

**West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups**

Summary report			
Date of meeting: 7 May 2019		Agenda item: 30/19	
Report title:	Musculoskeletal (MSK) pathway for review and decision		
Joint Committee sponsor:	Matt Walsh		
Clinical Lead:	James Thomas		
Author:	Catherine Thompson		
Presenter:	James Thomas		
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	✓
Assurance	✓		
Executive summary			
<p>The West Yorkshire and Harrogate Elective Care and Standardisation of Commissioning policies programme addresses clinical thresholds and criteria for clinical procedures, including the development of standardised pathways. The purpose of the Musculoskeletal (MSK) workstream is to review and standardise the MSK pathway for the nine Clinical Commissioning Groups of West Yorkshire and Harrogate (WY&H). We present here a proposal for a single WY&H MSK pathway for review and recommendation to the Joint Committee.</p>			
Recommendations and next steps			
<p>Joint Committee is asked to:</p> <ul style="list-style-type: none"> • Agree the adoption of the WY&H MSK Pathway in the nine Clinical Commissioning Groups of West Yorkshire and Harrogate. 			
Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)			
<p>Health and Wellbeing: The programme adopts a 'right care, right place, right time' approach to the planning and delivery of planned care services.</p> <p>Care and Quality: Adopting a standardised MSK pathway across West Yorkshire and Harrogate will reduce the variation in treatment offered to people across our region and ensure the care they receive is evidence based.</p> <p>Finance and Efficiency: Implementing a standard MSK pathway in orthopaedics will optimise efficiency. We anticipate a neutral financial impact as any financial efficiency will be absorbed in the establishment of adequate holistic services.</p>			
Impact assessment (please provide a brief description, or refer to the main body of the report)			

Clinical outcomes:	See paragraphs 5-6, 14
Public involvement:	At its meeting on 8 th April 2019 the Joint Committee's Patient and Public Involvement (PPI) Assurance Group considered an update on the MSK pathway and supported the approach to PPI being adopted by the Programme. See paragraphs 7-10
Finance:	See paragraphs 15-19
Risk:	See paragraph 22
Conflicts of interest:	Dr James Thomas: GP Chair of NHS Airedale, Wharfedale and Craven CCG; partner of Modality GP partnership; Dr Kate Thomas (spouse) is also a partner of Modality GP partnership. Dr Matt Walsh: Chief Officer of NHS Calderdale CCG Catherine Thompson: none declared

West Yorkshire and Harrogate Health and Care Partnership Elective Care and Standardisation of Commissioning Policies Programme

Introduction

1. The West Yorkshire and Harrogate Elective Care and Standardisation of Commissioning policies programme addresses clinical thresholds and criteria for clinical procedures, including standardisation of clinical pathways. The purpose of the Musculoskeletal Services (MSK) workstream is to review and standardise the MSK pathway for the nine Clinical Commissioning Groups of West Yorkshire and Harrogate (WY&H). This will reduce variation in access to care across WY&H and ensure that care is evidence based.
2. The Elective Care and Standardisation of Commissioning Policies (SCP) programme of the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has considered the MSK pathways across WY&H and developed a single pathway from these. The WY&H Elective Care and SCP programme recommends the adoption of this policy across all CCGs within WY&H. This is presented here for consideration and recommendation by the WY&H Joint Committee of CCGs..

West Yorkshire and Harrogate Policy Development Process

3. The Elective Care and SCP programme has developed a governance process to support decision making through the WY&H Joint Committee of CCGs as set out in the scheme of delegation appended to the WY&H Memorandum of Understanding. This has been discussed during presentations of the Elective Care and SCP programme at the WY&H Clinical Forum and Joint Committee meetings and agreed as an acceptable approach. The process is detailed here for clarity. See also the governance diagram at appendix 1, which provides additional detail e.g. specific working groups.
 - Each policy or pathway is developed in the relevant working group using the 'do once and share' approach i.e. one place / CCG leads the development of the policy or pathway.
 - Clinical involvement is secured by the place leading the pathway / policy development, and the draft policy / pathway shared for comment and development with relevant clinicians across WY&H.
 - The developed policy or pathway is shared with members of the working group to ensure agreement of all working group members.
 - Mapping of the differences between the proposed pathway and the current pathway and policies in each of the nine WY&H CCGs and an assessment of issues and risks
 - Mapping of engagement findings from across the nine WY&H CCGs and assessment of the need for consultation or further engagement

