

Primary and community musculoskeletal adult services: Restoration principles v2.0

This document outlines key principles to inform the restoration of primary and community musculoskeletal (MSK) services both within the context of the Third Phase NHS response to the Coronavirus pandemic and reflecting the ambitions of the Long Term Plan. We have a significant challenge ahead to restore MSK provision whilst adapting to Covid-19 related constraints and adopting the beneficial changes that have occurred in our response. Optimising delivery requires a collaborative approach between transformation leads across regions, integrated care systems, providers, primary care networks, local authorities, the third sector and people with relevant lived experience; with an overarching vision to promote best life-long MSK health within all communities and an aim to sustain delivery of evidence informed personalised high quality healthcare of value to all. The purpose of this document is to provide overarching principles followed by actions specific to primary, community and secondary care, to support transformation leads in the restoration of primary and community MSK services. This is a working document. Its nature may evolve as the restoration process develops and as such feedback is welcomed.



Overarching principles

Primary and community MSK services should be:

- People and population focused
- Co-produced with people with relevant MSK lived experience either as a patient, service user or as a carer
- Focused on reducing health inequalities
- Aligned with triple integration
 - Integrating primary, community and secondary care
 - Integrating physical and mental health services
 - Integrating health and social care
- Embedding shared decision making as an essential element for all conversations between patients and clinical teams on “what matters to me”
- Digitally enabled, embracing increased use of telephone or virtual resources where clinically appropriate
- Supporting people’s knowledge, skills and confidence to self-manage in order to optimise their MSK health
- Safe, effective and associated with high patient satisfaction
- Of social, economic and environmental value
- Designed to facilitate sustainable ways of working, recognising the psychological and social impact of both delivering care during the pandemic and the rapid lifestyle changes associated with social distancing
- Aligned with MSK relevant national guidance and recommendations, including
 - Government guidance <https://www.gov.uk/coronavirus>
 - NHS England guidance <https://www.nhs.uk/conditions/coronavirus-covid-19/>
 - NHS England Effective commissioning initiative <https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/> and the further 31 interventions subject to independently led engagement exercises <https://www.aomrc.org.uk/ebi-22/wave-two-engagement/>
 - NICE guidance <https://www.nice.org.uk/>
 - GIRFT recommendations <https://gettingitrightfirsttime.co.uk/>

- Choosing Wisely recommendations <https://www.choosingwisely.co.uk/i-am-a-clinician/recommendations/#1572879061091-6c332449-706b>
- Guidance on the use of corticosteroid injections https://www.rheumatology.org.uk/Portals/0/Documents/COVID-19/MSK_rheumatology_corticosteroid_guidance.pdf

Actions for primary care services

- Where able, use MSK First Contact Practitioners (FCP) or General Practitioners with Special Interest (GPSI) embedded in local MSK delivery framework, working collaboratively with community and secondary care clinicians.
- The development of FCP roles is advocated in areas where there is none existing working in collaboration with local MSK providers.
- Clearly define conditions which require emergency or urgent onward referral to secondary care, informed by the following specialist guidance <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-emergency-msk-conditions-requiring-onward-referral-23-march-2020-updated.pdf>.
- If emergency and urgent conditions are excluded, and first line treatment is indicated, signpost to the resource hub for guidance on self-management www.csp.org.uk/mskadvise.
- If failing to improve, or if diagnostics are required and/or routine secondary care referral is considered, for decision making either signpost to in house FCP / GPSI, the local community MSK service via the agreed local pathway, or if neither available secondary Advice and Guidance services.

Actions for community services

- Restore community MSK service provision.
- Prioritise restoration of MSK triage services to both enable referral of urgent and emergency conditions to secondary care and to support shared decision making for diagnostics and routine referral.
- Prioritise physiotherapy management and rehabilitation for patients who have had recent elective surgery/procedures, recent fracture or those with acute and/or complex needs, carers, care-workers and/or NHS staff.

- Collaborate with secondary care to provide prehabilitation resources for patients who have prolonged waits for elective surgery.

Actions for secondary care to support primary care and community services

Collaborate with primary and community care providers:

- to optimise referral pathways into secondary care.
- to provide support to MSK practitioners (FCP's GPSI and MSK practitioners in community services) to help inform referral decisions where required, such as providing Advice and Guidance services or forming virtual multi-disciplinary meetings.
- to optimise rehabilitation pathways following procedures and prehabilitation pathways for patients on waiting lists for surgery.
- to support the primary and community care management of inflammatory and non-inflammatory long-term conditions.

Measurable indicators

STPs/ICSs should establish continuous monitoring to provide feedback across the system on service effectiveness and to inform continuous improvement. This must be aligned with aims of improved patient experience, better clinical outcomes, lower cost and improved staff satisfaction, and therefore include:

- Wait to first appointment
- % patients referred for diagnostics, with audit/evaluation of appropriateness
- % patients referred to secondary care as emergency, urgent and routine, with audit /evaluation of conversion to procedural intervention and/or appropriateness of referral
- % patients discharged by secondary care at first consultation
- Patient outcome including functional capacity and occupational status
- Patient experience and satisfaction
- Staff experience measures

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