Health & Adult Social Care Policy & Scrutiny Committee

24 May 2016

Musculoskeletal (MSK) Service Update Report

CCG Responsible Chief Officer and Title
Dr Tim Maycock
Clinical Lead for Primary Care and Integration

Report Author and Title
Andrew Bucklee
Senior Innovation and Improvement Manager (Planned Care)

1. Since Dr Maycock's report, in November, to the Overview and Scrutiny Committee the CCG has confirmed that a new service model for musculoskeletal (MSK) provision will be developed via an integrated approach between primary care, community care and acute care services. This is instead of commissioning a new service via a procurement route. Communications about this decision have been made.

2. Since the November report we have carried out the following work.

3. A group of clinical colleagues from both primary and secondary care alongside the existing MSK service met to discuss the potential for developing a service via a more collaborative and integrated approach.

4. It was agreed that those attending should form a Service Development Group (SDG) that oversees the development of a proposed new model for consideration by the CCG commissioners.

5. It was further agreed that to be successful a truly integrated model should take into account the whole patient pathway from presentation at GP practice to discharge from the service and all the touch point intersections along the way.

This was seen as a preferable alternative to procuring a stand-alone service that can lead to a fragmented and 'siloed' way of delivering patient services.

6. It was established that any new MSK service would aim to transform care, for patients suffering with joint, bone and muscle pain, across the Vale of York Clinical Commissioning Group (CCG) locality by tailoring care to the needs of the individual patient and ensuring that their treatment is joined up and seamless across their particular pathway.

7. Essentially the aim of the SDG will be to oversee the development of a new approach for MSK care, which is created by local GPs, other healthcare professionals and patients of the current service. In the new design a clearly defined route through the service will be developed that will put patients at the centre of their care, sharing decisions about what treatment they receive and where that treatment takes place, ensuring they see the right clinician first time. The many services involved in musculoskeletal care will be brought together (including primary care, radiology, physiotherapy, orthopaedics and podiatry, and also potentially rheumatology and pain management). The new approach will ultimately result in more services being available closer to where patients live. It will also mean patient care will be joined up across general practice, community and hospital services.

8. The first stage for this development will be a series of 'task and finish' groups that will cover the main aspects of the new model namely:

- A collaborative approach between providers and commissioner – designing the new model of care from the front-line.

- Integrated working that is responsive and has clear 'hand-offs' utilising joint working/shared care processes. The process of pathway development will be evidenced based and utilising available data analysis, such as RightCare, to prioritise specific areas within the initial work programme e.g. the hip replacement pathway.

- Strengthen the physiotherapy links to practices whilst maintaining the ESP link to physiotherapists.

- Re-instigation of the self-referral process, ensuring it is integral within the new model rather than a stand-alone process.

- Shared decision making identifying the correct points in the pathways where this should be instigated.

- Development of a robust governance process that covers the whole integrated model.

- Development of a training and education programme to upskill colleagues in primary care.

- Improve patient self-reliance via standardised advice, patient information and ensuring any communications provides appropriate information at the appropriate time.

- Ensuring expertise within the system is valued.

- Utilise opportunities that arise to create links with other work programmes e.g. the expansion of Clinical Hubs.

9. The Service Development Group will oversee this development. Below this Task and Finish Groups will be set up to develop the new model.

10. Feeding into this will be development of the outcomes the new service will be expected to deliver. The baseline for this piece of work will be the outcomes developed for the recently aborted re-procurement of MSK services. This piece of work will be overseen by the CCG, as part of their duty as commissioner of the service. Once completed these agreed outcomes will form the basis of a specification for the new service. At the centre of developing these outcomes will be a comprehensive public engagement process that will consist of gaining views through:

    - Five drop-in sessions across the CCG locality

    - Attending four MSK hospital clinics to get the view patients within the current care pathway

    - Public survey available via the CCG website.

11. Details of the above have been advertised via the CCG's normal communications routes.

12. The CCG Senior Management Team has given permission to complete the work required to bring a proposal for an integrated MSK service based on the above principles. The major milestones for the project are as follows:

Work Programme (high level)	Completion
Communication from the CCG that it intends to develop an integrated approach rather than the re-procurement of a stand-alone service	April 2016
Development work required for new integrated model i.e. Task & Finish Groups	October 2016
Business case for proposed new model to the CCG Senior Management Team/Governing Body	November 2016
Implementation phase for new model – 'lead-in' time	February 2017
New model start	March 2017

Recommendation: This paper is for information only therefore there are no specific recommendations.