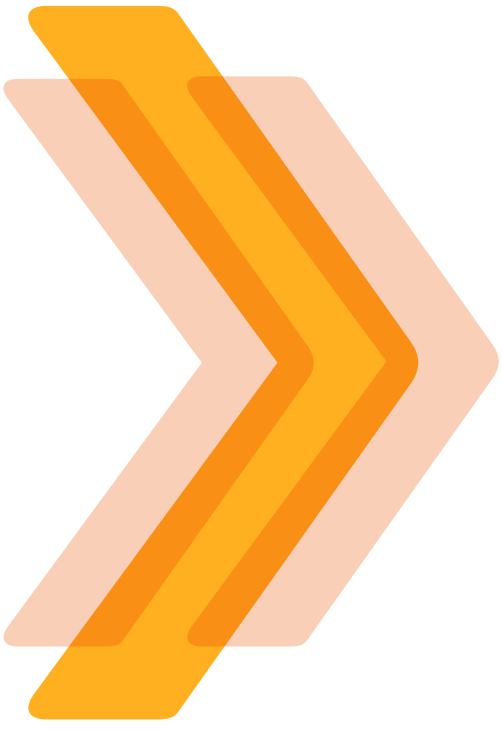
The King's Fund

Ideas that change health care

CASE STUDY

# Haywood rheumatology centre



October 2014

# Specialists in out-of-hospital settings

As part of the drive to keep patients out of hospital and better integrate services across settings, consultants are starting to develop new models of care that link secondary, primary, community and social care professionals.

This case study is one of six, which form part of a project undertaken by The King's Fund to investigate the different ways in which consultants are working beyond their traditional boundaries. The King's Fund's staff reviewed relevant documentation and interviewed staff to help identify the key characteristics of this new way of working, explore the challenges in establishing services of this type and understand what benefit they could bring for patients and the NHS.

The other five case studies are:

- Portsmouth and South East Hampshire diabetes service
- Leeds interface geriatrician service
- Imperial child health general practice hubs
- Sunderland dermatology and minor surgery service
- Whittington respiratory service.

Further details on the other study sites can be found at: **www.kingsfund.org.uk/specialistscasestudies**

For an overview of the project, including key strategies for out-of-hospital working, the challenges to developing these services and the benefits for patients and the NHS please go to: **www.kingsfund.org.uk/specialists**

# Background

Rheumatology involves the investigation, diagnosis and management of people with musculoskeletal conditions. There are more than 200 musculoskeletal disorders affecting the joints, bones, muscles and soft tissues. Common examples include osteoarthritis, osteoporosis, back and neck pain and rheumatoid arthritis as well as injuries incurred through sport or work. Musculoskeletal conditions affect around 9 million adults and cost the NHS £4.76 billion in 2009/10 (**Arthritis and Musculoskeletal Alliance 2012**). They are the greatest cause of disability in the United Kingdom, and rank third in terms of their impact on the health of the UK population when death and disability are included (Murray *et al* 2013). As the proportion of older people in the population increases, the incidence of musculoskeletal conditions is expected to rise.

Up to 30 per cent of GP consultations involve musculoskeletal conditions and they are the most common reason for repeat visits (**Department of Health 2006**). Links with primary care are particularly important for people with long-term musculoskeletal conditions such as arthritis, which are usually managed in the community in a 'shared care' arrangement with GPs. Despite this, an audit of musculoskeletal services conducted in 2012 by the Arthritis and Musculoskeletal Alliance found that just over half of commissioners (51 per cent) do not provide GP education and training in this area (**Arthritis and Musculoskeletal Alliance 2012**). The audit also revealed significant variation in service provision across England and a lack of integration between hospital-based and primary care services, despite the recommendations in the Musculoskeletal Services Framework (**Department of Health 2006**).

# Overview

Haywood rheumatology centre is based at Haywood Hospital, a community hospital which is part of Staffordshire and Stoke-on-Trent Partnership NHS Trust, an integrated health and social care provider. It serves a population of between 600,000 and 1 million patients from Staffordshire and the Shropshire, Derbyshire and Cheshire borders.

