



Our Ref: PW/SR/FOI/0824/970

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

23rd September 2024

Sent by email

Telephone: 0300 123 1461

Dear

FOI-0824-970

Your request for information under the Freedom of Information Act 2000

Thank you for your request for information received on the 26th August 2024. We can confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website.

Please see our responses in blue below:

FOI Request Re: "An Improvement Framework to Reduce Community Musculoskeletal Waits While Delivering Best Outcomes and Experience."

Can you tell me where the Integrated Care Board has incorporated the improvement framework within its strategy, as I couldn't see the information on the website.

Staffordshire and Stoke-on-Trent ICB have recently (July 2022) merged from 6 Clinical Commissioning Groups. This has created a short-term challenge of ensuring that all services are harmonised over the ICB footprint. Musculoskeletal has been such a challenge. Initially each CCG had a community MSK Service that would see, diagnose and treat the patient where possible, or offer choice at the point of onward referral for the patient to receive their ongoing treatment in a secondary care setting.

Therefore, it was recognised that harmonisation is the key to establishing a coordinated and consistent offer over the footprint. Work is currently underway to address this, and the approach is to use the best practice from each of the services (of which there are four) and incorporate them into the remaining. This will ensure that our patients receive the best possible care that is consistent, safe and is evidence based and on best practice methodologies.

As a system we are very closely linked to the regional and national NHS England teams though regular monthly network meetings, system one to one meetings and through joint appointments.

Our Musculoskeletal Stewardship and Transformation group has representatives from the clinical setting, commissioners of healthcare, patient representatives, researchers, local authority on the voluntary sector. This group has come together and defined what needs to improve for the population of Staffordshire and Stoke-on-Trent in relation to muscle and joint problems. This includes both personal outcomes and population outcomes. The quality of life of people with muscle and joint problems was vitally important and we are measuring this through a questionnaire called the MSKHQ. This was developed in our local population,

evaluated nationally and internationally. One of the questions in this measure relates specifically to self-management.

We are committed to embedding the very best research evidence into clinical care for our patients with muscle and joint problems. We have representatives from Keele university and have often worked alongside Keele University to support the co-creation of shared decision-making tools, animations and booklets to support self-management. The links to these resources are included here.

<https://www.keele.health/>

<https://www.keele.health/pain-resources/#SDMPUB>

We have also applied funds from an NHS England to support the implementation of an app to support people with low back with their self-management. This app has been rigorously evaluated in research trials and as found to be effective and safe to use. Currently we are supporting patients who present to their primary care teams to use the app if they wish to do so. We are also offering the app when patients attend physiotherapy services in the community and are looking to offer this in the emergency department at the royal stoke hospital. This work is underway currently.

Our group recognises the importance of communicating the work of the group. We have been working with the integrated care systems communication team to ensure we can share the work to the wider population.

To answer the specific question *regarding Where has the Integrated Care Board incorporated the improvement framework within its strategy* , please see the following below.

Principles

1. Take a co-ordinated, collaborative and co-produced system approach across the ICS, neighbourhood-based partnerships and provider collaboratives, including equality analysis to ensure findings are implemented to meet local need. Page 5 of the ICB strategy explains that working together as an Integrated Care System will address the health and wellbeing of the population.
2. Undertake a population health approach focused on optimising outcomes, including reduced health inequalities and paying particular attention to demographics of patients who may need additional support. Page 8 of the strategy articulates the methodology undertaken to address the populations health and care needs. Page 18 also states how Population Health Management is embedded into the strategic aims of the ICB.
3. Apply best practice condition-specific guidance and pathways, working with primary and secondary care, mental health services, social services and the third sector. All care that is delivered by the NHS is evidence based and uses best practice. The Community MSK services are all based on best practice pathways and are constantly reviewed. The MSK Stewardship group meet monthly and is chaired by a Keele professor in Musculoskeletal to constantly ensure that the services delivered are at the cutting edge of technology and best practice. The most current App that has been developed is the Self-start tool for Lower Back Pain for patients to self-manage their back pain.
4. Ensure clinical decisions are based on evidence and good quality shared decision-making, matching appropriate options for management to a person's individual preferences and values. See above.

Actions for community MSK services

- Fully restore community MSK service provision, including immediate return of therapy resources appropriated during the pandemic. This is operational.
- Collaborate with primary and secondary care leads to implement and optimise timely referral pathways into commissioned community MSK services. This will include

expanding self-referral and integrating the use of FCPs as a diagnostic role. First Contact Practitioners are available in several GP Practices and are contributing to reducing the GPs workload. Community MSK Services have been functioning in Staffordshire and Stoke on Trent for several years. A self-referral pathway was introduced in the Esat of the county and the results are currently being assessed for further roll out.
- Provide timely and clear information to support patients waiting for community MSK services once a referral from primary or secondary care is received, including access to supported self-management and peer support. The Community MSK Services provide this as part of their commissioned pathway.

The targets quoted are out of date and have since been replaced. However, all ICB's must demonstrate on a regular basis that long waiting times are reduced accordingly.

I hope this gives an insight into how the Integrated Care Board and indeed the Integrated Care System work towards delivering exemplar care for our MSK patients and how this is embedded into our strategy.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent Integrated Care Board FOI team by emailing the team at StaffsStokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure. The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

Paul Winter
Associate Director of Corporate Governance

Chair: David Pearson MBE

Chief Executive Officer: Peter Axon