- Completion of the WY&H Quality and Equality Impact Assessment (agreed at the January 2019 Joint Committee)
- The policy or pathway is presented at the Elective Care and SCP programme board to ensure representation and agreement from all nine CCGs within WY&H prior to recommendation to the Joint Committee.
- Development and discussion at Joint Committee and/ or Clinical Forum
- Decision at Joint Committee

West Yorkshire and Harrogate Pathways for Consideration

4. Musculoskeletal (MSK) problems are very common conditions affecting bones, joints, muscles and other soft tissues such as ligaments and tendons. Sometimes these conditions arise from injury but frequently they are caused by 'wear and tear', occupational or lifestyle factors. They can affect all of the population but are more common in the older population because of 'wear and tear', or the cumulative effect of lifestyle factors. MSK services encompass a range of treatment options and services which are effective in the management of MSK conditions. This includes services such as physiotherapy, pain management or podiatry.
5. MSK services are high demand services in WY&H and are provided in all places within the partnership. The various services are largely similar although there is variation in how they are provided, and some elements of the proposed pathway are not currently available in all places. The WY&H Elective Care and SCP programme is working on the standardisation of a range of commissioning policies for musculoskeletal conditions and these policies should be supported by a standardised care pathway into which they fit. This MSK pathway sets the expectation that all but the most urgent MSK cases will be managed in primary care or through referral to an MSK service to ensure that all appropriate conservative management options have been tried prior to referral for surgical assessment.
6. A longer term ambition for the MSK workstream, pending the adoption of a single MSK pathway, is to develop a single MSK specification with agreed performance and outcome measures to provide quality assurance on experience of care, patient safety, clinical effectiveness and health inequalities. The proposed pathway is included in appendix 2.

Engagement and Consultation

7. The development of the MSK pathway was led by NHS Wakefield CCG, NHS Leeds CCG and Mid Yorkshire Hospitals Trust with involvement from the clinical and managerial staff. A draft of the pathway was then shared with all the CCGs of WY&H, through the West Yorkshire Association of Acute Trusts Programme Management Office with all the acute NHS provider organisations, and with the

WY&H clinical forum. Each CCG also shared the pathway with local clinical staff and service providers as appropriate.

8. Advice was sought from the communications and engagement leads in each of the CCGs, asking them whether the changes that were proposed were of a nature that they would want to engage on locally. All replied that the changes were very minor, and should result in an improvement in service so they would not normally undertake local engagement. Local communication to provider organisations, clinicians and the local population will be necessary to support implementation.
9. At its meeting on 8th April 2019, the Joint Committee's Patient and Public Involvement (PPI) Assurance Group considered an update on the Elective Care programme, including the MSK pathway. The Group noted the reasons why further local engagement had not been required and highlighted the need to 'close the loop' on how previous engagement had been taken into account. The Group supported the approach to PPI being adopted by the Programme.
10. Engagement undertaken for WY&H HCP by HealthWatch in April 2017 indicated that people were in favour of patient initiated follow up. This has been included in the MSK pathway, and is not currently available in the majority of MSK services. The WY&H HCP engagement mapping exercise* from March 2018 provided information to inform the development of the pathway. The key findings were that:
 - a. People and their families want to be more involved in care plans and to be provided with information to make informed choices. They want support to self-manage their condition and make positive changes to behaviour to help them lead a healthy lifestyle such as more access to weight management services or support to increase physical activity levels. This is addressed through increased emphasis on supported self-management and shared decision making.
 - b. People wanted to see an increase in the range of services available at GP practices. The introduction of first contact practitioner physiotherapists for MSK conditions will support this.
 - c. People felt that there is a need to improve coordination of care between services so patients receive the best care in a seamless way, and also expressed a concern about the increase in waiting times for appointments. This is addressed through developing an integrated MSK pathway. MSK triage and the multidisciplinary patient review should ensure seamless care and also ensure the right care is offered first time. This will reduce avoidable referrals and appointments and help prevent increasing waiting times.
 - d. People felt that there should not be a postcode lottery for access to care. Creating a single MSK pathway for West Yorkshire and Harrogate will help increase standardisation of services and reduce variation in access and availability of care.

