

# Musculoskeletal Services

A new model for Liverpool  
May 2015

# The Vision

An integrated service encompassing musculoskeletal and pain services that :-

- Empowers patients to make decisions about their care
- Supports their transition between services
- Provides excellent patient focused outcomes within a safe, efficient, value for money service.

# Healthy Liverpool

By 2020, all the people of Liverpool will be enjoying longer, healthier lives. We want to create a future in which everyone receives consistent, high-quality healthcare, wherever we live in the city; with care delivered in the home, in our communities, and in our excellent hospitals.

*<http://www.healthyliverpool.nhs.uk/>*

- Population ageing and increasing
  - 9% growth in over 65s by 2021
- Attendances & costs increasing
- Up to 20% of adults consult their GPs with MSK problems

*Annual consultation prevalence of regional musculoskeletal problems in primary care: an observational study, BMC Musculoskeletal Disorders 2010*

Those on low incomes and those living in deprived areas are more likely to report having chronic pain *The Health Survey for England - 2011, Health Social Care and Lifestyles*

**60 of 80 (75%) respondents suffer from chronic pain but only 24 (40%) of them have accessed any NHS pain services**

2012/13	England	Average 10 similar CCG	Liverpool
Spend on primary care prescribing for musculoskeletal problems per 1,000 weighted population	£5,995	£7,129	£8,014

# Where are we now?

- Local Trusts have already developed positive working relationships across specialties
- STarTback
- The single point of entry to orthopaedics has proved successful

Standardised rate per 1,000 referred orthopaedic FOP	England	Average 10 Similar CCG	LIVERPOOL
2012/13 (pre pilot)	20.3	18.6	23.7
2013/14 (pilot)		20.4	20.0

# Current MSK services:

- Orthopaedics, Pain and Rheumatology consultant clinics (*Hospital*)
- RCAS (*Hospital and Community*)
- MCAS (*Hospital and Community*)
- AQP neck & back pain clinics (*Hospital & Community*)
- Home physiotherapy
- Fibromyalgia/chronic fatigue clinics (*Hospital*)

## What have patients told us about Services?

- They want short waiting times
- Choice
- They don't want to keep repeating their story
- They don't want to have to keep going back to their GP
- They want on-going support and information



# Patient views

Option 1 – leave services separate	104	23%
<b>Option 2 – combine MCAS &amp; AQP</b>	<b>85</b>	<b>19%</b>
<b>Option 3 – combine MCAS, AQP &amp; RCAS</b>	<b>226</b>	<b>50%</b>
Don't know	34	8%
Total number of respondents	449	100%

# Patient Views

- 84% supported a community based pain management service
- 79% believe it would improve patient experience

*91 people interviewed*

# Benefits to Patients of an integrated service

- Community clinics /increased patient choice/Ease of access
- One-stop-shop & streamlined pathway
- Less visits to GP/less referrals
- Care plan/information moves within the service with the patient

# Benefits of an integrated service to Providers

- Access to patient records
- Shared access to diagnostic facilities and results
- Patient sees the right person, first time
- Improved training opportunities
- Enables efficient working & innovation

# Benefits for Commissioners

- Reduce re-referrals
- Reduce variation in provision & improve quality
- Value for money
- Reduce inequalities of provision

# Pennine MSK Support for Liverpool CCG

# Oldham



# Role of Pennine MSK

- Provide independent clinical support to CCG
- Support at stakeholder events
- Support with developing service specification
- We are not going to promote a particular model of care



# Other CCG work

- Preston and Chorley
  - MSK review and service specification
- Enfield, Central, Westminster, Hounslow and Hammersmith and Fulham
  - Case for change and service specification
- Barnet
  - Stakeholder engagement
- Luton
  - Service specification and procurement

