

19 July 2023		ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee		
ICB Community MSK and Pain Service		
Wards and communities affected: All	Key Decision: Support for the development of a Community Musculoskeletal (MSK) and Pain Service	
Report of: Community MSK and Pain Service		
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This report is Public		

Executive Summary

NHS Mid and South Essex Integrated Care Board (ICB) is proposing a new Community Musculoskeletal (MSK) and Pain service for patients aged 16 years and over, serving the whole of Mid and South Essex, to improve patient access, experience and outcomes.

1. Recommendation(s)

1.1 Members of the Thurrock HOSC are invited to support the plans to implement a new single Community MSK and Pain Service, details of which are set out in this paper. The service will offer equitable provision and pathways for all residents of mid and south Essex.

2. Introduction and Background

2.1 Musculoskeletal Service (MSK) is one of the three speciality priorities described in the NHS Planning Guidance 2021/22 to support a reduction in variation in access and outcomes. Within the Mid and South Essex ICS there are six providers providing MSK services across community and multiple NHS and Independent Sector delivering secondary care, which creates a variation in both access to services and pathways being delivered across the population.

MSK transformation includes trauma and orthopaedics, rheumatology, pain management and therapies. Working with stakeholders since Autumn 2021,

the MSK System Delivery Group have developed a new community pathway, for people aged 16 years and over, based on the East of England MSK Pathway Improvement Framework, the BestMSK high impact recommendations and adhering to the Getting It Right First Time (GIRFT) pathway.

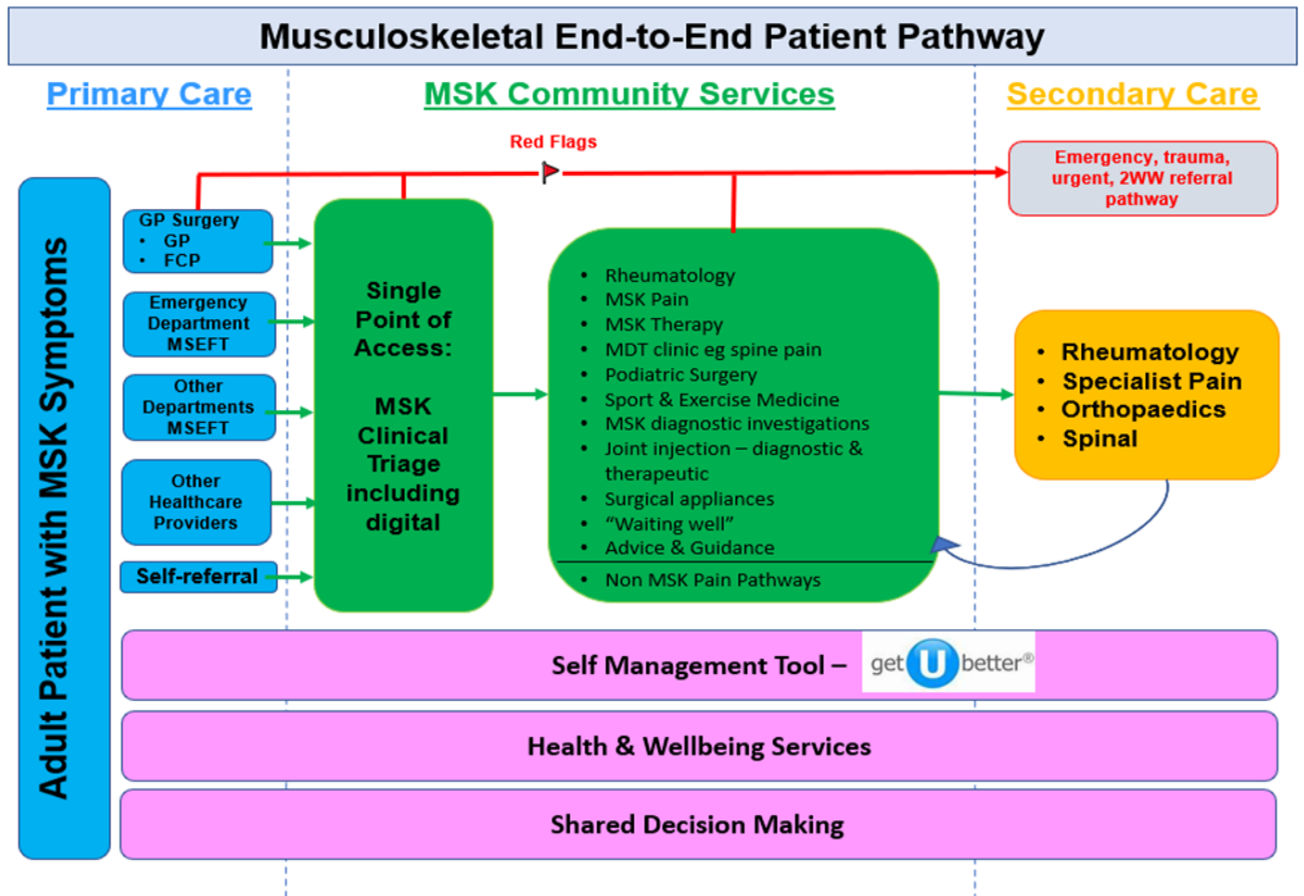
The proposal is to implement a single Community MSK and Pain Service for mid and south Essex which aims to assess and treat more patients outside of acute services and improve outcomes, quality and patient experience of care. Residents that cannot be managed in primary care (including by First Contact Practitioners (FCPs)) will be referred to the community service via a Single Point of Access (SPoA) for assessment, diagnostics, diagnosis, and treatment. Patients who require surgery or specialist assessment and/or treatment will follow a pathway through the community service into an acute service of their choice.

