Musculoskeletal Health Improvement Network for London

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NHS England (London)

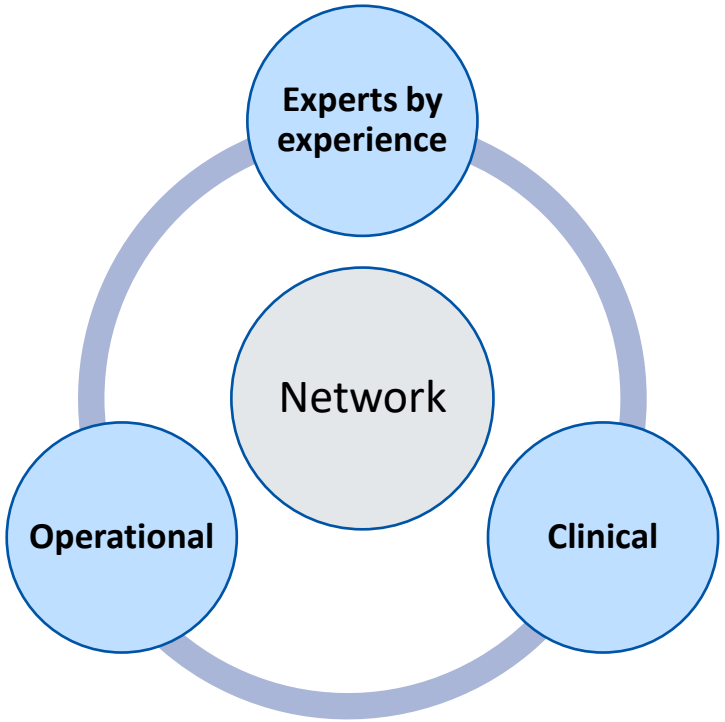
Strategic network - context

- Vision
- Mission
- Why is it important?
- Why now?
- Why should you be involved?

Musculoskeletal Health Improvement Network - Briefing

- **Vision**
  - To promote lifelong best musculoskeletal health across all communities.
  - To sustain delivery of evidence informed personalised high-quality healthcare of value to all.
- **Mission**
  - To support ICBs deliver the vision using a regional network of primary, community and secondary care colleagues, academic science network colleagues, people with lived experience, public health consultants, third sector colleagues, commissioning and operational leads.
  - To support ICBs and providers using quality improvement methodology informed by national and local data, embedding co-production and the principles of personalised care to improve access, outcomes and experiences of services, whilst reducing health inequalities for people with musculoskeletal health problems.
  - To highlight the value (health gain and experiences) of improving musculoskeletal health as an essential ingredient of holistic and integrated care, enabled by digital and workforce transformation.
- **Why is this important?**
  - Musculoskeletal conditions are very common, affecting 20 million people in the UK, one-third of the total population, rising to two-thirds of the population over 65.
  - Musculoskeletal conditions are the highest cause of years lived with a disability in London, weighted by the degree of disability.
  - Physical activity reduces all cause mortality by 30% and significantly reduces the risk of diabetes (40%), cardiovascular disease (35%), dementia (30%), depression (30%) and fragility fractures (68%). Therefore, increasing physical activity will have widespread benefits across the whole population, particular the most inactive people.
  - Worklessness: musculoskeletal conditions are the leading cause of time lost from work other than COVID and minor illness. Being in good work is better for your health than being out of work. Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.
  - The same health inequalities that are seen in many long-term conditions are also seen in chronic musculoskeletal pain. Chronic pain is linked to deprivation. Four in ten people (41%) who live in the most deprived fifth of society in England report chronic pain compared to 3 in 10 (30%) in the least deprived quintile. Three in ten people (32%) with a long term musculoskeletal reported depression or anxiety in the most deprived decile versus 2 in 10 (19%) in the least deprived decile.
- **Why now?**
  - Public Health England (OHID) and NICE have complied compelling evidence supporting clinical and cost-effective interventions, value for money and return on investment (ROI) for strategies and interventions to improve general and musculoskeletal health, reduce falls and fragility fractures, and manage chronic musculoskeletal pain.
  - The network promotes strategic direction that is co-produced with people with lived experience, embedding shared decision-making, and so is more likely to reduce health inequalities and focus on what matters to people with musculoskeletal health conditions.
  - Addressing musculoskeletal health will help people get back to work. This supports one of the ICS' key roles to help the NHS to support broader social and economic development.
- **Why me?** *(You, the reader)*
  - Improving musculoskeletal health is a 'wicked problem' because interventions have unpredictable consequences and the solutions are unknown in advance. Therefore, the network provides a safe space to explore multiple points of view, applying multiple small interventions and promoting a quality improvement approach without fear of failure.
  - All members of the network can improve musculoskeletal health and reduce health inequalities within their sphere of influence, from booking staff and front-line clinicians to those with leadership roles at all levels from departments to the region, promoting and sharing best-practice through the network.
  - Ultimately, we all have a role in raising awareness of the problems (such as health inequalities in access to services), advocating for change and action. (Kings Fund 2021)

