

NHS 10 year forward plan

How musculoskeletal pathways link into the NHS long term
plan priorities

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#NHSLongTermPlan

1. We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services

A new NHS offer of urgent community response and recovery support

Primary care networks of local GP practices and community teams

Guaranteed NHS support to people



More proposals

2. The NHS will reduce pressure on emergency hospital services

Pre-hospital urgent care

Reforms to hospital emergency care – Same Day Emergency Care

Cutting delays in patients being able to go home

3. People will get more control over their own health and more personalised care when they need it

4. Digitally-enabled primary and outpatient care will go mainstream across the NHS

5. Local NHS organisations will increasingly focus on population health –
moving to Integrated Care Systems everywhere

Chapter One sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care

setting ●

GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online 'digital' GP consultations, and **redesigned hospital support will be able to avoid up to a third of outpatient appointments** - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices - typically covering 30-50,000 people - will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff..



“**Now** expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes.

Within five years over 2.5 million more people will benefit from ‘social prescribing’, a **personal health budget**, and **new support for managing their own health in partnership with patients' groups and the voluntary sector.**

These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment – an NHS ‘first’ - creates a ring-fenced budget worth at least £4.5 billion pounds per year.”



Primary Care Networks

Primary care networks of local GP practices and community teams

1.9. The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together typically covering 30-50,000 people.

As part of a set of multi-year contract changes individual practices in a local area will enter into a **network contract**, as an extension of their current contract, and have a designated single fund through which all network resources will flow. *Most CCGs have local contracts for enhanced services and these will normally be added to the network contract.*

Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers **and AHPs such as physiotherapists and podiatrists/chiropractors**, joined by social care and the voluntary sector.

Telford and Wrekin; 170 000



Brave New World

- 2015 CCG commissions Integrated Community MSK Service; due to rising MSK/Orthopaedic waits
- Specification for an integrated MSK service; pain, orthopaedics, rheumatology, physiotherapy
- Multi-disciplinary working and local networks
- CCG model over-simplistic with everyone going to physiotherapy first with small number referred on.(no activity data available)

Telford Musculoskeletal Service (TEMS)

- Integrated Musculoskeletal Service
- Partnership of five local organisations; SATH, RJAH, PMS, Maddox physio , Shropcom.Trust
- Multidisciplinary
- Clinical hub and spoke model
- Admin hub/central booking team; e-bookings
- Seamless pathways of care
- Single Point of referral
- Primary Care Education

TeMS; Triage process

- New referral method with TeMS proforma (minimum data set)
- Single point of referral via e-bookings
- Triage and discussion with GPs/practices about referrals
- Clinical pathways in TRAQS (Telford referral and quality service);
- Rejection rates (screening for red flags; 2WR)
- Education of referrers
- **Development of new MSK pathways at TRAQS for OA and Fibromyalgia**
- **11 000 referrals per year; first year 15 000**

Clinical Triage

- Referrals received on e-bookings (C&B)
- First stage; Band 6 physios
- Second stage; GPwSI and ESP.
- Trying to ensure that the 300 patients referred to us each day were sent to the correct clinician.
- Advice and Guidance.

MDT working

- Podiatry
- Orthotics
- Nerve conduction
- Physio; **first contact physios in GP practices**
- Rheumatology
- Pain services (PMS) and internal pathway developed
- ESP
- GPwSI

Digital revolution

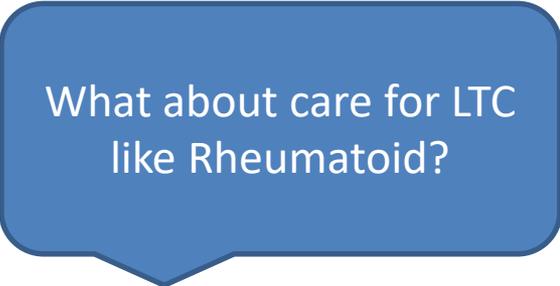
1.44. **Under this Long Term Plan, digital-first primary care will become a new option for every patient improving fast access to convenient primary care.** There are about 307 million patient consultations at GP surgeries each year. Some GPs are now offering their patients the choice of quick telephone or online consultations, saving time waiting and travelling.

What about multimorbidity patients?

Over the next five years every patient in England will have a new right to choose this option – usually from their own practice or, if they prefer, from one of the new digital GP providers. In other walks of life, mobile phones and apps have already transformed services.



How?
Takes as
long as
face –to-
face



What about care for LTC
like Rheumatoid?



Continuity of
care?

