

Realising Benefits of Right Care: North West Surrey System MSK Experience

Integrated Musculo Skeletal Service (iMSK)

Tuesday 7th February 2017

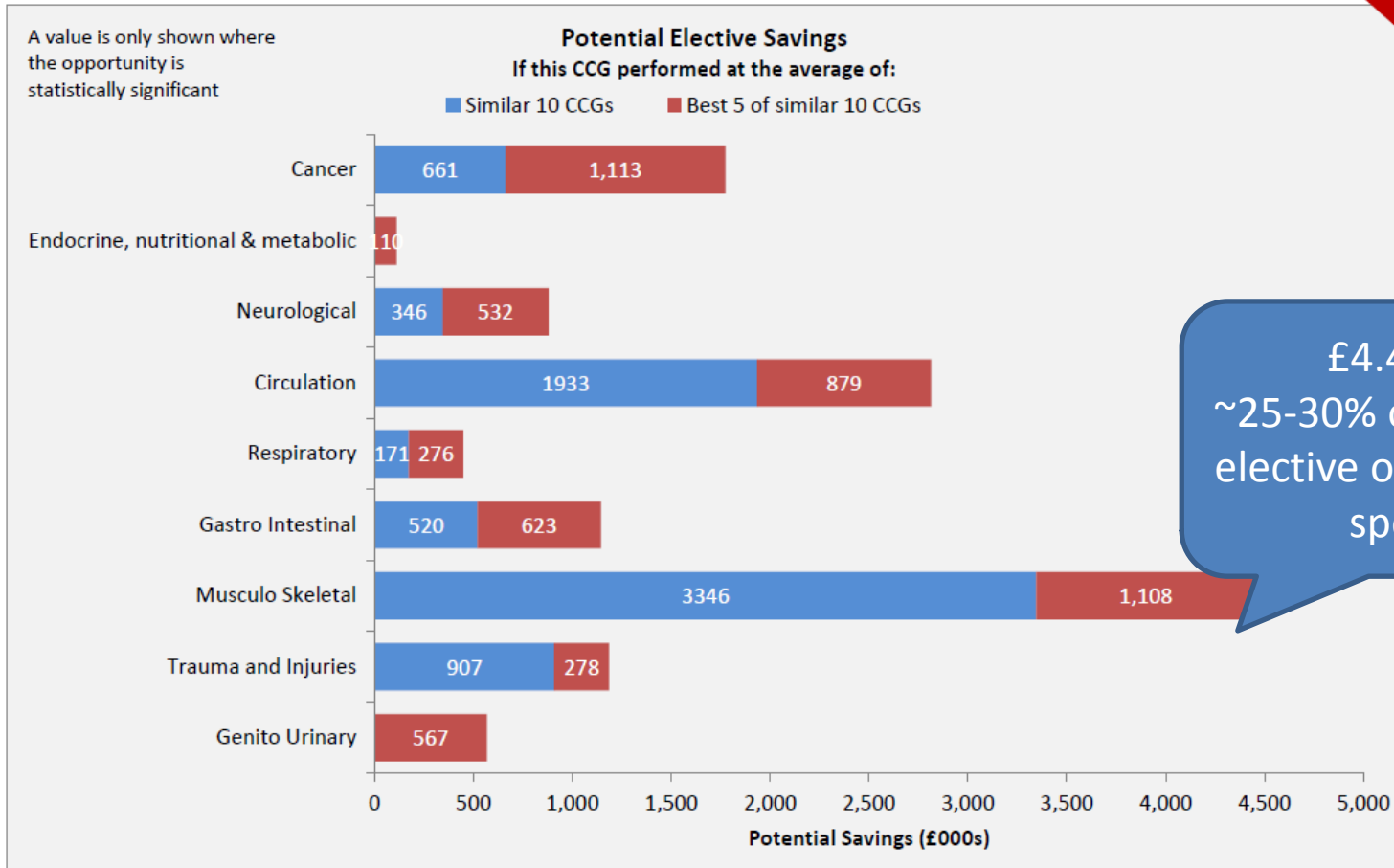
Background

- In 2013/14 the North West Surrey (NWS) CCG spent circa £33m on musculoskeletal (MSK) services.
- The commissioning for value indicators identified that best value was not being derived from this budget and that NWS was an outlier when compared with other similar CCGs.
- Patients and GPs expressed concerns that the services were disjointed.
- Patients received poor outcomes.

Right Care

What are the potential savings on elective admissions?

Analysis

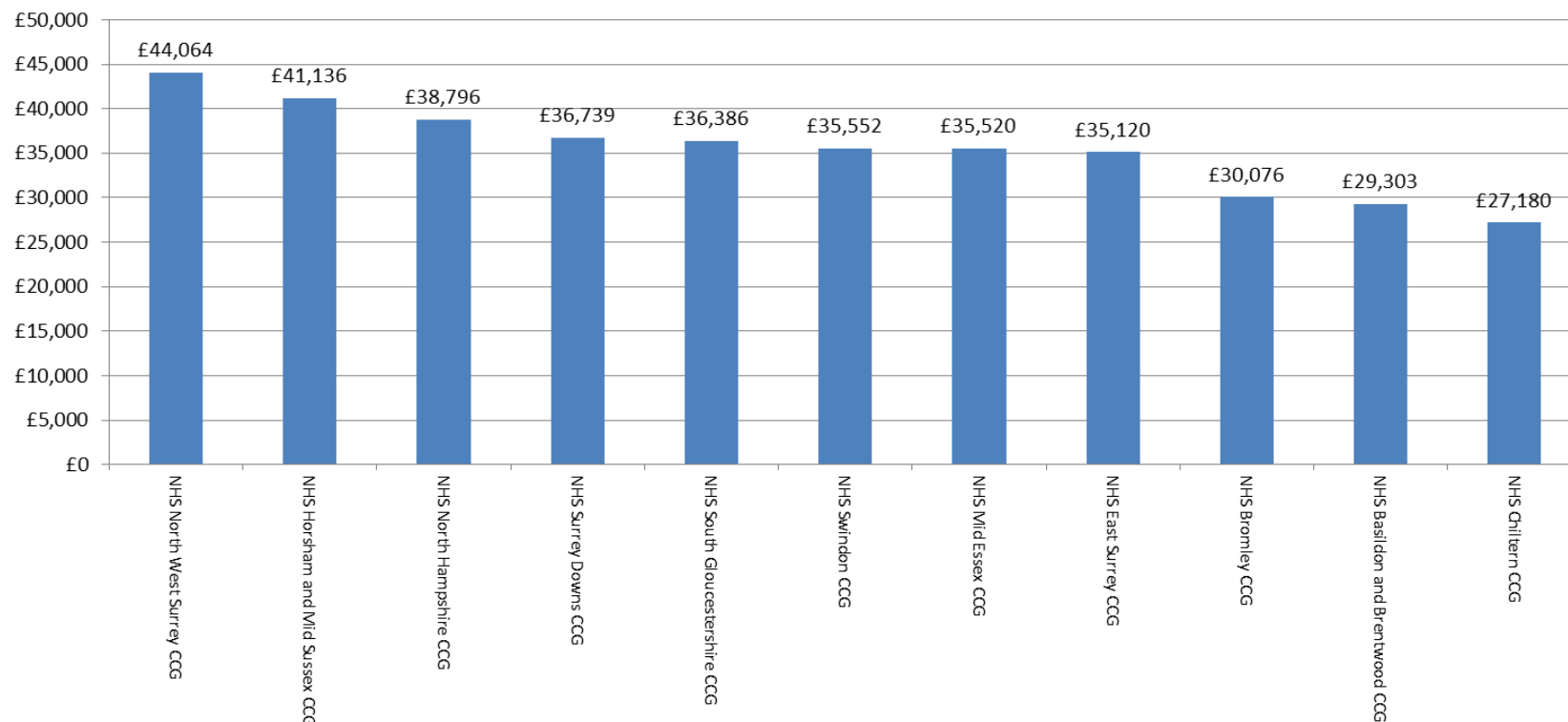


£4.4m is
~25-30% of our total
elective orthopaedic
spend

Programme Budget Comparison

The 'Right Care' analysis showed the CCG MSK spend was significantly higher than peer CCG's in 12/13 with a gap of £3.3m compared to all peers in comparative group

