EALING CLINICAL COMMISSIONING GROUP

Meeting Title	**Ealing CCG Governing Body**	
Date	**27th March 2013**	
Title of Document	**MSK Pathway Redesign – Business Case**	
Senior Responsible Officer	**Clinical Lead:**	**Robert McLaren**
	Borough Lead:	**Kate Laverty**
Summary	The purpose of this paper is to seek authorisation from Ealing Clinical Commissioning Group to approve the new enhanced MSK service	
What is expected to be achieved?	• Patients will be seen in a shorter timeframe and will be able to start definitive treatment earlier as well as be seen in a setting closer to home • Improved patient outcomes • Improved surgical conversion rates • Improved use of resources that will enable efficiency savings	
Recommendation(s)	**The purpose of this paper is to seek authorisation from Ealing Clinical Commissioning Group for an expanded MSK service, the pathway and its associated changes to flows of activity and money, in particular:** • **Approve the new expanded service to be offered in an initial stage to Ealing ICO as the current providers of the MSK service** • **Agree that Commissioning Support will finalise discussions with Ealing ICO around the service specification, KPIs and the new pathway** • **Agree the approach to the new pathway, with the shift in activity and funding from acute to community services. Modelling suggests this will result in net savings of £507,000 based on a full year's activity, or £380,000 based on an anticipated 9 months of activity in 2013/14.** **Additionally** • **Agree to the use of £200,000 of the in-year savings to clear the waiting list backlog of 2000 patients. The target would be to achieve a waiting list of 500 patients, which equates to a waiting time of four weeks. The proposed service will be able to maintain this waiting time on current planned volumes of patients**	

	• **If use of funding to clear the backlog is agreed the CCG should realise savings of c £180,000 in 2013/14**
How will this improve outcomes?	• Faster access to treatment • Increase in patients treated in a primary or community care setting
How will this improve quality?	• Patients treated closer to home • Fewer inappropriate diagnostics and outpatient appointments
Action Required	The CCG is asked to approve the new enhanced service to be offered to Ealing ICO, and agree to the use of £200,000 of the in-year savings to clear the waiting list backlog of 2000 patients
Link to Commissioning Strategy	MSK is identified as a priority in Ealing's commissioning intentions
Link to QIPP Plan	MSK is identified as a potential cost saving in the QIPP Plan
Risks identified	• Primary care do not adhere to new pathways and protocols • Unable to shift activity from acute to community and therefore unable to realise potential savings
Engagement and communication plan	Need to consider a patient engagement plan, to inform patients about the new pathway and protocols.
Previous forum (ECCx) & date	ECCG May 2012 – previous business case to establish working group and develop pathway approved ECCG Feb 2013 – previous version of this business case discussed at Board and approved subject to scrutiny and sign-off from finance.

Project Name	MSK Pathway Redesign		
SRO (Sponsor)	Robert McLaren		
Project Manager	Kate Laverty		
Financials verified by	Peter Buckman		
Project Start date	TBC	**Project completion date**	TBC

Decision Summary

The purpose of this paper is to seek authorisation from Ealing Clinical Commissioning Group for an expanded MSK service, the pathway and its associated changes to flows of activity and money, in particular:

- **Approve the new expanded service to be offered in an initial stage to Ealing ICO as the current providers of the MSK service**
- **Agree that Commissioning Support will finalise discussions with Ealing ICO around the service specification, KPIs and the new pathway**
- **Agree the approach to the new pathway, with the shift in activity and funding from acute to community services. Modelling suggests this will result in net savings of £507,000 based on a full year's activity, or £380,000 based on an anticipated 9 months of activity in 2013/14.**

Additionally

- **Agree to the use of £200,000 of the in-year savings to clear the waiting list backlog of 2000 patients. The target would be to achieve a waiting list of 500 patients, which equates to a waiting time of four weeks. The proposed service will be able to maintain this waiting time on current planned volumes of patients**
- **If use of funding to clear the backlog is agreed the CCG should realise savings of c £180,000 in 2013/14**

Project Description

The primary aims of the redesigned pathway are to:

1. Significantly increase capacity of the Community MSK service to deal with the increased waiting lists for physiotherapy and growing demand for the service.
2. Increase the number of patients who can appropriately be treated in the community, thereby reducing demand for outpatient T&O activity
3. Ensure a maximum 4 week wait for referrals into the Community MSK service
4. Increase the surgical conversion rate for all Ealing-originated referrals to Trauma and Orthopaedics from 46% to ≥70%.
5. Optimise utilisation of MRI requests
6. Reduce costs in line with Ealing's QIPP plan for 2013/14, by shifting activity from acute services to community services, where patients can be seen at lower cost.

