

NORTHUMBERLAND HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE - BRIEFING

THE JOINT MUSCULOSKELETAL (MSK) AND PAIN SERVICE (JMAPS)

Purpose

This briefing is designed to update the Northumberland Health and Wellbeing Overview and Scrutiny Committee (HWB OSC) on the implementation of JMAPS and covers:

- Important background on the JMAPS development
- An overview of the new service
- A summary of the changes in MSK provision pre and post the implementation of the new service
- Details of the engagement undertaken

Background

- Physiotherapy services are usually delivered as tier 1 services, normal physiotherapy assessment and treatment, or tier 2 delivered by physiotherapists with additional training that clinically review and triage patients and have access to diagnostics.
- Tier 2 services are widely used in the NHS as community services that reduce the need for hospital referral and NHS England guidance is clear that such services should be in place across the NHS to ensure the best use of resource and maximise patient outcomes.
- The historic delivery of MSK services in Northumberland is inequitable with varying
 access to tier 2 services in particular. This is due to how services emerged in different
 localities of Northumberland at times when local groups of GPs chose their priorities for
 service development under previous commissioning regimes such as GP Fundholding
 and Practice Based Commissioning.
- In addition to access being inequitable, services have been delivered by a variety of providers working to different service specifications and standards.
- Given the above, NHS Northumberland Clinical Commissioning Group (CCG) has recommissioned, via a procurement process, MSK services in consideration of best practice and patient engagement.

JMAPS Delivery

- The JMAPs service specification was developed by CCG clinicians following extensive review of evidence and existing services.
- The service objectives are:
 - o To create a modern, evidence based, MSK physiotherapy and pain service
 - Ensure equity of access to NHS services for all Northumberland patients
 - Ensure patients receive appropriate assessment and treatment in a timely manner to meet the patient's needs
 - Ensure patients are only referred for surgical intervention or further advice/diagnostics where deemed appropriate;
 - o Follow agreed pathways that optimises patient outcomes and use of resources

- One of the main enhancements of the new service is that the MSK services are now integrated with pain services.
- Around 50% of all pain clinic attendances are for chronic back pain. NICE guidance does
 not differentiate between the management of acute and chronic back pain therefore it
 makes sense for back pain cases to be managed in a single integrated community facing
 MSK and pain service staffed by a multi-disciplinary team.
- Other chronic pain (affecting any part of the body) provision will be led by psychologists and also managed jointly by Advanced Practice Physiotherapists (APPs, formerly Extended Scope Practitioners (ESP)), physiotherapists, and other health workers with psychological training relating to pain management where necessary.
- The result will be a de-medicalised MSK and chronic pain management model which will place less reliance on medications and back injections provided in secondary care. This modern biopsychosocial model of chronic pain management is fully evidence based and has been running very successfully for several years in North Cumbria.
- Other service improvements are:
 - o Equitable, consistent standards across the county's services.
 - Contact with patients within 48 hours rapid access
 - If required, an appointment with a physiotherapist within 15 days
 - Self-referral is now in place which will improve access to services. Referral via the patient's GP is still in place.
 - o For suitable patients, fewer face-to-face appointments per episode of care
 - Access to a patient information app, with planned developments to offer bespoke advice for patients based on the condition.
 - o Supporting patients who are wanting to self-manage their condition should they want to
 - A seamless pathway from referral, diagnostics and secondary care if required
 - Access to shared decision making advice to ensure patients are fully informed and involved in their care, especially should referral for surgical intervention be offered.

Summary of changes

Service delivery

The table below summarises the service delivery differences between historic services and the new JMAPs service

Historic services	JMAPs
Inconsistent standards across the county	Consistent, measurable, standards across the county
Inequitable access to services across the county	Equitable access across the county
Limited integration with pain services	Integration with pain services with a de- medicalised model
Potential variation in patient outcomes due to inconsistent patient pathways	Consistent patient pathway which should lead to improved patient outcomes
Inequitable access to diagnostics	Services streamlined via a single provider with

	diagnostics available consistently as clinically appropriate
Inconsistent access points	Single point of access
GP referral only	Referral from GP and self-referral
Traditional physiotherapy model	Modern physiotherapy service, supporting self-management for suitable patients, with a multi-disciplinary workforce
All service delivery is face-to-face	In addition to face-to-face attendances, patients can access care via telephone, website and App
Variation in access to secondary care services	Improved case selection for consultant assessment resulting in an appropriate secondary care referrals
Multiple patient handovers between providers	All patient care managed by a single service
Variation in access and treatment times	All patients will be triaged within 48 hours and access to a physiotherapist within 15 days
Does not meet national requirements of the NHS England MSK High Impact Intervention guidance	Fully meets and exceeds national requirements and in line with latest evidence
Various clinical IT systems used to record patient clinical details	Single IT system used for accurate and consistent recording of clinical information
Inconsistent method of capturing patient satisfaction and outcomes	Consistent and measurable approach to capturing patient satisfaction and outcomes.

