

Joint effects

**The impact of Allied Health Professionals
on orthopaedic and musculoskeletal
service change in Scotland**

**Sue Parroy
Summer 2005**

Acknowledgements

This publication follows the Scotland-wide scoping exercise of adult musculoskeletal (MSK) and orthopaedic services commissioned by the Scottish Executive in 2004. It would not have been possible without contributions from a number of other organisations and people, in particular: The Practice Development Unit, NHS Quality Improvement Scotland, the Centre for Change and Innovation, the AHP Clinical Effectiveness and Practice Development Network and topic specific group on MSK and the various AHP managers networks.

"I am delighted that AHPs are improving patient access and experience of orthopaedic services for people with musculoskeletal problems. I have been impressed by the variety and scope of the roles they are undertaking across all service settings. I know AHPs will rise to the challenges in Building a Health Service Fit for the Future (Kerr Report 2005) which offers exciting opportunities for continued new thinking. This publication highlights some of the things we learnt about during the Scotland wide scoping exercise of adult musculoskeletal (MSK) and orthopaedic services commissioned by the Scottish Executive in 2004. I hope this document will be useful to those with an interest in sustainable musculoskeletal services in NHSScotland."

Jacqui Lunday

Allied Health Professions Officer, Scottish Executive Health Department

"With an ageing population we really need to continue to build on good practice and this report gives plenty of examples. The more we can involve the broadest range of professional skills in helping support people, especially in the locations close to their homes and in tandem with other services, the better. It also shows the importance of supporting people to take better care of themselves. This seems to me to be about how health care should look in the 21st century"

Fiona Mackenzie

Chair of National CHP Development Group

"What I particularly liked about this document was the emphasis on team work because it is impossible to try this kind of thing without all concerned being able to trust one another. Every locality will have different strengths and must capitalise on these and the availability of interested staff."

David Finlayson

Chairman, Scottish Committee for Orthopaedics and Trauma

“Allied Health Professionals are proving themselves to be central to delivering on the patient access agenda. Seeing the right professional, in the right place at the right time increasingly means seeing an Allied Health Professional.”

Stephen Gallagher

Assistant Director, Programmes, Centre for Change and Innovation

“Participating in this scoping work has been an exciting and challenging experience for Allied Health Professions. The opportunity to explore, share and scrutinize current and emerging models of service has provided a focus for AHPs which will be continued through the work of the AHP Topic Specific group on Musculoskeletal. This document provides an excellent overview of the scale of MSK issues and service solutions in a style which will inform a wide ranging audience.”

June Wylie

Professional Practice Development Officer, Allied Health Professions, NHS Quality Improvement Scotland

“I think Joint Effects is an excellent piece of scoping work. It is an eminently workable document providing clinicians and managers with evidenced based examples of different ways of working to reduce service pressures. The contact details of lead clinicians is a particularly helpful inclusion.”

Kath Fairgrieve

Lead Allied Health Professions Officer, NHS Tayside

Joint effects is a direct result of the Scottish scoping study AHP activities in Scottish MSK services.

It demonstrates how AHPs contribute to improving services for people with musculoskeletal conditions. Most of the service examples are in Scotland.

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Policy context

In Spring 2004, the Allied Health Professions Officer, Scottish Executive Health Department commissioned a Scotland-wide review of the involvement of Allied Health Professions (AHP) in adult musculoskeletal (MSK) and orthopaedic services. Its aim was to inform the Allied Health Professions (AHP) outpatient working group, and it was undertaken in parallel with the Centre for Change and Innovation (CCI) outpatient programme and bidding round for orthopaedic outpatient improvement projects.

The work in Scotland is mirrored by other work in the UK, including the development of standards of care by the Arthritis and Musculoskeletal Alliance (ARMA) published in November 2004, a developing musculoskeletal framework in England (due to be published autumn 2005), and an orthopaedic plan for Wales.

The focus has been on existing and emerging AHP services in Scotland that:

- promote patient direct access or self-referral to AHP-led services
- aim to reduce orthopaedic consultant waiting times
- use teams to reduce hospital admissions, optimise discharge, improve rehabilitation, encourage return to work and build independence in this client group.

