

Service Specification No.	04/MSKT/0007
Service	Dorset Musculoskeletal Interface Service
Commissioner Lead	CCP for Musculoskeletal & Trauma
Provider Lead	Sam Leonard
Period	1 st April 2013 to 31 st March 2014
Date of Review	To be Agreed

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	*

Key Service Outcomes

To ensure the provision of high quality and responsive musculoskeletal community service with effective resources to meet the needs of the Dorset population representing efficiency and value for money.

- To commission a single provider of MSK interface services, uniting both the west and east of the county of Dorset under one management and clinical provision thereby streamlining and maximising resources
- To provide the right treatment at the right time in the right location
- To increase the number of patients self managing their condition
- To reduce unnecessary referrals to secondary care (QIPP)
- To reduce unnecessary admissions to secondary care (QIPP)
- To reduce the number of follow-ups provided by secondary care as a result of reduced referrals from primary care and interface services(QIPP)
- To improve the quality of life for service users, increase mobility and sustain or increase independence (PROMS)
- To demonstrate improvement and high achievement of satisfaction expressed by service users and carers of their needs and improved quality of life, as well as other stakeholders including referring GPs (Euro QoL, Satisfaction surveys)
- To ensure service users have a positive experience of care
- To achieve service targets

1. Purpose

1.1 Aims and objectives

The aim of the Dorset Musculoskeletal Interface Service is to commission a single provider of MSK interface services, uniting both the west and east of the county of Dorset under one management and clinical provision thereby streamlining and maximising resources for a primary, community care, one stop multi-disciplinary treatment centre which provides education; self help direction and management skills and evidence based primary intervention of a high quality which is safe and cost effective for the medical management of adults who have a musculoskeletal condition. This will aid in the reduction of health inequalities whilst improving the speed and convenience of access to diagnosis and treatment. Ultimately, this will improve the quality of service user

experience to ensure dignity, respect and responsiveness. The overall outcome is for service users to achieve their optimum health and reduce the impact of their problem on their overall wellbeing built on evidence based best practice and care closer to home.

The objectives of the service are to:

- To provide a one stop treatment service, which includes a service user self-management and education programme
- To deliver high quality, evidence based diagnosis and care for service users with musculoskeletal conditions which can be medically managed in a non hospital setting and meets the needs of the local health community
- To ensure service users receive appropriate assessment and treatment in a timely manner
- To ensure a high percentage of service users are seen within and treated or referred onwards to secondary care within 9 weeks from receipt of referral
- To provide access to diagnostic services including X-Ray, Nerve Conduction Studies, Ultrasound, MRI as appropriate achieving the 6 week diagnostic target
- To treat service users within the concept of No Delays Referral to Treatment target timescales
- To ensure every referral follows an agreed pathway that optimises both the service user outcome and use of resources
- To implement choice at the point of onward referral
- To ensure service users are only recommended and referred for surgical intervention where clinically appropriate
- To ensure clinical outcome data and service user feedback on quality and satisfaction are an integral part of ongoing performance management and quality improvement
- To deliver a service that is able to demonstrate equity of access
- To provide advice and guidance via the Choose and Book system to service users and GPs To promote service user independence through evidence based practice including health promotion programmes, promoting ongoing health education including keeping individuals active and independent
- Improve the quality of user experience across all services
- Improve efficiency and value for money
- To build working relationships with locality MSK interfaces as they develop

The pathway objective for the service should maintain these areas of function:-

- It should ensure the effective interaction and collaboration among all agencies, services, and people involved in the pathway who provide assessment, treatment and rehabilitation of individual musculoskeletal service users in a locality or region
- Plan specialist input with service users, their carers and other appropriate health and social care professionals
- It should promote the use of an organised and standardised approach in each facility and component of the pathway
- It should identify performance measures (both process and outcomes) and include a mechanism for evaluating effectiveness through which the entire system and its individual components continue to evolve and improve

1.2 National/local context and evidence base

There are over 200 musculoskeletal conditions affecting millions of people including all forms of arthritis, back pain and osteoporosis. The World Health Organisation (WHO) and Bone and Joint Health Strategies Projects (2005 cited by Department of Health DH identified that:

- Up to 30% of all GP consultation are about musculoskeletal complaints
- Musculoskeletal problems are cited by 60% of people on long term sickness
- 40% of the over 70's have Osteoarthritis (OA) of the knee
- Trauma caused by road traffic accidents (RTA's) will be the third highest ranked cause of disability by 2020

Current changes in health service provision, technological advances and the need to commission cost effective service are such that certain services and specialties are more appropriately delivered in a community setting. MSK services are specifically identified by the DH as being suitable for the relocation of a large proportion of work from secondary care under the "Shifting Care Closer to Home" (DH 2008) and Musculoskeletal Service Framework (DH 2006).

