

**Reference: FOI.ICB-2223/213**

**Subject: Community Musculoskeletal Services**

*I can confirm that the ICB **does hold the information requested**; please see responses below:*

QUESTION	RESPONSE
Have you (or the previous CCGs areas) ever/in the last 6 years contracted with an independent provider to provide community services?	Prior to 1 <sup>st</sup> July 2022 BNSSG CCG (Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group), and now BNSSG ICB (Integrated Care Board) has contracted a range of independent community providers.
Do you have a separate community provider on patch for musculoskeletal services? If so, who are the providers and which areas of the ICB do they cover?	Community musculoskeletal services are provided by Sirona care and health CIC. The service covers the whole of the Bristol, North Somerset and South Gloucestershire area.
Which services went through procurement and which were a direct award?	A comprehensive procurement for adult community health services was conducted for service commencement from April 2020.
Actual spend on each contract/framework (and any sub lots), from the start of the contract to the current date and annually Start date & duration of framework/contract/award?	As stated above the contract started on 1 April 2020 and is due to expire 31 March 2030.  The contract value amends year on year due to variations e.g. inflation etc, but is valued at circa £100 million per annum.

Could you please provide a copy of the service/product specification given to all bidders for when this contract was last advertised?	Please find copy enclosed.
Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?	There is no extension clause for this contract.
Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed?	See above.
Who is the senior officer (outside of procurement) responsible for this contract	The Head of Contract - Community and Childrens Services is the senior officer responsible for this contract, within the ICB.

***The information provided in this response is accurate as of 7 March 2023 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

### **3.3.2.6 Integrated community musculoskeletal services**

**3.3.2.6.1** BNSSG have identified musculoskeletal services as a priority area for the long term plan which will involve system partners working appropriately at all levels. This includes musculoskeletal specialists working within the community as well as in hospital. In order to deliver this model the provider will be an integral member of the programme board to transform services to meet the needs of the population.

**3.3.2.6.1.1** The key deliverables for the programme are described in the long term plan submission for BNSSG and the provider will be expected to deliver their component of these as described as part of the implementation of the community MSK model. The key deliverables that are specifically expected of the service are;

- Roll out of shared decision making tools across the pathway
- Introduction of MSK first contact practitioners in primary care
- Health optimisation prior to orthopaedic surgery and as part of the offer for patients with osteoarthritis.
- Implementation and collection of patient reported outcome measures such as the MSKHQ within services and across pathways.
- Roll out of the ESCAPE pain programme for patients with lower limb OA.
- Develop community pain services including services for patients with fibromyalgia in an equitable way across BNSSG.

**3.3.2.6.2** The community musculoskeletal service must act as an integrated system of care with other services provided elsewhere within the system such as secondary care, primary care and in community and voluntary sector settings. The aims of the service are to manage and co-ordinate consistent, timely, high quality integrated musculoskeletal care for the people of Bristol, North Somerset and South Gloucestershire. The services must be equitable and meet the needs of the local population. The overarching aims are as follows:

#### **3.3.2.6.2.1 a) Improving population health**

- To prevent ill health and maintain independence and wellbeing through developing links with public health and services offered in the community and voluntary sector, particularly in relation to prevention and self-management of musculoskeletal conditions.
- Diagnose musculoskeletal conditions accurately and quickly
- Maintain good health by slowing disease progression where possible
- Reducing the incidence of musculoskeletal conditions where lifestyle or health modifications have been identified.
- Improve the quality of life of people with musculoskeletal conditions
- To support and promote early self-management for both long term and transient conditions with confirmed routes for direct access from primary care and triage services
- To use appropriate tools to identify early people at risk of developing chronicity or unhelpful pain behaviours.
- Reduce the length of time to recover from surgical intervention and associated length of stay
- Integrating health optimisation into pathways for patients with MSK conditions prior to consideration of surgery

#### **3.3.2.6.2.2 b. Improving the experience and outcomes of people in Bristol, North Somerset and South Gloucestershire**

- Involve patients, both individually and collectively, in their care, including agreeing realistic expectations of care and using shared decision making tools to support informed choice.
- Collection and reporting of outcomes data to inform best use of the services
- Using suitable tools (such as PAM described in the model for example) to inform the ability of people to engage with self-management appropriately
- Provide evidence-based pathways and service provision
- Promote and support research and evaluation that aims to measure and improve outcomes for people with musculoskeletal conditions
- Support the development of staff through integrated working and improved clinical network opportunities and training within the designated integrated musculoskeletal resources.

