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Integrated Musculoskeletal care: a commissioner's tale

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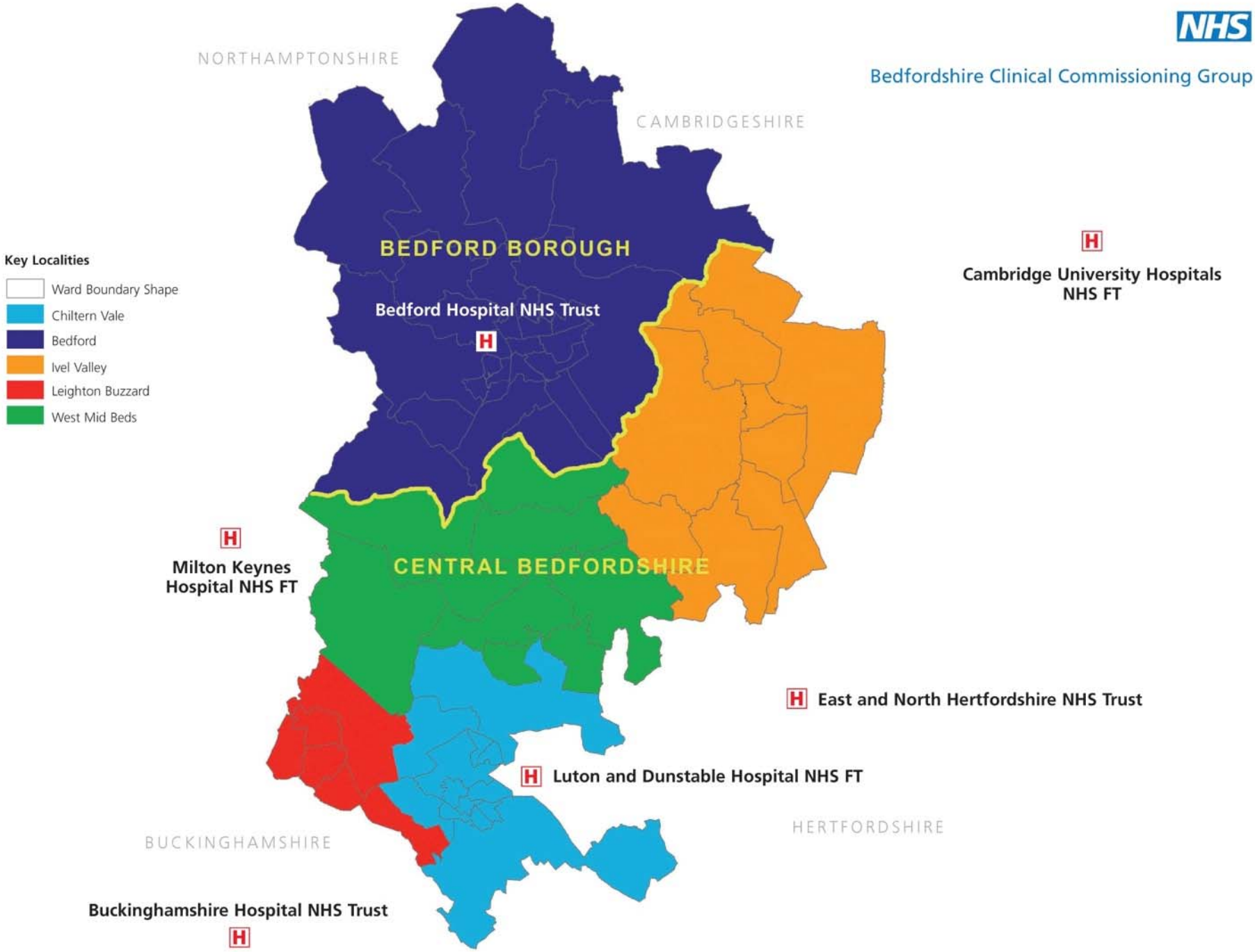

