

<b>Service Specification No.</b>	
<b>Service</b>	This service specification aims to define the new access and referral pathways including tariff arrangements for the current Orthotics service provided by Medway NHS Foundation Trust. This specification does not aim to define the service provided by Orthotics as it is expected that the pathway changes defined do not change the historic clinical service provision.
<b>Commissioner Lead</b>	David Weaver
<b>Provider Lead</b>	John McLaughlin
<b>Period</b>	1 <sup>st</sup> April 2013 to 31 <sup>st</sup> March 2014
<b>Date of review</b>	n/a

## 1. Population Needs

### 1.1 National/local context and evidence base

Current estimates of the number of users of orthotic services within England is in excess of 1.2 million patients and include diabetic, stroke, orthopaedic and neuromuscular conditions. Patients rely on those orthoses to enable them to continue to work and live independently.

Analysis of local data provided by Medway NHS Foundation Trust identified that in 2013/14 there will be approximately 3000 patient episodes of care within the Orthotics service excluding activity undertaken as part of a secondary care treatment pathway.

Orthotics within Medway has historically been provided by Medway Hospital as part of consultant led pathways. This has meant that patient have had to be referred to a consultant to gain access to Orthotics whether the consultant adds any clinical value or not to the patient pathway. This not only wastes valuable consultant clinic time but also unnecessarily delays the patient access to treatment by weeks and does not give opportunity for primary or community care services to refer directly as part of a treatment package they can offer. Further to this, the only tariff payable for orthotics are those tariffs attracted by the consultant input either through outpatients or any treatment pathway. A large proportion of patients prescribed an orthotic will require this to be renewed or replaced for the rest of their life and as the tariff only applies to consultant input there has been no further payment for this orthotics activity, as often there is no further consultant input to the patient.

During 2012/13 Medway CCG, Medway NHS Foundation Trust and Medway Community Healthcare have worked together to develop direct access pathways for primary care and relevant community services. These new pathways will enable access for patient to orthotics whether being treated by secondary care, primary care or community services and will also enable for appropriate tariffs to be applied to the activity undertaken within the orthotics service. This service specification aims to describe these pathways and the tariff principles to be applied depending upon the route of referral.

As a result of these pathway changes, it is aimed to significantly reduce the amount of time patients have to wait to be seen by orthotics, as in many instances the patient will not have to be referred to a consultant, reducing the amount of outpatient activity within the hospital. Further to this, at the end of each episode of care within orthotics a discharge summary will be sent to the patient GP keeping them up to date on what has been prescribed to the patient and any requirement for on-going management.

It is envisaged that these new pathways will be reviewed over the first year of implementation and consideration will be given to open ended referrals for patients with stable conditions such as polio patients.

## **2. Outcomes**

### **2.1 NHS Outcomes Framework domains & indicators**

#### **Domain 2 Enhancing quality of life for people with long-term Conditions**

- Improving functional ability in people with long term conditions

#### **Domain 3 Helping people to recover from episodes of ill health or following injury**

- Improving outcomes for elective procedures

#### **Domain 4 Ensuring people have a positive experience of care**

- Patient experience of outpatient services
- Patient experience of hospital care

### **2.2 Local defined outcomes**

- Improve timely and appropriate access to orthotics
- Enable direct access to orthotics for primary and community services
- Reduce unnecessary delay to patient caused by a tariff driven pathway rather than patient outcome pathway
- Clearly defined and accounted for funding streams
- Reduce the amount of unnecessary secondary care and community referrals
- Reduce the amount unnecessary consultant outpatient appointments
- Deliver a easy to navigate pathway in line with national and NICE guidance

## **3. Scope**

### **3.1 Aims and objectives of service**

This specification aims to describe the access and referral pathways into orthotics from GP's, community services and secondary care services including the funding streams that support those pathways. This specification does not aim to describe the service provision within the existing service as this is not expected to change from what is currently provided. Referrals into the service must use the approved referral form determining route of referral. The service will provide a comprehensive assessment and provision of orthotics service in line with all relevant national guidelines and best practice.

### **3.2 Service description/care pathway**

#### **3.2.1 Community AHP Direct Access Pathway (appendix 1)**

This pathway covers the need for those patients that **do not** require a secondary care consultant assessment. Following a referral from the GP, the Community Allied Health Professional services (AHP) within their scope of practice assess the need for the patient to be referred directly to the Orthotics service. Upon referral the orthotics service will fully assess and provide the required orthosis to stabilise the patient's condition in line with the treatment pathway - the agreed local access tariff will apply. Once stable the patient will be discharged by the Orthotics service either back to the GP or relevant community AHP service with a detailed discharge summary identifying appropriate clinical advice and guidance for the on-going management of the patient. Any replacement of prescribed orthosis should be referred back to the service by the GP or relevant AHP service using the Direct Access pathways detailed in 3.2.1 or 3.3.2.

### 3.2.2 GP Direct Access Pathway (appendix 2)

This pathway covers the need for those patients that do not require a secondary care consultant assessment. The GP within their scope of practice will assess the need for the patient to be referred directly to the Orthotics service. Upon referral the orthotics service will fully assess and provide the required orthosis to stabilise the patient's condition in line with the treatment pathway - the agreed local access tariff will apply. Once stable the patient will be discharged by the Orthotics service either back to the GP with a detailed discharge summary identifying relevant clinical advice and guidance for the on-going management of the patient. Any replacement of prescribed orthosis should be referred back to the service by the GP using the Direct Access pathway detailed in 3.2.2.

