

Health Overview and Scrutiny Committee

29 November 2013

Musculoskeletal and Orthopaedic Care Pathways.

Introduction

This report is an update for this committee regarding the work currently being undertaken by Ashford, Canterbury and Coastal, South Kent Coast and Thanet Clinical Commissioning Groups (CCGs) to re-design the Musculoskeletal (MSK) and Orthopaedic Care Pathways, the CCGs future plans for these pathways, and the rationale for the current re-design work and their future plans.

1. MSK Care Pathways is the term used by CCGs to describe the management of patients with conditions involving the musculoskeletal system in primary and community care settings.
2. Orthopaedics is the term used by East Kent Hospitals University Foundation Trust (EKHUFT) to describe the branch of surgery concerned with conditions involving the musculoskeletal system. However, it should be noted orthopaedic surgeons use both surgical and non-surgical interventions to treat musculoskeletal conditions.
3. Historically, healthcare commissioners have prioritised review, investment and re-design of MSK and Orthopaedic Care Pathways due to concerns that the level of demand for these services could not be met by the services commissioned but also believing that increased investment and expansion of services was not likely to be either appropriate or sustainable.
4. Ashford, Canterbury and Coastal, South Kent Coast and Thanet CCGs, having replaced the local Primary Care Trust (PCT) as the statutory body for commissioning specified healthcare services for their local populations as from April 2013, agreed a collaborative project to review and re-design their MSK and Orthopaedic Care Pathways on the grounds of the high number of patients using these services, their collective spend as a proportion of their allocated budgets and a shared provider base.
5. For 2013-14 the content of the CCGs collaborative project described above was based on a handover from the PCT. Thus three elements of the project were to (a) review and re-design the pathway for treating patients with low back pain with injections, (b) review of the *Community Orthopaedics* service provided by Kent

Community Health NHS Trust (KCHT) and (c) improve primary care referral management.

6. The first element of the project was predicated on the disparity between the east Kent CCGs and other Kent and Medway CCGs regarding the rate of pain injections per 1000 patients. East Kent CCGs have therefore implemented a process that ensures that patients with low back pain who may require more than one injection per year are jointly reviewed by the referring GP, the hospital consultant and each CCG's Planned Care Clinical Lead (also a GP). In the year to date (as of August) the rate of injections for low back pain per 1000 patients in east Kent CCGs has moved closer to the rate in other Kent and Medway CCGs.
7. The second element of the project was predicated on the view that the *Community Orthopaedics* service, though in itself believed to be a high-quality service, did not, in its current format, contribute to managing patient flows in an effective or sustainable manner. The formal review has concluded that, in its current format, this service inhibits the achievement of the 18 Weeks Referral-To-Treatment standard for patients on an Orthopaedic Pathway; attracts and assesses a high volume of patients at a high cost, many of whom are discharged or referred onto services which should more appropriately be available via GP direct access; results in a lower conversion to surgery rate in secondary care compared to patients referred directly by their GPs to secondary care; and doesn't reduce secondary care usage (the top 10 GP users of *Community Orthopaedics* have higher average referrals to secondary care than the bottom 10).
8. The east Kent CCGs have given formal notice to decommission *Community Orthopaedics* as from April 2014 and are in negotiations with KCHT as to the individual elements of this service that the CCGs will wish to commission via a GP direct access route as from April 2014.
9. The third element of the project was predicated on the view that improved primary care referral management remained critical to CCGs achieving a sustainable position in terms of the balancing the demand for MSK and Orthopaedic services with the capacity within the services commissioned. Consequently all east Kent CCGs, with the exception of Canterbury and Coastal CCG whose referral levels already matched their lowest year, committed to reducing referral levels to EKHUFT Orthopaedics to the lowest year for their CCG by working with their GP members to reduce referral variations. In the year to date (as of September) east Kent CCGs primary care referrals to EKHUFT Orthopaedics were 3.2% under plan.
10. Other elements of the project include review of hip replacement revision rates, diagnostic arthroscopy rates (the examination of a joint by inserting a specifically designed illuminated device into the joint through a small incision), review of the Shoulder Surgery Pathway, and an 18 Week Referral-To-Treatment Backlog Reduction Plan. Currently these elements are insufficiently advanced for an update to be given at this time.
11. Cognisant of the fact that re-designing MSK and Orthopaedic Care Pathways is a complex undertaking, that elements of these pathways will always need some form of re-design, that there is ever increasing demand for these services, that

the approach to commissioning which seeks to review and re-design pathways hails from a time when commissioners were greater in number and could develop pathway expertise and knowledge, and the fact that nationally mandated payment mechanisms may counter CCGs managing patient flows in an effective or sustainable manner, east Kent CCGs committed to investigating a different approach for 2014-15.

12. In simple terms, the east Kent CCGs are committed to developing a full business case for going out to tender for a lead provider for MSK and Orthopaedic Care Pathways in 2014-15. Within this, the intention is for the lead provider to be contracted to manage the entirety of east Kent MSK and Orthopaedic Care Pathways and to achieve set outcomes within an agreed financial value. Furthermore, the intention is for the contract to be underpinned by a formal financial risk share agreement between the CCGs and the lead provider, including a ratchet mechanism which will determine the percentage share of the financial risk based on the provider's performance against the outcomes specified.
13. Members of the Health Overview and Scrutiny Committee are asked to note the contents of this briefing paper and the commitment of the east Kent CCGs to return to the Health Overview and Scrutiny Committee in March 2014 with a further update.