Quality and Equality Impact Assessment

11. To support the governance processes for the Elective Care and SCP programme a single approach to Quality and Equality Impact Assessment (QEIA) has been developed by the WY&H CCG Chief Nurses, Quality Leads and Equality leads. This process, including a policy, document template and guidance notes was approved at the WY&H Joint Committee of CCGs in their public meeting on 8 January 2019.
12. The groups of people affected by this pathway are :
 - a. Patients who already use MSK services or have conditions that would result in a referral to MSK services.
 - b. Primary care staff, in particular, General Practitioners, as they will need to take account of this pathway when assessing and referring patients.
 - c. Community service and secondary care clinicians who also need to take account of this pathway when treating patients and making onward referrals.
13. The QEIA for the MSK pathway overall identified a positive impact with a potentially negative impact on workforce from implementing this pathway in preparing the workforce for the availability of new roles and training for these roles. This impact on implementation of the pathway is addressed in paragraph 15 below. Positive impacts for patient experience, patient safety, clinical effectiveness and workforce were identified. The QEIA summary is included at Appendix 3.
14. A key consideration of the Elective Care and SCP programme is equitable access to appropriate, evidence-based interventions. By implementing these policies and pathways, we aim to reduce variation and inequalities in health outcomes for the population of West Yorkshire and Harrogate by systematically offering the most up-to-date clinically proven treatments and making the most effective use of NHS resources.

Impact of Implementation in West Yorkshire and Harrogate

15. Introduction of first contact practitioners (FCPs) has commenced in WY&H and the Elective Care and SCP programme is supporting the sustainable development of these roles in line with the NHS Long Term Plan. A coordinated approach is required to ensure physiotherapy services elsewhere in the MSK pathway are not destabilised. The FCP role has been developed primarily to generate capacity in primary care by diverting people with MSK pain from a GP appointment to an FCP. It is not anticipated that this role will increase demand in MSK services.

16. The increased emphasis on shared decision making and supported self-management will require additional staff development to ensure all clinical staff within MSK services have the required skills for this approach. Localities may need to develop some of the services required to meet the desired changes in self-management and healthy lifestyle behaviours. This could be done in line with the plans for Primary Care Networks outlined in the NHS Long Term Plan including through social prescribing.
17. Introduction of multidisciplinary patient review is designed to support integration between MSK and surgical services. Where these are provided by different organisations effective communication and shared working practices will need to be developed to ensure effective functioning of this element of the pathway.
18. Introducing patient initiated follow up should release capacity in MSK services by removing clinically unnecessary follow up appointments, with the assurance that the patient can still access follow up should the condition deteriorate.
19. Implementing a standard MSK pathway in orthopaedics will optimise efficiency by ensuring people get the right care in the right place at the right time, and only progress to surgical intervention when it is clinically appropriate, and when the patient is able to derive benefit from it. We anticipate a neutral financial impact as any financial efficiency will be absorbed in the establishment of adequate holistic services.

Implementation Plans

20. Mapping of the differences between the proposed pathway and the current pathway and policies in each of the nine WY&H CCGs and an assessment of issues and risks has been undertaken. It is expected that each place will develop an implementation plan with clear timescales for delivery.
21. Integration of some of the new elements of the pathway e.g. START Back tool with existing primary care patient systems will support uptake and facilitate implementation.
22. The nine CCGs of WY&H have previously agreed a 3 year timescale for the complete implementation of new pathways. This reflects the complexity of pathway change and the procurement and contract negotiation process with service providers, however it is expected that the majority of the pathway should be implemented within one year. Adequate capacity in mental health services and the development of holistic pain management services may take up to three years due to the workforce challenges in these areas.
23. Implementation of the WY&H HCP MSK policy should be monitored by regular local audit of clinical practice and patient experience. A single MSK 'specification'

