

## Health Overview and Scrutiny Committee July 3<sup>rd</sup> 2014 Developing Musculo-skeletal services

### Purpose:

The purpose of this paper is to inform HOSC members of a project being initiated by Oxfordshire Clinical Commissioning Group to review and develop planned musculo-skeletal services (see Scope, below, for inclusive services). This paper provides a high level summary of the project to give members information on how it will be managed and how the CCG will engage to inform future developments.

### Introduction:

Oxfordshire Clinical Commissioning Group (OCCG) is currently reviewing the services that collectively meet the needs of patients with a musculo-skeletal related condition. Currently these component services are provided under different contracts with various providers and have not been designed to work together as an integrated model of care. *Collectively these services received approximately x referrals in 2013/14 (to be determined and reported verbally on 3<sup>rd</sup> July).*

It is anticipated that by focussing on the complete pathway, OCCG, working both with patients and our health partners will be able to explore the issues that occur within individual services as well as understand any delays and inefficiencies that exist between various steps in the service pathway. It is the CCGs intention that a process of redesign via engagement with key stakeholders (especially GPs and patients) will inform a new fully integrated musculo-skeletal service to address the complexities inherent within the current system, improve patient experience and reduce unnecessary costs and delays.

This work will also enable a review of the effectiveness of wider support services and offers the potential to deliver care in more appropriate settings. The primary driver for this project is therefore quality of service, whilst the secondary driver is value for money.

### Objectives:

- 1) Implement an integrated pathway, eliminating inefficiencies
- 2) Ensure care is provided by appropriate clinicians in the right place, first time
- 3) Improve the quality of service delivery
- 4) Reduce acute admissions (Outpatient and Inpatient)
- 5) Increase staff morale

### Scope:

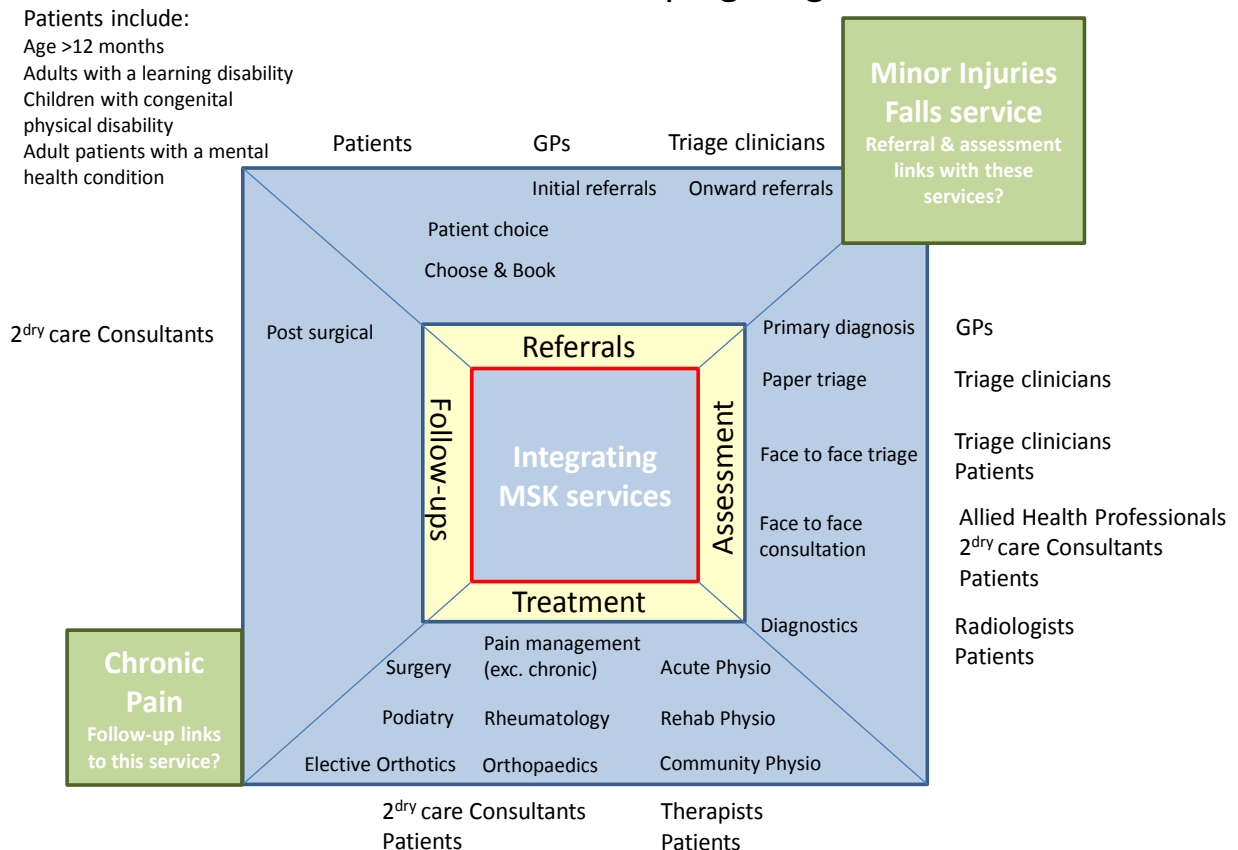
The scope of this project is still in draft and subject to change, but at this stage it is proposed that the future service will retain inclusion of all patients over the age of 12 months presenting with a Musculo-skeletal related condition: It will include a review of special requirements for adults with a learning disability, children with congenital physical disability and adult patients with a mental health condition. Integration of services will include:

