Exclusions – Brighton and Hove, Crawley and Horsham and Mid Sussex CCGs Outline Service Specification Final Version December 2013:

Patients with the following conditions will be excluded from the Service:

- Immediate life threatening conditions;
- Suspected cancers/2 week wait rule;
- Acute trauma, e.g. RTA or falls from a significant height, still in the acute phase;
- Patient with red flag symptoms, e.g. cauda equina, systemically unwell, significant weight loss, suggestions of serious infection or malignancy;
- Widespread neurology with or without upper motor neurone signs;
- Fracture Liaison services – There needs to be close relationships between both primary and secondary care with the MSK Service particularly with the relationship to the osteoporosis pathway.
- Chiropody
- Neurological, cardiorespiratory, amputee physiotherapy
- Falls service
- Complex hand surgery and rehabilitation where the procedure comes under Specialised Commissioning HRG
- Patients needing Emergency Department
- Headaches – except of cervicogenic origin
- Intermediate care services
- The Service does not include those services or treatments commissioned by NHS England under the heading of Specialised Commissioning
- Children (aged 16 and under)

SELF-CARE AND SELF-MANAGEMENT

Integrated MSK Service Website:

- Information on common MSK conditions
- Local condition-specific clinical pathways covering best practice assessment, diagnostics, management and outcome tools and referral thresholds
- Lifestyle choices and MSK wellbeing information
- Self-care advice, information, resources, tools, videos, Apps
- Sign-posting to local and national organisations and resources
- Secure messaging function to seek advice from MSK expert clinicians
- MSK Advice Line contact details
- Patient Decision Aids and shared decision making resources / tools
- Pre-Appointment Packs for patients who have been referred to the Integrated MSK Service

Nationally accredited structure self-care programmes provided by Arthritis Care and National Rheumatoid Arthritis Society (NRAS):

http://www.arthritiscare.org.uk/ and **http://www.nras.org.uk/**

- MSK Helplines – Arthritis Care 0808 8004050 and NRAS 0800 2987650
- MSK Condition Information Packs for newly diagnosed patients
- MSK Library of Conditions and Factsheets
- MSK Risk Calculator
- Tailored self-management programmes provided by Arthritis Care and NRAS including:
  - Chat for Change telephone education and support groups
  - Online Community Forum
  - NRAS and Expert Patient Programme Rheumatoid Arthritis Self-management Programme
  - Joint Approaches modular self-management workshops
  - Challenging Pain Programme
  - On-line self-management course
  - Arthritis Champions providing 1-2-1 and community support

Other self-care support:

- Integrated MSK Service Leaflet and information on common MSK conditions in local Pharmacies

- The Federation of Disabled People - **http://www.thefedonline.org.uk/** and telephone **01273 296747**
  - advice, information and support; sign-posting; social prescribing; Direct Payments and Personal Budgets support; peer support; Get Involved Group

- The Carers Centre - **http://www.thecarerscentre.org/** and telephone **01273 746222**
  - carers support packages i.e. Advice Phone Line; support, advocacy and information; Carer Support Groups

- Local Authority initiatives – i.e. Health Champions / Trainers, Alcohol Reduction Programmes, Exercise Referral Schemes, Weight Management, Social Services, Falls Prevention Service

- Action in Rural Sussex - **http://www.ruralsussex.org.uk/** and telephone **01273 473422**
  - provides sign-posting, advice and information

- Sport Development Team - **http://www.brighton-hove.gov.uk/content/leisure-and-libraries/sports-and-activity/sports-development** and telephone **01273 292724**
  - provides sports injury advice and information

Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
HIP PAIN					
Lateral Hip Pain ***(i.e. gluteus medius weakness, trochanteric*** burstitis)	**Examination, History & Assessment:** • Exclude any traumatic injuries • Assess for common cause:	**Refer to Integrated MSK Service (General Physiotherapy)** if more than 6 weeks since presentation ***or*** ADLs are affected ***or*** in severe pain	• **Patient Information** • **Assessment and examination (General Physiotherapist / Extended Scope Practitioner)**	**Offer patient choice of provider if patient needs and wants surgery and is fit for surgery** **If patient needs and wants**	**1 Listed for surgery based on i.e.:** • Persistent pain • Condition limiting function • If not chronic and

	secondary to knee, hip, spine or ankle **Investigation:** • **<u>None</u>** - unless suspected fracture **Management (including condition-specific self-care options):** • Patient education • Exercises • Pain relief in line with agreed formularies / guidance - follow the analgesic ladder • If positive Trendelenburg sign and unable to abduct and suspected muscle tear, **refer to Integrated MSK Service** .	**Refer to Integrated MSK Service (Extended Scope Practitioner)** if previous failed physiotherapy **<u>UNLESS</u>**: severe hip pain and patient is over 60 years old with positive Trendelenburg sign, **refer as urgent to Integrated MSK Service** (Extended Scope Practitioner) for an appointment within 2 weeks	• **Diagnostics:** • If severe pain and suspected muscle tear – consider referral for Urgent MRI scan USS and plain XR • USS for bursitis • X-Ray if limited movement • **Management:** • Consider Physiotherapy if previous failed physiotherapy • Consider Physiotherapy alongside injection management (*<u>Note:</u> first injection should be an <u>unguided</u> injection) by ESP* • Consider review by Orthopaedic Consultant if patient has had a hip replacement and / or there is a confirmed diagnosis of muscle tear **<u>Plus one of the following</u>**: • Red Flags – systemically unwell / trauma • Previous failed physiotherapy • Muscle tear/repair • Avulsion **5. Outcome tools** • **EQ5D** • **PSFS** • **SURE** **HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)**	**surgery but is not fit for surgery, refer to GP for further management**	diagnostics positive of pathology • If patient has had hip replacement and / or there is confirmed diagnosis of muscular tear PLUS one of either red flag or previous failed physiotherapy • Patient wants and is fit for surgery **2. Surgical pathway:** • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed **3. Discharge criteria:** • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises **Lamina Flow Theatre / Aseptic Area - dependant on procedure** **Post Anaesthetic facility**

Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
Anterior Hip Pain ***Femoral Acetabular Impingement (FAI)*** ***or*** ***early Osteoarthritis spectrum***	**Examination, History & Assessment:** • Exclude any traumatic injuries • Assess if patient has intermittent pain on specific movements, and if it is non-resolving **Investigation:** • **<u>None</u>** - do not order an X-Ray AP Pelvis, this is not indicated **Management (including condition-specific self-care options):** • Patient education • Activity modifications • Pain relief in line with agreed formularies / guidance – follow the analgesic ladder • Consider integrated service	**Refer to Integrated MSK Service (General Physiotherapy)** if symptoms persist for more than 6 weeks **Refer to Integrated MSK Service (Extended Scope Practitioner)** if previous failed physiotherapy	**1. Patient Information** 2. **Assessment and examination (General Physiotherapist / Extended Scope Practitioner)** **3. Diagnostics:** • Consider X-Ray AP Pelvis with knees internally rotated (R*equest X-ray AP Pelvis with knees internally rotated, and on imaging request form specify suspected FAI) MRA or MRI* *Use MRA for labral tear or local tissue evaluation* *MRI for soft tissue in abdomen* *USS for tendinopathies / bursitis or use USG for iliopsoas tendon* **4. Management:** • Consider General Physiotherapy if no FAI <u>and</u> patient is diagnosed with early osteoarthritis <u>and</u> a surgical intervention is not necessary at this stage • Consider review by Orthopaedic Consultant if CAM or pincer deformity with signs of impingement and / or retroverted acetabulum **5. Outcome tools** • **EQ5D** • **PSFS** • **SURE** **HUB ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 -**	**Offer patient choice of provider if patient needs and wants surgery and is fit for surgery** **If patient needs and wants surgery but is not fit for surgery, refer to GP for further management**	**1 Listed for surgery based on i.e.:** • Persistent pain • Condition limiting function • If not chronic and diagnostics positive of CAM or Pincer deformity with signs of impingement and / or retroverted acetabulum • Patient wants and is fit for surgery **2. Surgical pathway:** • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed **3. Discharge criteria:** • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises **Lamina Flow Theatre / Aseptic Area - dependant on procedure** **Post Anaesthetic facility**