Equity of access by practice

The table below demonstrates the inequitable provision of historic MSK services for Northumberland patients and how this has been addressed by the new service.

Practice name	Locality	Population figures as at 1/4/19	General MSK Physio Tier 1	Specialised Physiotherapy Tier 2	Combined Pain and Physio	General MSK Physio Tier 1	Specialised Physiotherapy Tier 2	Combined Pain and Physio
Prudhoe Medical Group	NCG - West	6,847	X	Her z	allu Filysio	x	x	x
Corbridge Medical Group	NCG - West	6,988	х			x	х	х
The Sele Medical Practice	NCG - West	6,067	х			x	х	х
Haltwhistle Medical Group	NCG - West	5,600	х			x	х	х
Haydon Bridge & Allendale Medical Practice	NCG - West	5,374	х			x	х	х
Riversdale Surgery	NCG - West	6,053	x			x	х	х
Branch End Surgery	NCG - West	5,404	x			x	х	х
The Surgery, Bellingham	NCG - West	3,367	х			х	х	х
Ponteland Medical Group	NCG - West	9,977	х			x	х	х
White Medical Group	NCG - West	7,545	х			х	х	х
Burn Brae	NCG - West	9,640	х			х	х	х
Humshaugh & Wark Medical Group	NCG - West	3,629	х			х	х	х
Scots Gap Medical Group	NCG - West	2,079	х			х	х	х
The Adderlane Surgery	NCG - West	1,948	х			х	х	х
Village Surgery	NCG - Blyth Valley	9,377	х	х		x	х	х
Forum Family Practice	NCG - Blyth Valley	6,371	х	х		х	х	х
Marine Medical Group	NCG - Blyth Valley	12,625	х	х		х	х	х
Brockwell Medical Group	NCG - Blyth Valley	17,146	х	х		x	х	х
Cramlington Medical Group	NCG - Blyth Valley	4,867	х	x		x	х	х
The Surgery, Elsdon Avenue	NCG - Blyth Valley	3,744	х	x		x	х	х
Railway Medical Group	NCG - Blyth Valley	26,266	х	х		x	х	х
Netherfield House Surgery	NCG - Blyth Valley	5,969	х	х		x	х	х
Seaton Park Medical Group	NCG - Central	18,000	х			x	х	х
Laburnum Medical Group	NCG - Central	2,441	х			х	х	х
Gas House Lane Surgery	NCG - Central	5,621	х			х	х	х
Lintonville Medical Group	NCG - Central	13,528	х			х	х	х
Guidepost Medical Group	NCG - Central	8,127	x	х		x	х	х
Wellway Medical Group	NCG - Central	18,923	x	x		x	х	х
Bedlingtonshire Med.Group	NCG - Central	11,844	x			x	х	х
The Gables Health Centre	NCG - Central	6,225	х			x	х	х
Greystoke Surgery	NCG - Central	9,530	х	х		x	х	х
Belford Medical Group	NCG - North	4,479	х	х		x	х	х
Rothbury Practice	NCG - North	5,834	х	х		х	х	х
Widdrington Surgery	NCG - North	2,664	х	х		x	х	х
Alnwick Medical Group	NCG - North	18,401	х	х		х	х	х
Well Close Square Surgery	NCG - North	9,043	х	х		х	х	х
Glendale Surgery	NCG - North	2,184	х	х		х	х	х
Felton Surgery	NCG - North	1,594	х	х		x	х	х
Coquet Medical Group	NCG - North	11,836	х	х		х	х	х
Cheviot Medical Group	NCG - North	2,438	х	х		х	х	х
Union Brae & Norham Practice	NCG - North	7,111	х	х		x	х	х

Service location summary

The table below demonstrates there has been no material change to the service locations on implementation of the new service.