Whilst recognising many AHPs contribute to services for people with MSK disorders, this work has focused on the activities of three professional groups and their support teams: occupational therapists, physiotherapists and podiatrists.

The management and care of millions of people with long term conditions is a key government priority and central to NHS strategic planning. In Scotland, Joint Futures and the emerging Community Health Partnerships offer unique possibilities for new thinking and, where appropriate, bold service reconfiguration.

Developing co-ordinated, personalised and systematic patient support in community settings presents immense cultural, logistical and organisational challenges across the whole health and social care spectrum. Radical service redesign and an integrated approach is essential to deliver the current targets and implement the new policies.

However, AHPs within the Scottish NHS are already changing and improving services for people with musculoskeletal and orthopaedic conditions. The citywide services in Glasgow are admired throughout the UK, and the Scotland-wide self-referral (direct access) to physiotherapy trial has attracted international interest.

This work has focused on the activities of three professional groups and their support teams: occupational therapists, physiotherapists and podiatrists.

The Centre for Change and Innovation (CCI) orthopaedic outpatient's projects started in 2004. AHPs and the services they deliver feature throughout the programme. AHPs are taking a lead role in the project management and all eleven projects include service redesign that feature extended roles for physiotherapists or podiatrists.

This document includes key facts and figures, and describes a number of service examples and key developments in both Scotland and England that have been working for long enough for their impact to become evident.

Summary

“There is something going on in Scotland that is almost unique in the developed world. By 2021 there will be 20% fewer teenagers and 25% more people aged over 60. This is going to have major implications for the way health services will be provided. At a time when more and more elderly people will be needing care, the pool of people who can provide it will be shrinking.”¹

Joint problems are an important and growing health issue across the western world. Across the UK people are reconsidering how to provide MSK treatment and care.

The role of AHPs in this field is crucial, and is demonstrated by good data. AHPs can improve orthopaedic conversion rates, free up doctor time, reduce drug costs and improve access. Self-referral and other direct access systems offer particular benefits. New roles in unscheduled care are becoming established around the UK.

In Scotland the emerging CHPs offer an excellent framework for change. AHPs are doing a lot already, and have particularly relevant aptitude, skills and experience.

This is no longer an especially radical agenda. Clinical teams and AHP-led care have quickly and quietly become mainstream practice. Many of these innovations have already been proven in Scotland.

¹ **Bryan Christie**, Book Review: Scotland's Health and Health Services
BMJ 2003;327:1233 (22 November)

Themes

Fitting the people and locality: the urban rural divide

Scotland's geography and people are extraordinarily diverse. Health structures need to be effective and relevant in densely populated urban areas, scattered rural communities and across the highlands and islands.

Efficiency... it pays

Sustainable health care in the 21st century is likely to revolve around the extensive use of a national (rather than an international) labour pool, and doing the basics well. We need efficient health provision. With new working time directives, GP and consultant time is scarce; AHPs offer a ready and appropriate alternative for many MSK conditions.

We are also keen to see people with long term conditions and other work related injuries given support to return to work. This objective offers a happy overlap between the patient interest and the good of the Scottish economy as a whole.

Practicality... it works

AHPs are available, and we should use them. Staff structures built around AHPs and others will ultimately be more sustainable than reliance on imported staff.

Consumerism... people want it

The public increasingly prefers non-invasive approaches to treatment. The recent popularity of many forms of complementary medicine is clear evidence of this. AHP care is an alternative or a supplement to traditional medical care that patients should be able to choose.

Self-referral is central to the exercise of choice. This is an area in which Scotland leads the UK. Particularly in physiotherapy where the work is attracting international interest.

Counting matters...

If you don't count, you don't matter. In the examples we have chosen, team working, close understanding of referral patterns, data collection and longer term follow up have enabled services to demonstrate their value.

UK-wide

Problems of the human musculoskeletal system will be the 21st century complaint. We are living longer, and our joints are suffering more wear and tear as a consequence. MSK conditions now result in over 1.6 million orthopaedic referrals in the UK every year.

