

Ashford CCG

Commissioning for Value: The Development of MSK Triage Services

Authors

Mark Davies
Clinical Lead

Barry Thomas
Head of Performance Information at the South East CSU

Sue Luff
Head of Commissioning Delivery

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The setting

NHS Ashford CCG

The situation or problem

Secondary care providers of orthopaedic services in East Kent were failing to meet the 18 week referral to treatment target. The perception of the providers was that the levels of referrals were increasing to the point of unsustainability and they requested that local CCGs address the problem.

Ashford CCG wanted to ensure it was making maximum use of its available resources in order to have assurance that patients were receiving the best care. Comparative information using Dr Foster Intelligence Benchmarking products, local Technical Support Group information tools and the Right Care approach identified that high numbers of musculoskeletal (MSK) patients were being referred to secondary care services.

This increase in demand for orthopaedic services resulted in increasing waiting times for hospital specialist outpatient appointments at a time when patients were often in considerable pain and discomfort. At the same time some community care services were being underutilised. There was a resulting knock on effect in that many patients either had to wait longer for inpatient treatment or in some cases were referred back for community services, the need for which could have been identified earlier. In addition it was identified that a percentage of the patients did not have any intervention following referral suggesting that those referrals were inappropriate. The increase in referrals also impacted on the financial position of the CCG.

There was an assumption, though no evidence, that increasing referrals to orthopaedics may be an artefact of the CCG de-commissioning the integrated clinical assessment team (ICAT) service during the previous financial year.

What action was taken?

In order to better understand the situation, and develop a strategy for responding to it, the CCG adopted the NHS RightCare Methodology: (Where to look; What to change; How to change).

Where to Look

- When information from the local Commissioning Support Unit and providers, was compared with all 37 CCGs in the south of England, it identified that high numbers of Ashford's musculoskeletal patients were being referred directly to secondary care services.
- Ashford CCG primary care referrals to secondary care orthopaedic services across East Kent had increased by 20% over the previous financial year: Over the same period the waiting list had increased from 510 to 848.
- At the same time some community specialist services were underutilised.

What to Change

- The CCG examined individual GP data and found significant variation in rates of orthopaedic referral to secondary care.

- There was no obvious correlation either between the amount of physiotherapy usage or referrals to ICATs and the number of referrals to orthopaedics.
- Compared with other CCGs in the south of England there were three obvious areas where Ashford CCG had significant variance to average CCG behaviour:
 - Lumber, spine and epidural injections
 - Admissions where high cost drugs is the treatment
 - Surgical procedures of bones and joints of the spine.
- In each of these areas the CCG was seen to have among the highest intervention rates across the whole of the South of England.
- A proportion of orthopaedic patients were discharged after their first appointment. This may be appropriate for some but it was likely that many first out-patient appointments could have been avoided.

How to Change

The benchmarking information suggested considerable scope to transform services and introduce a new service model whose purpose was to:

- Understand the best orthopaedic pathways for patients
- Provide specialist advice and guidance to GPs
- Improve the quality of referrals
- Identify the true need for orthopaedic services to inform development of an optimal service model
- Support the delivery of 18 weeks for orthopaedics

What action was taken?

The introduction of an MSK triage service

Following consideration of the issues, and discussions with the primary care referrers, a locally-designed and managed GP triage approach was adopted for all new referrals to secondary care to ensure patients were receiving appropriate care for their particular circumstances.

The triage service was delivered by a local GP consortium (Ashford Clinical Providers) whose GPs have specific experience and expertise in musculoskeletal disorders. These GPs considered the most appropriate triage model and designed the specification of the service. The triage service was introduced in December 2014.

Specification of the MSK triage service

All primary care referrals to secondary care are initially sent to the triage service using an internal electronic system. The referrals must include the following information:

- BMI
- Blood pressure
- Medications

- Co-existing conditions
- Relevant diagnostic results
- Working diagnosis
- Consideration that referral meets referral and treatment criteria (RATC)
- Patient contact number

Assessment of the referrals is made within 5 days of receipt from the GP practice. Following the assessment the triage service provider implements one of the following steps:

- Return the referral to GP with advice for first line management
- Refer to physiotherapy
- Refer to primary care-based musculoskeletal services
- Refer to secondary care provider
- Refer to surgery in primary care (SIPC)

The triage service provider also contacts the patient within 48 hours to discuss the outcome and, if secondary care review is required, offers choice of provider and makes referral using Choose and Book. The referral documents that triage has been undertaken to avoid potential rejection.