Strategic network – structure and members



Medical directorate

London Clinical Executive Group (LCEG)

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Long term conditions board

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Musculoskeletal Health Improvement Network Strategic Steering Group

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Musculoskeletal Health Improvement Network

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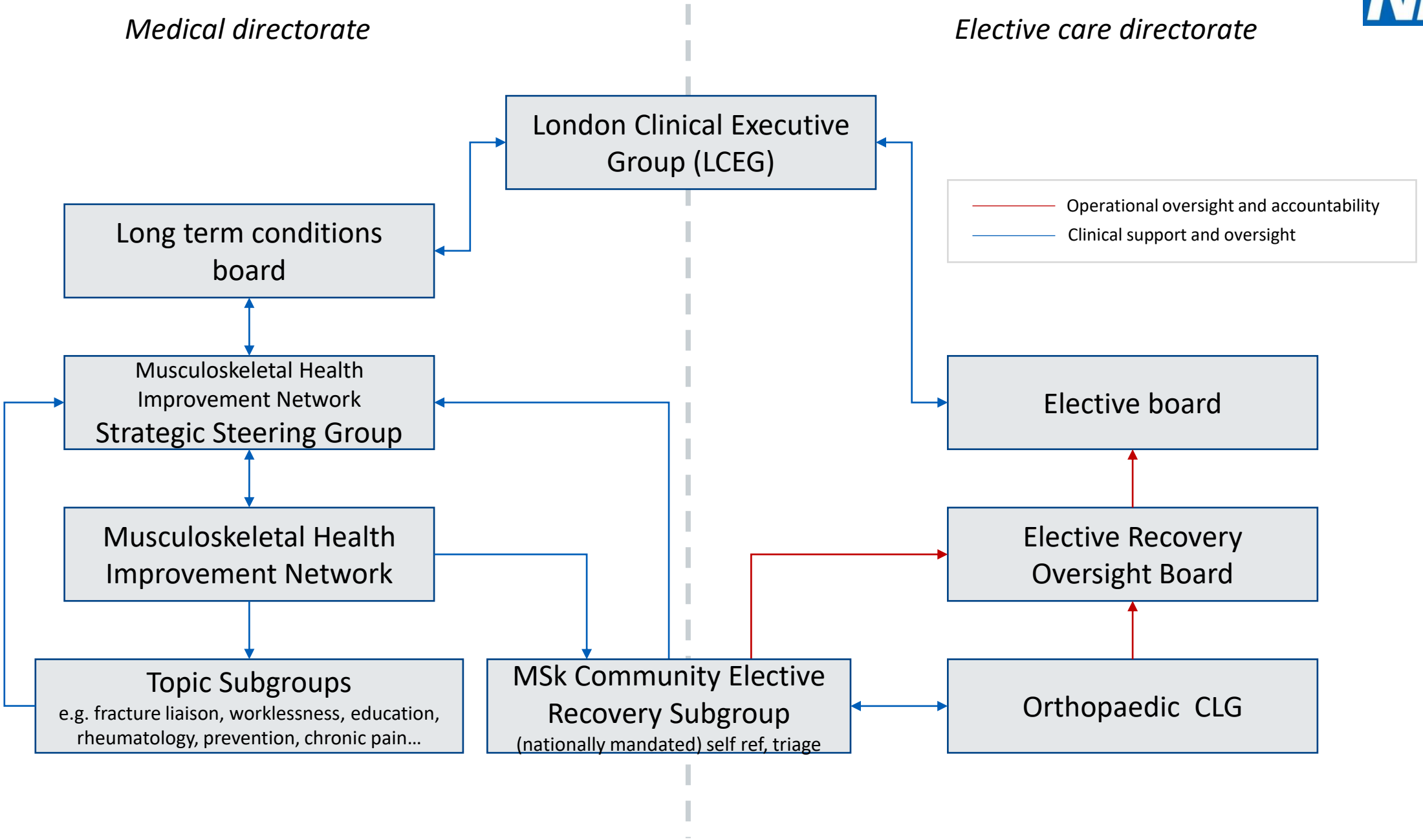
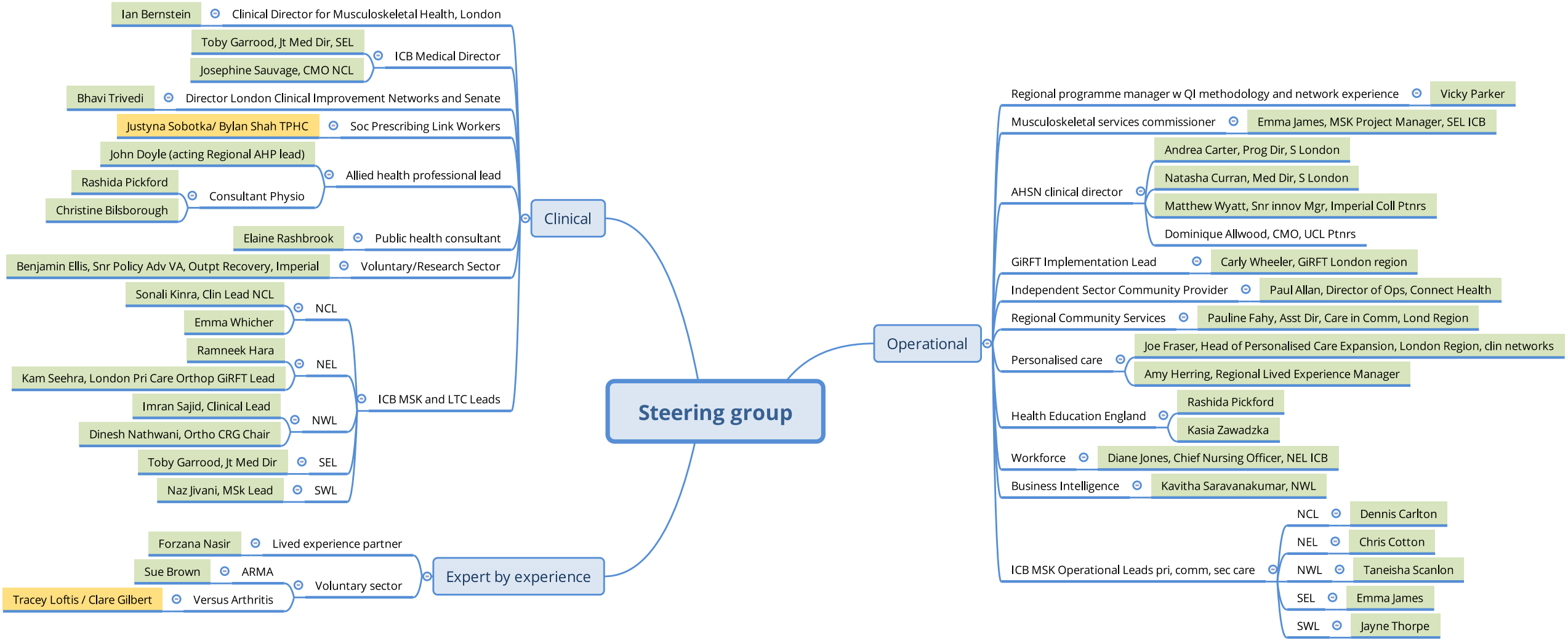
Topic Subgroups
e.g. fracture liaison, worklessness, education, rheumatology, prevention, chronic pain…

