Commissioning a Musculoskeletal Pathway

An Ashford Success Story!

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Why the need to develop alternatives to Secondary care?

- Increasing referrals to secondary care with associated cost pressures.
- Poor conversion rates for surgery in T&O referrals.
- Perceived limitations of existing alternative provision (ICATS).
- Well defined non-surgical locally agreed pathways.

A local solution for Ashford 2010

- Relatively young population with preponderance of referrals for Spine, Shoulder and Knee problems.
- Well equipped proactive and highly skilled primary care clinicians and Extended scope Physiotherapists.
- Suspicion that may be **spare capacity within primary care (if adequately resourced).**
- Proactive Locality commissioning group with potential for inter-practice referrals.
- Successful Local Enhanced Service Pilot suitable for roll out.
- **Cohesive GP Federation (ACP) with several MSK ESPs**.

2014 - Ashford Clinical Providers. (ACP) SPA Triage service impact across the whole locality

- ACP approached by CCG to discuss possible single point of Triage for all Ashford T&O referrals.
- Direct inter-practice referrals to Community Limb and Spinal MSK clinics still to be encouraged.
- Huge backlog of EKHUFT cases about to breach 18 week RTT and increasing referral rates.
- ACP offered a solution to improve the backlog and ensure MSK patients are seen by the correct professional, in the right setting, first time.
- **Realistic alternatives** to Hospital T&O outpatients in place since 2010 with Spinal (ESP) and Limb (GPwSI) led community clinics.

T&O triage started December 2014

- 5 local GPSI's paper triaging weekly.
- By 2015 67% still needing secondary care.
- In 2016 60%. …Increasing confidence so by
- **Last year - 2022 only 30% of referrals reached T&O OPD.**
- Increased activity in Community MSK but much cheaper pathway costs.
- Quality maintained, and patient satisfaction enhanced.

2022 Service Overview

- **Single Point of Access** for all MSK and more recently MSK MRI referrals.
- **No Bypassing** as Federation “ownership”.
- 4470 total referrals received in 12 month period.
- 2406 **(53%) retained in community MSK** service with a **lower Local Tariff..**
- F/up to New ratio of <1 so **total pathway cost** for us approximates to **£125 per referral** = £300K
- 1278 (28.5%) referred to secondary care (EKHUFT/independent) they have a ratio 2.5 so £166 New = (2.5 x£67 F/up) **pathway cost £333 per referral** = £426K
- 604 (13.5%) referred to radiology
- 182 (4%) returned to GP No cost

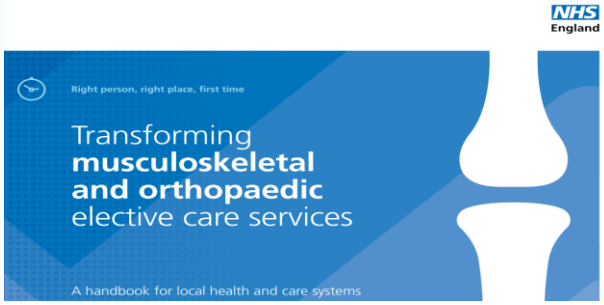
Ashford’s Total Cost to the ICB Including triage costs over 12/12 £865K.

If referrals had been sent direct to secondary care the cost would have been £1.5M (4470 x£333)

SAVING OF £635k PER YEAR (not including any radiology services savings)!

Whole System Benefits

- **K&M ICB** - through decreased referral rates to secondary care resulting in **less cost to the health economy.**
- **Primary care** - alternative provision resulting in quicker clearer outcomes for referring practices and an **additional income stream for provider practices.**
- **Patients** – Excellent quality of **care delivered in a timely manner, closer to home for more than 50%** of Musculoskeletal cases.



NHS Elective Care Handbook

Opportunities for improvement: Rethinking referrals

1. MSK Clinical Review and Triage – Case study

The challenge

Secondary care providers of orthopaedic services in East Kent were failing to meet the 18-week referral to treatment target.

The intervention

The CCG introduced a locally-designed and managed GP triage approach for all new referrals to secondary care. The aim was to reduce waiting times and ensure patients get the best care. The purpose of the new service model was to:

- Understand the best orthopaedic pathways for patients
- Provide specialist advice and guidance to GPs
- Improve the quality of referrals
- Identify the true need for orthopaedic services to inform development of an optimal service model

The triage service was delivered by a local GP consortium (Ashford Clinical Providers) whose GPs had specific experience and expertise in musculoskeletal disorders. All primary care referrals to secondary care were initially sent to the triage service using an internal electronic system and the patient was contacted within 48 hours.

Outcome

Since implementation of the triage service in Dec 2014, referral levels to secondary care from Ashford remain **40%** lower than during the pre-triage peak period and slightly lower than the 2013/14 baseline.

Further information and case studies

You can find further details about this work, as well as other case studies, in NHS England's MSK and Orthopaedics case studies directory. For more information, please email: england.electivecare@nhs.net

Considerations if ICBs adopt this new model of MSK Care.

- **Scalability requires capacity and skilled workforce**.
- **Financial Risks to GP Federation and MSK provider practices if ICB decommissions** as practices have invested in Primary Care backfill to build extra capacity for MSK GPwSI work.
- Ashford MSK service has **benefitted from a cohesive GP Federation so that SPoA is not bypassed.**

Any Questions