



Project aim

To commission an integrated MSK service delivered by existing partners with system wide monitoring of outcomes. For West Essex, this provides an opportunity to transform and integrate the MSK pathways through from primary to secondary and tertiary care, in order to ensure that patients are seen by the right person, in the right place, first time, reducing duplication, improving patient experience and outcomes and supporting system wide sustainability.

Timeline for delivery

From: April 2018

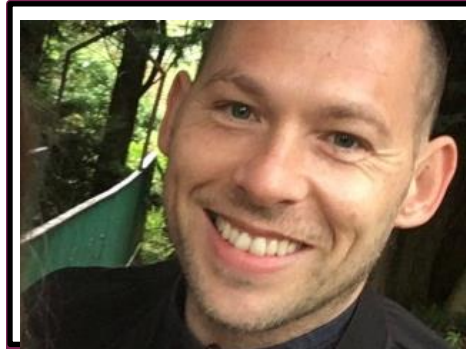
To: March 2024

Measures

The integrated MSK service will be delivered under a capitated budget over five years which shifts the focus from payment by results to commissioning for outcomes. The MSK EOG have developed 50 metrics to monitor throughout the contract which are designed to facilitate the best clinical practice and measure the clinical effectiveness of the transformation.

Tests for change

As a result of the 'Commissioning for Value' reports produced by NHS Right Care and local evidence (including patient experience), a review of the quantitative and qualitative data was undertaken and recommendations made about the future MSK model of care. Model Hospital & GIRFT reports also provided insight into opportunities to improve care and spend less. The clinically designed outcomes will allow us to assess the impact of change and take necessary action as a system where the response isn't as anticipated.



Project team

Anthony Hale leads the project reporting to the West Essex MSK Expert Oversight Group (EOG) which is at the centre of all MSK clinical design. It has representation from WECCG, PAHT, EPUT, Stellar Healthcare & Uttlesford Health.

Results

First Contact Practitioner (Qualified autonomous clinical practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral – where appropriate)– almost 50% of GP practices in West Essex now offer an FCP service with pilot sites seeing a significant reduction in GP referrals to secondary care.

Community Rheumatology Service (Rheumatology GP with Special Interest) – commenced in March 2019. 35% of new referrals suitable for this service and team now working towards community management of long term stable patients leading to fewer secondary care attendances and PAH consultants focused on most complex care.

Community Pain Management Service (Demedicalised) – service launched in January 2019. Focus on self-care, activation and self-management. Care closer to home and a significant reduction in elective pain procedures

Clinical Coordination Centre (MSK hub) Mobilisation by April 2020.

Learning and next steps

Integration has been achieved in pockets of the MSK system, however there is still significant work to do. Particular challenges include overcoming organisational barriers, information governance, IM&T and the decommissioning of services. However it has been valuable learning from which future ICPs can benefit from. The focus for the remainder of 2019/20 is to refine services which are already mobilised and the continued journey towards service integration. Next steps will be a focus on population health and prevention.