

You might wish to consider collecting the following information when planning / introducing an out-patient musculoskeletal service. It is acknowledged that in addition, there may be other local or national information you may also want to collect. This information however, provides a comprehensive dataset that will help you to build an evidence base for the service and provide the means to thoroughly describe its rationale (*why?*) and make-up (*how?*), the impact it has made and the outcomes achieved (*so what?*). It will also allow you to examine the cost effectiveness of the service and provide meaningful comparisons to support future developments.

General Information

- Description of the population the service area covers i.e. size, urban/rural, deprivation
- Prevalence rates among the general population
- How the clinical condition / service area features in national or local health plans / strategies
- The evidence base including any professional or organisational standards relating to this condition i.e. CSP, NICE, SIGN

Service Information

If developing a completely new service, you should ensure that you have baseline information that relates to the year BEFORE the service was introduced to allow comparison and evaluation.

Baseline Data

- Number of referrals made to orthopaedic services per annum by type i.e. spinal, peripheral joint, knee etc (include diagnostic codes if possible)
- Waiting times
- Source of referrals i.e. GP Open access, other sources
- Where the service is provided, i.e. location
- Who provides the service i.e. number and profession / grade of staff (WTE)
- Gender and Age breakdown (use nationally defined age groups)
- Proportion of out-patient referrals that proceed to physiotherapy
- Proportion of out-patient referrals that proceed to surgery
- Re-referral rate

Developing the Service

- Training requirements for staff
- Competencies required including description of scope of practice i.e. level of experience, injection therapy, acupuncture, ability to order investigations, prescribing etc
- Referral and management guidelines / pathways developed
- Patient involvement in development process
- Patient Information
- Communication strategies with referrers and other key staff and patient groups
- Where the service is provided, i.e. location
- Who provides the service i.e. number and profession / grade of staff (WTE)
- Time/s of day when the service operates

Provide timescales for periods described. It is more usual to report figures based on yearly activity.

Service Description

- Waiting times
- Number of referrals made to service
- Number of referrals made to orthopaedic services per annum by type i.e. spinal, peripheral joint, knee etc include diagnostic codes if possible)
- Source of referrals i.e. GP Open access, other sources?
- DNA at first appointment rate
- Gender and Age breakdown (use nationally defined age groups)
- Appropriateness of referral based on defined criteria
- Employment status & work absence
- Assessment tools used (validated?) include a measure of the patients perception of the severity of their problem
- Investigations undertaken including X-rays, scans, blood tests etc
- Management plan including type/s of intervention & information provided
- Number of total service contacts
- Discharge reason i.e. re-referred, intervention complete, failed to complete etc

Outcomes

Use validated scales, if at all possible, if not, provide a reason. Record:

- A measure of outcome of intervention
- A measure of the patients perception of severity at discharge (if appropriate)
- The patients perception of the service, its acceptability and quality
- Professional Body / National organisation standards – level of achievement
- Work absence and/or status
- The proportion of out-patient referrals that proceed to surgery
- The impact made on the workload of others
- The impact made on the working lives / CPD of physiotherapists
- Re-referral rate
- Consider following patients up to provide a longer term view