

# *The Musculoskeletal Services Framework*

A summary for  
health economies

## Musculoskeletal Services Framework

### A summary for health economies

The *Musculoskeletal Services Framework – a joint responsibility: doing it differently* (MSF) has been developed to help in the improvement of services for the millions of people with musculoskeletal conditions, making more efficient and effective use of resources. Reform of current services is long overdue, with clear evidence that too many people reach secondary care when their condition could be expertly treated outside hospital, leading to delays and inappropriate use of services. Excellent care is happening in some places, but too often it is fragmented with poor access, and lacks coherence.

This document summarises the best practice guidance of the MSF. It is designed to support the implementation of the MSF locally and to be read in conjunction MSF. Furthermore, a more comprehensive document, *A guide to implementing the Musculoskeletal Services Framework*, has been developed to supplement this summary. Both are available at [www.dh.gov.uk](http://www.dh.gov.uk)

In summary, the recommendations are:

#### 1 Increase focus on musculoskeletal services...

...by identifying clinical champions from both primary and secondary care and working with all stakeholders, eg patient organisations, clinicians (primary and secondary care), public health practitioners and NHS and local authority managers.

#### 2 Devise a health economy-wide process...

...for the planning, commissioning and implementation of a MSF: built around a population needs assessment; based on agreed clinical and organisational pathways; and setting out clinical governance, clinical audit and accountability requirements.

#### 3 Undertake a health needs assessment...

...in collaboration with the local authority and patient partners to evaluate the current health status and well-being of those with musculoskeletal conditions. This will include an analysis of:

- demographic characteristics of that population (eg age, sex, deprivation status);
- incidence, prevalence and mortality rates for musculoskeletal conditions, highlighting inequalities and forecasting trends;
- injury rates – caused by home, road and workplace accidents;
- the number of people with long-term musculoskeletal conditions; and
- likely future increases in workload.

#### 4 Map the current resources and their use...

...to identify gaps, under-provision, over-provision, duplication and inappropriate services. This will include:

- an analysis of the level and use of services and current activity;
- a forecast of changes in demand and supply, through use of demographics and capacity planning; and
- mapping of patient flows – primary to primary; primary to secondary; secondary to secondary/tertiary.

#### 5 Facilitate a system-wide review of care pathways for elective patients...

...from prevention and self-care to hospital care, discharge and rehabilitation, to agree revised, improved evidence-based pathways. From these, construct local service specification and clinical audits.

#### 6 Determine the impact of...

...embedding the MSF locally in the context of the 18-week patient pathway.

#### 7 Develop and implement a strategy for prevention and supported self-care...

...in partnership with stakeholders, including patients and the public. This will include:

- production of high-quality, readily accessible information for patients;
- collaboration with sport, leisure and transport providers to develop strategies encouraging people to increase levels of physical activity; and
- support for patient-led, self-management programmes for key musculoskeletal conditions.

See action points in **Chapter 3** of *The Musculoskeletal Services Framework – A joint responsibility: doing it differently*.

### 8 Consider the planning and implementation of a multi-disciplinary Clinical Assessment and Treatment Service (CATS)...

...and appoint and 'host' the project lead for the local CATS. This will include:

- engaging all stakeholders (including the independent sector) to agree the operational detail of the service, such as protocols for referrals to and from the CATS; and for discharge from hospital and from the CATS; and
- implementing a communication strategy to ensure that all staff understand the workings of the clinic.

See action points in **Chapter 4** of *The Musculoskeletal Services Framework – A joint responsibility: doing it differently*.

### 9 Develop arrangements for the organisation of hospital-based services, in particular trauma and orthopaedic services, rheumatology, children's services and pain services...

...ensuring that defined specialist services are commissioned through specialist commissioning.

This will include:

- management of information, including the content of waiting lists and the information to be provided to GPs and others in the primary care team about patients undergoing surgery;
- organisation of services, including tailoring national guidelines to local needs and reviewing and improving, if necessary, capacity, infrastructure and sub-specialty expertise within secondary care; and
- tailoring services to meet the specific needs of children and young people.

See action points in **Chapter 5** of *The Musculoskeletal Services Framework – A joint responsibility: doing it differently*.

### 10 Agree activity and audit indicators...

...to measure and monitor the quality of services provided. This will include:

- agreeing protocols for sharing information between commissioners, NHS and local authority service providers, including the independent sector;
- establishing a standardised process for collecting outcome data;
- ensuring the quality of data collected, eg National Joint Register data on knee and hip replacement surgery including patient consent;
- ensuring participation in clinical audit of the process and outcomes; and
- monitoring rates for changes in patient flow (outpatients diverted from secondary care), conversion (patients added to waiting list) and attrition (orthopaedic secondary care referrals that do not progress to surgery) and assessing impact on capacity requirements.

### 11 Agree arrangements for developing the workforce...

...with commissioners taking a lead in:

- training staff in new roles and fostering joint training initiatives between primary and secondary care teams;
- working with clinical professionals (eg allied health professionals, GPs, nurses, pharmacists) to exploit new roles and contract flexibilities; and
- establishing new roles in primary care (eg extended scope, special interest and consultant roles).



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