MPUFT 2024-25
APPENDIX 2A: SCHEDULE 2 – THE SERVICE
Service Specifications

Service Specification No.	CS_24
Service	Community MSK Service (IPOPS)
Commissioner Lead	
Provider Lead	Adam McKeown
Period	1st April 2022 to 31st March 2023
Date of Review	By 31st March 2023

1. Population Needs

National & Local context

1.1.1 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 Project (2005 cited by DOH) identified that:

- Up to 30% of all GP consultations 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
- An estimated 8-10 million of the UK population have arthritis, including 1 million adults under the age of 45, upwards of 12,000 children and 70% of 70 year olds
- 80% of people report low back pain at some point in their life
- It is estimated that trauma caused by road traffic accidents (RTA's) will be the third highest ranked cause of disability by 2020[1]

1.1.2 The NHS Five Year Forward View aims to deliver better health, better patient care and greater efficiency within the NHS. To help support delivery of this vision, Sustainable Transformation Plans (STP) are being written across the health systems to show how providers and commissioners will evolve and become sustainable over the coming years.

1.1.3 In 2014 Cannock and Stafford CCG commissioned an Integrated Musculoskeletal Clinical Assessment & Treatment Service which became the GPs first point of contact to triage all patients presenting with a Musculoskeletal condition. South East Staffordshire & Seisdon CCG also went through a programme of redesign in 2015 to adopt a similar model of care which aligned with the DOH MSK Framework (2006)

1.1.4 Both services now manage over 70% of the patients referred to them and this service specification aims to pull together the two services to provide a clear pathway of care with greater efficiencies to align with the local STP plans for orthopedics.

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**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

1 http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138412.pdf

2.2 Local defined outcomes

Please see schedule 4 Local Quality Requirements

3. Scope

3.1 Aims and objectives of service

3.1.1 The provider shall provide a multi-disciplinary, single point of access; community based service which aims to provide timely assessment, diagnosis and treatment of MSK conditions and promotes self-management in order to maximize independence.

The overall aims and objectives of the service are:

- Provide a range of supportive care, advice and treatment for patients with musculoskeletal conditions;
- Facilitate improved health outcomes by reducing the need for surgical intervention where clinically appropriate, and to optimise self-care and self-management;
- Ensure improved patient reported outcomes by using evidence based outcome tools
- Support patients to gain improved physical, emotional and social well-being through reduction in pain/stiffness during periods of exacerbation/injury'
- To implement choice at the point of (onward) referral
- To include the specialist triage of musculoskeletal referrals to ensure patients are seen in the right place by the right person at the right time and actively manages inappropriate referrals through education and support.
- Reduce Service User's with back pain dependency on injection therapy by providing best practice long term management strategies and education to empower the Service User to undertake, and participate in, routine day to day activities.
- To prevent avoidable chronicity for acute Service Users and facilitate optimal quality of life in Service Users with long term un-resolving back pain.
- To use the information contained in the STarT Back Tool as a means to implement stratified care for Service Users with back pain

3.1.2 The Provider shall contribute towards the following outcomes:

- Reduced number of days lost to employment/loss of functional activity;
- Reduced social isolation;
- Reduced time spent off work;
- Reduction in time spent in acute settings;
- Improved musculoskeletal health;
- Reduction in secondary care orthopaedic referrals;

3.2 Service description

3.2.1 The core services shall include:

- Triage, assessment, diagnosis and treatment for Orthopaedic conditions – provided by a multidisciplinary team which includes consultant input appropriate to the condition
- Direct access to diagnostics (ensuring that they are requested appropriately – Royal College of Radiologists 2003) and undertaken prior to first appointment where clinically appropriate.
- Outpatient Procedures in line with the CCG's policy for Excluded and Restricted Procedures (ERP).
- Option to extend interventions as and when innovation and clinical developments are made, this would be agreed by all parties. Pain management services, including appropriate access to psychological support. Delivered directly within the MSK service, or has a seamless pathway into a separately managed service with the same Provider.
- MSK Podiatry (excluding surgery and community podiatry) already present in MICATS Service and further development to include in IPOPS further development
- Physiotherapy
- Orthotics – Bio mechanical assessment and low level advice & off the shelf products
- Chronic Back Pain Management classes.
- Self-Management and education interventions that follow best practice and national guidelines.

3.2.2 The Provider shall adopt and develop innovative ways of working and consider the following:

- Telephone assessment
- One stop clinics
- Alternative ways to face to face FU
- Support from the voluntary sector

3.2.3 The Provider shall ensure that each patient is provided with the following condition-specific information:
- Description of their condition and its implications;
- Self-Management training and support which empowers the patient to manage their condition and remain as independent as possible in their own home, for as long as possible, this includes the use of digital technology.
- Sources of Support;

3.2.4 Where there is a current pathway in place (South East Staffs), the Provider shall provide post-operative rehabilitation and physiotherapy in order to facilitate faster recovery for a range of surgical procedures undertaken in secondary care.

3.2.5 For patients with back pain symptoms, the Provider shall use the STarT Back screening tool to establish a Service Users risk status and the level of input that may be required. GPs will be encouraged to complete the STarT Back tool questionnaire to support the initial referral.

3.2.6 The Provider shall ensure that prescribing, administration and supply of medicines should be initiated for all treatment that is urgent or require immediate attention i.e. any treatment necessary within 7-10 working days. In all other circumstances, any non-urgent recommendations should be communicated back to the GP within 5 days by email or letter. The clinic letter shall be legible and shall state the patient management plan including any changes in medication including any that have stopped or initiated. Prescribing should follow local guidelines and formularies and ensure legal and clinical governance in safe storage, supply prescribing and administration of medicines.

3.2.7 If medicines are to be prescribed or administered the provider shall seek their own professional advice to ensure compliance to legislation on safe supply, storage and administration of medicines and make appropriate provision to use Patient Group Directions, pre-packs or prescribing within a clinical governance framework. The Provider shall prescribe in line with the South Staffordshire formulary.

3.3 Care Pathway

Accessing the Service

3.3.1 The Provider shall deliver appropriate triage of MSK referrals within 5 working days to ensure that patients are seen in the right place, by the right person at the right time and actively manages inappropriate referrals.

3.3.2 The Provider shall offer an initial appointment no more than 3 weeks and 6 days after the patient has opted into the service. Which may lead onto an assessment (face to face or telephone) diagnostics or treatment. Where patients have chosen to wait longer then this will need to be evidenced to the Commissioners.

3.3.3 The Provider shall ensure the choice, referral and booking conditions are in line with Service Condition 6 of the main contract.

3.3.4 The Provider shall arrange diagnostic tests for all Service Users who have not received the required diagnostics before entering the service where clinically appropriate.

3.3.5 Referrals will be rejected where the information contained in the referral is not enough to decide on the appropriateness, including exclusion of red flag symptoms or signs or those that do not meet the criteria for the MSK Service. Referrals will be returned to the source of referral, with reason for rejection, within one week of receipt.

