

STANDARD OPERATING PROCEDURE ONE COMMUNITY MUSCULOSKELETAL (MSK) PHYSIOTHERAPY SERVICE

Document Reference	SOP20-055
Version Number	2.0
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Instigated by: Date Instigated:	
Date Last Reviewed:	20 July 2023
Date of Next Review:	July 2026
Consultation:	Reviewed D Jenkins, A Armitage, K Barraball Presented to Clinical network Group. Circulated via email to Community Services clinical network.
Ratified and Quality Checked by: Date Ratified:	Community Services Clinical Network Group 20 July 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	September 2020	Review of previously agreed SOP
2.0	20 July 2023	Reviewed fully to reflect one community service across localities. Approved by Community Services Clinical Network Group (20 July 2023).

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1. INTRODUCTION

This SOP outlines the operational procedures for the MSK Physiotherapy out-patient services within the Scarborough, Ryedale, Whitby and Pocklington localities. It sets out the team's vision and includes details of the referral process, management options and discharge process.

1.1. Team Vision

To ensure the delivery of an effective high quality musculoskeletal (MSK) service for the population of the Whitby, Scarborough and Ryedale and Pocklington localities.

The vision is to provide a timely, streamlined MSK service that is locally accessible to patients across these areas, maximising information technology, utilising remote consultations where indicated, delivered by appropriately skilled physiotherapists, who are committed to providing the best care for their patients and engaging in continued professional development.

1.2. Key elements

- Clinical triage of all referrals to maximise efficiency and capacity management.
- Patient self-referral process aimed at reducing the number of GP's appointments and promoting patient self-management.
- Initial telephone assessment to promote virtual management, and to establish if a face-to-face assessment is required.
- A standardised assessment and treatment pathway across all Humber localities.
- Use of evidence based clinical pathways
- Influence patients to self-manage their condition through education using evidence-based practice.
- Effective communication
- Courage and foresight to tackle the most sensitive of safeguarding issues.

We aim to be recognized as a leading provider of integrated health services, recognized for the care, compassion and commitment of our staff. We want to be a trusted provider of local healthcare and a great place to work. We want to be a valued partner with a problem-solving approach.

2. PURPOSE AND SCOPE

This Standard Operating Procedure explains the process to follow for Humber community services in Scarborough, Ryedale, Whitby, and Pocklington for MSK services. It has been developed in order to provide guidance and clarity for clinical teams within HTFT services regarding process and expectations. It will also support partners in understanding the scope of service.

This document should be shared as part of the induction process for new starters or temporary workers, to ensure consistent compliance with the systems and processes. It does not replace professional judgement which must be used at all times when managing referrals and patient intervention.

3. DUTIES AND RESPONSIBILITIES

Service Managers, Therapy Lead and appropriate clinical/ professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Therapy Lead /Service managers / Advanced Physiotherapists have responsibility for ensuring the quality of clinical interventions and record keeping by their staff, and monitoring compliance with this policy and procedure through the supervision and audit process.

All relevant clinical staff will familiarise themselves and follow the agreed SOP and associated guidance. They will use approved documentation on SystemOne as per policy and Standard Operating Procedures. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

4.1. Location of Services

The MSK Physiotherapy out-patient services are delivered at

- Scarborough Rugby Club
- Whitby Hospital
- Malton Hospital
- Becksie Centre, Pocklington
- Local GP practices across the locality see Appendix 1

4.2. Inclusion Criteria

The service provides Physiotherapy out-patient assessment for adults with MSK conditions.

Inclusion Criteria:

- Adults aged 18 and over (Pocklington registered patients aged 5 over with MSK need)
- Patients with an MSK problem including: soft tissue injury, peripheral joint pain, spinal pain.
- Upper and lower limb fracture rehabilitation
- Musculoskeletal rehabilitation when this is associated with potential for long term loss of independence.
- Patients registered with a qualifying GP practise.