#### **3.3.2.6.2.3 c. Lowering per capita costs- delivering better value through better care**

- To ensure that only treatments that are evidence-based and offer clinical value will be used
- Focus on preventative measures and early management to reduce intervention later on
- Remove duplication and waste in the system
- To reduce variation across the system and learn from best practice and best use of limited resources
- Ensure that there is suitable investment in early intervention
- Plan for the predicted rise in demand for musculoskeletal services due to an ageing population

#### **3.3.2.6.2.4 d. Enhancing the overall management of integrated system**

- Improve the system of care delivery to ensure that information can be shared easily
  - between Providers and specialities to improve continuity of care
  - To standardise reporting mechanisms across the system to allow suitable monitoring of quality and performance indicators locally and benchmarking nationally.
  - To ensure that there are agreed clinical outcomes and models of system delivery to make the services easier to navigate by patients, carers and other service Providers
  - Ensure there is a suitable workforce in place to manage the current services and plan for service delivery in the future.
  - To ensure that the model fits with the wider plan for locality working across Bristol, North Somerset and South Gloucestershire.
  - Working with primary care to develop new first contact practitioner roles as an integral part of the MSK pathway to reduce duplication and improve wait times

#### **3.3.2.6.3 *The service model***

The service model will follow the model of musculoskeletal services set out by the local Sustainability and Transformation Programme. The model has been designed to ensure that there is true integration for the whole musculoskeletal pathway. Tier 2 is the community element of the musculoskeletal pathway in partnership with primary care. However, the model has a clear expectation of seamless movement between Tier 2 with Tiers 1, 3 and 4 (see Figure 1).

**3.3.2.6.3.1** Tier 2 will be delivered in locations that are easily accessible for people. Ideally musculoskeletal specialities will share facilities and be co-located to ensure

appropriate networking and maximising education and training for staff and improve communication regarding patient care.

**3.3.2.6.3.2** Premises will be in locations that meet the need of the local population and reduce health inequalities as well as improve the equity of access. All services must be provided in a variety of locations across Bristol, North Somerset and South Gloucestershire.

**3.3.2.6.3.3** Musculoskeletal specialists should have the opportunity to work both in Tier 2 and Tier 3 either permanently or on a rotational or shared basis to ensure that the knowledge is shared between primary and secondary care and clinical relationships are embedded within the model.

**3.3.2.6.3.4** Tier 2 will provide treatment and be able to offer assessment clinics in high volumes and offer a range of services. The minimum requirements for this would be:

- Clinic rooms/ cubicles for assessment and treatment
- Ability to host a range of specialties
- Ability to run group sessions- education and exercise
- Access to some diagnostics (but expected to be more limited than Tier 3)

**3.3.2.6.3.5** The Community integrated musculoskeletal service as described in clause 3.3.2.6 will continue to provide the following services to children and young people where these services are part of established pathways, in particular in the Woodspring locality of North Somerset.

- Musculoskeletal triage (interface service) for young people aged 10 and over
- Biomechanical podiatry
- Musculoskeletal physiotherapy for children aged 5 and over

Where these services are part of established pathways, in particular in the Woodspring locality of North Somerset.

The anticipated volume of activity for these services annually is as follows

	Bristol	North Somerset	South Gloucestershire
Podiatry	152	533	233
MSK Services	45	788	224

