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A new era... The System



The NHS Triple Aim:

1. Better health and wellbeing for **everyone**
2. Better quality of health services for **all individuals**
3. **Sustainable** use of NHS resources

Who are we?



People with MSK
Conditions who use
our services



**Mid-Nottinghamshire
Primary Care Networks**

What Questions did we ask?

- Is Mid-Nottinghamshire ICP providing high-value care for local people with musculoskeletal problems?
- With the £28 million* we spend on musculoskeletal services each year, what can we do to improve the value of care for the people of Mansfield, Ashfield, Newark and Sherwood?

* Based on the 19/20 CCG Programme Budget for MSK

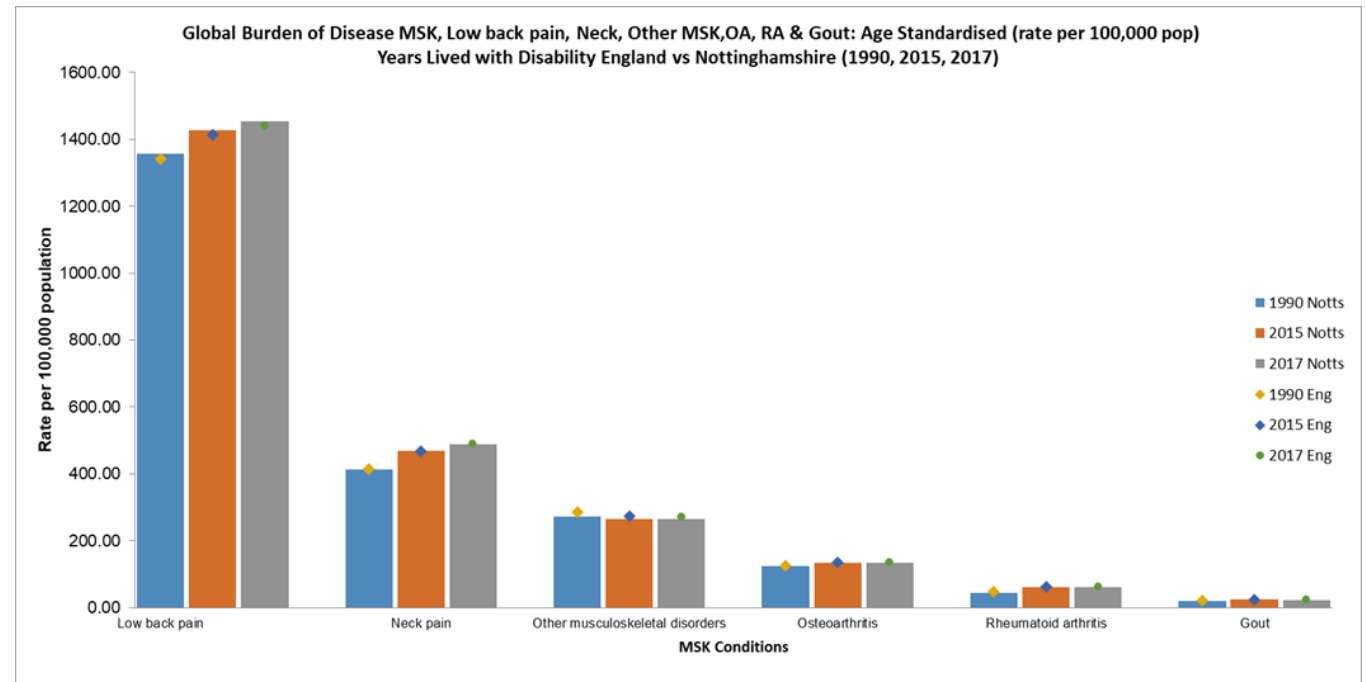
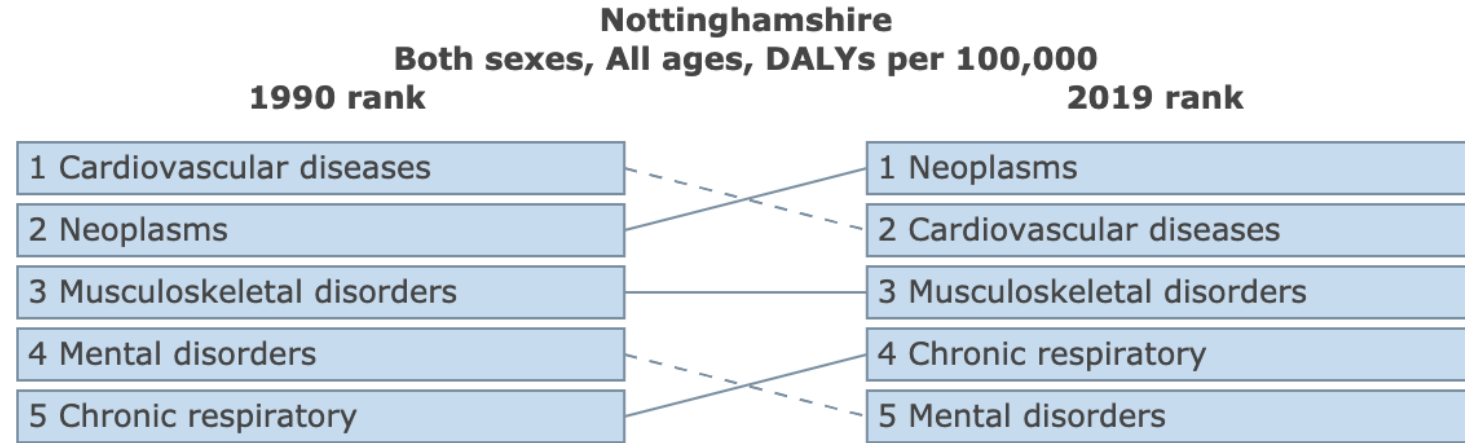
What did we do?

