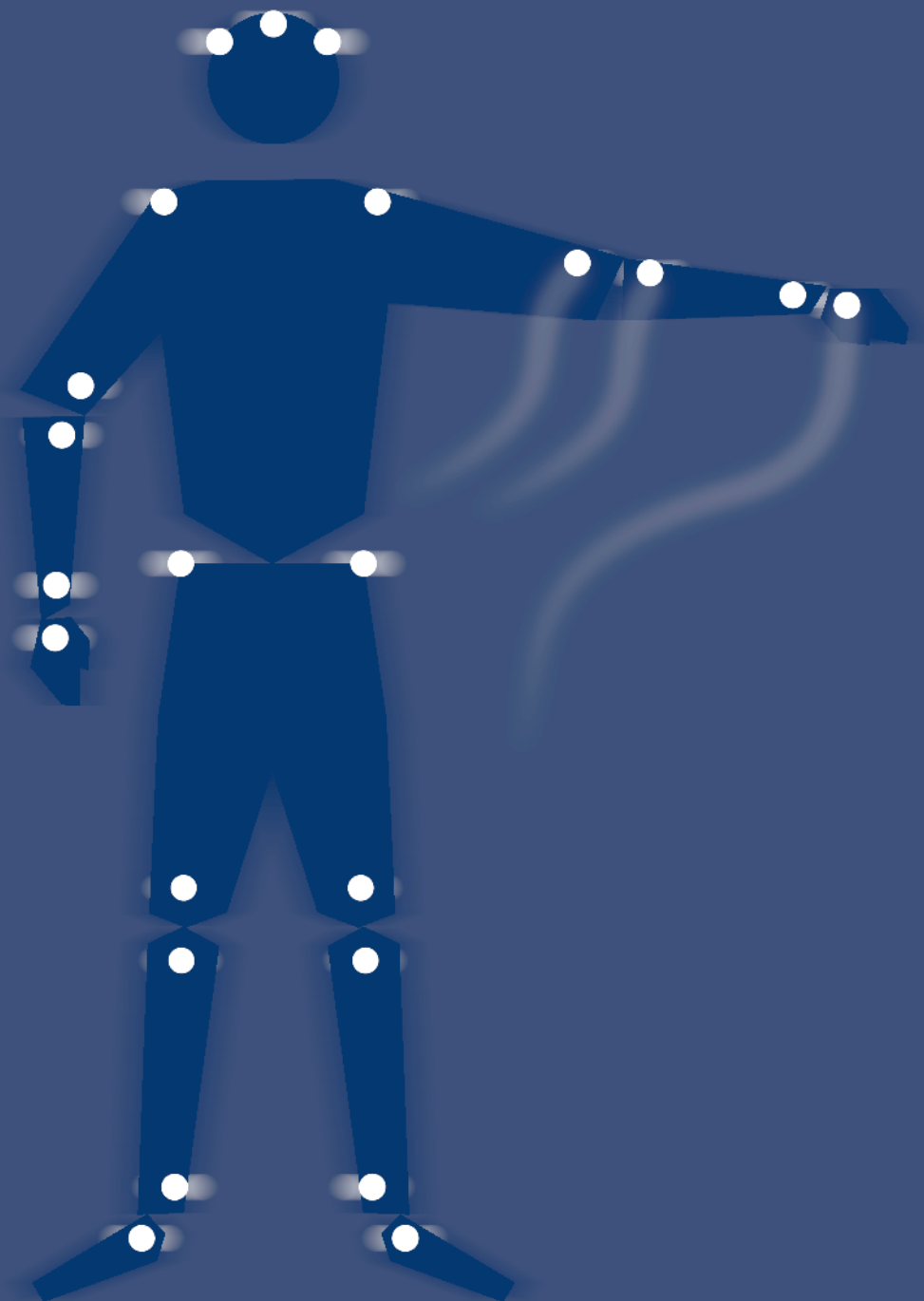


Offering choice in orthopaedic services



Offering choice in orthopaedic services



Offering a choice in orthopaedic services shows that...

- There are alternatives to long waiting lists for outpatient orthopaedic consultations.
- Starting 'small' and building confidence through partnership and team working is more important than the setting.
- Musculoskeletal physiotherapists offer an invaluable resource assessing, screening and providing appropriate treatment for orthopaedic patients.
- Over 60% of patients on orthopaedic waiting lists do not need to see an orthopaedic surgeon.
- Efficiency increases as patients who see orthopaedic surgeons are the people who need surgery.

A central thrust of the implementation of the NHS Plan has been eliminating unnecessary waiting for treatment. One of the most engrained problems for the NHS is access to orthopaedic care with patients having to wait unacceptably long periods before they can gain access to hospital orthopaedic treatment.

