**EXECUTIVE SUMMARY**

The NHS Plan and the Strategy for Allied Health Professionals set out the commitment to develop consultant practitioner posts by 2004. The Trauma & Orthopaedic / Accident and Emergency Directorate has been developing new ways of working in the musculo-skeletal service, in response to the Government push to reduce waiting times and in line with the Trust’s Modernisation agenda.

Pilot projects within the knee service have indicated significant improvements in service can be achieved, however progress is hampered by the limitation of the level of autonomy and responsibility of the Extended Scope Practitioner role.

The pilots show promise for the rolling out of similar new models of care across other aspects of the musculo-skeletal service, e.g. hips, spines, upper limb and limb reconstruction.

In order to take this work forward the Directorate recognises the need to develop a role for a Consultant Physiotherapist. He/she would be able to work at a level of autonomy such that they can make independent clinical decisions throughout the patients journey, which are accepted fully by all other members of the clinical team.

Initially, they would develop a high quality, best practice model of care for patients with knee problems, from single referral proforma through to post operative rehabilitation and discharge, hence providing seamless care. However, in time they would be responsible for the development of all new models of care across all the musculo-skeletal elements, encompassing spinal service, hips, upper limb and limb reconstruction.

The cost of this development is in the region of £45,000, and the local PCT has already agreed to support the development of a comprehensive knee service, acknowledging the benefits such a service would bring to the people of *****.

**Recommendation**

The Regional Office is asked to consider this proposal and give approval to proceed with the appointment of a Consultant Physiotherapist at ***** ***** NHS Trust.
1. Introduction

The NHS Plan and the Strategy for Allied Health Professionals set out a commitment to develop consultant practitioner posts by 2004, and the Advance Letter PAM (PTA) 2/2001 identifies the terms and conditions of the role. The post holders will work with senior medical and nursing colleagues across the hospital, community and primary care services by providing clinical leadership and strategic direction to their particular area of expertise, and delivering improved outcomes for patients.

The Directorate of T&O/A&E has, through the Trust’s Modernisation programme, developed a vision for new ways of working which will ensure a multidisciplinary team approach to delivering care for patients referred with musculo-skeletal problems. The vision is grounded in the principle of providing the right skill at the right time, with the aim of improving the patient experience and outcome, increasing capacity, and reducing waiting times. The musculo-skeletal service will continue to be led by the Consultant Orthopaedic Surgeons, but a pivotal role will played by the Consultant Physiotherapist from first referral into the service, through to rehabilitation back in the community.

The purpose of this business case is to outline the Directorate’s proposal to establish a Consultant Physiotherapist post in T&O/A&E for the musculo-skeletal service which encompasses spines, knees, hips, upper limb and limb reconstruction.

2. Current Service / Service Vision

The Physiotherapy Department has a team of about 20 staff providing an in-patients and outpatient musculo-skeletal physiotherapy service. This service offers direct access, and serves primarily GP’s, Orthopaedics and Rheumatology.

The Directorate of Trauma and Orthopaedics has been piloting different ways of working within the knee service, by employing an Extended Scope Practitioner (ESP). Their role has been to provide an intermediate level of care between the referring GP and the Consultant Orthopaedic Surgeon, which has been found to be valuable in assessing and treating a large number of patients, and reducing waiting times.

The service has subsequently developed further into a different concept of care whereby patients are seen by a multi-disciplinary service receiving care to meet their needs from the most appropriate specialist in a seamless, integrated manner, from initial assessment to post op discharge for rehabilitation.

Figure 1, overleaf, shows the patient flow.
Figure 1.

Patient Flow for Specialist Referrals to Orthopaedics

1. Single referral proforma

2. Musculo-skeletal service (knees)

3. Initial assessment Physio Consultant

4. Investigate and treat

5. Orthopaedic Surgeon

6. Rheumatology

7. Podiatry

8. Other

9. Post-op Rehab Consultant

10. Physio/musculo-skeletal physio team

11. Discharge
Once the patient has been assessed and listed for knee procedure, the physiotherapy service would maintain therapy with the patient during the waiting period, to prevent muscle wastage, which in turn would improve the surgical outcome.

