A Consultation on the Redesign of Muscle, Bones and Joint Services





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RELATED DOCUMENTS

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Glossary

Trauma and Orthopaedics

Trauma and Orthopaedics is the surgical specialty concerned with bones and joints. Orthopaedic trauma includes fractures and dislocations as well as musculoskeletal injuries to soft tissues (including muscles, ligaments, tendons and nerves). T&O also undertake surgery such as hip and knee replacements.

Rheumatology

Rheumatology is a term referring to the study and treatment of conditions involving the muscles, bones and joint and covers conditions like Rheumatoid Arthritis, Osteoarthritis,

Orthotics

Orthotics (also known as orthotic insoles, shoe inserts, or orthoses) are devices placed inside the shoes with the purpose of restoring our natural foot function. This is necessary when the natural biomechanical balance of our lower body has been disrupted by over-pronation. Many common complaints such as heel pain, knee pain and lower back pain are caused by poor foot biomechanics

<u>Physiotherapy</u>

Physiotherapists help people who've been affected by injury, illness or disability. Approaches include movement, exercise and manual therapy techniques where the physiotherapist helps recovery by using their hands to relieve muscle pain and stiffness

Pain Management

Pain management clinics usually offer a variety of treatments aimed at relieving long term pain, such as painkilling drugs; injections; hypnotherapy and acupuncture.

Orthopaedic Community Assessment Service (OCAS)

The Orthopaedic Community Assessment Service (OCAS) provides a Clinical Assessment Service for patients over the age of 18 years old, registered with a GP in Wolverhampton, with musculoskeletal problems, who have not responded to initial conservative management through General practice or Physiotherapy

Welcome, Your Voice Counts

We are asking for your views about improving muscle, bone and joint (musculoskeletal) services for the residents of Wolverhampton City. This is an opportunity for you to have your say and help shape the future design of musculoskeletal services.

Wolverhampton Clinical Commissioning Group (CCG) is responsible for purchasing the provision of health services for our local residents in Wolverhampton City. Our mission is to be an expert clinical commissioning organisation, working collaboratively with our patients, practices and partners across health and social care, to ensure evidence-based, equitable, high quality, and sustainable services for all of our population. We need to find new ways of purchasing high quality care to the best standards and this means transforming how we currently deliver services.

What are musculoskeletal (MSK) services and how are they delivered now?

Musculoskeletal services primarily diagnose, treat and care for conditions or injuries that affect muscles, tendons, ligaments, bones, joints and associated tissues for example arthritis, back pain, and osteoporosis. Such services can include treatment by a physiotherapist, podiatrist, rheumatologist or orthopaedic surgeon.

The majority of services that would comprise MSK care are delivered across a number of departments at The Royal Wolverhampton NHS Trust. Patients access services predominantly through their GP who, where necessary, would refer a patient into the Orthopaedic Clinical Assessment Service, Orthopaedic Service, or Physiotherapy services, for example.

Why does this need to change?

The residents of Wolverhampton have changing health needs; there is an ageing population and more people are living with long term conditions. The World Health Organisation (WHO) AND Bone and Joint Health strategies Project (2005 cited by DOH) identified that up to 30% of all GP consultations are about musculoskeletal complaints and Musculoskeletal problems are cited by 60% of people on long term sickness. The current model of delivery is unsustainable for the future and we are unlikely to be able to afford future demand for services if they continue to be delivered in the current way.

Musculoskeletal services are primarily delivered in outpatient settings; outpatient settings are provided for those patients whose treatment does not require them to be admitted or stay in hospital therefore a hospital setting is not essential for the delivery of musculoskeletal care.

We have looked at patterns across the patient journey and found that some patients need care and treatment from multiple services, for example orthopaedics and physiotherapy. Often a patient is referred back to their GP to make a further referral rather than the services working together and communicating to ensure the needs to the patient are met. This is inefficient in terms of waiting time, capacity and cost for both the NHS and the patient.

