

Session One

- What are your current MSK plan priority themes?
- How well are your MSK services performing and where are improvements needed?
- To what extent have patients been involved in developing service specifications and providing insight into service performance?
- What improvements could you consider in future plans from the above?

Key action points from the room

Kent and Medway + Hampshire and Isle of Wight

- 1) Variation across services – many areas already undertaking integrated approach, but looking to optimise the pathway.
- 2) Essential that service integrates other departments e.g. orthopaedics and IAPT (psychological) services.
- 3) Managing triage and referral process is crucial to success.

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- 1) Get health professionals out of their silos and into a room together to improve systems. Networks and care would be better.
- 2) Pathways are complex – could they be simpler? Difficult to upskill across the whole pathway.
- 3) Patients care is also 'solio'd'.

Surrey

- 1) Mental health – what's a good model of provision that could be spread and shared.
- 2) Broader connection of wider elements.
- 3) Virtual follow ups.

Session Two

- What can we learn from the examples we have heard about?
- What innovative and/or high performing services exist in your area that you'd like to share with your table colleagues?
- Are there any practices that are ineffective that can be stopped?
- What aspects of MSK transformation would you now like to prioritise in future plans?

Key action points

Kent and Medway + Hampshire and Isle of Wight

- 1) Change needs good clinical leadership (clinical champions).
- 2) Use digital decision aids / self- help platforms. Get your MSK hub / triage right!
- 3) Manage unnecessary follow ups: think differently (telephone FUP); good advice line for pt support; pt initiated follow-ups.

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- 1) Apps – multiple development “arms race!” Need to change how we measure diseases to fit in with the agenda, i.e. develop a “self DAS”.
- 2) Apps could drive self-management. Telephone clinics – opportunities; difficulties; contracting; clinical conditions – perhaps 50/50 of all rheumatology follows ups.
- 3) Improving drug monitoring or even just better designed result systems.
Priorities: better pain services and better networks of care.

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- 1) Lots of apps (e.g DAS app).
- 2) Re referral orthopaedics without GP referral.