Following procedure, one of the discharge criteria used currently is degree of flexion in the post op period. The length of stay can therefore be reduced significantly, if this criterion can be relaxed in the knowledge that this level of flexion will be achieved post discharge under the on going care of the same expert physiotherapy team.

The advantages of such a service would be

- reduced waiting time in the referral stage
- fast track access to specialist service, e.g. rheumatology, podiatry, orthotics
- appropriate, faster access to Orthopaedic Surgeon
- optimum condition for procedure, where surgical intervention is required
- shorter length of stay freeing up valuable beds by early discharge
- improved continuity of care for the patient

Initial pilot work has indicated improvements, however the service development is being hampered by the constraints on the ESP role. In order for the Physiotherapist to be at his/her most effective in this model of care, they need to be able to work at a level above ESP, such that they can make independent clinical decisions at all stages of the patient journey, which are fully accepted by all the other team members. In addition they need to be able to work autonomously, ordering and interpreting x-rays, blood results etc, and ultimately drug prescribing and administration.

The natural progression therefore for this service is the employment of a Consultant Physiotherapist to lead this service forward.

In addition, the model used for developing the knee service can be rolled out, in various tailored forms, to the other elements of musculo-skeletal services, e.g. spines, hips, upper limbs, and limb reconstruction. The provision of these modified models of care would all come under the umbrella of clinical responsibility of the Musculo-skeletal Consultant Physiotherapist.

It is envisaged that the Consultant Physiotherapist would use his/her expert knowledge and experience to lead the multi-disciplinary teams, to ensure the highest possible quality of care for ***** patients with musculo-skeletal conditions/disorders.

This service concept has already been discussed and accepted by Primary Care in ***** and ***** who have agreed to fund the knee service in anticipation of the improved patient outcomes and reduced waiting times.
3. Proposal

The Consultant Physiotherapist post will therefore, have a number of dimensions that together improve the overall service and clinical practices offered to patients with musculo-skeletal conditions. Key functions will include:

- Expert Clinical Practice
- Professional Leadership
- Practice and Service Development, Research and Evaluation
- Education, Training and Development

The above functions contribute to the development of a practitioner firmly based in clinical practice, undertaking at least 50% of their time on delivering direct patient care.

3.1 Expert Clinical Practice

The Consultant Physiotherapist will be an expert in the field of musculo-skeletal physiotherapy, and will have a wide experience of knowledge and expertise of policy, practice and research pertaining to the assessment and management of musculo-skeletal conditions.

The post holder will be an essential link in the multi-disciplinary team, accepting a caseload providing a high degree of professional autonomy, making clinical judgements of the highest order. He/she will have the ability to make decisions where precedents do not exist, without recourse to others and to advise and support colleagues where standard protocols do not apply.

The post holder will develop evidence based pathways of care in line with the Trust’s ‘Patient Journey’ Modernisation project, with the aim of providing best practice examples to therapists in the field, both locally and nationally.

He/She will be expected to promote a learning culture within the organisation enabling others to develop to their full potential within the specialist field.

3.2 Professional Leadership Function

The Consultant Physiotherapist will be an effective leader and communicator who motivates and inspires others to deliver the optimum quality of care within musculo-skeletal services, both within the Trust, and also out in the community. The post holder will be instrumental in developing and leading a team in promoting best practice standards.
He/She will be the acknowledged source of expertise in the development of innovative practice and service delivery models across the organisation, and linking into Primary Care as part of the whole systems approach.

As such, the post holder will play a significant role in the development of the Directorate’s strategic direction and contribute to the annual business planning process.

Alongside this, they will also contribute to the Directorate’s Clinical Governance forward plan, ensuring the maintenance of a high quality, leading edge service at all times.

3.3 **Practice and service development, research and evaluation**

In line with the Trust’s Clinical Governance agenda, the Consultant Physiotherapist will ensure that high quality, patient centered services are delivered at all times. The development of new models of service delivery, are key to managing capacity and demand for orthopaedic services. However it is vital that any service development is firmly based in the best evidence available.

