SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service name	Dorset Rheumatology Service
Service specification number	QVV/307
Population and/or geography to be served	Dorset Rheumatology will provide care to adults (≥18 years old) who reside within Dorset. The same service standards will apply to patients that access the service from outside of Dorset who remain under long term care of Dorset based services.
Service aims and desired outcomes	Dorset Rheumatology will provide an equitable, countywide, cost-effective multidisciplinary service delivering a rapid and responsive service for patients in both primary care and secondary care - minimising the time from referral to specialist opinion. The service is orientated to: • Provide early diagnosis and treatment for patients with Autoimmune Inflammatory Rheumatic Diseases (**AIRDs**) to improve long term outcomes. • Support patients living with AIRDs to minimise the impact of disease on their long-term health and wellbeing including the provision of safe and robust monitoring for patients receiving Disease Modifying Anti-Rheumatic Drugs (DMARD) therapies. • Provide timely, collaborative support and advice for primary care to manage patients with AIRD and to advise regarding other non-AIRD related queries • Facilitate hospital flow through consultant delivered same day emergency care (SDEC) • Contribute to the delivery of Osteoporosis services in Dorset including complex osteoporosis and clinical support for the Dorset Fracture Liaison services. Outcomes will be benchmarked using RTT data, national audit programmes including the National Early Arthritis Audit (NEIAA) and the Fracture Liaison Service Database (FLS-DB) peer review via the national body - British Society of Rheumatology (BSR) and the Getting It Right First Time (GIRFT). The service will deliver evidence-based care using condition-specific national and international guidelines. **Equity of access** Dorset Rheumatology will ensure equity of access as measured by time to be seen for both new and follow-up patients. The service will utilise a single booking system and a 'waiting in line' approach with clinical prioritisation of cases where appropriate to ensure patients are seen in an appropriate setting. The service will ensure that local resources are matched to demand so that significant variation in access time for patients does not occur and will facilitate seamless transfer of patients when care moves between sites within Dorset.

	Early Diagnosis and Treatment Delivering care in the top 10% of benchmarked rheumatology services in the UK in relationship to the early diagnosis AIRDs as measured by the NEIAA using standards of care drawn from NICE Quality statement 33 and GIRFT pathway recommendations (via hyperlinks below). For routine referrals, the target Referral to Treatment Time (RTT) is <8 weeks as recommended by BSR recognising that this is significantly sooner than national 18 week targets. Urgent referrals for example new peripheral or spinal inflammatory arthritis; connective tissue disease; vasculitis the target RTT is within 3 weeks. For Hyper-urgent referrals in the context of the Giant Cell Arteritis (GCA) service the target RTT is <3 working days. For 'Advice and Guidance' the service will provide routine response within 3 working days. In addition to internally agreed targets Dorset Rheumatology will meet nationally agreed targets around recovery, Advice and Guidance response rates as they evolve **Support for patients living with AIRDs.** The Dorset Rheumatology multi-disciplinary team will ensure that patient with AIRDs are able to access specialist physiotherapy, occupational therapy, podiatry and orthotics input. In addition we will utilise local services that support physical and mental wellbeing for patients with chronic health disorders. Dorset Rheumatology provides access to specialist advice for patients managing AIRDs via advice lines and will ensure sufficient capacity exists within the system for patients to access urgent appointments as required for patients unable to self-manage. Dorset Rheumatology will work with Primary care to ensure that robust safety systems are in place for the initiation and long-term prescribing of DMARDs and Advanced Therapies. The service for patients with long-term AIRDs will be assessed using a variety of tools including service audit, patient feedback, LERN events and governance meetings. **Hospital Flow** Provision of consultant-led specialist input including face-to-face review within 2 working days of inpatient referral across the Major sites in Dorset (RBH and DCH) is the minimum standard that the service will aim to deliver with 7/7 telephone advice including some limited out of hours availability to support colleagues at the major sites. The service will ensure there is sufficient capacity to manage urgent referrals in line with the standards described above **Support to Primary Care** Delivering advice (via A&G and Consultant Connect or other similar platforms) with 80% of routine queries responded to within 3 working days.

