

**Musculoskeletal Care in Sheffield
 Commissioning for Outcomes**

Governing Body meeting

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4 December 2014

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Sponsor	Dr Zak McMurray, Clinical Director Julia Newton, Director of Finance
Is your report for Approval / Consideration / Noting	
This paper is asking Governing Body to <u>approve</u> the awarding of a five year contract for MSK services to Sheffield Teaching Hospitals NHS Foundation Trust.	
Are there any Resource Implications (including Financial, Staffing etc)?	
These are considered in the paper as appropriate.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i> Strategic Objective - To ensure there is a sustainable, affordable healthcare system in Sheffield.	
<u>Equality Impact Assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> An initial assessment was carried out 6 months ago and is now in the process of being refined in order to reflect the outputs of the engagement process referred to in this paper.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> A full engagement process has been undertaken and received very positive feedback from Sheffield Healthwatch.	
Recommendations	
Governing Body is asked to approve the award of a 5 year contract to STHFT as prime contractor for Musculoskeletal services in Sheffield using an outcome based commissioning approach for the service delivery.	

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1. Introduction / Background

Governing Body has considered on a number of occasions the options and issues involved in moving to awarding a new form of contract for Musculoskeletal (MSK) care in Sheffield.

Governing Body has previously agreed in principle to the development of an outcomes based contract that will integrate existing MSK provision using a 'Prime Contractor Model'. The contract will use outcome measures to determine quality. The revised model will see care closer to home through moving care into the community and away from the acute setting where appropriate. The new model is also intended to support improved patient involvement in their own care options and a collaborative approach towards a complex program budget area allowing clinicians, managers and patients to co-produce and monitor a new type of relationship between commissioners and providers.

The clinical scope of the service is broadly as follows: Adults (aged 16 and over) who are either registered with a general practice member of NHSS CCG or otherwise the commissioning responsibility of NHSS CCG, and are eligible for NHS care. This system of care should encompass the diagnosis, treatment and management of all diseases of the musculoskeletal system and connective tissue. The scope would exclude urgent care and cancer treatment.

In April 2014 the Governing Body supported the following recommendations and next steps:

- 1) Formally agreed that the CCG work towards awarding a five year outcomes based contract with effect from 1 April 2015 to a prime contractor and that subject to completion of a successful negotiation process and final approval of that by Governing Body, the contract would be awarded to Sheffield Teaching Hospitals NHS Foundation Trust.
- 2) Agreed that the contract must ensure delivery of patient choice as set out in the NHS Constitution.
- 3) Agreed that to achieve the stated model of delivery, that the CCG will not seek to competitively procure those services within the current MSK community contract, which is scheduled to end in May 2015.
- 4) Agreed that the scope of the contract is elective MSK provision commissioned by the CCG including community and acute services as set out in the business case considered by Governing Body in October 2013.
- 5) Agreed to the proposed project plan and proposed governance structure to achieve delivery of a new contract from April 2015.

Following the Governing Body meeting in April 2014, significant work has been undertaken and considerable progress has been made as summarised below, such that the CCG's project team believes that it is appropriate to make the recommendation to Governing Body to proceed.

Work has been undertaken in three main areas:

- Clinical model with STH clinicians demonstrating how the trust's vision for changes to services will start to be implemented, informed by public and patient engagement
- Outcome measures to be used informed by significant involvement of public and patients
- Refining the contract model and financial framework

2. Patient and Public Engagement

2.1. The successful involvement of patients has been a vital element in the development of the clinical model. Continuing effective engagement and communication more broadly with the patients and public of Sheffield will also be of paramount importance to ensure that future MSK services and the focus of their outcome measures as they develop genuinely reflect the needs of local people.

2.2. Detailed engagement and communications strategies and plans were developed with the support of the clinical and management leads with additional input and scrutiny from the CCG's non-executive directors. This project also acted as the flagship for the CCG's new 'Involve Me' network.

2.3. These plans ensured that all key groups and partners were actively engaged and contributed to the process (including those considered hard to reach) and enabled a two way dialogue so that the views of patients and the public were continually fed into clinical discussions and that as the model developed in detail emerging thinking was continuously tested with patients and the wider public.

2.4. Wider patient advocacy, in more formal settings such as the project boards, continued to be provided by Neil Betteridge whose significant executive experience of representing the patient voice nationally and within government and whose input was considered invaluable by both the CCG and STHFT.