Open to anyone who has an interest in improving musculoskeletal health

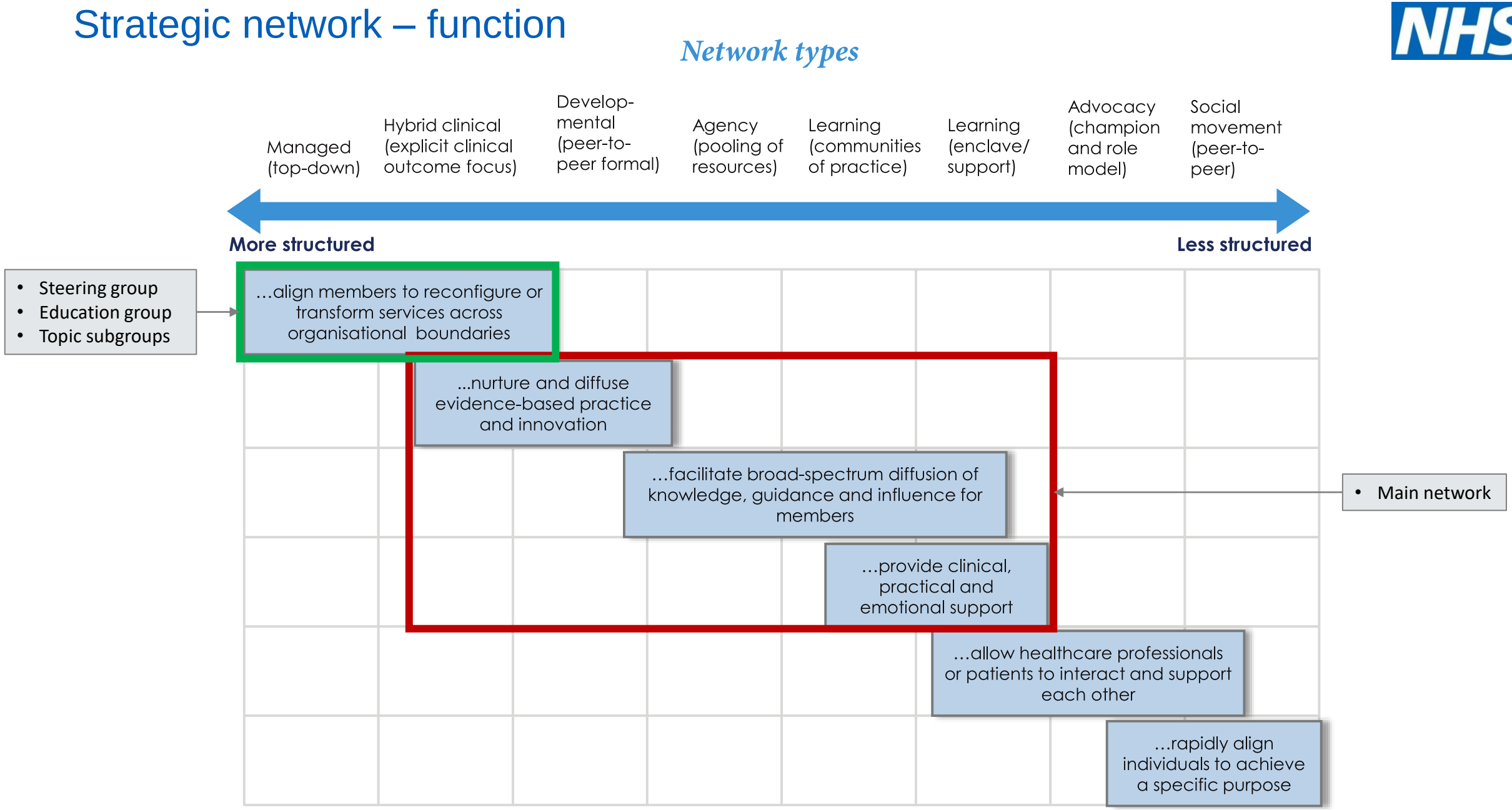
- people with lived experience
- service providers from primary, community and secondary care
- commissioners and operational leads
- local authorities and directors of public health
- employment advisors
- social prescribing link workers and health coaches
- workforce and education leads
- close relationships with existing regional clinical networks including mental health and frailty

