



The ARMA Lecture

3 in 1

The Three Musculoskeletal (National Clinical Directors)

Peter Kay MSK

Charles Greenough Spine

Chris Moran Trauma

NHS England

NCD - Our Role

- Raise the Profile of MSK
- Patient at the center at all times
- Deliver the NHS Mandate through NHS England
- Deliver value outcome/cost
- Support commissioning to drive improvement
 - Service specification, Metrics and levers
 - Specialised care
- “The conductors of the orchestra”
- Co-ordination and facilitation
- Make sure we do the right things
- Avoid elephant traps and own goals

New National Clinical Director Role

Does not

- Develop DH policy
- Have a team
- Have a budget
- Have a SCN
- Have a data centre

Does

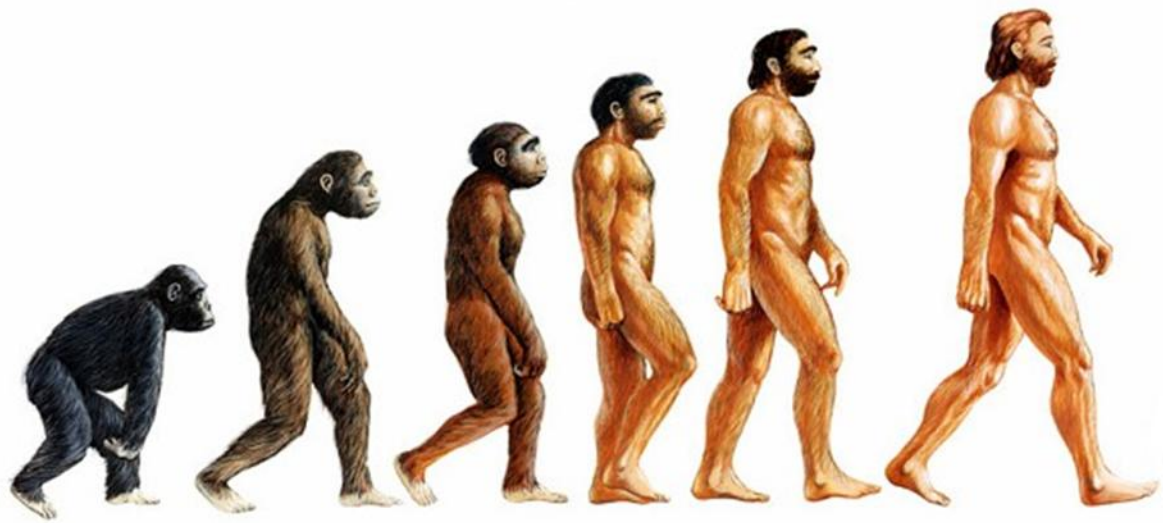
- Work part time
- Provide clinical advice to NHSE
- Work in Domains
- Seek to influence

NCD Interactions

- Professional Societies and Patient Organisations
- Royal Colleges
- DoH
- Provider organisations
- Politicians
- NICE
- PHE
- NHSIQ
- Area teams, SCNs, AHSNs, Clinical Senates
- CCGs



