APPENDIX 'A'

Luton NHS
Primary Care Trust
A teaching Primary Care Trust

Luton tPCT Review of Local Musculoskeletal (MSK) Services

Executive Summary

Luton tPCT has commissioned a review of MSK services (orthopaedics, rheumatology and pain). This review has involved the following:

Researching public health information

The Public Health team have looked at MSK conditions and highlighted the two main incidences as osteoarthritis and low back pain. They have also highlighted that older age groups are most at risk from suffering with MSK conditions and that the over 65 age group is projected to increase by 49% by 2011 (against 2006 figures).

Researching best practice guidance and legislation

In the main, we looked at the following:

- The Musculoskeletal Services Framework (MSF) is the Government's strategy for long-term conditions, which includes "Supporting people with long-term conditions: Improving care, improving lives" and the "National Service Framework for long-term conditions." The overall vision is that people with musculoskeletal conditions can access high-quality, effective and timely advice, assessment diagnosis and treatment to enable them to fulfil their optimum health potential and remain independent.
- The Our Health, Our Care, Our Say white paper which suggests giving patients real choices and greater access to health and social care, having far more services being delivered safely and effectively in the community or closer to home.
- Research and evaluation undertaken by the tPCTs Clinical Quality & Research Assurance Manager in February 2008 which identified that MSK services are high cost, high volume and adversely impact on the national 18 week referral to treatment target.
- Best practice in other areas of the country

Establishing the current situation, service available for local residents and costs

The following MSK services are currently being provided for Luton residents (relevant costs can be found in appendix D):

- Elective and non-elective secondary care inpatient, day case and outpatient treatment for orthopaedics, rheumatology and pain*
- Community Extended Scope Practitioner Physiotherapist services for patients suffering from back, hip and knee conditions
- Podiatry and orthotics services for patients with foot and ankle problems
- Primary care adult and paediatric physiotherapy (some held at outreach locations)
- L&D occupational therapy services (including assessment of the home environment) for elective surgical patients
- Community occupational therapy services

- Community Assessment & Rehabilitation Team (CART) services which include physiotherapy and occupational health treatment to rehabilitate patients at home following discharge after an emergency admission to hospital or general deterioration whilst at home
- Hospital at home services to include nursing, wound care, therapy and equipment provision as well as pain relief services for joint replacement patients on discharge

Establishing and investigating current service issues

These are described in detail in section 5 of the attached paper. A summary of the main issues to be considered are:

- Current 12 -13 week wait for first secondary care outpatient appointment at L&D and projected difficulty reaching national 18 week targets.
- Limited outpatient pain services provided at L&D
- Current community services are limited to those provided by ESP physiotherapists and not a multidisciplinary team.
- Not all appropriate referrals are following the correct pathway and going through the triage process
- To disband current community services and transfer the patients seen back to secondary care would further exacerbate waiting times issues.
- Approx £28k spent on daycase epidural injections 07/08 and £14.5k on joint injections these can be carried out within community services.
- If community services are extended to include other disciplines such as osteopathy, acupuncture etc. this will serve a previously unmet need.
- Possible requirement to "unbundle" new outpatient and diagnostic tariffs if a community service is introduced.
- The efficiency of current community services are adversely affected by the non-provision of PACS (Picture Archiving and Communication System) technology in the community settings.
- Additional investment is required for physiotherapy services. Current maximum waiting times for physiotherapy and occupational therapy at L&D are 29 and 12 weeks respectively.
- It is likely that significant changes will need to be made to the way in which the CAS team work.
- Lack of room availability to accommodate 4 or 5 clinicians of a multidisciplinary team at the same time within community services.
- Current podiatry service has been historically understaffed and has issues with lack of theatre space.
- If a patient requires diagnostic imaging, such as MRI, this can extend the pathway in either community or secondary care services by approx 6 weeks due to imaging waiting times and the time then taken to produce the report.
- Feedback from patients at L&D indicates concerns regarding waiting times and lack of parking facilities.
- Currently don't provide a local "seamless" services due to different providers running different services.
- Issues with obtaining accurate activity data
- Any savings are likely to have to be reinvested in the service in order to increase capacity

Benchmarking service models in existence in other areas

Experience in other areas of the country shows that between 50% and 80% of adult MSK referrals from GPs can be dealt with in a community setting.

