**Moving Together**

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**What is Moving Together?**

A new, bold approach to commissioning musculoskeletal (MSK) care building services around patients needs and values to maximize quality of care. Central to Moving Together (MT) is defining the outcomes, experiences and processes that matter most to the patients. The service will innovate in several ways including

* Ensure MSK services are set up to deliver, and be measured by, patient directed outcomes.
* Integrated speciality services where patients are seen by professionals best able to provide their care
* A contract change, moving away from payment by activity (Payment by Results) to payment related to outcomes (recognizing that this change, and the ‘buy -in’ required from both clinicians and patients, will be significant)

**What is the scope?**

This commissioning approach will be applied to all ‘non-emergency’ Musculoskeletal (MSK) adult services commissioned by Sheffield CCG (eg non-emergency orthopaedics, rheumatology, MSK physiotherapy, chronic pain, podiatry & sport & physical activity medicine). The value is circa £40million worth of activity/ year.

**Why are we doing this?**

Sheffield CCG feels this approach will set up the best framework for the future to deliver best quality care in the face of rising demand. Value (defined as patient outcome divided by cost ) in health care is becoming increasingly important as changes in technology, lifespan, and societal expectations place increasing pressures on our health systems.

**Who will do it?**

Sheffield CCG has been through a robust decision making process and will work in partnership with Sheffield Teaching Hospital FT (STH) as the ‘prime provider’ The contract will run for 5 years from April 2015.

**Who will decide what the outcomes are?**

Between April 2014- September 2014 there will be an extensive exercise to involve all key stakeholders and wider public representation to define the priority outcomes. However care will be taken to ensure we can monitor and evolve these outcomes through out the contract, so they continue to represent what most matters for people in Sheffield. There will be open public/ patient led scrutiny of how well these outcomes are met.

**What will be the features of such an approach?**

Quality and safety – eg early diagnosis with expert multidisciplinary input as needed

Patient centred- eg shared decision making, information tailored to patient needs

Holistic- eg built around patients values and social context

Prevention- maximise the potential of physical activity and behaviour changes to improve health & reduce the burden of chronic disease

Population based- eg equitable cover of whole city

Active- eg will support patients active involvement in their care (self management)

Innovation – eg Utilisation of latest technology to maximise outcomes