**Programme Budget 2012/13 Spend per 1,000 population
Problems of MSK: Scheduled Care Day Case & Elective PBR**



NW Surrey programme budget spend £15,546,519, population 352,818 - Spend per 1,000 £44,063

Average All Cluster: £34,581 per 1,000 - NW Surrey population cost £12,200,799 potential saving £3,345,720

Average Best 5 : £31,440 per 1,000 - NW Surrey population cost £11,092,597 potential saving £4,453,922

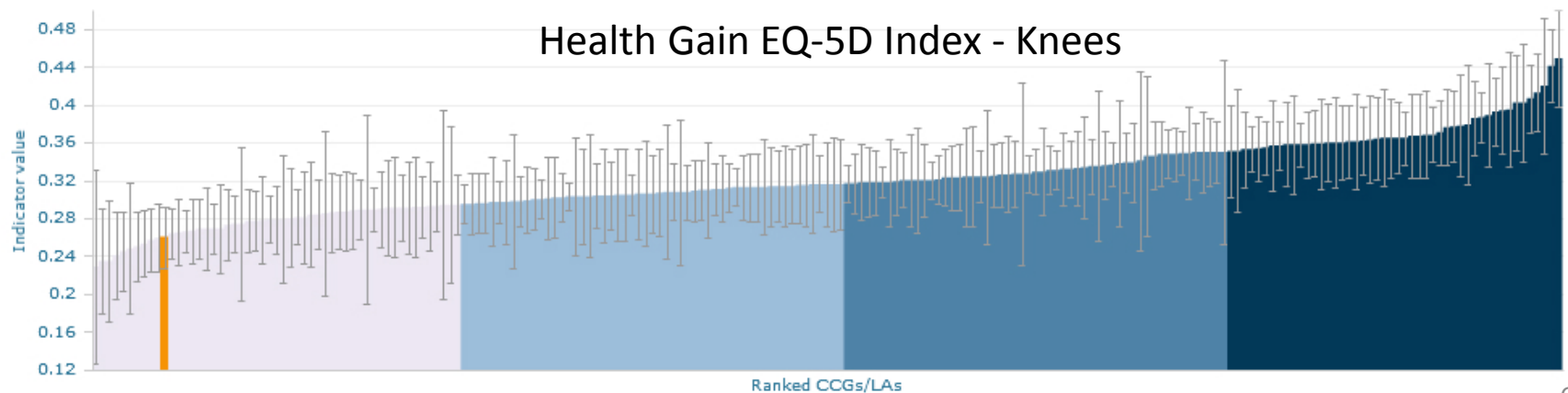
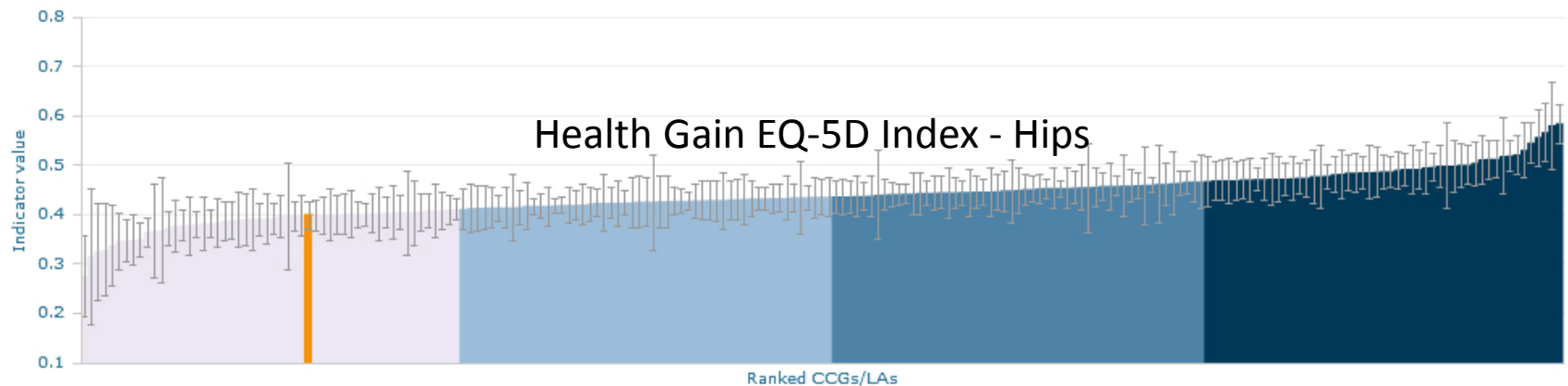
Programme Budget Comparison

The 'Right Care' analysis showed the CCG's with a lower spend still had better outcomes

		Similar 10 CCGs to the selected CCG:											Rank of Selected CCG within similar 10 CCGs (where 11="worst", e.g. higher spending)
	Selected CCG Code:	09Y	99H	07Q	06Q	12A	10H	99E	12D	09X	10J	09L	
Select Your CCG:		NHS North West Surrey CCG	NHS Surrey Downs CCG	NHS Bromley CCG	NHS Mid Essex CCG	NHS South Gloucestershire CCG	NHS Chiltern CCG	NHS Basildon and Brentwood CCG	NHS Swindon CCG	NHS Horsham and Mid Sussex CCG	NHS North Hampshire CCG	NHS East Surrey CCG	
Indicator Name		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
Programme Budget - Musculo Skeletal - Total admissions per 1000 population across secondary care - Cost		47439	40018	<div><div></div></div> 33342	<div><div></div></div> 37936	38872	<div><div></div></div> 30141	<div><div></div></div> 32542	39193	44065	42302	<div><div></div></div> 38323	11
Programme Budget - Musculo Skeletal - Total elective (IP + DC) admissions per 1000 population across secondary care - Cost		44064	36739	<div><div></div></div> 30076	<div><div></div></div> 35520	36386	<div><div></div></div> 27180	<div><div></div></div> 29303	35552	41136	38796	<div><div></div></div> 35120	11
Programme Budget - Musculo Skeletal - Non-elective (EM + ONEL) admissions per 1000 population across secondary care - Cost		3398	3287	3263	<div><div></div></div> 2398	<div><div></div></div> 2480	<div><div></div></div> 2960	3237	3641	<div><div></div></div> 2939	3494	<div><div></div></div> 3208	9
Programme Budget - Musculo Skeletal - Cost prescribed per 1000 ASTRO-PU population - Cost		4539	<div><div></div></div> 3944	<div><div></div></div> 4086	5135	5776	<div><div></div></div> 4133	5422	5569	<div><div></div></div> 4402	5535	<div><div></div></div> 4745	5
Programme Budget - Musculo Skeletal - Total admissions per 1000 population across secondary care - Activity		15.8	<div><div></div></div> 14.8	16.5	16.1	<div><div></div></div> 13.0	<div><div></div></div> 10.9	15.5	16.3	15.9	<div><div></div></div> 15.4	<div><div></div></div> 13.4	7
Programme Budget - Musculo Skeletal - Total elective (IP + DC) admissions per 1000 population across secondary care - Activity		14.5	<div><div></div></div> 13.1	14.3	14.7	<div><div></div></div> 11.8	<div><div></div></div> 9.4	14.0	14.3	14.4	<div><div></div></div> 13.7	<div><div></div></div> 11.6	10
Hip replacement, EQ-5D, Health Gain (Provisional 2011/12)		0.4	0.39	0.41	<div><div></div></div> 0.46	<div><div></div></div> 0.42	<div><div></div></div> 0.39	<div><div></div></div> 0.44	<div><div></div></div> 0.44	0.33	0.37	<div><div></div></div> 0.46	9
Knee replacement, EQ-5D, Health Gain (Provisional 2011/12)		0.3	0.25	0.24	<div><div></div></div> 0.37	0.23	<div><div></div></div> 0.31	<div><div></div></div> 0.33	<div><div></div></div> 0.30	0.28	0.27	0.22	6
Hip replacement, Oxford score, Health Gain (Provisional 2011/12)		19.0	19.5	21.1	<div><div></div></div> 22.1	<div><div></div></div> 21.3	20.1	<div><div></div></div> 21.2	21.3	17.2	20.0	<div><div></div></div> 21.7	10
Knee replacement, Oxford score, Health Gain (Provisional 2011/12)		13.6	13.7	13.1	<div><div></div></div> 16.0	15.1	13.9	14.8	<div><div></div></div> 15.2	15.1	<div><div></div></div> 14.8	14.1	10

