

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.
- Chiroprody
- 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
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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
<p>Isolated pain <40 years of age</p> <p><i>No previous operative intervention</i></p> <p><i>No history of trauma</i></p>	<p>Investigation:</p> <ul style="list-style-type: none"> - History - Examination and Assessment - Exclude any traumatic injuries - Any physical signs - No previous operative intervention - If evidence of inflammation i.e. swelling, follow the Rheumatology Guidelines for acute monoarthritis <p>Diagnostics:</p> <ul style="list-style-type: none"> - <u>None</u> <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> - Pain relief in line with agreed formularies / guidance - Patient education - Exercise sheets - Advise rest and to stop sport until pain is better 	<p>Less than 6 weeks pain – manage in primary care</p> <p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <ul style="list-style-type: none"> o Symptoms persistent and new symptoms present for > 6 weeks o No response to analgesics o Symptoms affecting ADLs / occupation o Swelling but no locking or giving way. Diagnosis could be PFJ pain, meniscal injuries or ligamentous injuries <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> • Potential acute or severe meniscal pain • If previous physiotherapy has been tried and failed • If persistent recurring pain >6m duration • True locking and giving way 	<ol style="list-style-type: none"> 1. Patient information 2. Assessment and examination (Physiotherapist / Extended Scope Practitioner) 3. Diagnostics <ul style="list-style-type: none"> o Plain X-ray (AP standing, lateral and skyline) o MRI 4. Management <ul style="list-style-type: none"> o Physiotherapy <p>Diagnostics positive:</p> <p>i.e. meniscal related not acute episode noted or not otherwise responding</p> <ul style="list-style-type: none"> o Review by Orthopaedic Consultant if: <ul style="list-style-type: none"> • imaging positive • meniscal related • not otherwise responding <ol style="list-style-type: none"> 5. Outcome tools <ul style="list-style-type: none"> • EQ5D • PSFS • SURE <p>HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)</p>	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <p>Arthroscopic assessment if persistent pain Day case surgery</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> • Pain • Condition limiting function • If not chronic and diagnostics positive of pathology • Patient wants and is fit for surgery • BH5 arthroscopy day case <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises • telephone follow up 10 days post- surgery by an ESP • Post op f/up within 6/52 • 14 days post – surgery to GP for stitches out and physio if needed. <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure Post Anaesthetic facility</p>

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
<p>Isolated Pain >40 years of age</p> <p>No previous operative intervention</p>	<p>Investigation:</p> <ul style="list-style-type: none"> - History - Examination and Assessment - Exclude any traumatic injuries - Any physical signs / swelling - No previous operative intervention - If evidence of inflammation i.e. swelling, follow the Rheumatology Guidelines for acute monoarthritis <p>Diagnostics (only for OA):</p> <ul style="list-style-type: none"> o Only if patient wants surgical intervention or has additional symptoms e.g. locking X-ray (AP standing and lateral) <p>Management (including condition-specific self-care options):</p> <p>If suspected OA:</p> <ul style="list-style-type: none"> - Patient education (see NICE OA guidance) - Pain relief in line with agreed formularies / guidance - Advise patient to buy heel wedges or insole - Consider Physiotherapy after 6 weeks 	<p>Manage in primary care for first 6 weeks</p> <p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <ul style="list-style-type: none"> o Younger OA patients o ADLs not / mildly affected o Mild abnormal X-ray o No true locking or giving way <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> • Poor response to analgesics • Symptoms affecting ADLs / occupation • X-ray shows gross abnormality (OA) • True locking and giving way <p>Refer to Integrated MSK Service (Extended Scope Practitioner) and complete Knee Decision Aid if:</p> <ul style="list-style-type: none"> - Severe OA with disabling symptoms (usually >60 years) and patient requesting surgery 	<p>1. Patient information</p> <p>2. Assessment and examination (Physiotherapist / Extended Scope Practitioner)</p> <p>3. Diagnostics</p> <ul style="list-style-type: none"> o Plain X-ray (AP standing, lateral and skyline view) o MRI (abnormal joint- no MR needed) <p>4. Management:</p> <ul style="list-style-type: none"> o Knee Decision Aid for OA patients o Steroid injection o Physiotherapy o Consider orthotics for heel / wedge raisers <p>If not chronic or diagnostics positive:</p> <ul style="list-style-type: none"> o Consider review by Orthopaedic Consultant <p>6. Outcome tools</p> <ul style="list-style-type: none"> • EQ5D • PSFS • SURE <p>HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)</p>	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <p>(if not compliant with physio- no surgery)</p> <p>For degenerative tears-arthroscopy</p> <p>Knee arthroplasty.</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> • Pain • Condition limiting function • If not chronic and diagnostics positive of pathology • Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises • Post op f/up within 6/52 and telephone follow up 10 days post- surgery • 14 days post – surgery to GP for stitches out and physio if needed. <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure</p> <p>Post Anaesthetic facility</p>

