

Freedom of Information Request Number: FOI 6100 – Musculoskeletal (MSK) Service

Please complete the tables below to provide the details of all current providers of the CCG's Musculoskeletal (MSK) service, including:

- a. Tier 1 Physiotherapy
- b. MSK Clinical Assessment and Treatment Service (MSK CATS)
- c. Rheumatology
- d. Pain Management Service
- e. Other sub specialities such as Chronic Fatigue Syndrome

If one provider delivers the entire MSK service (including the sub specialities a-e above) please complete Table A only.

If there are multiple providers for the MSK sub specialities, please complete Tables 2-6 for the corresponding speciality.

1. Table A

One provider of the entire MSK service					
Provider	Contract Start Date	Contract Duration (<i>excluding</i> any potential extension)	If there is any extension period available, please specify the duration	Annual Contract value (£)	Expected commencement (month / year) of re-procurement, if known
Southern Health NHS FT	1st April 2017 – 31st March 2019	24 months	None available	Please note this information is not provided under S(2) Part 43 of the FOI act as it is deemed commercially sensitive	Not applicable

2. Table 2

Tier 1 Physiotherapy					
Provider (<i>if multiple Any Qualified Provider Contracts</i>)	Contract Start Date	Contract Duration (<i>excluding</i> any potential extension)	If there is any extension period available, please	Annual Contract value (£) (<i>if multiple Any Qualified</i>)	Expected commencement (month / year) of re-procurement if known

<i>please just state AQP in the box below)</i>			specify the duration	<i>Provider Contracts, please provide one combined total contract value for AQP contracts)</i>	
Not applicable					

3. Table 3

MSK Clinical Assessment and Treatment Service (MSK CATS)					
<i>Provider (if multiple Any Qualified Provider Contracts please just state AQP in the box below)</i>	Contract Start Date	Contract Duration (excluding any potential extension)	If there is any extension period available, please specify the duration	Annual Contract value (£) (<i>if multiple Any Qualified Provider Contracts, please provide one combined total contract value for AQP contracts)</i>	Expected commencement (month / year) of re-procurement if known
Not applicable					

4. Table 4

Rheumatology					
<i>Provider (if multiple Any Qualified Provider Contracts please just state AQP in the box below)</i>	Contract Start Date	Contract Duration (excluding any potential extension)	If there is any extension period available, please specify the duration	Annual Contract value (£) (<i>if multiple Any Qualified Provider Contracts, please provide one combined total contract</i>	Expected commencement (month / year) of re-procurement if known

				value for AQP contracts)	
Not applicable					

5. Table 5

Pain Management Service					
Provider (if multiple Any Qualified Provider Contracts please just state AQP in the box below)	Contract Start Date	Contract Duration (excluding any potential extension)	If there is any extension period available, please specify the duration	Annual Contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total contract value for AQP contracts)	Expected commencement (month / year) of re-procurement if known
Not applicable					

6. Table 6

Other MSK sub specialities such as Chronic Fatigue Syndrome, (please name the sub specialities)					
Provider (if multiple Any Qualified Provider Contracts please just state AQP in the box below)	Contract Start Date	Contract Duration (excluding any potential extension)	If there is any extension period available, please specify the duration	Annual Contract value (£) (if multiple Any Qualified Provider Contracts, please provide one combined total contract value for AQP contracts)	Expected commencement (month / year) of re-procurement if known
Not applicable					