- Orthopaedics (including orthopaedic surgery)
- Rheumatology
- Podiatry
- Acute Physiotherapy
- Rehab Physiotherapy
- Mental Health Physiotherapy

Referral processes will also be included within this review:

- Choose and Book (offering patient choice and booking process)
- How referrals are managed
- Access for patients entering the health system via other services e.g. Minor Injuries

## Musculo-Skeletal Scoping Diagram



### Explanatory Notes to diagram:

Large outer square shows services or elements of service that will be reviewed within the respective section of the pathway indicated by the inner square e.g. patient choice will be reviewed as part of the Referrals process.

Adjacent outer text shows key stakeholders connected with the respective services, or elements of service e.g. Radiologists and Patients are connected with Diagnostics

### Project Approach:

This project will be managed in three phases:

1. Outline business case: Clinicians and patients/public will be engaged to inform the outline business case by considering the issues with the current services and developing improved service model options. Contracting/ procurement options will also be scoped.
2. Full business case: Appropriate stakeholder engagement with clinicians and patients/public will be undertaken to develop service model options and service specification. Decisions on contracting, or procurement, routes will also be made at this time.
3. Mobilisation: Contract agreements and transition arrangements.

**Engagement strategy in summary:**

A full communications and engagement plan is being finalised within OCCG in accordance with the allocated project time-frames. See appendix A for draft summary of the engagement management plan.

An invitation has been extended to patients and GPs to participate in the development of this project via the CCG’s locality Patient Participation Groups and GP locality Leads. Patients and carers with experience of using local Musculo-skeletal services and GPs with a special interest in Musculo-skeletal services are being approached directly.

**Clinical Advisory Group:**

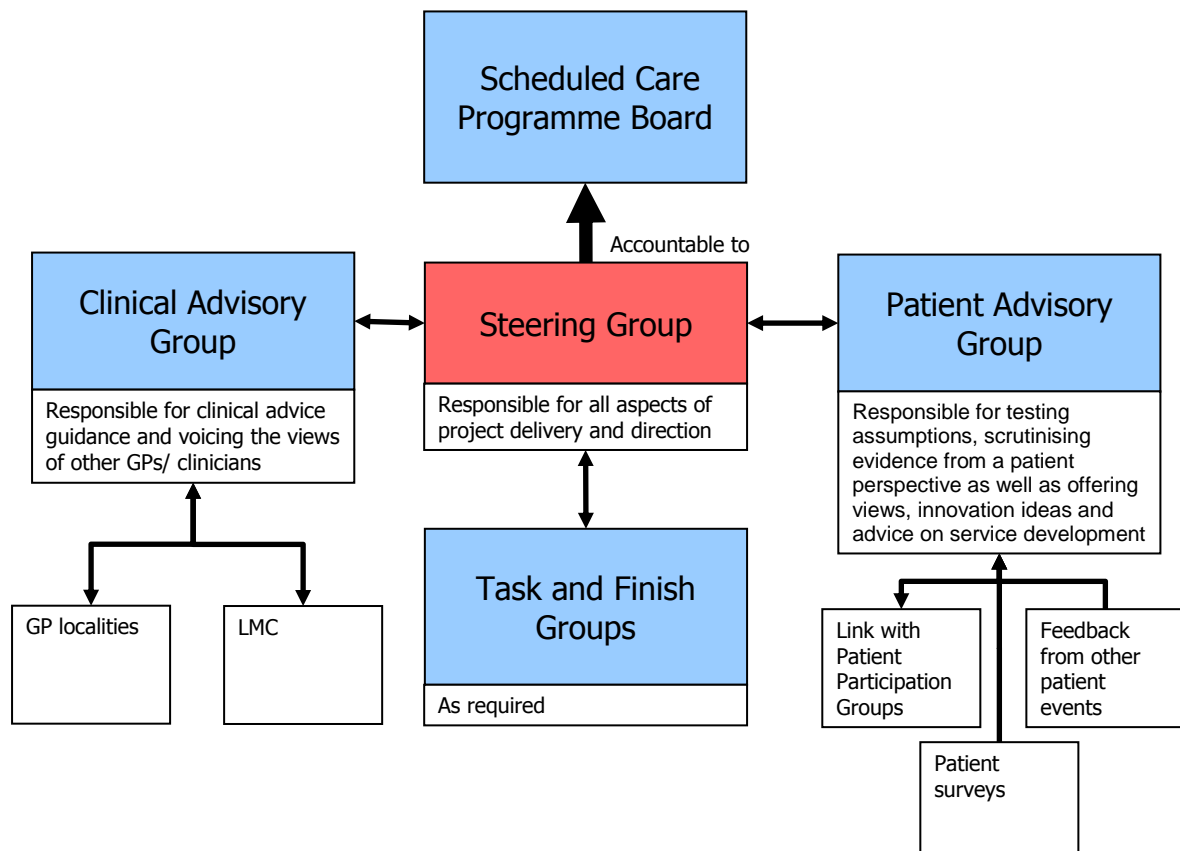
This group will include the clinical lead, GPs representing their respective localities and other clinicians as appropriate.