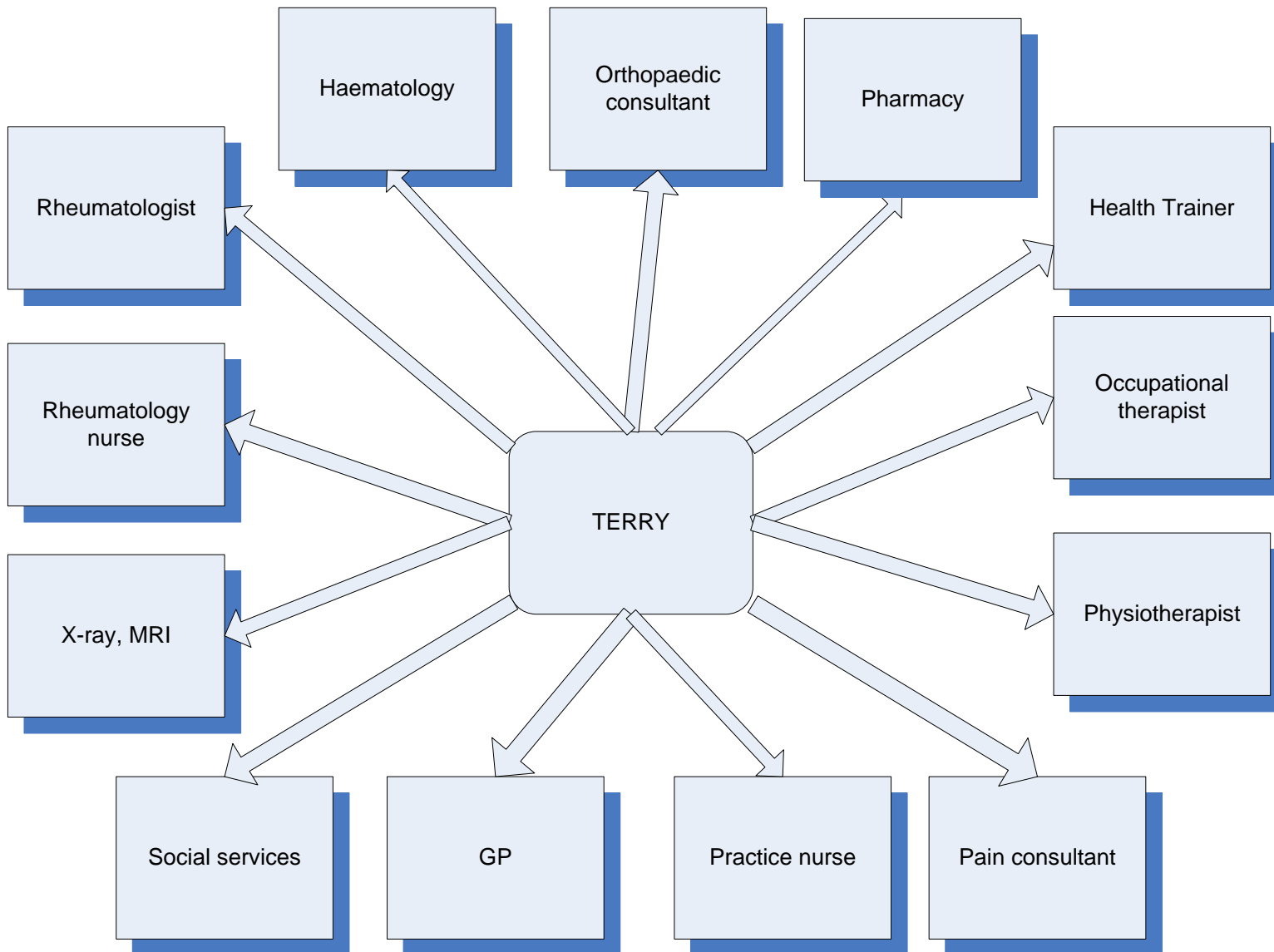
# Pennine MSK Partnership

- Primary Care based organisation commissioned by NHS Oldham to provide non admitted care in rheumatology, orthopaedics and chronic pain
- Consultant led - provide 97% rheumatology and take patients to point of listing in Orthopaedics
- From May 2011 control £23m programme budget for MSK using prime vendor model
- Psychological medicine for chronic pain
- 11,00 new referrals a year
- Deliver traditional hospital based services from community - biologics and infusions
- GP and Registrar training

# Key Elements of Service

- Patient centred care - shared decision making and self management
- Stakeholder engagement and support
- Single point of entry for MSK referrals
- Empowered clinical leadership
- Prepared to try new models of care
  - MDT Nurse leadership