2.5. Local patient advocacy was provided by Sheffield Healthwatch who were very supportive of the process and who worked in partnership with the CCG to ensure that all key local groups and views were represented. This provided the CCG with confidence that there is now a clear mandate for change through the meaningful engagement of the public and other partners by way of discussion and debate.

2.6. Whilst an extensive range of engagement meetings took place over the summer, two key workshops involving patients, clinicians and management teams provided the highlight. These facilitated workshops ensured key emerging themes important to local people were discussed in detail jointly between patients, clinicians and management teams from primary, community and secondary care. These workshops were supported by Neil Betteridge and Healthwatch who both provided very positive feedback.

2.7. Over the course of the engagement period, it has become clear that local people are very keen to get involved. There was a significant amount of patient commitment to contributing to the debate, and many were very well informed and committed to make change happen. This was driven by their real desire to make visible improvements to services and the overall patient experience.

2.8. A summary report of the engagement process and key themes of importance to the people of Sheffield is appended to this report, with the full report, including the appendices, included in the pack of papers for information to this Governing Body meeting.

3. Refinement of the Clinical Model

3.1. Detailed clinical discussions have taken place which have both informed and been informed by the engagement process summarised above.

3.2. Joint clinical discussions between the CCG and STHFT have taken place. There has been a clear sense of genuine collaboration and partnership working in order to refine the model. STHFT have formally appointed a clinical lead along with supporting leads provided from the individual MSK specialties and a project manager.

3.3. The STHFT programme team, with key executive directors provided a full update on “bringing the vision to life” at the joint MSK Programme Board on 6 November 2014. This update covered how the MSK pathway would change being informed by patient priorities, in particular focussing on what would be different in 2015/16. STHFT described the single point of access and triage model that would be in place from 1 April, the choice process, the engagement needed with GPs and the expected treatment hubs to be developed. The update included the action (implementation plan) with key milestones. This full update provided the joint clinical/management project team at the CCG with assurance on the practical service changes the trust would make to start to realise the vision and improve patient outcomes and that detailed implementation plans were being worked up.

4. Contractual Agreement

4.1 The contracting and finance team at the CCG has in parallel with the clinical and public engagement workstreams has undertaken significant work and held a series of meetings with the equivalent team from STH. Following a meeting on 24 November 2014, the CCG team is clear that there is a proposal which covers all material aspects of the contractual and financial model which can be presented to Governing Body in private session on 4 December 2014 and which can also be considered by STHFT’s Board on the 17th December. The details are being presented in private session as they are deemed commercial in confidence at this time. However it is useful to summarise the key areas as follows:

- **Scope** – The following services will be within scope, Community MSK, Elective Rheumatology, Orthopaedics and Pain Management, associated High Cost Drugs (Anti-TNF/Biologics). This is in line with the original vision. We have, however, worked through at a detailed level which procedures where this is important to ensure “the boundaries” of the contract.

- **Contract Value** – The contract value is expected to be in line with the parameters we determined in our original modelling. We have agreed the assumptions to be used for growth in referrals and use of high cost drugs and the tolerances that will trigger a review.
- **Contract Form** – The contract will be a Prime Provider contract using the most up to date NHS standard contract and STHFT will sub contract with other providers of NHS care (NHS and Independent Sector) where appropriate to ensure Patient Choice is maintained with a robust process for evidencing patient choice embedded in the contract between STHFT and the CCG. We have been assured that STHFT have initiated a process to be able to establish sub contracting arrangements ready for 2015/16.
- **Contractual Income linked to delivery of outcome measures** – A percentage of the annual contract value will be attributed to actions aimed at driving service change and delivery of the clinical vision. The details for year one have been established.

5. Recommendation

Governing Body is asked to approve the award of a 5 year contract to STHFT as prime contractor for Musculoskeletal services in Sheffield using an outcome based commissioning approach for the service delivery. (Governing Body will have had opportunity to have discussed in private session prior to this public session the details of the contract proposal.)

Paper prepared by Alastair Mew, Senior Commissioning Manager, and Ian J Atkinson, Head of Contracting

On behalf of: Dr Zak McMurray, Clinical Director
Julia Newton, Director of Finance

November 2014

Sheffield 'Moving together'



Musculoskeletal (MSK) services Engagement report

November 2014

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Executive Summary

Overview

This report is a comprehensive look at the steps taken, the mechanisms employed and the information gained from Musculoskeletal (MSK) Moving Together service redesign where the engagement of stakeholders has been crucial to the success of this initiative.

