**Commissioning chronic and complex care - inaugural meeting of the Midlands Rheumatology & Musculoskeletal (MSK) Commissioning network**

**Wednesday 4th November 2015, Swinfen Hall, Lichfield, Staffs WS14 9RE**

## Introduction

This was the first meeting of the Midlands Rheumatology and Musculoskeletal Commissioning Network, a forum bringing together stakeholders across the wider Midlands' health and care system to identify opportunities to improve outcomes for patients with rheumatic and musculoskeletal disorders (RMDs). Co-hosted by the British Society for Rheumatology (BSR) and NHiS Ltd, the meeting was attended by a range of local stakeholders including providers, commissioners, local government, the voluntary sector, industry and academia. The network aims to provide opportunities to exchange knowledge, showcase local innovative models of care, facilitate access to data resources and promote collaboration.

The meeting was chaired by Dr Peter Lanyon, Chair of the NHS England Clinical Reference Group for Specialised Rheumatology and President Elect of the BSR, and facilitated by Paul Midgley, Director of NHS Insight at NHiS Ltd. The meeting involved a series of presentations and facilitated workshops, which have been summarised below.

## Welcome from the Right Honourable the Lord Michael Wills

Delegates received a welcome and introduction from the **Right Honourable the Lord Michael Wills,** a former Minster at the Ministry of Justice under the last Labour Government**.** Lord Wills gave the audience an insight into the making of Government policy and the importance of engagement with front line staff in this process. He also spoke about patients with Giant Cell Arteritis, an area of interest to illustrate the need for early diagnosis and intervention.

## First session: the Data Story – where are we and how do we improve?

The Chair, Peter Lanyon, introduced the first session of the day which examined the current data picture within rheumatology and how this could be improved.

The first presentation of this session was delivered by **Dr Ian Gaywood**, Consultant Rheumatologist at Nottingham University Hospitals NHS Trust, who took delegates through the work he and his colleague Dr Ira Pande are undertaking to improve clinical coding and data quality in rheumatology and ensure that the data is clinically meaningful. They have been developing a standardised terminology set for RMDs and have been working with the Health and Social Care Information Centre to ensure this is incorporated into NHS clinical terminology systems such as SNOMED CT. He presented data which had been provided by NHiS following their analysis to a brief provided by BSR. Using NHiS's detailed analysis he demonstrated the gap between the data that are available, even when optimally analysed, and the data that are needed for secondary purposes such as HES and specialised commissioning.

This was followed by **Dr Rachel Jeffery**, BSR Regional Chair for the East Midlands, who provided delegates with the findings of the National Clinical Audit for rheumatoid and early inflammatory arthritis. The results of the audit will not be in the public domain until January, but BSR obtained special dispensation from the Healthcare Quality Improvement Partnership (HQIP), the body that oversees National Clinical Audits, to present the findings. The national audit has been examining the assessment and early secondary care management of all forms of peripheral joint early inflammatory arthritis (EIA) across NHS secondary care settings in England and Wales. Units have been assessed against the

NICE quality standards and guidelines for the management of RA, and Rachel provided key findings on how services have performed against these standards at a national and regional level.

**Table discussions on data**

The group then broke out into facilitated table discussions to look at what the data are telling us and what more needs to be measured to improve outcomes. The following represents the key themes to emerge from these discussions:

- the need for standardised data collection mandated nationally that can be applied and understood across all care settings
- the National Clinical Audit could be the driver for this, but will need more detailed and meaningful data, for example, data on co-morbidities, drugs, self-management and work
- although there are examples of good clinically led data capture systems in rheumatology, there are few that are embedded into trusts administrative/financial systems
- the need for real time data, owned by all, that can be fed back quickly to facilitate quality improvement
- developing meaningful coding descriptors for rheumatology based on clinical practice
- developing a range of easily understood indicators that are about improving outcomes for people (e.g. indicators about helping people return to, or remain in work)

A panel Q&A then took place which featured Dr Peter Lanyon, Dr Ian Gaywood, Dr Rachel Jeffery and Mr Paul Midgley. The panel fielded a range of questions from delegates and addressed the points that were fed back following the facilitated discussions. A networking break followed the panel Q&A session

**Second session: New models for commissioning rheumatic and musculoskeletal disorders**

The Chair, Peter Lanyon, then introduced the second session of the day which explored the new models for commissioning rheumatic and musculoskeletal disorders.