The triage service provider provides the CCG with monthly data sets to measure the impact of their service.

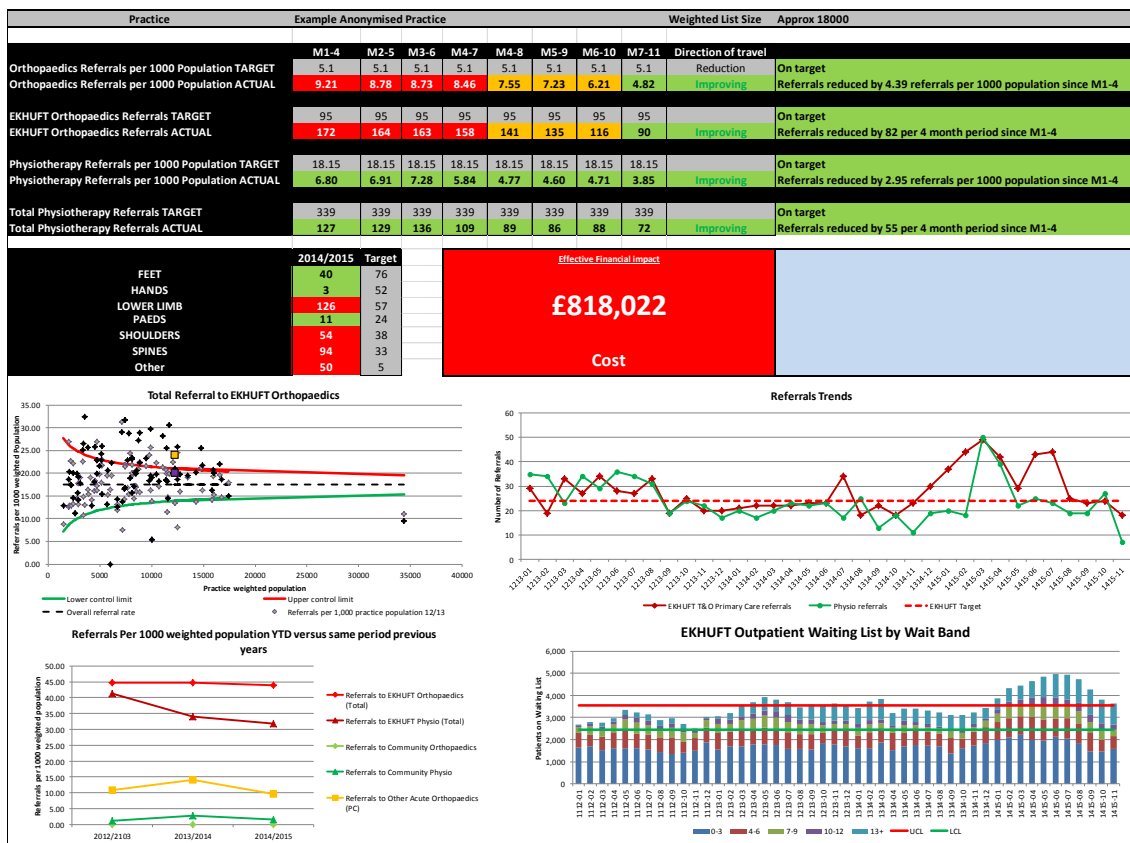
MSK Value for Money Practice Level Scorecards

MSK value for money practice level scorecards for all GP practices have been developed by the CSU and CCG Technical Support group. These scorecards demonstrate practice referral behaviour across the whole MSK spectrum and include an 'indicative target' referral rate calculated using the referral rates of best-performing practices and the indicative cost of current referrals based upon the average cost of an orthopaedic referral.