The initiatives featured here show that:

- Physiotherapy is an invaluable resource assessing, screening and providing appropriate treatment for orthopaedic patients.
- Long waiting lists for orthopaedic consultations are avoidable
- Over 60% of patients on orthopaedic waiting lists do not need an orthopaedic surgeon.
- Efficiency increases as only patients who need surgery see orthopaedic surgeons.
- Starting small and building confidence through team working is more important than the service setting.

Many patients referred by GPs to hospitals for orthopaedic assessment do not need surgery. Physiotherapy is often a more appropriate alternative to a place on a long waiting list for an outpatient consultation. Most patients who have joint problems will benefit from earlier treatment and care. In many cases a long wait can cause unnecessary complications which may require surgical intervention.

In the following pages we describe five separate approaches to creating practical alternatives to hospital-based orthopaedic treatment. Each is built around the ability of musculoskeletal physiotherapists to assess, screen and treat orthopaedic patients.

In addition to their direct clinical benefits, they have had the effect of easing demand for orthopaedic surgery and thereby making access swifter for those who really need it.

All the services started with a model of care structured around joint-specific clinics. Somerset Coast PCT's service is based in community hospitals, with extended scope physiotherapists and special interest GPs assessing the need for onward referral.

Both the Aintree and the South and East Belfast models link extended role physiotherapists with GPs, while the County Durham and Darlington service and the Southampton University Hospitals service show a greater emphasis on multidisciplinary working.

However the orthopaedic services trials have been designed and organised, the practical impact has been consistently positive.

Somerset has greatly improved efficiency, with only 16 per cent of patients being referred on to an orthopaedic surgeon – and 70 per cent of these referrals being listed for surgery.



Previously, 70 per cent of patients seen by orthopaedic surgeons had not been listed for surgery.

At Aintree and Southampton the pattern is similar, with between only 17 and 19 per cent of patients being referred on. In County Durham and Darlington only 20 per cent of carpal tunnel cases have needed onward referral.

This represents a very significant improvement in whole system efficiency. The right skills are now being made available to those who need them and being made available faster. Consultant waiting times down from 26 weeks to between one and 17 weeks in County Durham and Darlington; down from 18 months to 17 weeks at Southampton; down to 16 weeks or less at Aintree.

Behind these innovative services is the value of starting small and building success through effective teamwork. They have relied for their impact not just upon the skills of the physiotherapists, but also upon the trust and mutual confidence in clinical capability that has been created along the way.

Partnership and team working amongst professionals is often more important than the precise setting, or the specific composition of the workforce. This in turn has required a thorough approach to clinical governance issues, and clear definition of who “owns” the patient. The result has been rewarding for staff and for patients.

There is intense scrutiny on how to reduce orthopaedic waiting lists. These initiatives show the potential of physiotherapy-led and primary care based musculoskeletal services to drive down waiting times, improve clinical outcomes and enhance the patient and staff experience in a very challenging area of healthcare.

Services featured in this section

- The Joint Assessment Team in South Durham
County Durham and Darlington Acute Hospitals NHS Trust
- Multi-professional triage teams (MPTT) in the Southampton area
Southampton University Hospitals NHS Trust
- Physiotherapy and GP musculoskeletal interface clinics in Somerset
Somerset Coast PCT
- Orthopaedic triage in primary care in South and East Belfast
South and East Belfast Health and Social Services Trust
- Physiotherapy orthopaedic triage at Aintree Hospital
Aintree Hospitals NHS Trust

The Joint Assessment Team in South Durham

County Durham and Darlington Acute Hospitals NHS Trust

Since appointments have been managed through a central office DNA rates have fallen to 3%.

Summary

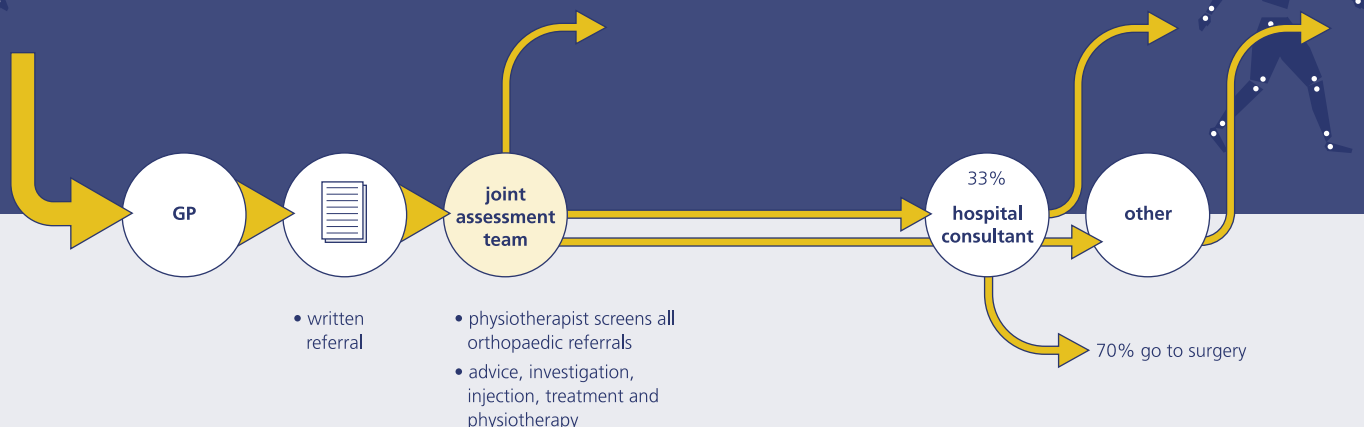
The joint assessment team (JAT) is a multidisciplinary team set up in July 2002 to address long orthopaedic waiting lists and improve patient access. It provides a comprehensive service to patients in South Durham (population 280,000) with musculoskeletal problems referred by their GPs. The JAT was developed by examining service models from around the country and implementing current good practice. Liaison with the orthopaedic collaborative, via the NHS Modernisation Agency, has offered links to similar services. Funding was provided by the orthopaedic waiting list initiative.

