foot and ankle pathways is to provide an accessible and outcome based service for patients to progress through. It has been developed to provide primary care with clear guidance about conditions, management in primary care, education of patient and referral pathways for patients within primary, community and secondary care settings.

The objectives of the MSK foot and ankle pathway is to:

- be based on best evidence based practice and provide assessment, advice, treatment, review and discharge (where appropriate)
- provide a high quality and streamlined service for patients
- provide the right care at the right time in the right place
- ensure accessibility to appropriate biomechanic/orthotic services across the county of Dorset

- educate patients in the self-management of their own condition
- provide care which is goal orientated and agreed with the patient and/or carer
- provide the most appropriate orthotic care which reduces pain to facilitate maximum achievable function and/or mobility for people with short term incapacity or longer term disability
- improve awareness amongst all health professionals and patients of the importance of appropriate foot health and foot wear
- assist in improving the health of patients with long term conditions
- assist in improving patient experience
- ensure care is provided in line with Department of Health guidelines eg NSFs
- work in partnership with all relevant healthcare providers to support improved patient outcome

## 1.2 National/local context and evidence base

The MSK foot and ankle pathway encompasses podiatry, orthotics and interface services, incorporating biomechanical assessment, in the delivery of care.

National Guidance has been provided by:

- NHS Operating Framework, DH, 2010 – 2015
- Transforming Community Services, DH, 2010
- High Quality Care for All, DH, 2008
- National Service Frameworks:
  - Older People 2001
  - Long Term Conditions 2005, reviewed 2009
  - Diabetes 2010

Regulatory Documents are:

- Care Quality Commission Regulations
- Health Professions Council Regulations and Guidelines

Best Practice Guidance

- Guidance for Best Practice, BAPO, 2003
- Orthotic Service in the NHS: Improving Service Provision, York Health Economics Consortium 2009
- Foot care Services for older people: A resource pack for commissioners and service providers, DH, 2009

The MSK foot and ankle pathway has been developed to provide primary care with clear guidance about conditions, management in primary care, education of patient and referral pathways for patients within primary, community and secondary care settings.

## 1.3 Expected Outcome

- Patient receives the correct information and is referred, when necessary, at the right time to the correct service for treatment so optimise health outcomes
- Meet all the requirements of CQC
- Waiting times not to exceed 18 weeks where appropriate
- High levels of referrer, patient and carer satisfaction
- Positive clinical outcomes as reported by patients
- Patients educated about their condition and self management
- Patients receive a management plan where appropriate

## 2. Scope

### 2.1 Service Description

The MSK foot and ankle pathway is primary care focused pathway. A patient centred approach encouraging self-management, patient education, treatment and referral guidance.

For the purpose of the specification orthotics are referring only to those orthoses required for a foot and/or ankle treatment.

### 2.2 Accessibility/acceptability

The provider will ensure equitably access into the service which meets the health needs of patients living in all localities within the Pan Dorset catchment area.

The Provider must ensure the service deliver consistent outcomes for patients regardless of:

- Gender
- Race
- Age
- Ethnicity
- Education
- Disability (including access and regress)
- Sexual orientation

### 2.3 Any exclusion criteria

- Core Podiatry
- Orthotics, ankle upwards
- Any patient who does not meet the access criteria as per the referral guidelines

### 2.4 Geographic coverage/boundaries

The registered population of NHS Bournemouth and Poole and NHS Dorset Cluster.

### 2.5 Whole system relationships

The service deals with adults and children and therefore works in partnership with the following stakeholders to ensure a whole system approach to achieving patient goals:

- Primary Care
- Community Services
- Secondary Care

### 2.6 Interdependencies and other services

Stroke and Diabetes Networks

ARMA

Rheumatology

Orthopaedics

### 2.7 Relevant networks and screening programmes

N/A

## 3. Service Delivery

### 3.1 Service model

The MSK foot and ankle service model will provides an equitable primary care orthotic and biomechanics provision to meet the needs of the registered population of NHS Bournemouth and Poole and NHS Dorset Cluster and is supported by referral guidelines.

### 3.2 Care Pathway

See Appendix 1

### 3.3 Location(s) of service delivery

The pathway covers numerous locations across the county of Dorset based in primary, community and secondary care settings.

### 3.4 Days/hours of operation

The services available are operational from Monday to Friday. Services are provided by appointment only.

### 3.5 Referral criteria and sources

Services will accept adults and child referrals. Referrals for acceptance are as per the specified pathway in appendix 1 and as per the referral guidelines in appendix 2.

### 3.6 Referral processes

Referrals for assessment will be accepted by Choose and Book or paper referral by post depending upon the provider of the service. Referrals will be accepted from General Practitioners or other qualified healthcare professionals.

### 3.7 Discharge Processes

All GPs will receive correspondence of their patients treatment

GPs will be informed of patients that are discharged from the service.

All patients can reapply to the service for treatment if subsequent problems reoccur or a newly diagnosed problem arises.

### 3.8 Response time and prioritisation

As per pathway and referral guidelines

## 4. Other

### Self-Care and Patient and Carer Information

The service encourages self-management of the patient's condition

## 5. Quality Requirements

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
<u>Quality</u>				
Service User Experience	Service User feedback demonstrates satisfactory service quality	As Per Current Contractual Agreements	Patient Survey	Annually
Personalised Care Planning	Service Users are fully engaged with community health professionals in managing their condition			Annually
Health Outcomes	EQ5D			

## 6. Activity

### 6.1 Activity Plan / Activity Management Plan

<b>Activity</b>	<b>Threshold</b>	<b>Method of</b>	<b>Consequence of</b>	<b>Report Due</b>
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Performance Indicators		Measurement	breach	
Number of face to face contacts		As Per Current Contractual Agreements		
Number of face to face follow up contacts				
Number of non face to face follow ups				
Number of patients discharged				
DNA rate				

## 7. Prices and Costs

### 7.1 Price

If required, relevant Prices may be inserted below

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value (for this service)
<b>Non-Tariff Price (cost per case/cost and volume/block/other)*</b>	BLOCK CONTRACT FOR ALL PROVIDERS	£		AS PER AGREED BLOCK CONTRACT WITH INDIVIDUAL PROVIDERS OF THE SERVICES NOTATED
<b>National Tariff plus Market Forces Factor</b>		£		£
<b>Reduced Tariff Prices</b>				
<b>Total</b>				

*\*delete as appropriate*