There is both national and local recognition that these services can be successfully delivered in the community by multi disciplinary. The delivery of 18 weeks within Orthopaedics has proved to be a challenge both nationally and locally due to the volume of work and capacity issues. The development of a Primary Care Interface service will ensure service users referrals are triaged, assessed and signposted onto the correct pathway, which for many will begin and end in the service.

For those that require more specialist surgical intervention they will have been appropriately assessed investigated and treated prior to being referred back to the GP who will be able to discuss with the patient their choice in the next step of their pathway and make an informed decision about their care. Patients will receive care in the right place at the right time leading to improved PROMS data. The reduction in the number of referrals to secondary care will lead to a reduction in surgical intervention rates.

Commissioning intentions have been informed by the following national guidance:

- The Musculoskeletal Services Framework. (DH 2006)
- NHS Operating Framework 2009/10
- Transforming Community Services: Enabling new patterns of provision (DH 2009)
- Delivering Care Closer to Home: meeting the challenge (DH 2008)
- High Quality care for All: NHS next stage review final report (DH 2008) Health Inequalities: Progress and Next Steps (DH 2008)
- The Strategic Framework for Improving Health in the South West 2008/9, 2010/11 NHS South West (2008)
- NHS Next Stage Review: Our Visions for Primary and Community Care (DH 2008) Choice at Referral – Guidance Framework for 2007/08. (DH 2007)
- Choice at Referral – Guidance Framework for 2007/08. (DH 2007)
- Our Health, Our Care, Our Say (DH 2006)

2. Scope

2.1 Service Description and Model

The Dorset Musculoskeletal Interface Service as a single provider of MSK interface services, uniting both the west and east of the county of Dorset under one management and clinical provision thereby streamlining and maximising resources will provide a universal, primary care one stop, multi disciplinary, medical management service involving an assessment, diagnostic and treatment for identified musculoskeletal conditions which can be treated in a community setting for the service users aged 16 and over living in Dorset. It is based on the Clinical Assessment and Treatment Service (CATS) as described in the Musculoskeletal Framework (DH 2006).

The Dorset Musculoskeletal Interface Service will be delivered at sites across Dorset to ensure access for service users within each locality. Location of these sites should be accessible by public transport and have parking facilities. Sites should also be accessible to service transport for service users with medical need.

The service must be able to respond promptly to changes in demand; accessible to all NHS Bournemouth and Poole and NHS Dorset Cluster service users in all locations and delivered by appropriately qualified individuals who are able to meet the objectives. Leadership is critical to the success of the key service outcomes requiring:

- Strategic vision for the clinical development of the service
- Strong professional leadership of the overall clinical team
- Day to day management of all the functions commissioned
- A provision of clinical supervision and ensuring staff work to a clinical governance framework set
- Implementation of relevant training and professional development for clinical staff as well as relevant training for administrative staff
- Leading audit, service evaluation and service development
- The skill to investigate and manage untoward incidents and complaints
- The development of clinical guidelines, policies and protocols for effective working practices within the service
- The skill to facilitate user and carer involvement within the service

Service Model is as per Appendix 1

Core services to be provided will include:

- Advice and Guidance
- Triage (clinical and administrative as appropriate) of all referrals
- Assessment, diagnosis and treatment of a service user, who has been appropriately worked up prior to referral, which is person centred
- Oxford Hip and Knee scoring assessment
- Provision of management plans which are individualised, person centred and robust
- The promotion and empowerment of service users to gain self-belief and confidence in taking responsibility, as far as possible in implementing their self care management plan outside of their contact with the healthcare system
- Minor Surgery – injection therapy
- Acute Back Pain Service – adhering to NICE Guidelines 88 – Low Back Pain, where appropriate
- Podiatric Surgery
- Signposting to appropriate allied services such as:
 - Falls Prevention
 - Expert Patient Programme
 - Physiotherapy
 - Dietetics
 - Health Promotion programmes
 - Podiatry
 - Biomechanical Assessments
 - Leisure Centres – exercise support
 - Pharmaceutical support

Diagnostics investigations will be requested appropriately as per the Royal College of Radiologists current referral guidelines. The service provider will ensure that diagnostic results are reported back to the referring GP and where urgent are acted upon without delay for the appropriate intervention or follow up.

