

Raising the quality of MSK community service provision

Connect

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We chose to partner with Connect for our MSK service because they provided the highest quality tender combining service capability, quality and bid price.”

Jess Simpson, Acting Head of Planned Care for CCG

Hammersmith & Fulham

Hammersmith and Fulham (H&F) is a small but densely populated borough with 180,000 residents living in 6.3 sq. miles. H&F CCG is made up of 30 GP practices, responsible for planning and commissioning health services for the diverse population and significant health inequalities of the borough.

Due to long waiting lists for Musculoskeletal (MSK) services, fragmented service delivery and a lack of innovation and pathway redesign, H&F CCG carried out a procurement exercise and commenced a new contract with Connect Health in May 2016 for:

- Community MSK physiotherapy services
- Outpatient orthopaedic services
- Outpatient rheumatology services
- Chronic MSK pain management services

Summary results

For the first year of the service significant improvements have been made

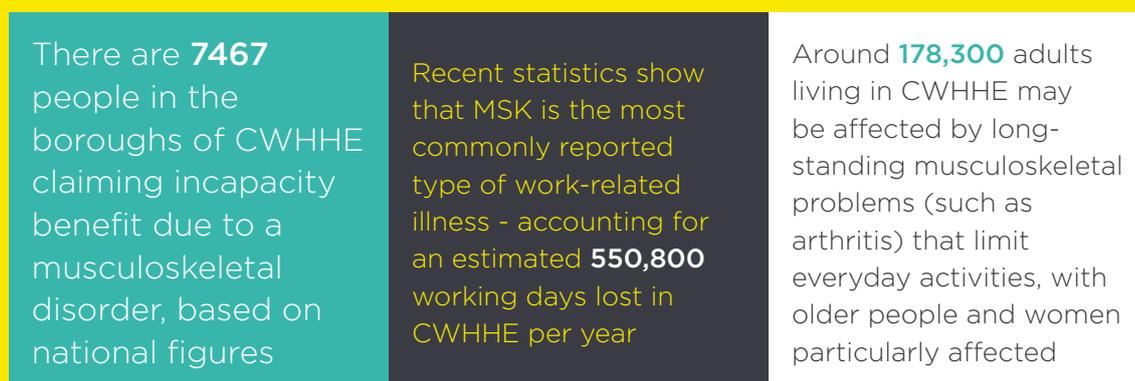
- Reductions in secondary care referrals by GPs year on year
 - o 14% reduction in Trauma & Orthopaedics
 - o 19% reduction in Rheumatology
- Reduction in MRI expenditure
 - o 31% reduction Apr 15-Jan 16 compared with Apr 16-Jan 17
 - o 46% reduction in Jan 16 v Jan 17
- Reduction in waiting times for MSK services, despite increase in activity
 - o 99% RTT (referral to treatment) rate
 - o 85% of patients are seen in physio clinic within 3 weeks from GP referral

What is the problem/dilemma that you need to solve?

Musculoskeletal disorders (MSD) – national picture



MSD across CWHHE (Central London, West London, H&F, Hounslow, Ealing)



There has been underinvestment in community MSK services in the past with finances focused on acute care. The provision of MSK services in primary and community care has significant benefits; providing a more convenient service and helping to relieve the pressure, focusing the most complex MSK diagnostics and treatment in secondary care. The majority of patients would also prefer to access services either within their practice or at a local site closer to their home.

Sources

- MSK1 Department of Health – 2006. The Musculoskeletal Services Framework – A Joint Responsibility: Doing it differently (England).
- NHS Institute for Innovation and Improvement – 2009. Delivering Quality and Value Focus On: Musculo skeletal Interface Services (England).

The journey to tendering MSK services

H&F originally started a piece of work to look at community MSK alongside 5 inner North West boroughs - Central London, West London, H&F, Hounslow and Ealing.

There was a need to provide better health services out of hospital and more efficient use of limited resources but this was difficult to achieve and fragmented, delivered by a mixed provision comprising hospital based or hospital-run services in community clinics, community run services and some practice based services.

The tri-borough (H&F, Central London and West London) are all now working to the same MSK community service specification.



We wanted to provide equitable provision across the whole patch so we widened the scope and included more pain and rheumatology in the scope of the redesign. As demand goes up and health care issues increase, you can't keep on going forever with the same spec and contract without looking if it's suitable for the population.” **Jess Simpson, Acting Head of Planned Care for CCG**

Main objectives of the programme

Objectives

As well as objectives in line with the NHS Outcomes framework, a set of locally defined outcomes were set.

Locally defined outcomes

Individual Empowerment and Self Care	Patients to be treated by more skilled clinicians who can provide up-to-date, evidence-based information.
Access, Convenience and Responsiveness	Deliver care from a community care hub within a given waiting time, supporting care being delivered as close to a patient's home as possible.
Care Planning and Multidisciplinary Care Delivery	Coordinated, seamless and integrated services using evidence-based care pathways, case management and personalised care planning.
Information and Communication	Direct links to the patients clinical record.
Population- and prevention-oriented	Provide early detection and treatment of MSK conditions and support patients from hard to reach groups.
Safe and high quality	Single point of referral.