3.3.6 Service Users shall be given a choice of appointment date and times. Service Users who do not attend (DNA) the service will not be offered a second appointment and the referral will be returned to the GP; however the Provider must provide assurance that the patient has received and accepted the original appointment. The provider shall not be paid for DNA's the SSoTP DNA Policy will be followed.

3.3.7 The Provider shall ensure that the service is available for patient consultations 52 weeks per year, with the exception of bank holidays. The Service shall be available a minimum of 5 days and between a range of hours offering extended hours per week between 8am-6.30pm and will also include extended hours, for example evenings and Saturday mornings.

Onward Referral

3.3.8 The Provider shall ensure that all Service Users who have received an intervention with the service and require a surgical opinion are referred within the referral to treatment RTT standards.

3.3.9 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 surgical provider. Prior to this the Provider shall adopt shared decision making principles to ensure the patient is fully aware of their options. Where applicable the Service User shall be directed to the Right Care decision aids: http://sdm.rightcare.nhs.uk/pda/

Post treatment complications

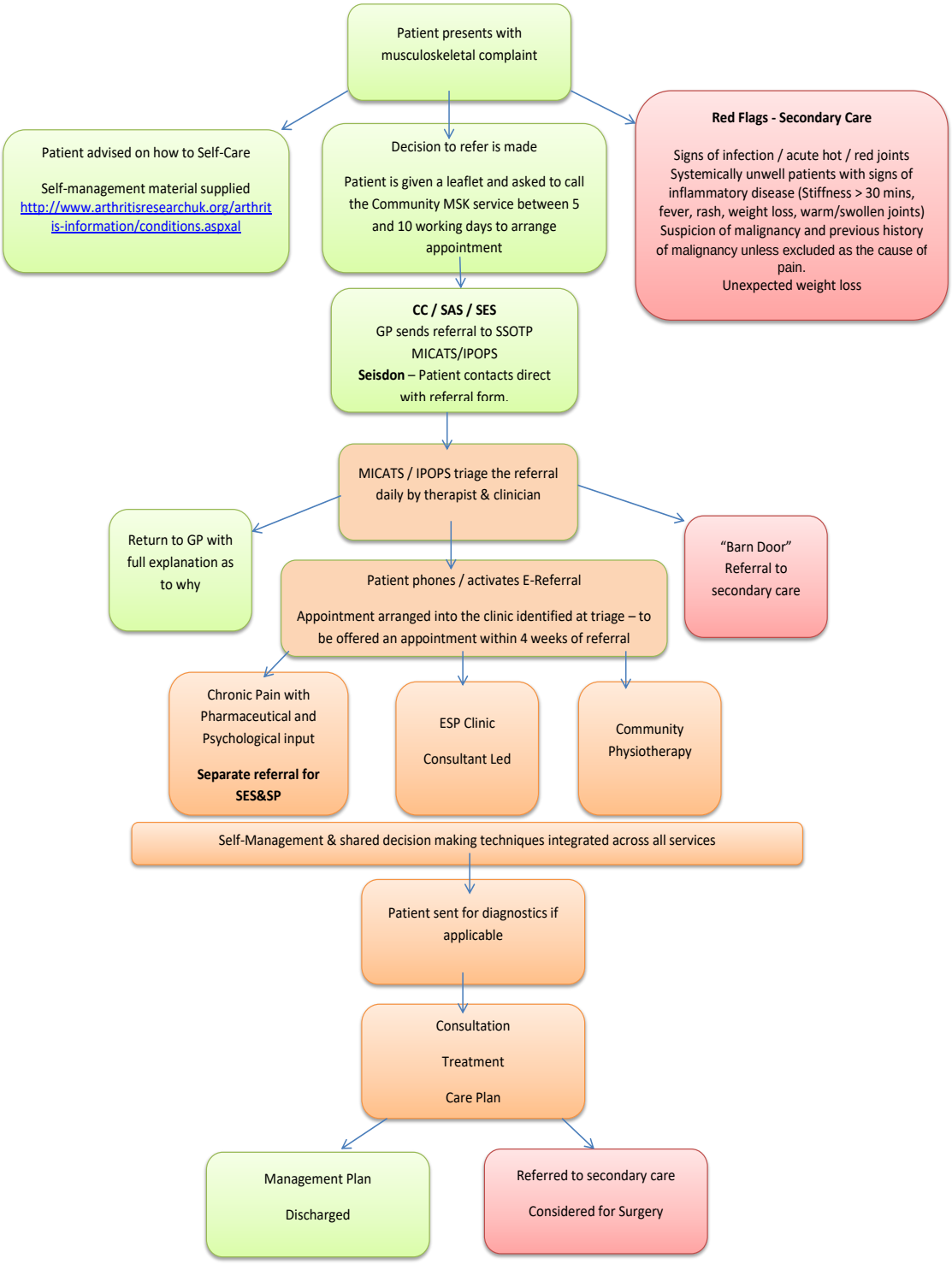
3.3.10 The management of complications such as wound infection following procedures undertaken by the Provider shall be the responsibility of the Provider. These Service Users will be seen as an emergency at the next available clinic appointment if clinically appropriate and should secondary care management be necessary the Provider should liaise with secondary care. Infection rates will be reported to the Commissioner.

3.3.11 The Provider shall have in place developed policies and appropriate equipment at the sites at which services are provided to be able to deal adequately with medical emergencies which might occur (e.g. anaphylaxis).

Discharge Requirements

Please refer to service condition 11

Patient Pathway


Patient presents with musculoskeletal complaint
Patient advised on how to Self-Care
Self-management material supplied
http://www.arthritisresearchuk.org/arthritis-information/conditions.aspxal
Decision to refer is made
Patient is given a leaflet and asked to call the Community MSK service between 5 and 10 working days to arrange appointment
Red Flags - Secondary Care
Signs of infection / acute hot / red joints
Systemically unwell patients with signs of inflammatory disease (Stiffness > 30 mins, fever, rash, weight loss, warm/swollen joints)
Suspicion of malignancy and previous history of malignancy unless excluded as the cause of pain.
Unexpected weight loss
CC / SAS / SES
GP sends referral to SSOTP MICATS/IPOPS
Seisdon – Patient contacts direct with referral form.
MICATS / IPOPS triage the referral daily by therapist & clinician
Return to GP with full explanation as to why
"Barn Door" Referral to secondary care
Patient phones / activates E-Referral
Appointment arranged into the clinic identified at triage – to be offered an appointment within 4 weeks of referral
Chronic Pain with Pharmaceutical and Psychological input
Separate referral for SES&SP
ESP Clinic
Consultant Led
Community Physiotherapy
Self-Management & shared decision making techniques integrated across all services
Patient sent for diagnostics if applicable
Consultation
Treatment
Care Plan
Management Plan
Discharged
Referred to secondary care
Considered for Surgery

GP Links / Education

3.3.12 The provider shall provide clinical education to other health professionals within the CCG localities.

3.3.13 The Provider shall ensure that they offer advice and guidance to clinicians who are unsure of whether a patient requires a referral.