The provider will ensure that:-

- all service users who have received diagnostic interventions and require a surgical opinion are referred to surgical providers within 9 weeks of the clock start date on an open clock
- referrals triaged by the service and identified as needing a secondary care provider must be referred on within two working days of receipt of referral into the service
- if peripheral, soft tissue or joint injections are required these will be performed within the service and the benefits of these reviewed on an individual basis within the appropriate policy
- all referrals will adhere to the principle of the national clock rules and be within the Referral To Treatment target times for all service users
- the number of follow up appointments should not exceed two unless agreed by the referring GP. The provider should aim to keep the ratio of new to follow up appointments at or below the national ratios of 1:1.8
- the service adheres to the Framework for Scheduled Care
- there are appropriate services for all sensory impaired service users and language interpreting services to meet the needs of the service users
- they comply with national standards for ethnic coding
- waiting areas should have sufficient seating to accommodate the number of Service users and their partners. Such areas should take into account the comfort of those waiting for others as they may experience an extended wait during a consultation or procedure
- all service users should be offered a chaperone for any examination. If a chaperone is present a record should be made of the identity of the chaperone
- the service provision is adapted to meet the needs of vulnerable people, people with learning and physical difficulties and mental health needs

The service will be flexible and responsive, adapting to the individuals needs in terms of their requirements eg level of risk, culture, ethnicity, language and disability and does not discriminate on the grounds of age, gender, sexuality, ethnicity or religion.

Complex conditions requiring more specialised assessment and diagnostics will be referred on to secondary care. Service users requiring surgical treatment would be offered a choice of provider in either a community

based or secondary care setting.

2.2 Any exclusion criteria

The service should not be used for Service Users who have:-

- Red Flag Symptoms
- Associated with significant trauma
- Weight loss associated with other significant systemic conditions.

In the case of “red flags” Service Users should be referred directly to secondary care with appropriate liaison with secondary care services.

The service is not available to:-

- Service users who are not registered with a Dorset GP
- Service users who are under 16 years of age
- Service users who would not benefit from any form of Primary Care intervention
- Service users who require emergency treatment
- Service users with suspected cancer
- Service users with post operative or post traumatic complications
- Service users who require a second surgical opinion
- Age of onset of condition for which referred at less than 16 years of age
- Violent trauma eg RTA or fall from a significant height
- Systemically unwell (fever, malaise, rigors)
- Widespread neurology with or without upper motor neurone signs

2.3 Geographic coverage/boundaries

The Dorset Musculoskeletal Interface Service will be delivered at sites across Dorset to ensure equitable access for service users within each locality and in agreement with Practice Based Localities. All sites should be easily accessible by public transport and must provide information about parking. Provision should be made under the Disability Discrimination Act to ensure that disabled individuals are able to access the service.

2.4 Whole system relationships

The Service must work with partners to address the needs of the individual and to be aware of future developments in order to attain optimum outcomes. Partners will include:-

- General Practitioners
- Allied Health Professionals
- Secondary Care Clinicians
- Independent Practitioners
- Other Health Service areas
- Social Care
- Local Authority
- Service users
- Education Centres

Clinical staff within an interface clinic may have access to advice on clinical management within primary health care from secondary care consultants. The general public and community agencies will have easy access to information and advice on musculoskeletal conditions.

All relevant agencies in the community (voluntary agencies, social services, primary health care teams) will know how to access help for someone with musculoskeletal conditions.

Although the service is operating as a one stop treatment service it will still be required to adhere to the 18 week clock timelines at all times.

2.5 Interdependencies and other services

Stakeholders and interdependencies will vary as identified above and the interface with universal services cannot be over stated. Access to and support from these services should always be accessible as circumstances allow.