In policy terms MSK conditions are often considered with Long Term and other chronic conditions. However many will resolve with appropriate management, people are not 'ill', pain management is critical and there are important links to both orthopaedic rheumatology and pain management services.

Meeting orthopaedic waiting list targets has proved challenging throughout the UK. Over 60% of people on an average orthopaedic waiting list do not go on to have surgery.

Musculoskeletal (MSK) conditions affect all sectors of the population. People with learning disabilities and mental health problems are not immune, and children suffer as well as older people.

Across the UK, 12.25 million work days were lost due to musculoskeletal disorders in 2001/2. Musculoskeletal conditions are second only to stress-related illness as a cause of absence from work.

Each year in the UK, half a million days are lost due to back pain. The direct healthcare costs are estimated at £512 million for hospital care (inpatient, outpatient and emergency) plus a further £141 million for GP consultations.

As *chronic sufferers*, people with musculoskeletal conditions make up 22% of all incapacity benefit claimants.

Over half of the 4.3 million NHS physiotherapy first contacts in England last year were for people with musculoskeletal or orthopaedic conditions.

Over 90% of all referrals made by GPs to physiotherapy involve people with MSK conditions.

One third of all occupational therapy first contacts in England last year were for people with musculoskeletal or orthopaedic conditions. This compares with 15% for general medicine and 13% for geriatric medicine.

Of patients in hospital accident and emergency departments, 5% have a sports injury. This percentage is likely to increase if national policies promoting physical activity are successful.

A survey in 2004 of the 44 AHP consultants in England showed that 15 are MSK physiotherapists and three are podiatrists.

Physiotherapy course leaders suggest that time directly attributable to

musculoskeletal study is at least 33% and rises to almost 40% in some programmes.

In England podiatric surgeons now carry out about 45,000 surgical procedures each year. Most are forefoot procedures usually undertaken with local anaesthetic. Patients are seen in community hospitals, acute hospitals and in day case units in PCTs. As a result people are kept mobile, and orthopaedic waiting lists, overnight stays and bed occupancy are all reduced.

Scotland

By 2021 one in four people living in Scotland will be over the age of 65.

In Scotland one in five people live rurally

Back and neck pain are in the top ten most frequent conditions seen by GPs in Scotland. One in four of all GP consultations in the UK relate to a musculoskeletal problem.

48% of work-related illness in Scotland is of MSK origin.

In some health boards, physiotherapy and podiatry services in primary care have offered direct access (self-referral) for over five years. As well as offering patients choice, these services bring about savings in GP consulting time and repeat attendances, reduced onward referral to secondary care, drug costs and time off work.

Already AHP services in the majority of health boards have excellent links to leisure centre facilities.

AHPs have been taking on 'extended roles' within orthopaedic speciality teams in Scotland for over 10 years, thereby reducing waiting lists, freeing up consultant time and providing patients with earlier advice and treatment.

Teams that include therapists have been providing support to people at home to prevent admission and help people return home quickly from hospital. They replace the traditional consultant outpatient follow up appointment offered to people after straightforward elective surgery.

In Scotland the Royal College of Surgeons of Edinburgh, the Royal College of Physicians and Surgeons of Glasgow and the Society of Chiropodists and Podiatrists have agreed a suggested path for the introduction of podiatric surgery to the NHS in Scotland. This could soon be integrated into existing orthopaedic services.

Improving MSK services for patients with AHP

AHPs improve MSK services for patients because they...

- are highly trained in assessing and treating musculoskeletal conditions
- work with the wider musculoskeletal team as a *skill pool* to handle referrals effectively and responsibly and make services sustainable
- have an effective role to play in referral management in primary, community and hospital settings; increase access and shorten waiting times
- already work in a variety of extended roles and are actively exploring new ones
- can provide diagnostic services, order and interpret investigations, give injections and undertake minor surgery
- are flexible and already practice in many environments including the community, leisure centres, services accessible on the high street, one-stop shops, A&E and outpatients
- will be able to prescribe within the governance framework for prescribing practice
- routinely provide supported self-care and case management enabling people to improve their health and return to work
- work as both team members and team leaders sharing knowledge and expertise

AHPs have been taking on *different and extended roles* within orthopaedic and musculoskeletal services in England with the support of their medical colleagues for over 20 years. The first report of the impact of these roles in physiotherapy was in the academic literature in 1982. However, apart from the results of audits and evaluations, little has been published since the early 90s. This suggests that extended roles have come to be considered as mainstream practice. All AHPs are used to working across sectors, and are equally at home in primary care and community settings as well as in hospitals.