4.3. Exclusion Criteria

- Insufficient information on a referral to determine if appropriate for the MSK Physiotherapy service
- Patients who have pain due to cancer
- Patients referred for Physiotherapy for a Neurological condition
- Patients referred for Physiotherapy for a respiratory condition
- Patients already under an orthopaedic consultant are not able to self-refer
- Patients referred by a GP for an Orthopaedic condition that requires following a specific protocol which is not included or on V drive/MSK folder
- Unable to attend an outpatient physiotherapy clinic.
- Patients referred for hand orthotics/splints (Appendix 3)
- New amputee patients (unless presenting with an MSK problem)
- Under 18s (excluding Pocklington as detailed above)

4.4. Key partners

Key partners include:

- GP's/FCP's (general practice partners)
- Practice nurses
- Community therapists and district nurses

- Acute hospital trusts (orthopaedics and emergency care)
- Urgent treatment centre
- Patients and carers

4.5. Staffing and Resources

The service is staffed by MSK staff at a variety of bandings accountable to 2 advanced specialist physiotherapists (B7) and supported by administration staff.

4.6. Hours of Operation

The team primarily operates Monday to Friday between the hours of 9am to 5pm (excluding Bank Holidays) but flexibility of working hours around patient / carer need can be accommodated and flexible working requests can be submitted in line with policy

Lone working – staff working on external sites need to follow the local lone working / sign in out procedures.

4.7. Referral Procedures

**Referrals are received by several sources including:
Electronic internal and external, email, post, patient self-referral procedure.**

Referrals are received from a variety of sources and formats and managed in accordance with the flow chart in Appendix 2. A self-referral process is available via <https://forms.office.com/e/CM1hwYUWd6> These referrals are managed in accordance with Appendix 2.

4.8. Triage

All referrals will receive clinical triage that will be recorded in the System one record (see appendix 4), the decision making will be recorded and will include appropriate/inappropriate, priority, banding, location, length and type of slot.

The majority patients will receive an initial telephone triage appointment, using a “Virtual Approach first” ethos. However, if evident on clinical triage that a face-to-face appointment is most appropriate this will be offered.

Triage priority

High – orthopaedic or post operative patients, acute back pain, patient off work due to problem or a primary carer and unable to complete these duties, acute injury,
Routine. All other referrals.

4.9. Booking of appointments

All routine patients will be sent a partial booking letter asking them to make contact to arrange an appointment. When the appointment is booked via SPOC team the patient will be given the date / time and location of the appointment including if the appointment will be face to face or on the telephone. In order to assist with waiting list management, patients can be offered an appointment in any of the MSK service localities but must be willing to travel if they are required to attend for a face-to-face appointment.

Once the partial booking letter is sent it will be marked on the appropriate MSK waiting list and the due date added to the waiting list notes.

4.10. Assessment and Treatment

An assessment will be carried out and recorded on S1 and it will then be decided if patients can be managed remotely by virtual means i.e., telephone or upstream video consultation, or require a face-to-face assessment.

4.11. Treatment procedures.

Physiotherapy treatment can consist of:

- Advice and education
- Goal setting
- Guidance on long term condition self-management
- Home Exercise programmes
- Supervised exercise programmes
- Soft tissue mobilisation techniques
- Acupuncture can be offered if required but is not routinely offered as a treatment in line with Chronic pain NICE guidelines.
- Issue of an appropriate walking aid following mobility assessment
- Injection therapy in line NICE guidance.

Treatment uses a holistic cognitive rich rehabilitation approach to problem solve and enable patients on the self-management route.

4.12. Documentation

The patients consent to share is recorded on to SystmOne, and next of kin checked that it has been recorded and updated as required. A standardised MSK assessment template on SystmOne is used for the initial telephone appointments. All documentation as per defensible documentation training and professional standards, which will include appropriate glossary of abbreviations.

Documentation will be audited monthly using the trust agreed documentation tool on my assure.

4.13. Waiting List Management

It is envisaged that each Physiotherapist will have a target of 20 New Patient contacts per week per WTE.

In order to maximise efficiency, it is the team's philosophy that no appointment slot is left unutilized. Therefore, all slots will be of 30-minute duration, this means that if they are left empty, they can be converted in to a new patient contact slot by the administration team and utilized.

4.14. Equipment

The MSK Physiotherapists are able to order walking aids and equipment using the Medequip ordering process. An appropriate assessment for the equipment is carried out and the item can either be issued directly from the locality peripheral equipment store or via a direct order from Medequip - see Appendix 5.