			3 ROOMS)		
Referral reason / Patient presentation	**Primary Care Management**	**Thresholds for Primary Care to initiate a referral**	**Management Pathway for the Integrated MSK Service**	**Thresholds for referral to Specialist In-patient care**	**Management pathway for Specialist In-patient care**

Anterior Hip Pain
 	
(i.e. Soft tissue injury, Strains, Osteitis Pubis)
	Examination, History & Assessment:
	
	• Exclude hernia:
	
	• If above the inguinal ligament – suspected hernia
	• If below the inguinal ligament – suspected hip pathology
	
	Investigation:
	
	• **<u>None</u>** - do not order a plain film X-Ray, this is not indicated
	
	Management (including condition-specific self-care options):
	
	• Patient education
	• ADL modifications
	• Pain relief in line with agreed formularies / guidance – follow the analgesic ladder
	• Refer if:
	  • pain is persistent / severe, or is more than 6 weeks since presentation and the pain is progressively worsening
	  • chronic / recurrent groin strains over a 3 month period and are not improving with physiotherapy
		Refer to General Surgery – if suspected hernia
		
		Refer to Integrated MSK Service (General Physiotherapy) - if suspected sports injury / groin strain
		
		Refer to Integrated MSK Service (Extended Scope Practitioner) - if chronic / recurrent groin strains
		
		<u>OR:</u>
		
		severe pain then **refer to Integrated MSK Service (Orthopaedic Consultant)**
			1. Patient Information
			
			2. Assessment and examination (General Physiotherapist / Extended Scope Practitioner / Orthopaedic Consultant)
			
			3. Diagnostics:
			
			• Consider referral for X-ray AP Pelvis and / or MRI scan
			• MRA if surgical
			• USS tendinopathies (iliopsoas / bursitis)
			
			4. Management:
			
			• If MRI scan shows extracapsular:
			  • Soft tissue injury – Physiotherapy
			  • Consider Pain Management Programme
			• If MRI scan shows intracapsular, **<u>or</u>** intracapsular with extracapsular:
			  • Review by Orthopaedic Consultant
			
			5. Outcome tools
			
			• **EQ5D**
			• **PSFS**
			• **SURE**
			
			HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND
				Offer patient choice of provider if patient needs and wants surgery and is fit for surgery
				
				If patient needs and wants surgery but is not fit for surgery, refer to GP for further management
				
				Pathway note:
				Gilmore's groin more work required. D/W Cons
					1 Listed for surgery based on i.e.:
					
					• Persistent pain
					• Condition limiting function
					• If not chronic and diagnostics positive of CAM or Pincer deformity with signs of impingement and / or retroverted acetabulum
					• Patient wants and is fit for surgery
					
					2. Surgical pathway:
					
					• Patient fasted - food 4 hours prior to procedure, liquid 2 hours
					• IV Cannula sited
					• Sedation requirements
					• WHO surgical safety checklist completed
					
					3. Discharge criteria:
					
					• Neurological checks completed
					• Pain controlled
					• Mobile at pre-op level
					• Medically stable
					• Provided with appropriate post-operative exercises
					
					Lamina Flow Theatre / Aseptic Area - dependant on procedure
					Post Anaesthetic facility