The service will support residents to self-manage their conditions with digital tools and self-management plans, and support waiting list pressures in secondary care for admitted and non-admitted care.

The implementation of the new Community MSK and Pain Service links to the ICS strategic objectives and will ensure that there is equitable access to services across Mid and South Essex. The new service will support the Best MSK core purposes of:

- reducing unwarranted variation and share best practice
- improving access, outcomes and experience of patients and enable best lifelong MSK health within all communities.
- Improving quality and patient safety

The proposed single pathway is summarised in the diagram below.



3. Issues, Options and Analysis of Options

3.1

Option	Description	Advantage	Disadvantage
1	Implement a new Community MSK and Pain Service for Mid and South Essex.	<ul style="list-style-type: none"> Improved patient access via SPoA Aligns with national recommendations (GIRFT and BestMSK) Coordinated and integrated care across the full MSK pathway Will help improve the MSK health for the population of Mid and South Essex The streamlined pathways of care will increase efficiency in MSK Pathways Supports the achievement of the RTT standard Reduces inequality of access and provision across MSE 	<ul style="list-style-type: none"> Outcome of the procurement may result in a new provider of care which may disrupt current established relationships Resource required to undertake successful procurement process Risk that no bids are submitted.

Option	Description	Advantage	Disadvantage
2	Do nothing. Current contractual arrangements remain.	<ul style="list-style-type: none"> Services continue as is with multiple local arrangements with no disruption to care given 	<ul style="list-style-type: none"> Does not align to national best practice (GIRFT and BestMSK) Inefficiencies due to differing service provisions are likely to cause delays in pathways Differing pathways will lead to continued health inequalities Inconsistent pathways are likely to impact RTT waiting times Not compliant with procurement regulations.

4. Reasons for Recommendation

4.1 The historic commissioning arrangements led to health inequalities in access and delivery of pathways across the ICS. Due to the new ways of working, increasing collaboration, and communication across primary, community and secondary care, implementing a Community MSK and Pain service will ensure there is equitable provision and pathways for all residents of Mid and South Essex.

The community service will ensure patients feel supported, informed and empowered throughout their pathway and will receive the right treatment, in the right place and at the right time.