Throughout the process we have found that successful engagement with stakeholders requires a concerted focused effort. We also discovered that engagement is not a formulaic process, but a real human endeavour that is built on experience, empathy and understanding. Every meeting and contact will lead to further engagement opportunities. You need to seize every chance of a discussion in whatever environment to reach your population. This process needs to be managed and recorded in detail. Individuals and groups who are involved in the conversation need to be kept engaged; feedback to them what is happening and what are the next steps in the plan. Engagement needs to be embedded into and an integral part of the whole commissioning process.

We are confident that what we have learnt and continue to learn will shape services across Sheffield for years to come.

Why did we do this?

Since its inception in April 2013, NHS Sheffield Clinical Commissioning Group (CCG) has been focused on delivering the most positive health outcomes via the best possible services for its population.

Clinical and commissioning leaders within the CCG identified the need to move away from the traditional activity based approach of commissioning to a method that was personalised for patients focusing on holistic care and outcomes. In future service redesign will be built around patients' needs and values to maximise quality of care.

What did we choose to redesign Sheffield's Musculoskeletal services?

Sheffield already has well established high quality services and so the CCG undertook to look at these services. At the heart of this programme was the recognition we would engage with and listen to the public. Hearing what matters most to them, whether that is their outcomes, experiences or how their care is provided. Future services will be based on this dialogue, changing the way services are provided and paid for.

This innovative strategy has redefined how we communicate with our public. The organisation has moved from being one that 'consults' with its population to one that designs services that are patient and service-user driven and clinically led.

What did we do?

Having outlined our engagement objectives, a fundamental requirement to the project's success was the substantial involvement and influence from patients, carers, clinicians and the public.

Key objectives within the CCG's programme included:

- Providing a Mandate for change through the meaningful engagement of the public and other partners by way of discussion and debate.
- Develop stronger engagement to lay foundations for future projects, and to monitor progress of other key priorities that emerged from the involvement.

This was made possible by:

- Starting well – the involvement of stakeholders was pivotal in the design and delivery of the engagement.
- A shared purpose – the key stakeholders were involved in an open and transparent dialogue targeting the important questions such as 'why are we doing this' and 'what are we trying to achieve'.
- Constantly evaluating - what became apparent early on was that engagement must be a continual and ongoing process, and our approach was continuously evaluated and redefined.
- Tactics – a wide range of engagement tools were used throughout to capture as much data, opinion and feedback from the stakeholder spectrum. This was particularly useful when communicating with harder to access groups.
- Effective engagement -came about from those who were committed to delivering a change and were driven by enhancing the patient experience.
- Being inclusive – this was absolutely imperative.
- Valuing the individual voice - in particular patient and carer stories.

In addition to these stakeholders, the involvement of 'external critical friends', people who had extensive knowledge or experience of such services and how they were commissioned, was invaluable and added an extra dimension to the whole process. The CCG was extremely fortunate to have the participation and contribution of 'expert patient', Neil Betteridge. In addition to being an 'expert patient', Neil has served as a Chief Executive Officer (CEO) for a MSK related charity and understands the mechanics of commissioning services, and patient focused strategic redesign. Healthwatch, the local consumer watchdog for health and social care services, also supported and worked in partnership with us ensuring the proposals were absolutely right for the people of Sheffield.

What did we find out?

Over the course of the engagement period, it was clear that local people were very keen to get involved. There was a significant amount of patient commitment to contributing to the debate, and many were very well informed and committed to make change happen. This was driven by their real desire to make visible improvements to services and the overall patient experience.

Next steps for Sheffield

The quality of, depth and output from the engagement process has empowered commissioners to work in a new and innovative way. We will work with our patients and partner organisations in a manner that recognises and reflects the patient perspective. This has not always been possible before. The CCG will use the stakeholders' mandate for change to improve MSK services across Sheffield.

The voice of the patient, carer and clinician will be heard in all of our contract discussions. This will fundamentally influence the contractual arrangements between the CCG and service providers. The contract will reflect a renewed focus on patient outcomes. The next five years will see a better outcome focused service, built by partners and stakeholders, based on the strong foundations we already have.

Forewords

“The traditional divide between primary care, community services, and hospitals... is increasingly a barrier to the personalised and coordinated health services patients need.” (*Forward View*, NHS England, Oct. 2014)

As someone who has been privileged to spend the last 25 years or so working on behalf of people with MSK conditions, and having grown up with juvenile arthritis myself, I'm probably guilty of over-using the word 'frustration'. Frustration at how monolithic health service structures have often prevented motivated and wonderful NHS staff from being able to fully support their patients; at the neglect this painful and often disabling family of conditions suffers from the general public; and most unforgivably, at the refusal of policymakers not only to recognise the scale of the burden but also the opportunity for positive change.