### 3.2.3 Consultant Treatment Pathway (appendix 3)

This pathway covers the need for those patients that require a consultant assessment, diagnosis and treatment (including surgical intervention) that subsequently determines the requirement for an orthotic service as part of that treatment pathway (relevant national tariff applied). This may result in a direct referral to orthotics by the consultant or the patient may be required to be seen by the community based Physiotherapist, Podiatrist or Occupational Therapist prior to referral (these services can then directly refer). Upon referral the orthotics service will fully assess and provide the required orthosis to stabilise the patient's condition in line with the treatment pathway - the relevant consultant outpatient tariff applied will cover the cost of this provision. Once stable the patient will be discharged by the Orthotics service either back to the GP or relevant community AHP service with a detailed discharge summary identifying relevant on going advice and guidance for on-going management of the patient. Any replacement of prescribed orthosis should be referred back to the service by the GP or relevant AHP service using the Direct Access pathways detailed in 3.2.1 or 3.3.2.

### 3.2.4 Consultant treatment or diagnosis pathway with concurrent orthotic input (appendix 4)

This pathway covers the need for those patients that require a consultant assessment, diagnosis and possibly treatment (including surgical intervention) following a referral from either the Orthopaedic Clinical Assessment Service or Community Stroke Team that would benefit from a concurrent referral directly to Orthotics whilst waiting for their first consultant outpatient appointment. The aim of this pathway is to support those patients that require a secondary care consultant intervention but through CAS or the Stroke Team have an immediate assessed need for an orthotic to improve the quality of the patients life and/or aim to prevent any further deterioration of their condition. The orthotic provision is identified as part of the secondary care treatment pathway and thus no local direct access tariff will be applied as the provision is included within the relevant national tariff applied following the secondary care consultant first outpatient appointment. Following assessment, diagnosis and possible treatment by the secondary consultant there may be a need for a further direct referral to orthotics by the consultant or the patient may be required to be seen by the community based Physiotherapist,

Podiatrist or Occupational Therapist prior to referral (these services can then directly refer). Upon referral the orthotics service will fully assess and provide the required orthosis to stabilise the patient's condition in line with the treatment pathway - the relevant consultant outpatient tariff applied will cover the cost of this provision. Once stable the patient will be discharged by the Orthotics service either back to the GP or relevant community AHP service with a detailed discharge summary identifying relevant on going advice and guidance for on-going management of the patient. Any replacement of prescribed orthosis should be referred back to the service by the GP or relevant AHP service using the Direct Access pathways detailed in 3.2.1 or 3.3.2.

### 3.2.5 Consultant Assessment and Diagnosis pathway (appendix 5 )

This pathway covers the need for those patients that require a consultant assessment and diagnosis (no surgical intervention) to determine the requirement for an orthotic as the treatment outcome (relevant national tariff applied). This may result in a direct referral to orthotics by the consultant or the patient may be required to be seen by the community based Physiotherapist, Podiatrist or Occupational Therapist prior to referral (these services can then directly refer). Upon referral the orthotics service will fully assess and provide the required orthosis to stabilise the patient's condition in line with the treatment pathway - the relevant consultant outpatient tariff applied will cover the cost of this provision. Once stable the patient will be discharged by the Orthotics service either back to the GP or relevant community AHP service with a detailed discharge summary identifying relevant on going advice and guidance for on-going management of the patient. Any replacement of prescribed orthosis should be referred back to the service by the GP or relevant AHP service using the Direct Access pathways detailed in 3.2.1 or 3.3.2.



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### 3.3 Population covered

The access and referral pathways are agreed by NHS Medway CCG and NHS Swale CCG for their GP registered populations. However the pathways may be applied to any patient referred into a relevant consultant led treatment pathway.

### 3.4 Any acceptance and exclusion criteria

Not applicable

### 3.5 Interdependence with other services/providers

The pathways identify the interdependence of the orthotics service with relevant community AHP, specialist and general services. Medway Community Healthcare (MCH) as the main provider of community services within Medway have developed Standard Operating Procedures for clinicians referring into the service. It is expected that MCH clinicians will only refer into Orthotics service within their individual scope of practice and in accordance with the MCH Standard Operating Procedures. It is expected that Orthotics service will report to MCH any referrals to the service that are identified as not being within the clinician's scope of practice. It is expected that the Orthotics service will provide on a regular basis reports to MCH detailing referrals to the Orthotics service by individual MCH clinicians to facilitate management of their referrals. A standard referral form will be produced by the Orthotics service clearly identifying referral route and reason for referral.

Providers commissioned through the 'Any Qualified Provider' (AQP) process for lower back pain will also have direct access to orthotics within their scope and practice and in line with the

pathways detailed above. It is required that the Orthotics service provide quarterly reports on referrals and activity from the AQP providers.

#### **4. Applicable Service Standards**

This service specification does not aim to re-define the service standards and it would be expected that service provision is not affected by these pathway changes.

##### **4.1 Applicable national standards (eg NICE)**

- the National Service Framework for Older People(NSF(OP)), which details the Government's expectations of the services that should be available to older people including Orthotics
- the National Service Framework for Diabetes (NSF(D)), which stresses the importance of an effective orthotics service to strategies to manage diabetes
- The Audit Commission's report Assisting Independence identified the commissioning of all assistive technology services, including orthotics services, as a key weakness.
- Foot care service for people with diabetes-Nice Commissioning guidance

#### **5. Applicable quality requirements and CQUIN goals**

n/a

#### **6. Location of Provider Premises**

The Provider's Premises are located at: Medway Maritime Hospital

#### **7. Individual Service User Placement**

n/a