

## Health Overview and Scrutiny Committee

7 March 2014

### Musculoskeletal Services in East Kent

#### **Introduction**

NHS Ashford, Canterbury and Coastal, South Kent Coast and Thanet Clinical Commissioning Groups (CCGs) provided a report for the 29 November 2013 Health Overview and Scrutiny Committee on the work they were jointly undertaking to re-design Musculoskeletal and Orthopaedic Care Pathways. The committee considered this report at their 31 January 2014 meeting and posed six questions. The questions and our responses are now detailed in this update.

Members of the Committee are asked to note the contents of this update and the commitment of the east Kent CCGs to return to the Committee with further updates.

#### **Questions and answers**

##### **Question one: Can you provide an update on the proposed re-design of the Musculoskeletal and Orthopaedic Care Pathway?**

Work to review and re-design the pathway is on-going. A number of workstreams are included within the review. Progress is as follows:

##### **Completed**

- Review of EKHUFT's hip replacement revision rates. It found that rates were comparable with EKHUFT's peers.
- Review of the Community Orthopaedics service provided by Kent Community Health NHS Trust (KCHT). The new service is expected to be implemented in May 2014.
- Review of EKHUFT's diagnostic arthroscopy rates (the examination of a joint by inserting a specifically designed illuminated device into the joint through a small incision). No concerns were found.

##### **On-going**

- Re-designing treatment for people with low back pain with injections. This is expected to be completed by the end of June 2014.
- Improvements to primary care referral management. Work is underway to review data. This will inform whether plans need to be put in place to reduce referrals.
- Review of the Shoulder Surgery Pathway. Work is expected to be completed by September 2014.
- Plan to reduce 18 week referral-to-treatment backlog. The CCGs are reviewing this issue with EKHUFT.

Note: See annexe one for further detail on the review and re-design.

**Question two: Can you provide a timeline for the developments of these proposals?**

It is envisaged that work to review and implement changes to the pathway will be fully completed by September 2014.

**Question three: What types of symptoms are associated with musculoskeletal and orthopaedic conditions?**

'Musculoskeletal and orthopaedic conditions' is a very broad term encompassing approximately 200 different conditions, affecting the muscles, joints and skeleton.

The main symptoms of musculoskeletal conditions are pain, stiffness and joint swelling affecting one or more joints.

Note: See annexe two for further detail on the most common types of musculoskeletal conditions and symptoms.

**Question four: What types of treatments are used in treating musculoskeletal and orthopaedic conditions?**

The treatment of musculoskeletal and orthopaedic conditions is dependent on the nature and cause of the disease.

Treatments can include the use of painkillers, anti-inflammatory medicines, surgery (including key hole) and physical therapies – such as exercise programmes or acupuncture.

Note: See annexe three for further detail on treatments.

**Question five: What is the rate of injections for low back pain per 1000 patients in east Kent CCGs and how does this compare with other Kent and Medway CCGs?**

The table below details the rate of injections for low back pain per 1000 patients in east Kent CCGs compared with other Kent and Medway CCGs in 2012/13 and the reduction in the 2013/14 year-to-date.

	Ashford CCG	Canterbury and Coastal CCG	South Kent Coast CCG	Thanet CCG	Kent & Medway CCGs
Injections per 1000 patients 2012/13	6.23	5.22	6.45	5.73	4.90
Injections per 1000 patients 2013/14	5.01	4.60	5.38	5.32	5.15
<b>Change in Rate</b>	<b>-1.22</b>	<b>-0.62</b>	<b>-1.07</b>	<b>-0.41</b>	<b>+0.25</b>

**Question six: Has the rate of injections for low back pain per 1000 patients in east Kent CCGs been reduced and have there been any implications as a result of this?**

The table above indicates that the rate of injections for low back pain per 1000 patients in east Kent CCGs has reduced.

To date the only known implication of the change to the back pain pathway has been one pending complaint.

**ENDS**

**Annexe one – Further information on review of pathway**

**Community Orthopaedics:** This review has been completed. The east Kent CCGs have given formal notice to decommission Community Orthopaedics from April 2014. Negotiations with KCHT are underway as to the individual elements of this service that the CCGs will commission via a GP direct access route as of April 2014. Three of the east Kent CCGs (Ashford, South Kent Coast and Thanet) are near to concluding these negotiations and the timeline for implementing the new service has been adjusted to May 2014. NHS Canterbury and Coastal CCG has determined that they have sufficient MSK services in place to decommission Community Orthopaedics and not replace it with a GP direct access service. This element is expected to be completed within Q1 of 2014/15.

**Improve primary care referral management:** The earlier report stated that east Kent CCGs primary care referrals to EKHUFT Orthopaedics were under plan. This was an erroneous statement, further examination of referral data has found that referrals were above plan at that time. The east Kent CCGs are currently modeling their expected referrals for 2014/15, and as part of this will determine whether to develop plans to reduce referrals.

