

New Integrated Musculoskeletal (IMSK) Service for Lancaster

The new IMSK service commissioned in North Lancashire and provided by Blackpool Teaching Hospitals has started to see patients.

This service is available to patients registered with a general practitioner (GP) in Lancaster, Morecambe, Carnforth and Garstang, and referrals are accepted via Choose and Book. The service will see patients who need a musculoskeletal diagnosis and opinion, but excludes those patients with a clear surgical need. It has been set up in collaboration with the local CCG and the team is led by consultant physiotherapist Jonathan Ashton, with multidisciplinary input from Trevor Fleet (GPwSI), David Knowles (orthopaedic surgeon), Andy Vickers (pain management specialist), and Iain Cole (extended scope physiotherapist). The MDT will meet fortnightly, but will also communicate electronically in more urgent cases.

Clinics will be provided at Heysham Primary Care Centre and Garstang Clinic in the first instance, with a view to providing a Lancaster clinic in the near future to enable patients to be seen as close to home as possible, facilitating their musculoskeletal care, and helping them to avoid a referral into secondary care and reducing waiting times in high-demand orthopaedic clinics. The aspiration is that the clinical caseload in secondary care will be enriched as fewer non-surgical patients will be referred. There is significant evidence nationally that this model of care leads to more appropriate referrals into secondary care and enriches the surgical caseload. There is also evidence that the conversion rate to surgery from this type of clinic is significantly greater than would be expected under the usual referral protocols.

The process of referral to the IMSK service is straightforward. Once the decision has been made to refer and the patient's information is attached to Choose and Book, their case will be triaged by one of the clinicians in the IMSK team. If the referral is accepted and suitable for the service, they will be offered an appointment at an appropriate venue and assessed. This will happen within two weeks of their referral being received. Any onward referrals out of the service will be arranged by the IMSK team, so there should be no need for the patient to go back to their GP to arrange further referral. They may need to go back to the GP for a medication review in light of any new findings following assessment.

If the patient is not suitable for the service, their referral will be passed on to the appropriate clinic – again this should not involve another GP visit. Only patients who have insufficient information on the referral to make a decision at triage will be rejected by the service, and their referral will be sent back to their GP for further information/clarification. It is not anticipated that this will be the case for the vast majority of referrals, and certainly the referral letters received so far have all included sufficient information.

As part of the assessment, a decision will be made whether the patient requires further investigation or further physical management. The IMSK service has direct access to MRI,

X-ray, nerve conduction tests and haematology, and these tests will be arranged as required with the results being fed back directly to the patient. Referrals may also be made to other specialist providers as well as pain management and orthopaedics, including but not limited to physiotherapy, neurology, neurosurgery, rheumatology and vascular surgery. Those patients who need further intervention, for example corticosteroid injections for peripheral orthopaedic problems, will be provided with appropriate treatment by the team.

The service looks forward to working with partners to provide robust pathways for patients requiring spinal injection.

If you have any questions please feel free to contact me on:
Jonathan.Ashton@northlancs.nhs.uk

Jon Ashton
Consultant Physiotherapist
IMSK Service
Heysham Primary Care Centre
Middleton Way, Heysham, LA3 2LE



The editor is grateful to Dr Robin Proctor, consultant musculoskeletal radiologist, for drawing his attention to a concluding paragraph in a paper in the journal *Radiology* concerning the presence of findings on MR spinal scans that might lead to 'medicalization' of what is a variant of normality.⁽¹⁾ He cautions that minor abnormalities and reports of disc bulge, signal loss, etc, have to be interpreted in the proper clinical context. In welcoming the new community service the editor acknowledges that it

should be able to make rational choices of imaging and ease what is fast becoming an iatrogenic problem.

Prevalence of reported findings in patients without back pain⁽²⁾:

Disk 'degeneration' (signal or height loss, bulge)	91%
Disk T2 signal loss	83%
Disk height loss	56%
Disc 'bulge'	64%
Disk 'protrusion'	32%
Annular 'tear'	38%

1. McCullough BJ, *et al*. Lumbar MR imaging and reporting epidemiology: Do epidemiologic data in reports alter clinical management? *Radiology* 2012;(262):941-6
2. Jarvik JJ, *et al*. The Longitudinal Assessment of Imaging and Disability of the Back (LAIDBack) Study: baseline data *Spine* 2001;26:1158-1166