The pathway will divert funding from acute to community care by triaging all MSK and T&O referrals in the MSK interface service and reducing inappropriate acute referrals and MRIs.

Benefits

- Faster access to treatment
- Increase in patients treated in a primary or community care setting
- Patients treated closer to home
- Fewer inappropriate diagnostics and outpatient appointments

The tangible benefits of delivering this project are:

Description	Measure	Baseline	Target	Target Date
Reduced waiting times for MSK interface and physiotherapy services to 4 weeks	Waiting times from Rio and SUS	MSK - 7 weeks Physio – 15 weeks	4 weeks	July 2013
Increase in the conversion rate form 46% to 70%	Track a sample of patients	46%	70%	March 2014
Reduction of 3,360 T&O outpatient appointments	SUS data	4792	1432	March 2014
Reduction of 785 MRIs	InHealth	2331	1546	March 2014

Background

A proposal to develop a musculoskeletal and physiotherapy community pathway was approved by the board in May 2012.

The aim of that proposal was to increase the capacity of the existing MSK service to deal with rising demand, and to become a single point of contact for all MSK and Trauma and Orthopaedic referrals presenting through primary care.

A working group was established to develop a new care pathway; this paper is the result of the deliberations of that working group.

Reasons for developing this proposal

A number of historical factors have contributed to the reasons for this proposal:

Long waiting times

Current waiting times for physiotherapy are running at approximately 14 weeks, and waits for the MSK service are gradually increasing. This is a reflection that demand for physiotherapy significantly outstrips supply. This also has the undesired repercussion of an increase in referrals to acute outpatients, as a way for patients accessing treatment sooner.

Low conversion rates

Current surgical conversion rates for direct referrals from GPs to Trauma and Orthopaedics in the acute setting are low (average across all providers 46%) compared with referrals originating from community MSK services (70 – 90%[1]). This indicates the significant scope for redesigning the pathway and increasing community MSK provision, which in turn could lead to a reduction in outpatient referrals for patients who could have appropriately be seen in the community at a lower cost.

Suboptimal use of MRI

GPs are currently able to refer directly to InHealth for MRI scans. Delivery Support Unit (DSU) analysis from 2012 shows that Ealing GPs refer a greater number of patients for MRIs compared to neighbouring boroughs, Hounslow and Hillingdon and when compared to the local MSK interface service. The analysis also shows that the high referrals seem to have no bearing on the appropriateness of referrals to Trauma and Orthopaedics.

A redesigned pathway could make better use of resources whilst maintaining clinical and quality standards. We have met with InHealth and they have agreed that if we implement this pathway they will only arrange MRIs requested from the MSK service and turn off direct GP access.

Proposed Model

Over the past nine months, commissioning managers have worked closely with Ealing ICO's management team and the leads for the MSK service to develop an overall MSK/T&O pathway that can meet our aspirations set out above. A draft pathway is attached at appendix 2.

The main characteristics of this new proposed pathway are:

1. An increase in the capacity of the Community MSK Service that will allow it to become the first point of referral for all MSK related activity, including those requiring diagnostic imaging.
2. A newly-created triage function within the MSK service
3. Roll out consultant sessions within the community MSK service
4. Extend the pathway to include diagnostic tests at InHealth in a way that will give the MSK service the clinical decision to request diagnostic tests once they have seen the patient
5. Agree with acute trusts a direct listing onto surgical lists, to reduce unnecessary follow-ups in outpatients.

This business case is based on funding an expanded community service from reductions in activity at acute units: Triaging all MSK and T&O referrals in the MSK interface service will reduce inappropriate acute outpatient appointments. This will release funds to increase capacity in the community MSK Interface service, which will lead to a reduction in waits and a greater number of patients seen and treated closer to home. Further funds will be released by a reduction in MRI activity, as patients will be seen first in the MSK service, before a clinical decision to request an MRI is made.

