AN INTEGRATED SYSTEMS APPROACH TO MSK TRANSFORMATION

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What we’ll share......

- How we’ve reshaped both operational and clinical models and sought continuous improvement.

- The approach we have used and lessons learned

- The results so far and how we continue to improve efficiency and effectiveness, without compromising on quality and safety

- Future vision/plans
What (really) is TRANSFORMATION?...
What is our transformation?

Individual MSK services
Biomedical Model

Integrated MSK services
Biopsychosocial Model
What are we doing, and how are we doing it....
The problem with reductionist approaches....
What is a biopsychosocial model of care....
Misrepresenting a biopsychosocial model of care.....
We needed to recognise the complexity.....
We needed to understand and prepare for what happens during change.....
We needed change owned at all levels.....

A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves.

Lao Tzu
We needed collaboration and engagement.....
There’s a difference between doing things right and doing the right thing

- Peter Drucker
“The curious thing is the righter you do the wrong thing the wronger you become. So it’s better to do the right thing wrong than the wrong thing right. Almost every major social problem that confronts us today is a consequence of trying to do the wrong things righter.”

Ackoff
Orthopaedics ‘before’.....
Orthopaedics changes....

- Introduction of a virtual fracture clinic
- Introduction of consultant-led, MDT triage
- Introduction of ESP physiotherapists & occupational therapist
- Transformed operational team and model
- GIRFT recommendations implemented
- Standardised pathways and structured templates
Operational change....
Our Advanced Practice Therapist/ESP Offer
ESP/Adv Practitioner Vision
Philosophy in practice

Invasive procedures

Stronger pharmacology

Psychological therapies

Rehabilitation and tailored exercise – (where needed - Supports, insoles, assistive devices)

Lifestyle intervention – weight loss (where appropriate), physical activity, sleep, emotional well-being

Education and advice – understanding pain, understanding condition, empowering self management
All Pain Intervention vs National Peers Last 2 years

The graph shows the trend of Total Spells (RM) over the months from November 2015 to October 2017. The blue line represents the All Pain Intervention, while the green line represents the National Peers. The intervention shows a significant decrease in total spells, indicating an improvement over the last 2 years.
All Spine Surgery vs National Peers Last 2 years

- Graph showing the comparison between total spine surgery spells and national peers over the last 2 years.
- The graph displays data from November 2015 to October 2017, with monthly data points.
- The y-axis represents the total spells (RM), while the x-axis represents the months from November 2015 to October 2017.
Activity first full year

- AB: Target 600, Actual 500
- HB: Target 1600, Actual 1500
- HC: Target 200, Actual 150
- HR: Target 100, Actual 50
iMSK 2017/18
Progress to date

20% Reduction in surgery for degenerative diseases

73% Reduction in Knee Arthroscopy

40% Reduction in face to face contact in VFC

5% Late cancellation - reduced from 35%

6 weeks To first contact
iMSK 2017/18

Progress to date

- £700k Procurement savings
- 97% Patient satisfaction
- 1.5 Consultants
- £3m
- Saved Theatre time
Phase 1 - complete
Connectivity....
Our next steps.....
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<th>Objectives</th>
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<tr>
<td>01</td>
<td>Staff satisfaction</td>
</tr>
<tr>
<td></td>
<td>Improve by 10%</td>
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<tr>
<td>02</td>
<td>Patient satisfaction</td>
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<td></td>
<td>Maintain over 98%</td>
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<td>03</td>
<td>RTT</td>
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<td>Maintained above 98%</td>
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<td>04</td>
<td>Waiting times</td>
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<td>3 weeks to first contact</td>
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<td>05</td>
<td>Clinical Outcomes</td>
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<td>Top decile of national peers</td>
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<td>MSK-HQ 90%</td>
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Challenges......
“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena.....”

Roosevelt, 1910
Thank you
Any questions?

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