NHS HIGHLAND ALLIED HEALTH PROFESSIONS MUSCULOSKELETAL REDESIGN

Report by Katherine Sutton, Associate Director AHPs on behalf of Elaine Mead, Chief Executive

The Board is asked to:

- **Support** the NHS Highland Allied Health Professionals Musculoskeletal redesign programme.
- **Support** the implementation of an appropriate NHS Highland admin hub to support the transformational change required.
- **Support** the transition of AHP services onto the TRACK care patient management system once implemented.
- **Note** the benefits to be realised as a result of full Allied Health Professionals Musculoskeletal redesign.

1 Background and Summary

The Chief Executive Officers report presented to the NHS Highland Board meeting on the 1 of October 2013 referenced the NHS Highland response to the AHP Delivery plan. Action 6.2 of the AHP Delivery Plan states; “AHP directors will drive the delivery of AHP waiting times within 18 weeks from referral to treatment, inclusive of all AHP professions and specialties (except diagnostic and therapy radiographers) with a target of 90% by December 2014. NHS Boards will be expected to deliver a maximum wait of no more than 4 weeks for AHP musculoskeletal treatment within the same period”.

To help improve efficiency of Allied Health Professional (AHP) Musculoskeletal Services (MSK) service delivery, make best use of AHP skills and reduce inappropriate referrals to Orthopaedic services, significant redesign and transformation of Scotland’s AHP MSK has been on-going since 2010, within three AHP MSK redesign Early Implementer Boards – NHS Lanarkshire, NHS Ayrshire and Arran and NHS Lothian, NHS24 has also worked with each of the pilot Boards, specifically looking at demand side solutions through provision of a telephone Musculoskeletal Advice and Triage Service (MATS).

There are many drivers for MSK pathway and outcome improvement. AHP MSK services deal with high volume demand, currently presenting at 400,000+ referrals per annum nationally. It is also estimated that between 20-30% of all General Practitioner (GP) consultations are for MSK complaints,[1, 2] with 10 million work days lost annually with MSK problems.[3] In addition, people with a MSK condition are the second largest group (22%) in receipt of incapacity benefit after people suffering from mental health conditions.[4] This presentation has significant costs for the individual, but also significant impact on a wider socio-economical scale. Orthopaedic activity is also high, with duplication across general practice, orthopaedic and AHP services, all providing opportunities for integration of historical pathways and new innovative team working. There is also variation in patient experience in the following areas:

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Experience of implementation of the NHS 24 Musculoskeletal advice and triage service within NHS Ayrshire and Arran led to a 25% reduction in referrals to the Orthopaedic service.

Implementation of Patient focussed booking within the NHS Lanarkshire AHP booking hub led to dramatic reductions in DNA rates which allowed release of clinical capacity to better meet demand for Physiotherapy services with a corresponding increase of slot utilisation to 95%.

In addition the NHS 24 Musculoskeletal Advice and Triage service has evidenced the following metrics:
1. 12,000 app downloads
2. 100,000 hits in the NHS Inform MSK website
3. 15% of callers self select information only
4. 13.5% of callers triaged to self management
5. 25% reduction in referral into AHP services
6. 5% of demand triaged into return to work and leisure programmes

Based on the successes of the early implementer sites a roll out of the approach to remaining Health Boards is planned. To support this roll out two key documents have been developed:

1. **The AHP MSK minimum standards framework** sets out minimum standards applicable to AHP MSK services across Scotland. The purpose of the document is to ensure that people requiring MSK services, receive the quality of care and the support they require, at the appropriate time by the appropriate person.

   The framework has been developed by a group of MSK clinicians, originally providing a framework back pain pathway, which has further evolved to a minimum standard framework for all AHP Musculoskeletal pathways.

   Musculoskeletal conditions have been defined as problems to include a diversity of complaints and diseases localised in joints, bones, cartilage, ligaments, tendons, tendon sheaths, bursa and muscles.

   The aim of the framework is to reduce the variance within MSK service provision and facilitate delivery of key quality policy directives, in particular the triple aim in the 2020 Vision of quality care, value and sustainability and a healthy population.

   AHP’s working in close collaboration with medical and other colleagues is absolutely necessary to improve Musculoskeletal services. The National Standards will provide a focus on the clinical pathway, the process and a supported clinician. Application of the framework will provide consistency of approach and consistency of outcome and also act as a facilitator for the AHP MSK 4 week HEAT target.

2. **The 4 Weeks AHP Developmental HEAT Target paper**; this paper describes the definition of the AHP MSK developmental HEAT target and notes inclusions and exclusions in addition to the AHP MSK minimum dataset each Health Board will be required to report against as a part of KPIs against which Health Board performance will be monitored.

