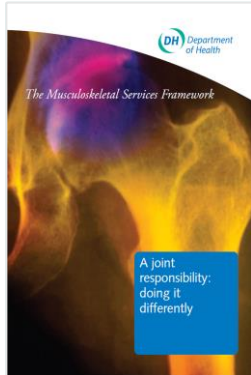




# 1.1 National context



## Department of Health's Musculoskeletal Services Framework (MSF)

A framework that aims to provide patients with **high-quality, effective, and timely advice, assessment, diagnosis, and treatment**

- Recommends achieving this through “**systematically planned services**, based on the **patient journey**, and with **integrated multidisciplinary** working across the health economy”
- Is based on evidence from the **European Bone and Joint Health Strategies Project** (2005) showing that **better integration of, and collaboration** between, primary, secondary and social care can **reduce hospitalisation** and yet, crucially, provide **better care** and a **better service** to patients and carers alike



## NHS's Five Year Forward View

A set of **recommendations for changes needed** across the NHS to improve care in the near future, including:

- increased focus and investment in **prevention and public health**
- patients having **greater control of their own care**
- **breaking down barriers** in how care is provided – between family doctors and hospitals, between physical and mental health, and between health and social care
- better use of national resources to find the right **balance between specialist and general care**
- options for various **integrated models of care**



## Value-based Commissioning (developed by Michael Porter)

A method for **measuring performance** aimed at achieving the **best possible patient outcomes per £ spent**

- Currently, **financial success of the system is not aligned with patient success**
- **Value**, i.e. patient health outcomes per £ spent, **unites the interests of all system participants** (patients and providers)
- **Focus should be on better health**, rather than treatment; better health is less expensive for the system than poor health
- **Patient choice is paramount** to encourage continued improvement in value



## 1.1. Local context

What is the primary issue facing Camden CCG's MSK Services?

- Camden CCG have identified **issues with the current MSK service model**, which are **impacting patient care and experience**
- Assessing **activity-based performance only** does not necessarily reflect patient-outcome based performance
- The **lack of integration of care across service providers** and **lack of focus on patient outcomes** are core to the problem
- In addition, there is **increased financial pressure** across the NHS, as well as pressure to improve patient experience and outcomes
- Camden CCG have been trying to commission an integrated service for **2+ years**, but have been **unsuccessful** thus far, resulting in **loss of knowledge, re-work, inconsistent messaging, and reputational impact**
- There is **pressure for Camden CCG** to prioritise, commence, and complete this transformation now to **improve MSK patient care and experience, increase value and address concerns about their ability to execute**

How is Camden CCG planning to address these issues?

- Camden CCG is looking to tackle the issue by moving to an **integrated and accountable programme of care**, using a **value-based outcome** models
- In **January 2016**, the Commissioning Committee
  - **Approved** a proposal to **move to an integrated programme of care**, over continuing the existing fragmented model
  - **Requested** to see the **full business case**, for approval, at February's Commissioning Committee meeting