**Review of the Shoulder Surgery Pathway:** This is a joint project between the east Kent CCGs and EKHUFT, to review (and re-design) the Shoulder Surgery Pathway. This project is insufficiently advanced to provide an update at this time, but the project is expected to continue into Q1 & Q2 of 2014/15 at least.

**An 18 Week Referral-To-Treatment Backlog Reduction Plan:** This element involved the recruitment of two interim orthopaedic surgeons by EKHUFT to assist in reducing the number of patients waiting longer than 18 weeks for treatment. Due to challenges in recruiting and retaining interim staff and higher than expected referral levels, this element has not had the impact expected. The east Kent CCGs are currently reviewing this issue as part of contract negotiations with EKHUFT.

**Annexe two - Common types of musculoskeletal conditions and their symptoms**

- **Chronic Musculoskeletal Pain** - generally classed as a condition that has no identifiable underlying, serious or specific disorder and which has not resolved in 3 to 6 months.

- **Connective Tissue Diseases** - characterised by multi-organ inflammation and autoimmunity. Symptoms vary depending on the disease, but many share the common symptoms of joint aches and pains, fatigue, muscle pain and weakness, rashes, skin changes and inflammatory changes in different organ systems.
- **Juvenile Idiopathic Arthritis** – arthritis beginning in childhood. Can affect four or fewer joints (oligoarticular), more than five joints (polyarticular). Symptoms are swollen, painful joints, particularly knees and/or ankles. Other symptoms include tiredness and eye inflammation. There is also a type of juvenile arthritis (systemic onset) that usually starts before 5 years of age and begins with systemic symptoms such as fever, rashes, lethargy and enlarged glands. Other symptoms include joint and muscle pain, skin rashes and tiredness.
- **Osteoarthritis** – the most common form of arthritis, referring to a clinical syndrome of joint pain accompanied by functional limitation and reduced quality of life to varying degrees. Hip, knee and hand joints are most frequently affected.
- **Metabolic Bone Disease** – a term used to describe a range of conditions including Osteoporosis. These conditions cause bones to become fragile and break without too much force. Common fracture sites are the wrist, hip and vertebrae.
- **Inflammatory Arthritis** – causes inflammation in the joints. Symptoms can include severe pain, stiffness, fatigue, deformity and reduced joint function. Joints and organs can be affected, and severe inflammatory arthritis can shorten life expectancy. Conditions in this category include:
  - **Psoriatic Arthritis** – inflammatory arthritis associated with the skin condition psoriasis.
  - **Rheumatoid Arthritis** – chronic, progressive, disabling disease where the immune system attacks the synovial lining to the joints and other organs. It typically affects the small joints of the hands and feet. In established disease, most joints will be affected over time. Can also affect the internal organs, such as the heart, lungs and eyes.
- **Soft Tissue Rheumatism** – conditions affecting tissue surrounding a joint, such as ligaments and tendons, and includes conditions such as tendonitis, bursitis, fasciitis and fibromyalgia.

### Annexe three – Treatments

- **Drug Treatments:**
  - **Analgesic agents** – the majority of musculoskeletal conditions present with pain, stiffness and swelling of joints. Mild to moderate pain can be treated with simple analgesia, usually in a stepped approach including paracetamol, ibuprofen or a weak opioid (such as codeine) or other analgesics.
  - **Corticosteroids** – used to treat inflammation by reducing the immune response. These are usually applied to the affected area externally (topical treatment) or can be injected into an affected joint.
  - **Disease-Modifying Anti-Rheumatic Drugs (DMARDs)** – used to slow down the disease progression of rheumatoid arthritis.

- **Biologics** – used to block or modify specific immune responses, treating the underlying cause of a number of inflammatory conditions.
- **Physical Therapies** - physical therapy treatment may be offered in addition to drug treatments used to manage pain, in order to improve mobility and functioning. It may include a structured exercise programme, manual therapy (including spinal manipulation for low back pain) or complimentary therapies such as acupuncture.
- **Procedures for Soft Tissue Rheumatism** – there are a number of specific procedures used in the treatment of soft tissue disorders, including blood injections (taken from the patient and re-injected), shockwave therapy (a machine used to deliver sound waves to the painful area to stimulate healing), radiation therapy, and surgery.
- **Arthroscopy** - a type of keyhole surgery used to both diagnose and treat problems with joints. The procedure is most commonly used on the knees, ankles, shoulders, elbows and wrist. As well as allowing a surgeon to look inside a joint, an arthroscopy can also be used to treat a range of problems and conditions.
- **Surgery** – surgery can be used to treat specific joints. Types of surgery include total or partial joint replacement, joint fusion and removal of deformed joints.

Specific treatments can be found under the National Institute for Health and Care Excellence (NICE) pathway for musculoskeletal conditions (<http://pathways.nice.org.uk/pathways/musculoskeletal-conditions>).