3.3.14 The Provider shall build relationships with local GP Practices and work towards having named physiotherapists working with a cluster of practices. The GP link Physiotherapists shall work as part of a multi-disciplinary team approach across their cluster of General Practices and be responsible for an active case load.

3.3.15 The Provider shall build relationships and clear pathways with secondary care consultants to ensure patients who require onward referral for surgical opinion are:

- Medically optimising the patient's condition prior to procedure;
- Assessing the risk and fitness for surgery prior to referral

3.4 Population covered

3.4.1 The Provider shall provide services to all Service Users registered with a General Practitioner in Cannock Chase Clinical Commissioning Group (CCG) Stafford and Surrounds CCG and South East Staffordshire & Sesidon CCG for whom the Commissioner is responsible for funding healthcare services.

3.4.2 For clarity referrals from Cannock Chase CCG & Stafford & Surrounds CCG shall be treated under the MICATS service and South East Staffordshire and Sesidon CCG patient shall be treated under the IPOPS service.

3.5 Any acceptance and exclusion criteria and thresholds

Acceptance Criteria

3.5.1 Any Musculoskeletal condition for but not limited to:

- Ligament injuries
- Sprains and strains
- Over-use injuries
- Chronic Pain Management (for SES&SP patients a referral will go direct to the service)
- Osteoarthritis
- Acute & Chronic (three+ months duration) Back Pain & Neck Pain
- Osteoarthritis

3.5.2 These conditions will be treated for the following areas:

- Upper limb
- Lower Limb
- Spinal
- Foot & Ankle
- Hand & Wrist

For the avoidance of doubt this service will accept patients 12 & above

Service Exclusions

- Any patient that is not registered with one of commissioners GP Practices.
- Patients who display red flag symptoms which include (but not exclusive) to be referred direct to secondary care:
    - Signs of infection /acute hot/ red joints
    - Systemically unwell patients with signs of inflammatory disease (stiffness > 30 mins, fever, rash, weight loss, warm/swollen joint)
    - Suspicion of malignancy and previous history of malignancy unless excluded as the cause of pain.
    - Unexpected weight loss
- Symptoms of cauda equina syndrome (saddle anaesthesia, bladder and/or bowel dysfunction)
- Community Podiatry / Podiatric Nail Surgery
- Specialist Orthotics
- Suspicion of fracture or dislocation
- Severe joint instability
- Haemarthrosis

- Re-referral for chronic conditions, without new symptoms reported.
- Stand alone acupuncture requests
- Vertigo
- Bells Palsy
- TMJ problems
- Chronic fatigue/Fibromyalgia
- Obstetric pain and SPD in IPOPS SES – usually referred to Specialist Obstetric Physio at Queens
- Post natal back pain within 3 months of birth or non-specific back pain of less than 2 weeks.
- Replacement collars and futura splints
- Respiratory
- Neurological
- Fallers/Mobility Assessments
- Inflammatory joint disease
- Patients who have experienced violent trauma, unless fracture has been excluded.
- Surgical Rehabilitation including private patients
- Patient who require a second surgical opinion
- Complex Feet will be seen in the MICATS service only

3.6 Interdependence with other services/providers

3.6.1 The Provider shall work in an integrated manor with the following NHS and Independent sector agencies: Acute & community care providers; Independent Diagnostic Providers; Social services and 3rd sector organisations, Patient groups, GPs, Keele University / Research Networks, Public Health, Mental Health providers, Equipment stores, Employers & Job Centre plus, Education providers, Patient Transport and other community services.

3.6.2 The service shall have seamless pathways into the other services provided under separate contract with the commissioners, eg the pain management service.

3.7 Research

3.7.1 The provider shall engage with research projects funded by NIHR (National Institute for Health Research), NHS or educational providers.

3.7.2 The provider shall promote research and innovation and the use of research evidence. The provider may also have to facilitate access for University Researchers. The provider shall comply with the Research Governance Framework for Health and Social Care

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- NICE clinical guidance 96 “Neuropathic Pain – The pharmacological management of neuropathic pain in adults in non-specialist settings
- NICE clinical guidance 88, “Low back pain: Early management of persistent non-specific low back pain”
- The British Pain Society and the Royal College of General Practitioners (2004) “ A practical guide to the provision of Chronic Pain Services for adults in Primary Care.”
- Osteoarthritis: Care and management in adults, NICE guidelines [CG177] Published date: February 2014
- Osteoarthritis, NICE quality standard [QS87] Published date: June 2015

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- British Pain Society (2007) “Recommended guidelines for Pain Management Programmes for adults.”
- DH (2006) Musculoskeletal Service Framework: a join responsibility – doing it differently
- DH (2008) High Quality Care for All – NHS Next Stage Review Final Report
- DH (2011) Safeguarding Adults

4.3 Applicable local standards

- STarT Back Screening Tool http://www.keele.acuk/sbst/

Procedures of Low Clinical Value Policy relating to the MSK condition and pain management.
http://sesandspccg.nhs.uk/news-and-information/publications/gp-information

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

Schedule 4 Quality Requirements C Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
To ensure that patients can be offered an initial appointment in less than 4 weeks from the date of referral. Where patient choses to wait longer the earliest available appointment must be logged and reported separately and will be subject to audit.	85%	Monthly performance dashboard.	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Monthly	Community MSK Service
To ensure all patients are triaged, assessed and treated within the service and no more than 30% are referred to secondary care following triage.	70%	Monthly performance dashboard	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Monthly	Community MSK Service
To ensure that those patients who do need to be referred to secondary care are done so in a timely manner once the decision to refer is made, and no later than 8 weeks from the date of referral.	8 weeks	Monthly performance dashboard	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Monthly	Community MSK Service
To ensure that 90% of audit sample patient experiences are reported as positive and that they would recommend the service to family or friends.	90%	Monthly performance dashboard	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Monthly	Community MSK Service
IPOPS service to demonstrate improvements in Patient Numerical Score and or Patient Specific functional scale Going forward the MSK HQ score will be used timescales to be agreed	85%	Monthly performance dashboard	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Monthly	Community MSK Service
MICATs service to demonstrate patient outcomes using EQ-5D-5L Going forward the MSK HQ score will be used timescales to be agreed	85%	Monthly performance dashboard	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Monthly	Community MSK Service
The Trust to carry out a 6 monthly audit on provider cancelled appointments/clinics wit supporting detail	Audit	6 monthly audit	Issue of Contract Performance Notice and subsequent process in accordance with GC9	6 monthly	Community MSK Service

Schedule 6 – Contract Management, Reporting and Information Requirements - A Reporting Requirements

Local Requirements Reported Locally	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
Monthly Data Sheet	Monthly	Excel spreadsheet – Data headings attached: See appendix one for MSK Data Headings	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Total number of patients referred into the service, split by E-referral, email and post.	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Total number of appointments, split to show the number of cancellations (by trust and by patient)	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Total number of patients referred onto secondary care split by trust and specialty (UHNM, RWT, Rowley, Burton, Walsall, Dudley) (T&O, Rheumatology, Pain Management, Spinal, Podiatric Surgery, orthotics, Occupational Therapy, other)	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Number of clinics offered out of hours	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Number of referrals into the service by category (ESP Podiatry, Pain Management, MSK, ESP Physiotherapy,	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Number of rejected referrals, by category (inappropriate for service, lack of information, referred elsewhere)	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Number of patients on the waiting list and the number of weeks waiting	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Number of patients sent for diagnostics by type (X-Ray, MRI, Ultrasound, Dexa, Bloods, CT, Nerve Conduction Studies) Report by exception any patient who waits more than 6 weeks for a diagnostic	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Number of patients seen by the service by condition (Shoulder, Hand/Wrist, Elbow, Knee, Spine, Hip, Foot/Ankle, Neck, other)	Monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	
Patient, Staff & Carer survey results A minimum of 100 patients a month to be surveyed across the services.	6 monthly	Monthly performance dashboard	Submit to Coordinating Commissioner within 15 Operational Days of the end of the month to which it relate.	

