



Annual report
2019 - 2020

Welcome	3
What we did	4
Last year at a glance	5
Secondary care.....	6
Healthy partnerships.....	7
Community performance.....	8
New roles.....	9
What patients say	10
Our clinicians	11
Changing lifestyles	12
Sharing learning	13
Pathway improvements	14
Financial performance.....	15
Looking ahead.....	15

Sussex MSK Partnership East was commissioned to provide musculoskeletal services (MSK) in High Weald, Lewes and Havens, Eastbourne, Hailsham and Seaford CCG localities. The aim was to reduce variation in practice and give patients more choice and control by focusing on wellbeing and providing treatment options that are less dependent on surgery.

This report covers the final year of a 5-year contract. Over the course of the contract, we successfully met our objectives reducing spend by £20m. In doing so, the service was able to move beyond its primary purpose, to embrace a wider set of ambitions. By focusing on quality and encouraging clinicians to innovate, the model has evolved to provide better care pathways and greater patient involvement.

Performance is well understood and outcomes are carefully measured. We are aware of the pinch-points in the patient journey and have developed systems and ways of responding which enable us to use resources effectively. Our approach continues to be agile and inventive and we strive to be helpful and reliable business partners.

Building on the learning from patient forums and Living Well with Less Pain events, our Patient Director produced a variety of educational videos for the website which are proving invaluable in supporting our patients. As we move forward with a 2 year contract extension, we aim to improve on our achievements, build capacity in the system through primary care based MSK roles and optimise the use of technology to provide more information and better access for people using our services. We will continuously improve clinical pathways, push our clinicians to innovate, and ensure the service responds effectively to local and national requirements.

