Integrated Musculo-Skeletal Service (IMSK)?

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The Integrated MSK (IMSK) Service works in partnership with University Hospitals Morecambe Bay to provide a clinical assessment and treatment service for patients with complex musculoskeletal conditions, providing an alternative to hospital based treatment. It is what is known nationally as a Clinical Assessment and Treatment service (CATs). A founding aim of the service was to see 20% of the patients previously referred into orthopaedics by primary care clinicians. This target has been consistently met, and now demand for the service exceeds these targets. Advice is offered on the management of complex musculoskeletal conditions, and there is direct access to investigations and secondary care as well as other provider services.

Since April 2015, 98.55% of the 967 respondents are likely to recommend the IMSK service to friends or family. Patient feedback from other similar community services indicates high satisfaction by patients for community alternatives to hospital outpatient care. Joseph et al (2014) in an extensive systematic review identified that physiotherapist led triage of orthopaedic patients improves patient function and symptoms, reduces costs and waiting times and leads to an acceptable level of referral and diagnostic agreement.

The NHS Five Year Forward View⁽¹⁾ emphasises the need to break down barriers in how care is provided; with more care delivered locally, reducing the burden on secondary care where possible. The provision of more MSK services in the community begins to meet the objective of care closer to patient home/GP surgery. There are significant benefits to this; providing a more locally convenient service to patients, patient satisfaction, provision of care in a familiar environment, joint working and learning between primary care health providers, improved inter and intra disciplinary confidence and helping to relieve the pressure on secondary care services by preventing unnecessary admissions. Clinicians in the IMSK service are ideally placed to assess and appropriately investigate musculoskeletal pain, be it peripheral or spinal, and act accordingly. A notable exception to this is those patients with suspected cord compression. Whilst we liaise frequently with orthopaedic and neurosurgical colleagues in Preston. Urgent (same day) access to MRI scan is virtually impossible locally without admission and would be a great help to facilitate speedy onward referral.

Previous work by the author has demonstrated an 84% conversion rate when referring to surgical/anaesthetic specialities for patients accessing orthopaedics via CATs. Currently 11.6% of the patients assessed by IMSK are referred into orthopaedics for surgical opinion at RLI, another 11.2 % are referred to pain management.

A significant adjunct to the Lancashire North IMSK service is the twice monthly multi-disciplinary team meetings with orthopaedic and anaesthetic consultants. In these, appropriate patients are discussed and a holistic plan is formulated for them. This has many benefits including cross organisational working that can facilitate the timely treatment of patients in secondary care if required. IMSK clinicians also provide direct support to two NHS physiotherapy departments locally.

As part of the Better Care Together work happening locally, we looked at the proportion of patients referred into orthopaedics in North Lancashire/ South Cumbria, who could/ should be seen in an IMSK service. Two clinicians (GP and Physiotherapist) agreed that there was a potential for up to 55.5% of these referrals to be seen in primary rather than secondary care (Kappa 0.77), currently in North Lancashire only 20% are seen in primary care. This clearly demonstrates that a significant number of patients continue to be seen in a secondary care setting when they could potentially be managed elsewhere.

The IMSK service has been operating since March 2013 and has become an established referral pathway for GPs and other services in the Lancashire North CCG. A steady growth of referrals has been shown during the IMSK services' period of operation. There is more work to do to ensure that the patient is seen in the right place at the right time by the right clinician, and importantly for the right reasons. I look forward to continuing to develop a useful, joined up, open and well regarded service.

REFERENCES

1. <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
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