

Transforming MSK Services in West Essex

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1. Objectives

The Provision of an integrated musculoskeletal (MSK) clinical assessment and treatment service across West Essex.

2. Principles

The principle aim of the hub is to deliver a specialist MSK care navigation and treatment (one stop MSK hub) service that:

- Improves the quality of care for patients and delivering high-quality clinical outcomes through shared decision making and patient choice.
- Ensure that clinical, quality and financial outcomes are fully aligned and integrated.
- Reduce clinical variation for patients with MSK conditions.
- Reduce low clinical value interventions and waiting times for patients with MSK conditions.
- Includes agreed protocols that ensure planned support for patients post discharge from hospital care back into the community.
- Provides a patient self-management function, particularly in relation to pain management that enhances patient quality of life and independence.
- To implement innovative practices that are comparable to the best performing integrated MSK hubs in the country,

3. Evidence-Based Considered

The evidence base considered includes:

- The Musculoskeletal Services Framework 2006
- NICE Guidance: Osteoarthritis; The Care and Management of Osteoarthritis in Adults, February 2014.
- NICE Guidance: Rheumatoid Arthritis; the Management of Rheumatoid Arthritis in Adults, February 2014.
- NHS RightCare and Commissioning for Value
- GIRFT Report
- Royal Collage of General Practitioners - Care of People with Musculoskeletal Problems.
- West Essex CCG JSNA 2013.

4. National/Local Context

In 2006, the Department of Health released “The Musculoskeletal Services Framework” which sets out evidence of best practice and recommends actions for change to improve MSK services nationally.

Applying national estimates locally suggests that one in four adults living in West Essex may be affected by long-standing MSK problems that limits everyday activities.

West Essex CCG has an ambitious strategy to integrate the delivery of health and care for the population of West Essex and will seek to achieve this through a truly integrated Accountable Care Organisation using MSK as the first model.

5. New Model of Care

Key to the success of the transformation programme and delivery of the new Integrated MSK service MSK Service model of care will be: Effective leadership, partnership and appropriate staffing at all levels that will underpin the integration required and delivery of care that meets the needs of the local population.

The diagram below (Figure 1) details the new model of care.

