Classification: Official

Publications approval reference: 001559

Restoring primary and community musculoskeletal services: principles for integrated musculoskeletal service delivery

x December 2020

Introduction

There are significant challenges ahead in the restoration of MSK service provision in the context of the coronavirus pandemic:

- We must continue to reduce COVID-19 transmission and support the response to a further surge in coronavirus cases.
- We must adapt provision to meet more complex clinical needs as a direct consequence of COVID-19 and the emerging impact of post COVID syndrome on MSK health, along with the indirect consequences of social isolation, health system disruption and the economic impact.
- We must address the existing challenges facing healthcare outlined in the Long-Term Plan, with an MSK focus within five key transformation domains:
    1. Health promotion and prevention
    2. Assessment and triage
    3. Long term condition management and rehabilitation
    4. Diagnostics
    5. Planned secondary care (which is inclusive of Rheumatology, Pain management, Spinal services and Orthopaedics).
- We also need to address widening health inequalities, the impacts of which have been particularly salient in 2020.

Current service provision for people with MSK conditions is complex and variable. Services exist across sectors, involve multiple professions and are delivered across a range of providers. Whilst there are many examples of good practice, there is also unwarranted variation in commissioning access and delivery. Because of this, people with MSK conditions often find themselves being referred to another service, sent for another diagnostic test, or prescribed more medications, even if these actions add little value to their health outcomes or quality of life.

To achieve our vision of best lifelong MSK health within all communities, we need to ensure the delivery of evidence-informed and personalised, high-quality healthcare valued by all. We already have the benefits of nationally-agreed best practice clinical pathways and guidance, accessible via the links referenced below. We also have opportunities through collaboratives to share continuous learning of innovations rapidly introduced during the pandemic – an example is the #NHSchangechallenge collaborative: https://nhschangechallenge.crowdicity.com/category/193650

- Government guidance: https://www.gov.uk/coronavirus
- NHS website guidance: https://www.nhs.uk/conditions/coronavirus-covid-19/
- NHS England and NHS Improvement Effective Commissioning Initiative: https://www.england.nhs.uk/publication/evidence-based-interventions-guidance-for-clinical-commissioning-groups-ccgs/
  - and the further 31 interventions, subject to independently led engagement exercises (Academy of Medical Royal Colleges): https://www.aomrc.org.uk/ebi-22/wave-two-engagement/
- NICE guidance and pathways: https://www.nice.org.uk/
- GIRFT recommendations and pathways; https://gettingitrightfirsttime.co.uk/ https://www.gettingitrightfirsttime.co.uk/girft-academy-best-practice-library/
- Royal College of Radiologists Guidance: https://www.irefer.org.uk/
- Choosing Wisely recommendations: https://www.choosingwisely.co.uk/i-ama-clinician/recommendations/#1572879061091-6c332449-706b
- Versus Arthritis shared decision making tools: https://www.versusarthritis.org/about-arthritis/healthcare-professionals/musculoskeletal-decision-support-tools/
- Guidance on the use of corticosteroid injections: https://t.co/xXUgGrrcQ2?amp=1
- Guidance on the recognition of urgent and emergency conditions which require onward referral: http://arma.uk.net/resources/#specialist-guidance.

This document sets out the principles for integration and actions to support primary and community restoration, working collaboratively with diagnostics and secondary care services. Each local population requires integrated care systems (ICSs) to define a framework for

MSK services that facilitates the local adoption and delivery of nationally recognised best practice across organisational and professional boundaries.

The principles and actions described in this document are aligned with other key local and national priorities, including improving value in the NHS, developing primary care networks and strengthening collaboration within integrated care systems. This document also aligns with other Long Term Plan programmes, such as elective care, outpatients and diagnostics transformation as well as personalised care.

This is a working document. Its nature may evolve as the restoration and transformation process develops. Feedback is welcomed.

Key principles defining local integrated MSK delivery

- Enabling lifelong best MSK health for all requires a co-ordinated, collaborative and co-productive approach to delivery – between and across:
  - the person using MSK services, their families and carers
  - primary, community, diagnostic and secondary providers
  - physical and mental health services
  - social care and voluntary care sectors.

- MSK services must deliver a personalised approach. To do this, we need to:
  - recognise that MSK conditions are driven by multiple complex factors across a biopsychosocial spectrum, which are unique to each individual
  - recognise that shared decision-making requires an understanding of each individual's protected characteristics, preferences, circumstances, goals, values and beliefs
  - support prevention and wellbeing and empower self-management
  - optimise the benefits of social prescribing.

- Emergency and urgent conditions must be rapidly and clearly identified with onward referral to secondary care informed by the following guidance http://arma.uk.net/resources/#specialist-guidance

- To provide MSK services that are high quality, safe, effective and result in a positive experience for people using services, we must:
  - ensure that people using services are at the heart of the service
  - apply guidance and pathways that are condition-specific and informed by the integration of the best research evidence with clinical expertise and lived experience whilst recognising that MSK presentations can differ amongst patients

and can be influenced by a variety of factors, including social, physical and mental health related.
  - ensure the appropriate use of diagnostics in line with this best evidence.

- We must make best use of resources right across the system to most effectively address local population needs.

- It is crucial to identify and implement sustainable ways of working, which recognise the psychological and social impact of delivering care during the pandemic, along with the rapid lifestyle changes associated with social distancing.