The Consultant Physiotherapist will therefore be responsible for taking this work forward from the development of an agreed strategy, to the implementation of the models of care and care pathways. This will involve working with all members of the multidisciplinary team, including GP’s, Surgeons, Rheumatologists, Nursing staff and other AHP’s.

The post holder will be an integral member of the T&O/A&E multidisciplinary team as well as the physiotherapy services musculo-skeletal (PSM) team. The post holder will take a lead role in the continuous personal development of the PSM team, as well as providing collaborative support with respect to physiotherapy undergraduate placements.

The individual will also promote evidence based practice through setting and monitoring standards relating to physiotherapy practice, as well as promoting measures to secure, define and evaluate quality improvement.

The post holder will be expected to apply research to practice, and develop the skills of others, in order to facilitate the research process. The Consultant Physiotherapist will therefore play a key role in developing and sustaining productive partnerships with local universities.

3.4 **Education and Professional Development**

The Consultant Physiotherapist will demonstrate a commitment to life-long learning, both personally, and develop this in others, by providing a learning environment and supporting learning opportunities within the team.
The individual will be expected to promote their knowledge and expertise through lecturing and publishing research in professional journals, and by acting as mentor or supervisor through the links with the University of ***** at *****

4. Infrastructure and Support

The Consultant Physiotherapist post will sit within the Directorate of Trauma and Orthopaedics / Accident and Emergency and the post holder will be responsible to the Lead Clinician and Clinical Director within the Directorate. Collectively, they will take the lead in setting objectives and reviewing performance. The post holder will be accountable to the Executive Director of Nursing.

Professional support will be available from the Lead Physiotherapist.

Strong links with the Physiotherapy Department will be maintained by the rotational placements for junior physiotherapy staff into the specialist services, initially the knee service, to ensure the dissemination of good practice in the field of musculo-skeletal service and a consistent, high standard of care delivered across the community.

By maintaining these close working links with the main Physiotherapy Department, it is anticipated that this post will have a positive benefit on recruitment and retention of physiotherapy staff. The post would help support career progression, and without this development, the Trust could miss out on retaining existing key skilled people in the organisation.

Academic links with the local Universities are already strong in the Trust, as demonstrated by the appointment of a Professor of Nursing post at CHS. The appointment of a Consultant Physiotherapist will further enhance and develop these links.

It will be the responsibility of the Clinical Director, alongside the Consultant Physiotherapist, to monitor and review the impact of the role on other services and organisations, and to ensure the involvement of Primary Care in the future development of the service and post.

The post will initially be based in the Physiotherapy Gym at *****, and will have access to administrative support. The post holder will also have to access the Directorate support staff, e.g. Information Analyst, Divisional Personnel Manager, Divisional Finance Manager, Clinical Governance Lead, etc.

Provision will be made for the training and development of the post holder in terms of maintaining their clinical and professional networks with colleagues outside the Trust and to ensure adequate training and development of staff delivering the musculo-skeletal service.
5. Human Resource Implications

To ensure planned indemnification in relation to the scope of practice of the post, the Trust’s Legal Service Department is currently addressing an assessment of risks and legal liabilities. A key issue relevant to this post is the legalities surrounding the interpretation on radiological examinations and drug prescribing and administration.

The pay range for the post consists of 12 points from £33,940 to £46,675. The entry to the pay scale is assessed at £33,940 with a personal pay range of four further consecutive points up to and including £38,210, plus on costs.

For the purpose of the business case, costings are estimated at the mid point of the pay range at circa £36,000.

This is an initial assessment of the pay scale and if the post is approved, further review will take place including discussion with other employers to ensure parity. Progression through the personal pay range will be based on the post holders satisfactory job performance and acquisition of skills and responsibility. Regular reviews of performance will be held in line with the Trust’s performance review process.