The service was piloted on all patients with hip/knee problems referred to the orthopaedic department. At that time the standard waiting time to see a consultant was 26 weeks, and the conversion of these patients on to surgery was around 30%. We targeted GP practices with presentations, newsletters and press releases offering the JAT service as a way of improving access to orthopaedic treatment for patients not requiring surgery. After nine month results showing a positive impact on waiting times, the local PCTs all agreed to extend the service to triage all musculoskeletal referrals from March 2003. The yearly capacity of the clinic is now 1,680 patients.

Service description

- All referrals to the six orthopaedic surgeons in South Durham are screened by an ESP physiotherapist who filters patients, according to information in the referral letter, to orthopaedic consultant or ESP for assessment. Referrals are also accepted from physiotherapists across any site requesting a further opinion. The physiotherapist and consultant are each responsible for prioritising their own caseload.
- The service is delivered at five sites across South Durham.
- New patients are offered a choice of appointment and location, and the option of waiting to see a consultant if they wish. Appointments are managed through a central office, with clinic slots of 40 minutes for new patients and 20 minute review appointments. DNA rates have fallen to 3%.
- Clinics are based in physiotherapy departments.
- Patients are assessed and treated (including injections), appropriate investigations are requested, and patients are referred on where appropriate. If physiotherapy treatment is required, patients see the same physiotherapist they saw in the JAT.

The Joint Assessment Team in South Durham



Impact, facts and figures

- Between July 2002 and July 2003 1,239 patients were seen in a local clinic, at a time convenient to them, with a six week target wait. Patients prioritised as 'soon' were seen within two weeks. Consultant waiting times have reduced from 26 weeks to between one and 17 weeks depending on the consultant.
- The routine wait for JAT assessment has increased to from five to 10 weeks.
- The team managed 67% of patients without referral to an orthopaedic consultant.
- 70% of patients referred on to the consultant clinic were listed for surgery.
- Focus groups and surveys show excellent patient satisfaction generally, and especially regarding explanation and information on treatment options. Patients were asked about the explanations they were given by clinicians; the treatment received; the relevance of components of the team; good and bad aspects of the service; possible improvements; administrative procedures and access to clinicians.
- A recent GP survey showed high satisfaction with how patients are managed by the JAT (94%). 80% of respondents felt this principle could be extended to other services.
- Staffing: two ESP physiotherapists, one ESP occupational therapist, 0.2 WTE counselling psychologist, 0.4 WTE pharmacist and 1.5 WTE clerical.
- Since December 2002 the service has seen all carpal tunnel referrals into the Trust. Nerve conduction studies are organised by the team. One in five patients have needed onward referral for decompression.

Top tips

- Teamwork principles and consultant clinical leadership are essential.
- Allow sufficient planning time. 'I arrived when the planning, funding and systems were set up. These had been very thorough, but peoples' trust and confidence has to be won. After initial suspicion the service is really valued by all the professional team.'
- The team has protected audit and CPD time of up to 10 hours per week.
- Good administrative systems are essential to record and provide information on service performance.
- AHPs in South Durham have a raised profile and skilled clinicians have an alternative career pathway.
- Joint working between physiotherapists and consultants helps training and communication and improves the profile of the service.
- Patient group directives are essential for injection therapy.
- Promote service at every opportunity, both locally and nationally.

The future

- Extending the service across the region.
- Increase injection therapy caseload, taking certain client groups off the consultant waiting list. One consultant has opened as opportunity for this development.
- Review the capacity of the clinic.
- Improve information for patients about this service, to strengthen patient choice.
- Implement an education programme about the service for GPs.

Can you help us?

