

The future of MSK and the Best MSK health Collaborative #BestMSKhealth

ARMA lecture 19/04/21

“The secret of success is not to foresee the future. It is to build a system that is able to prosper in any of the unforeseeable future”.

Michael Hammer 1993.

Andrew Bennett

National Clinical Director Musculoskeletal Conditions

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Best MSK health collaborative - The triple challenge



1. Addressing pre pandemic challenges

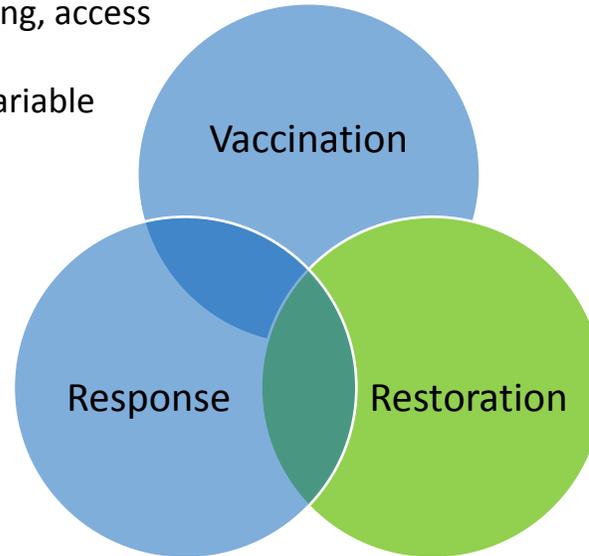
- Challenged MSK system
 - rising demand, constrained resources, increasing complexity
- Unwarranted variation in commissioning, access and delivery.
- Provision complex, fragmented and variable
- Inequalities in MSK health

2. Addressing unintended consequences from pandemic

- Health and wellbeing
- Complexity
- Waiting times
- Widening health inequalities

3. Making best use of the beneficial consequences from the pandemic

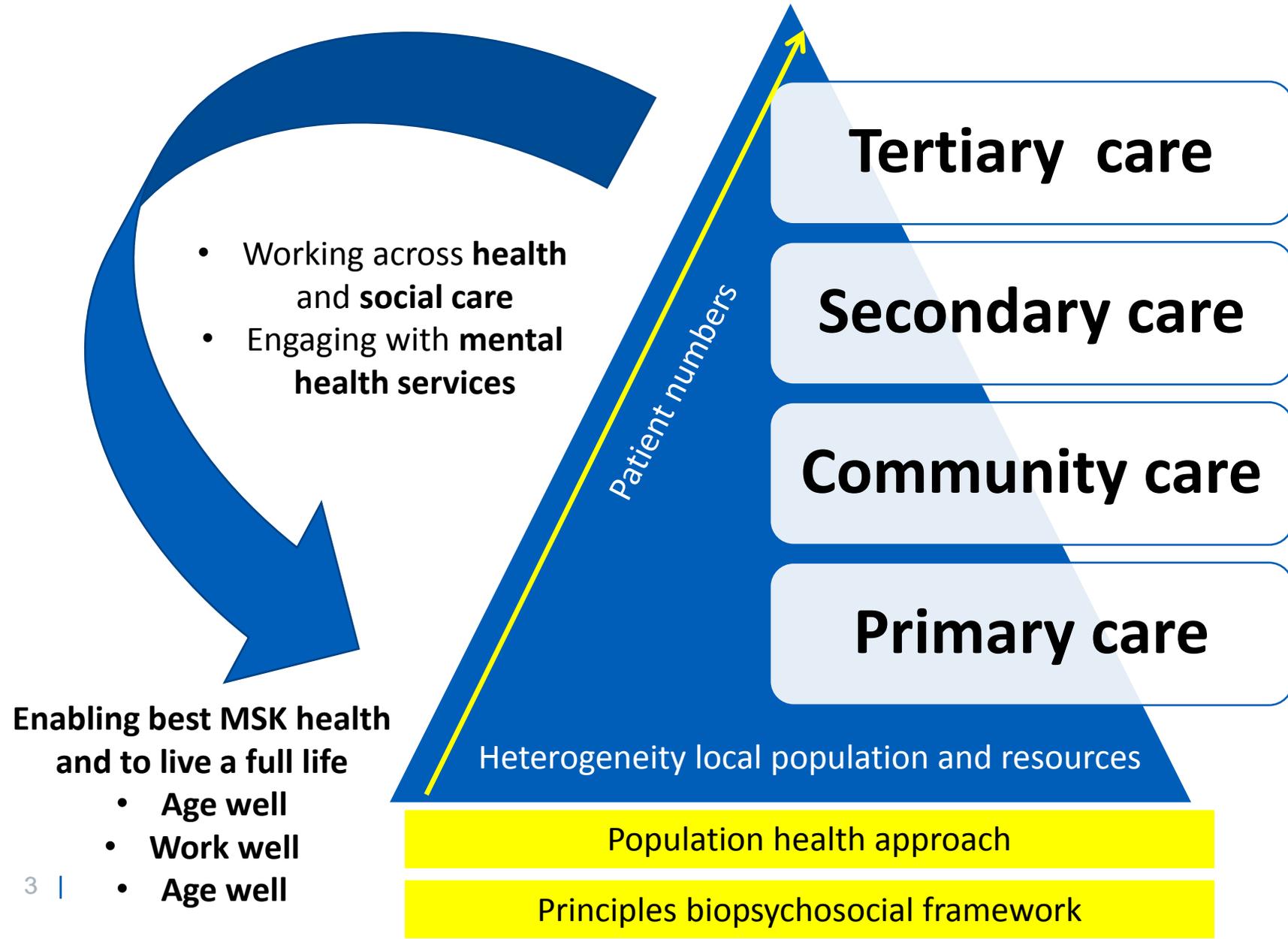
- Co-production
- Collaboration
- Integration
- New ways of working



