

# Health Scrutiny Committee Update

Paper date	October 2018
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<b>Subject of report</b>	<b>Review of MSK Physiotherapy Services</b>
Executive summary	<p>Through the NHS Dorset CCG Musculoskeletal (MSK) work programme, access to physiotherapy was identified as a service area with inequity of provision across Dorset.</p> <p>A review of MSK Physiotherapy services is taking place to ascertain the current level of provision versus what is required to support the implementation of the MSK work programme for the future. This paper provides an outline of the review.</p>
Recommendation	The Committee is asked to note and comment the contents of this report.
Reason for recommendation	This paper is presented for information purposes.
Appendices	Terms of Reference – MSK Physiotherapy review
Background papers	n/a
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## **NHS DORSET CLINICAL COMMISSIONING GROUP**

### **REVIEW OF MSK PHYSIOTHERAPY SERVICES**

#### **1. Introduction**

- 1.1 Through the Musculoskeletal (MSK) work programme, access to physiotherapy was identified as a service area with inequity of provision across Dorset.
- 1.2 A review of MSK Physiotherapy services is taking place to ascertain the current level of provision versus what is required to support the implementation of the MSK work programme for the future.
- 1.3 The review will make recommendations for a revised service model across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment.

#### **2. Report**

- 2.1 The review will include the following elements:
  - Local need in relation to MSK Physiotherapy;
  - Current provider capacity vs demand;
  - Locally agreed pathways and the impact of physiotherapy;
  - Objectives of the Clinical Services Review;
  - Current local and national service models;
  - National Guidelines and Best Practice.
- 2.2 A task and finish group was established to lead the review; the terms of reference are attached in Appendix 1. Alongside this, a reference group has met three times to develop the options for a physiotherapy model. The reference group was made up of both stakeholders and patients.

#### **3. Conclusion**

- 3.1 The preferred models will be circulated widely with the opportunity for stakeholders and patients to vote on their preferred option, the results of which will be presented to the Clinical Commissioning Committee in December 2018.
- 3.2 A further update will be provided to the Health Overview and Scrutiny Committee once the preferred option has been identified.

## APPENDIX 1

### NHS DORSET CLINICAL COMMISSIONING GROUP TERMS OF REFERENCE – MSK PHYSIOTHERAPY REVIEW

#### 1.0 INTRODUCTION

Through the Musculoskeletal (MSK) work programme, access to physiotherapy has been identified as a service area with inequity of provision across Dorset.

A review of MSK physiotherapy services during will be completed and will include the following elements:

- Local need in relation to MSK Physiotherapy;
- Current provider capacity vs demand;
- Locally agreed pathways and the impact of physiotherapy;
- Objectives of the Clinical Services Review;
- Current local and national service models;
- National Guidelines and Best Practice.

#### 2.0 PURPOSE OF THE REVIEW

The objectives of the review are to:

- Carry out a MSK physiotherapy needs analysis for Dorset;
- Complete a mapping exercise to ascertain the current MSK physiotherapy services available across Dorset and on the borders;
- Review the current service specification against national policy and services commissioned elsewhere;
- Make recommendations for the revised service model and its role and purpose across Dorset which will provide equitable access for all and improve early access to physiotherapy to reduce the need for further treatment;
- Review the performance and provide assurances on the current performance, including a review of current key performance indicators;
- Review access to physiotherapy as part of the wider MSK vision and associated pathways i.e. MSK Triage, low back and radicular pain pathway and pain service; and as part of the Escape Pain model and other self-management approaches promoted by Livewell Dorset.

- Consider workforce implications of a service model.

### 3.0 SCOPE

Physiotherapy can be helpful for people of all ages with a wide range of health conditions, including problems affecting the:

- Bones, joints and soft tissue – such as back pain, neck pain, shoulder pain and sports injuries (referred to as musculoskeletal or MSK pain);
- Brain or nervous system – such as movement problems resulting from a stroke, multiple sclerosis (MS) or Parkinson's disease;
- Heart and circulation – such as rehabilitation after a heart attack;
- Lungs and breathing – such as chronic obstructive pulmonary disease (COPD) and cystic fibrosis.