Podiatrists are the only professional group other than doctors trained from the outset in the use of the scalpel and the first surgical podiatrist was established in England in the 1990s.

Occupational Therapists have always worked across health and social care and provide crucial services in both preventing admission to hospital and shortening length of stays

Service examples

Letting patients refer themselves to services reduces waiting times and frees doctor time...

- **Scottish trial of self-referral to physiotherapy**

A recent year-long national trial of patient self-referral to physiotherapy has involved 36 sites throughout Scotland.

The results from the Isle of Arran are very similar to those experienced nationally. Allowing patients to refer themselves to physiotherapy is feasible and appropriate, achieves good clinical outcomes, is popular with both patients and staff, and results in a significant saving of GP time. On Arran over 32 hours of GP consultation time was saved during the year by introducing self-referral.

This saving in GP time has been replicated nationally with the average GP practice (4/5 GPs) saving up to one month of GP consultation time over the year. There are also significant savings in prescribing and investigation costs.

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- **An OT social service in Orkney**

Social and health OT services in Orkney are managed within a single system. This has allowed OTs to make the maximum use of resources, and benefits patients who do not have to wait for the provision of essential equipment in their home.

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- **An open door policy helps keep podiatry waiting times down in Ayrshire.**

Keeping the door open' allows podiatry patients in Ayrshire easy access to services. Most of the 8,000 new referrals a year come from GP's but an increasing proportion are from the patients themselves, who for the past two years have been able to refer themselves directly for assessment in community podiatry clinics throughout Ayrshire.

Patients are able to request appointments via a self completed form that allows podiatrists to assess the urgency of their condition. This has enabled the service to be more responsive to patients, reducing the minimum waiting time for an appointment to 1 – 2 weeks across the service. Treatment, if required, is then provided through structured care programmes.

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**By targeting services,
therapists prove
their value in
unscheduled care**

- **A&E therapy team in Fife**

This is an interdisciplinary team (physiotherapists, occupational therapists and technical instructors) based in the A&E departments in Fife which aims to prevent the admission of medically stable patients, and to facilitate safe and supported discharge from A&E.

The team provides community assessment and follow-up to all areas of Fife, offering continuity of care to the patient in a comprehensive and environmentally appropriate manner. The team continually works to evaluate, improve and expand its service through a process of audit, teaching and satisfaction surveys (both patient and staff).

Over six months between September 2004 and February 2005 the team prevented approximately 93 admissions, thereby saving Fife Acute Operating Division approximately £353,400. (based on an average of 19 days hospital stay for patients admitted for social reasons and a conservative estimate of a cost of £200 per day). During this period a further 85 patients received a supported discharge from A&E.

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- **The Minor Injuries Clinic at the Western General Hospital, Edinburgh**

This is a clinic where nurses, paramedic practitioners and a physiotherapy practitioner work alongside each other using the same protocols of care and treatment. Demand has increased from 9,625 people in 1995, to a projected figure of 20,000 in 2004. The clinic has 100% success rate in discharging patients in under 4 hours. The aim of introducing a physiotherapy practitioner (PP) was to offer patients immediate access to a specialist in musculoskeletal conditions, and encourages learning opportunities for the nurse and paramedic practitioners working in the Minor Injuries Clinic. Keith Graham, an experienced A&E physiotherapy practitioner, previously worked in Chester where this role was part of the seven-day-per-week *See & Treat* service running between 8 am to 11 pm in Chester. 95.2 % of patients were seen and discharged in under four hours. Keith will become the first physiotherapist to take the Acute Illness Course and expand the range of patients he can see at the Minor Injuries Clinic.