"Visioning Day"

This was held so all appropriate stakeholders could have some input into the service redesign.

Establishing the commissioning principles and objectives

- To treat patients at the appropriate point in the system
- To enable patients to manage their own conditions
- To plan and manage patient flows
- To develop primary care and community capacity
- To shorten waiting times and length of stays
- To use capacity in acute settings appropriately

As a result of a review paper has been drafted for consideration by the Exec Team, the PEC, the Commissioning Group and the Board. Several options were presented for the way forward.

Option 1 – No current change to local service provision

Option 2 – Extend existing MSK community services and manage referral process

Option 3 – Disband community services with all patients being seen in secondary care

Option 4 – Redesign services and deliver care in community settings

Option 5 – Redesign services and continue to deliver care mainly in a hospital setting

Option 4 is recommended. This suggested a redesign of the current community service (which is well established and already sees approximately 16% of MSK patients).

The redesign would give local access to multi-disciplinary teams (possibly including consultants, Extended Scope Practitioners, GPwSIs and/or nurse practitioners) working in the community treating up to 70% of orthopaedic, rheumatology and pain patients referred by their GP. They could offer services such as education in self-management, advice, joint injections, podiatry/orthotics and alternative therapies. This means a smaller number of patients would be referred directly into the secondary care service. The pain service would be an additional benefit for Luton residents who do not have currently have access to a comprehensive local pain service. Some of the rehabilitation service currently offered locally would also form part of a new community service.

The CAS team would be the single point of receipt for referrals and would manage these accordingly. The new service would include a referral management and triage aspect carried out by the clinical team, as well as an e-mail advice and education services for local GPs.

This option would benefit patients by offering better access and reduced travelling for some, possibly better parking facilities, much reduced waiting times, and access to pain services. It will also assist the local Trust in meeting 18 week orthopaedic targets, by freeing up additional secondary care capacity for those who really need it. A survey on a similar model in Southampton indicated a high level of patient satisfaction.)

Next Steps

- Present review paper to the Board in November 2008 for final decision on what services to commission for the next financial year
- Draw up detailed service specification based on CG decision
- Service specification to be reviewed and agreed by PEC
- Invitation to tender for either all or part of the service specification advertised for a period of 40 days (utilising SHA new purchasing model which means the tPCT does not commit to any definite service specification until the final stages of the process and has the opportunity to hold continued negotiations with a number of perspective providers during the tender period)

- Develop tender panel in line with DH guidelines: populated from some Commissioning Group staff.
- Evaluate applicants and shortlist in line with NHS procurement process
- Interviews and competitive dialogue with shortlisted applicants
- Inform successful applicants
- Implement service by (TBA)

Options Appraisal

	The Proposed Service Delivers	Weighting	Option 1	Option 2	Option 3	Option 4	Option 5
NATIONAL PRIORITY	Meets Our Health, Our Care, Our Say	5	1	2	0	2	0
	Meets National Targets (vital signs etc)	5	0	1	0	2	2
	Meets National Framework guidance MSK, ENT, etc.	5	1	1	0	2	2
	Fits with WCC	5	1	1	0	2	2
LOCAL PRIORITY	Fits with Operating Plan	3	1	1	0	2	2
	Enables Delivery of Strategic Plan	3	1	1	0	2	2
CLINICAL BENEFIT	Reduces 18 week wait times in acute care	5	1	1	0	2	2
	Service has the potential to stretch the development of clinical staff	5	1	1	0	2	2
	Multi Disciplinary Teams	5	0	0	0	2	2
	Utilises latest technology (PACS, System 1) evidence based outcomes	3	0	2	0	2	2
PATIENT BENEFIT	Utilises Choose and Book	5	0	2	2	2	2
	Inequalities (will reduce inequality issues within Luton)	5					
	Impacts on health of patients (can improve the health of patients)	5	2	2	2	2	2
	Impacts on access (can improve patient access to prevention/ services/ education)	5	1	1	0	2	2
FINANCIAL OUTCOME	Can deliver value for money	5	1	1	0	2	2
	Cost base may increase due to increased referrals	1	0	0	0	2	2
	Total Score		**41**	**72**	**20**	**120**	**110**