## 3.1 Clinical model – future integrated service

**Camden Integrated MSK Service (CIMS)**

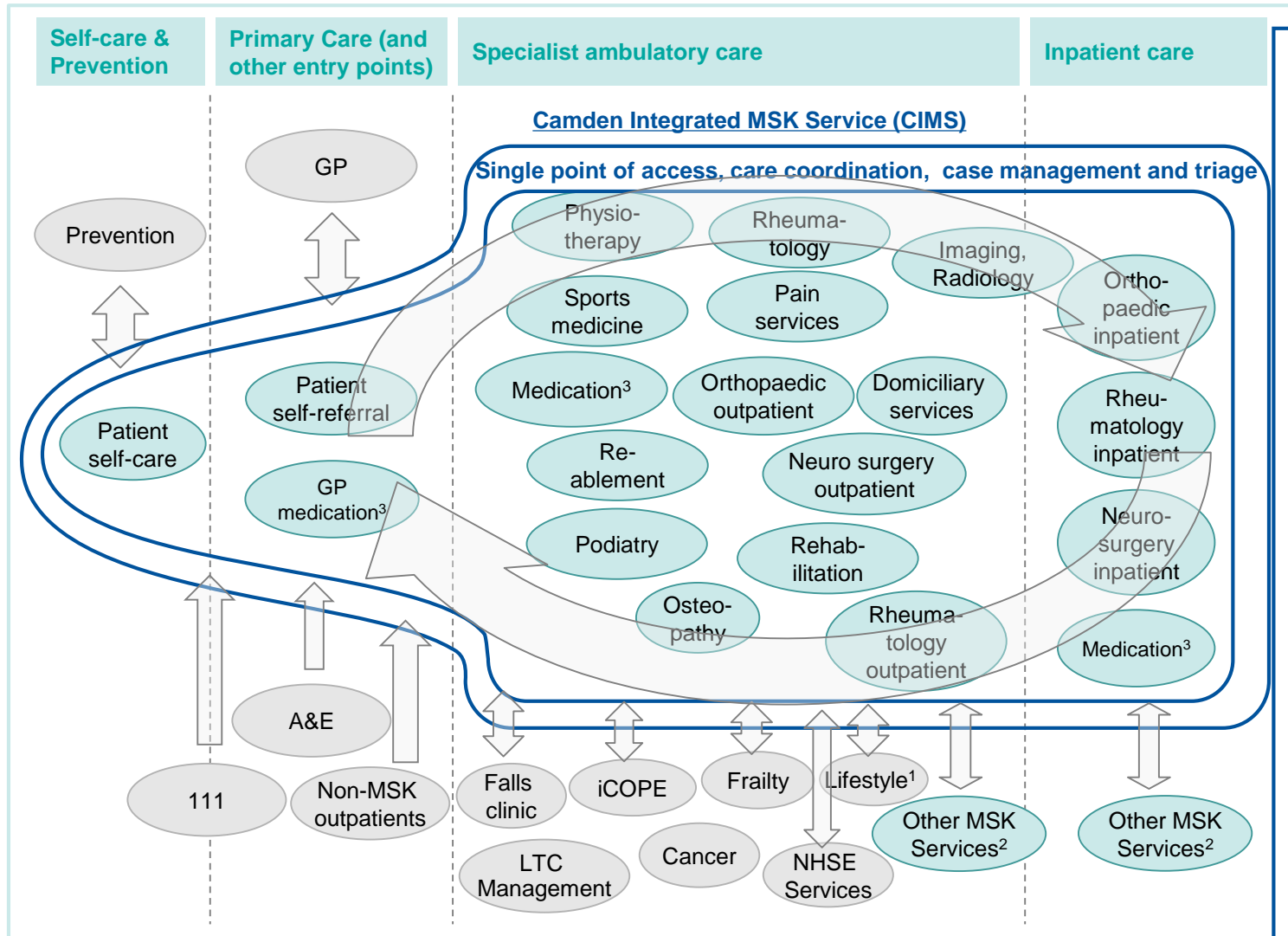
In scope for full clinical integration



In scope for data sharing, patient signposting and clinician education

In scope, financially

Out of scope, financially



### ■ CIMS

- manages patients' cases throughout the lifetime of their condition
- acts as a **single point of access** for MSK-related services for patients and GPs
- completes **trriages and referrals** to **coordinate patient care** across MSK providers and services
- Coordinates with services adjacent to MSK (psychological support, lifestyle, etc.) to ensure data sharing and improved patient experience
- **Patient choice** is offered proactively at every referral point, including options closest to the patient's location; and in full compliance with national guidance
- **Equality** across demographics is maintained

<sup>1</sup> Include services such as well-being programmes and exercise programmes

<sup>2</sup> MSK Services not commissioned by Camden CCG as part of the Integrated MSK Service, accessed by Camden patients (e.g., through patient choice)