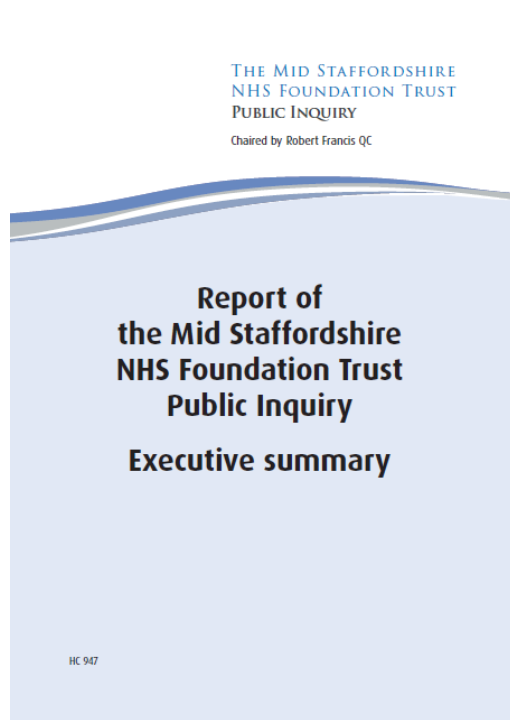




Strategic Clinical Networks

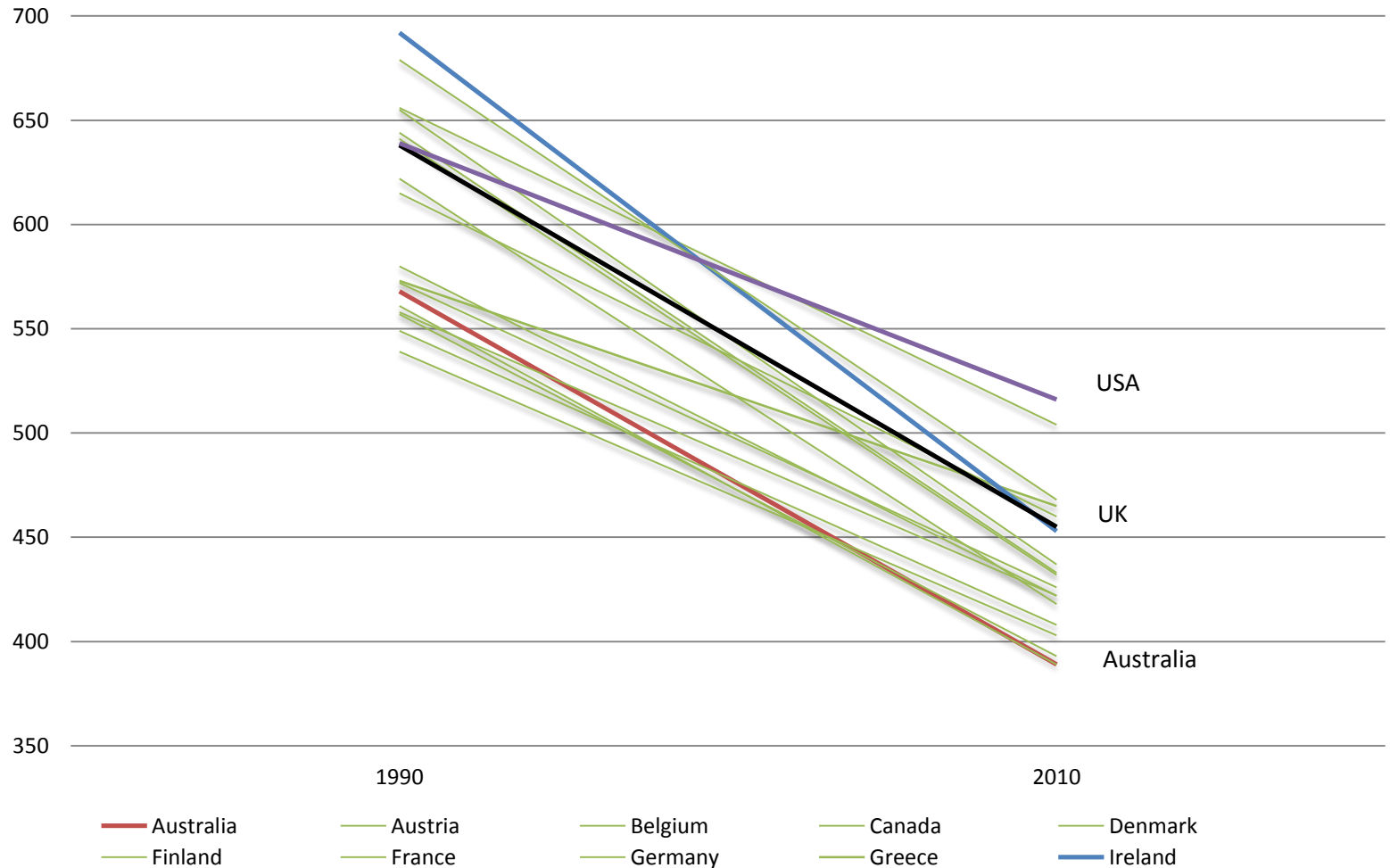
Four initial SCNs operating throughout the country:

- Cancer
- Cardiovascular (inc Cardiac, Stroke, Diabetes)
- Maternity and children
- Mental health, dementia and neurological conditions
- None for MSK as yet



