

# Health Scrutiny Panel

## 16 July 2015

<b>Report title</b>	Musculoskeletal (MSK) Services Consultation Evaluation
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being
<b>Wards affected</b>	All
<b>Accountable director</b>	Steven Marshall, Director of Strategy and Transformation
<b>Originating service</b>	Wolverhampton Clinical Commissioning Group
<b>Accountable employee(s)</b>	Clare Barratt Solutions & Development Manager (Planned Care)
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<b>Report to be/has been considered by</b>	None

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### Recommendation(s) for action or decision:

The Panel is recommended to receive and note the Musculoskeletal (MSK) Consultation Evaluation Report, and provide any comments.

## **1.0 Purpose**

- 1.1 To provide health scrutiny with the consultation evaluation report following the MSK Consultation.

## **2.0 Background**

- 2.1 The Orthopaedic Community Assessment Service (OCAS) was originally established and managed by the Primary Care Trust (PCT) (pre CCG) to provide efficient and effective management of adult non-emergency musculoskeletal (MSK) patients registered with general practices within Wolverhampton. OCAS became part of the Orthopaedic Directorate at the Royal Wolverhampton NHS Trust in 2011 under Transforming Community Services.
- 2.2 The service was developed to improve the management of patients with MSK problems by ensuring appropriate and timely management of referrals through high quality triage assessment and management, and a source of accessible and expert advice on conservative management. Its other functions included ensuring patients were seen by the right person in the right place at the right time, minimising multiple steps or delays, and supporting the treatment of patients within the 18 week RTT targets.
- 2.3 Within the current system, the services that deliver MSK (OCAS, Physiotherapy, and Orthopaedics) are disjointed, inefficient and slow. There are many steps in the patient's journey which could be deemed unnecessary; this drives down efficiency in terms of time, capacity and cost.
- 2.4 The procurement and implementation of an integrated MSK service will provide a more streamlined and efficient service for patients. The development of a new service model could encompass and be extended to include all aspects of MSK care, including secondary care treatment, which could be undertaken in a community setting. A new integrated MSK model could help facilitate an MDT (Multi-Disciplinary Team) approach to care planning with the skills and expertise of each clinician being accessed as needed in a streamlined efficient way.

## **3.0 Public Consultation**

- 3.1 As part of any procurement process or service development the CCG has a duty to engage with patients and the public on any proposed service changes, and ensure that any feedback is considered in the development of the service specification.
- 3.2 The Health Scrutiny Panel received and supported the MSK consultation plan at its meeting in March 2015. Stakeholder consultation ran for twelve weeks commencing on Monday 16 March 2015 and ended on Monday 8 June 2015, the consultation evaluation report is provided at Appendix 1.

## **4.0 Consultation Evaluation**

- 4.1 The consultation evaluation report provided at Appendix 1 demonstrates a wide range of communication and engagement techniques that took place to consult with stakeholders

including staff, clinicians, partners, providers, patients, community groups and the public. These techniques included events and meetings, promotion via existing groups and communication channels and use of the internet both in terms of corporate websites and social media.

- 4.2 An assessment of the responders has been undertaken in comparison with demographics for Wolverhampton published by the Office for National Statistics. In addition, profiles were collected relating to the protected characteristics stated within the Equality Act 2010. The findings show that a good representation of people who could be affected by the change, were consulted with.
- 4.3 Of the 138 people that completed the survey, 80% answered the question ‘Do you support our proposal?’ and 94% of people agreed with the proposed model of care for an integrated MSK service. Responders were asked to rate the importance of certain features and provide any additional comments; this information is detailed within the report, however highlights are as follows:
- Waiting time for an appointment is very important.
  - Location and access has been a key theme; access in the community is of high importance; parking and public transport is fairly similar in importance.
  - A single point of access for MSK services and good communication between departments is very important; a named individual to coordinate care, information about the condition and being able to discuss treatment with professionals is key for users, as well as being involved in decisions about the care they may receive.
  - Mechanisms for the CCG to monitor patient outcomes were very important; having a user group to share experiences and having a process to provide comments was split between very and somewhat important.
- 4.4 Following this consultation period and the analysis of responses, the CCG will develop a service specification and evaluation process that will be used to procure an Integrated MSK service. The feedback from this consultation will be used to inform the service specification and the evaluation criteria thus ensuring that the views of patients and the public are used in service development.
- 5.0 Financial implications**
- 5.1 The key drivers for the development of an Integrated MSK service are to provide a local, accessible and cost effective service for patients.
- 6.0 Legal implications**
- 6.1 Wolverhampton CCG is responsible for engaging with patients and the public regarding proposed changes to existing services.
- 7.0 Equalities implications**
- 7.1 The Integrated MSK Service Specification will adhere to equalities legislation; an Equality Impact Assessment will be undertaken on the new proposed service.

**8.0 Environmental implications**

8.1 Not applicable.

**9.0 Human resources implications**

9.1 Not applicable.

**10.0 Corporate landlord implications**

10.1 Not applicable.

**11.0 Schedule of background papers**

11.1 12 March 2015 - Musculoskeletal (MSK) Services Consultation