



South West London
Academic, Health and Social Care
 System

Case Studies- Series 3

Improving Quality of Service for Patients Suffering with Musculoskeletal Conditions

Between September 2014 and April 2015 a Musculoskeletal Multidisciplinary team led by clinicians at a General Practice Surgery in Sutton, Surrey identified an opportunity to improve the Musculoskeletal care that patients received, when presenting in a Primary Care setting. Funded by a Small Grant from SWLS, the project team managed to produce a rapid assessment and treatment service. The Project reduced both patient waiting times and secondary referral rates, whilst improving the rate of patient satisfaction and cost effectiveness of musculoskeletal care. The Musculoskeletal service also provided a direct educational element to the referring Clinicians on a regular basis.

'I had an interest in GP musculoskeletal medicine, I had an interest in Primary Care education and this project was able to put those interests into a single service commitment that dramatically improved patient care.'

Dr Jeffrey Croucher, General Practitioner, Benhill and Belmont GP Centre, with a Special Interest in Musculoskeletal Medicine



Identifying areas for improvement

The Sutton Community In Practice Project (SCIPP) project was developed to provide a co-ordinated Musculoskeletal (MSK) patient assessment in Primary Care settings. MSK health is the third highest disease area for using NHS resources. This project targeted patients with MSK conditions where serious pathology was not suspected. Initial Partners included Epsom and St Helier University Hospitals NHS Trust and Surrey Physio.

‘Making best practice accepted practice’

Building a holistic approach to care

One of the most direct ways to improve the quality of care was to take advantage of a range of specialised skills that were at immediate disposal. The model that was developed pulled from a diverse range of skills and knowledge, in a bid to be able to utilise these multiple resources efficiently. This pool of professional knowledge allowed for the musculoskeletal care to be delivered in a more coordinated way on a single site, delivering an increasingly efficient care package for patients.

The project included a range of clinical assessments, the availability of specialist MSK diagnostics (including MRI and ultrasound) and treatment programs for patients over a seven month period.

‘We established a team involving Physiotherapists, a General Practitioner with special interests and also diagnostic and interventional ultrasound... that allowed short waiting times for each aspect of MSK Care, at a place close to the point of need, for patients that were then going to receive those multidisciplinary assessments in a ‘one stop way’ when appropriate.’

Dr Jeffrey Croucher

Implementing change

The project team presented a business plan that subsequently was awarded the Innovation prize for community projects by the South London Health Innovation Network (HIN) in 2015. This allowed the project to expand its scope of performance.

The Small Grant proved to be a useful stepping stone that allowed the team to bid for and gain a much larger HIN award to fund a second pilot.

‘Without the experience of the Small Grant, we wouldn’t have had the confidence to go for the larger grant. The initial pilot helped to shape our thinking and approach for subsequent work.’

Dr Jeffrey Croucher

The team then launched a second pilot (SCIPP2) in 2016, which built upon the successes of the first pilot, and gave the platform to move onto a second Primary Care site (covering 20,000 GP registered patients in total) and also to include additional stakeholders. South West London and St George’s Mental Health NHS Trust provided Psychological MSK assessments and Acupuncture appointments were also added to Service Provision. The entirely Primary Care based model allowed for more patients in a larger area of Sutton to receive the improved model of care close to the point of need. The additional advantage of this approach was to manage more advanced MSK care in a familiar setting where patients were used to receiving their General Practice Care.

This second pilot demonstrated that high quality clinically based Musculoskeletal care could be provided in a GP setting with low rates of use of special diagnostics tests (such as MRI and ultrasound). The SCIPP projects also demonstrated that with or without specialist diagnostics use, more than 90% of patients could still receive their completed care entirely in a Primary Care setting.

The SCIPP team also coordinated and led MSK educational sessions for clinicians

within Sutton CCG and the host Practices. This aspect of the Project was provided to address the educational needs of the referring Clinicians surrounding relevant MSK conditions that were most frequently being referred.

Successes in the community

The model was embraced by the GP Teams who stated that the ‘in house system for MSK assessment was a particular benefit’. Analysis of referral patterns from the host Practices during the project demonstrated a significant reduction in the use of secondary care Orthopaedic Services and also a reduction in use of other Musculoskeletal community services.

Those receiving care have voiced significant satisfaction with the improved service, with 99% of patients rating the different aspects of care they received as either good or excellent.

‘99.6% of patients would recommend the service to a friend or family’¹

‘91% of patients during the project have received all their Musculoskeletal care within a Primary Care setting.’

There is evidence that there has been a significant reduction in Secondary Care Orthopaedic activity from SUS data analysis’²

¹ SCIPP MSK for Small Grant Final Report v0.1

¹ Ibid



@SWLSystem



GCAHSN@sgul.ac.uk



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