

# Board assurance prompt: improving the effectiveness of musculoskeletal health for NHS commissioners

**Musculoskeletal (MSK) conditions now affect 1 in 4 of the adult population. They are the biggest cause of the growing burden of disability in the UK, and cost the NHS £5 billion each year.**

## What is this guide and who is it for?

Demand for MSK services is rising exponentially as the UK's population ages and grows. With capacity and resource already stretched across the NHS, this will have significant finance and performance implications for NHS commissioners, especially if local pathways are not configured optimally.

Recent reports, including the Carter Review, and pioneering initiatives, such as Getting it Right First Time (GIRFT) and the Model Hospital, demonstrate that there is an opportunity for NHS organisations to get ahead of the curve and drive down costs through the design and development of best practice MSK pathways. This should be done in tandem with a range of stakeholders including commissioners, NHS Trusts, the third sector, and patients and their families.

This briefing is targeted at NHS commissioners. It is intended to support such organisations plan and manage appropriate and effective orthopaedics, diagnostics, rheumatology, pain and MSK to their local population. In particular, it aims to help colleagues with no clinical background understand key healthcare issues relating to MSK. We have produced separate guidance on MSK health for NHS providers.

## What are MSK conditions?

The term 'musculoskeletal conditions' encompasses a broad range of ailments which affect the body's tendons, muscles, nerves and supporting structures. These include everything from a minor self-limiting injury to a joint replacement.

Only a minority of MSK conditions ultimately require hospital services, however, often due to inefficiencies within community pathways, non-surgical patients are referred into secondary care when they could be treated effectively within community settings. There are significant financial and performance efficiencies still to be realised within the system from optimising MSK services outside hospitals.

## MSK is a significant and growing problem

**It has been estimated that there are 17.8 million people in the UK living with an MSK condition.**<sup>1</sup> That is more than one in every four people.

MSK conditions can be progressive, meaning the impact can be profound though a holistic service provision is often underinvested in since most are not immediately life-threatening.

**MSK problems can have an enormous impact on quality of life and are the single biggest cause of the growing burden of disability in the UK.**<sup>2</sup>

Those living with MSK conditions typically experience pain most days. Consequently, MSK conditions are estimated to account for about 30 million lost working days each year, costing the wider economy billions.

MSK conditions are closely linked with old age, deprivation and multimorbidity: almost five out of every 10 people with heart, lung, or mental health problems also have an MSK condition; whilst, in the most deprived areas of the UK, the onset of MSK conditions occurs 10-15 years earlier than in the least deprived.<sup>3</sup>

MSK conditions comprise around 14% of all primary care consultations and 10% of all GP referrals to hospitals, resulting in approximately 1.36 million admissions to secondary care and 2.27 million bed days in England in 2016-17.<sup>4</sup> MSK conditions also often bring forward the need for long-term social and residential care.

**The NHS in England currently spends £5 billion each year on MSK conditions.**<sup>5</sup> Most of the expenditure occurs in hospitals either in outpatient departments or on operations.

The prevalence of MSK conditions will increase exponentially as the population grows and becomes more aged, exacerbating the impact of the issues discussed above.

**Much of this is avoidable.** Early quality management of these conditions will keep people at work or enable them to return to work earlier, and reduce advanced treatment needs in hospitals in future years. This is often not happening at the moment adding to the burden.

## Issues with the prevention and treatment of MSK conditions

Despite the significant access and financial challenges associated with hospital-based services, community MSK services which could make a significant difference, have historically suffered from underinvestment and a lack of awareness of benefits amongst both primary and secondary care clinicians and the general public.

1. Arthritis Research UK, State of musculoskeletal health 2018  
2. Arthritis Research UK, State of musculoskeletal health 2017  
3. Arthritis Research UK, State of musculoskeletal health 2018  
4. Arthritis Research UK, What is the impact?  
5. NHS England, Musculoskeletal conditions

Challenges to the treatment and prevention of MSK conditions include increasing demand, funding constraints, variation in the quality of care, and a disjointed and multi-provider landscape with perverse incentives to interventional treatment, some with poor evidence-base and poor outcomes. These contribute to excessive referral of patients to secondary care resulting in a financial burden to the NHS and now to acute trusts where contracts change from payment by activity to block.

Recognising the dysfunctional nature of services, in 2006, the Department of Health published the seminal Musculoskeletal Services Framework (MSF) which sought to address some of these core issues. This document highlighted the importance of:

- Supporting self-care and care closer to home to ensure individuals fulfil their optimum health potential and remain independent
- Ensuring care was holistic in approach addressing psychological and social need, as well as physical
- Implementing multi-disciplinary interface services, acting as a one-stop shop for assessment, diagnosis, treatment or referral to other specialists.<sup>6</sup>

Subsequent NHS guidance, including the Next Steps on the Five Year Forward View, has built on this, stressing the need to reduce avoidable demand and meet demand more appropriately with MSK triage given as an example of where this could be realised effectively.

