

## Vision & outcomes

Our vision is for a single, evidence based, best practice MSK pathway for citizens which focuses on empowering patients to self care and on prevention to ensure clinical interventions are delivered at the right time in the right setting. We will change the emphasis on the management of MSK conditions from a biomedical to a biopsychosocial approach to improve the health outcomes of our citizens who have MSK needs by providing the most efficient, effective, economic and safe treatment possible.

We will develop and implement a single MSK pathway model, adopting standard assessment and triage protocols with treatment options focused on evidence-based outcomes. The pathway will drive a shift in culture for both our citizens and clinicians by empowering patients to better manage their health and reduce the need for clinical interventions in both primary and secondary care. Committed to the Surrey Heartlands citizen-led co-design communications and engagement initiative.

## Assumptions

Workstream efficiencies are predicated upon assuming Surrey Heartlands CCGs will match 2015/16 best in peer group with respect to outpatient appointments per registered 1000 patients and Outpatient to Inpatient conversion ratio

## Rationale for change

- Musculo-skeletal services within Surrey Heartlands account for the largest pathway spend in the each of the constituent CCGs
- MSK services span both community and secondary care with significant operative interventions for hip and knee conditions. In addition, Surrey Heartlands has a higher than national average number of patients being admitted with femoral neck fractures
- Fracture patients have longer recovery times and longer lengths of stay when compared with peer CCGs
- This complex picture, and the ever increasing older population, is expected to result in more demand on current services if left unchecked
- Currently each CCG takes a discreet MSK pathway management approach, with broadly similar steps, but with a variation in performance across the footprint

## Objectives

- Develop a single MSK pathway
- Improve efficiency of specialist MSK practitioners
- Reduce MSK outpatient activity
- Improve health & care outcomes for patients with MSK needs

## Risks/ Mitigation

**Individual CCG procurements compromise the development of a single MSK pathway** – Exec Sponsor to proactively engage with respective commissioner and provider exec teams to maintain consensus in approach

**Lack of community clinicians to deliver new service** - Work with commissioners and community organisations to ensure they are involved in delivery of pathway

**Resistance to change within secondary care** – Exec Sponsor to involve clinicians from SH acute providers in design and implementation of single MSK pathway

## Financial Impact