The service is reliant on:

- Physiotherapy services
- GPs to refer into the service
- Effective and responsive diagnostic services
- Access to senior clinicians and specialist services across the health community as necessary

2.6 Relevant networks and screening programmes

The Provider are to ensure that they liaise with any local Musculoskeletal Networks and other providers of musculoskeletal services as appropriate including:

- Expert Service User programmes
- No Delays Programme
- ARMA (local network across Dorset – patient led)
- Map of Medicine

2.7 Training/ education/ research activities

As identified by the development of the service, the need of the population and the skill base of the clinicians.

3. Service Delivery

3.1 Service model

The service model will ensure the Dorset Musculoskeletal Interface Service delivers the aims and objectives of this specification and the Primary Care Trusts commissioning intentions within the prescribed timescale. The service is to be delivered in a seamless, patient centred, holistic approach to realise the best outcomes for each individual service user.

The service model will ensure the service is aware of the distinct needs of different groups of service users referred into their service and address those needs ensuring equity of access and treatment for all.

3.2 Treatment Guidelines – Appendix 2

A treatment guideline is an outline of anticipated care, placed in an appropriate timeframe, to help a service user with a specific condition or set of symptoms, to move progressively through a clinical or social care experience to positive outcomes.

Within this specification treatment guidelines are to focus on:

- Preventative health and self-care promoting independence
- Anticipatory care
- Management and maintenance care

Treatment guidelines are to be reviewed on an annual basis in conjunction with clinicians for secondary care and commissioners in light of any type of development or health need. These are currently:

- Elbow
- Foot and ankle
- Podiatric forefoot surgery – to include working within the Bunion Policy which is due to be reviewed. This will then become Criteria Based Protocol for adoption.
- Hand and wrist
- Hip
- Knee
- Shoulder
- Peripheral joints
- Acute Back Spinal
- Interventional Procedures in the Management of Spinal Pain Policy
- Summary of NICE Guidance 88 Low Back Pain
- And any other specific pathway as the service develops
- To provide direct listing as policy is developed

3.3 Location(s) of service delivery

Services will be delivered in a variety of settings identified as being most appropriate to meet the individuals' need, whilst ensuring compliance with best practice pathways and equitable access.

3.4 Days/hours of operation

The provider will ensure the service is accessible is open for service user consultations 52 week per year between 8 am and 6 pm Monday to Friday (excluding bank holidays) working towards extended access as required. The service is to be provided at times which optimise service user's ability to attend and minimise disruption to their personal commitments or those of their carers and family members. The operating times should reflect and accommodate wherever possible service users personal circumstances and commitment and their choice of venue and time of appointment.

The service provider should give relevant information to service users as to what services to access should a treatment complication occur outside of these normal hours.

Service users should be seen within half an hour of their appointment time, and flow through the clinic should be without undue delay.

3.5 Referral criteria and sources

The provider will see all service users over 16 years of age and who are registered with a National Health Service Dorset GP, who do not fall into the exclusion criteria.

Patients should, where appropriate, be referred for Physiotherapy by the GP as per the peripheral pathway, prior to being referred into the Dorset Musculoskeletal Interface Service.

Dorset GPs will be encouraged to refer to the Dorset Musculoskeletal Interface Service but within the framework of service user choice.

Referrals should contain full service user clinical details which will allow the service to triage the referral appropriately rejecting it, accepting it or referring it straight on to secondary care.

Referrals with incomplete information or those that do not meet the criteria for the service will be returned to the referring GP.

Service user confidentially issues – referral letters and any other confidential information will be kept in a secure area.

For any service users which the service needs to refer onwards to secondary care, a full statement, the equivalent of a discharge letter to the GP, should be provided and made available to the receiving hospital or service within 48 hours. The provider will need to expedite this so as not to compromise achievement of the referral to treatment targets.

3.6 Referral processes

The preference for all referrals will be via Choose and Book, however paper referrals will be accepted but it is anticipated that >90% referrals will be via Choose and Book.

Referrals will be triaged for appropriate information and then service users will be seen in a community setting for investigation and treatment planning. A discharge letter with a management plan will be sent to the GP upon completion of the patient episode of care.

Referral to surgical providers:

- Onward referrals should not exceed 20% from the service into secondary care
- If surgery is likely to be required the service user will undergo a basic pre-assessment to determine fitness for surgery and be offered a choice of appropriate surgical provider

When service users are referred on it will be stipulated in the referral the reason for referral ie surgery, a surgical opinion or because of serious pathology as well as treatments or interventions already delivered.