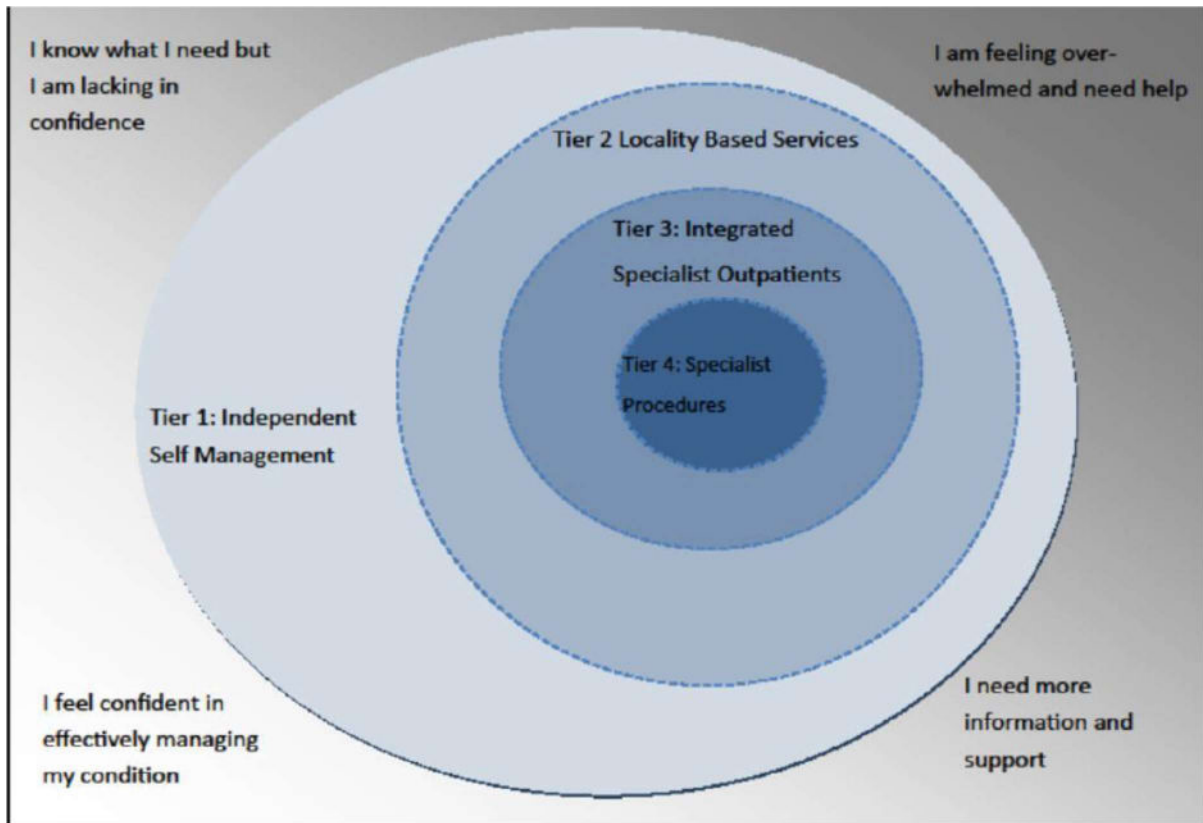
In the event of activity varying above or below these levels by more than 10% the provider and commissioner will review the contract value accordingly.

The provider may, during the life of the contract, work with commissioners to identify alternative pathways which better meet the clinical and access needs of these children and young people. In that case, the arrangements set up under this contract variation will cease and the additional funding will be removed from the contract value.

The following amounts will be added to the contract value in respect of the above activity:

- Podiatry: £43,402
- MSK: £28,098

**Figure 1: Integrated community musculoskeletal services care model**



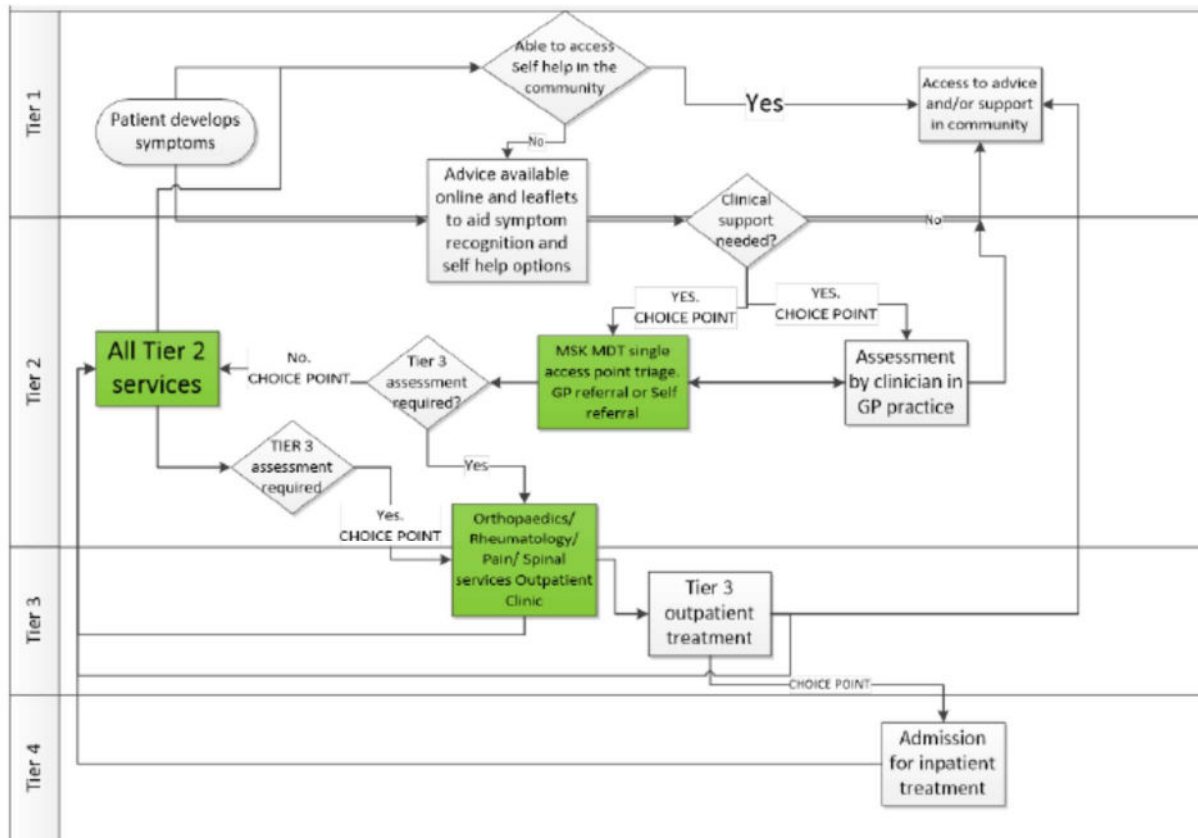
**3.3.2.6.3.5** IT systems should be shared across the pathway to allow seamless care for patients and to reduce duplication and waste. All elective services and provision will be provided within the integrated service. Pain management services for all chronic pain conditions are included. The service model will embrace and emphasise interventions that promote self-management and cognitive behavioural techniques to promote self-management of musculoskeletal conditions.

**3.3.2.6.3.6** The community integrated musculoskeletal service will deliver co-ordinated care with partners across the musculoskeletal pathway as a whole. The following services are within the scope of the services provided:

- Musculoskeletal triage
- Community pain services
- musculoskeletal physiotherapy including women's health
- Biomechanical podiatry
- Pain management programmes and self-management programmes

**3.3.2.6.3.7** The pathway for patients to move across the model is described in Figure 2. The points in green are where multidisciplinary team assessment and/or triaged will be expected to be available.

**Figure 2: Pathway to move across musculoskeletal care**



**3.3.2.6.3.8 Key principles underpinning the model include:**

**3.3.2.6.3.8.1 Multidisciplinary and “cross-tier” working and case management**

It is anticipated that through integration and cross-speciality working at Tier 2, people will need to see fewer health professionals, less frequently, in order to access the services needed. It is recognised that it is the skill of the practitioner not their clinical background that is important. Therefore, the services may employ a number of varied allied health professionals to deliver the services required. Agreed competencies with coherent and equitable continuing professional development will be required for all Tier 2 staff. Clinical staff will be supported, where appropriate, by non-professional staff who can act as care navigators to support the patient to access the most appropriate services.

**3.3.2.6.3.8.2 Reduced variability across the pathway and improved access to services**

Tier 2 services must be easily accessible to patients – including options for self-referral to therapies. It must also be easy for patients to be transferred between services in Tier 2- or from tiers 3 and 4 seamlessly. Tier 2 services should be offered in locations across Bristol, North Somerset and South Gloucestershire, with a variety in GP practices and in community bases with suitable transport links. Tier 2 services could also be offered in local leisure centres or community centres and Providers are encouraged to forge links with the community and voluntary sector to enhance the self-management approach and provide innovative options for delivery of service.

**3.3.2.6.3.8.2.1 Tier 3 services will be made available via a single access point within the community musculoskeletal services with clinical triage to ensure as much as possible that patients are seen by the most appropriate clinician first time. The**

method for referral must be clear and consistent for all practices across Bristol, North Somerset and South Gloucestershire and also for other Tier 2 services that may refer on behalf of the GP.

**3.3.2.6.3.8.2.2** The GP must not be the main default for referral to specialist Tier 3 services, but key individual musculoskeletal specialist across the locality will be identified who can refer or transfer patient care. The services will need to improve access for various patient groups. The services will address the needs of the harder-to reach groups with consideration to the joint strategic needs assessment information to inform this. Services must be offered at times that are convenient to all and consider opening outside of normal hours if the demand is deemed to be sufficient and it is cost-effective to do so.