2 **NHS Highland Plans for Implementation**

To support implementation of the transformational redesign programme to support AHP MSK revised pathways within NHS Highland a Core Project Group has been established. This group meets fortnightly and is responsible for progressing the change programme to meet needs locally within NHS Highland. The group is linked to the National programme work by an NHS Highland lead who is a member of the National redesign programme board and inputs to development of National AHP MSK strategic guidance documents. In addition a further group has been established who meet monthly to assess and review the waiting times position for AHP Services in relation to meeting both the 4 week MSK HEAT target and the 18 week referral to treatment target for all AHP services. This group is responsible for establishing accurate reporting of AHP waiting times and setting appropriate trajectories to ensure all AHP services are compliant with both the 4 week MSK HEAT target and the 18 week referral to treatment target by December 2014.
The MSK Core Project Group have to date established a project charter and driver diagram to help focus the efforts of the project and maintain focus on progress. In addition the group has undertaken observational studies and client/patient feedback prior to holding a value stream mapping (VSM) event which included a wide variety of stakeholders and delivered a future state VSM.

The VSM developed by the group maps closely against the model recommended by the earlier implementer sites and is depicted as follows:

This model affords the opportunity to implement self referral to AHP MSK services as well as reducing inappropriate demand by affording the opportunity of sign posting callers to self help guidance and opportunity for referral into working health services to support individuals experiencing MSK problems to remain at work for as long as possible or return to work as early as possible. The pathway also offers a variety of exit routes tailored to meet service user needs by facilitating them to regain and maintain independence.

Implementation of the model;

A number of priority work strands have been identified across the AHP MSK pathway:

1. **Linking with the Musculoskeletal Advice and Triage Service**
   - Accessing the national self-management platform –through NHS Inform
   - Introducing a national self-referral model through a single point of access
   - Utilising the telephone call handler protocol triage model

2. **IT/Referral Management**
   - Electronic Referral Management as standard–electronic referral, diaries, patient tracking
   - Implementation of TRACK Care for AHP services
   - Implementation of efficient administration processes
   - Implementing Reminder Systems

3. **Clinical Pathways**
   - Audit compliance with evidenced based, person-centred pathways
   - Measure compliance against Minimum Standards Framework

4. **Exit Route Solutions**
   - Developing effective links with Leisure partnerships
   - Introduce an employability pathway
   - Develop robust MSK pathways into Specialist Pain services
   - Develop robust links to Mental Health pathways
5. **MSK Minimum Data Standards**
   - Electronic record and tracking
   - Electronic outcome measures

To support project management for this transformational redesign programme funding has been sourced from Scottish Government to support appointing a fixed term Project Manager post to progress implementation of the five work streams that will support delivery of the redesign programme within the coming 12 months.

3 **Contribution to Board Objectives**

Implementation of the AHP MSK service redesign supports delivery of six of the seven characteristics of service delivery in NHS Highland:

- promoting good health, self care and independence
- high quality, integrated, equitable, needs and evidence-based, and cost-effective
- increasingly community-based
- integrated with, and complementary to, local authority, voluntary and independent sector care
- Delivered by healthy, flexible, well-motivated and well-trained staff working to their maximum
- potential and capability
- with zero wastage and inefficiency across all services and no unnecessary overheads.

4 **Governance Implications**

- **Staff Governance** – staff side are members of the AHP MSK redesign Core working group. Implementation of the AHP MSK redesign programme will be undertaken using the tools and techniques of the Highland Quality Approach which takes an inclusive approach to progressing service redesign and change within services.

- **Patient and Public Involvement** – Patient and service users views are being considered as a part of the ongoing service redesign again under the application of the Highland Quality Approach and through service user questionnaires. This feedback will help shape the design of the service being implemented to meet local service user need.

- **Clinical Governance** – Change to clinical practice is being progressed and overseen through the NHS Highland AHP Leadership and Governance structures and in accordance with the “Allied Health Professional (AHP) Musculoskeletal Pathway Framework (National Minimum Standard)”.

- **Financial Impact** – Financial impact of the service changes to be implemented will be undertaken at NHS Highland level with the support of the NMAHP Accountant as the redesign programme applies Highland wide and is transformational across Argyll and Bute and the North Highland Operational Units and Mental Health services.

5 **Risk Assessment**

Any changes to service delivery will be fully risk assessed prior to progression to implementation, any risks identified will be registered in the North Highland Operational Unit and Argyll and Bute risk registers any risks identified will have mitigating actions taken to reduce the potential for risks to become issues as a part of implementation.
6 Planning for Fairness

The AHP MSK Redesign programme embraces the principles of Planning for Fairness. Work is ongoing with operational units to make sure that impact assessments are undertaken prior to any changes being implemented within the North Highland Operational Units and Argyll and Bute CHP.

7 Engagement and Communication

The NHS Highland AHP MSK service redesign has a supporting communication and engagement communications plan to ensure effective engagement and communications are undertaken which involve service users, a wide variety of stakeholders and regular updates to strategic and operational management teams.

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