<https://t.co/XQqLM9dckt?amp=1>

Through recovery improve quality and value of provision to enable best MSK health for all

Best MSK Health Collaborative - Model for Integrated MSK healthcare, best practice guidance and end to end pathways



Underpinning principles of model

Restoring primary and community MSK services – Principles for integrated delivery

Prepublication version on futures
<https://future.nhs.uk/ECDC/view?objectId=15214768>

Model on which to hang

Evidence informed personalised

- Best practice guidance
 - Urgent and emergency conditions
 - Evidence based commissioning initiative
 - NICE rapid guidance rheumatology
 - Surgical validation and communication
- End to end pathways
 - GIRFT orthopaedic
 - GIRFT spine
 - GIRFT rheumatology

Best MSK Health Collaborative – Priorities

MSK Vision: To promote life-long best musculoskeletal health within all communities

Aim

Where do you want to get to

MSK Aim: To improve and sustain delivery of evidence informed, personalised, high quality, integrated MSK healthcare of value to all

Coproduced by Best MSK delivery group

- Work stream leads
- NHSEI programme leads
- NHSEI experience of care team
- ARMA and Versus Arthritis
- PHE and HEE MSK leads

Primary Drivers

High level factors to achieve aim.

Co-production of MSK recovery and improvement strategy

Enabling local leads to adapt and adopt based on knowledge of resources and population needs

Organisational design with systematic improvement and learning approach

Optimizing delivery model aligned with principles of triple integration

Digital Enablement at system and local level

Secondary Drivers

These influence the Primary Drivers

Engaging the whole MSK community

A coordinated, collaborative and multi-disciplinary approach

Engaging and collaborating with the third sector, social services and mental health services

Facilitating a sustainable top down and bottom up MSK network

Evidence informed Pathways and guidance for urgent/emergency, diagnostics and planned care across clinical and condition domains with embedded shared decision making

Resourcing long term condition management in the community

Clear measurable reflecting quality and value across model and related to pathways

Identifying levers to enable restoration and improvement linked with measurable e.g Commissioning guidance, Incentives