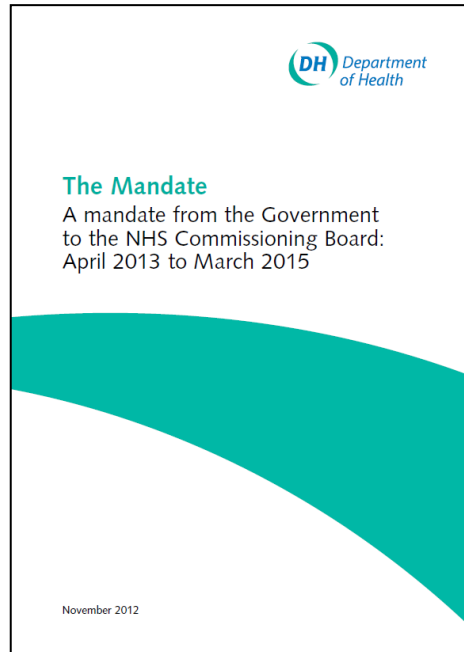
Winterbourne View
Children's cardiac surgery
Keogh review
Urgent care review

Age Standardised death rate (per 100,000) 1990-2010





“About 20,000 lives would be saved if our mortality rates were reduced to the level of the best in Europe”



NHS Outcomes Framework

Domain 1

Preventing people from dying prematurely;

Domain 2

Enhancing quality of life for people with long-term conditions;

Domain 3

Helping people to recover from episodes of ill health or following injury;

Domain 4

Ensuring that people have a positive experience of care; and

Domain 5

Treating and caring for people in a safe environment; and protecting them from avoidable harm.

2

Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)

Improvement areas

Ensuring people feel supported to manage their condition

2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions

2.2 Employment of people with long-term conditions** * (ASCOF 1E PHOF 1.8)

Reducing time spent in hospital by people with long-term conditions

2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers

2.4 Health-related quality of life for carers** (ASCOF 1D)

Enhancing quality of life for people with mental illness

2.5 Employment of people with mental illness **** (ASCOF 1F & PHOF 1.8)

Enhancing quality of life for people with dementia

2.6 i Estimated diagnosis rate for people with dementia* (PHOF 4.16)

ii *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life*** (ASCOF 2F)*

Alignment across the Health and Social Care System

* Indicator shared with Public Health Outcomes Framework (PHOF)

** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)

*** Indicator shared with Adult Social Care Outcomes Framework

**** Indicator complementary with Adult Social Care Outcomes Framework and Public Health Outcomes Framework

Indicators in italics are placeholders, pending development or identification

Context

- We are here at Amnesty International
 - Health is a basic Human Right
 - Freedom from Disability and Pain
 - Right to a happy and fulfilled life
 - Right to be able to be an active member of society
- MSK is not as sexy as cardiac, cancer or kids
 - We may not save many lives
 - But when we get it right we make life worth living
 - More years lived with MSK disability than any other illness

MSK getting the message out



MSK NCD

- Information
 - Patients
- Metrics
- Service delivery networks

MSK

- Information
 - Patients and Public
 - Recognising early symptoms
 - Self management
 - Empowerment and navigation
 - Ownership of decisions and metrics
 - Healthcare workers
 - Awareness of MSK conditions
 - Workforce competence
 - Importance of whole person approach in MSK
 - Awareness and involvement in redesign processes
 - Understanding and using the new networks

MSK

- Information
 - Commissioners
 - What to look for the good, the bad and the ugly
 - Models of MSK provision
 - Metrics and appropriate levers
 - Politics and Media
 - The Burden
 - Profile etc
 - Advise
 - Responsibility

Metrics

- Patient
 - Outcomes and monitoring
 - Measure what is important to patient
 - Disease and experience of the system
 - Specifics (Scores) and Generics (EQ5D)
 - Purpose
 - Monitor/support the patient
 - Self management
 - Decision points
 - Develop levers based on outcome
 - The Healthcare cake and the MSK slice

Metrics

- Money
 - Need to measure
 - Spend and wider effect
- Functionality
 - For the stakeholders
 - Longer term sustainability
 - Building expertise and efficiency