4.15. Discharge process

When a patients' care is ended, they are discharged with appropriate summary email or tasks written as required. Patients can be referred on for further management if required, i.e., MSK level 2 diagnostics (Whitby only), Podiatry, Community therapy, back to GP or Consultant or signposted to alternative services such as Escape Pain, Strong and steady (this list is not exhaustive).

Contact for the above services can be found on V:\PCC\S&R - Specialist Services\Shared\MSK\MSK Physio Folder or referrals to internal services can be made via System one task.

Patients who cancel an appointment are placed on the UTA waiting list (as per appendix2) and given 2 weeks to re-book and for those who fail to respond to a telephone call or fail to attend a face-to-face appointment (DNA) these are given 48 hours to re-book, and if they fail to do so they are discharged.

Patient initiated follow up (PIFU) - see appendix 6.

4.16. Diary Management

Staff are accountable for running individual diaries. Blocking of slots needs justification and agreement from the team leads, or Advanced Physiotherapist notified. Those blocked without justification will be deleted and patients booked in if needed.

The slots that will be assigned on the ledgers are as follows:

- Face to face
- Routine telephone new patient
- Urgent telephone new patient
- Telephone review

4.17. Contact Details

All teams can be contacted through single point of contact (SPOC) on 01653 609609
Patient can self-refer via the website link <https://forms.office.com/e/CM1hwYUWd6> or phoning SPOC if they are unable to complete the online form.

4.18. Involving patients, carers and families

People who have experienced our services at first hand, their families and carer(s) are best placed to help us develop, monitor, and improve services. To help us better understand the quality and effectiveness of our services we collect information about the service including; complaints, compliments, and Friends & Family Test surveys. The organisation has a Patient Advice and Liaison Service, known as PALS, which helps us to listen to patients, their relatives, carers, and friends. The team carries out bespoke surveys as and when required. The division takes opportunities in its developmental work to assess patient, carer and family feedback through a specific Patient and Carer Experience Group.

4.19. Training and Staff Development

Supervision

All supervision should fall in line with the trust guidance Supervision Policy - Clinical Practice and Non-Clinical N-039.pdf (humber.nhs.uk). The clinical supervision structure for staff within the MSK team can be found at V:\PCC\S&R - Specialist Services\Shared\MSK\MSK Physio Folder\TEAM MEETINGS, IST & Supervision\Supervision – Humber. MSK services will also run focused Professional development groups for Physio. At times these may be shared or professional specific. These will run on a quarterly basis and will have TOR and an agenda to be followed. Any training requests / external learning requests need to complete in line with Community and Primary Care - Learning and Development SOP20-058.pdf (humber.nhs.uk)

MSK Safety Huddle

This will take place on a weekly basis for one hour, to discuss clinical issues, it is not compulsory to attend. This will be on a different day each week to allow all staff to attend and it covers all localities and clinic bases. It will run via MS teams with the invite extended to all MSK staff / team lead / service manager and therapy lead.

Audit

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care, against explicit criteria and the implementation of change. Regular auditing of current practise within MSK against national standard will take place and be recorded on the divisional audit plan.
IPC audit maintains equipment managed and cleaned correctly.

Staff skills and competencies.

It is a statutory requirement that all statutory and mandatory training is up to date and logged on ESR and trust core competencies completed Regular live supervision will be completed with staff in line with policy.

4.20. Booking of Annual Leave.

Annual Leave can be booked on <V:\PCC\S&R - Community Management\Public\Annual Leave Trackers\2023-24\Whitby Trackers\MSK Physio - Annual Leave Tracker.xlsm>

It is recommended that AL be booked 8 weeks in advance and ledgers be booked out. Annual leave will be allocated taking into consideration cover across the localities in line with the One community transformation. Anne Wild, Debbie Jenkins or Annabelle Armitage need notifying to approve.

Guidance in [Leave Policy](#).

5. REFERENCES

MSK web page can be found on the Humber intranet :

<https://www.humber.nhs.uk/Services/musculoskeletal-msk-physiotherapy-team.htm>

Appendix 1: Local GP Practices Across the Locality

GP Practice Clinics

This is a list of clinics where previously Physiotherapy clinics were being held before the pandemic. Once it is appropriate and reasonably practicable to do so clinics may be resumed.