Programme Budget Comparison: Health GainEQ-5D Index

The 'Right Care' analysis 12/13 data continued to show the CCG had lower outcome scores than other CCG'



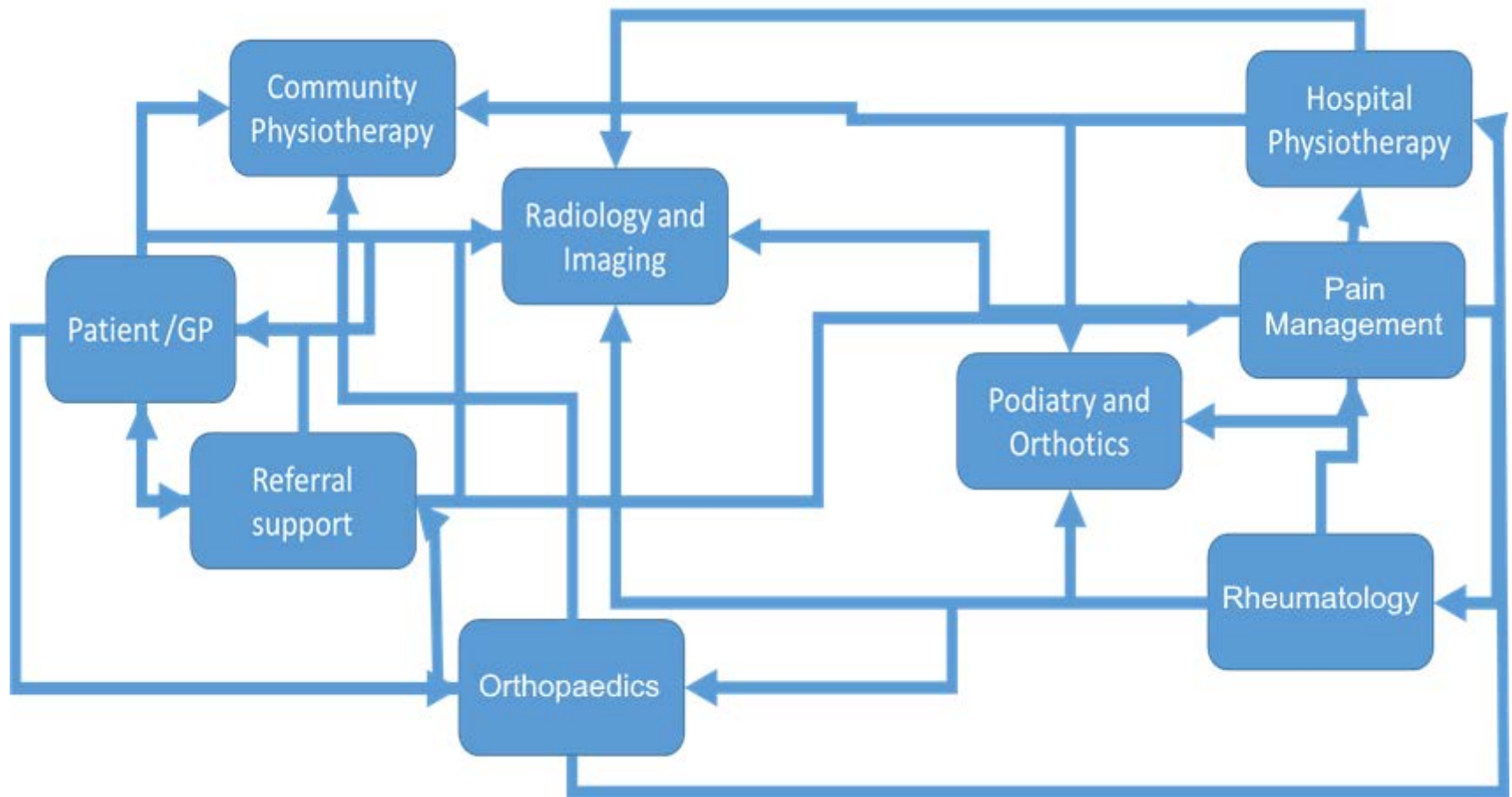
From the clinical perspective...