- Came Together as a cross organisational team
- Built on the work previously done in Mid-Nottinghamshire – MSK Together
- Asked our patients – ‘what matters to you?’
- Agreed our Value Framework
- Completed in depth analysis - ‘Our Perspective on Value’ – ideas for change

What did we find?

- MSK conditions are a major contributor to a reduced healthy life expectancy
- Low back and neck pain are the biggest contributors to years lived with MSK-related disability in Nottinghamshire

Contributor in rank order to a shorter healthy life-expectancy





What else did we find?

- There are wide variations between general practices for out and in patient activity and prescribing
- The peak need for MSK hospital/specialist services occurs at an earlier, working age among people from more-deprived areas
- People from more deprived areas are less likely to have a hip or knee replacement
- People from more deprived areas have back surgery a decade earlier
- Outcome measurement is widespread but it can't be compared

| Age Band | 1 - Most deprived | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 - Least Deprived |
|----------|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------------------|
| 18-27 | 13.5% | 11.0% | 10.0% | 9.2% | 7.7% | 8.0% | 8.0% | 8.0% | 8.6% | 8.3% |
| 28-37 | 10.2% | 8.3% | 8.2% | 6.7% | 7.5% | 6.1% | 5.5% | 5.4% | 7.9% | 3.5% |
| 38-47 | 14.0% | 13.5% | 11.6% | 10.6% | 9.7% | 9.1% | 8.4% | 9.2% | 9.0% | 8.8% |
| 48-57 | 23.4% | 23.5% | 21.9% | 21.8% | 21.0% | 21.3% | 18.7% | 20.2% | 20.1% | 16.6% |
| 58-67 | 19.6% | 21.8% | 21.7% | 21.8% | 22.0% | 24.2% | 25.5% | 23.4% | 20.6% | 18.9% |
| 68-77 | 14.4% | 15.5% | 19.2% | 19.8% | 21.6% | 22.0% | 24.7% | 23.9% | 23.4% | 29.1% |
| 78-87 | 4.7% | 6.0% | 7.0% | 8.9% | 9.4% | 8.2% | 7.5% | 8.9% | 9.3% | 14.0% |
| 88-97 | 0.2% | 0.4% | 0.4% | 1.2% | 1.0% | 1.0% | 1.7% | 1.0% | 1.1% | 0.7% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Percentage use of hospital services by age group and deprivation of area of residence in Mid-Nottinghamshire (2019/20)



What did the people we serve say?