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises
The Provider's Premises are located at: **The provider shall operate out of a range of premises for easy access for the Localities**

Service Specification No.	CS_27
Service	Chronic Pain Management – East Staffordshire
Commissioner Lead	Emily Davies
Provider Lead	Adam McKeown
Period	1st April 2022 to 31st March 2023
Date of Review	By 31st March 2023

1. Population Needs

1.1 National/local context and evidence base

7.8 million people live with chronic pain, £584 million is spent on prescriptions for pain, 1.6 million adults per year suffer with chronic back pain, 25% of people with chronic pain lose their jobs and 16% feel their chronic pain is so bad that they sometimes want to die (Donaldson, 2009).

The principal aims of the chronic pain service are to enable people with chronic pain to achieve as normal a life as possible by reducing physical disability and emotional distress, and improving the individual's ability to self-manage pain-associated disability and reduce reliance on healthcare resources.

Since 2005, the Department of Health approach for the management of long-term health conditions changed, increasing the emphasis on self-management skills and resources (for instance, the 2005 National Service Framework for long-term medical conditions. www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/fs/; Clinical Standards Advisory Group, 2000; Dr Foster, 2003)[1].

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	✓

3. Scope

3.1 Aims and objectives of service

The Provider shall:

- The Provider shall ensure appropriate triage of chronic pain referrals to ensure patients are seen in the right place, by the right person and actively manages inappropriate referrals,
- Provide an effective service for the management of chronic pain sufferers,
- Facilitate improved health outcomes by enhancing patient's ability to self-Manage and maximise functional ability,
- Reduce the need for surgical intervention amongst chronic pain sufferers,
- Ensure improved patient reported outcomes,
- Reduce need for patients to be seen repeatedly by a specialist chronic pain service.

The Provider shall contribute towards the following outcomes:

- Reduced number of days lost to employment/loss of functional activity;
- Reduced social isolation;
- Reduction in time spent in acute settings;

[1] The British Pain Society, Guidelines for Pain Management Programmes for adults, November 2013

- Reduce patient reliance on surgical or repetitive non-surgical interventions, especially those provided in the acute care setting, by providing a service that draws on the expertise of medical, physiotherapy, pharmacy and psychology specialties;
- Provide care closer to home and in the most appropriate community setting for the type of treatment being provided to the patient;
- Reduction in secondary care chronic pain intervention.

3.2 Service description

The service shall provide assessment and treatment for chronic pain and shall comprise of:

- Pain Management Programme, in accordance with the "Guidelines for Pain Management Programme for adults" British Pain Society, November 2013
- Physiotherapy
- Psychological Support
- Pharmacological Management
- Specialist in Pain Management
- Interventional
- Diagnostic investigations

The Provider shall ensure that each patient is provided with the following condition-specific information:

- Description of their condition and its implications;
- Self-Management advice and support
- Sources of Support
- Interventional Procedures

The Provider shall agree suitable reviews with the Patient to include the following:-:

- Review of agreed goals and Personalised Care Plan/Personalised Management Plan
- Patient experience
- Effectiveness of interventions
- Patient compliance with plan
- Reinforce self-management to empower and manage the condition with the use of digital technology or appropriate means
- Onward referral as necessary

3.3 Minor or Intermediate Procedures

The Provider shall undertake minor procedures which have been agreed with the East Staffordshire Clinical Commissioning Group including (but not limited to).
Out Patient based Nerve blocks, Joint and soft tissues injections and intermediate procedures such as Spinal injections etc. which are provided in controlled Theatre Environment
This will be in line the commissioners Procedures of Low Clinical Value policy

3.4 Medicines Management

The provider shall prescribe in line with any approved patient pathways inclusive of those published on Map of Medicine.

All prescribing must be in line with South Staffordshire Joint formulary as detailed within the hyperlink: http://www.southstaffordshirejointformulary.nhs.uk/ .

All non-formulary prescribing/ recommendations will remain with the provider and all costs will be recharged back to the provider.

If the provider would like to apply for a drug to be considered for addition to the formulary, the following document shall be used:

http://www.southstaffordshirejointformulary.nhs.uk/docs/misc/FormularyApplicationForm.pdf

Prescribing should be for products licensed within that indication or those contained within national guidelines (NICE) recognising certain products will be unlicensed for these indications, however are established therapy. However all products prescribed or recommended must be on the South Staffordshire Joint Formulary.

Where a formulary application is made for inclusion on the above formulary, and the South Staffordshire Area Prescribing Group identify a need for supporting essential shared care agreement (ESCA) or rationale for initiation, continuation and discontinuation (RICaD) documentation, it is the responsibility of the service to provide these.

All patients shall be stabilised on pharmacological treatment before discharge to the GP.

GPs shall be provided with clear instructions on dosing and any necessary titration where suitable and treatment goals for the short, medium and long term.

All prescribing shall be using non-proprietary or pharmacological i.e. 'generic' nomenclature; unless the proposed therapy has complex name.

The Provider shall ensure that prescribing, administration and supply of medicines are provided for all treatment that requires a rapid prescription request form initiation. The Provider shall communicate to patients that these will be processed within normal prescription volume. Non-urgent recommendations are communicated back to the GP.

3.3 Care Pathway

3.3.1 Accessing the service

The Provider shall accept referrals via secure email, Choose and Book or letter. All referrals shall be assessed by the Pain Management service for appropriateness and will be referred onto secondary care as appropriate. The Provider shall ensure that appointments are prioritised to those with greatest clinical urgency, based on the information provided in the referral letter.

The Provider shall arrange diagnostic tests for those Service Users where Clinically appropriate

Referrals will be rejected where the information contained in the referral is not enough to decide on the appropriateness, including exclusion of red flag symptoms or signs or those that do not meet the criteria for the Service. Referrals will be returned to the source of referral, with reason for rejection, within one week of receipt.

Service Users shall be given a choice of appointment date and times. Service Users who do not attend (DNA) the service will not be offered a second appointment and the referral will be returned to the GP; however the Provider must provide assurance that the patient has received and accepted the original appointment.