Cost

The projected cost reduction is predicated on GP referrals to T&O being made via RFS and triaged by the MSK Interface Service. The interface service will treat patients in the community wherever possible, and will refer patients to acute care where appropriate. In addition, MRI referrals will also be triaged to ensure optimal use of the MRI service.

Various clinical audits have demonstrated that around 70% of referrals to T&O could be seen more appropriately in a community service[2]. A shift in activity of 70% would lead to 3,360 fewer patients being seen in outpatients. Additionally, ensuring no direct access to MRI would ensure 2,331 fewer patients being referred for MRIs based on a full year's activity. These patients will be seen in either MSK or physiotherapy services as appropriate.

This activity shift will result in a reduction of £1,171,281 of acute activity and a reduction of £394,961 of MRI activity, a total saving of £1,566,242 over a full 12 month period

[2] Ross et al, (1983) pg 1440; Oldmeadow et al (2007); Lowry et al, (1991) ; Daker-White et al, (1999)

Reprovisioning costs are £774,272 in the MSK and physiotherapy services. There is also an additional cost of £284,381 from additional acute and MRI activity being referred on from the MSK interface service, total additional costs of £1,058,653

When compared to a business as usual model, this will result in net savings of £507,589 based on a full year's activity, or £380,692 based on an anticipated 9 months of activity in 2013/14.

The detailed payment mechanism, including any implications of not meeting KPIs, will be worked up in the mobillisation phase.

There may be some scope for further challenge and renegotiation with the ICO with regard to the cost of the new service, so these costs should be considered an upper limit.

A detailed breakdown of cost, activity and capacity is attached at Appendix 1.

Benchmarking:
When compared to national reference costs, the proposed model's overall unit cost is very close to the best practice quartile.

MSK and physio modelled unit costs 2013/14:

MSK Unit cost	£54.72
Physio Unit cost	£31.82
Overall Unit Cost	£40.10

2011/12 Reference Cost National Average (plus MFF)	£50.84
2011/12 Reference Cost Better Quartile (plus MFF)	£39.69

When only taking the additional investment into account, the unit cost looks even more efficient:

Incremental reprovision cost in 2013/14: £774,272
Incremental appointments (firsts + follow-ups): 20,488

Incremental unit cost: £37.79

Sourcing

This proposal, if agreed, will form part of the negotiations for the contracting round for 2013/14. Clinical procurement advice concurs that the proposed pathway will not form a new service which requires market testing; it will be a change to an existing service provided within the current Ealing ICO contract which also covers acute activity with Ealing Hospital; for other Trusts the changes will be marginal.

The major changes in pathway will be within the overall range of services provided by Ealing Hospital (including the ICO) and can be achieved by contract variation within the c £110-120M contract with Ealing Hospital.

If the new pathway is adopted and EHT/ICO becomes the provider of the expanded service the service envelope for initial assessment and treatment of non-surgical orthopaedics patients with EHT will move from c £3.72M to c £3.94M. This is a c 6% change in value for the service, and trivial in the context of the contract with Ealing Hospital. It is not a significant change in value of the service or a fundamentally new service which would require market testing, and can legitimately be dealt with as a contract variation without risking a breach of the PCTs SFIs or public procurement rules.

The PCT's advisor on clinical procurement agrees with this assessment.

The biggest change will be to Imperial. Based on the following table, assuming a 1:1.6 F:FU ratio and an appointment price of £125 the value of the change for this Trust will be c £186K Given the size and scope of the services provided by the Trust are not significant.

Indicative reduction outpatient activity by provider:

Trust	Activity	%	Indicative cost - based on 1:1.6 first FU ratio, and £125 attendance cost
Total reduction:	3360	100%	£1,092,000
EHT	1680	50%	£546,000
Imperial	571	17%	£186,000
Others	538	16%	£175,000
NWL	336	10%	£109,000
Hillingdon	235	7%	£76,000

Table, page 19 shows £1,171K savings; difference due to simplifying assumptions used in this indicative table

Waiting list clearance

The MSK and physiotherapy services currently have a backlog of approximately 2000 patients on their waiting lists, and waiting times of between 7 and 15 weeks.

A waiting list initiative will reduce waiting times for MSK interface and physiotherapy services to four weeks. .