Service Models

- As long as it delivers Value
 - Competency of staff
 - MSK practitioners
 - Short pathways
 - Accessible
 - Appropriate locations
- Networks and integrated approach
- Wider stakeholders
 - Social care, LG, work, mental health, community

Large Change Management

- Types of NHS Change

Reactive
Proactive

Evolutionary
Revolutionary

Transactional
Transitional
Transformational



Delivering the 18 week patient pathway



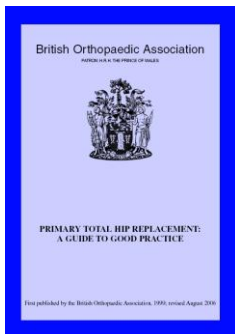
Improving Orthopaedic Services

A Guide for Clinicians, Managers and Service Commissioners



Produced by Action On Orthopaedics and the Orthopaedic Services Collaborative

KNEE REPLACEMENT:
A GUIDE TO GOOD PRACTICE



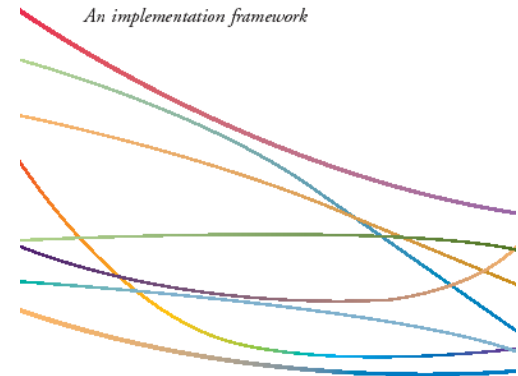
The Musculoskeletal Services Framework

A joint responsibility:
doing it differently



Tackling hospital waiting: the 18 week patient pathway

An implementation framework



The information we have about transformation is more about processing than individual patient choice

Musculoskeletal

Guidance by topic










- [Arthritis \(38\)](#)
- [Mechanical joint disorder \(16\)](#)
- [Osteoarthritis \(13\)](#)
- [Osteoporosis \(6\)](#)

- [Spine disorders \(30\)](#)
- [Lupus erythematosus \(2\)](#)
- [Mechanical joint disorder \(16\)](#)
- [Rheumatoid arthritis \(24\)](#)

Guidance in development

Draft scopes of commissioned Guidance topics are available on the NICE website for public consultation.

NICE Pathways

-  [Hip fracture](#)
-  [Intrapartum care](#)
-  [Low back pain early management](#)
-  [Lower limb peripheral arterial disease](#)
-  [Metastatic spinal cord compression](#)
-  [Osteoporosis](#)
-  [Prostate cancer](#)
-  [Psoriasis](#)
-  [Rheumatoid arthritis](#)

Guidance by type

- [Clinical guidelines](#)
- [Public health guidance](#)
- [Technology appraisal guidance](#)
- [Interventional procedures guidance](#)
- [Medical technologies guidance](#)
- [Diagnostic guidance](#)
- [Cancer service guidance](#)
- [Quality standards](#)

2013

Commissioning guide:

Treatment of painful tingling fingers



Sponsoring Organisation: British Society for Surgery of the Hand (BSSH), British Orthopaedic Association (BOA), Royal College of Surgeons of England (RCSEng)

Date of evidence search: September 2012

Date of publication: November 2013

Date of Review: November 2016



NICE has accredited the process used by Surgical Speciality Associations and Royal College of Surgeons to produce its Commissioning guidance. Accreditation is valid for 5 years from September 2012. More information on accreditation can be viewed at www.nice.org.uk/accreditation



Commissioning Toolkit for Providers



A world in which rheumatological musculoskeletal conditions are diagnosed early, treated effectively, and prevented where possible