The Provider shall ensure that the service is available for patient consultations 42 weeks per year, with the exception of bank holidays. The Service shall be available 5 days per week between 8am-5.00pm.

The Provider shall provide Service Users with relevant information informing them of the services they should access if there is a complication outside of the normal service hours. The Provider shall ensure that there are arrangements in place to deliver the appropriate services for sensory impaired patients and those who do not speak English.

The Provider shall consider and understand the BME communities within the Clinical Commissioning Groups and ensure that the Service is accessible to all communities.

The service is located at:-

Based at Edwin House, running East Staffs clinics at:-
Injections at the Treatment Centre, Queens Hospital Burton
And clinics from-
Hill Street Health Centre
Stapenhill
Burton-on-Trent

Tel: **01283 507131 Patient Contact Line**
Fax: **01782 532349**

Secure nhs email address for referrals: **SSPCT.chronicpain@nhs.net**

Service is provided 42 weeks 9.00-4pm Mon-Friday excluding Bank Holidays

3.3.2 Onward referral

The Provider shall ensure that all Service Users who have received an intervention with the service and require further surgical or specialist opinion are referred to surgical providers within 8 weeks from receipt of referral and within two working days of the Providers decision to refer onwards. Choice principles will be applied when referring to secondary care.

When Service Users are referred onward, by the Chronic Pain Management service, the reason for the referral will be contained in the referral letter e.g. for surgery, a surgical opinion, or because of serious pathology. For any Service User which the Provider needs to refer, 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 five working days. The Provider shall expedite this so as not to

compromise achievement of the 18 week referral to treatment targets. The Provider shall refer to any pre-referral surgical guidelines that the Commissioner and Secondary Care providers have in place before a referral for surgery is made.

The Provider shall be able to demonstrate the delivery of patient choice and ensure that all Service Users requiring onward referral are offered choice as per DH guidelines https://www.gov.uk/government/publications/the-nhs-constitution-for-england.

3.3.3 Post treatment complications

The Provider shall have in place developed policies and appropriate equipment at the sites at which services are provided to be able to deal adequately with medical emergencies which might occur (e.g. anaphylaxis).

3.3.4 Discharge Requirements

The Provider shall be responsible for ensuring that the referring GP is sent a comprehensive typed summary letter outlining the diagnosis, investigations, treatment plan and patient advice following each patient consultation.

The Provider shall send the Service User a copy of the discharge letter and treatment plan in accordance with the Contract General Conditions.

At a clinically appropriate time following discharge the Provider shall contact each Service User to arrange the completion of Clinically appropriate outcome measure

3.4 Development of a patient centred service

The Provider shall ensure that Service Users, family and their Carers are given an explanation of their condition and advice about all management options including both non-surgical and surgical (if appropriate) in a manner that is easily understood.

The Provider shall work with Service Users, family and Carers in ways that foster partnerships. Providers shall develop processes such as comments and suggestion boxes, patient and carer participation groups, experience surveys, local complaints processes and annual reviews of the service.

The Provider shall work with Service Users, family and Carers in ways that support self-care and self- management and the supply of informative educational leaflets in the self-management of their condition.

The provider shall ensure that service provision is adapted to meet the needs of vulnerable people, people with learning and physical difficulties and mental health needs. The Provider shall comply with the national standards for ethnic coding.

3.5 Any acceptance and exclusion criteria and thresholds

3.5.1 Acceptance criteria

- The Provider shall accept all patients presenting chronic pain conditions (mechanical and other non-mechanical Chronic Pain conditions) with the exceptions detailed below. Referrals will be accepted from a GP, Physiotherapist, Occupational Therapist, Podiatrist or Consultant and any Health Care Professionals
- Patient's social and psychological wellbeing affected due to distress caused by chronic pain.
- Patients participation in daily activities is severely limited.
- Patients have had all possible investigations and not suitable for surgery.

3.5.2 Exclusion criteria

The Provider shall not accept referrals where it is apparent that the patient:

- Needs palliative pain relief, or is suffering from a rapidly deteriorating disease or condition.
- Has a history of a cancer potentially related to the pain
- Displays symptoms of a spinal tumour.
- Is suffering from the acute phase of a violent trauma
- Uncontrolled psychosis and moderate to severe cognitive impairment
- Any patient that is not registered with a East Staffordshire CCG GP
- Any patient assessed as a 'Red Flag
- Stand alone acupuncture requests
- Post natal back pain within 3 months of birth
- Paediatrics under the age of 16 years

3.3 Population covered

3.3.1 The Provider shall provide the Services to all patients with chronic pain conditions who are registered with an East Staffordshire CCG GP Practice for whom the Commissioner is responsible for funding healthcare services. Consideration will be given to homeless patients that are not registered.

3.5 Interdependence with other services/providers

3.5.1 The provider shall ensure that they build relationships with the following services/providers:

- Community Service Providers
- Integrated Physiotherapy Orthopaedic and Pain Service IPOPS Pharmacists (encouraging patients to ask their pharmacist for advice)
- District Councils to look at opportunities to develop strategies which encourage individuals to take up physical activity
- Voluntary Sector
- Urgent Care Centres/ Minor Injuries Units
- County Councils
- Secondary Care Providers

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- British Pain Society (November 2013) "Recommended guidelines for Pain Management Programmes for adults"
- DH (2008) High quality Care for All – NHS Next Stage Review Final Report
- DH (2011) Safe Guarding Adults http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882
- National audit Office (2009) Services for people with rheumatoid arthritis

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- NICE (2009) Rheumatoid arthritis: The management of rheumatoid arthritis in adults
- NICE clinical guidance 96 "Neuropathic pain – The pharmacological management of neuropathic pain in adults in non-specialist settings
- NICE clinical guidance 88. "Low back pain: Early management of persistent non-specific low back pain"
- The British Pain Society and the Royal College of General Practitioners (2004) "A practical guide to the provision of Chronic Pain Services for adults in Primary Care
- The National Pain Audit; http://www.nationalpainaudit.org/index.html
- The Royal College of Anaesthetists and the Pain Society (2003) "Pain Management Services – Good Practice"
- The Royal college of Physicians of London (2009) Rheumatoid Arthritis: National Clinical Guidelines for management and treatment of adults
- British Pain Society, Core Standards for Pain Management Services in the UK , October 2015

4.3 Applicable local standards

- http://www.staffordshire.gov.uk/health/care/reportingabuse/vulnerableadultabuse.aspx
- http://webarchive.nationalarchives.gov.uk/+/http://www.dca.gov.uk/legalpolicy/mental-capacity/mac-cp.pdf
- DH - Department of Children schools and Families (2010) Working Together to Safeguard Children

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-C)

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence	Applicable Service Specification
% of patients report reduction in level of distress *Quantifiable improvements in patients' perception reduction in level of distress*	Threshold-75% (of a sample size which must =>50% of referral activity	Quarterly report of % achieving improvement Brief Pain Inventory Tool	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service