The ICO have submitted a plan of £192,000 to bring the waiting list down to four weeks. This will take approximately 16 weeks.

Our activity and cost model in Appendix 1 suggests that the additional capacity commissioned will be sufficient to see and treat all referrals and keep the waiting list in a steady state. Therefore once waits are at four weeks, the additional capacity will be sufficient to maintain a four week waiting time.

QIPP

Ealing CCG QIPP plan for 2013/14 project EA021 MSK Pathway Development is projecting gross savings of £1.1m, with reprovisioning costs of £0.7m, resulting in net savings of £0.4m (both pre and post-risk).

The business case is consistent with these savings.

JSNA

Ealing JSNA 2012/13 states that the largest proportion of MSK spend is in secondary care. The proportional expenditure across secondary care settings in Ealing is higher when compared with the average proportional expenditure for similar PCTs within the region, and is also higher than the average expenditures for both London and England. There appears to be significant opportunities around new referrals to trauma & orthopaedic surgery (T&O) that could be treated in the community. (Ealing Joint Strategic Needs Assessment, Chapter 20.8, pg 15)

Patient and public engagement

A communications plan is in development which will provide details on patient and public engagement. This will communicate benefits of the new service, including that care will be provided in more locations, often closer to home, with better outcomes and lower waiting times. This will be made available and actions will be implemented during the mobilisation phase.

Ambition for Stage 2

At the end of the first 6 months, we will conduct an evaluation of the service model, its impact, outcomes and its performance against the performance indicators (see Appendix 3).

Subject to a favourable outcome of the above evaluation, our ambition is to move to the 2nd stage of T&O MSK redevelopment which involving the further scaling up of the service and developing a comprehensive community service T&O/MSK community service which supports the Ealing Out-of-Hospital Strategy.

Stage 2 developments will include:

- Extension of the service to include new pathways, protocols and procedures for diversion of appropriate T&O/MSK activity from consultant-to-consultant referrals (including A&E for

non-fractures). We will be seeking to divert up to 60% of current C2C/IGR referrals into the community MSK service

- Agreements with Ealing Hospitals, Imperial Hospitals and NW London hospitals for direct listing onto surgical lists. This will require agreements and protocols to be developed with the 3 acute trusts. We will be seeking to a corresponding reduction in outpatient activity resulting from onwards referrals by MSK service
- We will be looking to work up a community provision for pain management as an alternative to hospital based care, wherever appropriate
- We will be looking to work up a community provision rheumatology as an alternative to hospital based care, wherever appropriate
- We will be looking to work up a community provision as an alternative to hospital based care, wherever appropriate

A separate business case for Stage 2 will be presented to the board.

Appendix 1 – Cost and capacity plans

Business as usual: Without investment in the MSK and physiotherapy services we would expect referrals to acute T&O and MRI to steadily rise, by around 5% per year based on activity increases over the previous two years. Referrals into the MSK and physiotherapy services would remain steady, but we would anticipate waiting times to rise as current capacity is not meeting current demand.

Business as usual	2012/13 projected activity				Y1					Y2				
	First	Follow-up	Total	Cost	First	y-o-y change	Follow-up	Total	Cost	First	y-o-y change	Follow-up	Total	Cost
MSK attendances	5,453	10,906	16,359	£844,650	5,453	-	10,906	16,359	£844,650	5,453	-	8,133	13,586	£844,650
Physio attendances	6,815	20,445	27,260	£951,802	6,815	-	20,445	27,260	£951,802	6,815	-	17,821	24,636	£951,802
T&O referrals (GP)	4,792	7,619	12,411	£1,559,250	5,032	240	8,000	13,032	£1,637,242	5,283	252	8,400	13,935	£1,719,104
T&O referrals (C2C)	7,008	11,142	18,150	£2,280,274	7,008	-	11,142	18,150	£2,280,274	7,008	-	11,142	18,150	£2,280,274
T&O referrals (from MSK)	743	1,181	1,924	£241,766	743	-	1,181	1,924	£241,766	743	-	1,181	1,924	£241,766
MRI referrals (GP)	2,331	-	2,331	£376,153	2,448	117	-	2,448	£394,961	2,570	122	-	2,692	£434,457
MRI referrals (from MSK)	1,091		1,091	£175,990	1,091	-		1,091	£175,990	1,091	-		1,091	£175,990
Totals	28,233	51,293	79,526	£6,429,886	28,589	356	51,675	80,263	£6,526,685	28,963	374	46,678	76,014	£6,648,044