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**Teams and service
have effectively
reduced orthopaedic
waiting times**

- **Team for older people admitted with orthopaedic trauma offered private homecare in Lothian**

This team is for orthopaedic patients aged 70 and over admitted with orthopaedic trauma to Royal Infirmary Edinburgh. It is consultant-led and hospital-based, and includes OTs, physiotherapists, technical instructors and liaison nurses. Support packages include private homecare, OT assessment, equipment provision, domiciliary physiotherapy and telephone follow-up.

It is assumed that all patients will need the team, so discharge planning starts at admission. Discharge support includes the provision of private homecare (up to three visits per day) seven days per week for the first three weeks following discharge.

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- **The Edinburgh Foot and Ankle Service**

This consultant led service includes a specialist podiatrist, orthotist and nurse led follow up. The new service has helped reduced waiting times for the foot and ankle orthopaedic consultant from 45 weeks in May 2003 to nine weeks. The consultant allocates all referrals to the relevant practitioner and appointments are given within six weeks.

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- **A multi-professional AHP orthopaedic triage in Dumfries and Galloway**

This team has been established for some years and covers musculoskeletal and rheumatology services. The OTs, physiotherapists and podiatrist pride themselves on integrated working. Once each week they jointly triage all general referrals coming into the orthopaedic service, and manage large numbers between them. The team also runs joint physiotherapy and podiatry outreach clinics.

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- **The Tayside Back Pain Pathway**

Extended scope physiotherapists working within this service now manage 70% of all orthopaedic referrals themselves, without any need for patients to see medical staff. Without this service the waiting list would have increased by 17 months.

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New staff roles support people having orthopaedic surgery, from pre-admission clinics through to outpatient follow-up

- **Pre-admission clinics, patient self assessment and arthroplasty practitioners are all part of the orthopaedic therapy provision in Lothian.**

All patients listed for total hip replacement are seen by OTs at preadmission clinics. Patients are sent a pro forma to assist them in identifying their needs to enable efficient equipment provision.

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Arthroplasty Practitioners (two physiotherapists and two nurses) review all patients post-arthroplasty. Consultant involvement with these patients usually finishes after discharge from the ward. Practitioners do the 6-week out patient appointments, continuing long term follow-up and investigate any problems. They can take blood, order x-rays, aspiration arthrograms, bone scans and list patients for surgery. They also manage the patient advice line, arranging early review when required. Audit shows that only 3% of the caseload needs further discussion with consultant.

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All therapy assistants are Technical Instructor level 3. Physiotherapy assistants have own case load, work weekends and see all primary THRs within set protocols and OT assistants see the primary total knees protocols

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- **Occupational therapy assistant role development in pre-admission clinics in Fife**

All elective hip and knee patients are seen by an occupational therapy assistant in preadmission clinic. Social service OTs visit four weeks before surgery to check and deliver equipment. This has freed professional time.

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AHPs keep people moving and working

- **AHPs' key role in the Incapacity Benefit Reform Programme Condition Management Programme**

NHS Argyll & Clyde are participating in a National Incapacity Benefit Reform Pilot. The Condition Management Programme helps individuals who are receiving incapacity benefit to manage their condition, thereby enabling them to make a speedy return to work. It is widely recognised that being in work is emotionally and physically beneficial to individuals, particularly those who are recovering from illness.

The pilot is developing and implementing programmes specifically designed for this client group. At present 75% of the clinical staff are allied health professionals (16 occupational therapists, 7 physiotherapists and a speech and language therapist). The programmes are based on the principles of cognitive behavioural therapy and promote self help. The project works alongside 11 Jobcentreplus offices across NHS Argyll & Clyde.

This is part of a UK-wide pilot study which has now been extended to April 2008.

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- **A community-based pain management clinic in Tayside**

The Dundee service began as a multidisciplinary primary care initiative in 2002. Its aim was a community-based pain management service that could reduce the pressure on the acute service and support patients with less complex pain syndromes.