#### **3.3.2.6.3.8.3 Self-care**

Services will ensure that self-care is promoted at each step of the pathway and this will be supported with information that informs people how to access options to allow them to manage their condition. Self-care must be personalised to suit the needs of the person and the level of support offered will depend on how able the patient is to manage their own condition, this could be supported by tools such as the Patient Activation Measure or stratification tools such as StartBack. The commissioner will not specify which tools will be used nor when they will be utilised but there must be evidence that across the pathway this approach is being used to support evidence-based self-management which will be agreed with the Provider(s). A suite of information regarding what is available for self-care and prevention will need to be developed for Bristol, North Somerset and South Gloucestershire which all Providers of musculoskeletal services will have access to and be able to share with patients in a format that is preferable to them- electronic, paper, interactive apps etc. Links with the healthy lifestyle service in Bristol will be developed and other services that promote healthy living such as weight management and smoking cessation will all be actively promoted and supported by all clinicians in the pathway as part of “Make Every Contact Count19”.

#### **3.3.2.6.3.8.4 Biopsychosocial approach to care**

The musculoskeletal services will promote where suitable a biopsychosocial approach to the management of conditions. All patients must have access to early and accurate diagnosis of their condition, use of stratification tools to access to early self-management and conservative therapies and treatments where appropriate. Regardless of diagnosis, assessment of the person’s ability to manage their condition, or risk of chronicity will be assessed and used to inform the management plan as described. Early access to self- management programmes will be available and this must be in locations that are suitable to the population. Where diagnosis specific groups are considered to be of more use such as with Fibromyalgia, options will be available in the community to support a self-management approach to this condition in line with national guidance.

#### **3.3.2.6.3.8.5 Tier 2**

The services which are expected to be delivered in the community model are:

- Therapies- e.g.; physiotherapy, occupational therapy, osteopathy, chiropractic.
- Podiatry
- Specialist therapy services
- Self-management programmes

Fibromyalgia self-management programmes



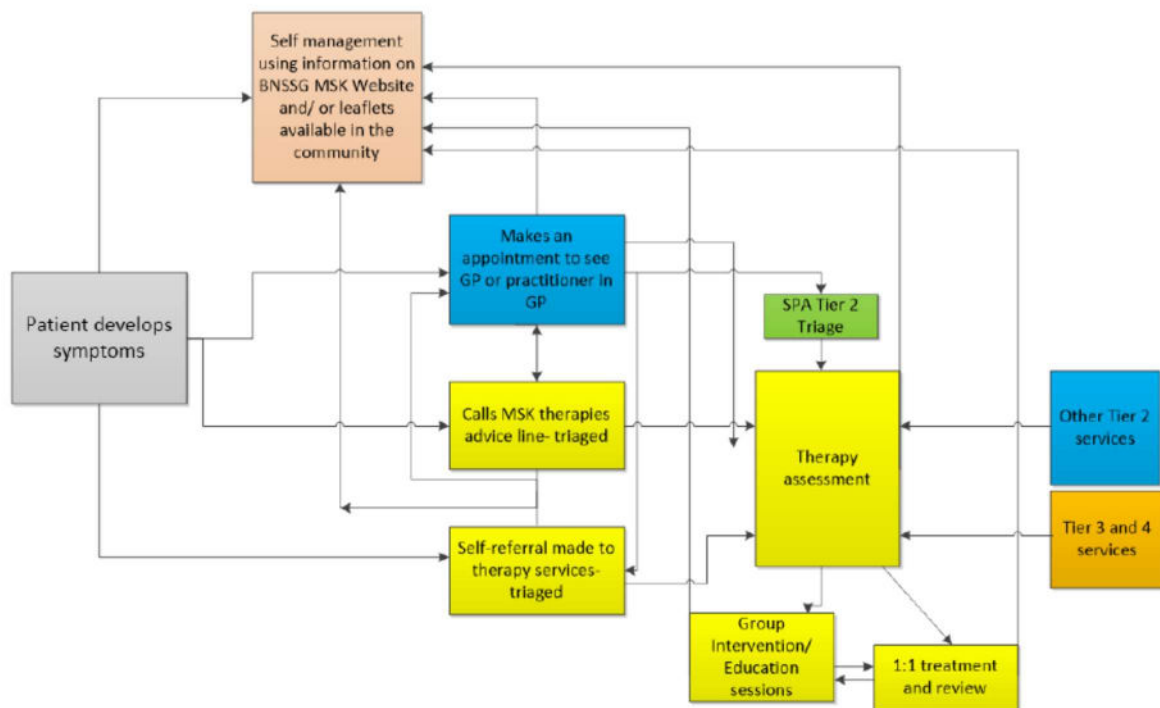
- Enhanced recovery services for post-op rehabilitation
- Specialist Pain management programmes
- Clinical Psychology
- Specialist nursing and clinical support
- Advanced musculoskeletal assessment/triage
- Appropriate alternative therapies