Whitby:

Egton GP surgery
The Danby practice
Staites GP practice

Scarborough:

Eastfield medical centre (clinics commenced 2021)

Ryedale: All clinics commenced 2021

Ampleforth and Hovingham Surgeries.
Ayton and Snainton Medical practice
Sherburn and Rillington GP Practice

Appendix 2: Referral Management

[Referral Management Process Model](#)

Appendix 3: Patients Referred for Hand Orthotics/Splints

Carpal tunnel syndrome.

Humber MSK service will NOT provide splints for CTS, patients will be offered physiotherapy, advice/education and will be recommended splinting if appropriate with signposting to resources.

The following have been suggested:

A Futura splint may be obtained from: www.promedics.co.uk

Whitby Community Hospital Outpatient Occupational Therapy/MSK Service Aug 2021

Service Pathway:

- Referral received from GP / Acute /other health care professionals
- Service delivered from MSK department Wed/Fri dependant on need
- Triage by service according to matrix, MSK / OT holistic assessment of need/advice,
- MSK physio review, if specialist OT input needed request will be made for OT review
- If appropriate for OT outpatient appointment, then patient will be allocated to waiting list and will be assigned to appropriate caseload outpatient OT caseload once appointment is given.
- If community patient not suitable to be seen in outpatient setting, they will be added to community caseload.
- Triage for band 7 OT and on community waiting list.
- Seen in order of priority according to triage as Outpatient OT exercises / functional advice and splinting if indicated
- Splinting will utilise off the shelf splints which may require adjustment to fit
- Wear and care profile will be provided for all patients (BAHT COT as per guidance)
- If patient requires bespoke splinting refer to Orthopaedic Services
- Review as required
- Discharge when appropriate

Inclusion:

- Patients 18+, registered with Whitby GP, MSK issue resulting in functional deficit
- Referral received in to either community OT / or MSK service (GP or consultant care – consultant care only if the patient is unable to travel to the acute site)
- Inclusion / exclusion criteria for MSK to be observed
- Inclusion - Long term condition management that requires holistic functional assessment for inflammatory disorders of hand OA and RA.

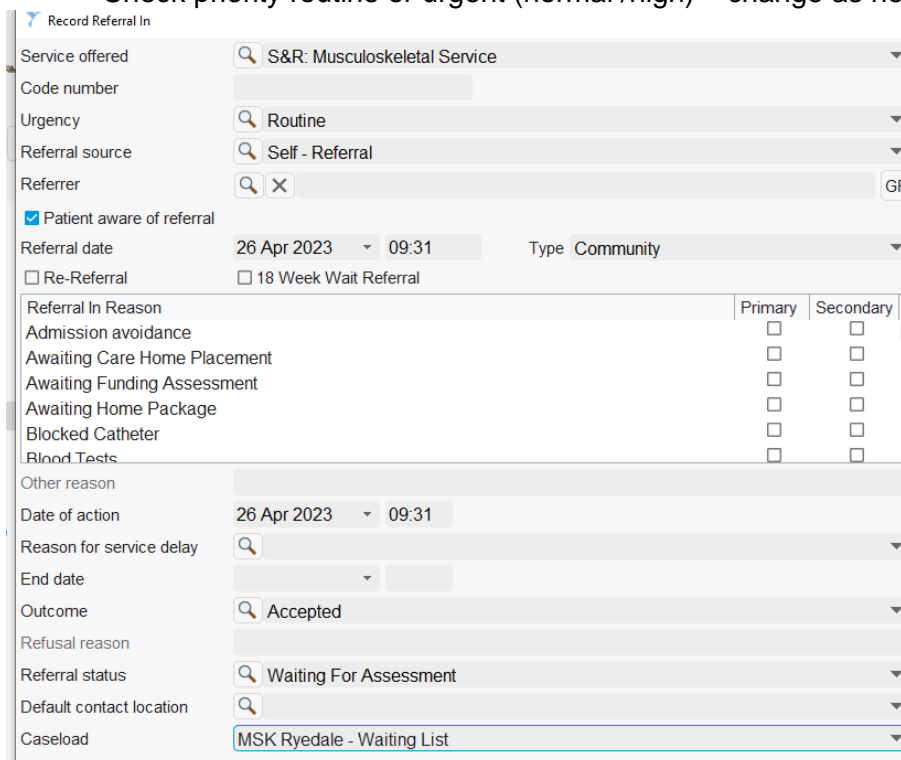
Exclusion:

- Patients under the age of 18 years
- No acute post op tendon injuries.
- No ganglion, dupuytrens, trigger finger, post-surgical tendon repair unless patient cannot travel and will be detrimental to clinical outcome.
- Dynamic splints, (Saebo)

Appendix 4: Triage

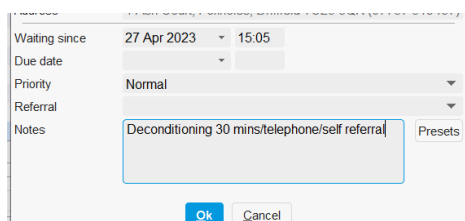
Triage MSK

1. Referral received and registered onto S1 by admin team. Added to triage caseload.
2. Referral opened and decision making recorded in S1 journal in MSK template/quick note, Eg 30mins knee, telephone self-referral routine. All new patient appointments will be via telephone unless prioritised as straight to a face-to-face clinic with supporting decision making recorded for this on S1.
3. Referral changed to waiting for assessment, and caseload changed to correct waiting list. Check priority routine or urgent (normal /high) – change as needed.



Referral In Reason	Primary	Secondary
Admission avoidance	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting Care Home Placement	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting Funding Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting Home Package	<input type="checkbox"/>	<input type="checkbox"/>
Blocked Catheter	<input type="checkbox"/>	<input type="checkbox"/>
Blood Tests	<input type="checkbox"/>	<input type="checkbox"/>

4. Add patient to correct waiting list, with correct priority routine/urgent (normal/high) and in notes time, joint referral and appointment type e.g. 30 mins knee self-referral telephone and due date.



5. If rejecting, record rationale in S1 journal and reject.

Appendix 5: Equipment Ordering Process

The walking aids issued by Medequip include:

Adjustable sticks, standard crutches, heavy duty crutches, indoor and outdoor walking frames.

Process:

Following appropriate mobility assessment, the walking aid can be either taken from the locality peripheral store, or if not available ordered from Medequip.

Following issue an email needs to be sent to the Physiotherapy assistant at Whitby hospital, or the identified medequip staff member in the assistant's absence. (Email address at the bottom of this document),

- Patient's name
- NHS number
- equipment issued
- the code on the equipment item
- Name of peripheral store the item was taken from

The assistant will then complete the relevant online Medequip form and send an email back to the referring Physiotherapist with confirmation of the order, and this will then be recorded on the patient S1 records the date and type of equipment that has been issued.

For Ergo handled and heavy-duty crutches this will require a Medequip special order form which on completion is returned and is then sent on to medequip panel for approval.

Peripheral Store Stock

- **Whitby hospital peripheral store.** – The Physiotherapy assistant will monitor and replenish the peripheral store as required.
- **Prospect Hub and Malton Hospital** -This will be managed locally by the community team

Indoor frames/outdoor4 wheeled walkers and 3 wheeled walkers

Following a mobility assessment, the MSK Physiotherapist will recommend the most appropriate wheeled walking frame. The MSK Physiotherapist will then, either issue the frame direct from the local peripheral store or request a home delivery for the frame. For both options, the patient details, name, NHS number and date of birth, need to be emailed to the Physiotherapy assistant who will then complete the Medequip order form, and the item will either be sent to the patient's home address or to the peripheral store.

If required replacement walking aids are issued and re-ordered in the same way as a new item

Perching stools/wheeled kitchen trolley

If any of these are required then the patient needs a referral to the appropriate community therapy team, for home environment risk assessment and to ensure the equipment is safe to be issued.

Returned Equipment

At the time of issue, the patient will be advised that if the item is no longer required, they are to contact medequip to discuss the returns process which will either be by home pick up collection or return to the appropriate peripheral store.

Appendix 6: Patient Initiated Follow Up

Process mapping for PIFU MSK

