

## **Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee**

### **Re-procurement of Musculoskeletal Services**

Date: 11 July 2024

#### **1 Summary**

- 1.1 For the last four years, the Integrated Care Board (ICB) has been working with residents in Central Bedfordshire to understand their experience of MSK services and co-design solutions which will improve the standard and quality of the service provided.
- 1.2 Our ambition is to respond to feedback from local people to:
  - Review, re-design and re-procure Musculoskeletal (MSK) services,
  - Co-design community MSK service provision which removes unwanted variation, reduces health inequalities and improves MSK health outcomes for residents across Bedfordshire, Luton and Milton Keynes (BLMK).
  - Understand how best to encourage and promote appropriate self-management, provide effective and efficient evidence-based patient care and have a suitable and adaptive service.
- 1.3 The feedback from our work will inform the procurement of a new MSK service, which is expected to go live from Oct 2025. The MSK service will continue to be delivered as usual throughout the procurement process – with no change to how residents access the service. Once a new provider is appointed, the ICB intends to return to the Overview and Scrutiny Committee to discuss any service changes expected following the procurement process.
- 1.4 The ICB has engaged with the committee on the development of this project over the last 2 years, most recently an update paper in March 2023. This paper provides an updated position and asks for committee support on the proposed way ahead.

#### **We ask the Central Bedfordshire Health Overview and Scrutiny Committee to confirm:**

- That the Committee is assured that the ICB is working with residents in Central Bedfordshire and neighbouring authorities to respond to feedback and co-design solutions to improve the specification;
- To agree that the ICB should continue to engage with residents throughout the procurement process and return to the Committee following the procurement to discuss any potential service changes.

## **What are MSK services and why are they important?**

- 1.5 Musculoskeletal (MSK) conditions affect the bones, muscles and joints. Symptoms include pain, stiffness, limited movement, and disability which affect quality of life and independence.
- inflammatory conditions, e.g. rheumatoid arthritis,
  - MSK pain e.g. frozen shoulder, back pain, fibromyalgia and,
  - osteoporosis and fragility fractures e.g. a fracture after a fall from standing height.
- 1.6 Musculoskeletal conditions remain one of the most significant barriers to employment and one of the main causes of sickness absence. Although there is a broad spectrum of MSK issues that affect work, back pain remains one of the most common causes of sickness absence.

## **2 Who uses the service in Central Bedfordshire?**

- 2.1 Research shows that nationally 1 in 10 people of working age report having an MSK condition - for Central Bedfordshire that equates to approximately 16,000 people (age 16+). Many of these people will self-manage their MSK condition and/or not need community MSK services. In Central Bedfordshire there are approximately 10,000 people seen by the existing community MSK service each year – this equates to approx. 6% of the Central Bedfordshire working age population. The Community MSK services manages approximately 25,000 referrals a year and acts as a central part of a wider MSK pathway, providing assessment, diagnosis and treatment services where possible or onward referral to specialist services.
- 2.2 The working age population of Central Bedfordshire is more diverse compared to people aged 65 and over. The local authority's projections estimate that both age groups will become slightly more diverse in the next 10 years. Research has shown a greater prevalence of MSK conditions in more deprived areas. In Central Bedfordshire 47% of the population live in the least deprived national quintile which are all situated in more rural areas. Only 2% of the Central Bedfordshire population live in the second most deprived national decile, which are near Flitwick, Houghton Regis and Dunstable.

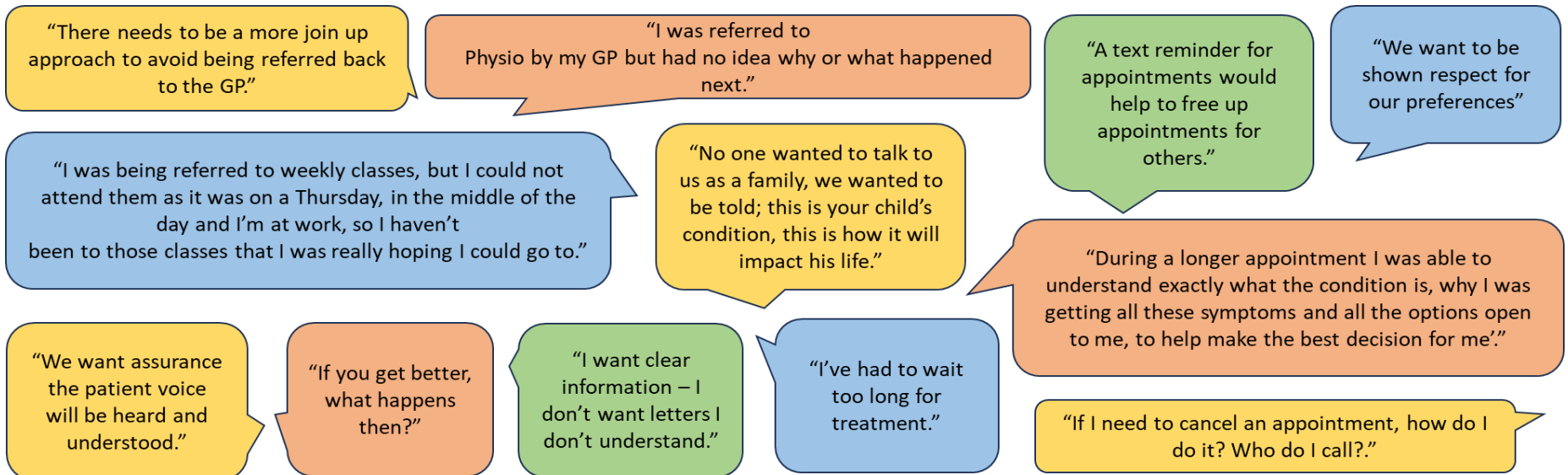
## **3 What have Central Bedfordshire residents told us about the MSK service?**

