Raising the quality of MSK community service provision

Connect Health

The challenge

Hammersmith and Fulham is a small but densely populated London borough, with 180,000 residents living in 6.3 sq. miles and significant health inequalities across the locality.

Musculoskeletal (MSK) services across the borough were subject to long waiting lists compounded by fragmented service delivery and a lack of innovation and pathway redesign.

In five inner north-west London boroughs—Central London, West London, Hammersmith and Fulham, Hounslow and Ealing—data shows:

- There are 7,467 people claiming incapacity benefit due to a musculoskeletal disorder, based on national figures.
- MSK is the most commonly reported type of work-related illness, accounting for an estimated 550,800 working days lost per year.
- Around 178,300 adults may be affected by long-standing musculoskeletal problems (such as arthritis) that limit everyday activities, with older people and women particularly affected.

Nationally, figures show that:

- MSK in England costs £7bn–£10bn per annum and is the fourth largest area of spend.
- There are more years lived with MSK disability than any other disease – 30.9m working days lost.
- Within the NHS, half of sickness absence is caused by musculoskeletal disorders (MSDs).
- MSK conditions comprise around 30 per cent of all primary care consultations.

What was done

Hammersmith and Fulham originally started a piece of work to look at community MSK alongside the five inner north-west London boroughs.

There was a need to provide better health services out of hospital and ensure more efficient use of limited resources. But this was difficult to achieve and fragmented, delivered by a mixed provision comprising hospital-based or hospital-run services in community clinics, community-run services and some practice-based services.
And there were issues around the capacity of the existing community provider as a long-standing contract, in place for over five years, had not been reviewed.

So Hammersmith and Fulham Clinical Commissioning Group carried out a procurement exercise to find a way of tackling the issues. Connect Health was awarded the contract in May 2016 to provide:

- community MSK physiotherapy services
- outpatient orthopaedic services
- outpatient rheumatology services
- chronic MSK pain management services

The tri-borough (Hammersmith and Fulham, Central London and West London) are all now working to the same MSK community service specification.

Had the service not changed, there would have been a continued rise in cost and potential decrease in quality over time.

“We wanted to provide equitable provision across the whole patch, so we widened the scope and included more pain and rheumatology in the scope of the redesign. As demand goes up and healthcare issues increase, you can’t keep on going forever with the same spec and contract without looking at if it’s suitable for the population.”

Jess Simpson
Acting Head of Planned Care, Hammersmith and Fulham Clinical Commissioning Group

The results

In the first year of the service, significant improvements have been made:

- **Reduction in secondary care referrals**: direct GP referrals to acute hospital care in April to October 2016 compared to April to October 2015 levels have reduced by 14 per cent in trauma and orthopaedics and 19 per cent in rheumatology.

- **Reduction in diagnostic costs**: the biggest success is in the reduction of MRI spend, with a 31 per reduction (April to January 2015/16 £601k compared to £413k over the same period in 2016/17) and a 46 per cent reduction between January 2016 and January 2017.

- **Referral to treatment (RTT)**: 99 per cent of patients are receiving diagnosis and treatment within the NHS’s target of 18 weeks from GP referral. This is an excellent achievement, particularly compared to other comparative services in Hammersmith and Fulham: 89 per cent for “other” services (this category includes community services) and 70 per cent for trauma and orthopaedics surgery.

- **Reduction in waiting times for MSK services**, despite an increase in activity.

- **Improvement in patient-reported outcome measures**.

Connect Health reviewed capacity, demand and scope. Had it not done so, waiting times would have continued to increase and patients would have continued going into hospital for pain and rheumatology care.

Activity is subject to internal assurance processes and reported into a system-wide A&E board.
Key learning

- Get on top of the backlog as soon as possible.
- Always strive to achieve more than current best practice.

Takeaway tips

- Build a strong relationship with the provider so you trust each other.
- As demand goes up and health care issues increase, revisit your specifications and contract to see whether they are suitable for the population.

“The guy that I saw had good knowledge of my condition, knew what next steps to take, where to refer and he did it very quickly. He also listened and was patient.”

Clinical Assessment and Treatment Service patient

“I was called and brought to the appointment within a week. No weeks and weeks of waiting! The staff on the day greeted and handled me with great professionalism. I was given the opportunity to explain the background of my issues – they heard and assessed well.”

MSK pain patient

Sources

- NHS Institute for Innovation and Improvement (2009). *Delivering Quality and Value Focus On: Musculoskeletal Interface Services (England).*

“We’re very pleased to be working with such a good team in Hammersmith and Fulham and we’ve done a lot of work in the first year in terms of reducing variation, building relationships, changing behaviours and optimising care pathways. Based on our long and extensive experience of working with the NHS elsewhere and the team’s performance in building the foundations in Hammersmith and Fulham, we would expect significant further improvements to be made.”

Prof Andrew Walton
Executive Chair, Connect Health,
Visiting Professor of Leeds Beckett University
The NHS Confederation is the only membership body that brings together and speaks on behalf of the whole NHS.

For more information
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