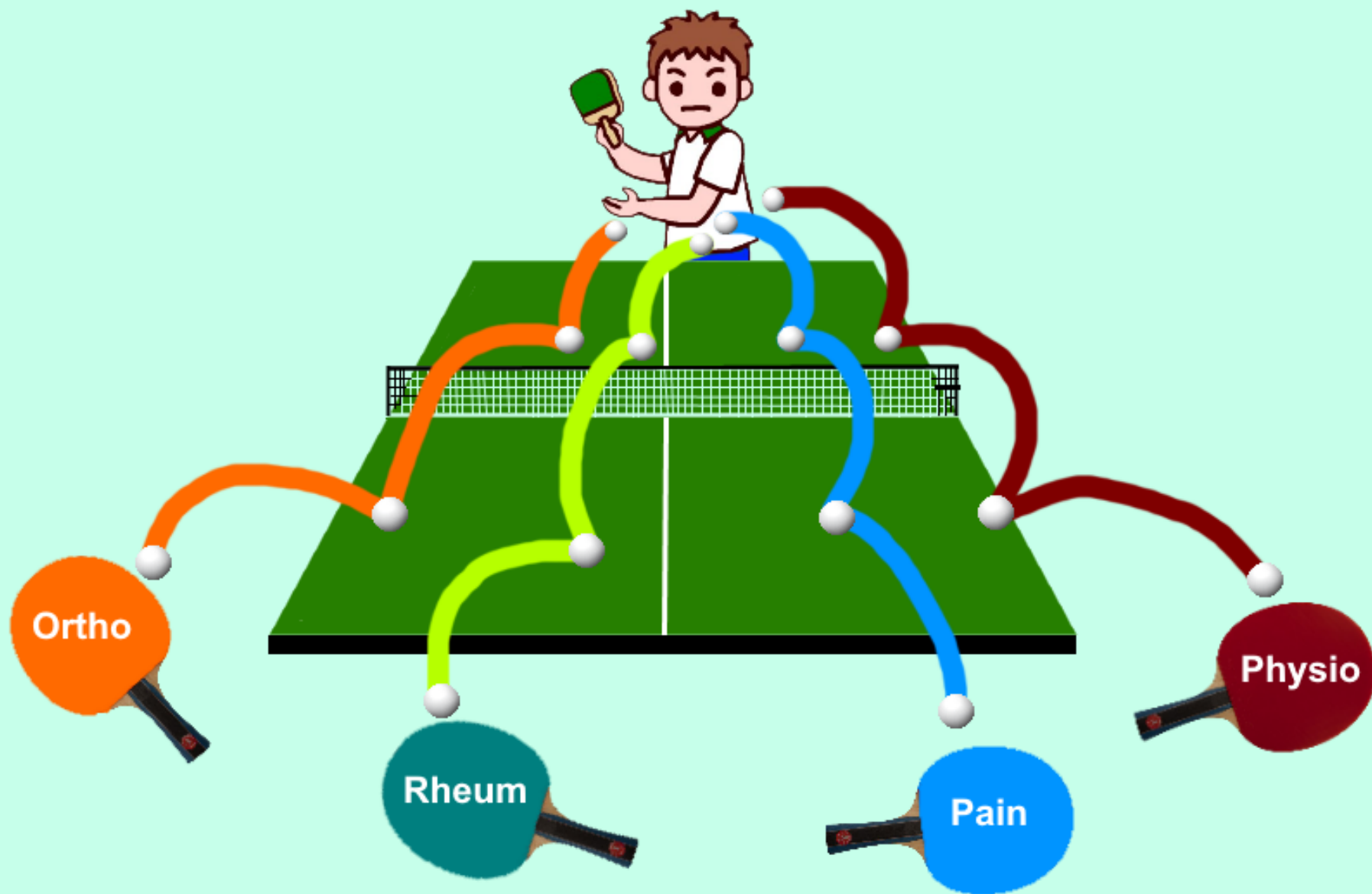
- Silo service delivery with little/no integration
- Clinical Variability
- No coherent pathways
- Focussed entirely on physical medicine

General Practice Workload



No Coherent Pathways









and the Patient Perspective.....

I feel like **pass the parcel** in terms of being referred back and forth and went round the system

Siloed Practitioners in different hospitals

Long waiting times for MRIs/physiotherapy/to see orthopaedics/to see the pain team/**for everything**

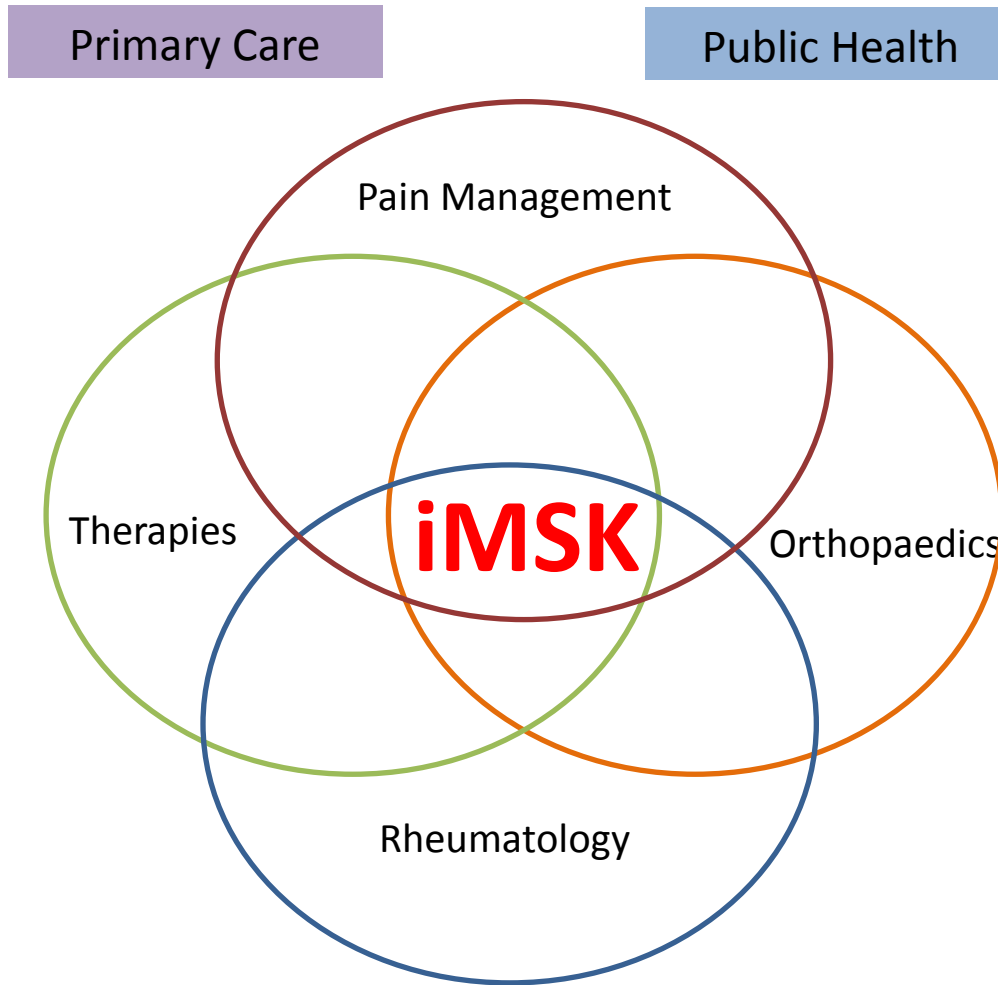
I have had numerous referrals, scans and treatments over 5 years – **nothing has alleviated the pain and I have never had a definitive diagnosis**

What did we do?