# Can we make it easier?

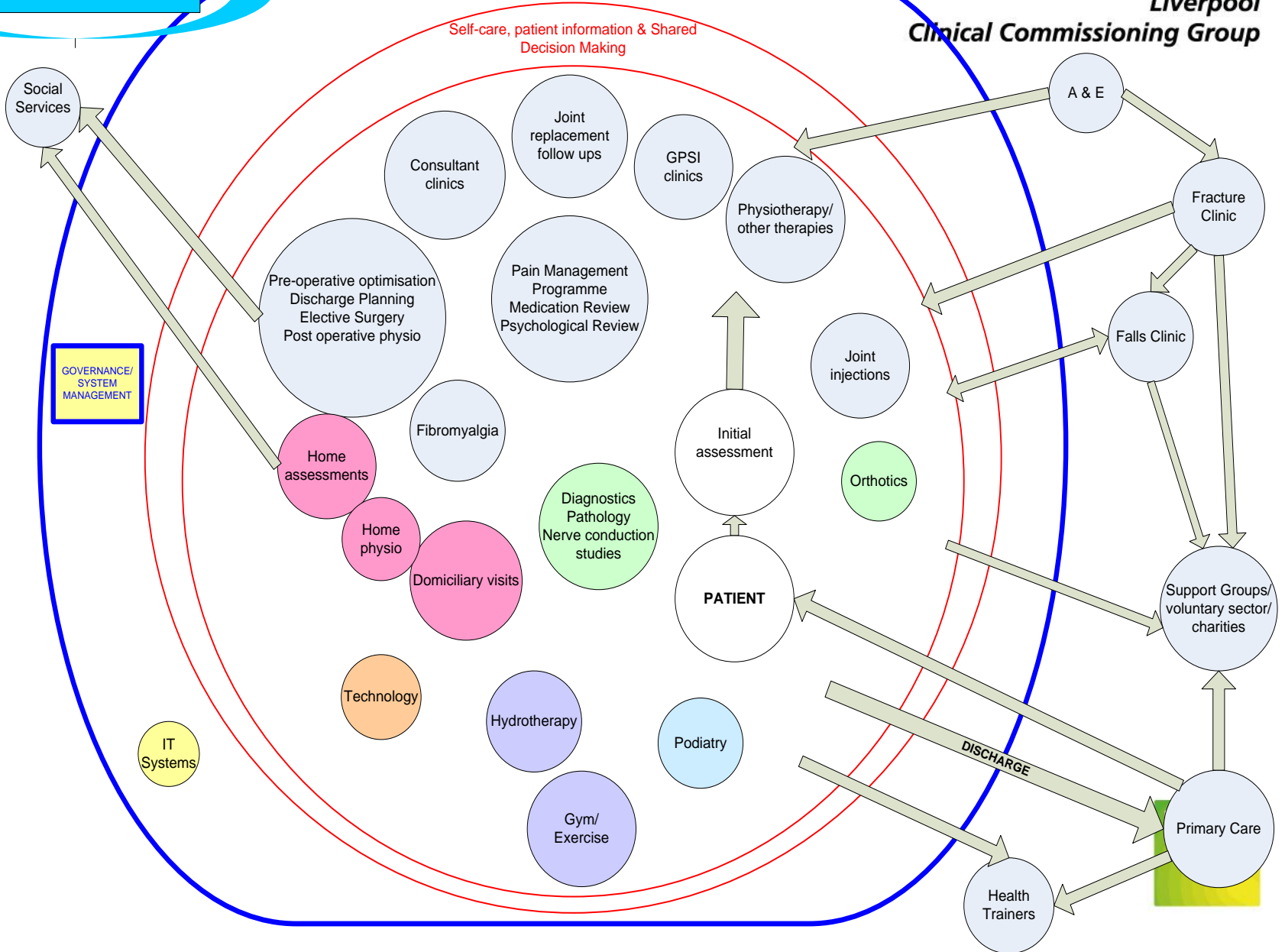


# The Scope

- Integrated Musculoskeletal service
- Encompassing existing hospital and community based services i.e. MCAS, RheuCas
- Incorporating Community Based Pain Clinic
- Delivering patient centered care through clinical pathways

# What will this service have?

- Triage of referrals
- Single point of access
- STarTBack
- Community locations
- One-stop-shop
- Self-care/shared decision making/ prevention



THANK YOU