So I was thrilled when invited to offer a patient view on 'Move Together' from a national perspective, in support of Healthwatch Sheffield and the many local patients already fully engaged in the process. I could see immediately that here was a local movement inclusive in its approach, with patient interests at its heart

The evidence of this is partly found in the sort of issues I have since seen being addressed – some of which have often been deemed trivial by providers elsewhere, but which matter so much to individuals. Who do I talk to if I have a flare up? Where can I get information about equipment or benefits? Can I see my own health records?

It's a real world initiative. There is an emphasis is on practical advice for patients: write down your questions for the doctor or nurse in advance; go with a loved one or friend to your appointment, to help you remember what's said; and be aware it's your right to ask questions and express views about your treatment options.

There is so much talk these days about patient empowerment that it usually outweighs actions actually taken to deliver it. I commend all those driving forward these changes in Sheffield for letting their actions speak louder than words.

This is long term change and inevitably with ambition on this scale there will be mistakes and oversights. Imperfection is certainly forgivable. Not trying to improve services and quality of life for thousands of people in Sheffield certainly is not.

Neil Betteridge



Director, Neil Betteridge Associates; International Liaison Officer, EULAR; Patient Adviser, NHS England; formerly CEO of Arthritis Care, Chair of ARMA and Vice President of EULAR

Healthwatch Sheffield, the voice of the people of Sheffield, was closely involved from the beginning with this innovative, evidence-based process, and intends to be influential throughout its development and implementation by providing intelligence and informed comment from those affected – especially the patients themselves. The principles of Healthwatch Sheffield which will guide our association include:

- the right to access safe and high quality services providing prevention, treatment and care on an equal basis with others
- the right to be actively involved in decisions affecting their life by being listened to
- clear and accurate information which help the individual make decisions about their health, treatment and care and assist individuals to make the right choice for themselves regarding services products and providers

Healthcare professionals acknowledge, by this different approach to commissioning services in Sheffield, that patients are experts in their own condition and that they want help to learn methods of prevention, to access appropriate treatment and to cope with the symptoms. In simple terms, there is an increasing recognition of providing services that patients need and value.

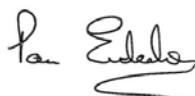
There are at least 62,000 persons from all of Sheffield's communities who suffer MSK conditions. Generally, they do not want to take unnecessary resource from the NHS but just want a better life. It is significant that the major themes emerging from the initial engagement activities focused on:

- good care from skilled, caring staff;
- information, advice and education;
- accessing a system that works well; and
- understanding their condition and how to self-manage it.

This outcome focused process of commissioning, involving all parties, has the potential to improve the lives of many and improve relationships between healthcare professionals, clinicians and patients. By co-developing / co-commissioning it also has the potential to provide a significant contribution to cost savings by focusing valuable resources (time, expertise, equipment and budgets etc.) where it will have greatest impact and so result in people calling-on or being referred to services only when appropriate.

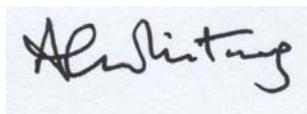
In conclusion, we welcome engaging with all partners in a collaborative manner to map future direction and the commissioning of medical, surgical and social services which markedly impact on the lives of many people! We hope this real engagement with the people of Sheffield continues.

Pam Enderby



Emeritus Prof. Community Rehabilitation.
University of Sheffield
Chairman, Healthwatch Sheffield

Tony Whiting



Vice Chairman, Healthwatch Sheffield

Acknowledgments

Alastair Mew and Dr Ollie Hart as the managerial and clinical leads for Sheffield CCG and the Project Board from Sheffield Teaching Hospitals Foundation Trust would like to acknowledge the work of Lynda Liddament (Sheffield CCG) in leading the project, Richard Kennedy (SYBCSU) in preparing and producing this report and the patients who gave us their time and energy to support the project, especially the Patient Group whose contribution has been invaluable.

Introduction

NHS Sheffield CCG Governing Body made the decision to engage with local people regarding the option of moving to a 'commissioning for outcomes' approach for the commissioning of MSK services. This means that instead of MSK providers being paid for every appointment, treatment or surgery they do, a significant proportion of their payment will be dependent on delivering outcomes that are satisfactory to their patients.