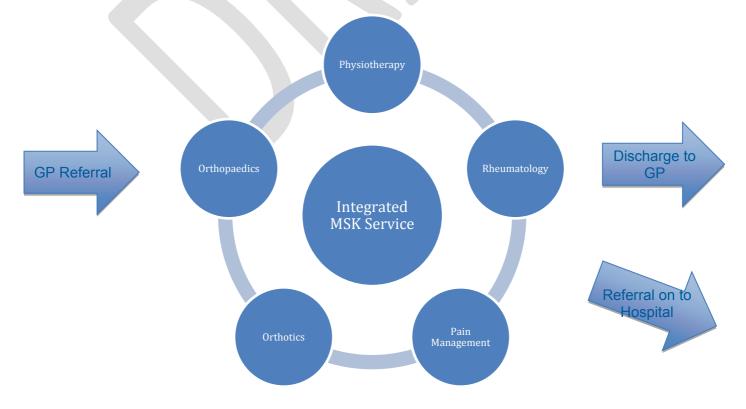
Early feedback from patients has been that they want access to specialist in one place with the technology and support services needed; better information and education for patients; improved communication across health professionals; access to alternative therapies and group therapy; clear and informative treatment plans; and better accessibility.

Proposal

Our proposal is to commission a single provider to deliver a high quality, comprehensive service to deliver MSK care. We are not proposing to reduce services nor limit the treatment options that are provided; our aim is to integrate services in order to have a single, streamlined service with clear accountability.

We don't envisage changes to how patients will access the service; patients will continue to go to their GP in the first instance. The provider will be expected to deliver services from a number of locations across the City ensuring accessibility for all patients.

By having a single provider of MSK services, the overall experience by the patient will be improved with increased continuity of care, a smoother more efficient journey and faster access to treatment.



Questions and Answers

- Q Can I still choose where I will receive treatment?
- A Yes. Patients will still be able to exercise their choice of service provider in line with Department of Health's Choice Framework.
- Q How will the new provider be chosen?
- A Wolverhampton CCG will run a fair and transparent process to identify the most suitably qualified and experienced provider to deliver this service. This process will adhere to national regulation and best practice.
- Q When will the new service be up and running?
- A We have set out a timescale for procuring these new services and, at this stage, hope to have services in place and operational mid-2016.
- Q How do I have my say?
- A We aim to involve patients and the public throughout the process to ensure feedback we receive informs how we develop the details of this service. We have started this process with early engagement highlighted within this document and are seeking to expand on this through this consultation. You have until XXX to have your say using any of the methods described below.

How to Have Your Say

Getting involved couldn't be easier. You can either fill out the response form at the back of this booklet or complete the form online.

You have until the XXX 2015 to share your thoughts with us so please get in touch.

Here's how:

- Electronically
- In writing
- In person

Response Form

Do you support our proposal? I am responding to these plans as:

I agree strongly with the proposal		An individual	
I agree with the proposal		A representative of an organisation or group (Please	П
I disagree with the proposal		state name and location):	Ц
I disagree strongly with the proposal			

In addition, what features of a musculoskeletal service are important to you? Please indicate how important the following features are to you (please tick only one box on each line)

		Very important	Somewhat important	Slightly important	Not important	No opinion
Q1	Booking an appointment					
a.	Not having to wait very long until my appointment date					
b.	An appointment which fits around my commitment, eg early evening/weekends					
Q2	Location and access					
a.	Access to the majority of treatments in the community					
b.	Being able to park at or close to the clinic					
C.	A clinic that is accessible by public transport					
Q3	Design of the service					
a.	A single point of access for all MSK services where services communicate with each other					
b.	Good communication between my GP and MSK services so that everyone understands my condition and treatment					
C.	Being seen on time in the clinic					
d.	Having a named individual to coordinate all of my MSK care					
e.	Consistency in the clinical staff providing my treatment					
f.	Being given information so that I am clear about my condition and treatment					

g.	Ability to input into the decisions about the care that I receive			
h.	Being able to discuss my diagnosis and treatment further with my consultant and other staff after my appointment			
Q4	Monitoring and feedback			
a.	Mechanisms for the CCG to assess the quality of care provided and to monitor patient outcomes			
b.	Having outpatients services which provide a user group for patients to share their experiences			
C.	Having a process through which I can provide comments on the care that I received			

About you – equality and diversity questions