

# NHCP Musculoskeletal Work-Stream

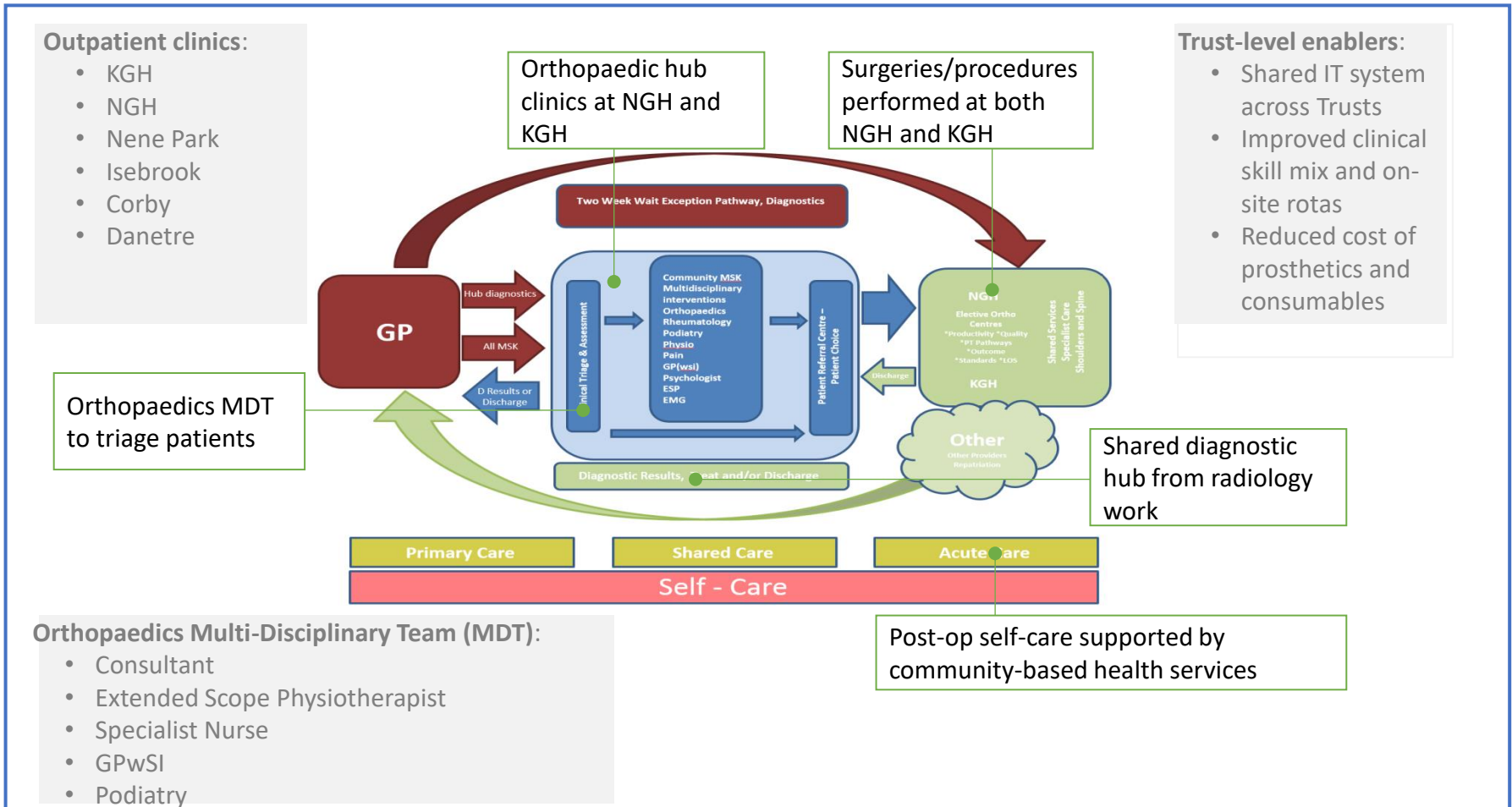
- The pilot approach to managing musculoskeletal referrals (T&O; Pain Management; Rheumatology) has been delivered by Circle, who were appointed to run a paper-based “Referral Management Service” (RMS)
- Some GPs have utilised RMS; Some GPs have not used.
- There have been increased waits for physiotherapy.
- Clinicians have expressed frustration at the lack of clarity in the system.
- The system needs to come together to decide what to do for musculoskeletal referrals to deliver the best outcomes for patients
- This presentation engages stakeholders in deciding what referral management will look like in the future
- We are talking to Provider Clinicians (Inc. the MSK Core Group); GPs (Inc. Locality Boards); CCGs (Joint Executive Management Team); Patients – Healthwatch and NHCP Clinical Leaders

# MSK Work-Stream: Remit and Parameters

- Following a workshop in March, the MSK work-stream was set up and tasked with implementing the Musculoskeletal Care model devised by the MSK Core Group in 2016.
- The model is still supported by the MSK Core Group, noting that there are changes that will affect the model e.g.:
  - Introduction of First Contact Physiotherapists
  - Development of Primary Care Networks
- Emphasis on
  - Building on existing work
  - Consistency across the county
  - Engaging with all stakeholders
  - Developing a network approach with all elements of the system working together.
  - Making the most of scarce staffing resources