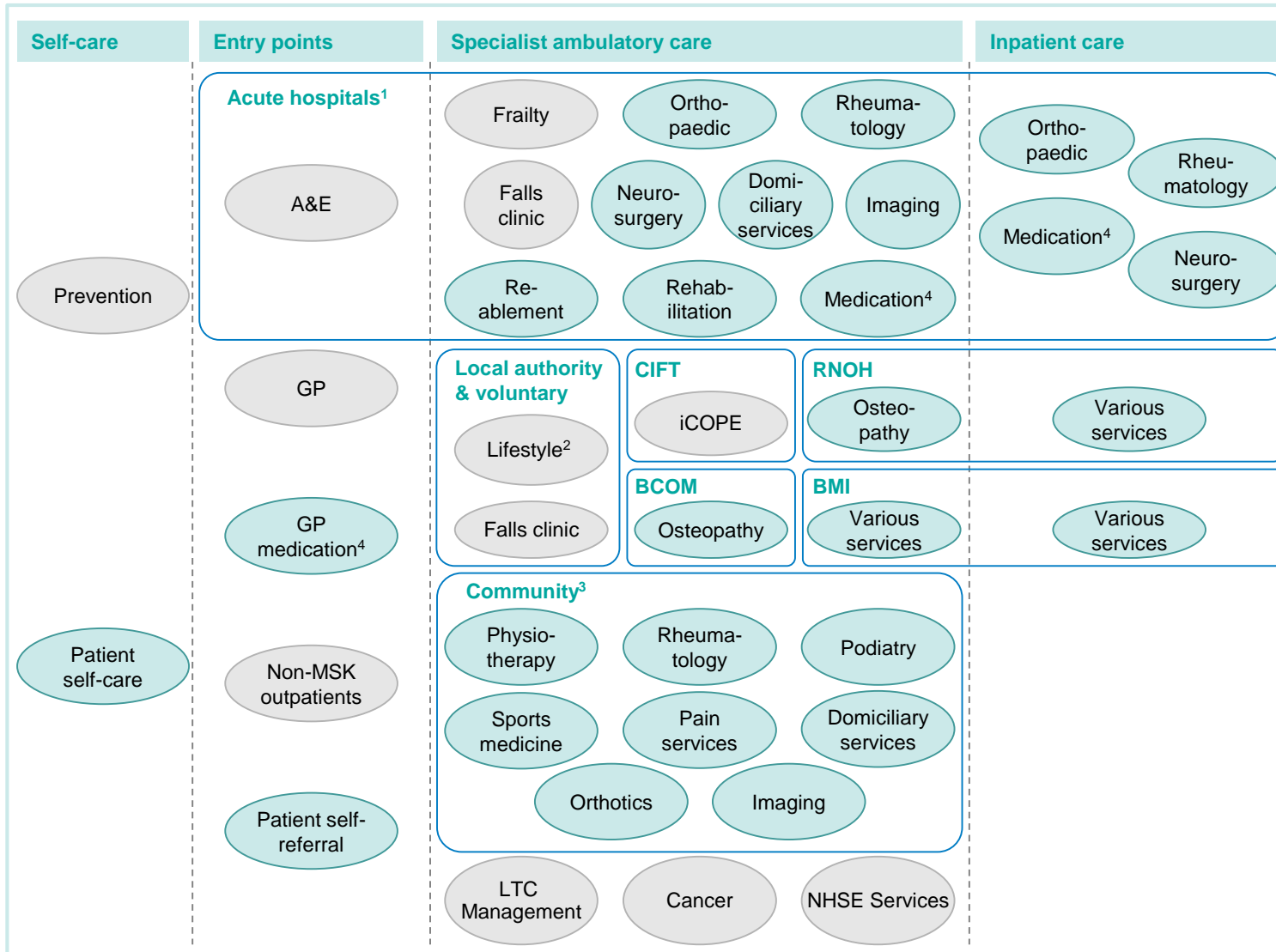
<sup>3</sup> Includes cost of high cost drugs and primary prescribing



## 1.3 Project scope – MSK services

PRELIMINARY

● In scope, financially    ● Out of scope, financially



### The clinical scope

- Includes all services **relevant to the overall diagnosis and treatment** of adult patients with non-acute trauma MSK conditions:
  - Primary care
  - A&E
  - Specialist ambulatory care within acutes and community providers
  - Hospital inpatient care
  - Local authority, voluntary services, and other interdependent services

### The financial scope

- Only includes services that are **directly commissioned by Camden CCG**
- Excludes:
  - Primary care
  - A&E
  - Local authority and voluntary services
  - Interdependent services, such as mental health services, cancer treatments, LTC management, and NHSE services

<sup>1</sup> Includes UCH, Imperial, RFH, and Whittington with services varying across the different hospitals

<sup>2</sup> Include services such as well-being programmes and exercise programmes    <sup>3</sup> Includes Connect, CNWL, and InHealth

<sup>4</sup> Includes cost of high cost drugs and primary prescribing



## 1.3 Project scope – MSK conditions and patient demographics

Out of scope

### MSK conditions including:

- All kinds of arthritis, including:
  - Osteoarthritis
  - Inflammatory Arthritis
  - Arthropathies
- Sports Injuries (non-acute)
- Low Back pain
- Shoulder Pain
- Upper Back/ Neck Pain
- Ankle pain
- Connective tissue disease / autoimmune disease
- Carpal Tunnel Syndrome
- Gout
- Trigger finger
- Dupuytren's contracture
- Osteoporosis
- Foot pain and deformities
- Tenosynovitis
- Fibromyalgia
- Ganglion
- MSK related benign soft tissue lesions
- Emergency MSK Conditions
- Acute trauma