Lorraine Reid, Managing Director

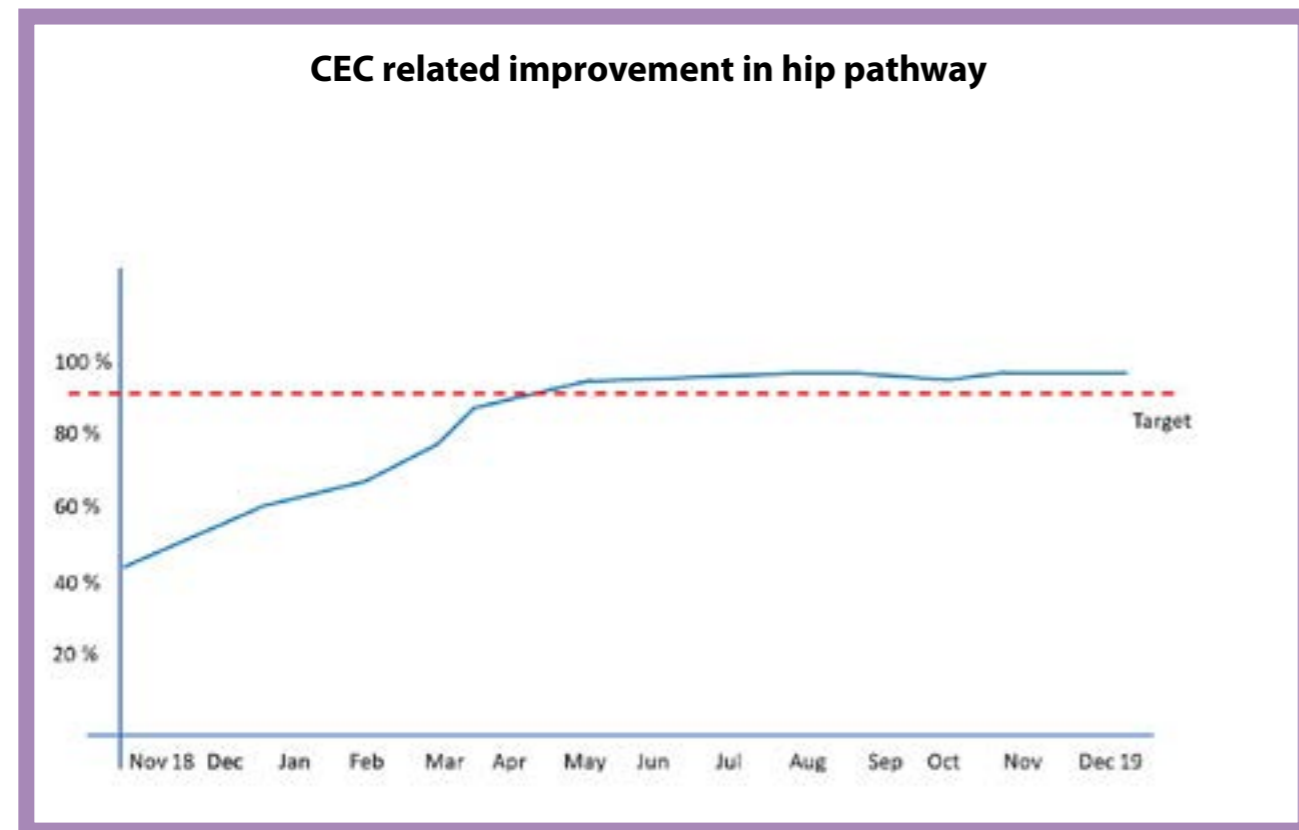


What we did

Patients tell us the most important aspect of treatment is getting timely advice, information and guidance early on. The team have worked throughout the year to ensure that our patients are always at the heart of what we do, that services are safe, and their experience is positive. In delivering the business plan we:

- Introduced a new flow model that reduced waiting times for physiotherapy by directing patients to the provider with the shortest waiting times.
- Published 'My Hips and Knees' an educational booklet, co-designed with patients, which helps support well-being and compliance with treatment.
- Posted self-management and educational videos on the website based on our successful 'Living Well with Less Pain' sessions.
- Offered a broader range of opportunities for career development to the team at Ivy House.
- Led on the training and development planning forum to prepare our physiotherapy colleagues for the FCP role.
- Reduced spend associated with clinical variation, achieving the required 10% reduction over the 5 years period.
- Embedded Clinically Effective Commissioning, (CEC) guidelines successfully in all seven of the selected MSK conditions and can demonstrate that care meets standards consistent with best clinical outcomes for patients.

Key Achievements



Last year at a glance

Day

Pain Management
9

Physiotherapy
45

Rheumatology
10

Shoulder & Elbow
10

Foot and Ankle
10

Hand & Wrist
10

Referrals are received into the service electronically from G.P practices, community services and hospital specialties and contain clinical information related to the patient's condition. These are then triaged by specialist clinicians who determine the correct management pathway based on the patient's care needs. Should further treatment be required, we get back in touch to help patients choose where this will be provided.

Hip
10

Spine
18

Knee
18

Hip
2547

Spine
4629

Knee
4611

Year

Pain Management
2276

Physiotherapy
11482

Rheumatology
2637

Shoulder & Elbow
2542

Foot and Ankle
2461

Hand & Wrist
2405

Referrals Total 35,596



Secondary care

Should surgery be required, we offer a choice of NHS and independent sector options. Our main surgical providers are East Sussex Healthcare NHS Trust and Horder Healthcare. We also commission from Brighton and Sussex University Hospitals, Spire and others.

Rheumatology

Procedures
1,629 Daycases
18 Elective

Outpatients
2,649 New
9,185 Follow Up



Spinal Surgery

Procedures
65 Daycase
37 Elective

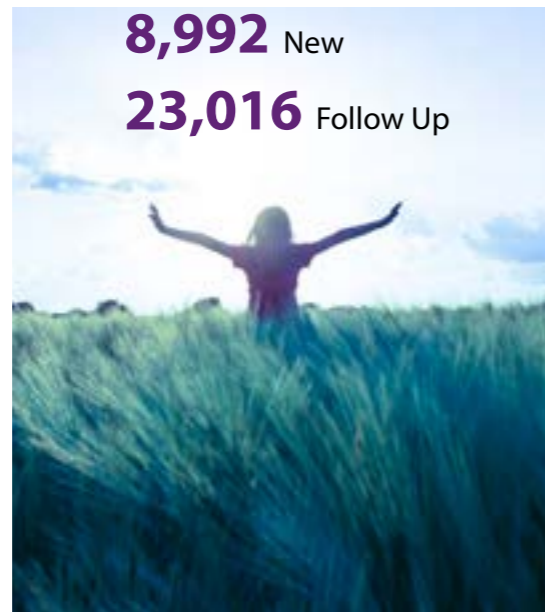
Outpatients
128 New
494 Follow Up

Trauma & Orthopaedic

Procedures
2,941 Daycases
2,171 Elective

Outpatients

8,992 New
23,016 Follow Up



“Everyone I saw was very helpful and pleasant and couldn’t do enough to help me get well as soon as possible”

Total Procedures

5,669 Daycases
2,270 Elective

Total Outpatients

13,061 New
36,790 Follow Up

Healthy partnerships

Engaging with primary care has always been a key priority. We regularly communicate and share feedback on what is working well, and where we need to improve things. By providing clinical training for GPs we help to ensure that our patients receive the right care at the right time, this is also a great way of getting feedback and creating opportunities to shape services together.