Acting on these principles requires:

- Local leadership to have:
  - specialist knowledge of MSK
  - An in-depth understanding of what matters to local people with lived experience to co-produce their restoration plan
  - understanding of local resource availability
  - an appreciation for likely associated challenges and opportunities.

- Producing data sharing agreements, to allow sharing of patient information – in line with information governance requirements – to enable effective co-ordinated, collaborative provision of services.

- Co-ordinated use of digital resources; in particular, increased use of telephone/video consultation and/or remote monitoring, where appropriate.

- A cross-framework advice and guidance strategy that includes digital solutions and virtual multidisciplinary meetings.

- A collaborative continued professional development strategy.

- Holding/hosting forums, or other regular opportunities for feedback and learning, shared across the framework.

Actions for ICS leaders:

- Identify a named lead for integrated MSK delivery.

- Support a co-productive approach with people with lived experience.

- Lead the development of a local integrated framework for MSK services following the principles set out above, which delivers improvement not only for the population already accessing MSK services but also for the 'living well' population to enable continued physical health and mental wellbeing and thereby preventing the need to access services.
- Co-ordinate collaboration between local leaders in each of the five transformation domains:
  - health promotion and prevention
  - assessment and triage
  - long term conditions and rehabilitation
  - diagnostics
  - planned secondary care.
- Facilitate and oversee the completion of actions set out below.
- Set up a method of continuous monitoring. This will provide feedback across the system on service effectiveness, and inform continuous improvement. It must be aligned with the aims of improved patient experience, better clinical outcomes, lower cost and improved staff satisfaction.

Actions for primary care services:

- Where possible, use MSK first contact practitioners (FCPs) or general practitioners with extended roles (GPwERs) embedded in the local integrated MSK framework, working collaboratively with other primary, community and secondary care clinicians.

  Make best use of patient resources and non- medicalised interventions to improve supported self management for MSK conditions, signposting patients to accessible, evidence-informed resources to guide self-management (eg www.csp.org.uk/mskadvice)

- Consider the introduction of FCP's, if this can help sustain best use of resources to meet population needs, working in collaboration with local community, diagnostic and secondary care providers to integrate the roles within the MSK framework
- If primary care management according to the relevant guidelines, and including the facilitation of self-management, fails to bring about improvement in a patient's condition, make best use of:

  - MSK triage services where available to support shared decision making with regard to complex MSK conditions, specialist diagnostics (eg MRI and Ultrasound) and/or secondary care referral
  - Advice and guidance services where available
  - Physiotherapy and other health professionals to support further management and rehabilitation.

Actions for community services:

- Restore community MSK service provision while balancing the need to support local surge planning where required.
- Prioritise restoration of MSK triage services where available. This will support the management of complex MSK conditions, shared decision-making for diagnostics, and decisions about routine secondary care referrals.
- Prioritise physiotherapy management and rehabilitation for:
  - patients who have had recent elective surgery/procedures
  - patients who have had recent fracture
  - patients with acute and/or complex needs that significantly affect their ability to work (particularly for key workers and carers).
- Collaborate with people with lived experience and secondary care to coproduce prehabilitation resources for patients who have prolonged waits for elective surgery.

Actions for diagnostic services:

- Collaborate with primary, community and secondary care providers at all stages.
- Take steps to support primary and community care clinician's decision making in line with best practice guidance and pathways. In particular:
  - Allow specialist MSK primary and community care clinicians to request appropriate imaging and appropriate laboratory investigations.
  - Provide support to primary community and secondary care clinicians regarding diagnostics interpretation to inform clinical correlation where required, for example, providing advice and guidance services or engaging with virtual multi-disciplinary meetings.

Actions for planned secondary care:

- Collaborate with people with lived experience, primary and community care providers throughout.
- Optimise referral pathways into secondary care.
- Provide support to clinicians around referral decisions where required. For example, providing advice and guidance services or engaging with virtual multi-disciplinary meetings.
- Optimise rehabilitation pathways following procedures, and prehabilitation pathways for patients on waiting lists for surgery.
- Support the primary and community care management of inflammatory and non-inflammatory long-term conditions.

Measurable indicators

Continuous monitoring provides feedback across the system on service effectiveness and informs continuous improvement to reduced health inequalities, improve patient experience, achieve better clinical outcomes, lower cost and improve staff satisfaction. Monitoring should include:

- Patient outcomes – including functional capacity, quality of life, occupational status and other patient reported outcome measures (PROMs).
- Patient experience measures (PREMS), including involvement in developing a personalised care plan which meets their needs.
- Wait to first appointment for urgent and emergency and routine conditions, measured from initial presentation to any primary care service.
- Percentage of patients referred to secondary care as emergency, urgent and routine, with audit/evaluation of conversion to procedural intervention and/or appropriateness of referral according to local/national guidelines.
- Percentage of patients referred for further investigation, with audit/evaluation of appropriateness according to local/national guidelines.
- Percentage of patients prescribed medication for their MSk condition
- Percentage of patients discharged by secondary care at first consultation.

- Percentage of patients re-entering an MSK service within 2 years of discharge for the same condition.

- Staff experience measures.

- Collection of protected characteristics data to include age, sex and ethnicity.

Produced in partnership with:

Royal College of Physicians