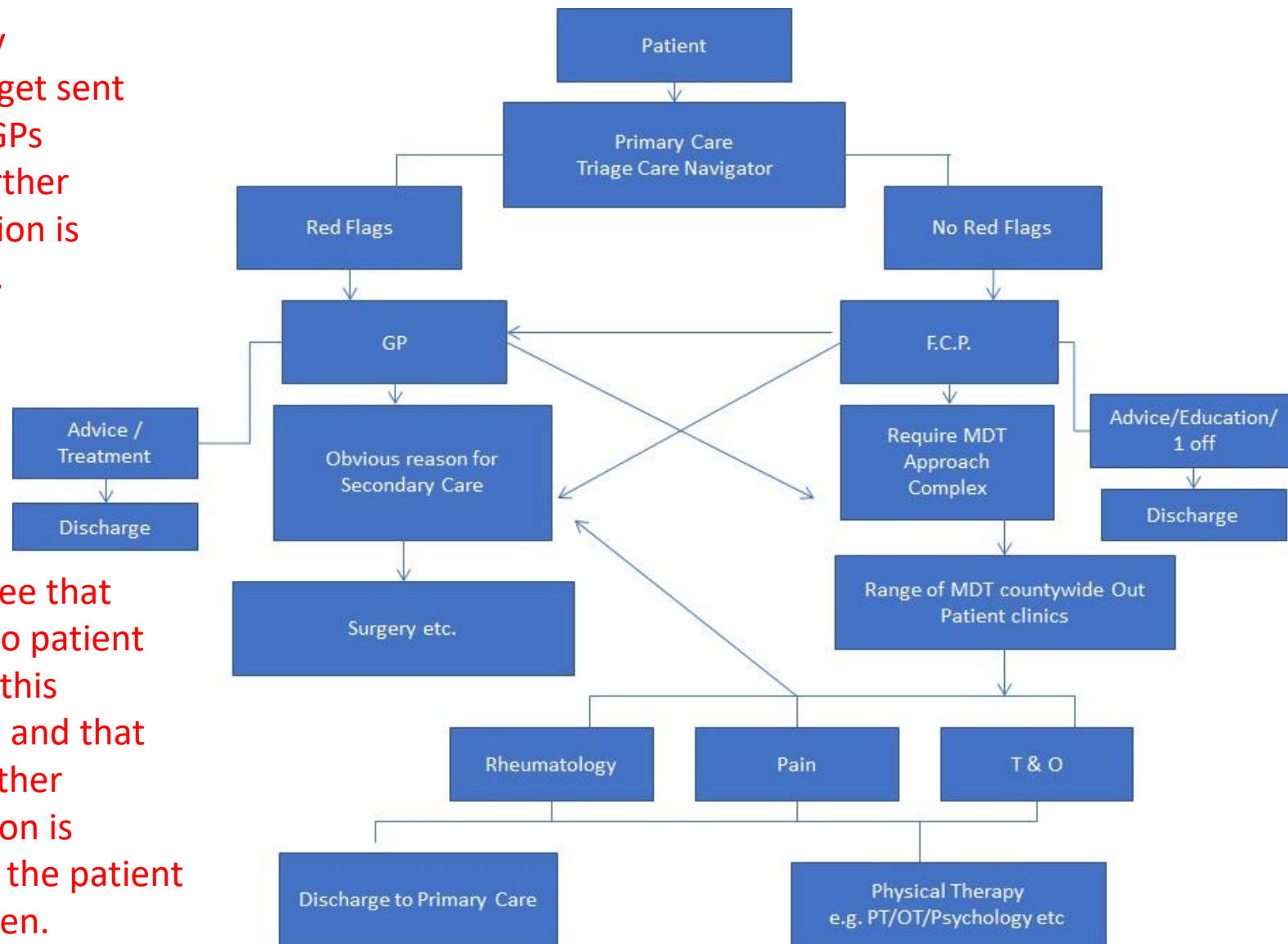
# Proposed Model of MSK Care



**Comments –** This model needs some re-design as it does not reflect current primary care model of care. e.g. First Contact Practitioners (FCP). The model was also designed prior to Circle RMS and when T&O, Rheumatology and pain were separate work-streams. An equitable countywide hand therapy service needs to be included in the design. Similarly, MSK podiatry also needs to be included in the re design and commissioning. With FCP being part of the elective front door, most triage/ diagnostics will be concluded prior to referral secondary care. There is also a need to incorporate a wider therapy service model to OT, community therapy services etc. so that we have a clear referral pathway.

# Possible Change to the Proposed Model of MSK Care – Referral Flow

Currently patients get sent back to GPs when further information is required.



You can see that there is no patient return in this approach and that when further information is required, the patient will be seen.

# Help Us to Help You



- Engage with the transformation process
- Help us redevelop the front end to the elective pathway, provide your expert view.
- Survey of views on survey monkey
- Link: <https://www.surveymonkey.co.uk/r/Q6LZB8M>
- Engage with everyone, share with colleagues
- If you want to know more, please contact [richard.bailey1@nhs.net](mailto:richard.bailey1@nhs.net) Musculoskeletal Programme Lead for more information