Networking with similar services. Sharing information and audit results to promote the development of triage systems.

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Additional information

- Weekly audits of waiting times, monthly audits of outcome, patient satisfaction questionnaire, focus group, assessment proforma, GP satisfaction survey.

Multi-professional triage teams (MPTT) in the Southampton area

New Forest PCT

'Clinical specialist physiotherapists had worked alongside the orthopaedic consultants for some years. These established relationships helped build confidence in the new service.'

Summary

In 2000, referrals to the orthopaedic department at Southampton rose to such an extent that patients waited an average time of 18 months to be seen. The need to look at the 'whole system' was recognised and resulted in changing a number of discrete parts of the process. Multi-professional (MPTT) team was established in 2000, consisting of physiotherapists, a podiatrist, a radiographer and a GP with a special interest in orthopaedics, to provide a lower limb orthopaedic triage service in a primary care location.

The success of this led to a further eight MPTT teams being formed (three upper limb, four lower limb and two spinal teams) to provide services throughout the Southampton area. The clinics are run in community hospitals and walk-in centres. 18.5% of patients need onward referral to the orthopaedic service. The Southampton Health Economy now provides a musculoskeletal service that is very acceptable to its users, allows speedy, cost effective access to assessment and treatment.

The teams won the 2002 BUPA Clinical Effectiveness Award and Team of the Year for Medical Managers 2001.

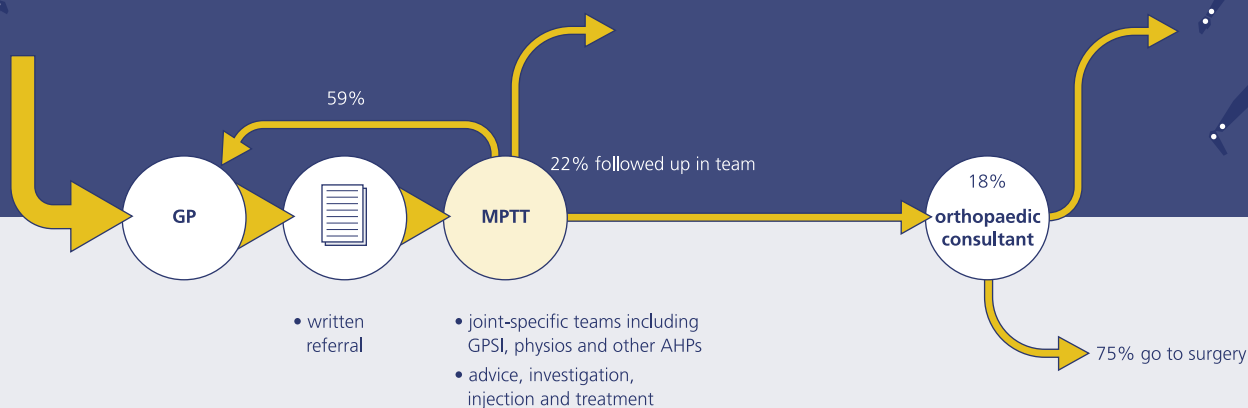
Original objectives of the Pilot Scheme

- To enhance the patient journey and experience, to reduce the orthopaedic waiting times, to look at new ways of managing orthopaedics and to locate the service in primary care.

Service Description

- The service is located in primary care.
- A member of the MPTT is involved in screening referrals, which are sent from GPs, consultants or other health professionals to MPTT. With the introduction of patient choice we expect virtually all GP referrals to go via MPTT. Staff contracts vary and are held either by the acute trust or the PCT.
- Patients have half hour appointments. Urgent referrals are seen within two weeks; routine referrals are offered an appointment within six weeks. They are sent a leaflet about the service before they come. Patients are assessed and advised on options for treating their condition.
- Investigations such as x-ray, nerve conduction studies, MRI and blood tests can be ordered as required. Extra investment in primary care services has ensured that patients are offered an appointment within two – four weeks (depending on speciality) if referred on (except MRI).

Multi-professional triage teams (MPTT) in the Southampton area



- There are now three upper limb and four lower limb teams and two spinal teams covering the Southampton population of approximately 582,000 (three PCTs).
- Lower limb teams are made up of two clinical specialist physiotherapists, a podiatrist and a GP with special interest, and two administration and clerical officers. Upper limb teams comprise two clinical specialist physiotherapists, a GP with special interests, an Occupational Therapist and two administration and clerical officers. Spinal Teams consist of two clinical specialist physiotherapists, a podiatrist, a GP with special interest and two administration and clerical officers.