Musculoskeletal Health Improvement Network Governance Model v03



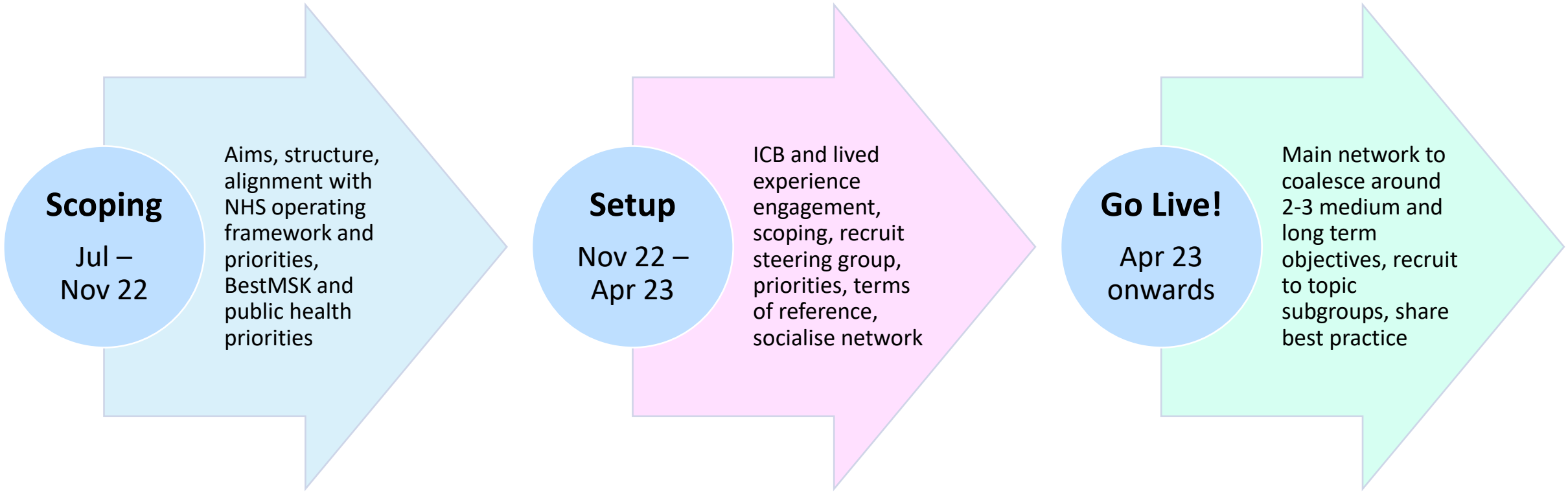

Steering group
Clinical
Ian Bernstein
Clinical Director for Musculoskeletal Health, London
ICB Medical Director
Toby Garrood, Jt Med Dir, SEL
Josephine Sauvage, CMO NCL
Bhavi Trivedi
Director London Clinical Improvement Networks and Senate
Justyna Sobotka/ Bylan Shah TPHC
Soc Prescribing Link Workers
Allied health professional lead
John Doyle (acting Regional AHP lead)
Consultant Physio
Rashida Pickford
Christine Bilsborough
Public health consultant
Elaine Rashbrook
Voluntary/Research Sector
Benjamin Ellis, Snr Policy Adv VA, Outpt Recovery, Imperial
ICB MSK and LTC Leads
NCL
Sonali Kinra, Clin Lead NCL
Emma Whicher
NEL
Ramneek Hara
Kam Seehra, London Pri Care Orthop GiRFT Lead
NWL
Imran Sajid, Clinical Lead
Dinesh Nathwani, Ortho CRG Chair
SEL
Toby Garrood, Jt Med Dir
SWL
Naz Jivani, MSk Lead
Expert by experience
Voluntary sector
Forzana Nasir
Lived experience partner
Sue Brown
ARMA
Tracey Loftis / Clare Gilbert
Versus Arthritis
Operational
Regional programme manager w QI methodology and network experience
Vicky Parker
Musculoskeletal services commissioner
Emma James, MSK Project Manager, SEL ICB
AHSN clinical director
Andrea Carter, Prog Dir, S London
Natasha Curran, Med Dir, S London
Matthew Wyatt, Snr innov Mgr, Imperial Coll Ptnrs
Dominique Allwood, CMO, UCL Ptnrs
GiRFT Implementation Lead
Carly Wheeler, GiRFT London region
Independent Sector Community Provider
Paul Allan, Director of Ops, Connect Health
Regional Community Services
Pauline Fahy, Asst Dir, Care in Comm, Lond Region
Personalised care
Joe Fraser, Head of Personalised Care Expansion, London Region, clin networks
Amy Herring, Regional Lived Experience Manager
Health Education England
Rashida Pickford
Kasia Zawadzka
Workforce
Diane Jones, Chief Nursing Officer, NEL ICB
Business Intelligence
Kavitha Saravanakumar, NWL
ICB MSK Operational Leads pri, comm, sec care
NCL
Dennis Carlton
NEL
Chris Cotton
NWL
Taneisha Scanlon
SEL
Emma James
SWL
Jayne Thorpe