The opening presentations outlined some of the developments in relation to specialised commissioning in rheumatology. Firstly, by **Mr Jon Gulliver**, NHS England Regional Programme of Care Lead for Internal Medicine in Midlands and East and Accountable Commissioner for the Specialised Rheumatology Clinical Reference Group. Jon discussed the developing role of NHS England in specialised commissioning and the move to greater co-commissioning with CCGs. He also explained how specialised service specifications needed to be more outcomes and network focused.

This was complemented by **Dr Peter Lanyon**, who spoke about the work of the Clinical Reference Group (CRG) for Specialised Commissioning. This included the challenges faced by patients with rare rheumatological conditions in terms of access to medicines and some of the achievements made by the CRG in relation to commissioning policies. Peter also outlined the Coordinated Network for Specialised Rheumatology developed as a QIPP initiative by the CRG to improve the co-ordination of care

**Dr Bruce Kirkham**, Consultant Rheumatologist at Guy's and St Thomas' Hospital, set out the Treat to Target Pathway developed at his trust and recognised by the BSR Best Practice awards in 2013. Treat to target is where a treatment target is agreed between the rheumatologist and patient, and drug therapies are prescribed based on an assessment of how well the patient is managing their condition, rather than standard drug and dosage regimes. This has the dual benefit of ensuring that the therapy is more clinically effective for patients, in addition to being a more efficient use of biologics overall. Bruce explained that at Guys patients were six times more likely to reach disease remission compared to routine care, resulting in a 7% fall in biologics use and savings of an estimated £1 million a year.

Another innovative model was provided by **Dr John Packham**, Consultant Rheumatologist at Staffordshire and Stoke-on-Trent Partnership NHS Trust. He explored the developments in relation to delivering specialist rheumatology care out of hospital through the Haywood Rheumatology Centre in Stoke. The model brings secondary and primary care closer together by integrating GPwSI into the multidisciplinary team, working alongside advanced practitioners to triage and treat patients, with clinics

being held across a variety of sites in the community. This approach facilitates the speed and quality of referrals and the achievements at the Haywood were recently recognised in the King's Fund report on Specialists in out-of-hospital settings.

**Table discussions on new models and improving commissioning**

Delegates then broke out into facilitated table discussions to explore practical solutions to improve commissioning arrangements in order to deliver better outcomes for patients. The following represents the key themes to emerge from these discussions:

- the first step must be identifying local needs, agreeing common goals and assigning appropriate funding; needs can only be accurately assessed by having the right data
- new models of care must focus on whole pathway design, to avoid fragmenting care and to ensure that the infrastructure is in place to provide patient with a full service (i.e. diagnostics)
- a need for more examples of successful risk and gain share arrangements between providers and commissioners; ensuring that savings are redirected to the services that generated them
- commissioners should be prepared to take a longer term view on initiatives that, after initial pump-priming, will yield a significant return on investment over time, e.g. treat to target
- a concerted effort is required to improve GP knowledge of conditions in order to speed up referrals and early intervention
- a national public health campaign should be launched to improve symptom recognition
- a need for NHS England to facilitate closer collaboration between commissioners and providers at a regional level, building on the newly emerging GP federations

A panel Q&A then followed in which the Speakers were joined by **Dr Rachel Jeffery**, BSR Regional Chair for the East Midlands, **Dr Kaushik Chaudhuri**, and BSR Regional Chair for the West Midlands & **Dr Louise Warburton** Primary Care Rheumatology Society representative. The panel fielded a range of questions from delegates and addressed the points that were fed back following the facilitated discussions.

**Dr Peter Lanyon** and **Mr Phillip Ainsworth**, BSR Deputy Chief Executive, then closed the meeting by providing a summary of the key points to emerge and discussing potential next steps.

BSR Council subsequently agreed to hold another meeting within the Midlands in 2016, and that this first event should set the blueprint for future forum events across four other areas in 2016. These will combine BSR regions through an event planned for each of the following: Yorkshire, Humber & the North East; London; South West and the East of England.

It is also planned to host an Innovation session showcasing the key learning points from the Commissioning Forums at BSR's Annual Conference being held 26-28th April 2016 at the SCC Glasgow.

**Delegate Feedback**
"Good to better understand the needs of the Rheumatology Community in implementing good practice"
"Useful interaction between commissioners and providers"
"Good chance to meet a number of clinicians and commissioners from the Region"
"Good speakers and information"
"Excellent networking opportunity"
"Just because MRCN has set up, I gained confidence in the Midlands ability to collectively improve the offer and make a difference"