Frequently Asked Questions

Milton Keynes Clinical Commissioning Group (MK CCG) has published its model for musculoskeletal (MSK) care under the title ‘Vision for MSK’. The planned model will be trialled for 12 months. The most important change for GPs and other clinicians is a new MSK triage service which will review all GP referrals for patients with MSK problems. This document gives answers to a number of frequently asked questions but if it does not meet your needs please contact us using the information given at the end of the document.

What are we doing?

The MSK Redesign Project began in September 2011 with the primary objective of creating a more effective MSK service. We are introducing a MSK triage service with the aim of reducing unnecessary hospital referrals, making best use of community based treatments and diagnostic resources (e.g. MRI scans) and establishing clear pathways for the treatment MSK conditions and the effective management of pain. We are making other changes to the system including:

- Increasing community care provision in order to reduce hospital referrals.
- Developing separate care packages in recognition of different types of MSK conditions.
- Collecting better data on the patient’s experience and the effectiveness of their treatment.

When will the new triage service start?

The new service is planned to start on 13 June 2013.

Why are we doing this?

There is a good deal of evidence that local MSK services are used inconsistently, with higher than expected costs and some variations in practice. Some of this evidence was gathered in a small pilot study of six local GP practices carried out early in 2011. The pilot revealed a high level of variation in the use of MSK services across the region, particularly when requesting MRI scans. This, along with the number of contracts in place and poor financial and quality control, led to the decision to establish the MSK Triage Service through which all MSK referrals and MRI scan requests will be directed.

What will the triage service do?

The MSK triage service will:

- Assess the referral on the information provided by the referring clinician, obtaining further information from the referring clinician where necessary
• Action referrals as follows:-
  o Forward referrals to community musculoskeletal services such as MSAS
  o Forward requests for MRI scan
  o Forward referrals to orthopaedics, rheumatology or pain management
  o Advise on the management of the patient and their condition in primary care
  o Refer to AQP physiotherapy (where clinically appropriate and this option has not been tried)
  o Apply MKCCG priority policies
• Notify the referring clinician of the outcome.

What are the benefits of the triage service?
The following benefits can be expected from the introduction of the triage service:-
• Improve cost effectiveness by treating patients in community settings
• Increase surgery conversion rates through more appropriate referrals to hospitals
• Better use of expensive diagnostic services
• Improved recording of outcomes for patients
• Reduced waiting times

Is this triage service for every practice in Milton Keynes CCG?
Yes the MSK triage service is for every practice in MK CCG.

Is this new arrangement permanent?
No, the intention is to run the new system as a pilot for 12 months. There will be monitoring and evaluation of the new service and a decision will be taken on a permanent solution at the end of the 12 months.

Should all MSK referrals go through the MSK triage service?
Yes, from 13 June 2013 all MSK referrals should be made through the new system. This includes all referrals for:
• Orthopaedics – all secondary care providers
• Pain management – all secondary care providers
• Rheumatology – all secondary care providers plus the community service at Newport Pagnell Medical Centre
• MRI scan requests
• MSAS at Bletchley
• MSAS Newport Pagnell including referrals for pain management and rheumatology opinion

The triage service does not replace GP clinical expertise and there is no change in how patients are managed in primary care in the first instance. GPs will continue to exercise their existing diagnostic skills and treat patients in practice wherever possible.

**What happens if the referral is sent direct to the hospital?**
Currently there is no process to redirect referrals to the triage service. It is our aim that GPs and patients will find the new system to be convenient and efficient. We will be looking at referral patterns across the MSK system and will support GP practices to use the new system.

MRI requests sent to directly to In Health will not be accepted by the provider. All requests have to go through the triage system.

**Are there any exclusions to the service?**
Yes, patients under the age of 16 will not be accepted by the service.
Patients with suspected cancer should be referred directly to hospital using the 2 week wait pathway.
Patients that need emergency treatment should be sent to hospital via the emergency department.
All other conditions should be referred through the triage service including inflammatory rheumatoid arthritis.