Impact, facts and figures

- Waiting times for appointments are an average of four weeks.
- 18.5% of the patients need onward referral to the orthopaedic teams, with 22% being followed up within the MPTT and 59.5% being discharged to the GP. Orthopaedic waiting times are now down from 18 months to 17 weeks.
- Surgery conversion rates have risen from 40% to 75%. The overall rate is 14%.
- The cost of an appointment with the MPPT has been calculated to be one-third of that in secondary care.
- Five WTE physiotherapy posts were funded within the departments after the pilot phase to cope with increased demand.
- Patient feedback for this service has been overwhelmingly positive with regards to environment, parking, assessment, advice and treatment. Surveys show high levels of satisfaction, and unsolicited letters of praise for the service are received regularly – ‘the number of these has surprised managers’.

Top tips

- Thorough planning and continual evaluation and review are required initially and as the service develops. The MPTT now employ 21 professional staff, two managers and 13 administrative staff.
- Set clear evaluation criteria early on, and review them regularly.
- Ensure adequate service support from the outset. The MPTT manager overseeing service development liaises with the professional clinical leads for each team, and is supported by a number of staff.
- Communication. Be clear from the start who ‘owns’ the patient, and where and when care is handed over’. Clarity about scope of practice can sort out any medico-legal implications.
- Beware of jargon, and listen to your patients. The teams were renamed from ‘multi-disciplinary’ to ‘multi-professional’ teams when a patient wrote saying ‘they didn’t wish to be disciplined!’

The future

- The Audit Commission will publish the work that MPTT has commissioned (using the BUPA prize money) on clinical outcomes from MPTT.
- The MPTT will change its name to ‘Orthopaedic Choice’.
- An accredited postgraduate orthopaedic qualification for team members has commenced.
- We are continuing to look at new ways of managing orthopaedic conditions in primary care, developing links with pain management and rheumatology and establishing a true managed care pathway.

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Additional information

- Operational policy, Assessment proformas, Referral forms, Care pathways, Audit data, Patient satisfaction questionnaires.

Physiotherapy and GP musculoskeletal interface clinics in Somerset

Somerset Coast PCT

Summary

Somerset Coast PCT has 23 general practices and 93 GPs and a population of around 140,000. In the year prior to the introduction of the interface service our GPs referred 2,848 patients to the orthopaedic department at Taunton and Somerset NHS Trust. The musculoskeletal service was designed to address the treatment needs of the population of Somerset Coast PCT.

The service is a rurally based primary care musculoskeletal interface service comprising joint (knee, shoulder and spinal) specific clinics held in community hospitals. An extended scope physiotherapist and a GP with specialist interest (GPSI) run the clinics. The pilot service started in February 2000, and has continued since with funding from the PCT. The service has won a number of awards. There was an estimated cost saving of £40,000 in the first year.

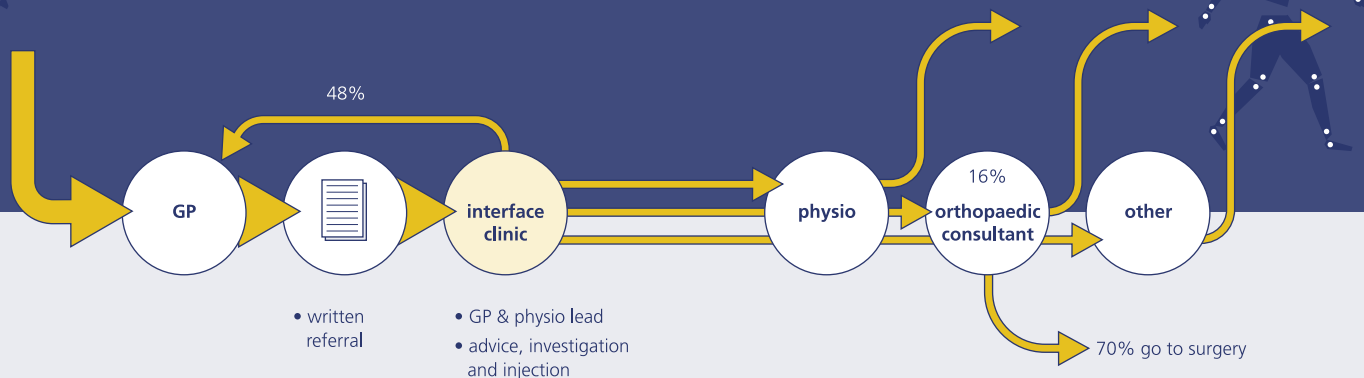
Service description

- The service initially accepted routine referrals for adults who have shoulder, knee or back problems. It has now expanded to include all musculoskeletal patients except those with foot and ankle problems.
- GPs are asked to refer all patients with these conditions to the service instead of to secondary care.
- The extended scope physiotherapists assess, advise and request appropriate investigations. Onward referral for physiotherapy treatment is through the community hospital service.
- Any injections are either done at the time or at an injection clinic.