Current Physiotherapy	JMAPS		
Berwick Infirmary	Berwick Infirmary		
Wooler Health Centre	Wooler Health Centre		
Alnwick Infirmary	Alnwick Infirmary		
Rothbury Rothbury Cottage Hospital	Rothbury Rothbury Cottage Hospital		
Seahouses	Seahouses		
Amble Health Centre	Amble Health Centre		
Broomhill	Covered from Amble		
Wansbeck General Hospital	Wansbeck General Hospital		
Morpeth NHS Centre	Morpeth NHS Centre		
Brockwell Clinic	Under current consideration which will be		
Cramlington Health Centre	based on activity post JMAPS go-live		
Blyth Community Hospital	Blyth Community Hospital		
Netherfield House Surgery, Seghill	Provision planned in Cramlington as above		
Allendale HC	Allendale HC		
Haltwhistle	Haltwhistle		
Bellingham HC	Bellingham HC		
Hexham General Hospital	Hexham General Hospital		
Prudhoe Health Centre	White Medical Practice		
Blyth Health Centre	Provision at Blyth Community Hospital		
Ponteland Health Centre	White Medical Practice		

It should be noted that historically there was some outreach service at Widdrington and Felton but following the retirement of the physiotherapy covering these sites, the sessions are now covered at alternative sites. This change happened prior to the JMAPS service development.

Hours of Operation

The new service will have appointments available:

- Between 8:30am and 17:00pm Monday to Friday, excluding bank holidays.
- Evening appointments at 7 core sites
- Saturday mornings at some core sites once the service is fully mobilised.

The distribution of appointments across locations during these hours of operation will be based on demand. As has been the case with historic services, outreach services will be available at set times of the week as demand is not sufficient to resource services Monday-Friday. The addition of Saturday morning appointments will be an enhancement in opening hours in comparison to historic service provision.

Service staffing

We are aware that some concerns have been raised regarding staffing levels at some sites. The following points are important to note:

- The service provider will staff the service based on demand and flex capacity and staffing accordingly. This is normal practice for any NHS service.
- As the service is an improved model with consistent triage, use of patient information and emphasis on self-management, service staffing has been adjusted from the previous model.
- In some sites this is initially planned to be a reduced number of sessions on the basis that the new model offers other modes of treatment such as telephone consultation.
- The provider will keep capacity and demand under review and adjust staffing levels as required to ensure access times are achieved and NHS resource is used effectively
- The CCG will be monitoring access times as set out in the provider's contract to ensure demand is being effectively met by staffing capacity

Engagement process and key findings

In October 2018 the CCG announced its intention to develop a MSK and pain service in the county before launching a period of engagement to seek views and opinions on the design and function of a new service and to ensure the new service would be centred on people's needs.

Before the onset of the engagement the CCG discussed the requirement to enter the NHS England service change assurance process with local NHS England representatives. It was agreed that the initial proposals would result in an improvement, not derogation of current services. As a consequence, it was deemed 'normal commissioning' business and the service change assurance process would not need to be entered into. While the comprehensive engagement exercise outlined below was undertaken there was no requirement at the time to engage the HWB OSC in this low level, fact finding, public engagement; the type the CCG engages upon on a regular basis when considering improvements to services.

To raise awareness of the work that was being undertaken briefings were sent to the following stakeholders:

- Patients and members of the public
- Patient Participation Groups
- MY NHS members
- GPs and practice staff
- CCG staff and governors
- Healthwatch Northumberland
- Patients currently using MSK / back pain services
- Patients who have previously used MSK / back pain services
- Carers of patients currently using / who have previously used MSK / back pain services
- GP practices
- Local community and voluntary sector groups and organisation
- Carers Northumberland
- Age UK Northumberland
- NHS England

- Charities supporting MSK, Arthritis and other related conditions
 - o ARMA Arthritis MSK Alliance
 - o Pain UK
 - Arthritis Research
 - Versus Arthritis
 - National Osteoporosis Society
 - Fibromyalgia Action UK

As part of the engagement an online survey was uploaded onto Survey Monkey which was linked to the CCG's website and promoted on the CCG's social media and in the briefing to stakeholders.

In addition, a hard copy of the survey and a poster to highlight the engagement were posted out to GP practices, and included in the weekly practice newsletter. Practices were asked to display these in their waiting rooms and to also share them their PPGs to involve them in the engagement process. The CCG requested member practices to encourage as many appropriate patients to complete the survey, either by hard copy or online.

