

Mid-Nottinghamshire ICP Board – Coversheet

TITLE:	MSK Together – Moving Toward Value Improvement
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DATE OF MEETING:	17.06.2021	PAPER REF:	Enclosure 06
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WHICH ICP OBJECTIVES DOES THIS RELATE TO (SELECT ALL THAT ARE RELEVANT)

- To give every child the best start in life.
- To promote and encourage healthy choices.
- To support our population to age well.
- To maximise opportunities to develop our built environment into healthy places.
- To tackle physical inactivity.

EXECUTIVE SUMMARY (OVERVIEW):

In February 2020 the ICP Board authorised and supported a 'Value Improvement' project for Mid-Nottinghamshire's MSK service. The work was supported by the Oxford Centre for Triple Value Healthcare (3V) and sponsored by Pfizer. The MSK review was also identified within the ICP objectives.

We have:

- Come together as an MSK Together cross organisational team of clinicians, managers and, importantly, patients, with a common aim of improving value and the motivation to get on with it
- Built on the work previous done in Mid-Nottinghamshire – MSK Together
- From patients, gained a perspective on the current state of MSK care and the outcomes that matter to them
- As MSK Together agreed an aim, principles and outcomes (with draft measures) for how we want to be judged- our Value Framework
- Brought together comprehensive analysis that describes Our Perspective on Value and what we want to do about it - starting to generate value improvement ideas we want to test

We found:

- MSK conditions are common and major contributors to a reduced healthy life expectancy.
- Spending on MSK Conditions has fallen over recent years. In 2019/20 spending was in line with comparable areas. The biggest area of spend is on orthopaedic procedures.
- Since the introduction of the MSK Hub, hospital activity has fallen, hip replacements have remained the same and there has been an increase in knee replacements. Imaging has increased.
- After adjusting for age and sex there are wide variations between general practices for out and in patient activity and prescribing. General Practice deprivation is not a factor in this. This might represent under or over use and possible inequity of access.
- Compared to people from least deprived areas, people from more deprived areas access hospital service c.20 years earlier; access hospital care and have back surgery at the same rate; and are less likely to have a hip or knee replacement.
- Outcome measurement is wide spread but not joined up or reported on routinely. Patients report a sense of fragmentation and being left unsupported between service providers.

We realised:

- The levels of shared decision making are much improved, but could be better.
- Currently the NHS is not orientated toward the population of people with MSK Conditions. Data, contracts, financial flows, measures of success and the way we operate clinically is (mostly) institution based.
- We do not have a way of determining how much we should spend on MSK conditions.
- Although there are examples of working as integrated teams, that is often not the case, leaving patients stranded.
- We are doing a lot of good outcome measurement, but we not using it to inform our services.
- There is probable inequity in the provision of care that we were unaware of. There appears to be a difference in care requirements for people from more and less deprived backgrounds which might contribute to differences in healthy life expectancy.
- The causes of variation are complex and need to be understood and addressed through better support, especially to general practice.

What we want to do:

- Our aim is that;
'By working together, for the benefit of all people with MSK conditions, we will continually improve value by making best use of our allocated resources, equitably enhancing the quality of life through providing appropriate support for empowerment and self-care'.
- Take forward the emerging ideas for value improvement so we can debate them, test them, refine them and in so doing, continuously improve value for the people we serve.
- To be supported with good data that allows us to think and understand what is happening to people with MSK conditions in Mid-Nottinghamshire.
- To focus on the outcomes we have agreed, and have these as the measure of our success.
- To be given the authority to move resources from lower value to higher value interventions in order to optimise outcomes and demonstrate our ability to increase value for the population of people with MSK conditions that we serve, each individual within that population and the local community as a whole.

A presentation summarising the key points and progress will be presented to the Board on 17th June and is to follow.

RECOMMENDATION:

- To endorse.
- To approve.
- To receive the recommendation.
- To discuss.