			SPACE FOR MDT CLINICS (2 - 3 ROOMS)		
Referral reason / Patient presentation	**Primary Care Management**	**Thresholds for Primary Care to initiate a referral**	**Management Pathway for the Integrated MSK Service**	**Thresholds for referral to Specialist In-patient care**	**Management pathway for Specialist In-patient care**
Posterior Hip Pain (buttock pain)	**Follow the Spine pathway for Mechanical Back Pain (Acute or Persistent).**	**Follow the Spine pathway for Mechanical Back Pain (Acute or Persistent).**	**Follow the Spine pathway for Mechanical Back Pain (Acute or Persistent).**		
Referral reason / Patient presentation	**Primary Care Management**	**Thresholds for Primary Care to initiate a referral**	**Management Pathway for the Integrated MSK Service**	**Thresholds for referral to Specialist In-patient care**	**Management pathway for Specialist In-patient care**
OSTEOARTHRITIS (Established / diagnosed)					
Established / Diagnosed Osteoarthritis **Also follow the Rheumatology pathway for Generalised Osteoarthritis**	**Examination, History & Assessment** • Age • History • Co-morbidities • Joint examination • Signpost patient to Hip Decision Aid **Investigation:** • X-Ray AP Pelvis **Management (including condition-specific self-care options):** • Patient education • ADL modifications • Step-wise approach to Analgesia – follow the analgesic ladder (<u>but avoid NSAIDs)</u>	**Refer to Integrated MSK Service (General Physiotherapy)** if flare ups are not settling, or patient does not want a surgical intervention **Refer to Integrated MSK Service (Extended Scope Practitioner)** for education group or 1:1 assessment if requested (e.g. if OA hip and patient does not want surgery) **Refer to Integrated MSK Service (Extended Scope Practitioner)** if patient wants and needs surgery e.g. night pain / reduced ADLs / failure to respond to analgesia for more than 3 months • **Refer to Integrated MSK Service (Orthopaedic Consultant) if** patient is complex with a lot of	**1 Patient information** **2 Assessment and Examination (Extended Scope Practitioner)** • Clinical examination and history • Review recent imaging • Review with patient the Hip Decision Aid • Review of Oxford Score if patient wishes to pursue surgical opinion **3 Management** • Patient education and information • Discuss appropriate footwear (including shock-absorbing properties) • Medication review and adjustment • Exercises	**Patient scores <30 on Oxford Hip or Knee Score or exceptional circumstances** **Offer patient choice of provider if patient needs and wants surgery and is fit for surgery** **If patient needs and wants surgery but is not fit for surgery, refer to GP for further management** *Pathway note:* *Discussion about Arthroplasty cemented vs uncemented and which prosthetics to use at MDT where milestones can be set out*	**1 Listed for surgery based on i.e.:** • Persistent pain • Condition limiting function • Patient scores <30 on Oxford Hip Score • Patient wants and is fit for surgery **2. Surgical pathway:** • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed **3. Discharge criteria:** • Neurological checks completed • Pain controlled

	NICE OA Advice - Core symptom- relieving therapies: <u>Access to appropriate information:</u> • Offer accurate verbal and written information to enhance understanding of osteoarthritis and management of the condition • Offer advice on appropriate footwear (including shock-absorbing properties) for people with lower limb osteoarthritis <u>Health Trainers</u> • Brighton & Hove (but not Mid Sussex C&H) people can access up to 6 face to face sessions to support lifestyle change http://www.brighton-hove.gov.uk/health trainers <u>Activity and Exercise:</u> • Exercise should include local muscle strengthening and general aerobic fitness • Exercise should be a core treatment irrespective of age, co-morbidity, pain severity and disability <u>Interventions to help weight-loss:</u> • Offer to people with osteoarthritis who are overweight or obese	comorbidities / second opinions / previous metal on metal / avascular necrosis Young pt (under 50)	• Joint injection, e.g. knees • Specialist OT / Physiotherapist review if ADLs or hand functions are affected • Consider Health Trainers support regarding lifestyle changes and weight-loss For patients who want and need surgery: ○ Commence Enhanced Recovery Program ○ Direct listing to Consultant ➢ Choice discussion ➢ Can see surgeon at 2/52 pre-op assessment **4. Outcome tools** • **EQ5D** • **PSFS** • **SURE** • **Hip PROMS** **Spoke with good virtual links to Hub**		• Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises **Lamina Flow Theatre / Aseptic Area - dependant on procedure** **Post Anaesthetic facility**