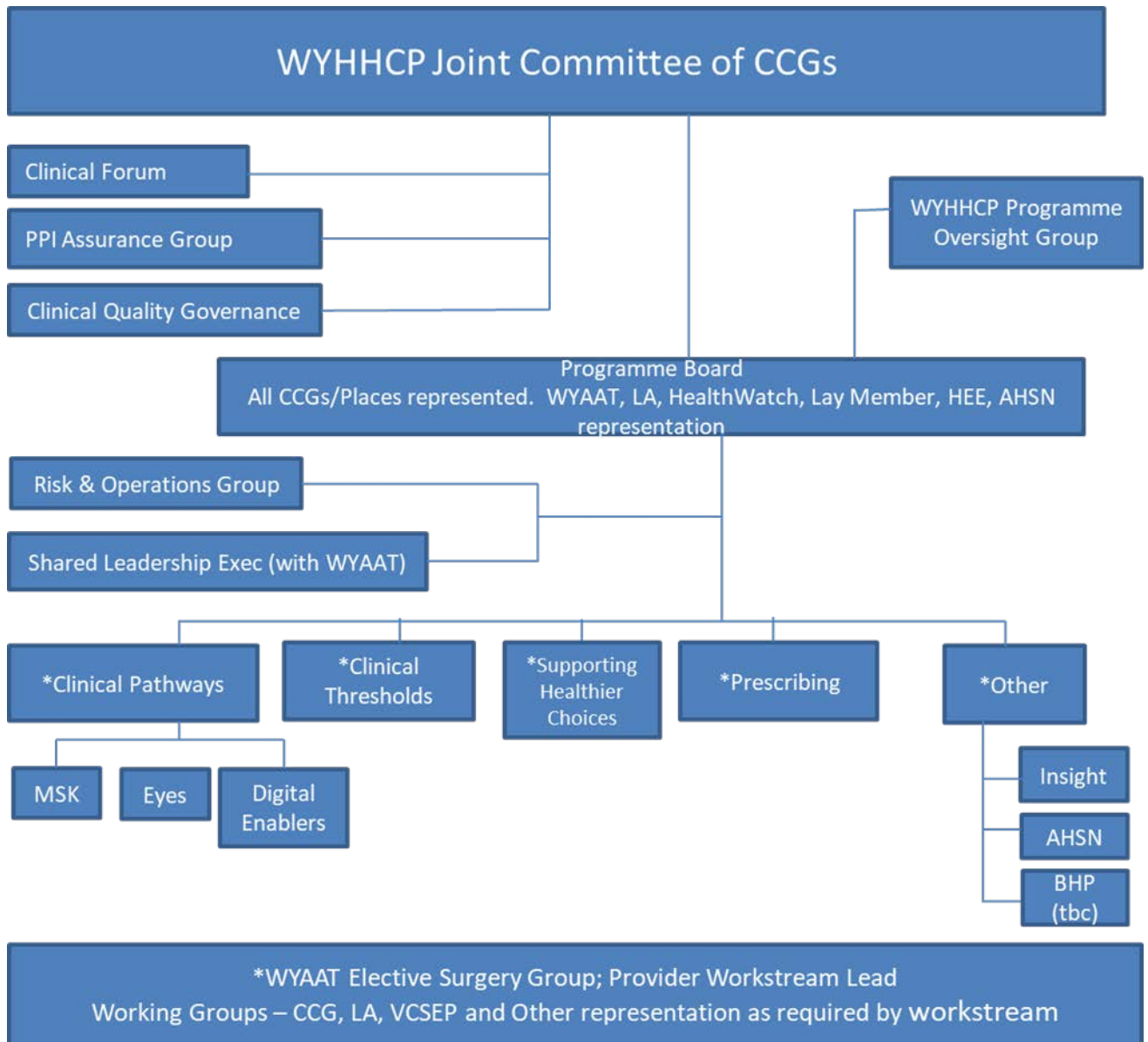
with agreed performance and outcome measures will be developed to support implementation and allow comparison across West Yorkshire and Harrogate.

Summary and Recommendations

24. Joint Committee is asked to agree the WY&H MSK pathway for adoption in the nine Clinical Commissioning Groups of West Yorkshire and Harrogate.

List of Appendices:

- 1. Governance Structure**
- 2. Proposal for Musculoskeletal Pathway for West Yorkshire and Harrogate (draft).**
- 3. West Yorkshire and Harrogate Health and Care Partnership Quality Impact Assessment.**



Proposal for Musculoskeletal Pathway for West Yorkshire and Harrogate

This pathway was developed collaboratively by a West Yorkshire and Harrogate Health and Care Partnership working group as part of the Elective Care and Standardisation of Commissioning Policies programme. Representatives from Wakefield CCG, Leeds CCG and Mid Yorkshire Hospitals Trust led the pathway development.