Musculoskeletal services support adults with over 200 different conditions affecting joints, bones, muscles and soft tissues and cover individual services like Orthopaedics, Rheumatology, Chronic Pain and Physiotherapy. It is estimated that there are over 62,000 people with a chronic MSK condition living in Sheffield.

What is 'Moving together'?

This is about a new way of planning and buying MSK care. We are looking to build services around what patients need and value to make sure that the best care is offered. At the heart of Moving Together is recognising what matters most to patients, what their chosen outcomes would be and how their care is provided.

This is a big change and will need patients and clinicians to work together to achieve outcomes that are appropriate for both partners.

Our engagement approach

It was recognised from the outset that this project could result in significant change to current service delivery and therefore, the Gunning Principles were used to provide a framework for the development of a comprehensive plan for patient, carer and public engagement activity.

The Gunning Principles state that consultation must:

- *be undertaken before a decision has been made;*
- *include enough information to allow any person to consider the proposal and potentially offer an alternative option;*
- *allow adequate time for responses;*
- *ensure that any consultation findings are reflected within the final proposals.*

In line with a 'commissioning for outcomes' approach, it was essential to include patients and healthcare professionals in a partnership to co-develop the outcomes that the provider would be measured against. To make sure that these outcomes were jointly developed, a process of continuous feedback was adhered to. At regular points throughout the six month engagement activity, a reflection of the feedback that had been received took place with patients, the public and providers. The aim was to check and discuss the feedback in a process of refining the outcomes and shaping a new service.

An Equality Impact Assessment was produced that systematically analysed this proposal to identify what effect, or likely effect it could have had on 'protected groups'. The assessment highlighted certain communities that may have been more affected by this change which would require extra efforts to include them and allow them to have their say on the proposals. The communities more likely to be affected by the change, identified in the Equality Impact Assessment, were:

- People from Black, Asian and minority ethnic (BAME) groups
- Older people (particularly those over 75)
- Women over the age of 40

To capture these groups, along with as many other people living in Sheffield as possible, a variety of different methods for engagement and feedback were adopted.

Pre-engagement phase April – May 2014

We asked a wide range of local and national organisations to provide us with any feedback they had received about musculoskeletal services or what it was like to live with a musculoskeletal condition. The organisations included:

- NHS Sheffield CCG Complaints and Compliments
- Sheffield Teaching Hospital Patient Services
- Health Trainer Pain Management Programme
- Health Trainer Programme
- Pharmacies
- Expert Patients Programme (EPP) volunteer tutors
- Healthwatch Sheffield
- Arthritis Care UK + Sheffield branch
- National Rheumatoid Arthritis Association UK + Sheffield branch
- British Orthopaedic Association
- British Rheumatology Society
- Primary Care Rheumatology
- British Pain Society
- The Arthritis and Musculoskeletal Alliance
- Arthritic Association
- Arthritis Research UK + Sheffield branch
- Age UK Sheffield branch

- Disability Sheffield
- Disability Action Alliance UK
- U3A
- Oddfellows
- Live Well Support Group for People With Chronic Pain & Illness

The feedback and themes from the pre-engagement phase are detailed in Appendix A.

Musculoskeletal engagement event - 19th June 2014

NHS Sheffield CCG held a MSK engagement event on Thursday 19th June 2014. The event brought together over 100 stakeholders consisting of patients, support organisations, Healthwatch Sheffield, MSK clinicians and GPs to discuss how MSK services could be provided in the future.

What did we talk about?

The event started with two patients sharing their experiences of living with a musculoskeletal condition, how it had affected them and what had made the biggest difference to their lives. This provided a very powerful foundation to the day's discussions.

This was followed by presentations from NHS Sheffield CCG and Sheffield Teaching Hospitals to explain how the service is expected to improve the lives of people in Sheffield living with MSK including:

- Ensuring MSK services are set up to provide the outcomes that patients want and can help to measure.
- Joining up services where patients are seen by professionals that are best able to provide their care.
- Changing the way that these services are paid for by the NHS, moving away from paying for the amount of patients seen towards paying for when outcomes have been delivered.

In line with the Kings Funds' Experience Based Co-design toolkit and the 'commissioning for outcomes approach, attendees were given an opportunity to reflect upon and discuss issues which had been identified as important to people with MSK through the pre-engagement phase.