Impact, facts and figures

- The numbers of musculoskeletal patients referred by their GP to secondary care orthopaedic services have dropped from 4,505 in 1999-2000 to 3,781 in 2002-03, a reduction of 16%.
- Patients are seen, assessed and investigated more quickly.
- 48% of patients are discharged at their first appointment.
- 16% of new patients are referred to an orthopaedic surgeon. Of these, 70% are listed for surgery (previously 30%).
- 7% of patients have a joint or soft tissue injection.

Physiotherapy and GP musculoskeletal interface clinics in Somerset



- The service cost £104 per new patient in 2002-03. The major service costs are MRI scans at approximately £47,000 which are undertaken by an independent provider.
- Patients and users of the service showed high levels of satisfaction in 2000 with its location, environment and timing, and the confidence and competence of the staff. User satisfaction data for 2003 is still being evaluated.
- The records of 200 patients seen between October 2000 and April 2001 were followed up at two years. Three patients (1.5%) had been re-referred to secondary care, two patients were seen once and discharged, and one was subsequently listed for joint replacement surgery.

Top tips

- Agree protocols of care across the patch for routine shoulder, knee and back problems are invaluable.
- Referrals can be made to OT, podiatry, physiotherapy, back fitness programme (leisure centre) orthotics and pain clinic as well as to orthopaedic clinics.
- Clinicians skilled at injection techniques are essential. Three of the five ESPs involved in the service have received injection training. Patient group directives cover the prescription of drugs.
- All clinics have immediate access to x-ray and private MRI with a two week wait (as opposed to a 10 month wait in NHS secondary care). 'This means fast access and results for patients – but the PCT is effectively paying twice.'
- Good data collection is essential. The service has an administrator who works 21 hours a week. The majority of this time is for data collection and presentation.
- Ensure good communication between orthopaedic consultants and the interface clinics by using the same ESPs in the community interface clinics and consultant clinics.
- Encourage liaison between consultants and potential specialist GPs by establishing training programmes including sessions of joint working.
- Consider clinical governance, competency and training issues early on.
- The service was awarded Beacon Site status in 2000, and was the runner up for the South West Modernisation award for Access in 2001

The future

- To extend the service to other parts of the county.

Can you help us?

How to redistribute funding from secondary care services to help fund further developments.

How to influence the strategic health authority to support developing the service in other PCTs.

Has anyone had experience in training programmes for GPs with special interests?

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Additional information

- Beacon pack which includes pathways of care.
- Evaluation report 2003.

Orthopaedic triage in primary care in South and East Belfast

South and East Belfast Health and Social Services Trust

IT systems have been commissioned to allow better audit and data tracking.

Summary

Since 2000, physiotherapists and GPs in South and East Belfast Trust have been working, in partnership with the regional orthopaedic service, to develop a new primary care service model covering a population of 200,000. Northern Ireland has had some of the highest waiting times for outpatient referrals in the UK, and patients could wait for up to two years for an orthopaedic appointment. The new service aimed to reduce orthopaedic waiting times and improve the management of patients with spinal, hip and knee conditions.

The initial project demonstrated the potential for a substantial impact on waiting times. Based on these results, the service is being rolled out across the Eastern Health and Social Services Board during 2004.

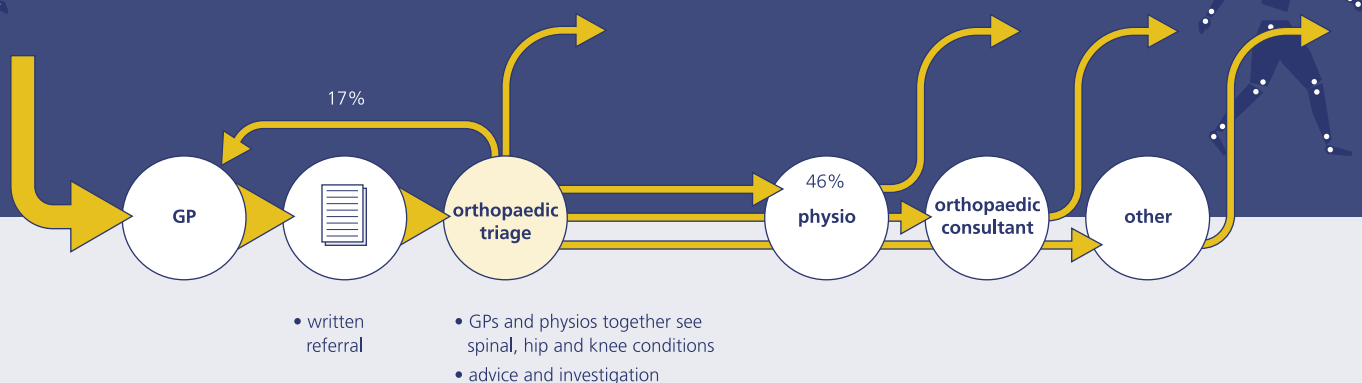
Pilot study

- To assess whether triage by trained GP/physiotherapy teams can identify and appropriately refer patients to orthopaedic outpatient services.
- To examine whether patients triaged as inappropriate for orthopaedic referral receive comparable management plans from the GP/physiotherapist team and orthopaedic surgeons.
- 95 patients were assessed independently by an orthopaedic surgeon and the GP/physiotherapy team. There was a strong correlation between both assessments, and a high level of agreement on management plans between orthopaedic surgeons and GP/physiotherapist teams.