The service has physiotherapy, pharmacology and cognitive behavioural therapy input. It improves the management of non-malignant musculoskeletal pain by addressing the effects that pain has on patients' lives and empowering them to develop self management skills. It is now available to all Dundee GP practices for 4 sessions a week, and can accommodate 200 referrals a year.

An audit of the impact of this clinic demonstrated an annual saving in drugs costs of £136.59 per patient.

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**Support from
the top proved crucial
in developing three
AHP-led city-wide
services in Glasgow**

- **Improvements for people with back pain in Forth Valley include strong links with leisure centres and local pharmacies**

An extended scope physiotherapist is working across primary and acute care sectors. Using an agreed single pathway of care across orthopaedics, pain clinics and rheumatology, patients who previously waited up to 18 months for an appointment are now seen in six weeks by a physiotherapist (ESP).

Stirling Combined Back Clinic aims to reduce long term problems and keep people at work. The clinic is part of a 'whole system' in Forth Valley which also includes links with local pharmacies (where people can buy the 'back book') and leisure centres which run 'backfit' classes under exercise referral arrangements. 66% of those off work or out of work return to work within 16 weeks of their clinic appointment.

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- **Fife Rheumatology Disease Unit**

This is a consultant-led community rheumatology service with some access to in-patients. The non medical team providing services across Fife is community based and made up of OTs, nurses, physiotherapists and a full-time podiatrist All AHPs in rheumatology are specialists. The philosophy of the service is to teach patients long term self-management of their disease. The physio therapists emphasise the use of local exercise facilities, the OTs run a joint protection group and also visit work environments to facilitate keeping patients at work and podiatrists hold eight biomechanics sessions throughout Fife.

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- **The Greater Glasgow Foot and Ankle Triage Service**

This aims to look after 3,000 patients who would traditionally be referred to orthopaedic surgeons. The service was designed in partnership with patients from the beginning. Specialist podiatry practitioners lead the service, with a primary care based MSK service for assessment and treatment as required.

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**AHP services in
England that have had
an impact on
orthopaedic services**

- **The Back Pain Service**

This has been running for two years, and sees about 700 new patients each month. It is a community physiotherapy-led service available to all patients with acute back pain, and about 75% quickly return to full activity. Some require the help of experts in pain management and psychological factors; others benefit from continuing exercise.

Only a tiny number are referred for imaging or surgical opinion. As a result, the waiting list time for orthopaedic referral in one area of Glasgow has fallen from 42 to 10 weeks.

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- **The Glasgow Osteoporosis Service**

This offers assessment and a range of treatment options for people identified as at risk of osteoporosis. These include a hospital-based, physiotherapy-led 12 week introduction to exercise programme and a leisure centre-based, instructor-led exercise classes. The programme is available in over 30 locations in the city including hospitals, health centres and local authority leisure premises. Over 700 people per year attend for physiotherapy assessment. Measurements after the physiotherapy led exercise programmes show improvements in posture, balance and general walking fitness.

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- **PhysioDirect in Huntingdon**

PhysioDirect provides telephone triage and advice to callers. The service covers all the Huntingdon PCTs, with senior physiotherapy staff (30 sessions per week) handling demand from a population of 155,000.

PhysioDirect is just one of a number of initiatives which have turned a 20% year-on-year increase of referrals to orthopaedics into – a reduction of 3% this year. Patients have either been managed through PhysioDirect or via other specialised primary care based clinics. There has been nationwide interest in the service, and a number of other PCTs are currently piloting similar models.

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- **North Staffordshire musculoskeletal service SMASHERS**

Over a period of five years in North Staffordshire, a standardised referral system with priority scoring was developed for all MSK patients. Musculoskeletal clinics were piloted, and eleven clinics a week now run in five different locations throughout North Staffordshire. This covers four PCTs (300 GPs) plus some GPs in surrounding areas. All locomotor specialties have met the English national 17-week waiting target. Surgical conversion rates for orthopaedic clinics have gone up from 20% to 60%.

