

Self Management & Enhancing Primary Care: MSK Pathways

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Session Aim

- Provide an overview rationale and process
- Share agreed vision
- Share learning



The Problem

- Skills/ capacity in primary care – inappropriate / dual referrals
- Rising demand for MSK services
- Rising patient expectations
- Access times to MSK physiotherapy
 - 22 week waits
 - Clinics over 30 different locations
 - Staff: peer support/ morale low



Key National Drivers

- NHS 5 Year Forward View
- NHS England Right Care: Commissioning for Value packs



Public Health England

RightCare

NHS England

Commissioning for Value: Where to Look
January 2016

OFFICIAL

NHS Doncaster CCG

Gateway ref: 04599



Process



- Read the papers
- Meeting with Doncaster CCG (Chief of Partnership Commissioning & Head of Strategy & Delivery Community Services) summer 2016
- Agreed shared vision
- January 2017 MSK Task & Finish Group established
- Regional MSK Clinical Lead Forum



The Impact

of the effective and efficient use of AHPs for people and populations

- 1 Improve the health and well-being of individuals and populations.
- 2 Support and provide solutions to general practice and urgent and emergency services to address demand.
- 3 Support integration, addressing historical service boundaries to reduce duplication and fragmentation.
- 4 Deliver evidence based/informed practice to address unexplained variances in service quality and efficiency.

**Allied Health Professions
into Action**

Using Allied Health Professionals to
transform health, care and wellbeing.

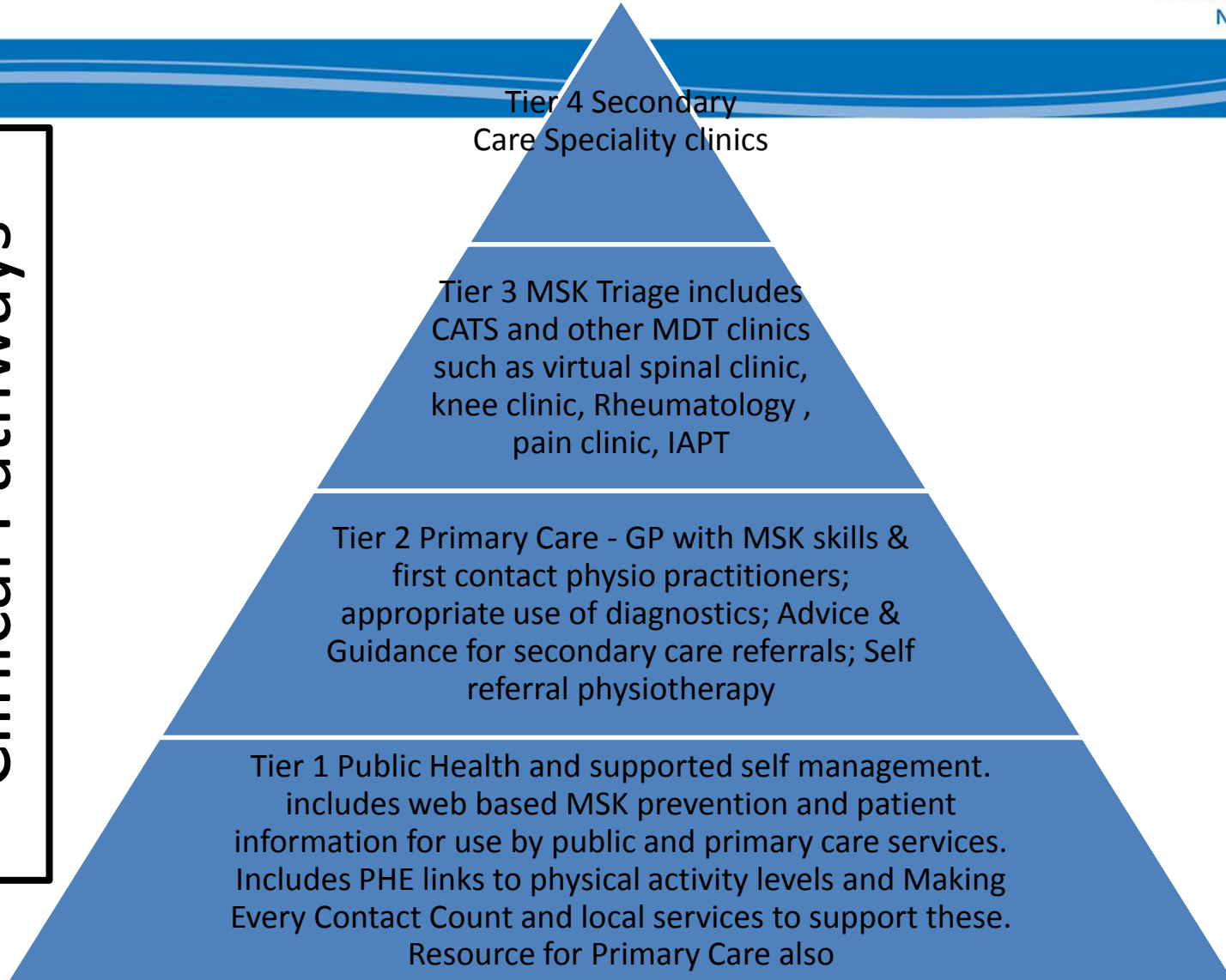
2016/17 - 2020/21

#AHPsintoAction



The MSK Pathway

Clinical Pathways



Tier 1.

- Public Health Advice/
Self – management
 - ACS wide
 - Central point that public, patients and professionals access
 - Opportunities for co-production
 - Links with MECC
- **Impact**
 1. H & W
 2. Solutions for GPs
 3. Integration
 4. EBP and reduce variance



Tier 2.

- Co-locating services
 - Support/ Upskilling Primary Care -First contact practitioners
 - Access to services (MSK /CATS)- timely & route
 - Service capacity
 - Pathways of Care
- **Impact**
 1. H & W
 2. Solutions for GPs
 3. Integration
 4. EBP and reduce variance



Tier 3.

- Interface – specialist skills; maximise care within primary care.
 - Phase 1 – CATS & Virtual Spinal Clinic
 - Phase 2 – other MSK conditions (knees; shoulders) and specialities (pain management; IAPT; Rheumatology.....)
- **Impact**
 1. H & W
 2. Solutions for GPs
 3. Integration
 4. EBP and reduce variance



Tier 4.

- Consultant Review / Care
- Right person, right place & right time.



Summary

- Understand key drivers/ opportunities
- Persevere
- Don't underestimate the power of shared vision
- Know your stakeholders
- Undertake quality impact assessments