### 3.3.2.6.4 Outpatient musculoskeletal therapies

The musculoskeletal community service: Therapies will provide outpatient physiotherapy and/ or other therapy services such as osteopathy/ chiropractic services across Bristol, North Somerset and South Gloucestershire. Services are currently offered in community Provider settings and by secondary care Providers. The aim is to have one single musculoskeletal outpatient therapy service for Bristol, North Somerset and South Gloucestershire, moving services into the community from acute trusts. The service will be offered in a number of locations across Bristol, North Somerset and South Gloucestershire. Self-referral for therapies will be available and accessing a telephone advice line in a number of forms will also be introduced across the pathway Bristol, North Somerset and South Gloucestershire wide. The proposed access pathway for therapies is shown in Figure 3.

**Figure 3: Access pathway for therapies**

**Figure 3: Access pathway for therapies**



#### **3.3.2.6.4.1** The service will offer the following:

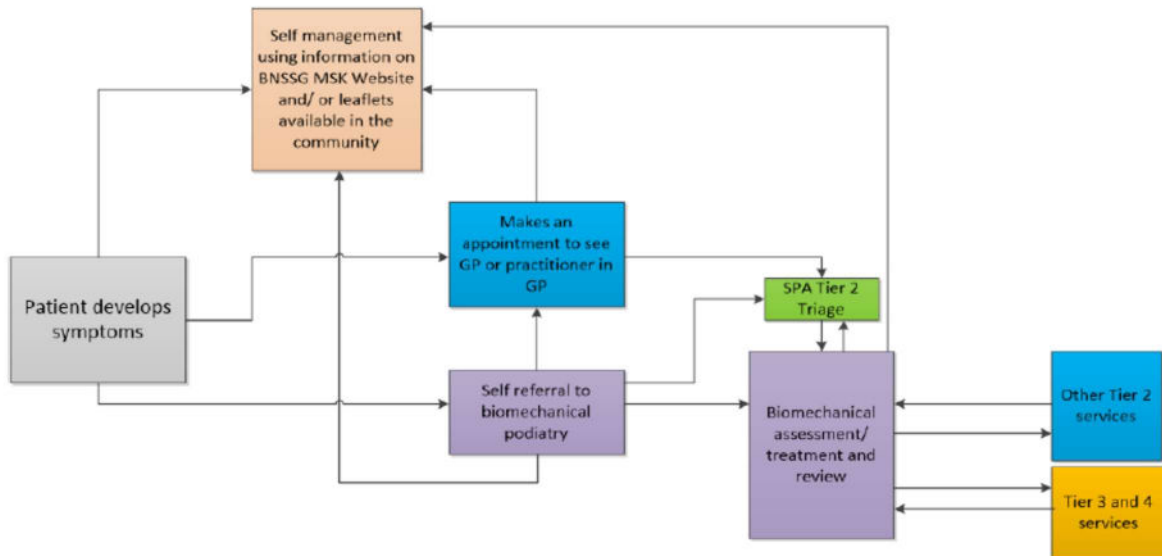
- Access to therapy advice, assessment and management via self-referral, referral from other members of the musculoskeletal team across any Tier or via the single point of access for GPs.
- Option of telephone advice line and telephone assessment
- Assessment and treatment of adults with acute and chronic musculoskeletal pain conditions.
- It will also include the assessment of people with conditions that are likely to respond to physiotherapy in the community such as dizziness, bladder dysfunction and facial palsy.
- Simple advice either following face to face appointment or telephone assessment
- Rehabilitation groups for a number of conditions, which can be accessed by self-referral.
- Education sessions for certain groups such as lower back pain and antenatal.
- The service will also provide pre-operative and post-operative rehabilitation for orthopaedic procedures either individually or in a group setting as appropriate.
- All services will offer the same options of management and will be able to book in any of the designated sites if there are groups that are only available in the larger sites at a venue of choice for the patient.
- Therapy services will interface closely with advanced practitioner roles within primary care and with GPs and secondary care
- Therapy services will use an evidence-based approach to the management of conditions conservatively
- Therapy services will use shared records with GPs to ensure seamless care
- Outcome measures will be collected and reported in a consistent manner across all therapy services.