% of patients reporting positive change in pain self-efficacy *Evidence of patients taking effective self control of their condition individually* *Local Outcome: Provide care in appropriate community setting for type of treatment being provided*	Threshold-75% (of a sample size which must =>50% of referral activity	Quarterly report Brief Pain Inventory Tool	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
% of service users with a reported improvement in their condition from the initial assessment to discharge from the service *Patients having a positive outcome in their physical, psychological and/or social needs* *Local Outcome: Reduced social isolation – linked in with positive outcomes*	75% (of a sample size which must =>50% of referral activity)	Quarterly Report Brief Pain Inventory Tool	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
% of patients report an increase in functional gain- *An increase in an individual's self-reported levels of functional gain* *Local Outcome: Reduced LOSS of functional activity*	Threshold-75% (of a sample size which must =>50% of referral activity	Quarterly Report Using an accredited tool to report reduction in self-reported levels of functional gain at point of discharge. Brief Pain Inventory Tool	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service
% of patients to be asked about an increase in an individual's self-reported levels of functional gain- Local Outcome: Reduced loss of functional activity *Patients have a positive experience of care*	Threshold to be based on SSOTP standard	Quarterly Report Tool - Friends and Family Test	General Condition 9 Contract Management	Quarterly	Community Based Chronic Pain Management Service

5.2 Applicable CQUIN goals (See Schedule 4 Part D)

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

Based at Edwin House, running East Staffs clinics at:-
Injections at the Treatment Centre, Queens Hospital Burton
And clinics from-
Hill Street Health Centre
Stapenhill
Burton-on-Trent
Tel: **01283 507131 Patient Contact Line**
Fax: **01782 532349**

Secure NHS email address for referrals: **SSPCT.chronicpain@nhs.net**

Service is provided 42 weeks 9.00-4pm Mon-Friday excluding Bank Holidays

Service Specification No.	MICATS_01
Service	MICATS - Community MSK Service
Commissioner Lead	
Provider Lead	Karen Dawson, Service Manager, MICATS
Period	1st April 2022 to 31st March 2023
Date of Review	Upon Commissioner or Provider request

1.Population Needs

1.1 National/Local Context and Evidence Base

1.1.1 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 Project (2005 cited by DOH) identified that:

- Automatic dispatch of lights and sirens ambulance to all call
- Up to 30% of all GP consultations 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
- An estimated 8-10 million of the UK population have arthritis, including 1 million adults under the age of 45, upwards of 12,000 children and 70% of 70 year olds
- 80% of people report low back pain at some point in their life
- It is estimated that trauma caused by road traffic accidents (RTA's) will be the third highest ranked cause of disability by 2020[2]

1.1.2 The NHS Five Year Forward View aims to deliver better health, better patient care and greater efficiency within the NHS. To help support delivery of this vision, Sustainable Transformation Plans (STP) are being written across the health systems to show how providers and commissioners will evolve and become sustainable over the coming years.

1.1.3 In 2014 Cannock and Stafford CCG commissioned an Integrated Musculoskeletal Clinical assessment & Treatment Service which became the GPs first point of contact to triage all patients presenting with a Musculoskeletal condition. South East Staffordshire & Seisdon CCG also went through a programme of redesign in 2015 to adopt a similar model of care which aligned with the DOH MSK Framework (2006).

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2 http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138412.pdf

1.1.4 Both services now manage over 70% of the patients referred to them and this service specification aims to pull together the two services to provide a clear pathway of care with greater efficiencies to align with the local STP plans for orthopedics.

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 a safe environment and protecting them from avoidable harm**	□

2.2 Local Defined Outcomes

See Schedule 4 Part C Local Quality Requirements

3. Scope

3.1 Aims and objectives of service

3.1.1 The provider shall provide a multi-disciplinary, single point of access; community based service which aims to provide timely assessment, diagnosis and treatment of MSK conditions and promotes self-management in order to maximize independence.

The overall aims and objectives of the service are:

- Provide a range of supportive care, advice and treatment for patients with musculoskeletal conditions;
- Facilitate improved health outcomes by reducing the need for surgical intervention where clinically appropriate, and to optimise self-care and self-management;
- Ensure improved patient reported outcomes by using evidence based outcome tools
- Support patients to gain improved physical, emotional and social well-being through reduction in pain/stiffness during periods of exacerbation/injury'
- To implement choice at the point of (onward) referral
- To include the specialist triage of musculoskeletal referrals to ensure patients are seen in the right place by the right person at the right time and actively manages inappropriate referrals through education and support.

- Reduce Service User's with back pain dependency on injection therapy by providing best practice long term management strategies and education to empower the Service User to undertake, and participate in, routine day to day activities.
- To prevent avoidable chronicity for acute Service Users and facilitate optimal quality of life in Service Users with long term un-resolving back pain.
- To use the information contained in the STarT Back Tool as a means to implement stratified care for Service Users with back pain

3.1.2 The Provider shall contribute towards the following outcomes:

- Reduced number of days lost to employment/loss of functional activity;
- Reduced social isolation;
- Reduced time spent off work;
- Reduction in time spent in acute settings;
- Improved musculoskeletal health;
- Reduction in secondary care orthopaedic referrals;

3.2 Service description

3.2.1 The core services shall include:

- Triage, assessment, diagnosis and treatment for Orthopaedic conditions – provided by a multidisciplinary team which includes consultant input appropriate to the condition
- Direct access to diagnostics (ensuring that they are requested appropriately – Royal College of Radiologists 2003) and undertaken prior to first appointment where clinically appropriate.
- Outpatient Procedures in line with the CCG's policy for Excluded and Restricted Procedures (ERP).
- Option to extend interventions as and when innovation and clinical developments are made, this would be agreed by all parties. Pain management services, including appropriate access to psychological support. Delivered directly within the MSK service, or has a seamless pathway into a separately managed service with the same Provider.
- MSK Podiatry (excluding surgery and community podiatry). Already present in MICATS Service and further development to include in IPOPS further development
- Physiotherapy
- Orthotics – Bio mechanical assessment and low level advice & off the shelf products
- Chronic Back Pain Management classes.
- Self-Management and education interventions that follow best practice and national guidelines.

3.2.2 The Provider shall adopt and develop innovative ways of working and consider the following:

- Telephone assessment
- One stop clinics
- Alternative ways to face to face FU
- Support from the voluntary sector

3.2.3 The Provider shall ensure that each patient is provided with the following condition-specific information:

- Description of their condition and its implications;
- Self-Management training and support which empowers the patient to manage their condition and remain as independent as possible in their own home, for as long as possible, this includes the use of digital technology.
- Sources of Support;

3.2.5 For patients with back pain symptoms, the Provider shall use the STarT Back screening tool to establish a service Users risk status and the level of input that may be required. GPs will be encouraged to complete the STarT Back tool questionnaire to support the initial referral.

3.2.6 The Provider shall ensure that prescribing, administration and supply of medicines should be initiated for all treatment that is urgent or require immediate attention i.e. any treatment necessary within 7-10 working days. In all other circumstances, any non-urgent recommendations should be communicated back to the GP within 5 days by email or letter. The clinic letter shall be legible and shall state the patient management plan including any changes in medication including any that have stopped or initiated. Prescribing should follow local guidelines and formularies and ensure legal and clinical governance in safe storage, supply prescribing and administration of medicines.

