**Topical Issues Informing Practice : The Future for MSK Services**

**Kingston Hospital, Kingston upon Thames**

**22nd April 2016**

**SUMMARY REPORTS**

**Stephanie Poulton, Clinical Physiotherapist in Pain and Hilda Walsh, Head of Locomotor Service**

**Homerton University Hospitals Trust**

Hilda Walsh and Stephanie Poulton gave an informative lecture on the development and progression of a pain service which is based at the Homerton Hospital. The service originally stared in 2004 with ESPs working in the community and then progressed to be one of the first services to introduce ESP prescribers into its service in 2008. It then went onto set up ESP led pain clinics in 2010 and then community specialist pain clinics in 2015.

The speakers highlighted the importance of constantly evaluating at the value of their service, in particular in relation to cost effectiveness, value to patients and value to stakeholders. They identified that improved accessibility for patients, reduced waiting times, enhancing patient empowerment have all led to improved outcomes and a vast reduction in costs. The service has been nominated and reached the finals of several Health service Awards.

*Hayley Kinch*

*ESPPN Hon Treasurer*

**Patrick Hourigan, Lead ESP**

**The Royal Devon and Exeter NHS Foundation Trust.**

**Developing an ESP Led/Delivered Spinal Injection Service**

Patrick provided a fascinating insight into the development and evolution of a physiotherapy led spinal injection service. He comprehensively outlined the challenges in starting out on this journey, the training requirements, the risks and the challenges, both clinically and culturally as a physiotherapist undertaking this role. Patrick described how after years establishing and developing an ESP spinal service he had pushed the boundaries of his individual scope of practice and the boundaries of the profession through the use of spinal injection therapy. He detailed the importance and the benefits of having a clinical champion, the support of the organisation and appropriate infrastructure to support this extended role. He gave a detailed account of the challenges of organising and running a ‘theatre’ list and the culture issues associated with this e.g. the expectation of assertive communication. The associated risks of the procedures may have been an eye opener for some and understandably might be a step too far for some physiotherapists, for others it may be an exciting avenue to explore and expand the management options for their patients. Patrick’s talk, however, eloquently highlighted all the elements required when expanding any physiotherapy role: hard work, perseverance, knowledge and skills, clinical governance, risk management, appropriate support and courage.

Patrick intimated that he would be moving on from his current role in the next few months. He has made a significant contribution to the profession. In 1992 he was appointed to work alongside Chris Weatherley at the Department of Spinal Surgery in Exeter in one of the first UK ESP roles. He has co-authored several publications about the ESP role, which inspired and guided many of the early ESP clinics. He was one of the founding members of the ESP Occupational Interest Group, as it was know at the time, and was vice-chair from 1997 to 1999 and chair from 1999 to 2001. We very much thank him for his contribution to the extended scope community and wish him well in his future endeavours.

*Dr. Grant Syme*

*Consultant Physiotherapist NHS Fife*

**THE FUTURE OF COMMISSIONING PHYSIOTHERAPY SERVICES**

This excellent and topical session started with an update on the current directives and terms within which the CCG’s commission the services. This was followed by 2 service providers describing the characteristic of the services they provide.

**Sharon Barrington** - **Overview of commissioning and role of CCG’s**.

Sharon gave an excellent presentation describing the role of the Clinical Commissioning Groups (CCG’s) in commissioning or buying healthcare services. This included– Elective Hospital Care; Rehab Care; Urgent & Emergency Care; most community health services; and mental health and learning disabilities services. She highlighted the governance and legal framework of the terms of **procurement** under which the CCG’S act. She also explained the current national **operational plans** which are aimed at implementing the 5 year forwards view, to restore and maintain financial balance and deliver core access and quality standards. **Opportunities** from these changes include: transformational funding; multi- speciality community providers; acute care collaboration; and alternatives to referral to hospital services. Orthopaedics are considered an outlier service, but dementia, cancer treatment and aftercare, research and innovation are seen as key development areas. **Challenges** include financial, evidence base, getting your voice heard and productivity.

**Paula Deacon - Individual example of criteria of service provider**

**Paula** gave an excellent and innovative review of the integrated community based services in which she is therapist lead. She highlighted how the services focused on meeting the commissioners’ requirements by embedding the service descriptors of: **Quality** of services that stand out; **Innovation-**the embedding of 2 ½ hours protected CPD time weekly, a structure that specifies the diagnostic categories for specific grade of therapist and which ensures **Staff and Services Development** and **Quality and Governance;** robust data **evaluating** the **efficiency and effectiveness** of the services. She stressed the importance of innovation and development of services design with **quality** at their heart to meet the commissioners’ requirements.

**Andrew Walton - Multiple Service Provider.**

**Andrew** highlighted that the total MSK commissioning budget is £70 million. He described commissioning as a marketing function. He suggested that the key characteristics of successful services providers are those that ensure services are clinically effective, standardised and optimised. He proposed that integrating services with none public funding and other professions as key innovations.

**Panel Discussion- This** focused on the details of service provision and the need to engage with the commissioners to develop service provisions for your community.

*Marie-Clare Johnson*

*Physiotherapy Practitioner (Upper Limb) Imperial College NHS Healthcare Trust*

*Mres Clinical Research Student*

**Jonathan Bell, Consultant Orthopaedic Surgeon**

**Wimbledon Clinics, Parkside Hospital**

**The Extreme Patellofemoral Joint**

To follow

**SHOWCASE PRESENTATIONS**

**Catherine Kelsall, Spinal ESP,**

**Lancashire Teaching Hospital NHS Foundation Trust**

**Spinal Access**

Catherine’s presentation outlined a piece of work she had undertaken after receiving funding for a research project. As part of this project she travelled to various hospitals around the country to observe Spinal ESP’s working in orthopaedic settings and report back on best practice.

In addition to this she outlined a change in her trusts way of dealing with suspected cases of cauda equina syndrome (CES). This involved the trusts Spinal ESP’s carrying a bleep and being on an on-call type rota Monday to Friday to assist in answering any queries relating to suspected cases of CES across the county. Initial feedback appeared to be positive, showing speedier scanning and treatment pathways and a reduction in unnecessary hospital admissions.

In summary Catherine had found the experience most beneficial. She encouraged ESP’s to apply for funding for projects and felt that it was extremely useful to see and share other Spinal ESP’s working practices. The on call system for suspected cases of CES seemed to be working well in Lancashire Teaching Hospitals NHS Foundation Trust; this may be something other trusts would want to consider implementing.

*Sarah Parr*

*Spinal Extended Scope Practitioner - West Herts Hospitals NHS Trust*

**Clare Scott Dempster**

**Conservative Treatment for Osteoporosis**

To follow

**Ceri Sedgley**

**Advanced Practice Resource**

To follow

**Lucy Arnott VFC**

As a trust that has newly implemented the virtual fracture clinic model , Lucy’ s presentation was informative and her willingness to share all her resources and information has meant we have been able to implement a physiotherapy led service within our trust, though still in its infancy.

The presentation reflected the same issues we were having within our fracture clinics, and the gap for rehabilitation and advice was also the same. Her presentation has given me the information I require to move our service forward and her project plans for the coming year will be extremely helpful in assisting us towards a more robust and quality service within our trust.

Thanks for all your hard work as it has made our journey that much easier

*Tina Calvano*

*Team Lead Orthopaedic/MSK Physiotherapist*