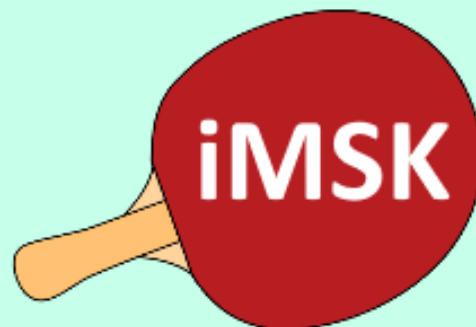
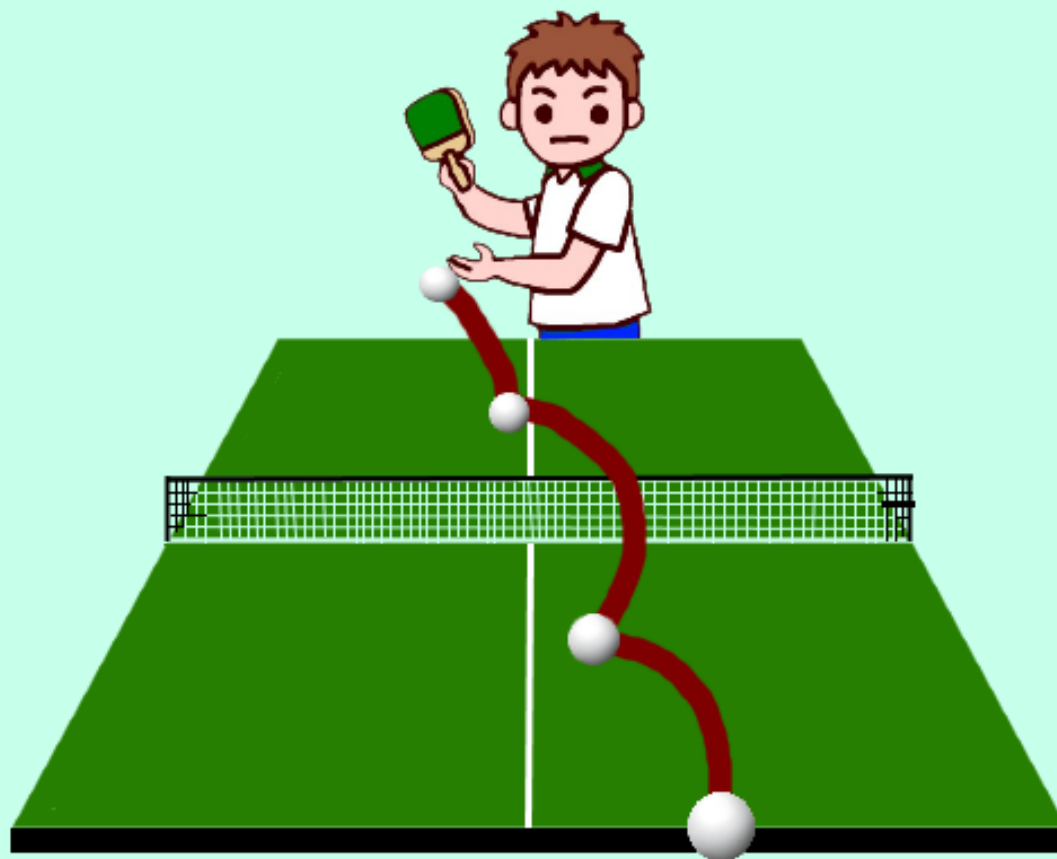
- Stakeholder consultation
- Set up an **Interim MSK Service** supported by CCG's Referral Support Service (RSS)
- Commenced **procurement** of a redesigned integrated MSK service

Our vision....