The service is led by a consultant therapist, extended scope physiotherapists and includes a team of five GPs with Special Interests. Patients can be placed on surgical waiting lists at the clinic. The MSK team, including rheumatology and orthopaedic consultants, agreed clinical protocols for the common musculoskeletal conditions to ensure the same standard of care for all patients.

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- **Somerset Musculoskeletal Interface Service (MSIS)**

The MSIS has been running in Somerset Coast PCT for five years based in community hospitals. The clinics are staffed primarily by Extended Scope Physiotherapists (ESPs) with GPs with Special Interests doing some sessions. The same ESPs work alongside orthopaedic consultant colleagues at the local Acute Trust. This link has been invaluable.

The service currently sees 50% of all the orthopaedic referrals from GPs. 49% of patients seen are discharged at their first appointment with a referral for primary care management (ie physiotherapy or podiatry) or advice. Only 20% of patients are referred on for a surgical opinion. Of these 75% are later listed for surgery.

The care is based on a bio-psychosocial model. Patients are assessed to determine if further investigations, MRIs or surgery are indicated. MRIs can be done and reported on within four weeks.

The MSIS also includes a pain management clinic run by consultants in pain management and clinical nurse practitioners and works closely with the local Condition Management Programme (CMP) and Expert Patient Programme (EPP).

The service offers patients a choice of surgical provider and will use the local Independent Sector Treatment Centre when it opens.

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Similar initiatives with local variations have been tried in primary care in many places, including Forth Valley, Cheltenham, Southampton, Stockport, Manchester and North East Derbyshire. In secondary care there are longstanding examples AHPs working within orthopaedic clinics: for over ten years in Edinburgh, Exeter, Bristol and London, and more recently in Sheffield and Manchester.

Policy documents and background

Musculoskeletal resources

Resources

Building a Health Service fit for purpose.(Kerr Report).

A National framework for the Service Change in the NHS in Scotland.
SEHD (2005) (The 'Kerr Report')

Partnership for care

Scotland's Health White Paper SEHD (2003)

Building on Success

Future Directions for the Allied Health Professions in Scotland SEHD (2003)

Scotland's Health and Health Services

Woods & Carter (Eds) Nuffield Trust (2003)

Role Development for the Allied Health Professionals in NHS Scotland SEHD (2005)

A musculoskeletal services framework for England

Due to be published by the Department of Health in Autumn 2005

An Orthopaedic Plan for Wales

Getting Wales Moving (July 2004). Welsh Assembly Government. Health and Social Care Department.

AHP MSK services in Scotland December 2004. Details of AHP services by health board. Aimed at AHP managers and clinical effectiveness leads.
www.show.scot.nhs.uk/cesahp

The national AHP Musculoskeletal Group

The MSK group is one of a number of multi-professional AHP clinical expert groups supported by NHS Quality Improvement Scotland (QIS) as part of the AHP Clinical Effectiveness and Practice Development Network. Membership and work priorities can be found on the website.

www.nhshealthquality.org/ahp

Modernising Scotland's Outpatient Services.

An update on the progress of the Centre for Change and Innovations outpatient programme. Including the details of the orthopaedic service redesign projects underway in 10 health boards. ISBN 0-7559-4402-X
www.scotland.gov.uk

Arthritis and Musculoskeletal Alliance

(ARMA) Standards of Care. Care Documents downloaded from
www.arma.uk.net/care.html
(accessed 15-05-05)

How AHPs contribute to MSK service solutions

- **AHPs** are highly trained and competent in assessing and treating people with musculoskeletal conditions
- **AHPs** are involved in **referral management** in primary, community and hospital settings which **improves access and shortens waiting times**. They contribute to the wider musculoskeletal team which can be used as a skill pool to handle referrals effectively, responsibly and make services sustainable.
- **AHPs** are working in extended roles including patient self referral schemes. By providing **diagnostic services**, ordering and interpreting investigations, injection therapy and **minor surgery** they ensure that patients see the right person at the right time.
- **AHPs** are experts in enabling people to **self care, improving health, and reducing time off work**.
- **AHPs** are **flexible** and used to **practicing in many environments**; the community, leisure centres, services accessible on the high-street, one-stop shops, A&E and outpatients.