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
<p>Isolated Pain any age >16 with previous operative intervention i.e. arthroscopy, painful total knee replacement</p>	<p>Investigation:</p> <ul style="list-style-type: none"> - History - Examination and Assessment <p>Diagnostics:</p> <ul style="list-style-type: none"> - X-ray (AP standing and lateral) <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> - Pain relief in line with agreed formularies / guidance - Dietary advice / weight loss 	<p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <ul style="list-style-type: none"> • Acute (<6/52) • X-ray normal • Recent surgery < 3/12 and X-ray normal • If no X-ray, but pain and swelling and no true locking or giving way <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ Surgery >3/12 ○ X-ray shows wear/tear ○ Pain with swelling and locking and giving way <p>Refer to Integrated MSK Service (Orthopaedic Consultant) if:</p> <ul style="list-style-type: none"> ○ < 3/12 and X-ray abnormal <p>Note: refer patient back to surgeon who did the original surgery / procedure</p>	<p>1. Patient information</p> <p>2. Assessment and examination (Physiotherapist / Extended Scope Practitioner / Orthopaedic Consultant)</p> <p>3. ESP/con</p> <p>3. Diagnostics:</p> <ul style="list-style-type: none"> ○ Plain X-ray (AP standing, lateral and skyline view) ○ MRI <p>4. Management:</p> <ul style="list-style-type: none"> ○ Physiotherapy ○ Consider review by Orthopaedic Consultant <p><i>Note: this patient group are rarely suitable for injection</i></p> <p>5. Outcome tools</p> <ul style="list-style-type: none"> • EQ5D • PSFS • SURE <p>HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)</p>	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> • Pain • Condition limiting function • If not chronic and diagnostics positive of pathology • Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises • Post op f/up within 6/52 and telephone follow up 10 days post- surgery • 14 days post – surgery to GP for stitches out and physio if needed. <p>Lamina Flow Theatre / Aseptic Area - dependant on</p>

					procedure Post Anaesthetic facility
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Acute knee injury with swelling, locking and instability (bike, ski accident, fall from height.. etc)	<p>Investigation:</p> <ul style="list-style-type: none"> - History - Examination and Assessment <p>Diagnostics:</p> <ul style="list-style-type: none"> - None <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> - Pain relief in line with agreed formularies / guidance - Advise rest / elevation and to stop sport until pain is better - Imaging - 	Refer all to Integrated MSK Service (Extended Scope Practitioner / Orthopaedic Consultant)	<p>1. Patient information leaflet</p> <p>2. Assessment and examination (Extended Scope Practitioner / Orthopaedic Consultant)</p> <p>3. Diagnostics</p> <ul style="list-style-type: none"> o Plain X-ray (AP standing, lateral and skyline view) o MRI o CT <p>4. Management: Physiotherapy if:</p> <ul style="list-style-type: none"> o All other ligaments except ACL o Anterior cruciate ligament (ESP to filter those suitable for surgery and refer on to secondary care) o Patella dislocations o ACL <p>Orthopaedic Consultant review if:</p> <ul style="list-style-type: none"> o Meniscal injury (surgery) o Cartilage tear & ACL tear o Isolated or combined ACL/MCL o Chondral injury <p>Consider supply Braces and crutches</p>	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p> <p>Arthroscopy</p>	<p>1. Surgical pathway:</p> <ul style="list-style-type: none"> • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed <p>2. Discharge criteria:</p> <ul style="list-style-type: none"> • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises • Physio if needed <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure Post Anaesthetic facility</p>

			<p>5. Outcome tools</p> <ul style="list-style-type: none"> • EQ5D • PSFS • SURE <p>HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)</p> <p>Braces and crutches in store</p>		
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
<p>Acute knee injury</p> <ul style="list-style-type: none"> - twisting, soft tissue injury - pain with swelling, no true locking and instability <p>History > 2 weeks</p> <p>High impact trauma- A + E</p>	<p>Investigation:</p> <ul style="list-style-type: none"> - History - Examination and Assessment - Signpost patient to Knee Decision Aid <p>Diagnostics:</p> <ul style="list-style-type: none"> - <u>None</u> <p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> - Pain relief in line with agreed formularies / guidance - Advise rest / elevation and to stop sport until pain is better 	<p>Refer to Integrated MSK Service (General Physiotherapy) if:</p> <ul style="list-style-type: none"> • > 6 weeks duration • Or severely reduced activities of daily living • Unable to work <p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> ○ Failed physiotherapy 	<p>1. Patient information</p> <p>2. Assessment and examination (Extended Scope Practitioner / General Physiotherapist)</p> <ul style="list-style-type: none"> ○ Face to face if true locking or instability (ESP) ○ Telephone assessment if not true locking instability (General Physio) ○ Collect Tegner Lysholm score <p>3. Diagnostics</p> <ul style="list-style-type: none"> ○ Plain X-ray (AP standing, lateral and skyline view) ○ MRI <p>4. Management: Physiotherapy if:</p> <ul style="list-style-type: none"> ○ All other ligaments ○ Isolated ACL +/- listed for surgery (surgical patients need 6 	<p>Tegner Lysholm score >65 or exceptional circumstances</p> <p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> • Pain • Condition limiting function • If not chronic and diagnostics positive of pathology • Patient wants and is fit for surgery <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate

			<p>weeks prehab)</p> <ul style="list-style-type: none"> ○ Anterior cruciate ligament (ESP to filter those suitable for surgery and refer on to secondary care) ○ Patella dislocations <p>Orthopaedic Consultant review if:</p> <ul style="list-style-type: none"> ○ Meniscal injury (surgery) ○ Cartilage tear & ACL tear ○ combined ACL/MCL ○ Chondral injury <p>For patients who want and need surgery:</p> <ul style="list-style-type: none"> ○ Commence Enhanced Recovery Program ○ Direct listing to Consultant <p>6. Outcome tools</p> <ul style="list-style-type: none"> • EQ5D • PSFS • SURE <p>HUB OR SPOKE ENVIRONMENT WITH IMAGING ACCESS AND SPACE FOR MDT CLINICS (2 - 3 ROOMS)</p>		<p>post-operative exercises</p> <ul style="list-style-type: none"> • Physio if needed <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure</p> <p>Post Anaesthetic facility</p>
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
<p>OTHER:</p> <p>Patella Dislocation, Acute & Recurrent, Loose body with symptoms</p>	<p>Investigation:</p> <ul style="list-style-type: none"> - History - Examination and Assessment <p>Diagnostics:</p> <ul style="list-style-type: none"> - <u>None</u> 	<p>Refer as urgent to Integrated MSK Service (General Physiotherapy)</p> <p>Refer as urgent to Fracture Clinic if:</p> <ul style="list-style-type: none"> • <u>Acute only</u> (for 'cricket bat splint' provision and imaging) 	<p>1. Patient information</p> <p>Assessment and examination (Extended Scope Practitioner)</p> <p>2. Management:</p> <ul style="list-style-type: none"> ○ Physiotherapy rehab (FRP approach) ○ Consider review by 	<p>Offer patient choice of provider if patient needs and wants surgery and is fit for surgery</p> <p>If patient needs and wants surgery but is not fit for surgery, refer to GP for further management</p>	<p>1 Listed for surgery based on i.e.:</p> <ul style="list-style-type: none"> • Persistent pain • Condition limiting function • Unsuccessful with conservative management options • Functional instability persists • Patient wants and is fit for

	<p>Management (including condition-specific self-care options):</p> <ul style="list-style-type: none"> - Pain relief in line with agreed formularies / guidance <p>Chronic only:</p> <ul style="list-style-type: none"> - Advise to keep moving - Exercise sheets - Advise patient of physiotherapy management steps 	<p>Refer to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> • Interferes with ADLs / work <p>Refer as urgent to Integrated MSK Service (Extended Scope Practitioner) if:</p> <ul style="list-style-type: none"> • Previous Physiotherapy failed <p>Refer as urgent to Integrated MSK Service (Orthopaedic Consultant) if:</p> <ul style="list-style-type: none"> • Recurrent patella dislocation, physiotherapy unhelpful, patient considers surgery <p>Non-Operative</p>	<p>Orthopaedic Consultant if patient is considering surgery</p> <p>3. Diagnostics</p> <p>Only if considering surgery - may need MRI for patella tracking (after discussion with consultant)</p> <p>4. Outcome tools</p> <ul style="list-style-type: none"> • EQ5D • PSFS • SURE <p>SPOKE ENVIRONMENT WITH SPACE FOR MDT CLINICS (2 - 3 ROOMS)</p>	<p>Interventions <5% for patella femur reconstruction</p>	<p>surgery</p> <p>2. Surgical pathway:</p> <ul style="list-style-type: none"> • Patient fasted - food 4 hours prior to procedure, liquid 2 hours • IV Cannula sited • Sedation requirements • WHO surgical safety checklist completed <p>3. Discharge criteria:</p> <ul style="list-style-type: none"> • Neurological checks completed • Pain controlled • Mobile at pre-op level • Medically stable • Provided with appropriate post-operative exercises • physio if needed <p>Lamina Flow Theatre / Aseptic Area - dependant on procedure Post Anaesthetic facility</p>
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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
Tendinopathy	Manage in primary care	If >6/52 consider physiotherapy			
Muscle strain	Manage in primary care				
Calcifications	Manage in primary care Reassurance				
Baker Cyst's	Manage in primary care Reassurance				
Adult with previous diagnosis of Osgood Schlatter	Manage in primary care	If unable to manage >6/52 consider physiotherapy			
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
Suspected Inflammatory Arthritis	Follow Rheumatology Pathway	Follow Rheumatology Pathway	N/A		

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Johan Holte (Consultant Physiotherapist, BICS)
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Knee group 1st July 2014

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