Referral reason / Patient presentation	**Primary Care Management**	**Thresholds for Primary Care to initiate a referral**	**Management Pathway for the Integrated MSK Service**	**Thresholds for referral to Specialist In-patient care**	**Management pathway for Specialist In-patient care**
POST TOTAL HIP REPLACEMENT PAIN / PROBLEMS					
Lateral / Posterior / Anterior post THR pain or problems	**Examination, History & Assessment** • **Rule out red flags:** infection, night pain, fever, sweats, increased pain 6m **Be aware of metal on metal pseudotumour – lateral pain +/- systemic symptoms - Separate pathway for metal on metal needed** **Investigation:** • Consider X-ray AP Pelvis and Hip **Management (including condition-specific self-care options):** • Pain relief in line with agreed formularies / guidance – follow the analgesic ladder	**Refer to A&E - if acute dislocation** **Refer to Integrated MSK Service (Orthopaedic Consultant) as urgent appointment** - if red flags present or metal on metal suspected ***Note:*** *refer patient back to surgeon who did the original surgery / procedure* **Refer to Integrated MSK Service (General Physiotherapy)** - if no red flags and lateral pain **Refer to Integrated MSK Service Spine Pathway (Extended Scope Practitioner)** if posterior pain and no red flags *(i.e. recurrent hip dislocations)* **Refer to Integrated MSK Service (Orthopaedic Consultant)** - if anterior pain and no red flags and revision surgery	**Follow Spine pathway for Mechanical Back Pain (Persistent / Acute)** **Except imaging:** NM and CT in very specific circumstances (for focal lesions, infected hip prostheses and to identify subchondral fractures)		

Referral reason / Patient presentation	Primary Care Management	Thresholds for Primary Care to initiate a referral	Management Pathway for the Integrated MSK Service	Thresholds for referral to Specialist In-patient care	Management pathway for Specialist In-patient care
POST TRAUMA SURGERY PROBLEMS / ISSUES					
DHS, cannulated screws	**Examination, History & Assessment** • Rule out infection **Investigation:** • X-Ray AP Pelvis • ESR, CRP, FBC, Bone profile **Management (including condition-specific self-care options):** • Pain relief in line with agreed formularies / guidance – follow the analgesic ladder	**Refer to Integrated MSK Service (Orthopaedic Consultant) (urgent appointment)** – if infection is suspected **Refer to Integrated MSK Service (Orthopaedic Consultant) (routine appointment)** - if no infection suspected ***Note:*** *refer patient back to surgeon who did the original surgery / procedure* **refer to ESP if XR is normal**	**1 Patient information** **2 Assessment and Examination (Orthopaedic Consultant)** • Clinical examination and history • Review recent imaging **3 Management** For patients who want and need surgery: ○ Commence Enhanced Recovery Program ○ Direct listing to Consultant **4. Outcome tools** • **EQ5D** • **PSFS** • **SURE** **Hub**	**Offer patient choice of provider if patient needs and wants surgery and is fit for surgery** **If patient needs and wants surgery but is not fit for surgery, refer to GP for further management**	**1 Listed for surgery based on i.e.:** • Persistent pain • Condition limiting function **2. Surgical pathway:** • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed **3. Discharge criteria:** • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises **Lamina Flow Theatre / Aseptic Area - dependant on procedure** **Post Anaesthetic facility**