Priority areas to drive ideas

To adopt an overarching preventive strategy supporting health and wellbeing that takes account of health and social inequalities

To support people with MSK conditions to live well within the community adopting a personalised care approach

To facilitate timely, and appropriate, referral to diagnostics and specialist care

To drive integrated, evidence informed, personalised, high quality and value care across all MSK pathways whilst maximising the use of resources to help address significant waiting list challenges

To consolidate data collection across the integrated model for MSK delivery to measure and evaluate quality and value of MSK provision

Programme Workstreams



Restoration and Optimisation of Diagnostics
Lead Philip Robinson



Restoration and Optimisation of Orthopaedics
Lead Tim Briggs



Restoration and optimisation of Rheumatology
Lead Lesley Kay and Peter Lanyon



Restoration of Primary and Community MSK Provision
Lead Chris Mercer



Restoration and Optimisation of Spinal Services
Lead Mike Hutton



Restoration and optimisation of Falls Fractures and osteoporosis management
Chair: Vinay Takwale



Data, Validation and Coding
Chair: Neil Parkinson



Restoration and optimisation of paediatric MSK
Chair: - TBC

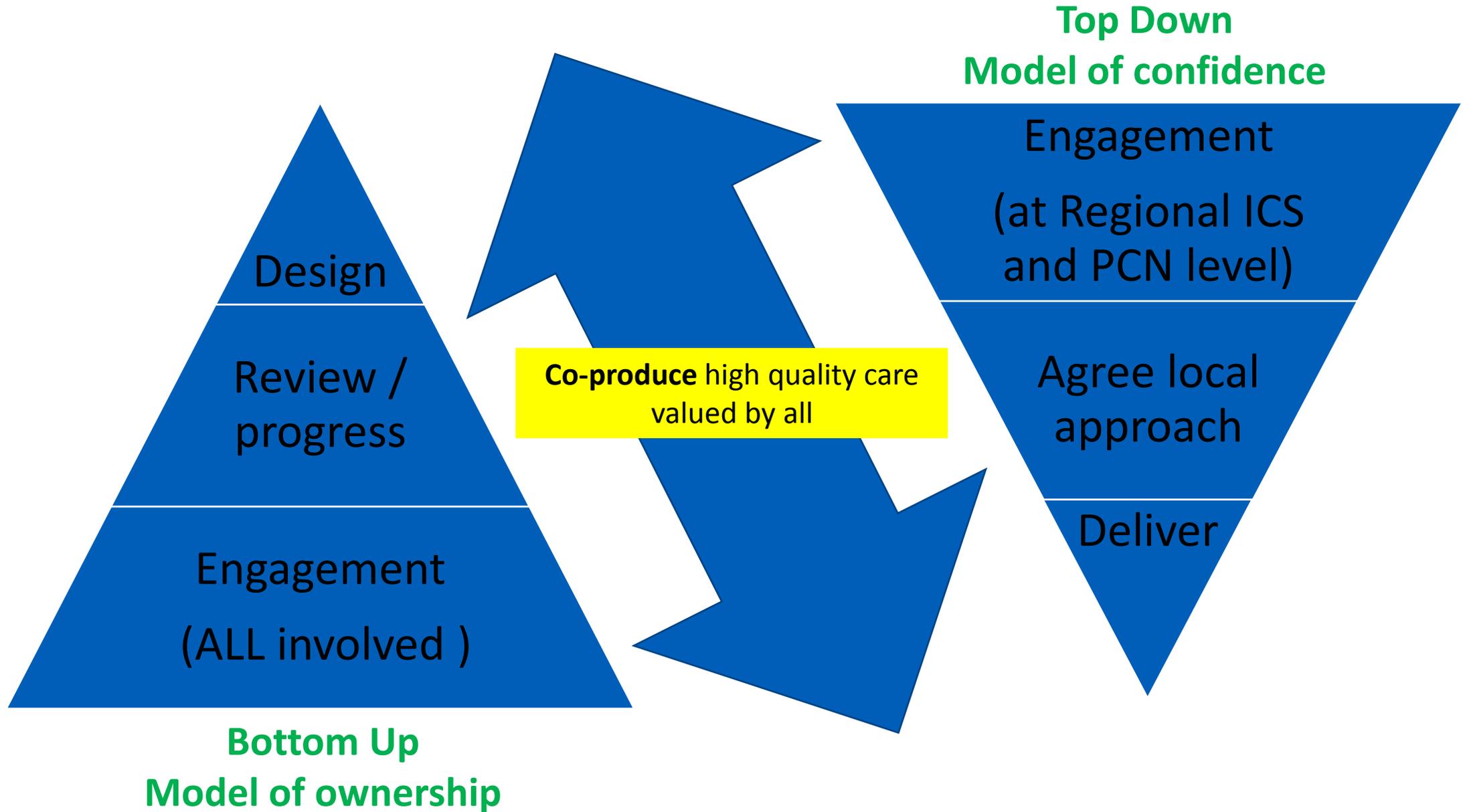


Supporting those with Long term MSK conditions
Chair : NSA Personalised care in MSK



Outpatients Optimisation
Lead: Manka Ramachandran

Best MSK health collaborative - Engagement approach to design and deliver



Best MSK Collaborative – working with ARMA

Arthritis Action
 BackCare
 BASEM
 BASRat
 British Chiropractic Association
 British Dietetic Association
 British Orthopaedic Association
 British Society of Rehabilitation Medicine
 Chartered Society of Physiotherapy
 CCAA Kids with Arthritis
 Ehlers Danlos Support UK
 Faculty of Sport and Exercise Medicine (UK)
 Fibromyalgia Action UK
 Hypermobility Syndrome Association
 Institute of Osteopathy
 McTimoney Chiropractic Association (MCA)
 Musculoskeletal Association of Chartered Physiotherapists
 National Axial Spondyloarthritis Society
 National Rheumatoid Arthritis Society & JIA
 Physio First
 Physiotherapy Pain Association (PPA)
 Podiatry Rheumatic Care Association
 Polymyalgia Rheumatica & Giant Cell Arteritis UK