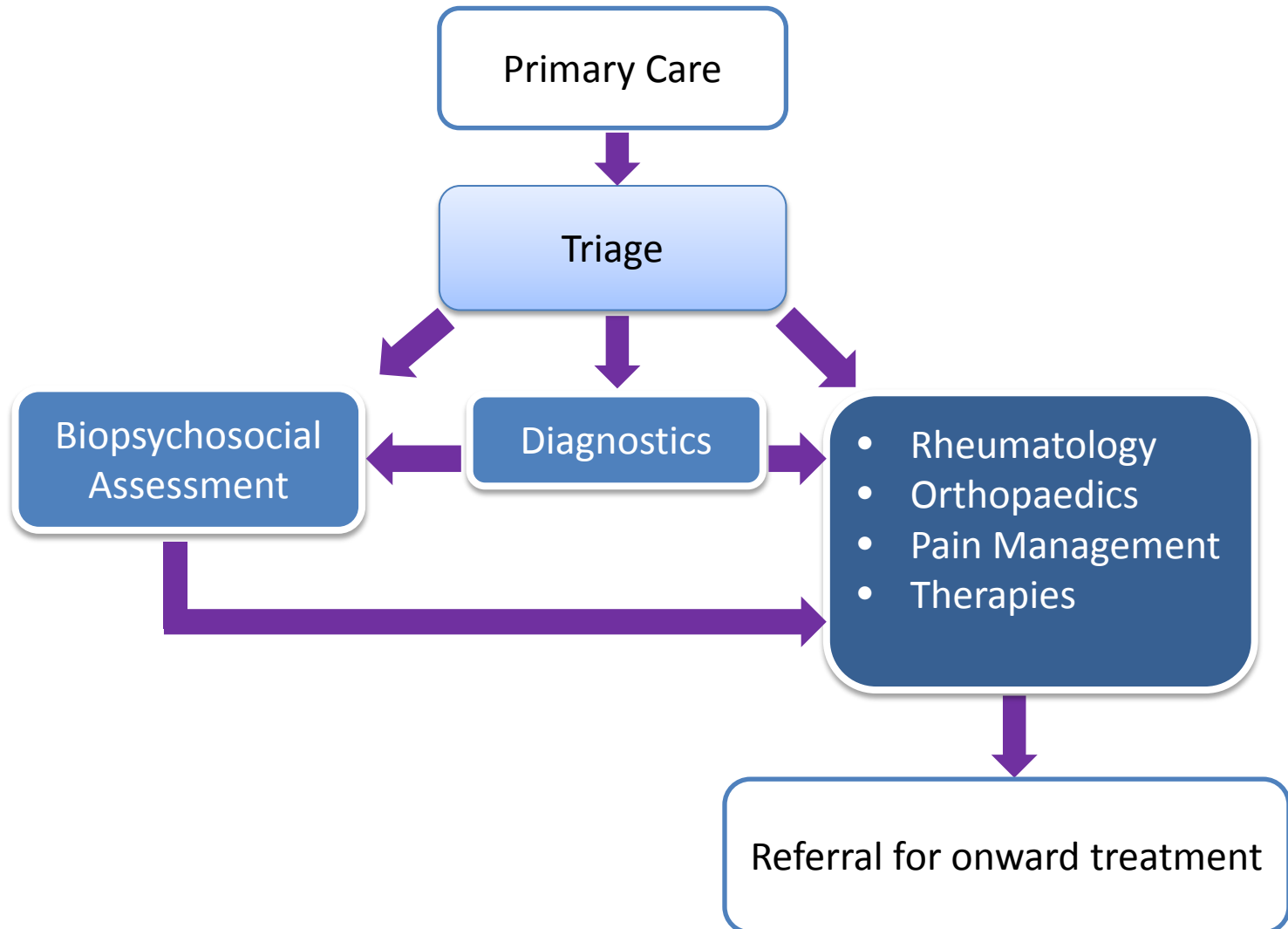
Patient Choice Shared Decision Making



Biopsychosocial model

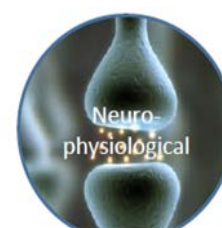


Coherent Clinical Pathway

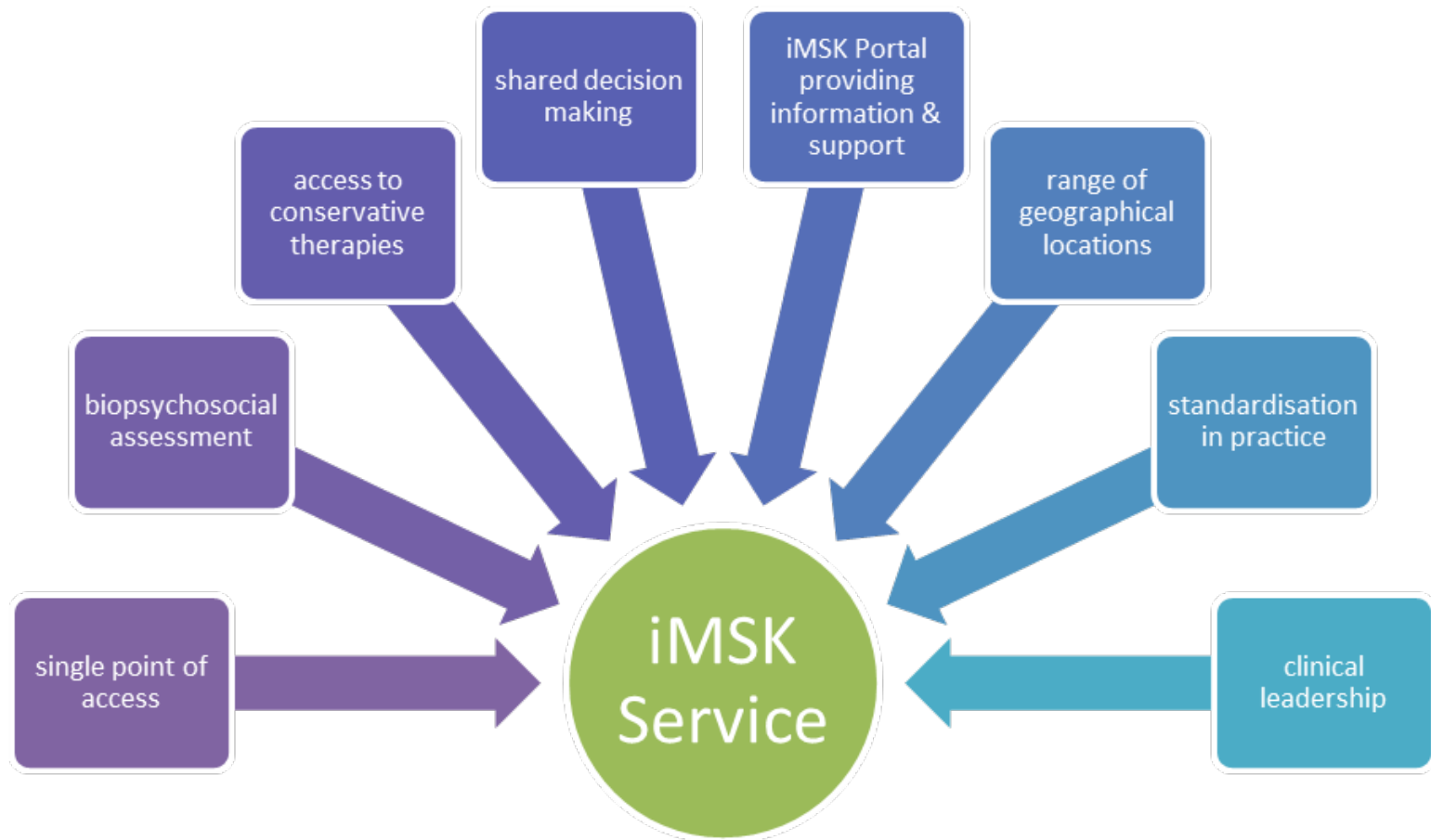


The iMSK service provided by Ashford and St Peter's Hospital Foundation Trust