These discussions were themed into the ten areas below:

1. Personalised goals
2. Getting back to normal
3. Don't assume you know how a patient feels or thinks
4. How to support self-management
5. Building self confidence
6. Getting what you need from a health professional
7. Reducing repetition and duplication
8. A range of options to access trustworthy advice

- 9. Better communications across services and organisations
- 10. Follow up care

The feedback received from the engagement event was analysed along with all other information from the engagement phase detailed below.





Engagement phase June – August 2014

In order to develop this service it was imperative that we found out what was important to the people of Sheffield regarding their health care. From June to September 2014 we talked with the public and patients using a number of different engagement methods.

Survey

An online and paper survey was produced (Appendices B and C) asking people for their thoughts on the proposals for MSK services in Sheffield. The questions were designed based on the feedback received from the pre-engagement phase and first engagement event and gave a wider selection of patients and the public an opportunity to influence the final service and specification. The survey was distributed widely through community channels and current musculoskeletal clinics. 216 surveys were received in total.

Experience Based Design patient stories

Patient stories were captured using a template based on Experience Based Design tools created by NHS Institute for Innovation and Improvement. This template encouraged participants to explore their emotions and experiences as a patient and suggest improvements that could be made. 23 patient stories were received in total.

Kings Fund Experience Based Co-design toolkit

Using the principles of the Kings Funds' Experience Based Co-design toolkit, we used the detailed feedback to provoke discussion and test out thoughts and ideas with the general public. We used the two main engagement events, as well as meetings with community groups to take stock and discuss the feedback we were receiving. We asked people to discuss and comment further on what other people were saying in order to refine the messages we felt were becoming major themes and co-produce ideas about what the outcomes and major pillars of the service should be.

Web and social media

A dedicated section of the NHS Sheffield CCG website was developed for Moving Together: www.sheffieldccg.nhs.uk/movingtogether. This hosted all the information about the project and engagement.

A presence on social media platforms was maintained with ongoing tweets and Facebook posts linking to the MSK web area, and to the online survey link, encouraging people to take the survey and have their say on MSK plans in Sheffield.

Primary Care

Over 6,000 surveys, posters and credit card promotional materials were printed and distributed to every primary care provider throughout the city consisting of 88 GP practices, 124 pharmacies, 65 opticians and 77 dental practices.

Community engagement

A large number of community groups were contacted to let them know about Moving Together and how they could be a part of shaping a new MSK service. Groups were targeted specifically relating to audiences highlighted in the Equality Impact Assessment undertaken at the very start of our engagement process. Every group was provided with copies of the survey and online survey link along with an open invitation to attend the group's meetings to discuss the project in more detail.

We also asked if the groups could help us to distribute the survey to as many people and groups as possible to ensure the greatest reach and uptake.

The groups contacted were:

African Womens' Health Group	High Green Development Trust	Sharrow Community Forum / Shipshape
Age UK Sheffield	Ingle Gym	Sheffield BME network
Arbourthorne Centre	Involve Me network	Sheffield Carers Centre
Benenden Health Members	Live Well Support Group for people with chronic pain and illness	Sheffield Centre for Independent Living
Carers in Sheffield	Living Well Health Club	Sheffield Fibromyalgia Self Help Group

Caribbean Health and Wellbeing Group	Manor and Castle Development Trust	Sheffield Hallam University Gym
Creative pathways	Meadowhead Physiotherapy	
Cross Fit	Multicultural Coffee Afternoon	Sheffield International Venues
Darnall Wellbeing	Muscle Madness	Sheffield Mencap
Disability Action Alliance UK	Muslim Older People Service	Sheffield, Rotherham and District Council of Muslims
Disability Sheffield	Nuffield Fitness and Wellbeing	Shelter UK
Ecclesall Lady Zone	Nuffield Fitness and Wellbeing Physiotherapy	SOAR
Evolution Gym	Odd Fellows Sheffield	Sport Sheffield
Expert Patients Programme Volunteer Tutors	Pakistan Advice and Community Association	Stocksbridge Community Forum
Fit Space	Pakistan Muslim Centre	The Fitness Club
Fit4It Fitness	Patient Champions	The Source Academy
Fitness garage	Patient Opinion	The Terminus Initiative
Fitness Unlimited	People with a sensory impairment and / or learning / cognitive impairment	Together Women
Foxhill Forum	Places for People	University of the Third Age
Get Sheffield Fit	Ponds Forge	Virgin Active
Gleadless Valley Community Forum	Powers Martial Arts	Voluntary Action Sheffield
Gym Plus	Public Health Community Outreach	Westfield Health
Gypsy, Roma and Traveller Community	PureGym	Wicker Camp
Health and wellbeing café	Quirke's Gym	Within Reach
Health Champions	Refugee Council	Woodhouse and District Community Forum
Health Trainers	Rhodes Boxing	Woodthorpe Development Trust
Healthwatch	Roshni Sheffield	ZEST