The benefits of the new service will include:

- Care closer to home with the use of virtual appointments and digitally enable treatment solutions, alongside community locations for face-to-face care.
- Self-management via the use of digital tools and shared decision making.
- The Single Point of Access (SPoA) will provide timely access to specialist advice and guidance, clinical triage and assessment, diagnostic investigations, diagnosis, treatment, and rehabilitation so people are seen by the right person, at the right time, in the right place.
- Delivering follow up care via patient initiated follow up where clinically appropriate, telephone, virtual, face to face and supported self-care or shared care with primary care.

- Providing clinical leadership and MDT case management where appropriate ensuring that care is co-ordinated across the pathway.
- Good quality shared decision making implemented throughout the pathway to ensure service users are fully aware of their care and expected outcomes applying the ethos of 'no decision about me, without me' and to optimise referral management

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Engagement Process

A pre procurement survey was shared via ICB Communications team in February 2023. This survey was shared with/via:

- Virtual Views members (ICB Citizens' Panel)
- MSE ICS Engagement newsletter
- MSE social media channels
- Connect (internal staff newsletter)
- CVS partners in mid and south Essex
- The three local Healthwatch bodies

From this survey 108 people responded with 46 expressing an interest in future discussions.

On the 11th of May 2023 the ICB held a Community MSK and Pain Management Online event. This provided an opportunity to engage with the public on the proposed pathway changes and provide feedback to any questions raised. The event was very well received and some comments from the sessions are included below.

Comments

- 'My husband has accessed the Connect Health MSK unit, dismal failure not used since 2019'
- 'I couldn't get past the GP. He missed my two slipped discs'
- 'Better communication from professionals and not dismiss patients as if we are all stupid. We are currently paying privately to help severe pain. Who will oversee the quality of the eservice and if it is working as desired'
- 'New pathway sounds much better as long as it works'
- 'Generally positive re proposals was keen to stress that MSK services required vigorous inspection at all times also questioned availability of future funding streams top support transformation of services'

The comments helped to form the development of the business case.

- Introduction of self-referral and the Single Point of Access should streamline some the access issues. Along with accessing the right community pathway the first time.
- The NHS Integrated Care Board will oversee the management of these services through regular contract meetings alongside our clinical leads in primary and secondary care. These will incorporate input from patient groups/surveys.
- We believe that self-referral will really help.
- The new model should see cost reductions.

A follow up virtual survey was undertaken from the 16th of May 2023 to the 5th of June 2023, Service Providers encouraged patients to complete the survey at their clinics. The ICB communications team attended MSK clinics at Orsett and Southend during this time to offer support to patients completing the survey.

There was a total of 90 responses, which continued to show positive feedback for the proposed new service (full responses attached as appendix 1) with

- 90% of respondents felt that having a single point of access was a good idea
- 96% of respondents felt that self-referral was a good idea
- 98% agreed that receiving treatment that was personalised was important
- 77% responded as being 'happy' overall with the plans
- 4% responded as being 'unhappy' overall with the plans. These respondents have been invited to provide further feedback.

Examples of feedback shown below:

Based on your own experience do you think having a single point of access is a good idea?

[More Details](#)

[Insights](#)

● Yes	81
● No	3
● Don't know	6



How happy are you with the proposed changes?

[More Details](#)

Very happy	30
Somewhat happy	39
Neither happy nor unhappy	17
Somewhat unhappy	1
Very unhappy	3



6. Impact on corporate policies, priorities, performance and community impact

6.1 Not applicable

7. Implications

7.1 Financial

Not applicable

7.2 Legal

Not applicable

7.3 Diversity and Equality

The historic commissioning arrangements led to health inequalities in access and delivery of pathways across the ICS. Due to the new ways of working, increasing collaboration, and communication across primary, community and secondary care, implementing a Community MSK and Pain service will ensure there is equitable provision and pathways for all residents of Mid and South Essex.

An Equality and Health Inequality Impact Assessment has been completed which did not highlight any negative impacts.

7.4 Other implications

Not Applicable

8. Background papers used in preparing the report

Not applicable

9. Appendices to the report

- Appendix 1 Full online survey results



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