The scope of this review is MSK physiotherapy only and will include the following services:

- Primary Care physiotherapists;
- Independent MSK physiotherapists with NHS contracts;
- Dorset HealthCare MSK physiotherapy service;
- Dorset HealthCare MSK interface service;
- MSK physiotherapy provided within secondary care and via outreach to GP practices;
- Dorset HealthCare biomechanics and podiatry services;
- Physiotherapy provided for patients with chronic or acute MSK pain, aged 16+ and registered with a Dorset GP practice;
- The pathways between NHS provided services and independent / private sector hospital physiotherapy provision (but not private sector services in themselves).

### 4.0 ACCOUNTABILITY

The review will be led by the System Integration Directorate within NHS Dorset Clinical Commissioning Group, working in partnership with all providers of MSK Physiotherapy Services.

A virtual task and finish group will be established to monitor and review progress against an agreed action plan. The task and finish group will report to a nominated group, which we are proposing is the Integrated Community and Primary Care Services Board but are seeking guidance from Commissioners. The final report with recommendations will be submitted to the Clinical Commissioning Committee.

The meeting will be quorate when one member of each organisation is in attendance.

**Table 1: Membership of the task and finish group:**

Name	Organisation
Tracey Hall	Head of Elective Care – NHS Dorset CCG
Tracy Hill	Principal Programme Lead – NHS Dorset CCG
Alex Geen	Senior Programme Lead – NHS Dorset CCG
Lauren Bishop	Project Support Officer – NHS Dorset CCG
TBC	Primary Care Team, Dorset CCG
Christian Verrinder	MSK Clinical Lead (GP)
Sam Leonard / Tracey Atwell	Head of Specialist Service / Lead Extended Scope Practitioner – Dorset HealthCare
Christian Brookes	Team Lead Physiotherapist – Dorset County Hospital
Christina Collins-Gilchrist / Kat Binns	Dorset County Hospital
Matthew Low	Musculoskeletal Therapy Lead Clinician – Royal Bournemouth & Christchurch Hospitals
Darren Sparks	Royal Bournemouth & Christchurch Hospitals
Jackie Kidd	Poole Hospital
Martin Hately	Poole Hospital
Fiona Proctor	Independent Physiotherapist(s)
Steve Aylwyn	Workforce, Dorset CCG
GP / Nurse Practitioner	TBC

Members may be co-opted in as required, including:

- Other Allied Health Professionals;
- Community and Voluntary Sectors;
- Quality;
- Finance;
- Business Intelligence;
- Procurement;
- Communications;
- Portfolio leads;
- Escape Pain / Chain representative;
- Exercise referral scheme representative.

## 5.0 ROLES & RESPONSIBILITIES

The Project Team will be responsible for managing the work required to complete the review, including liaising with partners to gather the information required.

The Task & Finish Group will be responsible for steering the approach to the review and completing actions that arise in Task & Finish Group meetings.

The Reference Group will be responsible for reviewing the evidence gleaned through the project's engagement activities and using this information to co-produce a preferred option for the model of service delivery across Dorset.

## **6.0 KEY PRINCIPLES**

The Key principles of this review are as follows:

- Engage widely, openly and transparently at all times;
- Adopt an evidence-based approach;
- Make strategic links with other key programmes relevant to the scope of this review, including Integrated Care System and the work within the MSK and Spinal Task and Finish Groups;
- Consider the costs, benefits and implementation challenges of proposals, including the workforce;
- Seek to achieve a broad consensus around final proposals.

## **7.0 TIMETABLE**

A draft report will be completed by October 2018 and presented to the Clinical Commissioning Committee Meeting to be held on 19th December 2018.