Service description

- Clinics are run once weekly in a primary care setting. From February 2003 to January 2004 there were 466 referrals. A recent increase in funding will double the clinic capacity.
- Patients are assessed by either a GP or a physiotherapist, who cross consult as necessary. The team has access to all available recent x-rays and investigations. Appointment times are 30 minutes. Physiotherapists and GPs working together initiate any investigations
- Patients requiring physiotherapy can book an appointment immediately at a preferred clinic and time. Patients can be referred for physiotherapy (46%), orthopaedics (32%), another speciality (5%), or back to their GP (17%).

Orthopaedic triage in primary care in South and East Belfast



- Current waiting times for appointments with the triage clinics are three to four weeks. The DNA rate is 4%.
- A wide range of physiotherapy options are available, including classes held in leisure centres. 12% of all physiotherapy patients are managed in leisure centre based classes.

Impact, facts and figures

The department of general practice at Queen's University, Belfast was commissioned to undertake the research evaluation, and patient satisfaction was evaluated by the GP Unit in the EHSSB. Conclusions:

- 47% of patients attending the clinics are managed by physiotherapy treatment with defined pathways of care that includes individual or group sessions. Triage by a trained GP and physiotherapist could reduce the number of referrals to orthopaedic outpatient services by approximately 40%.
- User satisfaction was high. 95.6% of users agreed strongly that they were satisfied with the care and advice given at the clinic, 98.8% agreed they were confident discussing their condition with the doctor/physiotherapist, and 98.9% would recommend the clinic to a friend or relative needing similar help.
- GPs and physiotherapists manage inappropriately referred patients in a similar way to orthopaedic surgeons.
- Triage has reduced the number of onward referrals from South and East Belfast GPs to the orthopaedic service. This cannot be quantified at this stage, and will form part of the evaluation following the roll out of the service across the EHSSB area.

Top tips

- Physiotherapists and GPs had the same training over a period of six months, including regular sessions with consultant radiologists and surgeons. This is updated regularly.
- Good communication between GPs, therapists and orthopaedic surgeons is essential. Maintain links between primary care and local hospitals. Hold regular meetings and case discussions. Good communications will minimise inappropriate referrals.
- Build enough administrative support to run the clinic smoothly into the initial proposal.
- Allow for the impact of increased referrals on the physiotherapy service.
- Educating colleagues about triage and sharing skills & knowledge is a key part of the role. 'We have started a weekly clinic, led by ESPs, that other physiotherapists can refer to.'
- Ensure good data collection. In the physiotherapy service we measure patient satisfaction and use Roland Morris to assess outcome. Re-referral rates have fallen.

The future

- Mainstream funding has been secured to double the capacity of the clinics in South & East Belfast Trust and roll out similar clinics across the Eastern Health & Social Services Board area by April 2004.
- Three new community treatment centres, two by 2005 and the final one in 2007. These will have state of the art digital image transfer facilities and appropriate consulting rooms and treatment facilities.
- Facilities for injections at all the clinics.
- Tracking patients through their orthopaedic 'journey' to monitor follow-ups and re-referral rates in different parts of the service. New IT will allow accurate future monitoring of outcomes and data.

Can you help us?

To compare similar models of service and develop the service to be led by a consultant physiotherapist.

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Additional information

- Independent evaluation report, referral pathways, referral guidelines

Physiotherapy orthopaedic triage at Aintree Hospital

Aintree Hospitals NHS Trust

Succession planning is an integral part of the service.

In 1998 the orthopaedic department at Aintree Hospitals had a waiting time of between 28 and 120 weeks for an outpatient appointment. A waiting list initiative funded ESP physiotherapist management of an initial 400 patients from the orthopaedic waiting list. This was successful, and further funding was secured to manage 1,000 in that financial year. The service has continued to develop, allowing an integrated approach to managing orthopaedic patients across the three local PCTs (serving a population of 330,000). The physiotherapy service was awarded a Beacon in 1999. The key factor in the continued success of the service is the audit of outcome measures, both clinical and statistical, and ongoing evaluation and improvement of the service.

