



Report Title:	Development of Musculoskeletal Services across North West London – update for JHOSC
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Committee Date:	18 July 2023

Purpose

To receive a report on the development of musculoskeletal services (MSK) across North West London, and the potential for a new MSK model of care.

Detail

Background/Context

The UK faces challenges from an ageing population and growing prevalence of Musculoskeletal (MSK) conditions that impact healthcare and society as a whole. There has also been considerable national focus on MSK in recent years because it presents great opportunities for large-scale change in order to improve quality and outcomes.

Analysis of the MSK pathway across NWL has highlighted a significant opportunity for a new model of care to address existing inefficiencies, optimise existing resource, tackle inequality and differential access to services and focus on the right care, particularly for those with the biggest modifiable risk factors. This will improve the quality of care, patient outcomes and value for money.

The key headlines are:

- MSK conditions affect a large proportion of our population – and disproportionately affects our residents who live in deprived areas – 13% of NWL residents have chronic MSK issues which contributes to 2nd highest number of work absence
- Further need to focus and tailor and personalise our MSK service offer for our residents in most deprived areas and with chronic and multiple co-morbidities
- MSK disorders contributes to the top 3 burden of disease for NWL – one of the highest areas of acute spend and wait times (e.g. rheumatology & pain wait times)
- Our current community spend does not correlate to our prevalence/needs and secondary care outcomes
- Opportunity for productivity through ‘de-transactionalising’ MSK care in primary & community and on-ward referrals to acute care

- Opportunity to support residents to optimise their conditions for employment and further contributions to economic activity

Current service provision

There are services, triage and referral elements as well as services across the current MSK Pathway which have changed very little over the past years, with inequity in access and outcomes across several boroughs. Patient outcomes and user experience are inconsistent across all MSK services. In some boroughs patients sometimes have several referrals as they are “bounce” between teams, with long waits and growing demand. Whilst other boroughs offer a holistic triage approach with greater variety and choice of services which allows for short waits and lower referral rates into secondary care. Currently Kensington and Chelsea and Westminster are the only boroughs to commission fully integrated community MSK pathways, including orthopaedic, physiotherapy, pain and rheumatology services. All other boroughs offer a limited combination of MSK services.

What our residents and patients are telling us about their experiences of the eight MSK community services across the patch:

- At times not feeling understood, listened to and/or trusted by clinicians
- Wait time are long in some of our boroughs
- Lack of coordination between community and acute provision of MSK related care – and system of ‘referrals’
- Online appointments are not as effective – and not providing the what matters to the patient/resident
- Follow-ups are not always consistent and timely
- Challenging for non-English speakers to necessarily understand advice on exercise and nutrition
- Lack of support for patients who are waiting for surgery and procedure
- More access from MSK clinicians to diagnostic tests would be helpful

Vision for MSK services in North West London

With the formation of the NW London Integrated Care Board, substantial opportunity has arisen to redesign and integrate consistent MSK pathways across the eight Borough, fully realising local aims and ambitions and eliminate inequality in service provision across NWL. These changes will further be enabled and supported by the system working in a more cohesive and integrated fashion.

The future state model of care has been co-designed with local residents and clinicians – and aligns to national MSK best practice. The guiding principles and components are as follows:

- Tailor MSK service and offer to different communities – and better understanding and working with local communities to ‘in-reach’ to residents who live in areas deprivation
- Providing a holistic equitable, continuum of care for patients with MSK presentations and ensuring they are seen at the right time in the right place with the right information.

- Recognition that overall fitness and physical health play key roles in the successful management of any degenerative condition in both the rate of deterioration and the success of any operative treatment.
- Providing support to patients to manage their fitness and physical health concerns ensuring messages around optimisation of long-term conditions are given at the same time as any discussion around management of MSK conditions
- To provide as many diagnostic and treatment options for patients in their communities, increasing skill mix in the local health professionals by working collaboratively with secondary care colleagues.
- Join with our secondary care colleagues to work together to identify complex patients at an early stage in their pathway.
- Work towards the elimination of unwarranted clinical variation and quality in referrals to secondary care by local peer review and creation of teaching opportunities and sharing of skills.
- Deliver “operation ready” patients to secondary colleagues

Changes to MSK Services

The integrated model seeks to remove the current emphasis on “medical care” and to focus instead on a more holistic approach with equality, self-referral, education and self-management being an integral part of the new model. The aim of this new approach is also to ensure optimisation, fitness and activity as key components of pre-operative pathways.

Aim and Core Principals of the revised model of care:

- The core principle of this service, defined in the service specification, is to reduce the unwarranted variation in service provision and access to MSK services across North West London.
- To ensure that all people registered with a GP Practice in North West London have equal access to standardised, high quality, clinically effective community MSK services, whilst reducing inequalities in outcomes and experience for the population of North West London, and to introduce First Contact Practitioners (FCP) into MSK services across NWL.
- Personalised care; Education and self-management; Addressing health inequalities; Evidence based practice; Self-referral; Population health approach and a focus on prevention will form the basis of the MSK Service provision across all Boroughs.

Alignment with EOC and CDC's

The proposed MSK services will work in tandem with Primary Care Networks to form the ‘front-door’ for referrals into the new Elective Orthopaedic Centre and will be utilising the services of the new Community Diagnostic Centres in North West London when appropriate when that comes online.

Next Steps:

The proposed next steps for the development of MSK services across North West London include:

- Sign-off of NW London MSK service specification by ICB
- Finalise our procurement for expiring MSK service provision (5 boroughs) – with go-live of new services in April 2024 and continued service development until March 2025
- Work with our existing MSK service providers to re-develop offer to NW London MSK service specification
- On-going - continue our co-design and development with residents and staff – and launching our MSK co-production, addressing health equity and movement group – working with communities, 3rd sector, NHS and other public sector partners