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Musculoskeletal = …

- Bone, muscle, and tissue conditions and disorders, and associated pain
  - Includes elective orthopaedics, rheumatology, physiotherapy, podiatry and chronic pain
  - Excludes trauma and emergency activity
- MSK patient population approx. 45,000
- Total spend circa £25 million per annum (6% total CCG budget)

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The challenge: the patients' view

- Referred to the wrong service/clinician
  - Frustrated by no direct referral from one part of the system to another: "*ping ponged back to GP*"
  - Continual onward referral to different elements of care until "proper" management plan developed
- Poor co-ordination of information and administration across the system
- Long waits for and within outpatient clinics
- Difficult to get in contact with team post-op

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The challenge: the system view

- Insufficient support for self-care or shared decision making
- Unexplained variation in clinical activity
- Hospital-centric, fragmented outdated model of care
- Inequity in types of provision across Bedfordshire
- Capacity issues within secondary care
- Value uncertain

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The challenge: health economy view

- Current financial pressures
- Existing contractual levers: blunt tools
  - Financial incentives not aligned between providers
- NHS commissioners historically poor at "micro-contracting" and co-ordinating

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Aim of the MSK project

To ensure delivery of high quality MSK care and experience to patients and improve outcomes within available resources

- To improve population MSK health
- To improve experience and outcomes of patients
- To lower per capita costs, delivering better value through better care
- To enhance the overall management of the MSK system

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Identified solution

- Single budget, prime contract for 5 years
- Four main ‘stages’ of care:
  - Patient support and empowerment
  - Support, education and advice for primary care
  - Community-based MSK service
  - Use of hospital facilities only when those facilities are needed
- Incentivised ‘game-changing’ outcome measures

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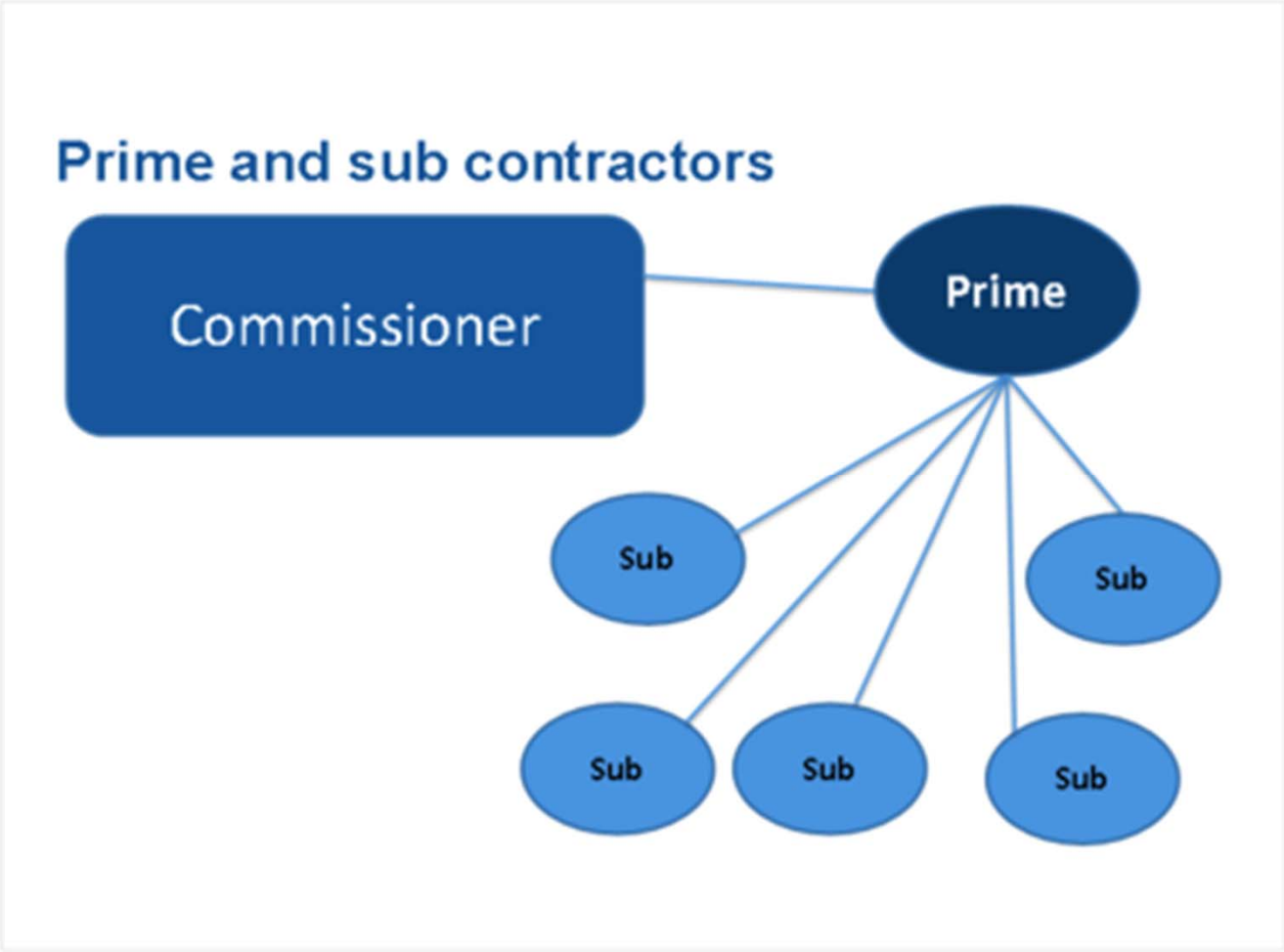
Prime and sub contractors
Commissioner
Prime
Sub
Sub
Sub
Sub
Sub