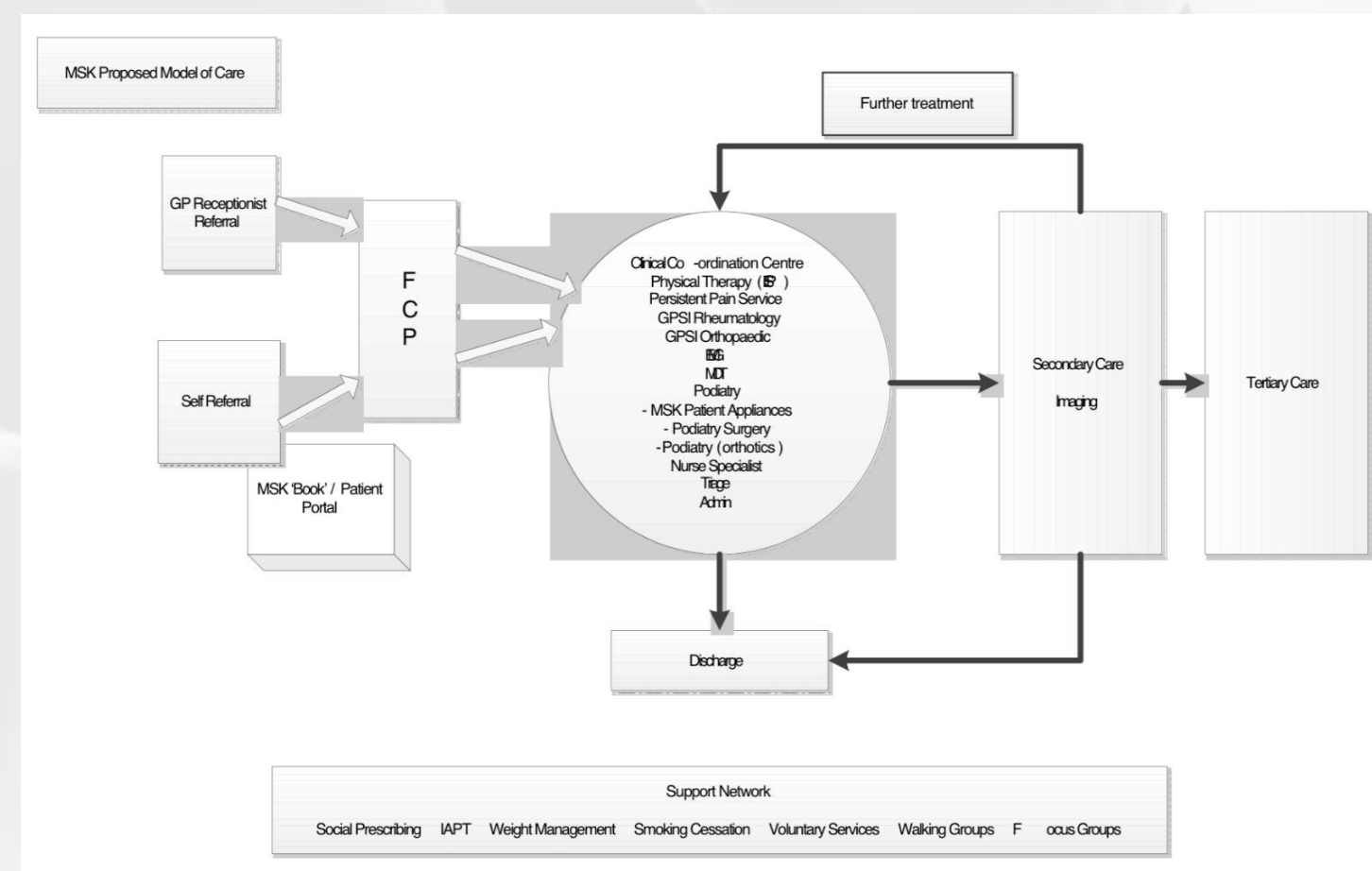


Figure 1

6. Governance Arrangement

The partnership has considered the clinical governance structure which will be in place from 1 April 2019.

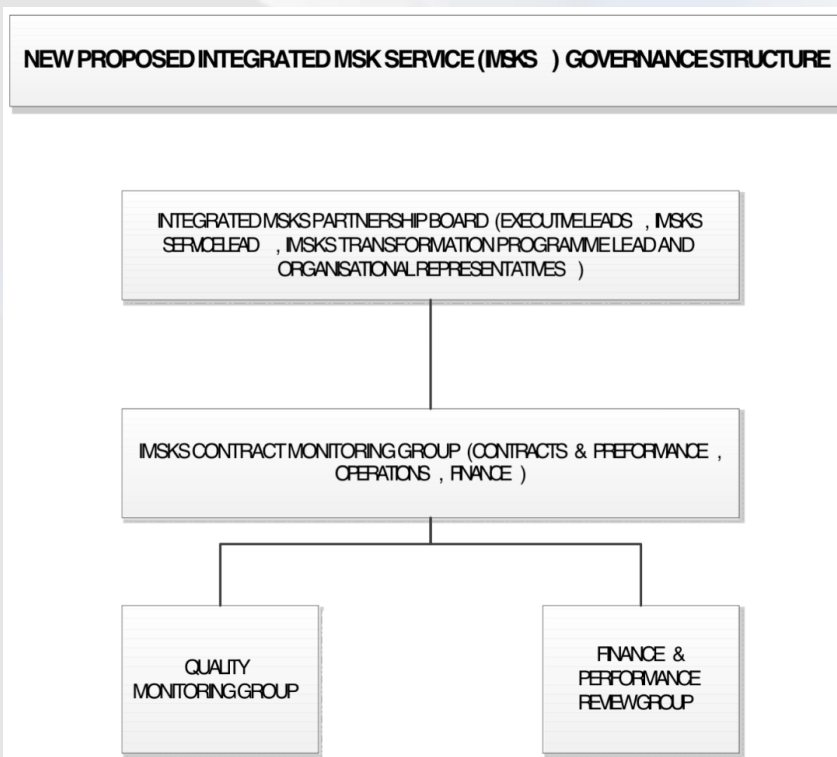


Figure 2

The governance structure for the monitoring and validation of the data collected from across the MSK pathway is detailed in Figure 2.