- 3.1 An initial phase of engagement with residents on MSK services was undertaken during 2021 and 2022, where a number of online and face to face focus group sessions and a resident survey gathered feedback on existing services and how MSK services impact residents' lives. 140 residents were engaged with across these different platforms, 62 of those were Central Bedfordshire residents. Based on the feedback from residents the following "I want" statements were developed:
- I want to be looked at as a person, not just a body part and given support with other areas that are affecting me like mental health, weight management and getting back to work
  - I want more personalised care, tailored to me and my needs
  - I want clear and transparent pathways so I understand what is happening now and why, and what will come next
  - I want a portal where I can find everything like clinic letters and exercises, and I want the ability to make and change my appointments in the same place
  - I want earlier access to pain management support to help me live independently and continue my daily activities
  - I want a smoother journey through the services, where I don't have to repeat myself constantly
  - When I need help for my long-term condition, I want to be able to come back into the service easily and quickly, without having to start from new

- 3.2 The “I want” statements were then developed into themes which were discussed in detail with residents during the first phase of planned co-design in May 2024.
- 3.3 The co-design themes were also informed by significant engagement work with residents across BLMK, including the Denny Review, the ‘Big Conversation’, and the BLMK Digital Strategy which have provided insight to the challenges residents face when accessing health care services.
- The Denny Review worked in partnership with grassroots VCSE organisations to share the voice of more than 2,000 local people who experience health inequalities
  - The ‘Big Conversation’ held during Summer 2023 saw engagement with 450 residents to get input into planning and delivery of health and care services across BLMK
  - In May 2023, 614 residents shared their experiences and suggestions as part of the development of the BLMK Digital Strategy, 378 of those were Central Bedfordshire residents.
- 3.4 In May 2024 resident co-design sessions were held in collaboration with Healthwatch organisations across BLMK. Over 100 residents participated in the sessions across BLMK. In Central Bedfordshire, the sessions were attended by 34 residents who were representative of the area and of different age groups, physical ability and those living with complex long-term MSK conditions. Many participants were either current or past service users. An online survey was also promoted in May 2024 with over 60 responses. Of these, 17 were from Central Bedfordshire residents. The initial recommendations through these sessions are:
- **Communication:** raised awareness of the service and support on how to make self-referrals, use of text reminders for appointments and follow up calls to patients who did not attend an appointment
  - **Accessible locations:** utilisation of buildings that are accessible for all patients, with clear information of any accessibility restrictions shared with patients, and good public transport links
  - **Clear point of contact:** a clear single point of contact, and details shared with patients at the start of their journey in the service
  - **Flexibility in scheduling appointments:** patients with multiple or complex conditions to be offered ‘longer’ appointment times, and patients to have option to attend appointments close to their place of work (rather than address)
  - **Holistic approach to person-centered care:** the service should consider the entire individual and their preferences, and provide information and signpost patients to resources to give much needed support
  - **Integrated working across the pathway:** close working with Primary Care, Pharmacy and MSK specialists to improve patient outcomes
  - **Mutually agreed care plans:** A ‘joined up approach’ where the patient is involved in every part of their journey in the service, including a clear explanation of other options, as part of agreeing a care plan that patients can access after appointments for reference
  - **Accessible information to support patients:** clear and accessible information about the service including; waiting times, pathways, treatments and self-care/management, using a range of communication tools (e.g. MSK website, use of the NHS App)
- 3.5 The majority of residents who use the community MSK service are referred by their GP. During the resident co-design sessions, we heard from residents who accessed the service for short- and long-term conditions.