What would have happened if H&F didn't make the change?

If the service didn't change, there would have been a continued rise in cost and potential decrease in quality over time.

There were issues around capacity of the existing community provider because they had a long standing contract which had been in place for 5+ years without any review.



We wanted to review capacity, demand and scope and if we hadn't done that waiting times would have continued to increase and patients would have kept going into hospital for pain and rheumatology care.”

What are the different elements of the service

Features of the overall clinical approach to delivering the Service

- Referral Management Centre single point of access
- Telephone physiotherapy (PhysioLine)
- GP practice based physiotherapy
- Multidisciplinary team (MDT) clinical assessment and treatment (CATs) hubs including specialist community pain and rheumatology services with direct access to diagnostics via our subcontractors
- Group rehabilitation from two community centres
- Hydrotherapy group rehabilitation

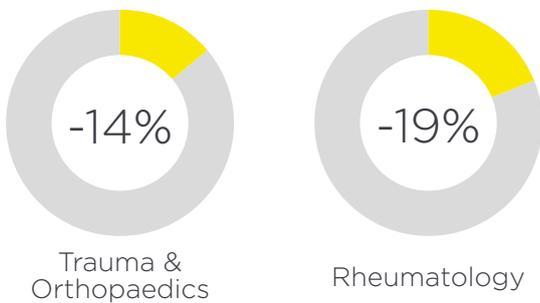
The service facilitates rapid access to the right clinician first time through Connect's single point of access - Referral Management Centre (RMC). Referrals can be made direct through SystmOne or Emis with prepopulated referral forms. Referrals are also accepted via fax and NHS.net mail. Self-referrals are received by telephone or electronically.

What are the main benefits achieved so far?

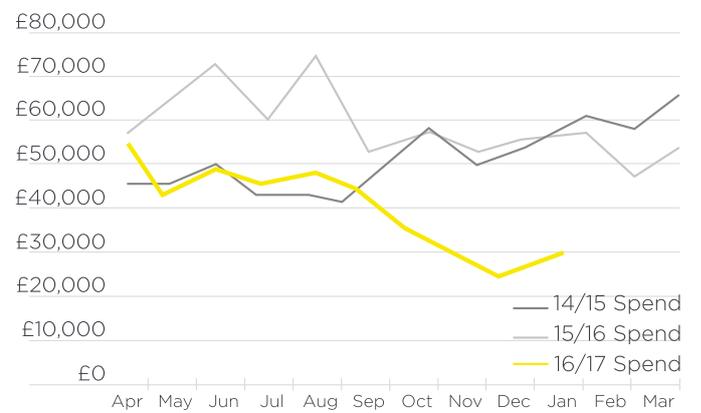
For the first year of the Connect service, significant improvements have been made

Reduction in secondary care referrals

Direct GP referrals to acute hospital care in April-Oct 16 compared to April-Oct 15 levels, have reduced by

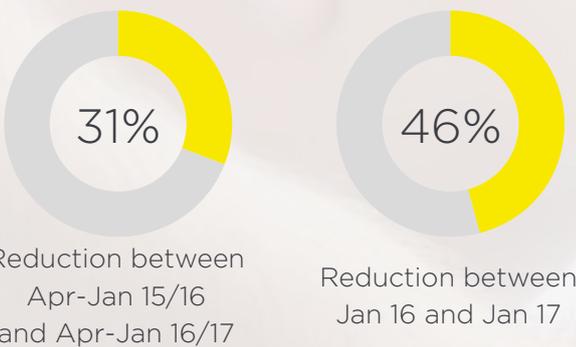


Graph shows MRI expenditure from GP direct access referrals



Reduction in diagnostic costs

Biggest success is in reduction of MRI spend



99% RTT (Referral to Treatment)

- **99%** of patients are receiving diagnosis and treatment within the NHS's target of 18 weeks from GP referral. This is an excellent achievement particularly compared to other comparative services in H&F of **89%** for "other" services (this category includes community services) and **70%** for trauma and orthopaedics surgery

Efficient transition of patients – 85% of patients seen within 3 weeks

- Connect has received **19,060** referrals in the first year of service
- Connect treats on average **85%** of patients in physiotherapy within 3 weeks from GP referral

Impact on patients Mini patient case studies

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The guy that I saw had good knowledge of my condition, knew what next steps to take, where to refer and he did it very quickly. He also listened and was patient.” **CATS patient**



“

I was called and brought to the appointment within a week. No weeks and weeks of waiting! The staff on the day greeted & handled me with great professionalism. I was given the opportunity to explain the background of my issues - they heard and assessed well.” **MSK pain patient**



What does the future hold

A wider review is about to commence, led across the STP footprint of 8 boroughs.

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We're very pleased to be working with such a good team in Hammersmith & Fulham and we've done a lot of work in the first year, in terms of reducing variation, building relationships, changing behaviours and optimising care pathways. Based on our long and extensive experience of working with the NHS elsewhere and the team's performance in building the foundations in H&F we would expect significant further improvements to be made.” **Prof Andrew Walton, Executive Chair, Connect Health, Visiting Professor of Leeds Beckett University**



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