### Patient demographic

- Adults
- Patients 16 years old and over, not already in Paediatric care
- Patients 16-25 years old previously in Paediatric MSK care



## 3.1 High level preliminary service specifications

### Stage-specific expectations

Stage	Provider is expected to:
Prevention, self-care, advice, self-referral	<ul style="list-style-type: none"><li>▪ Maintain patient facing resource for self-assessment, information &amp; advice (incl. on local wellbeing resources, patient groups and networks, curated national resources, etc.)</li><li>▪ Ensure access to quick advice over phone or digitally</li><li>▪ Provide easy ability for self-referral into the Camden Integrated MSK Service (CIMS) over phone or digitally</li></ul>
Primary care assessment, management, investigation and referral	<ul style="list-style-type: none"><li>▪ Work with practices to ensure timely assessment and management of MSK problems</li><li>▪ Support GPs to use the new MSK system</li><li>▪ Identify, isolate and re-engineer unwarranted variations in GP usage of MSK services</li><li>▪ Equip GPs with skills and knowledge to deal with MSK problems</li><li>▪ Provide easy access to specialist advice (electronically or over the phone) and promote its usage</li><li>▪ Ensure an easy referral process into the CIMS for the GP</li><li>▪ Ensure convenient data flows and IT interoperability between general practice and CIMS</li></ul>
Specialist ambulatory care	<ul style="list-style-type: none"><li>▪ Provide all necessary MSK care and support, until MSK needs have been resolved and can be supported by self-care or GP</li><li>▪ Ensure referred cases are triaged within 1 working day by a team of qualified professionals</li><li>▪ Provide access to all diagnostic procedures</li><li>▪ Provide continuity of care for patients</li></ul>
Inpatient care	<ul style="list-style-type: none"><li>▪ Help patients make an informed decision about surgical procedures</li><li>▪ Proactively offer patients a choice of providers with every referral, including hospital closest to their location; this is compliant with national guidance</li><li>▪ Undertake patient pre-procedural assessment</li><li>▪ Do forward planning for post-surgical needs (even before admission)</li><li>▪ Ensure delivery of high-quality and safe inpatient care</li><li>▪ Ensure convenient data sharing, including clinical data, with clinicians providing the service</li><li>▪ Take every opportunity to shorten waiting times (including direct booking to surgery)</li></ul>



## 3.1 High level preliminary service specifications

### General expectations

Area	Provider is expected to
Patient empowerment	<ul style="list-style-type: none"><li>▪ Empower patients at every stage (e.g. provide information about condition and outcomes, empower to make decisions)</li><li>▪ Give information about potential route to complain and escalate</li></ul>
Clinical integration & MDT	<ul style="list-style-type: none"><li>▪ Ensure that clinicians across the integrated pathway work as one team (MDT), regardless of provider entity</li><li>▪ Enable convenient data sharing and IT interoperability between all members of MDT (incl. patient records)</li></ul>
Seamless experience and case management	<ul style="list-style-type: none"><li>▪ Ensure patients have seamless experience (e.g. all providers have access to patient history; no unnecessary referrals)</li><li>▪ Organise a single point of contact, convenient for patients (through phone and online access)</li><li>▪ Provide case management for all patients (with patient having access via phone or digital resources)</li></ul>
Services outside CIMS	<ul style="list-style-type: none"><li>▪ Ensure appropriate utilisation by the patient of services outside CIMS (e.g. psychological support; lifestyle support, etc.); with seamless process where possible</li><li>▪ 2-way information flows with important outside providers (incl. provision of patient cases where appropriate and consented, integrating information on patient progress in patient case)</li></ul>
Quality and patient experience monitoring	<ul style="list-style-type: none"><li>▪ Ensure continuous robust collection of patient feedback and provision of patient satisfaction data</li><li>▪ Ensure robust and detailed provision of data on complaints</li><li>▪ Ensure timely provision of a set of process KPIs (e.g. waiting times, referral rates, etc.)</li><li>▪ Ensure periodic clinical audits</li><li>▪ Instil culture of continuous improvement and continuous learning</li></ul>
Outcomes	<ul style="list-style-type: none"><li>▪ Track, measure, analyse, report and actively manage patient outcomes</li></ul>