Referral reason / Patient presentation	**Primary Care Management**	**Thresholds for Primary Care to initiate a referral**	**Management Pathway for the Integrated MSK Service**	**Thresholds for referral to Specialist In-patient care**	**Management pathway for Specialist In-patient care**
AVASCULAR NECROSIS (AVN)					
Avascular Necrosis (AVN)	**Examination, History & Assessment** • Excruciating pain • Night pain • Unable to weight bear • +/- previous hip fracture • HIV / alcohol or steroid usage • Sickle cell anaemia **Investigation** • XR **Management (including condition-specific self-care options):** • Pain relief in line with agreed formularies / guidance • IF XR shows AVN- urgent MSK consultant	**Refer to Integrated MSK Service Consultant (urgent appointment)** – for appointment within 1 week	**1. Patient information** 2. **Assessment and examination (Extended Scope Practitioner**) **3. Diagnostics:** **Urgent** • X-Ray AP Pelvis • MRI **4. Management:** • If unable to weight bear – patient to use crutches • If patient has sickle cell anaemia **– Refer to Haematology** • If AVN is diagnosed **by ESP –** review by Orthopaedic Consultant **5. Outcome tools** • **EQ5D** • **PSFS** • **SURE**	**Offer patient choice of provider if patient needs and wants surgery and is fit for surgery** **If patient needs and wants surgery but is not fit for surgery, refer to GP for further management** **PT will under go either Decompression or Hip replacement**	**1 Listed for surgery based on i.e.:** • Persistent pain • Condition limiting function **2. Surgical pathway:** • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed **3. Discharge criteria:** • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises **Lamina Flow Theatre / Aseptic Area - dependant on procedure** **Post Anaesthetic facility**

Referral reason / Patient presentation	**Primary Care Management**	**Thresholds for Primary Care to initiate a referral**	**Management Pathway for the Integrated MSK Service**	**Thresholds for referral to Specialist In-patient care**	**Management pathway for Specialist In-patient care**
SYMPHYSIS PUBIS					
Pelvic Girdle Pain **Pregnancy related pelvic pain**	**Examination, History & Assessment** ***Pregnancy*** • In pregnancy: presents as instability of pelvis ***Non-pregnancy related PGP*** • Instability • SIJ pain • In women aged 55 – 75: presents as 'stiffening up' with sacroiliac pain and lack of mobility ***Other*** • Differential diagnosis lower back pain • Groin / soft tissue pain	**Refer to Integrated MSK Service (General Physiotherapy)** in first instance **Refer to Integrated MSK Service (Extended Scope Practitioner)** if no response to physiotherapy Consider pain service assessment	1. **Patient information** 2. **Assessment and examination (General Physiotherapist / Extended Scope Practitioner)** 3. **Diagnostics:** • X-ray stork view • MRI scan 4. **Management:** • Consider injection treatment by MSK Radiologist for 1 – 2 injections 5. **Outcome tools** • **EQ5D** • **PSFS** • **SURE** **HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)**	**None: no surgery**	

Hip group 10th December 2013
Peter Devlin (GP, BICS)
Matthew Prout (ESP Physiotherapist, SCT)
Ian Francis (Consultant Radiologist, MIP)
Johan Holte (Consultant Physiotherapist, BICS)
Chris Mercer (Consultant Physiotherapist, WSHT)
Samantha Hook (Orthopaedic Consultant, WSHT)
Ruy Dassuncao (Orthopaedic Consultant, WSHT)
Guy Slater (Orthopaedic Consultant, Horder Healthcare)
Matthew Carr (Service Manager, Horder Healthcare)
Nick Patton (GP)
Andrew Kemp (ESP Physiotherapist, MTW)
Mary McAllister (ESP Physiotherapist, SCT)
Helen Harper-Smith (ESP Physiotherapist, ESHT)

Hip group 2nd July 2014
Natalie Blunt (BICS, Service Manager)
Peter Devlin (BICS, Clinical Director)
Johan Holte (BICS, Consultant Physiotherapist)
Ben Hodgson (BICS, ESP)
Mary McAllister (SCT, ESP)
Iben Altman (SCT, Chief Pharmacist)
John Bush (BSUH, Consultant Radiologist)
Anita Vincent (SASH, Service Manager)
Rachel Dixon (Horder Healthcare, Clinical Director)

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