Assumptions:

MSK and physio attendances are a straight-line projection for the full year as per M6 activity. We would expect referrals to remain constant but for waiting times to rise.
Costs are actual costs of service provision for 2012/13, based on a block contract
T&O GP referrals are based on a 5% increase from 2012/13
MRI referrals are based on a 5% increase from 2012/13, charged at the InHealth rate of £167.37. Non-MSK MRI activity have been excluded, e.g. head MRI
Referrals from MSK to T&O are based on an onward conversion rate of 18%, based on trend
T&O costs are based on 2012/13 tariff, multiplied by a weighted MFF of 1.20976 (based on a weighted average activity of Ealing 45%, Imperial 30%, NWLH 15% and Hillingdon 10%)
First to follow-up ratios are 1:2 for MSK, 1:3 for physio, and capped at 1:1.59 for T&O referrals, as agreed with providers

Reprovision: The projected cost reduction is predicated on GP referrals to T&O being made via RFS and triaged by the MSK interface service. The MSK interface service will treat patients in the community wherever possible, and will refer patients to acute care where appropriate. This will lead to a projected reduction of 3,360 referrals to T&O, (and a reduction of 5,342 associated follow-up appointments (based on a follow-up cap of 1.59). This will also lead to a projected reduction of 2,331 GP referrals to MRI, although the MSK service will have a slight increase in numbers referred to MRI as they see more patients, bringing the reduction down to 785. These 5,691 patients will be seen in the MSK or physiotherapy services as appropriate.

	Y1							Y2				
	First	y-o-y change in referrals	y-o-y change in onward referrals	Follow-up	Total	Cost	y-o-y change in cost	First	y-o-y change in referrals	Follow-up	Total	Cost
MSK attendances	7,729	2,276		15,458	23,187	£1,268,733	£424,083	7,729	-	15,458	23,187	£1,268,733
Physio attendances	10,230	3,415		30,690	40,920	£1,301,991	£350,189	10,230	-	30,690	40,920	£1,301,991
T&O referrals (GP)	1,432	**-3,360**		2,277	3,709	£465,961	**-£1,171,281**	1,432	-	2,277	3,709	£465,961
T&O referrals (C2C)	7,008	-		11,143	18,151	£2,280,346		7,008	-	11,143	18,151	£2,280,346
T&O referrals (from MSK)	1,391		648	2,212	3,603	£452,692	£210,926	1,391		2,212	3,603	£452,692
MRI referrals (GP)	-	**-2,331**		-	-	£0	**-£394,961**	-	-	-	-	£0
MRI referrals (from MSK)	1,546		455	-	1,546	£249,446	£73,456	1,546		-	1,546	£249,446
Total with reprovisioning	29,336	-	1,103	61,780	91,116	£6,019,169	**-£507,516**	29,336	-	61,780	91,116	£6,019,169
Total - business as usual	28,589	356		51,675	80,263	£6,526,685		28,963	374	46,678	76,014	£6,648,044
Change from business as usual	747	- 356		10,105	10,852	**-£507,516**		373	- 374	15,102	15,101	**-£628,875**

Assumptions:

MSK and physio costs are projected total costs from the ICO
T&O GP referrals are based on a projected reduction of 3,360 from baseline. These patients will be seen in MSK or physiotherapy as appropriate Consultant to consultant referrals are unchanged from baseline.
The reduction in MRI referrals is based on all direct-access MRI requests being triaged by the MSK interface service. It is assumed that 20% of patients seen in the interface service will require MRI, based on trend with a small projected increase due to change in case mix.
Referrals from MSK to T&O are based on an onward conversion rate of 18%, based on trend with a projected increase due to change in case mix
T&O costs are based on 2012/13 tariff, multiplied by a weighted MFF of 1.20976 (weighted average of Ealing 45%, Imperial 30%, NWLH 15% and Hillingdon 10%)
First to follow-up ratios are 1:2 for MSK, 1:3 for physio, and capped at 1:1.59 for T&O referrals, as agreed with providers

Summary:

	Y1	Y2
Business as usual	£6,526,685	£6,648,044
Costs disinvested from acute and MRI	(£1,566,242)	(£1,687,600)
Reprovisioning	£774,272	£774,272
Additional cost for onward referrals from MSK	£284,381	£386,218
Net saving	£507,589	£628,875

Net savings from business as usual = £507,589 (full year effect)
Net savings based on 9 months of activity = £380,692

Please note that the costs of the MSK and Physiotherapy services for Y2 have not been negotiated with the ICO.