Notes:

This MSK pathway should not be viewed as a linear pathway. People using services within this pathway should be able to 'step out' of and re-enter the pathway at any point as is clinically appropriate. This is to prevent unnecessary re-referral through early parts of the pathway, improving service utilisation and enhancing the experience of care.

1. Referral / First Contact

First Contact Practitioner is a primary care function and can be a direct replacement for a GP appointment. It doesn't have to be located in primary care and may be provided by a community provider. It might be most appropriate to commission FCP on a community basis rather than by individual GP practice.

STarT Back is a screening tool for back pain to categorise risk and support referral to appropriate therapies (<https://www.keele.ac.uk/sbst/>). It should be used in the assessment of back pain in line with the NHS RightCare National roll out of back pain pathway 2018/19.

Direct referral from GP direct for surgical assessment should only occur where the patient has previously been referred through the MSK service and has exhausted first line / non-surgical treatment interventions. Direct referral from A&E for surgical assessment should not occur, except in cases of trauma, and referral from A&E should be into MSK services through MSK triage.

A&E is included in referral / first contact as it reflects current activity and patterns of patients' presentation within the WY&H HCP services.

2. Supported Self-Management and Shared Decision Making

Supported self-management and shared decision making should be the essential underpinning principles throughout the MSK pathway and services. Shared decision making conversations between the patient and clinician should form the basis of the decision to refer through the various steps of the pathway.

'Supporting Healthier Choices' means ensuring patients are fit to proceed to assessment for surgery by offering help with smoking cessation, BMI reduction, alcohol issues, mental health, IV drug misuse etc. This supports the holistic care of the patient and adopts the 'Making Every Contact Count' approach to care delivery. It will support longer term population health gains. The approach will be founded in the principles of equity, care and compassion, evidence and patient choice. It will be based on a proper offer of support to people who are able to benefit from a behavioural change intervention to enable people to make a meaningful choice. People should be made the offer of support at every appropriate step of the MSK pathway, and patients for whom a referral to secondary care services is being made should always have had an opportunity to participate in elements of a 'supporting healthier choices' programme.

Some of the services / approaches may be provided through social prescribing, voluntary community

and social enterprise organisations, local authority public health programmes and initiatives or through commissioned NHS services.

3. Direct Access Diagnostics

Not all patients will require direct access diagnostics. Referral should be from a suitably qualified health care professional and should be protocol driven, with the protocols developed in collaboration with the required secondary care clinicians.

4. MSK Services

Success of the MSK service in the wider MSK pathway will be dependent on effective information sharing and will relate strongly to the 'triage' element in the earlier stages of the pathway.

Access to mental health services should be provided to support effective self-management for people with long term MSK conditions and pain, and should include a biopsychosocial approach to symptom control. Inadequate provision of these services to support the patient to develop coping strategies may be driving increased service utilisation and repeated referrals into the MSK pathway, increasing demand.

'Escape Pain' is an approach to the management of osteoarthritis (OA) of the hip and/or knee. It consists of group rehabilitation including exercise, education and self-management support (<https://www.yhahsn.org.uk/service/population-health-service/escape-pain/>). Services delivered within the WY&H MSK pathway should ensure all of the components of an 'Escape Pain' programme are included in the management of OA hip and/or knee as clinically indicated, in line with the NHS RightCare Northern Region Musculoskeletal Collaborative Programme. However these components of care do not have to be commissioned as an 'Escape Pain' programme.

A single point of contact for people receiving care for the management of back pain should be provided in line with the NHS RightCare National roll out of back pain pathway 2018/19.

Access to pain, podiatry and rheumatology services should be provided to ensure holistic and effective treatment of the patient.

Inclusion of the above services in the pathway diagram does not indicate that these services should be commissioned in their entirety as part of the MSK pathway, but that effective and sufficient access should be provided.

Clinical outcomes of the MSK service and audit of these will be important. It is proposed that a common set of outcome measures is developed.

5. Multidisciplinary Patient Review

The purpose of the MDT patient review is to act as a system integrator. This ensures that patients progress from primary / community services to secondary care in a timely manner and at an appropriate stage in the clinical condition. It will support the prevention of unnecessary secondary care referrals as well as avoiding inappropriate delays and late referral of patients. It will also support and facilitate the successful self-management of people with long term MSK conditions for whom it is agreed following a shared decision making process, that surgical intervention is not desirable.