The rheumatology centre has had an embedded model of community-based rheumatology services for more than 40 years, despite various changes of provider organisation, while maintaining close links with University Hospital of North Staffordshire and Keele University. The centre developed one of the first integrated musculoskeletal interface services for musculoskeletal conditions and back pain in the United Kingdom. It also established a 'hub and spoke' model, with the 'hub' situated at Haywood Hospital and services provided elsewhere forming the 'spokes'.

The centre has a dedicated inpatient ward with 10 beds, a day-case unit providing treatment and rehabilitation for rheumatology patients, physiotherapy and occupational therapy departments, and x-ray, ultrasound and DEXA scanning facilities to diagnose osteoporosis. The centre is staffed by 100 staff, including 12 consultants (7 whole-time equivalents) in rheumatology, 4.5 nurse and allied health professional consultants, extended scope practitioners in physiotherapy and 4 GPs with a special interest (GPwSIs) in rheumatology. The centre benefits from close links with the co-located rehabilitation medicine service, comprising four consultants and an associate specialist as well as senior nurses and specialised therapists.

The main point of entry into the service is by GP referral through Choose and Book into the musculoskeletal interface service or into specialised rheumatology services. The musculoskeletal interface service treats patients with non-surgical and non-inflammatory musculoskeletal problems, while patients with more complex and/or inflammatory musculoskeletal and connective tissue conditions are referred directly into specialised rheumatology clinics. All GP referrals into the service are

reviewed by consultants or advanced musculoskeletal practitioners and signposted to the appropriate clinic for further investigation, assessment, treatment or referral to other services where appropriate. The musculoskeletal interface service clinic is jointly led by a consultant rheumatologist, consultant physiotherapist and an operational service manager. Clinics are held by advanced musculoskeletal practitioners (medical, allied health or nurse consultants, GPwSIs and extended scope practitioners) at Haywood Hospital, University Hospital North Staffordshire and three other community hospitals.

A number of other services are also held at Haywood Hospital, local community hospitals and a GP practice:

- Interdisciplinary Musculoskeletal Pain Assessment and Community Treatment Service (IMPACT) for the treatment of chronic pain (North Staffordshire CCG patients only)
- fracture liaison and osteoporosis service
- rheumatology clinics – inflammatory arthritis, connective tissue disease, seronegative arthritis, general rheumatology
- joint clinics with UHNS, such as paediatric rheumatology and orthopaedic rheumatology
- physiotherapy and occupational therapy
- community rheumatology nurse team
- in-house drug monitoring service.

Clinicians in the rheumatology service also provide a 24-hour on-call service to the partnership trust and UHNS for patients with rheumatology conditions and provide in-reach into the hospital, transferring patients to the Haywood for specialist rheumatology care.

The service was established in the 1970s at Haywood Hospital due to the lack of local hospital facilities for rheumatology inpatients and outpatients. Haywood

Hospital was rebuilt in 2009 with a smaller 10-bed inpatient ward and a larger rheumatology and rehabilitation day case unit, as patient activity shifted towards day cases or treatment in clinic. It has been hosted by a number of different organisations, and is now in the specialised services division of Staffordshire and Stoke-on-Trent Partnership NHS Trust.

North Staffordshire CCG and Stoke-on-Trent CCG commission most of the service (60/40 split) through two separate contracts. The commissioning intentions between these CCGs largely overlap. However, aspects of the service such as the fracture liaison service and IMPACT chronic pain service are commissioned for patients within only one CCG. The rheumatology service also has small area contracts with 10 other CCGs and several local authorities. Most of the clinicians hold a main contract with Staffordshire and Stoke-on-Trent Partnership NHS Trust or Keele University, and honorary contracts with University Hospital of North Staffordshire. Their time is split between clinical work, teaching and research, and providing acute cover. In contrast, the GPwSIs are employed directly by Staffordshire and Stoke-on-Trent Partnership NHS Trust for their clinic time (one day per week).