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The journey to procurement - 1

- November 2011: “I have an idea …”
- Dec 2011-March 2012: Local clinical network
- March-May 2012: Development of business case and project plan
- May-December 2012: Four workstreams
  - System specification working group
  - Contract development working group
  - ….

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The journey to procurement - 2

- Stimulating the market
  - Introducing the contracting method
  - Further defining contracting method
  - Explaining contracting method and PQQ
- Engaging general practice
  - Finding GP leads and leaders
  - Locality meetings
  - Individual meetings

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Procurement timeline

- PQQ: January-March 2013
- ITT: April-July 2013
- Preferred bidder announced: early August 2013
- Contract finalisation: August 2013-March 2014
- Mobilisation of new service: October 2013-March 2014
- Service goes live: 1st April 2014

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Impact on providers

- General practice:
  - Up-skilling
  - More information to share with patients
  - More support from specialists
- Community services
  - Clearer role within pathway

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- Hospital services
  - Better ability to meet 18 week wait targets
    - Informed patients (already aware of risks/benefits)
    - Direct listing (fewer outpatient appointments)
    - Shorter lengths of stay
  - Incentives to improve quality of care
  - Risk of interdependencies with trauma services
  - Risk of losing business …

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Impact on patients

- Standardisation of MSK care in general practice
- Triaged to right specialist straight away
- More information with which to make decisions
- Their outcomes are the basis of care plans
- Better value for money

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Lessons

- Preparation, preparation, preparation
- Engagement, engagement, engagement
- “Liberation” of the NHS was an opportunity
- Being first has its pros and cons
- Relationships matter: not everyone gets it
- Hold your nerve …

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Advice

- Be realistic:
  - Not a “quick win” solution
  - Not a panacea
  - Resource-intensive
- Get CCG (clinical and non-clinical) leadership totally and completely on board
- Invest in good financial analysis and analysts
- Invest time in identifying outcome measures
- Be prepared for the backlash

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