Strategic network – function



The Health Foundation 2014, Effective Networks for Improvement

Strategic network – timeline



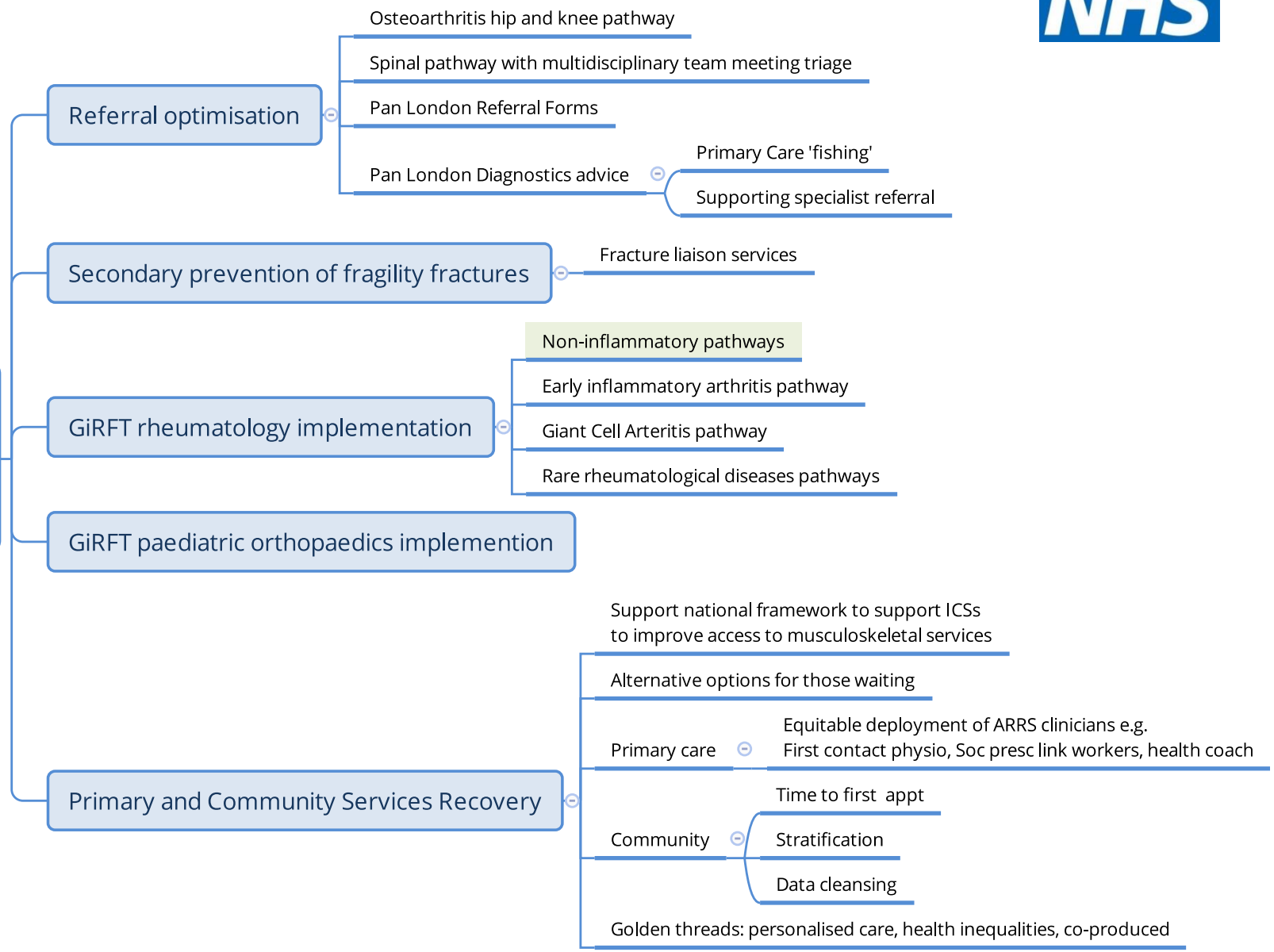
Strategic network – topics

- **Discuss and nominate one long, one medium and one short term project**
- **Checklist**
  - Does this reduce variation that causes harm or poor outcomes?
  - Is it important?
  - Does is add value (improved access, outcomes, experience)?
  - Is it feasible?

Prioritisation and short list

- 1yr
  - Adult Orthopaedics: hip, knee, spinal GiRFT pathways
  - Paediatric orthopaedics: community triage
  - Rheumatology: early arthritis, non-inflammatory community triage GiRFT pathways
  - Pain: holistic biopsychosocial pathways
  - Tertiary prevention
    - Increasing physical activity
    - Optimal BMI
    - Optimising co-morbidities
  - Data service to support regional network
- 3yr
  - Secondary prevention of fragility fractures
    - Fracture liaison services
  - Workforce
    - Skill mix
      - FCP, SPLW, health coaches, rehab therapists, physios, osteopaths, etc
    - Retention
      - Offering flexibility
      - Compassionate leadership
    - Deployment to areas of greatest need
  - Education and upskilling
    - Shared decision making
      - Embedded in all stages of pathways
      - Training, implementation and feedback from patients (Collaborate tool)
    - Personalisation
      - Musculoskeletal Care and Support plans
    - Upskilling confidence and competence at managing musculoskeletal conditions
- 5yr
  - Primary and secondary prevention
    - Increasing physical activity
    - Optimal BMI
  - Reducing health inequalities
  - Reducing worklessness
  - Increasing social participation
  - Living well with high impact chronic pain
    - Opioid and gabapentinoid reduction
    - Peer support

Early and High impact interventions subset
GiRFT, BestMSK



Musculoskeletal Health Improvement Network - London Region
Alignment with NHS England Operating Framework 2022

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