# Referral pathway

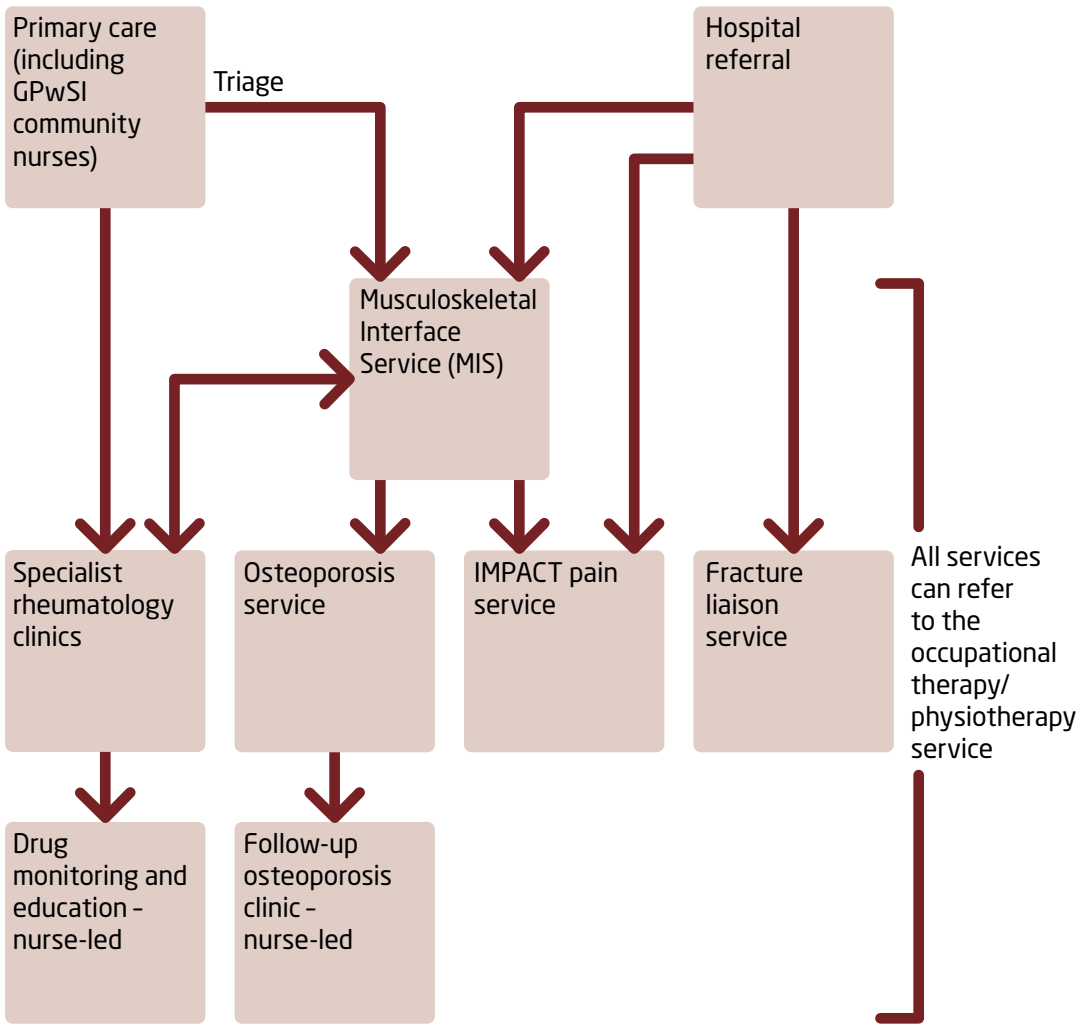
Patients presenting at a GP practice can be assessed and treated in the community by a GPwSI or community rheumatology nurse, including a direct referral for occupational therapy or physiotherapy. Patients needing additional support can also be referred directly to the inpatient ward at Haywood Hospital through the rheumatology on-call service.

Patients requiring further investigation or based within a practice without a GPwSI are referred into the musculoskeletal interface service, assessed by members of the teams and assigned to the list of an advanced musculoskeletal practitioner. At the clinic, the practitioner assesses the patient, can order tests including x-rays, MRIs or ultrasounds, and can begin treatment if relevant. They also refer patients on to specialist rheumatology clinics, physiotherapists and occupational therapy services.