Patient steering group

The patients that attended the engagement event also attended a pre-meeting on 4th June to prepare for the main event. The group were enthusiastic to stay engaged with the project so it was suggested to repeat this initial meeting and to expand on the membership of the group. A follow up meeting was held on 28th August where a snapshot of the findings from the engagement event was presented to the group for them to reflect upon. They also discussed further ideas for ongoing engagement and how the group could operate beyond the engagement phase of the project.

Main themes from this engagement phase are in Appendix D.

Musculoskeletal engagement event – 10th September 2014

A second engagement event was held on 10th September 2014. The event brought together 88 individuals consisting of patients, carers, support organisations, Healthwatch Sheffield, MSK clinicians and GPs. Attendees were updated on the progress of the engagement activity since

the last event, what themes had emerged so far and how the feedback had started to shape ideas about how the service would work in practice.

Attendees were asked to rank how important they felt the themes were:

Themes	Number of people who ranked theme as important
Good care from skilled, caring staff	28
Information, advice and education	26
Accessing a system that works well	25
Understanding their condition and how to self-manage it	21
Listened to and heard	19
Getting back to life	15
Appointments	13
Recognition of the emotional impact	9
Pain	8
Local services	6
Awareness of diversity	3

In line with the Kings Funds' Experience Based Co-design toolkit and the commissioning for outcomes approach (<http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf>), discussions were had regarding the themes allowing the attendees to reflect on the feedback that had been received so far. The additional comments below were made about each theme.

Good care from skilled, caring staff

- It was felt that people currently receive great care from staff in Sheffield and this needs to be maintained.
- There was a call for more time to be a clinician with less time spent on paperwork.

Information, advice and education

- There are already some helplines available, but patients don't always get an immediate answer which makes them call elsewhere "ringing every number possible".
- A more immediate response and being clear what it's for and what they can expect e.g. timescales for response could help.
- Education to call earlier rather than waiting until deterioration.
- Explore the use of technology to communicate better.
- It was felt that there was a need to be more proactive, checking how a patient was more regularly, but briefly, which technology might be able to help with.

Accessing a system that works well

- It was suggested that self-referral and return referrals were essential to make the system work better for patients.

- There should be an expert at the front end of the service.
- There was recognition that community and hospital services were currently out of sync, with community services not being able to access hospital out of hours.

Understanding their condition and how to self-manage it

- Patients often don't know much about their condition and a lot of clinical time could be spent on education.
- The range of conditions is also a challenge. Patients do need information to help make decisions.

Listened to and heard

- Repeating their stories many times is a big issue for patients.

Getting back to life

- It was seen as important to understand what is unique to the patient.

Recognition of the emotional impact

- Knowing what's important to patients.
- Access and signposting to psychological and counselling services to support diagnoses and care.
- There are differences in the level of care received at GP level for mental health services.

Pain

- Pain services were seen as difficult to access in Sheffield.

Local services

- There should be choice earlier in the patient journey. Good information about services is needed.

Awareness of diversity

- It is important that individual's needs are met. This can be achieved by listening to and taking into full account what patients say



Attendees then took part in three sessions, where they were asked to discuss one of three topics. The topics were influenced by the feedback that had been received prior to the event. In total, nine separate discussions were had on the detailed topics below.

- Referral process
- Patient information and communication
- Single point of access
- Clinical Assessment of Referral Information (Triage)
- Where are services delivered
- Shared decision making between patients and professionals
- Opportunities & Challenges of working together in the community
- Long term support and moving more (Activity to meet taste & ability)
- Leaving MSK Care

The discussions have been summarised in Appendix E.

Engagement phase September – October 2014

Following the second engagement event, seven patient stories were received, three community meetings were attended and 106 more surveys were returned. This feedback was analysed using the same thematic analysis approach, with each comment being individually described, coded and themed. The themes from this stage further backed up the previous feedback that had been received. There were no alternative themes that emerged, but extra detail in the explanations has been included for the final themes of the whole engagement process.

The CCG has also undertaken lessons learnt exercise and the outcomes from this process are documented in Appendix F.