In 2019/20 over 20 GP practices were visited, we presented to larger groups of GPs at locality meetings across East Sussex and began working with the new Clinical Directors in the Primary Care Networks.

We led a conference at Devonshire Park Lawn Tennis Club in April where more than 120 local GPs attended. Our clinicians facilitated four clinical workshops and provided updates on the current management of common MSK conditions.

The pain service worked collaboratively with GPs to review and refine the pathways for Complex Regional Pain and Cauda Equina Syndromes. This produced clearer guidance for referrers, more information on management, and easily accessible advice and signposting for patients. A similar piece of work involving rheumatology is ensuring that all services understand and work within optimal care pathways.



There had been an increase in referrals for upper limb disorders, which was, in turn, increasing waiting times for treatment. By investigating this issue with GP colleagues, we discovered that fewer patients were being offered splinting prior to their MSK referral.

We were able to resolve this issue by providing training which has led to improved quality and patient experience in this pathway.

Now most patients referred to the service have trialled splinting prior to their assessment. This ensures that the patient is treated earlier for their condition and has reduced the numbers of patients who need be referred for further treatment. Waiting times have also improved.

“ We received positive feedback from GPs about the training and documentation and have increased staff confidence”

Lucy Johnson, Pain Service Clinical Lead & Consultant Nurse in Pain Management

Foot & Ankle Advanced Practitioner

2085 New
1244 Follow up
Consultant
548 New
263 Follow up



Hand & Wrist Advanced Practitioner

2561 New
850 Follow up
Consultant
613 New
122 Follow up



Hip Advanced Practitioner

1,642 New
675 Follow up
Consultant
555 New
147 Follow up



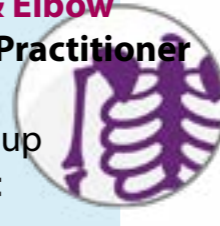
Knee Advanced Practitioner

2,875 New
1,455 Follow up
Consultant
803 New
333 Follow up



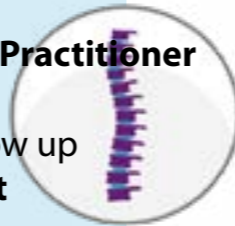
Shoulder & Elbow Advanced Practitioner

1,853 New
803 Follow up
Consultant
371 New
181 Follow up



Spine Advanced Practitioner

3128 New
1,717 Follow up
Consultant
545 New
247 Follow up



Physiotherapy

6,877 New
20,210 Follow Up



Pain

2412 New
1805 Follow up



“From wheelchair to walking - I got my life back!”

A referral to the pain clinic, got Kate back on her feet after years of pain and mobility problems. A series of falls had left her in constant pain, in spite of paracetamol and morphine patches, there were times when she needed a wheelchair to get about. She saw an advanced practitioner, a physio and the pain consultant. The spur which was causing all the problems was identified by X-ray and Kate had two injections.

“I told my consultant that he had given my life back to me. A few weeks ago, I was at Sheffield Park all day and walked around with a friend. I have started walking into town and am aiming to walk further. My morphine patch dose has been reduced and will go down every two months. I’m also working hard at losing weight – I want less pressure on everything.

“It was a joy coming into Sussex MSK East’s service. Everyone listened and they were helpful. Staff were human and treated me like a human”