6. Surgical Assessment

Referral to secondary care for surgical assessment would usually happen after primary and community care based interventions have been undertaken and via the MDT patient review. Some people will present for the first time with clear clinical indications that surgical assessment and intervention is required. It should be possible to refer these patients directly into secondary care services to ensure there is no unnecessary delay for the patient accessing the appropriate care. Simultaneous referral into MSK services may also be required to gain maximum treatment benefit and optimise clinical outcome.

7. Red Flag Symptoms

Referral to secondary care for assessment for red flag symptoms should be possible from any part of the pathway, without the need for referral back to the GP.

8. Post-Operative Care Pathway

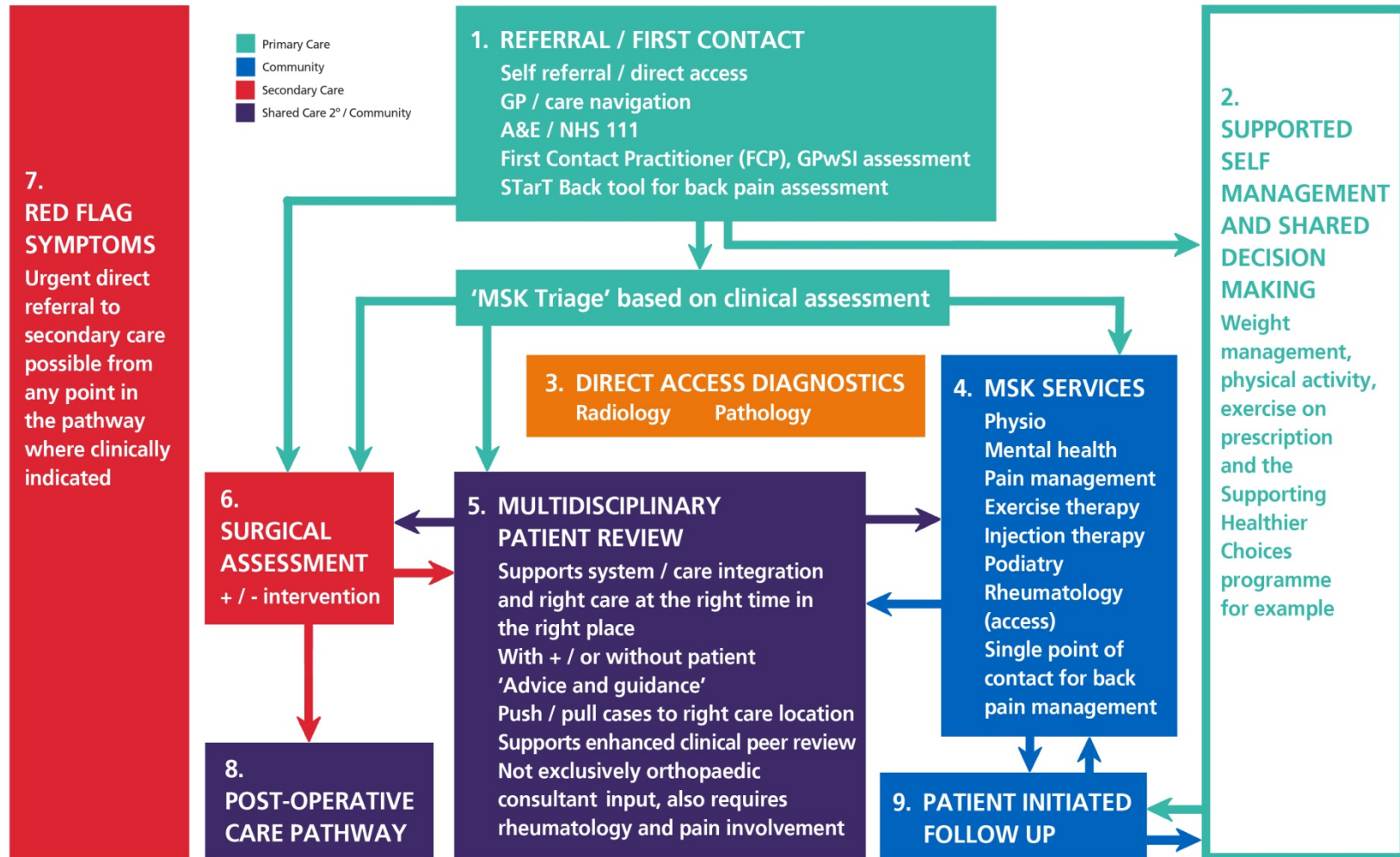
This is not within the scope of this pathway proposal but has been included here for illustrative purposes, to demonstrate how services fit together.