Additional capacity 2013/14

Modelling demonstrates that the additional capacity will be sufficient to see the additional activity.

	Current capacity		Proposed capacity 2013/14		
Stream	**No of WTE staff**	**Capacity – patients seen**	**No of WTE staff**	**Capacity – patients seen**	**Additional capacity**
Physiotherapy	11	6,600	15	9,000	2,400
MSK	8	5,120	12	8,680	3,560
Total	19	11,720	27	17,680	5,960
				Predicted additional referrals	5,691

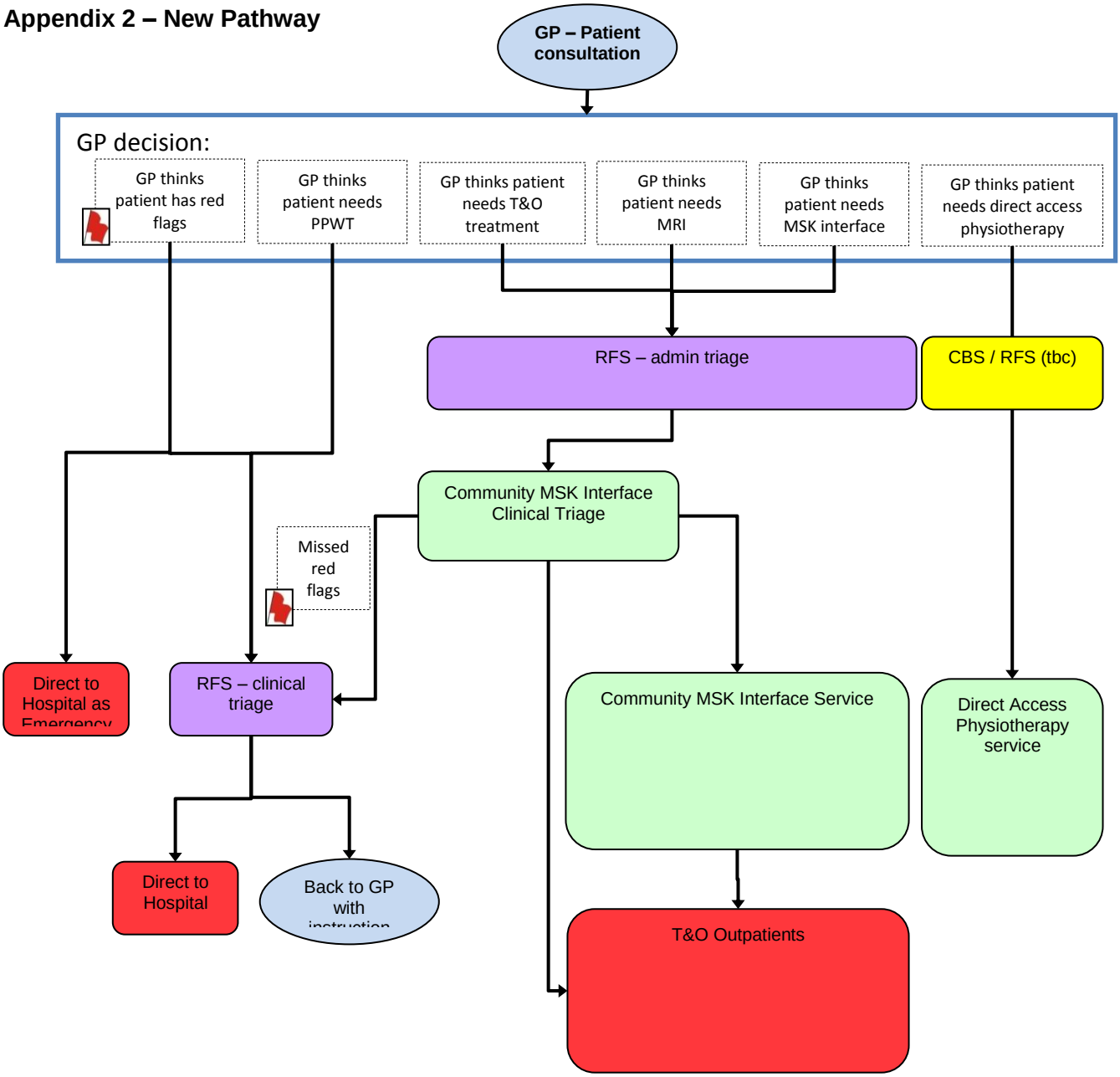
Additional cost breakdown – 2013/14

Please note that these costings are commercially sensitive and not to be shared. There may be some scope for further negotiation, so these costings should be considered the upper limit although work undertaken with the ICO suggests the costing reflect a good level of resource utilisation and overall efficiency: staff numbers, skill mix, appointment scheduling, and DNAs rates.

Additional MSK pay/non pay costs				
Operational Manager 8b	0.15 wte		£11,228	Proportion of 1WTE working across*
Consultant PAs	5 PA/wk	£13,000	£65,000	
MSK Extended Scope Physiotherapist 8A	4 WTE	£59,674	£238,696	
Administration (band 4)	1 WTE	£29,496	£29,496	
Sub - Total Pay:			**£344,420**	
Non pay MSk			£28,000	pro-rata 12/13 budget by activity - patient equipment
Additional on-costs / Overheads		@ 15%	£51,663	Standard EHT overhead
Total Additional MSK COST			**£424,083**	
Additional PHYSIO pay/non-pay costs				
Operational Manager 8b	0.15 wte		£11,228	Proportion of 1WTE working across*
Physiotherapy – band 7	2 WTE	£49,419	£98,838	Mid-point
Physiotherapy – band 6	3 WTE	£42,269	£126,807	Mid-point
Administration (band 3)	2WTE	£22,950	£45,900	
Sub - Total: Pay			**£282,773**	
Non pay Physio			£9,000	pro-rata 12/13 budget by activity
Non-pay additional transport costs pro-rata			£16,000	
Additional on-costs / Overheads		@ 15%	£42,416	Standard EHT overhead