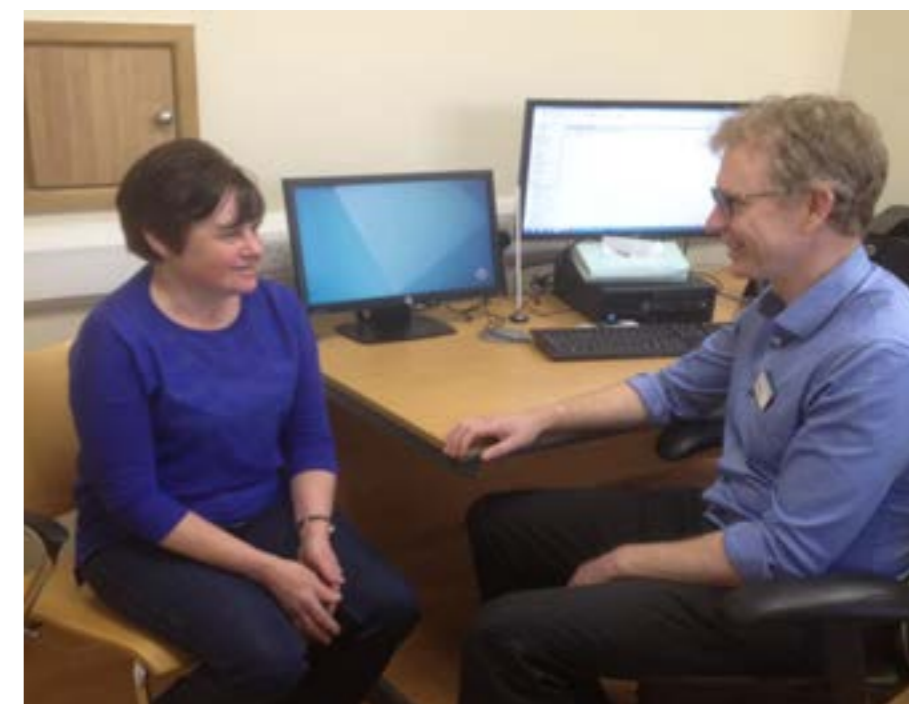
MSK First Contact Practitioners (FCP) form part of the extended primary care workforce described in the NHS Long Term Plan. The new role provides direct access to an advanced practitioner in primary care in place of a GP.

These are qualified autonomous clinicians who can assess, diagnose, treat, and discharge a patient without a medical referral. FCPs will work in primary care to ensure patients with MSK conditions can be seen quickly and managed by an expert from their very first contact. This should enable a better patient experience and reduce the MSK burden allowing GPs to focus their time on patients with more complex medical needs.

The High Weald Primary Care Network was clear from the start about prioritising First Contact Physiotherapists.

We were therefore very pleased to see SMSKPE taking early actions to keep us informed about their thoughts on this provision. Despite the obvious pressures on the MSK service there was a clear ‘can-do’ attitude which was very refreshing. We have been able to progress plans for the service in our PCN. This will be a very valuable asset in future primary care provision.”

*Dr David Roche,
Clinical Director Health Weald
PCN*



Introducing the FCP role posed a number of challenges for our physiotherapy workforce, which is provided by a number of different organisations. The solution was to create a representative body and the East Sussex MSK Therapies Alliance was formed to provide a coordinated and unified way of working. The Alliance brought key people together and we have been able to plan and coordinate a comprehensive model. In addition, we worked with GPs to promote the value of this role and support them, through the alliance, to introduce the role using the benefits of the two pilots that have been operating in East Sussex.

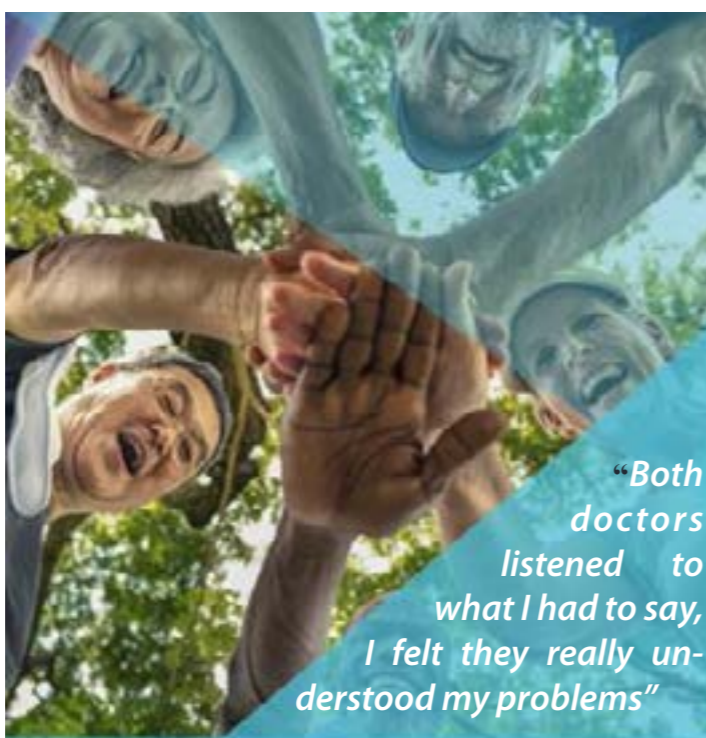
We have also been involved in creating an exciting development programme to enable our highly skilled physiotherapists, working across the whole of Sussex, to move into these roles. This innovative and collaborative venture gives clinicians access to national experts, and will provide the training and skills required to deliver a high quality service. This work has been recognised as a unique and highly innovative by NHS England commissioning bodies.