Patients can be referred into the rheumatology service by GPs, acute hospital clinicians or advanced musculoskeletal practitioners – either directly into specialist or rehab services, physiotherapy or occupation therapy, or directly to the inpatient ward.

The referral pathway for this service is similar to rheumatology services elsewhere provided by an acute provider. The main differences include the number of clinics held in the community (with access to ultrasound scans and radiology imaging); the ability of GPs to refer patients to inpatient beds; and the use of GPwSIs within the musculoskeletal interface service.

**Haywood rheumatology centre referral pathway**



# Innovative features

- Clinics in rheumatology are led and run by a **clinical partnership** of a consultant rheumatologist and consultant nurse or physiotherapist. This model places their skills and knowledge on an equal footing and ensures patients frequently have access to diagnosis, monitoring and treatment during a single visit.

- **New roles** have been developed within the rheumatology centre, including a consultant in community rheumatology, consultant nurses in rheumatology and osteoporosis and consultant physiotherapists. Each professional holds their own list of cases during a clinic and can consult with each other during or after consultations.

- **GPwSIs** bring added value in two ways: providing in-house musculoskeletal expertise to patients in their own practice and working as advanced practitioners within the musculoskeletal interface service clinic. In the GP practice, they review diagnoses from other GPs and provide joint injections and medication advice to all patients within their practice. If further investigation or a referral to secondary care is needed, their knowledge of secondary care services and staff enables them to direct patients more appropriately, reducing the proportion of unnecessary referrals. Within the clinic, GPwSIs work alongside nurses and physiotherapists, developing advanced skills in triage and treatment that can be brought back and used within general practice.

- Staff within the service have access to **staff development** opportunities as a result of the links with Keele University and can undertake advanced degrees and modules. The service hosts regional training days and leads musculoskeletal teaching for Keele medical students.

- The service hosts a variety of **medical trainees**, including foundation year two (F2) trainees in rheumatology as well as academic foundation trainees interested in pursuing a research career, on four-month rotations. Core medical trainees (specialist trainee – ST1/ST2) employed by the acute trust

also undertake rotations; registrars (ST3 onwards) on the West Midlands training programme complete placements in rheumatology at the centre.

- Since its inception, the rheumatology centre has developed a **strong research portfolio** through links with the Institute of Primary Care and Health Sciences at Keele University, which hosts the Arthritis Research UK Primary Care Centre. Many consultants hold joint or honorary contracts with the university and recruit patients for clinical trials from the service. The Haywood centre has its own research programme focusing on secondary care clinical and laboratory-based research. These activities facilitate access for patients to expensive new drugs, reducing treatment costs for commissioners. At regular journal club meetings, academics from Keele University are invited to share their research and debate its relevance to clinical practice. This close engagement with research enables the service to embed evidence-based practice in their work.

# Impact

At present, measures of impact are underdeveloped, as the trust is developing more robust data collection and reporting mechanisms. Data provided by the site indicates that performance of the service is improving:

- the musculoskeletal interface service has an average waiting time of 4 weeks for patients with non-surgical and non-inflammatory disease, a significant decrease on the waiting times of 13 weeks reported in 2006 (Department of Health 2006)
- data from the past two years indicate that patient satisfaction has averaged at around 90 per cent, reaching 96 per cent between April and August 2014
- the surgery conversion rate within the orthopaedics clinic is currently 70 per cent, compared to 18 per cent in 2006 (Department of Health 2006)
- local variation on tariffs agreed for the day-case unit enables the service to provide similar care to an acute hospital at a lower cost; this compensates for growing activity within a fixed overall budget.

# Barriers and enablers to service development

## Local context

- The service's **unique history** has shaped its structure and development, as well as its distinct identity as the Haywood rheumatology centre. Its **location** has enabled it to develop a specialist hub with access to dedicated beds and scanning equipment, resulting in shorter waiting lists and the ability to treat a growing number of patients.

- The presence of an embedded **research programme** within the centre as well as close links to Keele University has brought benefits outlined above, including access to drugs through clinical trials and staff development.