Total Additonal PHYSIO Cost			**£350,189**	
TOTAL ADDITIONAL COST			**£774,272**	

*Overall service is increasing by 100% in terms of activity equating to 48% increase in clinical establishment. This requires adequate operational management to support efficient delivery and allow Consultant Physio to meet professional and clinical lead requirements - supervision, audit etc. Economies of scale are being achieved by utilising expertise of existing H&F operational manager - rather than recruiting to new full time post.

Appendix 2 – New Pathway



Appendix 3 – Draft Key Performance Indicators

KPIs will be agreed during the mobilisation phase. Assuming a successful waiting list initiative, we would expect a four week wait to be maintained from go-live date

KPI Summary for MSK		Expected	Data Source	Owner	Frequency	
1	**QUANTATIVE KPIs for ICO**					
1.1	Waiting Times for Interface 'See and Treat'	4 Weeks	RIO	Info Team	Monthly	
1.2	Waiting Times for General Physio	4 Weeks	SUS	Info Team	Monthly	
1.3	Conversion rate for surgery from Interface clinic	70% conversion (N.B There is a c. 6 month reporting lag on this KPI)	Track a sample of 100 patients via NHS number	Info Team	Annually	
1.4	Number of referrals to T&O Outpatients from Interface Clinic	20% of total interface referrals received	SUS	Info Team	Monthly	
1.5	No of MRIs referrals from MSK Interface	18% of total interface referrals received	Inhealth	Info Team	Monthly	
2	**QUALITATIVE KPIs for ICO**					
2.1	GP Feedback	Survey	Survey	KL	Quarterly	
2.2	Patient Feedback	Survey	Survey	ICO	Quarterly	

Appendix 4 – Project Information

Guidance and Legislation

The Musculoskeletal Service Framework, DH July 2006

Project Resourcing

Project Role	Dates	FTE	Person filling	Agreed by
Clinical Lead			Robert McLaren	Mohini Parmar
Clinical advisor			Ian Bernstein	Mohini Parmar
Project Manager	From 02/12/12	0.4	Kate Laverty	Peter Kottlar / Jo Murfitt