3.7 Discharge processes

Where a service user has been referred on to secondary care, either at the front or end of the service user pathway, the provider will be responsible for ensuring that the referring GP is sent a typed summary letter outlining the diagnosis, investigations, treatment/management plan and service user advice following each Service User consultation and details of the onward referral. This will be furnished electronically within 48 hours of discharge or by fax if the former option is not available.

The service user will be sent a copy of the discharge letter and treatment plan in accordance with DH policy. The interface clinicians are to provide feedback to GP in discharge letters or by telephone regarding the appropriateness of the referrals and with suggestions for further management, in accordance with local and national clinical evidence. Trends in the feedback should be used to inform the GP Education programme and case discussions.

3.8 Response time and prioritisation

Local, regional and national targets for Referral to Treatment and No Delays and to operated within the Framework for Scheduled Care

Service users should be offered a choice of appointment time and venue.

Where possible service users will be assessed and provided with the appropriate treatment/advice in a single visit. Where appropriate, the pre-investigations will be undertaken by the referring GP or other provider.

4. Other

Confidentiality

A written Confidentiality Policy in accordance with Caldicott principles should be prominently displayed and made available to service users. The policy needs to clearly state the circumstances in which other agencies may need to be informed. Staff should be able to demonstrate an understanding of the Policy and process and be able to communicate this to service users using the service.

The service provider will be expected to demonstrate that the collection, storage and transfer of information to other services, including that in electronic format is secure and complies with any data protection requirements.

The provider will have secure IT systems in place for recording service user information and activity:

The provider will work in ways that support national and local programmes and utilises IT in ways that maximise service user care. The provider will be accredited for:

- Choose and Book
- Communication and use of email systems
- Participation in PCT audits and data collection

Consent

The service provider will be expected to operate a policy for obtaining consent that complies in all respects with the requirements of National Minimum Standards and the Private and Voluntary Healthcare (England) Regulations 2001 and any other relevant guidelines.

Competent consent is understood in terms of the service user's ability to understand the choices and their consequences, including the nature, purpose and possible risk of any treatment (or non-treatment). In assessing competence the Service Provider needs to refer to the Department of Health (DOH) Reference Guide to Consent for Examination or Treatment (2001).

Service User Participation

The provider will work with service users and carer in ways that foster partnerships and include:

- Comments and suggestion boxes
- Service User and carer Participation Groups
- Work with the local Service User Advice and Liaison Service (PALS)
- Service User and carer surveys
- Local complaints process and annual review
- Promoting self care

The provider will work with service users and carers in ways that support self care and self management including:-

- Recommendation to the Expert Patient Programme (EPP)
- Supply of education leaflets in the self management of their condition
- Development and supply of a personalised management plan

Service user and referrer satisfaction surveys are to be undertaken and reported to the PCT every twelve months ending at the year end with the provider summarising outcomes for evaluation, learning and development purposes.

Advice

Service users and carers will be given an explanation of their condition and advice about all management options which will be discussed with the service user including non surgical and surgical (if appropriate).

5. Quality Requirements

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
HCAI Control	Podiatric Surgery MRSA Policy			
Service User Experience		95% satisfied	Annual service user satisfaction questionnaire	
Improving Service Users' & Carers Experience	Feedback from service user satisfaction surveys and complaints. Patient Questionnaire	50% return	Annual	
Improving Productivity	Providing a one stop treatment service thereby: Reducing OPA in secondary care Reducing Follow Ups and DNA rate Improving scheduling of clinics Defining competencies for each clinic		Data Annual	
Access	As per the Framework for Scheduled Care			
Reducing Barriers	Service user's personal circumstances are taken into consideration when arranging appointments. All premises from which the service is offered is risk assessed and complies with policies for access for people in wheelchairs			
80% patients discharged on a self management plan	80% of discharged patients from the service on a plan	2010/11 activity	Data Collection/ Audit Annual	
Onward referrals to secondary care should be less than or equal to 20%	Reduction in the number of referrals to secondary care from the service	2010/11 activity	Data Collection/ Audit Annual	
≥70% surgical conversion rate of onward referral	Reduction in the number of OPA and	2010/11 activity	Data Collection/ Audit	

from the interface service	surgical interventions undertaken by secondary care in total		Annual	
Outcomes	Increase number of patients able to self care Increase in patients quality of life outcomes Clinical referral rates Onward referrals – conversion rate	2010/11 Data	Euroqol 5D Annual	