The publication of the NHS Long Term Plan saw renewed emphasis on "the importance of therapies and planned surgical services for conditions that limit independence and affect quality of life."<sup>7</sup> The Plan stresses the need for patients to have direct access to MSK First Contact Practitioners (FCP) and physiotherapists within primary care, and notes that 98% of STPs have confirmed pilot sites for FCP. When a patient does need an operation, the Plan highlights the importance of patient choice and shorter waiting times, and recognises that capacity for surgery has not increased rapidly enough.

At an individual level, there are a number of interventions which can support and improve MSK health. This includes regular physical activity, optimum weight and ensuring appropriate working and living environments. Educating the public on the importance of prevention approaches, as well as supporting them to self-manage existing conditions has a central role to support these interventions.

Other important tools and programmes which are supporting NHS organisations provide more effective treatment and prevention of MSK conditions, include NHS Right Care and GIRFT. These national programmes address unwarranted variation within the system, share best practice, and deliver meaningful savings, and are already demonstrating variation within secondary care with regards to clinical approach and cost to the NHS. interventions.

6. Department of Health, Musculoskeletal Services Framework

7. NHS England, The NHS Long Term Plan

## Case study

### Nottingham West CCG and Nottingham North and East CCG

Since 2016, Nottingham West CCG and Nottingham North and East CCG have worked locally with their MSK provider to:

- Improve access to, and service user experience of, MSK services
- Streamline into one single point of access and MSK triage
- Deliver routine and advanced MSK services in a community setting
- Reduce costs in secondary care

By revising and expanding the scope of the Clinical Assessment and Treatment Service to include multi-disciplinary teams of specialist clinicians and physiotherapists located in GP practices and local health centres, services in Nottingham have been able to provide more holistic care, manage patient flow, and improve collaboration across areas which had traditionally been separate.

This has resulted in a more efficient and continuous service, increased capacity within secondary care and improved patient experience. Some of the notable system improvements between 16/17 and 18/19 have resulted in:

- **30%** reduction in secondary care referrals for trauma and orthopaedics
- Financial savings of **£2.6m in 2018** on trauma and orthopaedics referrals
- Innovative rehabilitation pathways support sustained physical activity - **25% of patients** now join a gym on discharge
- Surgical conversion rates improved from **30-40% to 90%**
- A reduction in waiting times for physiotherapy face to face appointments from **84 days to 12 days**
- 94% of patients received treatment within **18 weeks**, outperforming national targets
- A significant improvement in the quality of life (EQ5D score) in **77% of patients** managed in the community

### What are the key benefits of efficient community MSK problem prevention and treatment?

1. Preventing those at risk of developing an MSK condition from doing so, and those who already have an MSK condition from deteriorating
2. Increased population health and patient independence
3. Reducing referral to and treatments in secondary care
4. Reducing the financial burden on the NHS and social care
5. Reducing workforce absence and performance pressure in the NHS
6. Improving patient experience and satisfaction

### The rest of this guide

Overleaf are a series of assurance questions that board members and others developing services might ask to ensure that the local service development is progressing along sustainable lines to meet the needs of patients in the future and is focussed on better population outcomes. These assurance questions are examples only. We also provide our view about what an adequate and thoughtful answer to these questions would look like, and also what an unsatisfactory response would be. Often the adequate answer indicates something has happened or will happen, that it will be possible to monitor its implementation/effectiveness and there is accountability. The inadequate answer often suggests either lack of pathway development or ongoing activities in community pathways that are not monitored/evaluated and may be providing poor value for money.

Example assurance question	Good answer	Weaker answer
<p><b>1 Do we understand the scale and breadth of MSK conditions locally and the impact that this will have on demand?</b></p>	<p>With other local stakeholders, we have thoroughly investigated the scale of the MSK challenge and published this in our Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy, and other local plans. These demonstrate that the prevalence of MSK conditions is likely to increase as the UK's population grows and ages, as well as the need to constantly work collaboratively and collectively to address challenges in MSK.</p> <p>Within our health economy, the quality of our activity and outcomes data from MSK services is allowing us to monitor trends, forecast demand and plan appropriately for the whole of our population. We hold our locally commissioned providers to account for their performance.</p>	<p>We look at local access data and this informs short-term priorities and service design. The poor availability of meaningful data does not allow us to assess performance and understand how our MSK pathways should look.</p>