#### **3.3.2.6.5** *Biomechanical podiatry*

The musculoskeletal service will provide biomechanical podiatry assessment and treatments, the services will be offered in a number of locations across Bristol, North Somerset and South Gloucestershire. The pathway for the provision of podiatry is shown below.

#### **Figure 4: Pathway for podiatry**

**Figure 4: Pathway for podiatry**



### 3.3.2.6.5.1 The service will offer the following;

- Access to biomechanical podiatry assessment and treatment by GP via the single point of access, self-referral or referral from other musculoskeletal specialist from any other tier.
- Biomechanical assessment and management of the lower limb for patients with musculoskeletal conditions
- Clinical gait analysis and fitting of simple orthotics
- Close liaison with the advanced practitioners and the surgical podiatry and orthopaedic service in Tier 3 will be essential
- Outcome measures will be collected and reported in a consistent manner across all
- biomechanical services.
- Biomechanical podiatry will interface closely with the general physiotherapy and therapy services and triage services

### 3.3.2.6.6 Specialist therapies

Therapies for more specialist conditions will be available in Tier 2, but due to the nature of the conditions and the smaller relative demand, this may be available in fewer locations. It may be partially provided in the community settings and also within the acute hospital to maintain specialist relationship and multidisciplinary team approach with Tier 3 specialists.

The services that are included in this are:

- Specialist rheumatology physiotherapy and occupational therapy
- Specialist Hand Therapy
- Specialist chronic pain physiotherapy and occupational therapy
- Hydrotherapy (currently provided by secondary care services).

### 3.3.2.6.7 Rheumatology physiotherapy and occupational therapy

The service will offer the following;

- Assessment and management of people with inflammatory arthritis and other inflammatory conditions
- Education sessions for people with new diagnosis

- Assessment and management of patients with osteoporosis including education and exercise sessions
- Assessment and management of patients with Hypermobility
- Hydrotherapy

**3.3.2.6.7.1** This service will need to be co-located with occupational therapy and for a proportion will also be co-located with Tier 3 clinics as it is recognised that a multidisciplinary team approach to these conditions is very important.

**3.3.2.6.8 *Specialist hand therapy- physiotherapy and occupational therapy***

The service will offer the following;

- Multidisciplinary assessment and management of patients with complex hand conditions
- Splinting
- Pre-operative and Post-operative management of hand conditions

**3.3.2.6.9 *Community pain services***

The service will offer:

- Assessment and management of patients with complex pain conditions that cannot be managed in other musculoskeletal community services effectively- these conditions may be musculoskeletal or non-musculoskeletal.
- Early assessment and intervention for complex post-surgical pain and complex regional pain syndrome
- Shared decision making with patient and the multidisciplinary team on referral to self-management or pain management programmes in Tier 2 or more targeted intervention from certain specialties.
- Assessment and management of patients who need specialist medication review that cannot be managed effectively in the community.
- To provide ongoing education and timely liaison with clinicians in Tier 2 and other specialities in Tier 3.
- To provide joint clinics and multidisciplinary working with other specialities in Tier 3 such as Spinal surgery

**3.3.2.6.9.1** It is important that the pain services do not offer injections and interventions that are not in line with best practice and must work closely with the multidisciplinary team and clinicians in Tier 2 to support patients in a holistic way. Some services will need to be offered in a secondary care setting in partnership with hospital trusts.

**3.3.2.6.10 *Pain therapies***

The service will offer the following;

- Specialist assessment and management of patients with chronic and complex pain presentations.
- Contribution to the pain management programme, including 1:1 sessions where necessary in preparation for entry to a pain management or self-management programme
- BackPack service in conjunction with psychology colleagues
- Multidisciplinary approach to management of complex patients with shared care plans

**3.3.2.6.10.1** This service will need to be available in the community as well as in the acute hospitals to ensure accessibility for patients but to also maintain the link and

care planning with Tier 3 specialists. The service will need to be co-located with clinical psychology for chronic pain to ensure multidisciplinary team approach is encouraged. Closer working with the general musculoskeletal therapy team will be established and maintained to ensure that patients are offered the appropriate level of support early on.