**Patient Advisory Group:**

This group will include patients and carers with experience of local Musculo-skeletal services. Other patient/ public representation may be invited as appropriate e.g. Voluntary organisations.

**Steering Group:**

Will include representation from the Clinical Advisory Group and Patient Advisory Group, one patient (and deputy patient) and a member of the Local Medical Council (tbc).



**Timeframe:**

Please see appendix B for draft high level project plan

Stake holder	Key issues, concerns, perspective	How will we engage them?	When will we engage them?	Who is responsible?
Local GPs Locality Leads	How will the change affect GP practice's and patient experience?	Clear concise communications	June 2014	Clinical Lead Project Lead Communications Lead
Patients (with experience of using existing services)	Will a service with a redesigned pathway improve patient experience? Will patients get a more restricted service? Will this address or create inequalities?	Invitation to sit on Patient Advisory Group – links with PPGs.  Patient survey at targeted service areas Workshops to inform the patient pathway and service specification	July 2014 (inform options in business case)  Sept – Oct 2014 (co-design following business case approval)  Jan – Mar 2015 (?) Public engagement	Project Lead Communications lead
Health Overview and Scrutiny Committee	Will a service with redesigned pathway improve patient experience? Will patients get a more restricted service? Will this address or create inequalities?	Presentation	Prior to submission of business case	Project Lead
Local Medical Council	How will this affect member GPs?	Communications to GPs and LM. Also a presentation	May/ June 2014	Clinical Lead Project Lead
Healthwatch	Will redesigned pathway improve patient experience? Will patients get a more restricted service? Will this address or create inequalities?	Invitation to join Patient Advisory Group. Explore whether Healthwatch can help support work on getting patient opinion	June/ July 2014  September/ October 2014	Project Lead Communications Lead
Providers: Oxford University Hospital Oxford Healthcare Nuffield (NOC) Other providers	What will this mean for each organisation? Different levels of involvement in services will require different levels of engagement. Will this affect contracts, volumes of activity, costs and introduce changes in clinical practice?	Preliminary early discussion and on-going communication to update  Provide information for current state analysis  Possible engagement on redesign but dependant on contracting/ procurement route	June 2014  June 2014  September/ October 2014	Project Lead

**APPENDIX A**

Public Health (OCC)	How will this meet the healthcare needs of the local population? What preventative measures can be promoted?	Preliminary early discussion  Involvement in current state analysis – needs of the local population  Involvement in future state analysis (advising on patient education/ prevention, required outcomes)	June 2014  July 2014  September/ October 2014	
Local MPs and Councillors	How will this affect patients within their constituency?	Written briefing	Imminently at start of project and when appropriate thereafter	Project Lead Communications Lead
Social Care	Will this change provide an opportunity for more integrated working?	Communication updates via Dir of Adult Social Care and carer routes.	At appropriate intervals	Project Lead Communications Lead
Clinical Commissioning Group	How will this improve patient experience? How will this increase value for money?	Senior Leaders on project board. Staff informed via internal channels.	Throughout	Project Lead Communications Lead

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