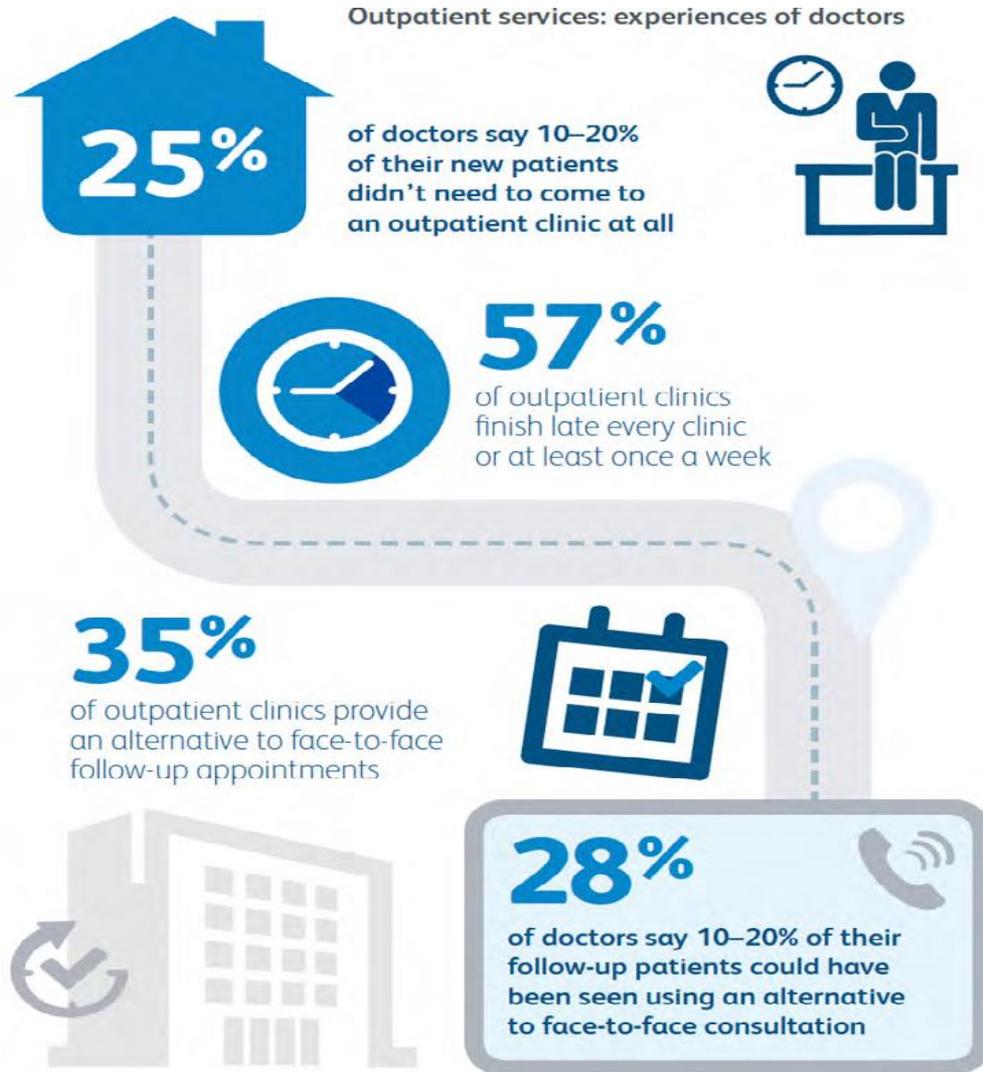
Outpatient services will be fundamentally redesigned. While GPs have been highly successful in constraining referral growth for new outpatients over the past two years (with referral growth flat), hospital outpatient visits have nearly doubled over the past decade from 54 to 94 million, at a cost of £8 billion a year.



Outpatients traditionally serve at least three purposes, and in each case there are opportunities for redesign. An outpatient appointment can provide: advice and diagnosis for a patient and their GP; follow-up review after a hospital procedure; and ongoing specialist input into a long-term condition.

Technology means an outpatient appointment is often no longer the fastest or most accurate way of providing specialist advice on diagnosis or ongoing patient care. The Royal College of Physicians has rightly argued that outpatients needs a radical overhaul

Source: Royal College of Physicians. Outpatients: The future. Adding value through sustainability. 2018.



How do we achieve this?

TeMS; Triage process; evolution

- Refinement of triage process/personnel
- Feedback to referrers
- New internal pain pathway developed
- Development of new MSK pathways at TRAQS for OA and Fibromyalgia
- Enables right person , right place at the right time