**Do I still have access to my AQP physiotherapy?**
Yes, there is no change to the current system of referral to AQP physiotherapy and GPs should continue to use this option as part of their management of their patients. In some circumstances the triage service may direct a patient to an AQP physiotherapy provider where clinical appropriate and where this pathway has not been tried.

**What is the referral process?**
All practices will be provided with a referral template that can be integrated with their clinical system. GPs should select MSK triage as the option on the Choose and Book menu.

**Will the triage service delay treatment?**
No, the triage service will process 100% of patients within 2 working days of referral. The CCG and providers will work together to improve integration of the new system and to minimise any delays.
Will patients needing consultant appointment be offered choice of provider?
Yes, the triage service will offer a choice of provider through Choose and Book. The triage service will be responsible for the management of the patient’s onward referral.

How will this change the patient experience?
The GP will explain that the referral to the triage service will provide further advice on their condition and possibly lead to a specialist opinion, diagnostic scan or other appropriate intervention such as an injection. This will ensure the right level of patient expectation, preventing dissatisfaction caused by unnecessary secondary care appointments.

The triage service will direct the patient along the most appropriate care pathway and reduce the need to ‘bounce’ them back to the GP.

How will the service be audited?
The triage service will supply a minimum data set for each referral that they process. They will report on a range of communications. Both regular and ad hoc reporting to the commissioners will include referral clearance times, referrals per practice and GP, and the number of referrals returned to each GP and the why.

When will the triage service be evaluated?
There will be a full evaluation of the triage later in 2013. This will be used to make decisions about the service for the longer term.

What is the timescale for the MSK Redesign Project?
A brief overview of the project timeline is detailed below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2013</td>
<td>New MSK triage service commences</td>
</tr>
<tr>
<td>June 2013</td>
<td>MSK provision increased to manage higher numbers of patients treated in the community</td>
</tr>
<tr>
<td>July 2013</td>
<td>100% of eligible MSK referrals sent via triage service</td>
</tr>
<tr>
<td>November 2013</td>
<td>Commence evaluation of the MSK triage service</td>
</tr>
<tr>
<td>January 2014</td>
<td>Conclude evaluation</td>
</tr>
<tr>
<td>March 2014</td>
<td>Decisions on long term MSK solution</td>
</tr>
</tbody>
</table>
Who is responsible for commissioning this service?
This service has been commissioned by Milton Keynes NHS Clinical Commissioning Group.

How was the triage service developed?
The service is based on other models already operating in the NHS across England. There is good evidence for the effectiveness of a single triage service reviewing MSK referrals and diagnostic imaging requests. Extensive work has been carried out to validate assumptions on patient referral and activity volumes.

Have local clinicians been involved in the design of the service?
Yes, there has been a high degree of involvement of all providers of MSK care including hospital consultants (MKGHT), AQP physiotherapists, and musculoskeletal service providers. Patients and local GPs have also attended the regular, open meetings of the MSK Redesign Group which commenced in October 2011. The service redesign team has also included a clinical lead, Dr Chris Herman, formerly a GP with special interest in MSK at Newport Pagnell Medical Centre. All major decisions on the service redesign have been considered by the Clinical Delivery Group of the CCG which includes a number of local GPs.

How was the triage service procured?
It was not necessary to run a full procurement for this service. This would have been expensive in relation to the size of the contract and would have further delayed the start of the service. The CCG invited a number of qualified organisations, including all local MSK providers to apply to deliver the service. After a due diligence process, supported by a decision by the CCG Clinical Delivery Group a provider was appointed.

Who was the contract awarded to?
The contract to provide the interim MSK triage service was originally awarded to Cambridge Community Services NHS Trust. Unfortunately they withdrew shortly before the planned start date. Following a due diligence process the contract is now being awarded to Care UK. They are an experienced provider of MSK triage currently operating services in Buckinghamshire, Lincolnshire and Manchester.

Any questions?
Contact
Liam Clarke, Project Manager
t. 01908 278718
e. liam.clarke@miltonkeynes.nhs.uk

Dr Chris Herman, Clinical Lead
t. 07723 605044
e. herman-family@sky.com