MSK Commissioning in the

Dr Mike Rossiter
Consultant in Sport, Exercise & Musculoskeletal Medicine
Hampshire Hospitals NHS Foundation Trust
Vice-President FSEM

NHSe directive for effective MSK triage service for all regions

MSK Service – GIRFT Principle

- Fully integrated between Primary & Secondary Care + Physiotherapy, Podiatry, Rheumatology **with SEM Lead**

  Ideally in same setting – 1*/2*?
- Primary Care
  - FCPs (ACP/Chiropracter/OT)
  - GPSI (+ MSK Diploma)
- MSK Hub
  - MDT
  - SEM, GPSI, ACP, Podiatry
  - US, EMG
  - ESWT/PRP
- Community Physiotherapy/Podiatry
- Secondary Care
  - Orthopaedics, Rheumatology, Pain

MSK Service - GIRFT

- Must integrate with Orthopaedics (parallel clinics), Radiology and Rheumatology as a minimum
- Ideally on same site – best for clinicians and patients with Radiology (One stop service)
- Experienced staff: SEM/ESP/FCPs
- Telephone clinics
- Patient education – digital platforms
- Digital integration across primary/secondary care

Funding MSK in NHS

- CCGs
- PCNs
- Secondary Care – MSK

Threats

- SEM Drs/Consultants are expensive (but cheaper service = poorer service)
- Ignorance across NHS (CCGs/Trusts) of SEM Drs
- FCPs (cheaper BUT skill-set and knowledge of complex medical/surgical problems varied/limited)
- Private companies vs NHS-employed staff
- Non-integrated service/different sites -> poorer patient journey

So What Now?

- MUST identify what CCG wants (complexity/outcome/costs)
- Must prove that SEM Drs ultimately reduce costs (skills -> decreased onward referral/waiting times)
- Collaborate with HSP ref. FCPs
- Integrate team/select location
- MSK diploma