 Primary Care Rheumatology Musculoskeletal Medicine Society
 Psoriasis Association
 Rheumatology Pharmacists UK
 Royal College of Chiropractors
 Royal College of Nursing Rheumatology Forum
 Royal College of Podiatry
 Scleroderma and Raynaud's UK
 Society of Musculoskeletal Medicine (SOMM)
 The Society of Sports Therapists
 UK Gout Society
 Versus Arthritis

Specialist Guidance



Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral

This updated guidance follows the specialist guidance document produced during the first phase of the coronavirus pandemic. The guidance supports primary and community care practitioners in recognising serious pathology which requires emergency or urgent referral to secondary care in a patient who present with new or worsening musculoskeletal (MSK) symptoms.

[Open the document \[pdf\] here.](#)



Principles for COVID-19 vaccination in rheumatology for clinicians

Patient organisations and professionals are receiving a large volume of calls from patients to advice lines about the suitability and timing of the COVID-19 vaccines. This resource gives answer to the common questions to help ensure that we provide the same advice where possible. It will be updated as further information and evidence emerges so please check regularly to ensure your information remains up to date.

Visit our [Covid-19 Vaccination and MSK](#) page.

<http://arma.uk.net/resources/>

Best MSK Health collaborative

- **Our vision** is to enable best lifelong MSK health within all communities
- **Our aim** is to sustain delivery of evidence-informed personalised, high-quality integrated healthcare valued by all.
- **Our challenge** is through recovery to improve quality and value of MSK provision accounting for both the pre and post pandemic challenges driving health inequalities
- **Our opportunity** is to build on the ethos of integration, collaboration and co-production developed in response to the pandemic to drive improvement in quality and value through recovery through the Best MSK Health collaborative
- **In developing the programme** we will co-produce principles and a replicable model for NHS transformation system wide
- **Working with system leaders** we need to develop the implementation model to ensure the programme will have ownership at every level

