

# Rheumatology and MSK Disorders Network - East of England

The HSJ Regional Network meetings are initiated and organised by Wilmington Healthcare. This event is supported by Sanofi through the provision of sponsorship. Other companies may have also paid to attend. These companies have had no input into the design or content of the agenda but will be present on the day.

**Date:** Friday 22 March 2019

**Venue:** Holiday Inn Cambridge, CB24 9PH

**Chair:** Dr Gavin Clunie - Consultant Rheumatologist and Metabolic Bone Physician,  
Cambridge University Hospitals NHS Foundation Trust

<b>12.15pm</b>	Registration, lunch and networking	<b>Session Two: Integrating bone and IA pathways</b>
<b>1.00pm</b>	Aims and objectives: <b>Paul Midgley - Director of NHS Insight and HSJ Networks, Wilmington Healthcare</b>	<b>3.05pm</b> Identifying people at risk of fracture (1e/2e Care Liaison) The Ipswich Fracture liaison service: <b>Dr Suzanne Lane - Consultant Rheumatologist, East Suffolk and North Essex NHS Foundation Trust</b>
<b>1.05pm</b>	Chair introduction and implications of the Long Term plan: <b>Dr Gavin Clunie</b>	<b>3.25pm</b> Royal Osteoporosis Society update: <b>Jo Sayer – Service Delivery Lead and Specialist Nurse, Royal Osteoporosis Society</b>
<b>1.15pm</b>	What patients want: <b>Sue Brown – CEO, ARMA</b>	<b>3.35pm</b> Breakout and Workshop Session to discuss ways of improving patient ID from across the healthcare environment in Fracture Prevention and feedback
<b>Session One: Inflammatory arthritis and back pain - Identifying and triaging the right people for/to the right pathway/service</b>		
<b>1.35pm</b>	<b>Dr Andra Negoescu – Consultant Rheumatologist and EIA Lead, Cambridge University NHS Foundation Trust</b>	<ul style="list-style-type: none"> <li>• <i>How well is Fracture Prevention working in our area for people at risk? Are there specific examples of outstanding practice?</i></li> <li>• <i>What are the main causes of delay in receiving assessment and treatment, in which care settings? Does this affect any particular patient types?</i></li> <li>• <i>What could we try that would improve speed of access to assessment and treatment services for the patient cohorts, in which care settings?</i></li> </ul>
<b>1.50pm</b>	<b>Dr Gavin Clunie</b>	
<b>2.05pm</b>	Breakout and Workshop Session to discuss ways of improving services in IA/IBP <ul style="list-style-type: none"> <li>• <i>How well is MSK triage working in our area for people with IA and IBP?</i></li> <li>• <i>What are the main causes of delay in receiving treatment?</i></li> <li>• <i>What could we try to improve speed of access to services and ensure capacity in our Rheumatology clinics?</i></li> </ul>	<b>4.05pm</b> Feedback and Q&A on the above to speakers
<b>2.35pm</b>	Feedback and Q&A on the above to speakers	<b>4.25pm</b> Chair's summary and key actions: <b>Dr Gavin Clunie</b>
<b>2.50pm</b>	Break	<b>4.30pm</b> Close

## **Background**

The main challenges to configuring effective, cost-optimised and safe clinical pathways in delivering MSK-Rheumatology Services are focused around the following four areas of MSK disease:

- **Inflammatory arthritis (IA) and Inflammatory back-pain (IBP):** detecting patients early and having triage processes that lead to early treatment and disease remission
- **Preventing Fractures:** access to patient ID is key from all areas together with quickly assessing management options. Connecting to Fracture Liaison Services (FLS) is therefore essential.

The challenges to achieve **Single Point of Access (SPA)** require close Primary-Secondary Care liaison, involvement of MSK Services Integrating pathways and configuration within STP areas – facilitating where possible innovative commissioning, all designed to use existing resources effectively.

## **Presentation Overviews**

### **Musculoskeletal Services and the benefits of a SPA – Single Point of Access**

Sarah Saul will seek to describe a single point of access for Rheumatology and the benefits that this would bring to the NHS System. The dominant focus will be on getting it right first time (GIRFT), triage, integration and collaborative working across all organisations. This presentation will describe the current integrated model of Musculoskeletal Services within Cambridgeshire Community Services NHS Trust, the cultural barriers we have overcome, and the links created to streamline pathways of care to date and how a SPA would link in with our current service model. It will demonstrate how our redesign aligns with “Moving Forwards” which was published in July 2018 by the National Institute of Health Research (NIHR). It will provide food for thought on use of technology, shift of care and optimising links between colleagues to revolutionise how we manage patients going forwards.

### **Inflammatory arthritis and back pain – Identifying and triaging the right people for/to the right service/pathway**

Rheumatoid arthritis is an inflammatory disease that typically affects the small joints of the hands and feet, but also has systemic implications, and may lead to an increased cardiovascular risk, chronic lung disease, and osteoporosis.

Medical management with drug therapy aims to relieve symptoms, modify the progress of the disease and the functional impairment associated with it, and reduce the risk of potential comorbidities.

Rapid referral of people with suspected persistent synovitis is important to avoid delay in diagnosis and increase the likelihood of early treatment initiation. Given the potentially devastating effects of delayed diagnosis in terms of joint damage and quality of life, people with inflammatory symptoms and signs should be considered to need urgent action.

Rapid initiation of treatment optimises the 'window of opportunity' within which effective treatment can improve long-term outcomes such as joint damage, joint function and quality of life.

This talk aims to increase awareness of early arthritis referral pathways and facilitate primary and secondary care links with the aim of improving care and long-term outcomes for people with inflammatory arthritis.

### **Identifying people at risk of fracture (1e /2e Care Liaison) The Ipswich Fracture Liaison Service**

The Ipswich Fracture Liaison Service was originally set up in 2004 as a secondary care led service to identify fragility fractures. It is a multidisciplinary service encompassing the orthogeriatric team, specialist osteoporosis nurse practitioners (secondary care and community), extended scope specialist DXA radiographers, clinician and admin support. Since 2012 there have been significant changes to the multidisciplinary team and service delivery has been developed to reflect the team, including strong links between primary and secondary care. The service continues to face challenges to optimise care and to improve services across the interface. In addition, it must also look to opportunities as part of a newly merged organisation. The aim of the presentation is to share our experience, especially in the context of delivering good care measured by National / International Standards of care.

### **Royal Osteoporosis Society update: Fracture Liaison Services the UK perspective**

The ROS have been supporting the implementation and improvement of FLS services for the last 5 years. This update will:

- Discuss the different delivery models
- Show the impact and effectiveness of FLS
- Present the resources that the ROS to support FLS