QUALITY

Service User Experience

- 10% of Service Users should be asked to complete an anonymous pre and post treatment Service User experience survey. The survey results should be used by the provider to review and reflect on the service being delivered and should be forwarded to the Commissioner on annual basis. The information gathered by the Service User experience survey should be taken into account when reviewing standards as part of clinical audit, and when reviewing commissioning arrangements.
- The Service Provider should put in place and maintain throughout the episode of care an effective representation and Complaints Procedure and have systems in place, which monitor the incident and outcome of all complaints and investigations regarding the service.
- Untoward incidents should be reported to the individual PCT Commissioner as soon as possible, see schedule 3.

Monitoring and evaluating the service to ensure it meets all national standards, is evidence based, meets clinical governance standards including waiting times.

Monitoring Staff Quality

Standards to include:

- Appointment of appropriate qualified and experienced clinicians
- Accreditation and reaccreditation of appropriate clinical staff
- Training, supervision and appraisal of staff
- All staff have a personal CPD programme
- Reporting and performance monitoring all adverse incidents
- Complaint management

Research

Clinical audit should be undertaken regularly. Professional and support staff should be involved in the audit of organisational care. Professional staff should undertake interdisciplinary clinical audit and receive clinical supervision.

6. Activity

6.1 Activity Plan / Activity Management Plan

Activity and Performance Requirements

Activity Requirements

Activity Performance	Threshold	Method of	Consequence	Report
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Indicators		Measurement	of Breach	Due
Number of new referrals		Data collection		Monthly
Number of new attendances		Data collection		Monthly
Number of follow up attendances		Data collection		Monthly
Number of new attendance to follow up ratio	1:1.8	Data collection		Bi-annual written report
Number of referrals to Podiatric Surgeon	Based on 2010/11 data	Data collection		Monthly
Number of Podiatric Surgery Interventions	335	Data collection		Monthly
Number of Onward referrals to secondary care	Should be less than or equal to 20%	Data collection		Monthly for B&P but to be developed in year for Dorset
In year Service development to work towards providing information by GP Commissioning Group (Commissioning Group information to be provided by Commissioners)		Data collection		
Performance Requirements				
No Delay RTT performance: <ul style="list-style-type: none"> Average referral to treatment time for those patients referred for diagnostics or secondary care treatment 	9 weeks target 90%	Data collection		Monthly for B&P but to be developed in year for Dorset
Turnaround time for diagnostics: <ul style="list-style-type: none"> Blood tests – Awaiting confirmation in Dorset budget X-Rays – Awaiting confirmation in Dorset budget MRI – Budget within Dorset 	6 weeks and within budget	Data collection		to be developed in year if budgets confirmed

but dependent on budget transfer in B&P				
Not within our control				
Podiatric Surgery RTT 18 weeks MSK (OMS/DOTS) RTT 18 weeks	90% admitted 95%			Monthly
Twice a year "deep dive" information				
Evidence of a clinical audit programme		Written plan and report		Annual
DNA Rates: • Initial Appt • Follow Up Appt				Bi-annual written report

Historic activity - Summary Table DOTS and OMS

2009/10	DOTS 2010/11	OMS 2010/11	OMS/Podiatric Surgery 2010/11	TOTAL
NEW	5,822 shadow form 2012-13	3,562	352	9,736
FOLLOW UP	5,658 shadow form 2012-13	3,197	1,516	10,371
TOTAL	11,480	6,759	1,868	20,107

6.2 Capacity Review

Clinical Outcomes

- Documented improved Quality of life outcomes as per Patient Reported Outcome Measures (PROMS)
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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)
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[Linked Documents](#)

DL Policy March 2012
Service Model
NICE Guidance 88
Peripheral Joint TG
Shoulder PCT TG
Spinal Pain Policy
Appendix 2
Back Spinal TG
Elbow PCT TG
Foot and Ankle PCT TG
Hand and Wrist PCT TG
Hip PCT TG
Knee PCT TG