What patients say

We receive high numbers of compliments and plaudits from patients. In this 12 month period 481 patients contacted us to share their experience. There were 29 formal complaints 97% were completed within the time frame.

“Advanced practitioner I saw was excellent, his manner and concern for my well-being was very apparent and welcome. He explained all I needed to know and advised what process I could use at home to help myself. I would recommend this in a heartbeat.”

“no complaints, first class service, could not have been better if I had paid privately. Thank you.”



“the gentleman was extremely professional, approachable, friendly and listened to me, ensured I was diagnosed at last, arranged my treatment and it has made a very big difference in my life, very grateful”

Patients rate their experiences positively, through the family and friends test. Over 90% find the date, time and location of their appointments suitable and more than 85% would recommend the service.

“I simply couldn't ask for a better service. Nothing was too much trouble for them and I am now pain free and feeling much healthier”

Our clinicians

“I feel there is a greater sense of collaborative working, with providers at individual, specialism level and as a team”

“Clinical Performance Review meetings have undergone a positive change this year. Although we were all encouraged to contribute, this approach had resulted in repetitive reporting on numbers with limited meaning

The move to reporting by exception: focusing on the aspects that fall outside average performance has really helped to streamline the reporting process. This has subsequently enabled more time to focus on important pathway issues such as reviews, audit, improvement initiatives and understanding variation. Each pathway rep can now explore the data in ways that are meaningful to them which encourages learning across the service.”

Anne Marie Pier – Advanced Physiotherapy Practitioner



“The Physio Working group has provided a regular opportunity to meet with all the local physiotherapy teams which has helped create better lines of communication and a more integrated approach to service provision. It has been insightful to spend time with these teams and to share ideas about service development and innovation which has helped drive forward improvements. This forum has promoted open communication and feedback with a focus on learning and continuous improvement. The clinical pathways we have developed from these are a great resource for the all teams to use in the knowledge they are standardised, evidence-based and agreed by all local physiotherapy providers.”

Steph Oakley – Highly Specialist MSK Physiotherapist

“The foot and ankle team reviewed two of our most common conditions; bunions (stiff and painful first toes, known as HAV) and heel pain. We have adapted these care pathways to ensure patients are seen by the right practitioner: a podiatrist or a physiotherapist. We are now using range of self-help materials to help patients manage these conditions and made referral simpler for GPs. We plan to build on this work by implementing an opt-in approach for big toe problems, enabling patients to access the level of care that meets their needs at the right time.

These changes have reduced unnecessary appointments, improved waiting times, increased staff confidence and the service continues to receive high levels of satisfaction from patients.

Graeme Hadlow & Anne Marie Pier – Foot & Ankle Pathway



“Losing weight has made all the difference and with what I’ve learned, I can still have chocolates and wine”

Debbie worked in the diplomatic service and travelled a lot. She had a back problem which flared up from time to time but she had got used to dealing with it herself. Due to the social nature of her job her weight had gradually increased over the years, though she considered that it was under control.

In 2017 she retired and returned to the UK. Her back pain became increasingly painful until one morning she was unable to move without excruciating pain. She was shocked to learn that she had degenerative arthritis and bulging discs in her back.

She saw a physiotherapist, carried out the recommended exercises at home and the pain eased a little but she knew that her back was still far from right. Debbie feared that she was destined to spend the rest of her life in pain.



“In July I received an invitation to a Living Well with Less Pain event. To be honest I wasn’t sure whether to go – would I gain anything from a half-day event? What would happen? Anyway I booked and went, not knowing what to expect. I was blown away by the breadth of information. As a presenter myself, I was really impressed.”

During the coffee break Debbie had her BMI measured by the One You, East Sussex team and to her horror found that she was at the top of the overweight range – she had no idea how near being considered obese she was. She decided to make some lifestyle changes and signed up for One You, East Sussex on the spot.

