

BESS Patient Care Pathways and Commissioning Guidelines

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Patient care and outcome assessment is at the forefront of most National Health Service national and local mandates. Although patient care has always been at the top of the profession's list of priorities, outcome assessment through means such as patient-reported outcome measures (PROMS) is more prevalent in some specialties than others. As a profession, we have always put patients first and strived to maximize their outcomes. This starts not on the operating table, nor in outpatients, but at the beginning of the patient pathway.

In the last 24 months, there has been considerable interest nationally by professional surgical bodies and commissioners to develop commissioning guidelines on a number of prevalent orthopaedic pathologies. Subacromial pain was high on this list. Although the motivation for developing such guidelines might vary for different stakeholders, purchasing evidenced-based treatments and minimizing treatment variations throughout the country is high on many agendas. The British Elbow and Shoulder Society (BESS) has fully engaged in these new initiatives to ensure the future standards of care for shoulder and elbow patients across the UK.

The development of these new documents was led by the British Orthopaedic Association (BOA) and RightCare with a directive to produce National Institute for Health and Care Excellence (NICE) approved national guidelines that could be used for commissioning. This involved the setting up of a BESS/BOA Guidelines Development Group with multidisciplinary representation from all key stakeholders including clinicians, patients, general practitioners and commissioners. A lengthy but structured and robust process then followed. This included scoping reviews of the literature, pathway development, guidance development group consultation, multidisciplinary specialist society consultation and, finally, public consultation.

The BESS members in this group identified this as an opportunity to develop a complete series of guidelines for shoulder and elbow pathologies. However, funding

restrictions dictated that only one set of commissioning guidelines would be possible and therefore subacromial pain was chosen because it is the most prevalent shoulder problem. These 'Commissioning Guidelines for Subacromial Pain' were completed and approved by NICE in 2014. They are available on both the BOA and BESS websites.

BESS Council then decided that BESS should follow up this initial BOA initiative and produce its own specialist society Patient Care Pathways (BESS/BOA PCPs) for the other remaining common shoulder and elbow pathologies treated in the UK. The BOA has welcomed and supported this stance from BESS.

BESS/BOA PCPs are evidence and consensus based, and highlight the optimum management pathways for patients. In particular, they will promote more consistent and appropriate management in both primary and intermediate care, as well as highlight when patients need to be referred to a secondary care specialist. These documents will also play an important educational role with respect to the many members of staff caring for patients along the patient pathway from community to hospital.

These care pathways have not been written as rigid documents; they provide a treatment guide that will allow the tailoring of optimum treatment for each patient. Shared decision-making will always be recommended at the core of each new PCP developed by BESS/BOA.

In this issue of *Shoulder & Elbow*, the first BESS/BOA PCP on subacromial pain has been published. Similar PCPs on frozen shoulder and shoulder instability will follow shortly. Over the next 2 years, we will publish similar PCPs on other shoulder and elbow pathologies.

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