Engagement themes summarising all patient, carer and public involvement activity

Information, advice and education

People want clear, good quality and trusted information and advice in a range of formats that they can use to make informed choices. They also want to know where to go to in between appointments if they require more information. They want to be kept updated with information about their care and to have access to any information about them. The information recorded about them should be 'patient friendly' in terms of understanding.

“Information that is relevant to my life, at the time when I need it, in a format that I understand and an open-door to be able to ask questions and give feedback.”

Appointments

A choice over when, where, who with and how they have their appointment. Patients want appointments that fit in with their lives, including outside normal working hours as many people work. Appointments and pathways that are timely, coordinated and efficient were also called for. Waiting times and being asked to move between rooms in some services were raised as particular issues. People also want to have interactions outside of formal appointments that are responsive to their needs when they have a flare up.

“I would like to be able to access the services at the time when I feel I need it and not to be waiting for ages before I get help.”

Understanding their condition and how to self-manage it

Patients want to understand about the conditions/injuries that they have. They want to choose to have an active role in their health with appropriate support, information, tools and motivation to do this. The affordability to access services and the type of activities available to them that could help them self-manage and live active lives is seen as a major barrier.

“I will know I have had great care when I am in charge of ME!”

Listened to and heard

People want to have to be an equal partner and have open and honest discussions about their health. They want an opportunity to talk about what is important to them, to be listened to and their wishes about their care to be taken into account. They want realistic expectations of them, their treatment options and the possible outcomes. They do not want to have to repeat their story many times.

“Really listening to me and making me feel cared for - whilst encouraging me to keep active.”

Being seen as a whole person and getting back to life

Doing the activities that are important to people is seen as central to feeling better and getting back to normal. These may be physical, social, work or sleep, but will be unique to each person. They want their care to be tailored to fit with their lives and to get them back to doing what they want to do. It is important that individuals are seen as a whole person and not just the symptom or condition that they have. Other aspects of their health or life may have more of a significant impact on them. Additionally, their condition may have more of an impact on their life than might be assumed.

“Feeling better means everything! It’s an improved standard of life. Enjoyment of everyday activities, leisure and social activities. Less stress, so better relationships at home, at work and in general. Until you have a condition that affects you like this you cannot understand the impact it has on your life.”

Accessing a system that works well

A system that patients know how to access, is transparent and works efficiently. People want self-referrals and the ability to refer back into the system quickly in case of relapse and for professionals to be able to refer them on directly. They want the system to be able to communicate with them in whatever format is best for them. The people that work with them should have access to information about them so they do not have to repeat their story. Services should be coordinated including other health services, GP and community care, social care, housing and mental health.

“Manage the many appointments I have, ordering of drugs, maintain an accurate and up to date medical record in one place.”

Pain

Pain is seen to have a major impact on peoples' lives. They want to know how to reduce, manage and cope with their pain to be able to function. It is often mentioned as the first step in being able to get back to normal. People want to explore and have access to alternatives to medication that work for them.

“To be able to get up in a morning without any pain, to be able to last the day with no pain, to be able to sleep throughout the night.”

Good care from skilled, caring staff

Good, evidence-based care with a range of treatment options and therapies available to them. They want to be seen by staff that are skilled, experienced and knowledgeable of their condition, but are also caring and respectful and communicate well with them.

“Caring staff who are not rushed, who have time to explain the problem.”

Recognition of the emotional impact

People want the emotional impact of their conditions to be recognised. People want to feel useful, positive, confident and motivated. They want support to achieve this. They want timely access to psychological and counselling services where it is needed as part of their treatment or management of their condition.

“Living my life as full as possible with a positive mind set. Having a go - going to a party and dancing when I can, and sitting it out when I need a rest - instead of not going in the first place. If I can't walk 6 miles, just going for 3 and enjoying it instead of beating myself up.”

Local services

People want to know about all the services that are available to them with information about what they offer, how they could help them and how to access them. They want local services that are convenient for them. They want information about community services and support groups that may also be able to help them, not just statutory health services.

“More locations that can be accessed, either close to home or work. More flexibility with time of appointments. The standard Mon-Fri office hours appointments are not very helpful for someone who works full time.”

Awareness of diversity

There is a great difference in the care that different groups and communities receive; this should always be taken into account. These groups may be distinct in age, ethnic origin, disability or gender. Factors such as the treatment they receive, their ability to undertake certain tasks, the information provided to them, the health conditions they may be predisposed to or how they access services may require significant differences to the usual approach.

“Not to have assumptions made about me.”