“They were brilliant,” she said. “I thought they would be like all the other weight management organisations I’d tried in the past, but it was nothing like that. There was individual health coaching and all sorts of people in the group sessions. It was completely non-judgmental. The group sessions were not so much about sticking to a diet but about sensible eating and what that means for each individual. Every week there was a different topic

and a little exercise – again people were helped individually.”

“Signing up with One You has completely changed what and how I eat because it is such a common sense approach. I felt that I had been given this free opportunity and couldn’t let anyone down. I only aimed to get back down to the low point of overweight but in fact have taken off 15 kilos so I’m now at my normal weight and I’ve kept it off for eight months, which is very encouraging”

My back is so much better. I go to Pilates for general core stability, I carry out the exercises the physio gave me and I’m off all the pain-killers. Actually I’m pain free now. I am so pleased that I went to Living Well with Less Pain.

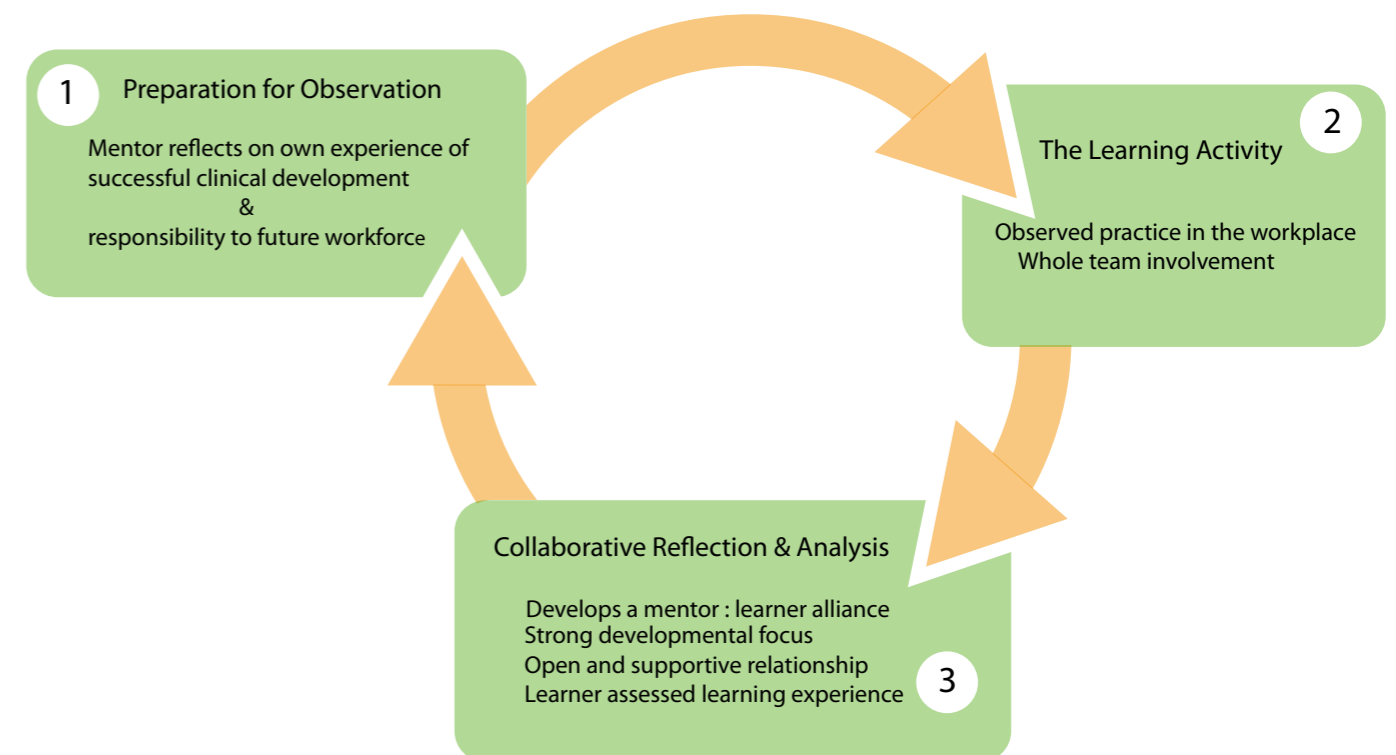
Clinical service improvement, driven by our clinical teams and facilitated by SMSKPE was a focus for 2019/20. We developed a clear vision and facilitate the right environment, resources and autonomy to achieve improvement. 2019/20 saw a shift towards distributed leadership, confidently embracing that our clinicians and patient partners are the best people to help shape change in our service. You will see within this report many examples of such improvements that now mean our patients experience better services and our clinicians feel a greater sense of ownership and satisfaction in their work.