Example assurance question	Good answer	Weaker answer
<p><b>2</b> Are we prioritising prevention as well as treatment?</p>	<p>We understand that an emphasis on prevention can reduce demand in primary care and inappropriate referrals to secondary care.</p> <p>Recognising that healthy lifestyles - diet, exercise and working environment - are central to the prevention of many MSK conditions, we work with local stakeholders including NHS providers and the third sector to communicate and raise awareness about MSK. This includes through events and newsletters, public information provided digitally, and targeted and tailored local education programmes in the community. We evaluate these activities to ensure their effectiveness.</p>	<p>Information on the importance of early interventions for MSK conditions is included in provider contracts but we have no information on whether this happens or the impact of this.</p>
<p><b>3</b> How are we ensuring equitable and appropriate access to services?</p>	<p>We recognise that variation in the quality of primary care and community care is problematic for the delivery of effective MSK services. We have worked hard with local stakeholders, including primary care, community care and the third sector, to ensure that MSK services are accessible. This includes supporting the introduction of appropriate first point of contact physiotherapists located in GP practices or by self-referral as part of the community MSK service. This is helping to drive down outpatient attendances, reduce costs and improve patient experience and outcomes. Patient experience and clinical outcomes are being evaluated and we are demonstrably acting upon the feedback we receive.</p> <p>This is supported by local analysis of clinical performance to promote standardisation and reduce variation.</p>	<p>This is an ambition of ours which we are working towards. However, there are issues with regards to accountability and communication which we have not ironed out yet.</p>
<p><b>4</b> How have we worked with system partners to optimise the MSK pathway?</p>	<p>We know that effective partnerships are crucial to the design of efficient MSK services. We have therefore worked closely to reconfigure our pathway, and commissioning approach to acknowledge this. This has included the engagement of a specialist community partner to improve the early pathway and ensure that appropriate triage into secondary care and financial efficiencies.</p> <p>Our KPIs, such as EQ5D score, RTT, and surgical conversion rates show improvement.</p>	<p>We have not reviewed the pathway since the change in contracting approach.</p>

# BOARD ASSURANCE PROMPT MATURITY MATRIX

## A tool to support improvement of the effectiveness of musculoskeletal (MSK) health for NHS commissioners

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS. 0 - 5

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PROGRESS LEVELS KEY ELEMENTS	Maturity Matrix				
	0 BASIC LEVEL Principle accepted and commitment to action	2 EARLY PROGRESS Early progress in development	3 RESULTS Initial achievements evident	4 MATURITY Results systematically achieved over time	5 EXEMPLAR Others learning from our consistent achievements.
<b>PREVENTION</b>	No The MSK service is reactive, biomedical, and largely hospital based. There is little evidence of the promotion of lifelong self-management in the form of exercise(s) and healthy living.	Improvement of MSK prevention and treatment is a stated ambition of local NHS organisations and strategies for realising this have been developed.	Health promotion messages are used to improve awareness of MSK conditions.	Patients are increasingly seen out-of-hospital in well-being spaces such as gyms.	The commissioned MSK provider proactively works with the community in primary prevention and promoting life-long exercise(s). A substantial amount of patient interaction is in well-being spaces encouraging ongoing evidence-based activities for MSK and general health.
<b>ACCESS</b>	No Traditional GP referral only available to clinics in hospitals and some GP practices. Patients attending have little understanding of their condition and unrealistic expectations of the advice/ type of intervention they will receive.	Information on local service provision is advertised across a variety of channels, including social media and some delivered by telephone.	Service staff are working proactively in the community to improve awareness of, and access to, services. This is increasing the rate of self-referral.	The provider is working within the Primary Care Network to improve awareness of, and access to services. Patients are well-informed and have realistic expectations of the MSK service.	There is self-referral access to MSK via FCP and/or the Community MSK service including use of technology ranging from AI access through web-guided to telephone/ telemedicine and traditional face -to-face where preferred. Access covers multiple languages, is disability compliant and as close to home as possible.
<b>PATIENT EXPERIENCE</b>	No MSK pathways are currently fragmented across a range of organisations and services resulting in slower access, and poor communication between providers.	Services located in GP and local health centres are supported by a multi-disciplinary team including a physiotherapist.	Providers adopt an increasingly de-medicalised approach supporting patients to take ownership of their condition.	Effective triage, which is audited, ensures people access the support they need to manage their condition confidently and in the most appropriate setting. Technology is used appropriately to support the patient.	The service approaches people holistically, with shared decision making at the heart of action plans. Patients are already active in self-management before attending through evidence-based information and public education from the MSK provider.
<b>PATIENT OUTCOMES</b>	No PROMS data is unavailable from our providers. We are not sighted on the performance of our commissioned MSK pathway beyond the FFT.	We understand some PROMS data is collected but this is on small numbers or certain diagnoses only and our providers haven't share this.	Active monitoring of identified PROMS is beginning to happen by providers but there is no evidence this is changing clinical behaviour yet	Use of PROMS feedback and increasing use of evidence- based practice, supported by technology, is continually improving the performance of our MSK service	The MSK service shares real-time data with the CCG for instant access to live performance reports. The CCG are reassured that electronic collection rates of over 80% provide robust data and high and improving performance of the service is clear
<b>SPEND ON MSK</b>	No A shift to self-management and healthy living has not materialised. Referral to hospital is the norm and hence conversion rate to surgery remains less than 30%. The total cost of MSK care is rising as the community ages	We have identified increasing trends in activity levels for elective orthopaedics and we are trying to address this with providers using tools such as Right Care and GIRFT. The flows into secondary care seem unabated	We are working closely with local providers to promote prevention and rehabilitation in the community but the flow to hospital is not reducing but at least isn't increasing	We are working closely with local providers to promote prevention and rehabilitation in the community and we have seen some successes though we note in other CCG areas spend has reduced more significantly	Despite an aging population, overall costs are reduced as a result of health promotional activity and quality rehabilitation. Attendances at Orthopaedic outpatients is reduced and Surgical conversion rate for orthopaedics is more than 80%, demonstrating excellent referral quality.