Networks and Integration

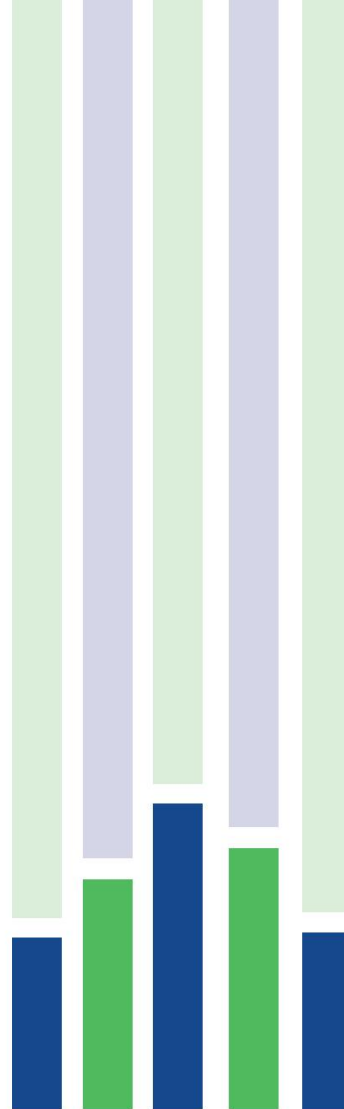
- Aim is fully Integrated patient focused care
- Networks are key
 - Centrally funded , locally delivered care
- King's Fund - "put simply, integration should become the main business for health and social care". At heart, it's about continuous, coordinated care. Care planning. "Right care, right time, right place"

- 2. "Community-based"
- - Less about the setting, or who provides the care, and more about making it accessible and built around patient needs.
- - Has implications for workforce upskilling, and redefining the roles of the specialist, the generalist, and the vol sector

- 3. "Outcomes"
- - "Value" in the broadest sense (with patient outcomes at heart)
- - Data and measures: these need to be at the service of patient outcomes, not vice-versa. First identify what outcomes you need to achieve, then decide how you are going to measure it, and what data you need to capture. PROMs, PREMs and PAMs.



Surgical data to 31st December 2011



**National Joint Registry
for England and Wales**

9th Annual Report
2012

- 4. "Self-management"
- - About independence and quality of life. Genuine empowerment; but not leaving patients to fend for themselves. Not about keeping people out of hospital at all costs: it's about "the care they need and no less, the care they want and no more"

Arthritis Care helpline 0808 800 4050



Someone to talk to

Arthritis Care Helpline is open from 10am - 4pm weekdays. Ring freephone 0808 800 4050 for a chat or email Helplines@arthritiscare.org.uk



Working with Arthritis

Our booklet has been revised. Order your free copy by calling the helpline on 0808 800 4050 or by emailing Helplines@arthritiscare.org.uk



Why call us?

Arthritis Care's helpline is a confidential service, which is open to anyone affected by arthritis. Free from UK landlines and most mobile providers.



Email the helpline

Our helplines team can be contacted in complete confidence with a reply often within the next working day.



Under 26 or the parent of a child with arthritis?

The Source offers confidential and free direct support for young people and/ or the parent of a child with arthritis.

How can we improve our service?

You can help us by filling in our online user survey

- 5. "Prevention"
- - Not just primary prevention: for MSK 2ry prevention is at least as important. MSK as a great "entry point" for tackling all the big issues like obesity and healthy ageing. Physical exercise...
- Exercise wider than MSK



Osteoporosis pathway

Fast, easy summary view of NICE guidance on 'osteoporosis'

Osteoporosis: assessing the risk of fragility fracture

Clinical guidelines, CG146 - Issued: August 2012

This clinical guideline offers evidence-based advice on the assessment of fragility fracture risk in adults.

Other information

- [CG146 Osteoporosis fragility fracture: full guideline \(web format\)](#)

NICE Pathways

This guidance has been incorporated into the following NICE Pathways, along with other related guidance and products.

Visit the NICE Pathway: [osteoporosis](#)

How this guidance was produced

Background information

- [CG146 Osteoporosis fragility fracture: press release](#)

This page was last updated: **21 November 2013**

Guideline formats

[Web format](#)

[NICE Guideline \(PDF\)](#)

[Full Guideline](#)

[CG146 Aseu'r risg o doriadau sy'n gysylltiedig ag osteoporosis: deall canllawiau NICE \(fformat MS Word\)](#)



Osteoporosis fragility fracture

Information for the public

- Since the last ARMA Lecture
 - CENTRAL FOCUS ON WHOLE OF MSK
 - MORE INFORMATION
 - Evidence based Pathways, outcomes
 - COMMISSIONING STARTING TO DRIVE CHANGE
 - INTEGRATION WITHIN MSK & ACROSS LTS

Get the message out there!