We asked patients (and frontline service providers) what they think about the current service and the outcomes they want

They experience fragmented care and a sense of being abandoned. They want to feel better, to have a better quality of life, less pain, be able to understand and manage their own condition and experience integrated care.

“You’re left to fend for yourself ... you don’t know who to go to to ask questions.”

“Week after week, it does get you down.”

“Pain stops a multitude of other things from happening.”

“I have been abandoned.”

“Knowing helps me deal with it.”

What is next?

We, the **clinicians, managers** and **patients** that make MSK Together, want to be held accountable for the NHS Triple Aim.

That means

- We need to create a dashboard to help us understand our outcomes across the population
- We need to make sure we can start to have control over the budget
- We need to make sure we have the right reporting mechanisms in place

Start focussing on a few key conditions such as:

- Back pain
- Knee pain
- Fibromyalgia

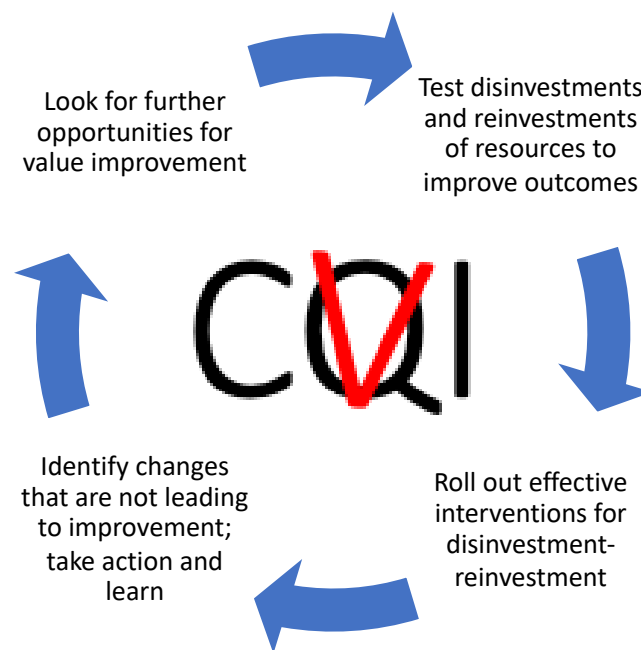
Over time more conditions will be addressed



For each condition we believe there are five areas where greater value may be tested

Starting with these key conditions test opportunities for:

- Providing effective services earlier in the progression of a condition
- Optimising the use of key procedures
- Optimising general practice MSK care
- Maximising self care
- Increasing equity



How does this affect the people we serve?

- Experience joined up/integrated care – not one size fits all
- Patient are individual and should be treated as such at the referral point through the process.
- They will feel included in their treatment plan and that they do have a role in their recovery or the management of their condition.
- MSK long term conditions – learn to live better
- Flexible model of intervention that demonstrates a **network** of resource
- Supported self care and access to help when I need it
- Less emphasis on ‘treating me’ and more focus on making life better for me

Improving Value in Back Pain...

We have started to look at managing back pain – complex, can't 'standardise'

We spend £3.8 million on treating back pain per year in Mid-Notts

MSK Together are working out if a significant proportion of the money is spent on lower value intervention

We think we provided over 7052 Quality Adjusted Life Years – this could be more

Can we move the money?

Can we measure the impact?

Other documents behind our work- please ask if you want copies of these jane.ferreira@nhs.net

- Our Perspective on Value- full report
- High level summary of patient survey and semi-structured interviews
- Value Framework
- Value improvement ideas for testing (working paper)
- Consolidated NECS analysis