Rationalisation of Rheumatology pathways

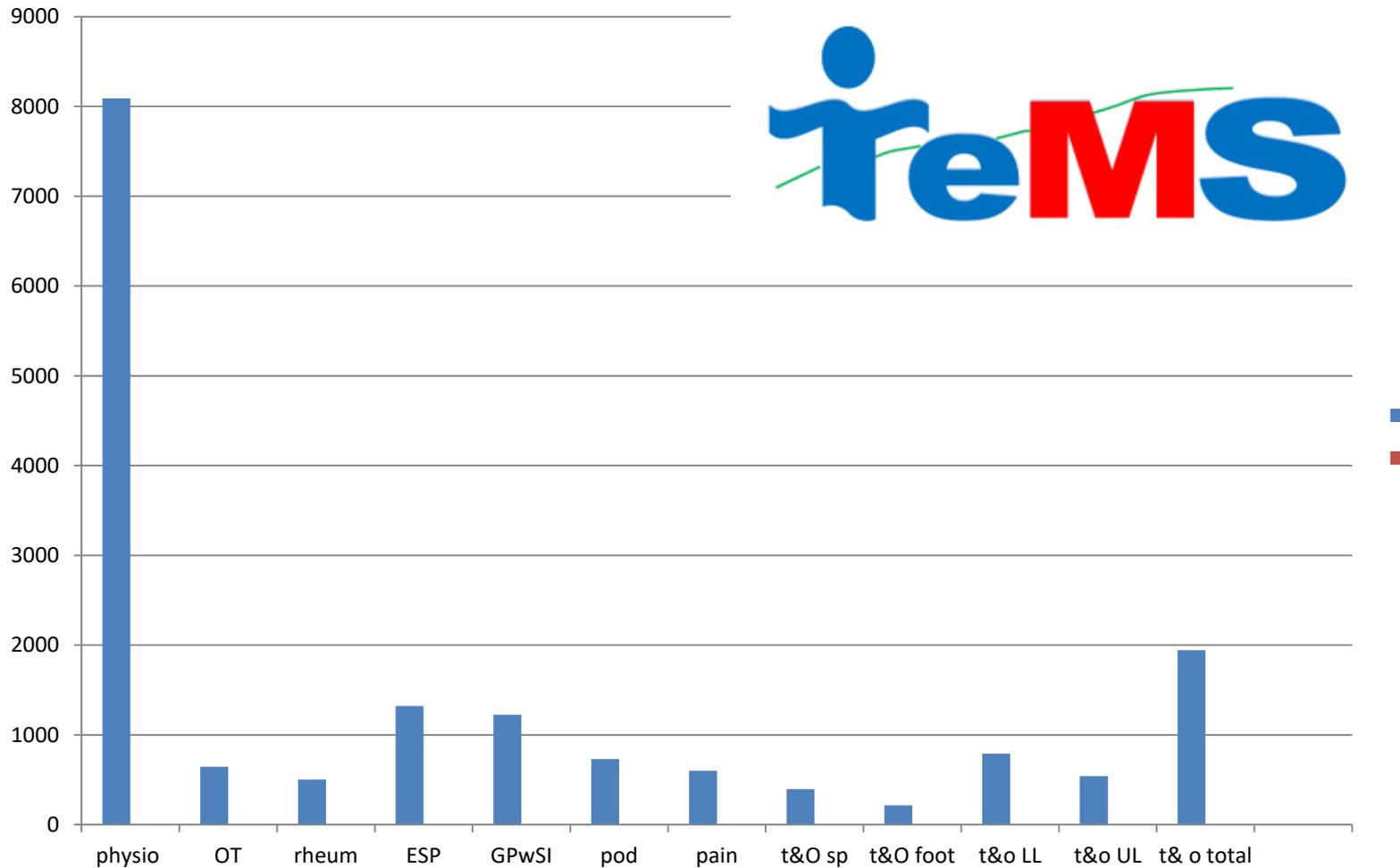
- Summer 2018; redesign of Rheumatology triage process as huge waits for appointments
- Enhanced triage by myself of all Rheumatology referrals
- New onset IA straight to Rheumatology
- Increase number of people seen face-to-face by GPwSI
- GPwSI see all fibromyalgia/OA/chronic pain

Results

- 2017; number of new Rheumatology patients seen over 9 months ; 435
- 2017- 2018; number of new over 9 month; 299
- 2018-2019 ; number of new over 9 months 266
- Steady decrease.
- No increase in number of internal referrals from GPWSI to Rheumatology ; av 7 per month.

Total pathways of care

First 5 months ; 15056 PA



Pain Pathway

- We have developed our own Pain Pathway involving physiotherapy department at acute trust ; Band 7s
- Internal triage guidelines to this pain programme
- Collaborative working with physios and ESPs to develop protocols.
- Using the MSK HQ PROM ; 93% have improved scores
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- ESPs training to give joint injections.
- Mental Health support workers now in MDT clinic and Healthy Lifestyles Advisers.

Mental Health pathways

- Mental Health support workers now in MDT clinic; long-term conditions project
- IAPT :  so from



1 IN 4 OF US SUFFER
FROM PROBLEMS THAT AFFECT
OUR MENTAL HEALTH

Development of community OA self-management programme



- Collaboration with Keele University; JIGSAW
- Training of local GP practices in OA management
- EMIS template
- Healthy living advisers seeing patients
- Prevention of OA progression and reducing number of joint arthroplasties
- Community champions and neighbourhood working ; links with STPs and Community Fit.