Stakeholder Management

Stakeholder	Role	Comms & Engagement Approach
GPs	Referrers into the new service	Communicate benefits of new service – lower waiting times, more appropriate use of resources, better patient outcomes.
InHealth	Provider of MRI	Contractual discussion to agree to reject referrals that have not been triaged
Acute Providers (EHT, Imperial, Hillingdon, NWL)	Providers of T&O acute care	Contractual discussion to agree to reduce outpatient activity
Patients and the public	Users of the new service	Communicate benefits of the new service – care is closer to home with better outcomes and lower waiting times

Risks

Risk (to success of project)	Likelihood	Impact	Total	Mitigating Actions
Difficulty reaching agreement with Ealing ICO on the final desired pathway	2	3	6	Involve Ealing ICO in the full pathway development process
Not enough space in community setting for physiotherapists and ESPs to see and treat patients	1	4	4	Space is coming on stream at EHT in May 2013
Delay in recruiting physiotherapists and Extended Scope Physiotherapists for redesigned pathway	3	4	12	Agency physio could be employed short term within the current cash envelope
Primary care continue to send patients for MRI's via InHealth and therefore unable to realise enough savings	2	2	4	Agree with InHealth to reject MRI referrals which have not been triaged
Risks (to the PCT, if the project is not delivered successfully)	**Likelihood**	**Impact**	**Total**	**Mitigating Actions**
Non-adherence by primary care to redesigned pathway	2	3	6	Clear pathway should be communicated to primary care. Explore possibility of rejecting referrals which have not come via the MSK Interface service
The project does not meet the modelled financial savings expectations	3	4	7	Monitor KPIs to ensure provider is delivering to agreed activity levels
Unable to realise the savings in acute setting to redistribute into community setting	3	4	7	Robust clinical triage to ensure only appropriate referrals go to acute care and monthly monitoring
Speed at which surgical interventions are booked will increase	3	3	6	Build agreed activity levels into acute contracts

Project Timeline

KEY: Activity / Milestone

Activity Description	% complete	Lead Resource	Start	End	2013 11-Mar	18-Mar	25-Mar	01-Apr	08-Apr	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May	03-Jun	10-Jun	17-Jun	24-Jun	01-Jul
MSK Pathway Redesign - Next Steps																					
Sign-off business case	0%	ECCG	21-Mar-13	21-Mar-13		Milestone															
Finalise service specification	90%	KL		25-Mar-13	Activity	Activity															
Technical meeting to agree referral pathway	50%	KL		18-Mar-13	Activity																
Sign-off referrals pathway	90%	KL		25-Mar-13	Activity	Activity															
Agree performance indicators	50%	KL / RM / IB / SG		25-Mar-13	Activity	Activity															
Sign-off KPIs	50%	KL / RM / IB / SG		25-Mar-13	Activity	Activity															
Agree monitoring process for KPIs	0%	KL / RM	08-Feb-13	25-Mar-13	Activity	Activity	Activity														
Agree contract																					
Develop draft contract	0%	KL	14-Feb-13	25-Mar-13		Activity	Activity	Activity	Activity	Activity	Activity	Activity									
Agree EHT contract	0%	KL	14-Feb-13	25-Mar-13		Activity	Activity	Activity	Activity	Activity	Activity	Activity									
Issue formal letter	0%	KL	14-Feb-13	25-Mar-13			Milestone														
Start waiting list initiative	0%	IB / SG	01-Apr-13	31-May-13				Activity	Activity	Activity	Activity	Activity	Activity	Activity	Activity	Activity					
Agree formal start date	0%	RB		01-Jun													Milestone				
Communications plan																					
Sign-off communications plan	50%	KL	14-Feb	01-Apr				Activity													
Letter to GPs to update on new pathway, reduced waiting times, care closer to home	0%	KL	14-Feb	01-Apr				Activity													
Agree additional support for heavy users of MRIs	0%	KL	14-Feb	01-Apr				Activity													
Letter to LMC to update on new pathway, including change to MRIs	0%	KL	14-Feb	01-Apr				Activity													
Letter to LINKs to update on new pathway, reduced waiting times	0%	KL	14-Feb	01-Apr				Activity													