The partners have agreed to establish an integrated MSK contract monitoring group, which will have oversight of all quality, performance and contract related matters; the details of which are shown in figure 3.

Clinical Governance Structure – Integrated MSK Service (IMSKS)

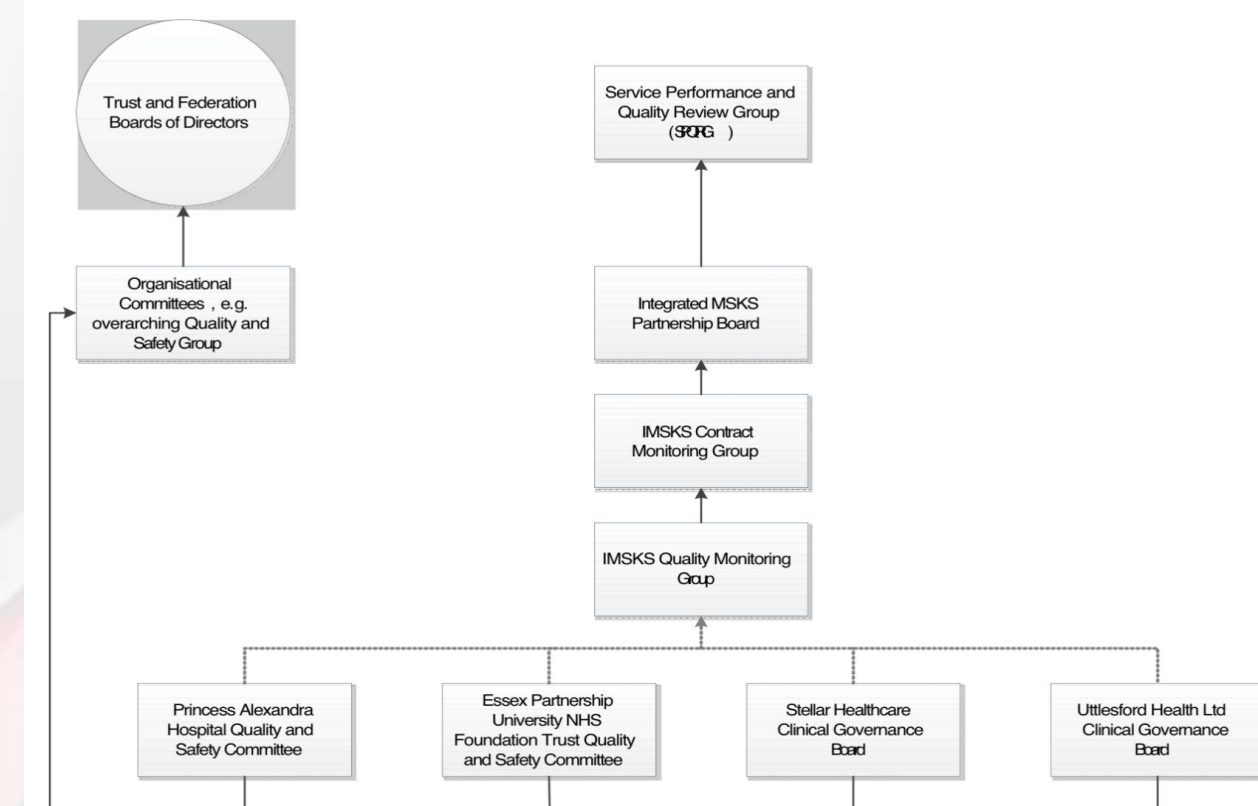


Figure 3

7. Key Performance Indicators

The KPIs have been proposed and agreed by all partners within the MSK EOG including the CCG. The KPIs will, in accordance with good practice, be reviewed and revised by the partnership and commissioners on an annual basis.

The ambition of the partnership is to achieve upper quartile results across all indicators. For some KPIs there are no current baselines from which to monitor performance and delivery. The partnership will use year 1 of the contract to determine the baseline for implementation in year 2.

8. Next Steps

- Negotiated agreement on a “Lead Provider” role.
- Robust data set on costs today, forecast of the true saving potential of moving to a well managed service.
- Mobilisation of the new contract.

Acknowledgements

- East of England Clinical Senate
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