October 2016

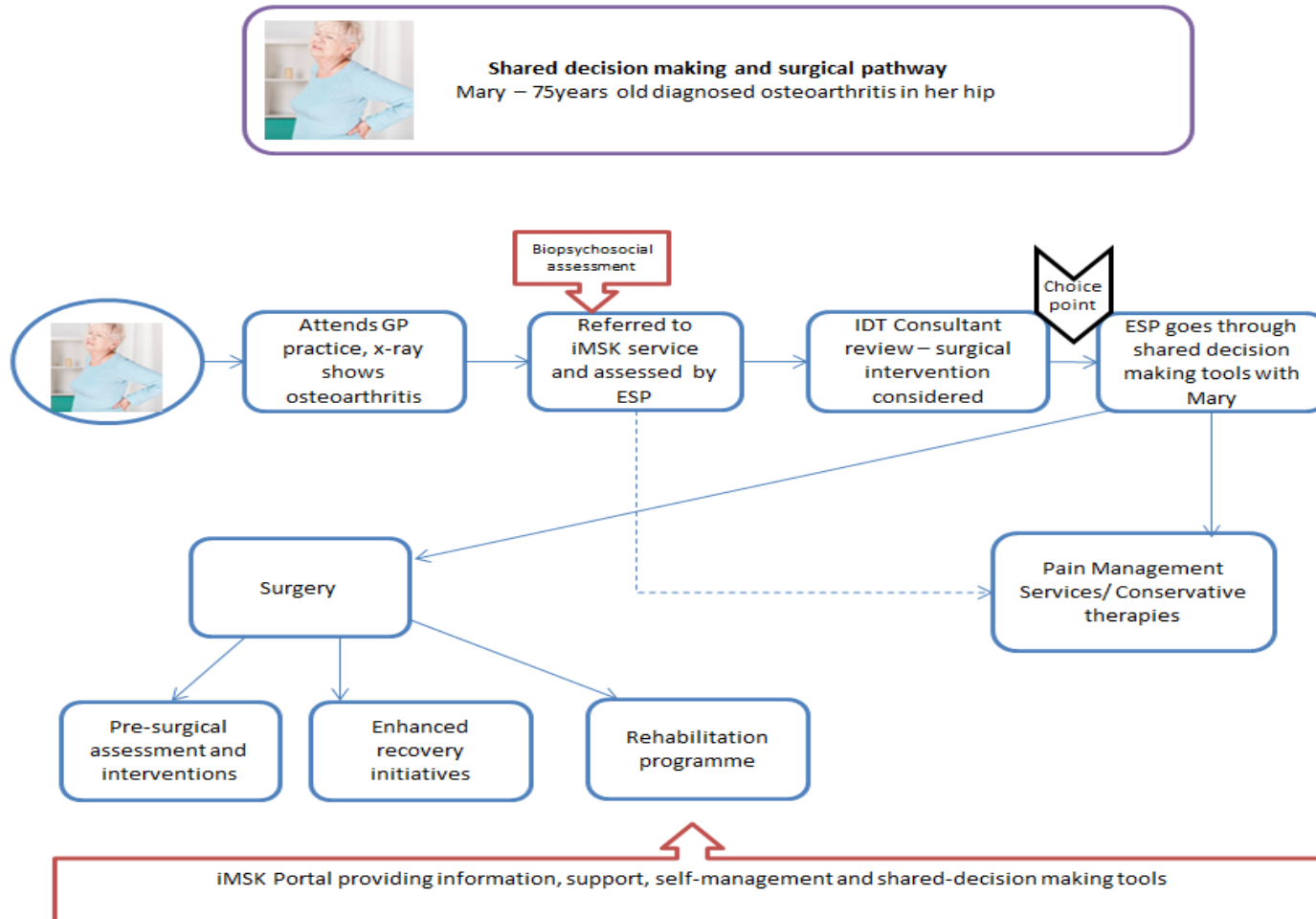


What the service provides



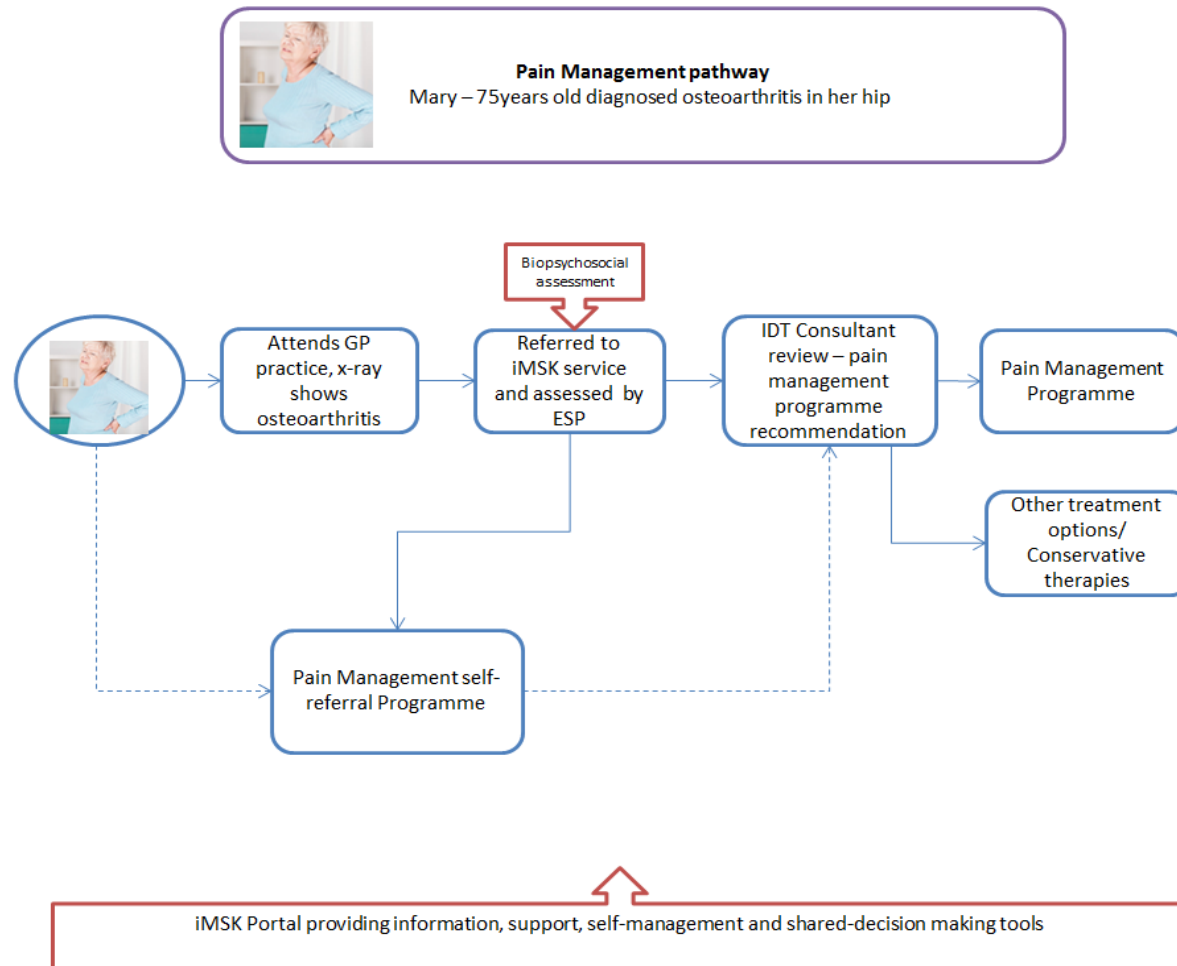
New pathways:

- *Shared decision making:*

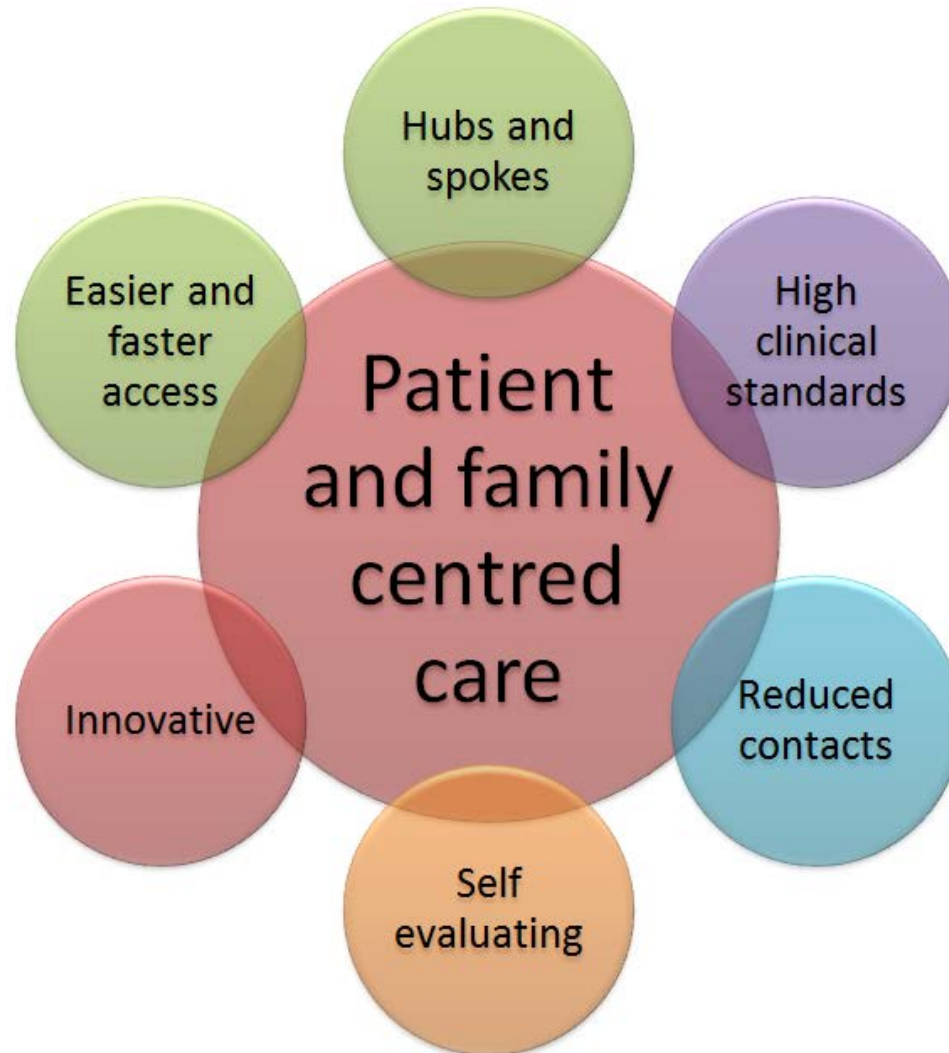


New pathways:

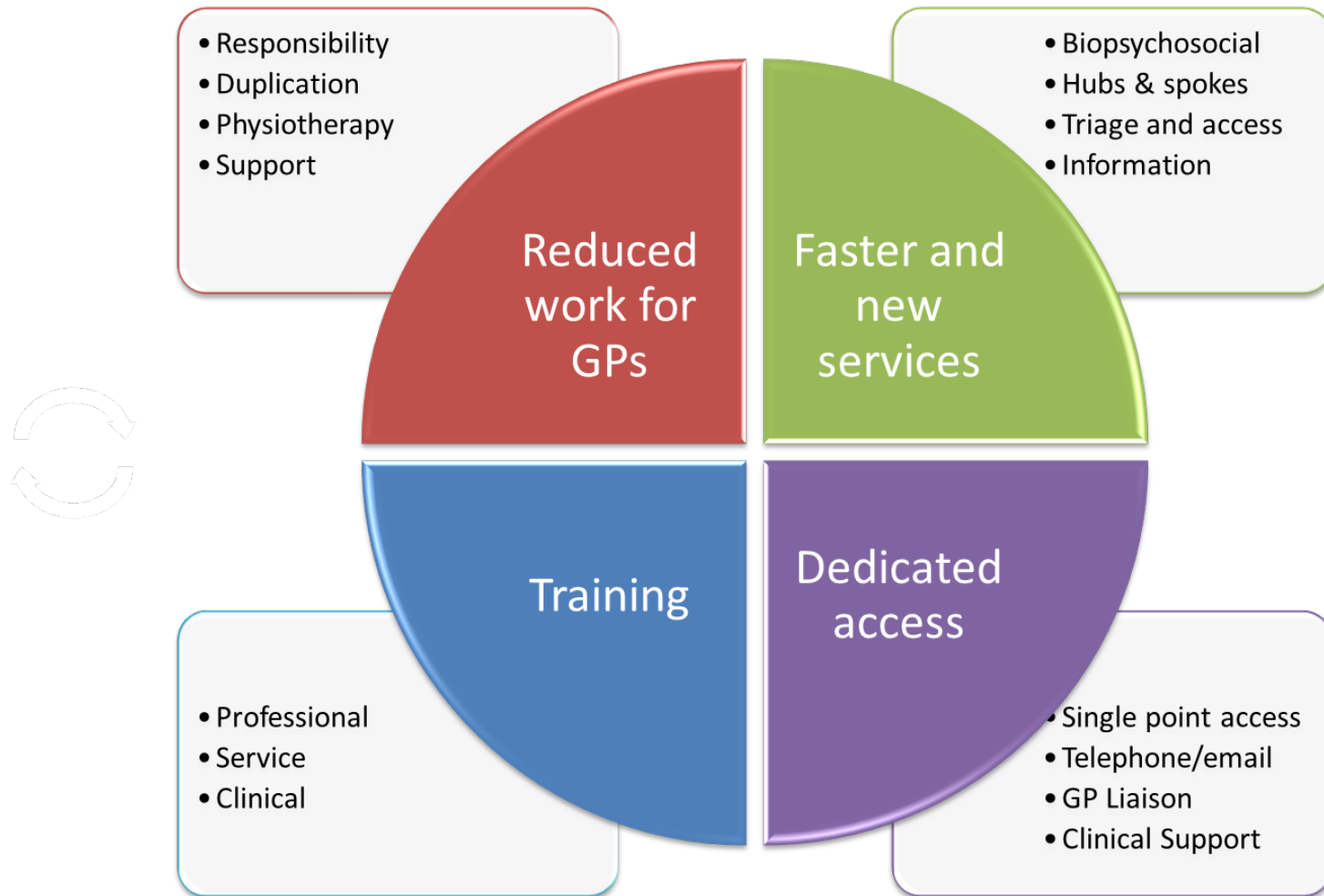
- Pain Management:*



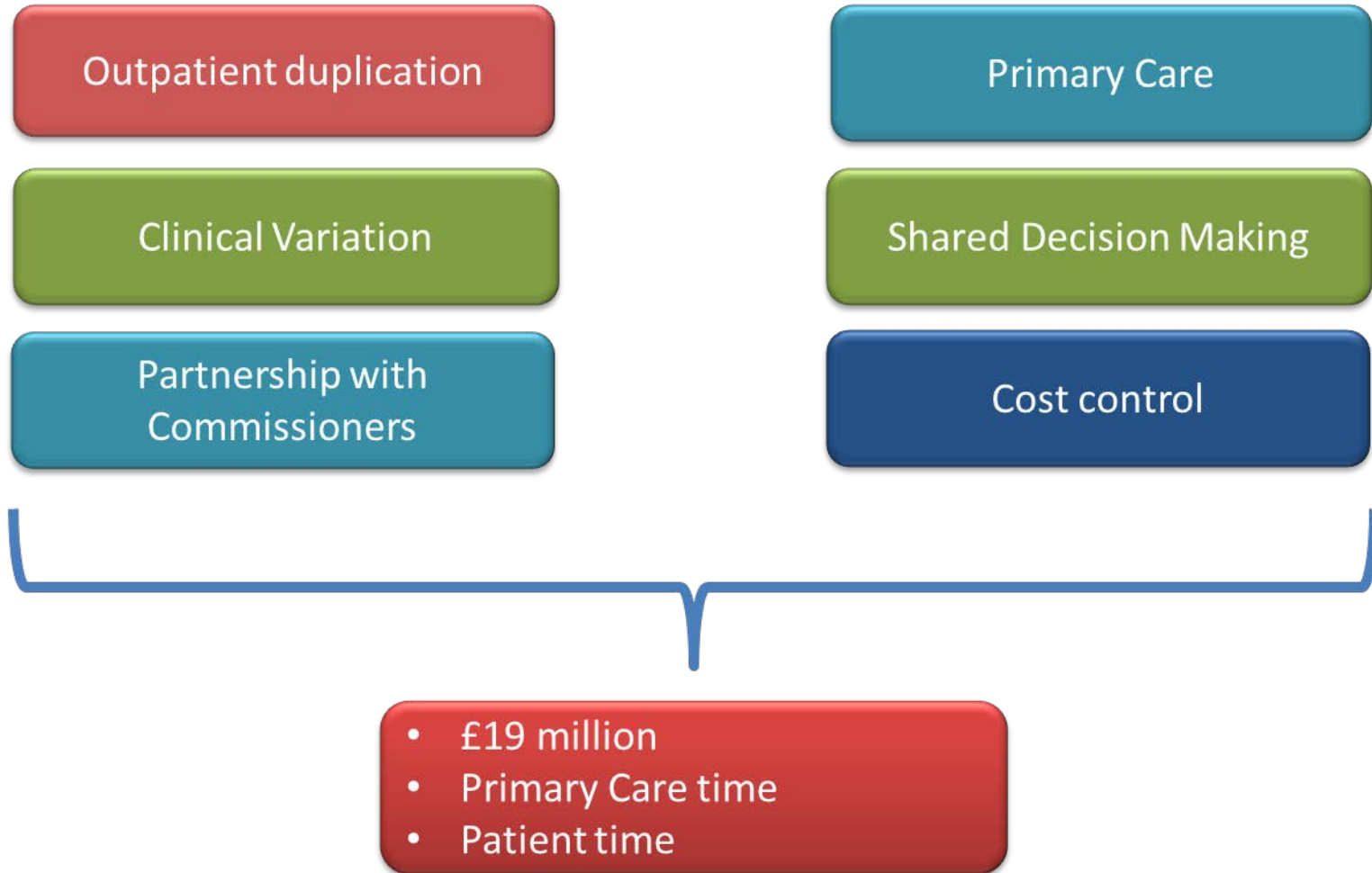
Summary patients and families



General Practice



Efficiency



Scale of the change



Culture change programme



Components of integrated intervention – Personalised care plan including

Focussed on specific maladaptive cognitions identified during Ax

Cognitive component

Based on patients maladaptive movement factors

Impairment
-based
component

Adjuncts

Patient adapts their previously painful activities and functional goals set around these

Functional integration component

3-5 times per week

Lifestyle/
Physical activity component

Engage patient in regular physical activity

Relate treatment to the functional needs/ goals of the patient

Promote healthy living

Questions?

<http://surreyimsk.com/>



I am a GP or referrer



I am a patient

