

Reference: FOI.ICB-2425/002

Subject: MSK Services

*I can confirm that the ICB **does hold the information requested**; please see responses below:*

QUESTION	RESPONSE
<p>Clarification received 08/04/24: The info requested is for MSK across the whole system.</p>	
<p>1. How is the service delivered in your region? I.e: do you have a prime contract holder? Is it a collaborative provider? Do you have multiple provider contracts?</p>	<p>Multiple provider contracts</p> <p>Elective Care BNSSG commissions elective MSK Services from a portfolio of Acute NHS Trust and Independent Sector (IS) providers, as:</p> <p>i) lead commissioners:</p> <ul style="list-style-type: none"> • North Bristol NHS Trust (NBT) • University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) • Sirona care & health • Practice Plus Group • Spire • Nuffield • Somerset Surgical Services <p>ii) and as associate commissioners:</p>

	<ul style="list-style-type: none"> • Royal United Hospital Bath NHS Foundation Trust • Gloucestershire Royal Hospitals NHS Foundation Trust • Somerset NHS Foundation Trust • Sulis • Circle
2. What model do you plan to use moving forwards (ie: prime provider, collaborative...)?	No change in model is anticipated.
3. Who is the prime contract holder for your region?	N/A
4. Who are the other MSK contract holders in your region?	All providers listed in our response to 1 above.
5. What is the financial envelope for each MSK contract in your region? Please specify the time period this covers.	<p>Providers for elective MSK are paid via national payment scheme.</p> <p>Sirona care & health MSK services form part of a wider block contract and as such the individual service value is not available.</p>
6. Is community MSK split out from the rest of MSK services?	Yes

<p>7. What are your MSK goals for RTT, GURFT and FFT?</p>	<p>RTT – whole pathway of care to be compliant to national waiting time standards.</p> <p>GIRFT –</p> <ul style="list-style-type: none"> • The launch of the Community MSK GIRFT workstream was recently announced as new workstream by the national GIRFT team in April 2024. • As such, there hasn't been a formal GIRFT programme within the organisation for Community MSK services. However, we have goals to reduce MSK waiting times, integrate services across primary, community and into secondary care if required which are related to overall GIRFT ambitions. <p>FFT – to understand patient experience to drive forward improvements in pathways.</p>
<p>8. How are your MSK providers performing against RTT, GURFT and FTT?</p>	<p>Referral to treatment waiting times are only relevant to Sirona's MSK Interface service as the referral support service for primarily the Orthopaedic pathway. The MSK interface service has a current waiting time to first appointment of 2 weeks for Urgents, and 15wks for routines. 98.7% seen with 18 weeks.</p> <p>As the new Community MSK GIRFT aims are in their infancy, there aren't yet agreed performance measures against these. However, there is existing work which aligns to these aims already underway. In summary for each of the new GIRFT aims:</p> <ul style="list-style-type: none"> • Ensure high-quality triage services and optimise referrals for diagnostics and to orthopaedic, rheumatology and spinal services; The Sirona MSK interface service is a mature referral support service providing A+G, triage, assessment and management including referral onto secondary care for surgical/medical opinion.

	<p>The service has a strong staff development framework and has strong links with acute orthopaedic providers within the area to support system wide clinical pathway engagement.</p> <ul style="list-style-type: none"> • Enable delivery of high-quality therapies to rehabilitate those who have sustained an injury or are recovering from surgery, and to support people to develop the knowledge, skills and confidence to best manage long-term MSK conditions and helping them to remain in or return to work; <p>The Sirona MSK physiotherapy service works closely with the MSK interface service with integrated governance frameworks and development pathways. They also work closely with the MSK physio services in NBT and UHBW through a BNSSG MSK Physio steering group who work on aligning service models, support embedding of evidence based practice e.g. Escape pain classes, and provide mutual aid to support equitable waiting times across the system.</p> <ul style="list-style-type: none"> • Integrate digital health therapeutics <p>The MSK Services across BNSSG, including primary care and the FCP's, have equitable access to the self-management 'get u better' app commissioned by the ICB. The ICB also hosts a single MSK webpage to support standardisation of patient information related to MSK conditions. Remedy is used as a tool to support referring clinicians regarding service models, criteria and referral pathways.</p>
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	<p>The MSK page on Remedy is representative of the three providers in the area to support ease of access.</p> <p>Sirona support Friends and family tests through manual forms and QR codes available on posters and patient letters. We have recently commissioned Dr Doctor as a patient engagement tool. This will be used for text message reminders and electronic letters which will also support feedback via FFT. We monitor FFT completion and use the feedback to inform change. Work is ongoing to increase completion of the FFT.</p>
<p>9. What are your MKS goals for reported patient outcome measures?</p>	<p>The BNSSG MSK Physio steering group has agreed to use the MSK HQ PROM as their standard outcome measure to support quality data and enable comparisons across the system. Currently these are being tested by UHBW using Dr Doctor. Sirona will use their learning to implement once Dr Doctor has been embedded.</p>
<p>10. How are your MSK providers performing against reported patient outcome measures?</p>	<p>Sirona Average change score on MSK HQ = 16.62. The minimal clinical importance difference for the measure is 6.</p>
<p>11. What is the length of your current MSK contract(s) and when is it(they) up for renewal?</p>	<p>MSK services form part of a wider block contract which runs for 10 years and will expire in March 2030.</p> <p>Except the below which are 1 year in duration (April 2024 - March 2025)</p> <ul style="list-style-type: none"> • North Bristol NHS Trust • University Hospitals Bristol & Weston NHS Foundation Trust • Royal United Hospital Bath NHS Foundation Trust • Gloucestershire Royal Hospitals NHS Foundation Trust

	<ul style="list-style-type: none">• Somerset NHS Foundation Trust
12. What are your priorities for MSK in the next 3 years?	To reduce our overall pathway waiting times in line with the operating plan requirements which will mean reducing waiting times for MSK services.

The information provided in this response is accurate as of 23 May 2024 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.