

Reference: FOI.ICB-2324/236

Subject: MSK Management

*I can confirm that the ICB **does hold some of the information requested**; please see responses below:*

QUESTION	RESPONSE
<p>2.1.2 Pare 2.1.1 Does not answer my question and, as the focal point for all queries. Please confirm that each of the 42 English ICB’s make their own policies? During the last 3 months I have received similar comments from other NHS organisations and was not advised how or who manages and controls policies, which is quite frustrating</p>	<p>Please refer to requesters template enclosed.</p>
<p>3 Medical Record Role of MSK Practitioner and FCP</p> <p>3.1 During discussions with Sirona and in TMG’s final responses a great deal of importance has been placed on the different roles of MSK Practitioners and FCP’s, but medical records still list them as “physiotherapists” which seems to have confused NHS England (SW) in their covering letter dated 12 May 2023. I have always stated my complaint was about the management of MSK Practitioners which has been explained to me several times by Sirona and TMG in 2022. Perhaps NHS England were misled as they had reviewed the EMIS records which do not contain the new roles introduced over 3 years ago! I have just received an email from NHS Digital (Ref:NIC-725559-</p>	

N5T4H) explaining the situation and I was again referred back to “GP’s, Trusts etc” and told it was not in their domain to give an answer!

The email (sent separately to this table) states, each local organisation (GP’s, Hospital Trusts etc) have their own Registration Authority (RA) Manager who is responsible for role requests which implies the “Role” field on the EMIS medical record (available to patients) are requested from a local level, this contradicts the information I received from EMIS who stated it was done centrally.

Can you please clarify the position, in particular:

a. Who controls and manages the “role” field on my EMIS Record?

b. When will the roles for MSK Practitioners and FCPs be added to the database to prevent further confusion and time being wasted answering complaints?

I suspect they have not been added due to reduced resources being given to updating software, but hope I am wrong.

I have some experience of databases, introducing new role fields with links to previous records should not be a problem to implement. NHS England started to implement this change in roles in 2019/20 when the software should have been updated to reflect this change.

4 New Patient Pathway Diagram

4.1 Section 4 of the NHS document dated May 2019 (<https://www.england.nhs.uk/wp-content/uploads/2019/05/elective-care-high-impact-interventions-first-contact-practitioner-msk-services-specification.pdf>) is only a “simplified model” and should not be used in isolation.

I have asked NHS England via their website to send the complete flow diagram but have not had any response.

Please can you supply the complete flow diagram and not just a simplified model” that just supports the new pathway?

5 ICB Website – Evidence Based Criteria

5.1 The wording of the above criteria is not clear and should be re-worded to ensure MSK Practitioners and FCP’s do not interpret them in differently.

Any users of instructions/policies should be at least 95% confident of their interpretation. During my discussions with Mr Gold (Operations Lead) of Sirona last November I specifically asked him to confirm I had to have an injection **before** I could be referred to a consultant which he did. This is contrary to what is stated and highlighted in TMG’s response to my complaint. I also asked Mr Gold to confirm his interpretation in writing as it was confusing, but he refused!

The Criteria lists four equally “weighted” paragraphs and TMG’s response implies there are only two conditions needed, either para 4 or all of paras 1 to 3. This was not my interpretation (or Mr Gould’s) which is, para 3 or 4 as well as paras 1 and 2 must

be met. . The wording needs to be changed to avoid any confusion in future. The criteria is also available to the public so explaining the ICB's interpretation to MSKI's and FCP's is not sufficient to prevent confusion and wasted non-productive time dealing with any future by complaints from patients.

Will you please amend the your criteria to avoid confusion by patients and the NHS?

FWIW my suggestion would be to re-number paras 1,2 an 3 as 1a,1b and 1c and para 4 as a new para 2 so it is clear there are only two conditions that need to be met, one of which has three parts, and, if necessary, spell out in an initial sentence that there are just the two conditions.

I have seven years experience as a technical author/editor on publications where confusion could cause a serious accident. We always circulated documents for proof reading prior to publication.

I have produced a simple questionnaire based on the format of your criteria (included with this table) and have showed it to others, most are not sure of the answer(s) or have a low confidence level.

From my results and the different interpretations by Sirona and TMG I suggest there is a problem in fully understanding your criteria.

The information provided in this response is accurate as of 31 October 2023 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.