9. Patient Initiated Follow Up

To support self-management and assist appropriate and timely discharge from services, models of patient initiated follow up should be employed within the MSK pathway.

Proposal for Musculoskeletal (MSK) Pathway for West Yorkshire and Harrogate

Version 5 - April 2019



West Yorkshire and Harrogate Health and Care Partnership Quality and Equality Impact Assessment

This summary sheet provides an overview of the staff involved, proposed change and a summary of the findings. This assessment consists of five domains: Patient Experience, Patient Safety, Effectiveness, Equality and Workforce.

Title of Scheme: West Yorkshire and Harrogate HCP MSK Pathway																	
Project Lead: Joanne Rattray			WY&H HCP														
Clinical Lead: James Thomas, Clinical Chair, AWC CCG			Programme Lead: Catherine Thompson, WY&H HCP														
Senior Responsible Officer: Matt Walsh, Calderdale CCG		Date:															
Proposed change:																	
<p>The MSK Pathway has been reviewed and standardised across the nine CCGs to create a single pathway for service design and delivery in each place.</p> <p>The single pathway draws together and harmonises the core components of the existing MSK pathways from each of the nine CCGs of WY&H, and adds in the elements of best practice which are new recommendations in national guidance from NHS England, and local expert clinical opinion in WY&H.</p>																	
Airedale, Wharfedale and Craven CCG		<input checked="" type="checkbox"/>	Calderdale CCG		<input checked="" type="checkbox"/>												
Bradford City CCG		<input checked="" type="checkbox"/>	Greater Huddersfield CCG		<input checked="" type="checkbox"/>												
Bradford Districts CCG		<input checked="" type="checkbox"/>	Harrogate and Rural Districts CCG		<input checked="" type="checkbox"/>												
Leeds CCG		<input checked="" type="checkbox"/>	North Kirklees CCG		<input checked="" type="checkbox"/>												
Wakefield CCG		<input checked="" type="checkbox"/>															
Summary of Impacts																	
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Patient Experience</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Patient Safety</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Effectiveness</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Equality</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Workforce</div>		<table border="1" style="display: none;"> <caption>Impact Scores</caption> <thead> <tr> <th>Domain</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Patient Experience</td> <td>8</td> </tr> <tr> <td>Patient Safety</td> <td>3</td> </tr> <tr> <td>Effectiveness</td> <td>9</td> </tr> <tr> <td>Equality</td> <td>0</td> </tr> <tr> <td>Workforce</td> <td>-4</td> </tr> </tbody> </table>				Domain	Score	Patient Experience	8	Patient Safety	3	Effectiveness	9	Equality	0	Workforce	-4
Domain	Score																
Patient Experience	8																
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Workforce	-4																
Summary of findings:																	
<p>The pathway ensures a consistent approach across West Yorkshire and Harrogate HCP to provide integrated MSK services. There is a positive impact on patient experience due to improved access and reduced waiting times. Positive impacts:</p> <ul style="list-style-type: none"> - a greater sense of control for the patient through shared decision making and the inclusion of patient initiated follow-ups . - improved patient safety and clinical effectiveness as the pathway and policies are in line with national guidance and focus on patient outcomes. - the adoption of a common set of outcome measures which will enable benchmarking and shared learning. - improved workforce integration of services and career development opportunities. <p>Potential negative impacts:</p>																	
Summary of Next Steps:																	
<p>The final pathway will be presented to the Clinical Forum for development in April and the Joint Committee for approval in May 2019. Ongoing monitoring of patient feedback is going to be captured through a methodology currently being developed on an outcomes based model focusing on health outcomes and patient reported experience of care. This will be in addition to what each Place collects and NHS national data, e.g. PROMS and PREMS, and Friends and Family Test</p>																	
Has this been incorporated into the project documentation?		Yes															