	The service will support the safe prescribing of DMARD therapies in Primary and Secondary Care through agreed shared-care arrangements and provision of robust secondary care monitoring oversight where agreed. **Osteoporosis services** Dorset Rheumatology will provide clinical support and supervision to Fracture Liaison services in Dorset aiming to perform in the top 10% of services as measured by the Fracture Liaison Service Database Audit. We will work with the local charitable organisation Dorset Osteoporosis to provide education for patients and clinicians and utilise information from Dorset Insight Intelligence Service (DiiS) to introduce fracture prevention strategies at scale. **Spinal Services** Dorset Rheumatology will support the regional spinal service multi-disciplinary meetings to provide medical input for the management of complex spinal pain. **Specific Exclusions** Patients under the age of 18 will not be seen within the Dorset Rheumatology service who will be managed via the Paediatric Rheumatology service (Hub and Spoke with University Hospital Southampton) with a dedicated Young Person's / Transition clinic in place to facilitate a smooth handover from paediatric to adult services In line with the NHS England MSK Community Improvement Framework non-inflammatory conditions including soft tissue musculoskeletal conditions, hypermobility syndromes, non-inflammatory back pain, fibromyalgia and osteoarthritis will be managed outside of the Dorset Rheumatology service with the provision of expert opinion via Specialist Advice where required.
Service description and location(s) from which it will be delivered	Dorset Rheumatology provides a patient-centred model of multidisciplinary care for the long term management and supervision of around 10,000 patients with a variety of AIRDs in line with NICE and evidence based national and international guidelines. Our aim is to be a national exemplar service. Care is delivered close to patient in a timely and responsive manner through a variety of models including face-to-face appointments; digital consultations; supported patient initiated follow-up (PIFU) and on-going shared care monitoring. The team utilise a range of approaches to support patients achieving best outcomes including education and self-management programmes, working closely with partner organisations within Dorset. Routine outpatient clinical work is centred on two hubs – Christchurch Hospital in the East and Dorset County Hospital in the West with additional satellite clinics undertaken peripheral hospital sites throughout Dorset. All rheumatology services in Dorset are run by UHD and delivered on shared IT platforms that facilitates cross site cover arrangements

	and integration of the historical 3 team model into the new Pan-Dorset Service. Rapid access diagnostic services for patients with a high probability of more significant AIRDs are centralised (to Christchurch and Dorchester Sites) to maximise efficiency and throughput with patients managed closer to home thereafter as appropriate. Clinical services are delivered in a place and by a modality that is agreed with patients. We deliver sub-specialist clinics to facilitate a 'getting it right first time' approach. The service will support the delivery of a patient-centred model of multidisciplinary care for AIRDs including provision of urgent access appointments, disease specific education programs, telephone advice lines and supported self-management care. Inpatient activity at the major hospitals will be a consultant led service with on-site input available in the week and telephone advice available over weekends and bank holidays. 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. **Referrals** Outpatient referrals from within Dorset should be sent electronically via the NHS e-Referral system (ERS) via MSK Triage either as a direct referral or via Advice and Guidance with permission to 'convert to referral' if clinically appropriate. When a very urgent appointment is felt to be required using a telephone advice and guidance service or direct discussion with specialist s appropriate. Paper referrals from Primary Care for either appointments or advice are not accepted. Referrals will be accepted from GPs, Allied Health Professionals in Primary and Community services, from Interface services including the Dorset MSK service and from secondary care specialists if clinically appropriate as outlined above. Inpatient referrals should be undertaken electronically with the use of consultant connect or another 'direct to specialist' route (e.g. via hospital switchboard) being appropriate. **Area for Potential Future Service Developments** **Monitoring of DMARDs** There are historical discrepancies between West and East of the county regarding the monitoring arrangements for patients on long-term immunosuppresants with a fully funded service in Primary Care existing in the West and an active shared care agreement in place. No such arrangement exists

	in the East of the county and the current arrangement is outside of published NHSE National Shared Care guidelines. The service is engaged with commissioners in seeking solutions which may involve the ICB changing its commissioning. **Multi-disciplinary Team** There are differences between the rheumatology MDTs at each of the three historical teams in Dorset. There is long-standing variance in consultant rheumatology provision within the county which the move to Dorset Rheumatology should address over time. In addition there is variance in the specialist practitioner: consultant ratios; recommended 1:1 WTE by BSR and differences in the administrative support provided at each site to facilitate the effective and safe management of patients receiving biologic therapies. Additionally there are specialist roles in some services that are not provided in others – specifically the provision of a specialist Rheumatology Pharmacist post and Specialist Rheumatology Physiotherapy post at DCH without comparable ring-fenced specialist AHP input within UHD. The single Rheumatology service will regularly review its skill mix and develop internal business cases and or liaise with commissioners where appropriate. **Psychology and Podiatry** There is no psychology service for patients under the long term care of Dorset Rheumatology and no access to specialist podiatry services for patients in the West of Dorset with a funded podiatry service existing in the East of Dorset. Inability to provide access to specialist podiatry and appropriate psychological support for patients with AIRDs is a significant deficiency in Dorset Rheumatology Services as outlined by the BSR Quality Review Scheme. The single Rheumatology service will regularly review its skill mix and develop internal business cases and or liaise with commissioners where appropriate. **Fracture Liaison Service** There is a significant shortfall in the funding provided to support Fracture Liaison services in Dorset to support delivering an effective FLS. Using Royal Osteoporosis Society FLS Economic Benefits Calculator there is an approximately £130k in additional staffing requirement. Funding has not been reviewed since the service inception and particularly in the East of Dorset fracture liaison services are demonstrated to be underperforming as demonstrated by the National FLS-Database audit. The ROS benefits calculator suggests that improved funding for FLS services in the East of Dorset would realise an average benefit of £1.5 million per annum through reduced fractures and associated cost.

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