6. Financial Implications

Funding has already been secured from the PCT for the knee service and the Trust will meet the additional financial consequences of the Consultant Physiotherapist post, which are:

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
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</tr>
<tr>
<td>Travel Costs</td>
<td>1,500</td>
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<tr>
<td>Training and IT requirements</td>
<td>2,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£45,000</strong></td>
</tr>
</tbody>
</table>

The financial consequences of this development will be met by the Trust.

7. Evaluation Strategies

The Directorate will fully support and engage in a comprehensive and continuous review of the Consultant Physiotherapist post, to maximise the benefits of the post to direct patients care and service development. Evaluation will be located in the post holder’s annual development and performance plan, which would be negotiated with the Clinical Director and Divisional Director for Surgery. Regular monitoring of the post in the context of Directorate service developments and wider multi-professional issues will ensure ‘fitness for practice’.
Regular cycles of audit will be completed by the interagency questionnaires already in place across the Trust, and other evaluative strategies will include:

- Performance measures / standards, e.g. waiting times, reduced length of stay, etc.
- Unanticipated medico-legal /risk management issues
- Working relationships with other professionals/agencies groups
- Patient/carer satisfaction
- Casemix / caseload
- Practice development activities and the adoption of best practice standards
- Research activities and evidence of national dissemination of work
- Teaching commitments and work on curriculum development
- Clinical outcomes, audit and action plans

8. Appointment Process

The appointment process will be in accordance with the Trust policies for Equal Opportunities and Recruitment and Selection. The composition of the appointment panel is crucial for ensuring that the selection process is fair and transparent, and in selecting the best candidate for the post. The appointment panel is most likely to include:

- Chief Executive (or his Deputy)
- Clinical Director/Lead Clinician
- Executive Director of Nursing
- Lead Physiotherapist
- Regional Professional Advisor

9. Conclusion

Modernisation of health care will have a profound and enduring impact on the services and care offered to our patients. ***** ***** has the vision to see the potential of the Consultant Physiotherapist in developing and progressing new models of care delivery, which will improve the outcome and the experience for the patient.

The Consultant Physiotherapist will also have an important role in leading the quest to integrate research and practice, working with all members of the team, and to lead by example.

This is an important next step in the Trust's Modernisation agenda of doing things differently.

10. Recommendation

The Regional Office is asked to consider this proposal and give approval to proceed with the appointment of a Consultant Physiotherapist in ***** *****.
*** NHS TRUST

DIRECTORATE OF TRAUMA AND ORTHOPAEDICS/ACCIDENT AND EMERGENCY

MUSCULO-SKELETAL SERVICE

CONSULTANT PHYSIOTHERAPIST – JOB PROFILE

Title of Post: Consultant Physiotherapist

Department: Trauma & Orthopaedics

Clinically responsible to: Lead Clinician

Managerially responsible to: Clinical Director

Professionally accountable to: Professional Head of Physiotherapy

Accountable to: Executive Director of Nursing

JOB PURPOSE

- The post will provide expert clinical practice to the Directorate of Trauma and Orthopaedics, bringing innovation and influence to clinical leadership and strategic direction in the field of musculoskeletal services for the benefit of patients.

- The post holder will play a pivotal role in the integration of research evidence into practice. This will be delivered by enhancing quality in the areas of assessment, diagnosis, management and evaluation to improve the outcomes for patients.

- The post holder will provide a person-centered approach to care and will seek to incorporate the user perspective in future developments.

- The post holder will collaborate with other professional groups within and across boundaries to provide consultant level clinical leadership in the acute, community and intermediate care settings.
KEY AREAS OF RESPONSIBILITY

Expert Clinical Practice

- To be responsible for a complex caseload, providing and managing an expert clinical advice service. This will include:
  - Education of patient/carers regarding compliance with treatment and advise.
  - Authorisation of the dispensing of medications in accordance with delegated prescribing rights.
  - Investigations and reviewing results making critical judgements as necessary.
  - Referrals to other Health Professionals (Medical staff/Therapists etc) as required.
  - Effective, timely communication with GP’s.

- To be responsible for delivering a whole system patient-focussed approach and seamless care across professional boundaries.

- To demonstrate advanced knowledge, skills and experience in the field of musculoskeletal disorders.