CCG staff also engaged with MSK patients at clinics at Seaton Park Medical Group in Ashington and the practice's walking group which some MSK patients attend. The survey was emailed directly to MY NHS members, a database of people who agree to be contacted with relevant communication and engagement information from the CCG. Furthermore, the survey was sent to Healthwatch and subsequently shared via their networks and sent to MSK related charities and Carers Northumberland.

The survey was open for a period of four weeks and gathered a total of 189 responses and over 990 comments. The engagement feedback was on the whole favourable of current services though key themes show there is room for improvement. Patients indicated that they want to feel more listened to and that medical professionals have a good understanding of their symptoms so they can have access to the right treatment.

A strong message was that they want quicker access to appointments and referrals, recognising the positive impact this has on patients' diagnosis and treatment. Patients also want to have more regular reviews with their medical professionals to ensure their care and treatment continues and is the best option for their needs.

These themes were echoed in the GP practice responses. The engagement insight helped the CCG to understand local patient experience of NHS services to support people with musculoskeletal conditions and those who are experiencing pain, and what needs to improve. Subsequently, the CCG developed the service specification based on the feedback from patients in the following ways:

- Support patients to self-manage their long-term MSK and pain conditions
- Align MSK and pain services for joined up holistic care of patients
- A single point of access for MSK related conditions and pain issues
- Provide a timely triage service with quick access to treatment when required
- The service should provide an alternative to hospital for the majority of patients referred for MSK conditions and pain

- Offer de-medicalised MSK and chronic pain management where clinically appropriate and based on patients' needs – placing less reliance on medications and back injections
- Enable patients to take ownership and empowerment in managing their condition, allowing them to lead as fulfilling and independent life as possible
- Identify patients who are appropriate for referral to hospital
- Offer choice of care and which hospital to attend, should hospital care be required
- Patients to have access to their care plan and for this to be available to other appropriate clinicians as well
- Support carers to help patients with access to websites and smart phone Apps
- Reduce handovers between care settings by one provider managing care plans and diagnostics
- Access to advice to manage a patient's condition via telephone, the Internet and Apps
- Offer treatments based on the latest evidence and best practice
- Care offered by suitably trained staff who are friendly and responsive to patient's needs

In December 2018, the CCG wrote out to all stakeholders again to share a copy of the feedback report and to announce the Governing Body's decision to open a competitive tender process to procure JMAPS.

The procurement process ended in April 2019 and the CCG subsequently awarded the contract to provide JMAPS to Northumbria Healthcare NHS Foundation Trust in partnership with Connect Health.

At this time, it was the CCG's intention to write again to all stakeholders to announce the contract award however, the CCG was subject to two periods of purdah restrictions as a result of local and European elections. A press release was issued to the local media to announce the new service in early June 2019.

Mobilisation

During the intervening mobilisation phase ahead of 'go live' on 1 July 2019 it became apparent, from feedback from the CCG's member practices and the general public, that the initial JMAPS service delivery model did not include a number of rural services that were previously available.

If this situation had endured the CCG would have immediately engaged the HWB OSC to gain an opinion on whether the proposed delivery model resulted in a significant variation in current delivery and consultation was therefore required. If HWB OSC had decided that consultation was required the service would not have started on 1 July 2019.

In recognition of clinical and public feedback the CCG however immediately entered negotiations with the new provider; the outcome of which is the revised service delivery model (which includes almost all of the original sites) described above.

Conclusion

The CCG believes that even the initial delivery model represented an overall improvement on the MSK services that were previously available in some parts of Northumberland. If this model had been introduced the CCG would have proposed that the changes did not represent a significant variation to countywide services in that they benefit far more of the population than

they disadvantage. The new service would involve a short episode of care and, although some would have to travel further, a multitude of journeys is not generally required.

The service that is currently being delivered (from 1 July 2019) represents a clear improvement on what went before and the CCG therefore believes that, although patient and public engagement will still continue, no consultation is necessary at this stage.

As JMAPS becomes further established the service will be closely monitored and evaluated by the CCG. If there is a future requirement to alter the current delivery model HWB OSC will be engaged at the earliest opportunity.

Author: Siobhan Brown, Chief Operating Officer NHS Northumberland Clinical Commissioning Group