#### **3.3.2.6.11 *Self-management programmes***

Self-management programmes will be available in a variety of community settings and will be accessed by referral from any other musculoskeletal practitioner in any Tier.

#### **3.3.2.6.12 *Fibromyalgia self-management***

There is an aim with the new model to improve diagnosis and management of people with fibromyalgia in primary and community care. The new services will ensure that there is sufficient expertise in diagnosis and management of people with fibromyalgia. This will be supported by a specific self-management programme for people with a diagnosis of fibromyalgia made either in Tier 2 or Tier 3.

**3.3.2.6.12.1** Access to this service will be via referral through the single point of access and an opt in mechanism for people to ensure that those who are ready to engage in self-management programmes are accessing the group and those in need of more support in terms of accessing further support will be offered alternative support in Tier 2. A proposed pathway for fibromyalgia is to be proposed by the Provider(s) and agreed with the CCG.

#### **3.3.2.6.13 *Specialist pain management programme***

The pain management programme will be available to those with chronic pain most in need of specialist intervention. There will be equal provision of pain management programmes across the region, however, it will be available in fewer venues than the self-management programme due to the multidisciplinary and specialist nature of the programme. Referral to the pain management programme will always be via specialist assessment by a pain consultant in contrast to the self-management programme which can be accessed by any clinician in any Tier. The service will provide:

#### **3.3.2.6.14 *Clinical psychology***

The clinical psychology team will be involved in the delivery of the self-management and pain management programmes across the system but will form part of an integrated Tier 2 therapy team to improve multidisciplinary working and education. The service will be accessed via referral from the pain clinic consultant/multidisciplinary team. The service will offer:

- Assessment and management of patients with chronic pain in need of a CBT approach
- 1:1 treatment in cases where the person is not able or ready to engage in the pain management programme.
- Multidisciplinary support for patients with the therapy services to improve physical function.
- It is anticipated that there will be close links with IAPT and other mental health services

#### **3.3.2.6.15 *Specialist pain professionals***

Specialist professionals will be available in Tier 2 but due to the nature of the conditions and the smaller relative demand, this may be available in fewer locations. It may be partially provided in the community settings and also within the acute

hospital to maintain specialist relationship and multidisciplinary team approach with specialists.

### **3.3.2.6.16 *Advanced practitioners and GP with special interest/first contact practitioners***

Instead of a separate interface service, advanced practitioners will instead form part of the integrated musculoskeletal service and will also be part of primary care teams provided as a hub and spoke model to ensure most efficient use of the resource. The provider would be expected to work closely with Primary Care Networks to develop this model to ensure that there is no duplication and to ensure that practitioners are supported in delivering care in line with the vision and aims of the integrated MSK model. It is anticipated that the advanced musculoskeletal practitioners will be responsible for clinical triage. It is also anticipated that integration with primary care with first contact practitioners will form an important development for the model.

Advanced practitioners will be able to offer the following;

- Advanced assessment of musculoskeletal conditions either as first contact or by referral by another Tier 2 clinician
- Referral for a set of agreed diagnostic tests such as MRI, Ultrasound and X-Ray – to be agreed with the radiology teams and by evidence of competency
- Referral to agreed radiological interventions as agreed with the radiology team – evidence of competency to be demonstrated
- Advice and conservative management options for musculoskeletal – including transfer of care to Tier 2 therapies and groups as appropriate or to Tier 1 services
- Shared decision making tools to be used to aid informed decisions with regard to more invasive interventions such as surgery or injections.
- Other conservative management such as prescribing of analgesia and joint injections will also be provided where appropriate
- Advanced practitioners will be able to refer to Tier 3 on behalf of the patient's registered GP for further intervention and assessment as appropriate
- Close links with Tier 3 specialists will be essential and at least some of the working schedule should be spent in Tier 3 to develop relationships, trust and education across Tier 2 and 3.
- The advanced practitioner roles will be key links for integration between Tier 2 and 3 and should work closely with the musculoskeletal care navigators.
- Advanced practitioners and GPSIs may also provide surgical follow ups as agreed in local policy for certain orthopaedic conditions.