3.2.7 If medicines are to be prescribed or administered the provider shall seek their own professional advice to ensure compliance to legislation on safe supply, storage and administration of medicines and make appropriate provision to use Patient Group Directions, pre-packs or prescribing within a clinical governance framework. The Provider shall prescribe in line with the South Staffordshire formulary.

3.3 Care Pathway

Accessing the Service

3.3.1 The Provider shall deliver appropriate triage of MSK referrals within 5 working days to ensure that patients are seen in the right place, by the right person at the right time and actively manages inappropriate referrals.

3.3.2 The Provider shall offer an initial appointment no more than 3 weeks and 6 days after the patient has opted into the service. Which may lead onto an assessment (face to face or telephone) diagnostics or treatment. Where patients have chosen to wait longer then this will need to be evidenced to the Commissioners.

3.3.3 The Provider shall ensure the choice, referral and booking conditions are in line with Service Condition 6 of the main contract.

3.3.4 The Provider shall arrange diagnostic tests for all Service Users who have not received the required diagnostics before entering the service where clinically appropriate.

3.3.5 Referrals will be rejected where the information contained in the referral is not enough to decide on the appropriateness, including exclusion of red flag symptoms or signs or those that do not meet the criteria for the MSK Service. Referrals will be returned to the source of referral, with reason for rejection, within one week of receipt.

3.3.6 Service Users shall be given a choice of appointment date and times. Service Users who do not attend (DNA) the service will not be offered a second appointment and the referral will be returned to the GP; however, the Provider must provide assurance that the patient has received and accepted the original appointment. The provider shall not be paid for DNA's, the MPFT DNA Policy will be followed.

3.3.7 The Provider shall ensure that the service is available for patient consultations 52 weeks per year, with the exception of bank holidays. The Service shall be available a minimum of 5 days and between a range of hours offering extended hours per week between 8am-6.30pm and will also include extended hours, for example evenings and Saturday mornings.

Onward Referral

3.3.8 The Provider shall ensure that all Service Users who have received an intervention with the service and require a surgical opinion are referred.

3.3.9 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 surgical provider. Prior to this the Provider shall adopt shared decision-making principles to ensure the patient is fully aware of their options. Where applicable the Service User shall be directed to the Right Care decision ids: http://sdm.rightcare.nhs.uk/pda/

Post treatment complications

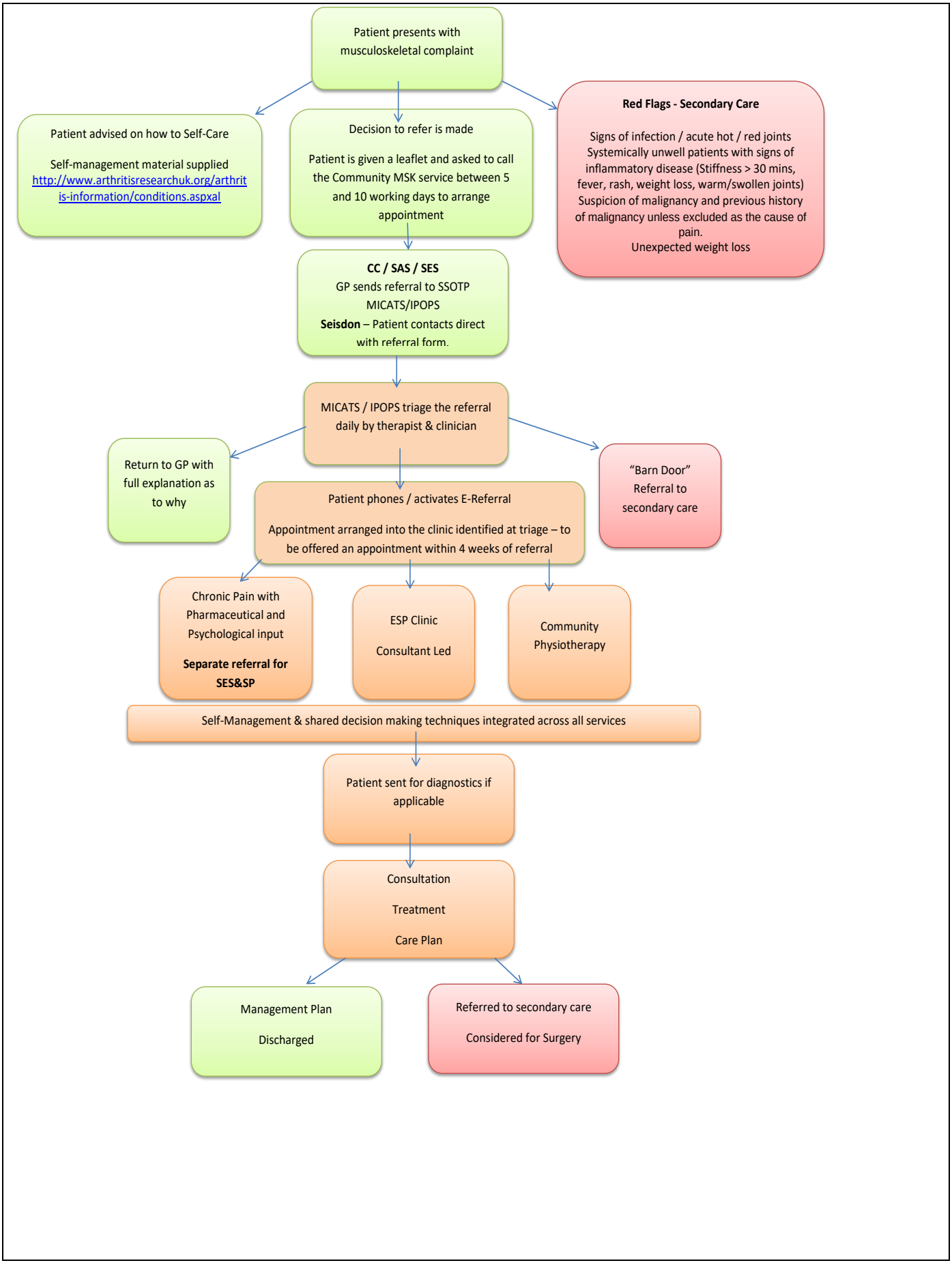
3.3.10 The management of complications such as wound infection procedures undertaken by the Provider shall be the responsibility of the Provider. These Service Users will be seen as an emergency at the next available clinic appointment if clinically appropriate and should secondary care management be necessary the Provider should liaise with secondary infection rates will be reported to the Commissioner.

3.3.11 The Provider shall have in place developed policies and appropriate equipment at the sites at which services are provided to be able to deal adequately with medical emergencies which might occur (e.g. anaphylaxis).

Discharge Requirements
Please refer to service condition 11

Patient Pathway

The provider will follow the pathway outlined below until the new MSK pathways new Staffordshire wide pathways are implemented from the 1st December 2017.