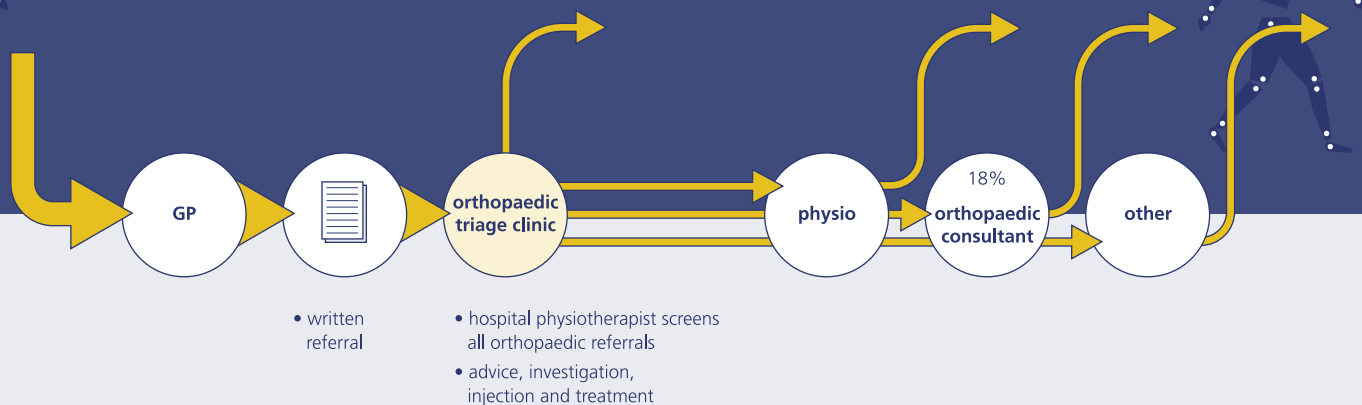
Objectives

- To reduce orthopaedic outpatient waiting lists and times to within national targets.
- To ensure patients access the most appropriate service.
- To develop care pathways between primary and secondary care.

The service

- 3.16 WTE ESP physiotherapists and one WTE administrative support staff the service, which is based in the Trust's physiotherapy department.
- Physiotherapists screen orthopaedic referrals and direct them to consultants, GPs with a special interest, or physiotherapy. Appointment times are of 30 minutes duration. An ESP physiotherapist who has completed the diploma in injection therapy manages patients who require injection therapy.
- Currently patients receive a letter inviting them to the clinic. This is in the process of changing to a booking system.
- Since August 2003 a pilot extension to the service has been implemented, whereby physiotherapists initially manage all routine referrals to the two knee surgeons. Early indications are that there is only a small percentage increase in the number of referrals directed back to the consultants. The success of this pilot is being monitored closely, and it may be made permanent from April 2004.

Physiotherapy orthopaedic triage at Aintree Hospital



Impact, facts and figures

- In 2002-03 1,638 patients were seen in the triage clinic. Over 7000 patients have been managed by ESPs in five years of running the service.
- Patients assessed by ESPs are seen within four to six weeks of referral.
- 60% of patients are managed by physiotherapy, either through advice and discharge at their first appointment or referral on to the 'normal' physiotherapy service. Only 17 to 18% of patients require an orthopaedic consultant opinion, and consultant waiting times have reduced to 16 weeks or less.
- A case note review indicated that there was an extremely high correlation (88%) between orthopaedic consultants and the physiotherapists in an exact match in the recorded diagnoses. The remaining diagnoses were similar with the differences not deemed to have impacted on patient treatment options.
- Patient satisfaction surveys indicate 88% of patients are happy to be seen by an ESP instead of an orthopaedic consultant.

Top tips

- The service started by looking at specific conditions, and after three months was extended to cover spinal, upper limb and lower limb joints (excluding feet). This is now a consolidated service.
- Triage accurately is sometimes difficult because of the 'quality' of referrals. This is why the pilot to see all routine knee referrals commenced.
- Local protocol based outcome measures were agreed and tested for reliability for the quantitative analysis of the orthopaedic triage clinic. To measure clinical outcome we used the visual analogue scale, the pain and disability questionnaire, and the Rowland and Morris disability questionnaire.
- Primary and secondary care have collaborated successfully to redesign the orthopaedic service. 'A key factor in the continued success of the service is the continuing evaluation of outcome measures: clinical, managerial and service improvement indicators. Ongoing training and succession planning are integral parts of the success of the service.' (Service manager)
- It is essential to have dedicated clerical support and a robust information system. 'Getting x-rays and patient notes and typing up letters takes a lot of time.'
- Success depends on consultants having confidence in the clinical ability of ESPs, as demonstrated by joint working in 'normal' clinical settings.
- Beacon status resulted in invitations to present at national conferences and primary care collaboratives.

The future

- Patients who meet operative criteria on assessment will be fast tracked to clinic on the same day, for immediate review by the consultant and, if appropriate, pre-op screening and a date for admission.
- The pilot will be rolled out to other consultants if successful.

Can you help us?

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Additional information

- Beacon Pack, which includes pathways of care.