

# HOSC Task and Finish Group: Muscular Skeletal Services

## 1. Purpose

- 1.0 The purpose of this document is to define the Terms of Reference for the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) Task and Finish Group on Muscular Skeletal (MSK) Services.

## 2. Background

- 2.0 In 2015, Oxfordshire Clinical Commissioning Group (OCCG) commissioned a review of its commissioned MSK services with a view to addressing a number of patient and GP concerns.
- 2.1 OCCG produced a Business Case that set out how MSK services were operating at the time and made a recommendation to implement a new integrated service that sought improvements in several areas, including access, self-management, a person-centred approach, networking with third sector and the integration of assessment with triage and treatment.
- 2.2 OCCG engaged patients who used the service in this process in developing the business case and in developing the new specification. A contract to provide MSK services in Oxfordshire was retendered (after working with the incumbent providers to give them an opportunity to provide the newly specified service) and a new provider was awarded the contract in June 2017. The new provider for MSK services in Oxfordshire is Healthshare, which is a clinical stakeholder organisation which works within the NHS and is solely funded through NHS contracts
- 2.3 In the autumn of 2017, Oxfordshire HOSC raised some questions of the CCG regarding the process, outcome and transfer of MSK services to the new contract. The CCG has provided the Committee with the original Business Case, a briefing note and answers to a number of questions.
- 2.4 At the HOSC meeting of the 8<sup>th</sup> of February 2018, the Committee requested that a Task and Finish Group be established to examine the provision of MSK services and report back to the Committee.

## 3. Aims and objectives

- 3.0 The aim of the Task and Finish Group is to provide assurance that:

*MSK services for people in Oxfordshire are provided in a way that achieves the highest possible quality within the available resources.*

- 3.1 To achieve this the Group will.
- Understand the intended benefits of a single and integrated MSK service provider for Oxfordshire;

- Understand and report on patient waiting times, experience, self-referral and outcomes (pre and post contract change).
- Understand and report on GP referral experience, including the management of the interface with primary care (pre and post contract change).
- Evaluate the performance of the new provider to date, in terms of patient experience, clinical quality, return on investment and patient outcomes.
- Understand and report on how provider performance will be monitored, evaluated and reviewed through the duration of the contract.

3.2 The Task and Finish Group has been established by Oxfordshire Joint HOSC to provide oversight to, and assure the development of the new MSK services. The Committee has authorised the Group to conduct this work and report back formally to the Committee. The Group does not have permanency, and will exist until such time as the work has concluded.

#### **4. Membership**

4.0 The core membership of the Task and Finish Group is as follows.

Representatives from:

- HOSC Members. *Suggest 4 HOSC Members*
- OCCG. *Suggest Comms/Lead Commissioner*
- Healthshare Ltd. *Suggest CEO/Comms/COO*

The Group will be Chaired by #HOSC Cllr#. The Group may draw in expertise and expert witnesses as necessary.

#### **Additional attendees**

- Patient representatives
- GP representatives

#### **5. Frequency**

4.1 The Task and Finish Group will meet as the Chair shall deem necessary.

#### **6. Secretariat**

5.1 The Task and Finish Group Secretariat function will be provided by the Policy Officer for HOSC.

#### **7. Agenda and papers**

7.1 The agenda and all papers will normally be distributed via email to members and those in attendance in advance of the meeting by the Secretariat.

7.2 The actions to be taken will be recorded in the Task and Finish Group's minutes which will be circulated to all members of the Group.

7.3 The Chair is responsible for ensuring that the minutes of meetings, produced

by the Secretariat, and any reports to HOSC accurately record the decisions taken.

7.4 Minutes will be formally approved at the subsequent meeting (or by email where this would be more than one month later).

## **8. Reporting line(s)**

8.1 A report from the Task and Finish Group on the work will be provided at each HOSC Committee meeting.

8.2 The Group will make recommendations to the Committee, the CCG Board and/or to the provider where appropriate.