Patient presents with musculoskeletal complaint
Patient advised on how to Self-Care
Self-management material supplied
http://www.arthritisresearchuk.org/arthritis-information/conditions.aspxal
Decision to refer is made
Patient is given a leaflet and asked to call the Community MSK service between 5 and 10 working days to arrange appointment
Red Flags - Secondary Care
Signs of infection / acute hot / red joints
Systemically unwell patients with signs of inflammatory disease (Stiffness > 30 mins, fever, rash, weight loss, warm/swollen joints)
Suspicion of malignancy and previous history of malignancy unless excluded as the cause of pain.
Unexpected weight loss
CC / SAS / SES
GP sends referral to SSOTP MICATS/IPOPS
Seisdon – Patient contacts direct with referral form.
MICATS / IPOPS triage the referral daily by therapist & clinician
Return to GP with full explanation as to why
"Barn Door" Referral to secondary care
Patient phones / activates E-Referral
Appointment arranged into the clinic identified at triage – to be offered an appointment within 4 weeks of referral
Chronic Pain with Pharmaceutical and Psychological input
Separate referral for SES&SP
ESP Clinic
Consultant Led
Community Physiotherapy
Self-Management & shared decision making techniques integrated across all services
Patient sent for diagnostics if applicable
Consultation
Treatment
Care Plan
Management Plan
Discharged
Referred to secondary care
Considered for Surgery

GP Links / Education

3.3.12 The provider shall provide clinical education to other health professionals within the CCG localities.

3.3.13 The Provider shall ensure that they offer advice and guidance to clinicians who are unsure of whether a patient requires a referral.

3.3.14 The Provider shall build relationships with local GP Practices and work towards having named physiotherapists working with a cluster of practices. The GP link Physiotherapists shall work as part of a multi-disciplinary team approach across their cluster of General Practices and be responsible for an active case load.

3.3.15 The Provider shall build relationships and clear pathways with secondary care consultants to ensure patients who require onward referral for surgical opinion are:

- Medically optimising the patient's condition prior to procedure;
- Assessing the risk and fitness for surgery prior to referral

3.4 Population covered

3.4.1 The Provider shall provide services to all Service Users registered with a General Practitioner in Cannock Chase Clinical Commissioning Group (CCG) Stafford and Surrounds CCG for whom the Commissioner is responsible for funding healthcare services.

3.4.2 For clarity in the main referrals from Cannock Chase CCG & Stafford & Surrounds CCG shall be treated under the MICATS service and South East Staffordshire and Sesidon CCG patient shall be treated under the IPOPS service. However patients may choose to go to either service where it is geographically closer.

3.5 Any acceptance and exclusion criteria and thresholds

Acceptance Criteria

3.5.1 Any Musculoskeletal condition for but not limited to:

- Ligament injuries
- Sprains and strains
- Over-use injuries
- Chronic Pain Management (for SES&SP patients a referral will go direct to the service)
- Osteoarthritis
- Acute & Chronic (three+ months duration) Back Pain & Neck Pain
- Osteoarthritis

3.5.2 These conditions will be treated for the following areas:

- Upper limb
- Lower Limb
- Spinal
- Foot & Ankle
- Hand & Wrist

For the avoidance of doubt this service will accept patients 12 & above until the new provision is provided for the 12-15 year olds and from that point 16+

Service Exclusions

- Any patient that is not registered with one of commissioners GP Practices.
- Patients who display red flag symptoms which include (but not exclusive) to be referred direct to secondary care:
    - Signs of infection /acute hot/ red joints
    - Systemically unwell patients with signs of inflammatory disease (stiffness > 30 mins, fever, rash, weight loss, warm/swollen joint)
    - Suspicion of malignancy and previous history of malignancy unless excluded as the cause of pain.
    - Unexpected weight loss
- Symptoms of cauda equina syndrome (saddle anaesthesia, bladder and/or bowel dysfunction)
- Community Podiatry / Podiatric Nail Surgery
- Specialist Orthotics
- Suspicion of fracture or dislocation
- Severe joint instability
- Haemarthrosis
- Re-referral for chronic conditions, without new symptoms reported.
- Stand alone acupuncture requests
- Vertigo
- Bells Palsy
- TMJ problems
- Chronic fatigue/Fibromyalgia
- Obstetric pain and SPD in IPOPS SES – usually referred to Specialist Obstetric Physio at Queens
- Post natal back pain within 3 months of birth or non-specific back pain of less than 2 weeks.
- Replacement collars and futura splints
- Respiratory
- Neurological
- Fallers/Mobility Assessments
- Inflammatory joint disease
- Patients who have experienced violent trauma, unless fracture has been excluded.
- Surgical Rehabilitation including private patients
- Patient who require a second surgical opinion
- Complex Feet will be seen in the MICATS service only

3.6 Interdependence with other services/providers

3.6.1 The Provider shall work in an integrated manor with the following NHS and Independent sector agencies: Acute & community care providers; Independent Diagnostic Providers; Social services and 3rd sector organisations, Patient groups, GPs, Keele University / Research Networks, Public Health, Mental Health providers, Equipment stores, Employers & Job Centre plus, Education providers, Patient Transport and other community services.

3.6.2 The service shall have seamless pathways into the other services provided under separate contract with the commissioners, e.g. the pain management service.

3.7 Research

3.7.1 The provider shall engage with research projects funded by NIHR (National Institute for Health Research), NHS or educational providers.

3.7.2 The provider shall promote research and innovation and the use of research evidence. The provider may also have to facilitate access for University Researchers. The provider shall comply with the Research Governance Framework for Health and Social Care

4. Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

When providing services to NHS patients, providers shall, at all times operate in accordance with the law, good clinical practice and good health or social care practice, including relevant NICE guidelines and guidelines from the Royal Colleges.

- NICE clinical guidance 96 “Neuropathic Pain – The pharmacological management of neuropathic pain in adults in non-specialist settings
- NICE clinical guidance 88, “Low back pain: Early management of persistent non-specific low back pain”
- The British Pain Society and the Royal College of General Practitioners (2004) “ A practical guide to the provision of Chronic Pain Services for adults in Primary Care.”
- Osteoarthritis: Care and management in adults, NICE guidelines [CG177] Published date: February 2014
- Osteoarthritis, NICE quality standard [QS87] Published date: June 2015

4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

- British Pain Society (2007) “Recommended guidelines for Pain Management Programmes for adults.”
- DH (2006) Musculoskeletal Service Framework: a join responsibility – doing it differently
- DH (2008) High Quality Care for All – NHS Next Stage Review Final Report
- DH (2011) Safeguarding Adults

4.3 Applicable Local Standards

- Excluded and restricted Procedures (ERP) previously know as Procedures of Low Clinical Value Policy relating to the MSK condition and pain management.
- http://www.staffordsurroundsccg.nhs.uk/our-services2/erp

5. Applicable Quality Requirements and CQUIN Goals

1.3 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN Goals (Not Applicable, CQUIN Value inclusive of EACV)

6. Location of Provider Premises

The provider shall operate out of a range of premises for easy access for the Localities

7. Individual Service User Placement

Not applicable.