SMSKPE have also been proud to share examples of best practice with national and international audiences in 2019/20. SMSKPE were identified as a national example of an innovative and effective integrated care partnership, a model of care that is becoming more widely adopted across the NHS. We were able to share these experiences at a national event in London and with international colleagues at a leading European health care conference in Helsinki.

SMSKPE physiotherapy colleagues supported a piece of clinical research exploring the development of clinical expertise within the workplace, which concluded this year. This research produced a framework that supports and encourages valued training and practice-based development. With a better understanding of the optimal approach to practice-based improvement, our more highly skilled clinicians, will offer a better patient experience and treatment outcomes. The findings of this research have been submitted for presentation at the Chartered Society of Physiotherapy’s national conference and publication in an international professional journal.

Matthew Carr, Clinical Director

Valued collaborative learning cycle



Pathway improvements

Hip – Patients presenting to our service with lateral hip pain are now better managed. A clinical pathway review has ensured all local physiotherapy teams offer an optimal rehabilitation programme for these patients prior to referring on for specialist opinion.

Knee – A review was undertaken to ensure patients with anterior / patello-femoral knee pain received the right individual care, at the right stage of their condition. A two-stage audit process demonstrated excellent compliance to the optimal care pathway for these patients.

Hand & Wrist – Splinting is an effective treatment for the management of a common wrist condition, carpal tunnel syndrome. A programme of GP engagement was undertaken to better inform GP's of the value of early splinting prior to referring to the MSK service.

Shoulder & Elbow - Sub-acromial pain syndrome, or shoulder impingement is a common presentation of the shoulder which often responds well to physiotherapy. An audit was completed to understand which patients presenting to the MSK service had received a course of optimal physiotherapy prior to seeing a clinical specialist. The learning from this has been used to inform the training and development programmes for our physiotherapy and AP teams.

Spine – The spine team have worked hard this year to improve the effectiveness and consistency of the patient experience for patients with high-risk spinal presentation. Patients are better informed of signs and symptoms to monitor for clinical deterioration requiring urgent action, and better links have been made with our emergency spinal colleagues should patients need to be seen in A&E.

Pain & Rheumatology – A wide range of clinical pathways which affect patients with persistent pain and rheumatological presentations have been reviewed as part of a multi-disciplinary review. This has ensured all team members follow common approaches, improving the consistency of patient experience and access to optimal care.



Financial performance

2019/20 saw the achievement of £20m savings over the course of the 5-year contract (10%).

Our model for forecasting secondary care activity was refined to incorporate a system that ensures spend is evenly distributed throughout the year.

The 'baseline' Contract Value income received from the Clinical Commissioning Groups (CCGs) was £34.66m. This was a similar level of funding to that received in 18/19.

Spending on community services (AP Clinics, Consultant Clinics and physiotherapy) rose to £2.57m in 19/20, an increase of 22% from 18/19. This was offset by a £0.500m reduction in the Community Physiotherapy block contract.

Secondary care spend rose from £26.2m in 18/19 to £26.4m in 19/20, an increase of 1%. The average cost of a referral rose from £655 in 18/19 to £684 in 19/20 and this reflects a patient cohort shift in demand from physiotherapy services into surgery during 19/20. A surplus of £18k was reported in 19/20 and the year end balance sheet reflected a net assets position of £32k.

All suppliers were paid on time and as at 31st March 2020 the bank balance was £3.37m

Looking ahead

SMSKPE will continue to be adaptable and inventive. In the first five years of the contract, the service model improved care pathways for people with MSK conditions, provided a better range of treatment options, given patients more control and reduced unnecessary spend. We collected an abundance of data which is being used to reduce waiting times and improve patient care. Throughout this 2 year extension period, we will continue to be good partners, solution-focused, determined and optimistic. Having delivered financial stability and minimised clinical variation, we are in a good position to innovate and lead on further improvements in capacity, the workforce and clinical care. The new patient involvement strategy will stimulate bolder more inclusive patient feedback with which to shape and better focus the service. We believe we have much to offer our partners and the wider integrated care system.