- Over the past 20 years the service has moved between different acute and community provider organisations, but until recently the employment contracts of the specialists were held by the acute trust. However, in 2013 their main employment contract moved to Staffordshire and Stoke-on-Trent Partnership Trust (although they have an honorary contract with the acute trust). Interviewees identified a number of issues associated with **specialists having their contracts held by the trust**. Rheumatology conditions are multi-systemic, often requiring integrated care across a number of specialties, including those located within the acute trust. There are difficulties maintaining professional revalidation in a community provider due to the small numbers of specialist colleagues within the organisation. There are also clinical governance issues (outlined in more detail below). In addition, most acute providers have a research and development office supporting staff seeking to conduct research – an aspect perhaps not well-developed in a community provider. This was the case at Staffordshire and Stoke-on-Trent Partnership Trust, and as a result, plans to share research governance with the acute trust are being developed.

## Service design

- The specialist rheumatology service uses **pooled clinics** organised by condition, such as osteoporosis, rather than assigning patients to a specific consultant. Each clinic is staffed by two or three consultants who take the next patient on the list. The small number of consultants ensures that patients retain continuity of care, while harnessing the shared care approach and maintaining short waiting lists. The wider team of nurse consultants, specialist nurse and radiographers review cases with the clinicians. Clinicians can specialise in a condition, while the clinics provide a pool of patients for clinical trials or audits.

- The musculoskeletal interface service is run by **advanced musculoskeletal practitioners** with a medical practitioner working alongside an extended scope physiotherapist in each clinic, allowing an exchange of knowledge and skills between health professionals. A set of clinical algorithms has been developed for the most common conditions to maintain consistency between practitioners. These take the form of a flowchart highlighting key signs and symptoms, clinical pathways and links to further information. They are regularly updated to reflect recent research evidence.

- **Patient collaboration and involvement** is encouraged. The centre supports a patient and clinician collaboration, the Arthritis and Musculoskeletal Alliance, which holds education sessions, engages patients in service redesign and runs a new Patient Information and Resource Room.

- Prior to moving clinicians to Staffordshire and Stoke-on-Trent NHS Partnership Trust, significant concerns were raised about **risks to patient pathways and clinical governance** because clinicians required continued access to rheumatology patients within the acute trust and their clinical notes. At present, the rheumatology clinics use University Hospital of North Staffordshire paper notes, which have to be transported between sites for clinics, and staff from the University Hospital cannot see letters held within the rheumatology centre's clinical system. While the partnership trust is developing a trust-wide clinical IT service, concerns remain that separate electronic records on non-interoperable systems would be detrimental to the care of complex patients who move along clinical pathways between both trusts.

## Funding arrangements

- The rheumatology and musculoskeletal interface service clinics are mainly funded by Payment by Results (PbR) tariffs on a rolling three-year contract. Over the past 10 years, their close relationship with commissioners has allowed them to develop three **local variations to the tariff**, including a lower rate for day cases and a lower payment for the nurse-led drug monitoring. This has enabled the service to accommodate growing demand within a fixed budget, and develop innovative and cost-effective models of service provision.

- Differing commissioning intentions between the main commissioners mean that some elements of the service are **only available to patients within a particular commissioning area**. These arrangements make it difficult to provide the same quality and breadth of care to all patients accessing the service. Clinicians and managers within the service cannot access detailed service line information, and the available information on income does not always match activity.

- Interviewees reported that implementing new service developments could be difficult because they had to navigate **complex tendering processes** and multiple commissioners as well as gaining agreement from within their trust. Some interviewees felt that the service had suffered from a lack of understanding about the intricacies of providing a specialist service within a community provider.

- The development of the service was supported by public campaigning by the Haywood Foundation, a local charity established in 1977 to help people with arthritis. They have played a pivotal role in supporting staff development through the **provision of funding for bursaries**, study leave and the development of new clinical and research posts.

## System-wide

- The **wider health system** in North Staffordshire is undergoing a review following the Trust Special Administrator's decision to dissolve Mid Staffordshire NHS Foundation Trust. This raises the prospect that the service could be returned to an acute provider. This uncertainty may have acted as a barrier to further service development.

# References

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