- 3.6 Many residents felt dissatisfied with the current service offer, and that changes were needed to improve the quality of service for all due to long waiting times for treatment and difficulties with navigating the system. Others had a positive experience and were happy with the treatment they received.
- 3.7 Throughout the engagement process, residents have expressed concern about physical access to the building in which the service is located. Feedback during our resident co-design sessions highlighted one service is located on the fourth floor of a building with no working lift access. Residents recommended information of what to expect on arrival to be included in the appointment letter, allowing patients to request for a change of location if they are unable to attend the appointment without lift access. The final list of locations cannot be determined until the procurement process has progressed further. The ICB will provide further updates to the committee throughout this process.

Below are some of the quotes from Central Bedfordshire residents:



#### 4 What are the Proposed Changes?

- 4.1 What do we want to achieve from the new MSK service? Building on what we have heard from local people, the future community MSK service aims to achieve the following outcomes:
- Users report improvement in health-related quality of life
  - There are no disparities in MSK health-related quality of life between population groups with protected characteristics
  - Users report high levels of satisfaction with the MSK pathway
  - Users feel supported to understand and manage their own MSK condition
  - System partners report improved whole MSK pathway integration, effectiveness, and efficiency
  - Reduction in the rates of unemployment or workplace sickness due to an MSK or Chronic Pain condition
  - Reduction in directly controlled emissions contributing to the NHS 2040 Net Zero Target

4.2 Due to historical commissioning arrangements there are currently three different clinical service models across BLMK, and the proposal is to **introduce a single model** based on national best MSK practice pathways, which removes unwanted variation. This is expected to lead to better communication and information for residents to empower them. Through a single model the ICB anticipate more choice, flexibility and improved integration across BLMK and at borough /neighbourhood.

4.3 Our ambition is that the service will also:

- Expand the offer in borough to include advice and guidance to parents/carers of Children and Young People aged 2+ and access to the full Community MSK for ages 16 and above (currently 18 in Central Bedfordshire);
- Expand the offer in borough to also include non-MSK Chronic Pain, which provides a service to people who have the same needs as those with Chronic MSK, but currently receive limited pain management support.
- Deliver a stratified clinical model, which means that care plans will be personalised, and based on individual needs and levels of complexity, and range from supported self-management through to patient-centred Multi-Disciplinary Teams, including psychological support.
- Update methods of delivery to include group consultations (peer learning and support), Artificial Intelligence guided self-management and virtual consultations where mutually appropriate.

4.4 The following table summarises the proposed changes to community MSK services in Central Bedfordshire:

Community MSK Offer	Currently Provided in Central Bedfordshire?	Future provision in Central Bedfordshire	Number of CBC residents
Self-referral and GP referral for 18+	Y	Y	25,748
Self-referral and GP referral for 16-17	N	Y	178
Pediatric (2-15 years old) Orthopedic Triage	N	Y	261
Single Point of Access inc clinical triage	Y	Y	25, 926
Telephone based assessment and advice	Y	Y	1,166
Physiotherapy	Y	Y	19,165
Advanced Physiotherapy	Y	Y	13,005
Diagnostic Treatments (i.e. ultrasound injections)	Y	Y	485
Treatments (inc Hydrotherapy)	Y	Y	2,798
MSK Pain Management	Y	Y	698
Multi-disciplinary Teams (complex needs)	Y	Y	70
Non-MSK Chronic Pain Management	N	Y	523

## 5 Next Steps

- 5.1 From the engagement and co-design we have undertaken with residents, we know they are keen for us to progress with procurement to appoint a new provider that will be responsible for delivering on the recommendations proposed by residents.
- 5.2 At this stage in the process, no service changes will be made. We shall continue to engage with the committee at important stages of process. The following table provides an outline of key milestones, including those where we think it will be of most benefit to re-engage with the Committee for its views. We are happy to be flexible about this to meet the requirements of the Committee.

Milestone	Completion date
Stakeholder Engagement Event	November 2023
<b>Briefing for Central Bedfordshire</b>	<b>July 2024</b>
Further Market Engagement	July 2024 – August 2024
Invitation to Tender published	September 2024
Evaluation Period for evaluating ITT submissions	October 2024 – February 2025
<b>Briefing for Central Bedfordshire</b>	<b>March 2025 (TBC)</b>
Mobilisation	February 2025 – September 2025
Service commencement	1 <sup>st</sup> October 2025
<b>Briefing for Central Bedfordshire</b>	<b>December 2025 (TBC)</b>

## 6 Recommendations

- 6.1 We ask the Central Bedfordshire Health Overview and Scrutiny Committee to confirm:
- 6.2 That the Committee is assured that the ICB is working with residents in Central Bedfordshire and neighbouring authorities to respond to feedback and co-design solutions to improve the specification;
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