- To promote and demonstrate best practice, in particular to integrate the most up to date research theory into practice using advanced clinical decision making skills.

- To exercise the highest degree of professional autonomy, using and analyzing complex facts and situations to implement a treatment/management strategy for the patient.

- To create and develop protocols of care and design patient care pathways with the aim of providing examples of best practice across the regions and/or nationally.

- To promote a learning culture, enabling others in the physiotherapy/musculoskeletal field to develop their potential.
**Professional Leadership**

- To provide effective leadership, motivating and inspiring others to deliver the best care for patients within the musculoskeletal field, including Primary Care and A&E

- To provide a source of expertise and to contribute to the Directorate's strategic planning process for orthopaedic service developments

- To contribute to debates within the multi-professional arena about the future role for the Consultant Physiotherapist and to challenge current structures/traditional ways of working.

- To provide expert physiotherapy input into the Directorate's Clinical Governance strategy.

- To take a proactive role in cycles of service/business planning, developing action strategies and evaluating changes within and across the musculoskeletal services.

- To explore and exploit opportunities for change, facilitate staff ownership of change, and ensure robust systems of evaluation are in operation.

- To create and sustain new alliances and effective working relationships with Primary Care providers and other agencies at a strategic and operational level.

**Education and Professional Development**

- To promote and facilitate the development of a learning environment, particularly by encouraging reflective practice, such that musculo-skeletal services continuously improve and develop.

- To help individuals and the team to identify their own development needs.

- To maintain and foster genuine partnerships with higher education institutions and other professional bodies relating to musculoskeletal/physiotherapy care.

- To create and embrace new networks at local, national and international level and enhance the links between practice, professional bodies and academic/research institutions.

- To explore research and practice development opportunities within the Directorate and provide direction and support for staff wishing to engage with the research process.
• To develop and undertake teaching programmes for staff that support professional and personal development.

• To contribute to the educational/training policy for pre and post qualifying practitioners.

**Research, Service Development and Evaluation**

• To design and evaluate multi-professional systems of audit that aspire to quality improvement in the context of local and national guidelines.

• To promote and demonstrate research based practice, initiating research projects, and by encouraging and supporting staff actively involved in research.

• To lead and collaborate on the development of protocol driven services.

• To be responsible for identifying gaps in the evidence base.

• To contribute to the academic arena through clinical teachings, pursuing research activity and writing for publication or conference presentations.

• To nurture a collective mindset within the Directorate that recognises the value of research and evidence.
## PERSON SPECIFICATION

### CONSULTANT PHYSIOTHERAPIST FOR MUSCULOSKELETAL SERVICES

<table>
<thead>
<tr>
<th>Professional Qualifications</th>
<th>Essential</th>
<th>Desirable</th>
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</table>
| Professional Qualifications | • State Registered Physiotherapist  
• Degree/diploma in physiotherapy or health related subject) | • Masters degree/research degree – or working towards  
• Teaching qualification |

<table>
<thead>
<tr>
<th>Experience</th>
<th>Essential</th>
<th>Desirable</th>
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| Experience | • At least 5 years post grad experience  
• Worked in a senior position within a musculo-skeletal multi-professional care environment for at least 3 years  
• Expert clinician, able to demonstrate credibility  
• Experience of facilitating change within MDT  
• Research and practice development activities | • Understanding of the professional research agenda  
• Experience of working with academic institutions on developing research projects in the workplace |

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<tr>
<th>Skills/competencies</th>
<th>Essential</th>
<th>Desirable</th>
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</table>
| Skills/competencies | • Involved in professional staff development  
• Strong clinical leadership  
• Evidence of advanced clinical skills  
• Excellent interpersonal skills  
• Excellent written and presentation skills  
• Experience in standard setting/audit  
• Experience of managing change successfully  
• IT literate, able to use Internet and database | |

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<thead>
<tr>
<th>Attitudes</th>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
</table>
| Attitudes | • Flexibility  
• Self-motivated  
• Able to manage demanding and challenging workload  
• Team player | • Dynamic  
• Self assured |