Where GP practices are demonstrated as having higher than expected referral rates, Practice Liaison Managers work with them, providing advice and guidance to enable them to re-consider their referral practice.

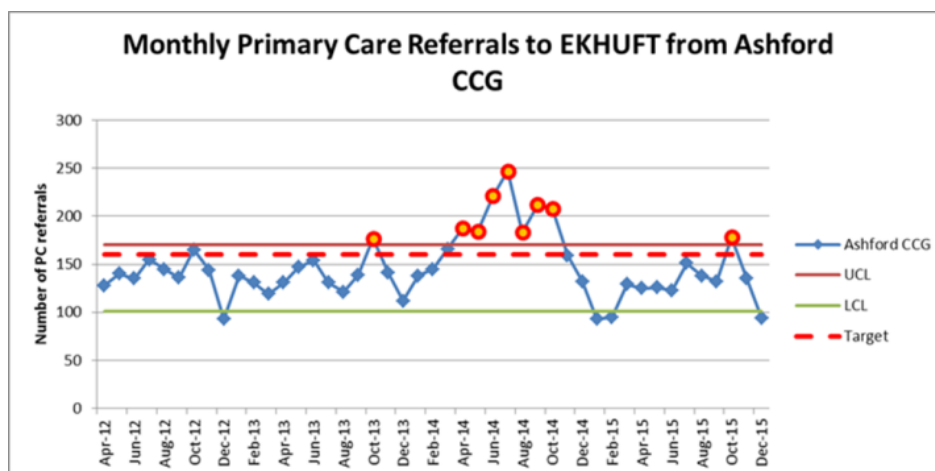
The Effective Financial Impact is determined by: (The actual number of referrals year to date) – (the target number of referrals year to date) x the indicative cost of a referral (£3100).

An example of a MSK Value for Money Practice Level Scorecard is shown below for a practice with a weighted list size of approx18000:



What happened as a result?

Most importantly, the outcomes for patients were improved with more being seen in the right setting and, as a result of reducing the waiting times, far quicker than under the previous arrangements. Since implementation of the triage service, referral levels to secondary care from Ashford remain 40% lower than during the pre-triage peak period and slightly lower than the 13/14 baseline.



The MSK triage service was introduced in December 2014. In its first 12 months of operation the approach resulted in a reduction of some 30% in referrals to secondary care with annual savings of £1M

in this small CCG. Financial savings were calculated using the average costs of secondary care referrals avoided and payments to the triage service provider.

Secondary care providers have increased confidence in the quality of primary care referrals and are engaged with the CCG in developing a new integrated community model of orthopaedic services.

Next Steps

Following the success of the triage service, further work is underway to review and improve orthopaedic services and Ashford CCG has developed an Orthopaedic Plan whose overarching objective is that no patient is admitted to secondary care unless the treatment planned is timely and appropriate.

During this review of referrals and interventions, all providers were required to demonstrate value for money and also to suggest options for developing a more efficient service and thereby deliver efficiency savings. Some of these suggestions will be incorporated into the next phase of improving MSK services:

- A graded exercise program for patients with chronic back pain to include access to mindfulness training
- Actively encourage patients to accept responsibility for their own health care
- Undertake a clinical audit to understand the variance within clinical practice
- Implement a revised specification to promote integrated therapies
- Implement a consultant supported community service to ensure that patients are fully assessed, diagnosed and managed before transfer to secondary care
- Provide joint injections in house

Lessons Learned

- The RightCare methodology (Where to look, what to change, how to change) was useful for understanding an unexpected increase in referrals and for developing an effective recovery plan
- The buy-in of clinical and managerial partners is essential – both in the primary and secondary care setting.
- The detailed comparative analysis of referrals and interventions has been a catalyst for changing the model of orthopaedic services in both primary and secondary care.

Right Care Resource Centre

Right Care has a resource centre where CCGs can find supporting materials describing the Commissioning for Value approach:

- Online learning videos
- Atlases, Spend and Outcome Tools
- Commissioning for Value tools
- Casebooks showing learning from early adopters
- Essential reading lists and glossary

www.rightcare.nhs.uk/resourcecentre