



## Welcome to The HOUSE Journal

Lindsay Oliver, National Director

In this edition of The House Journal we focus on the ground-breaking work over the last 2 years to test out how care and support planning (CSP) could be expanded to include people with musculoskeletal (MSK) conditions. Our work has shown that it is possible and beneficial to include people with MSK conditions within a CSP process but highlighted the poor status of 'non-QOF' conditions in terms of planned, proactive care within primary care. We learned in detail how to implement CSP for people with MSK conditions including recall systems and processes, staff training and support and links to more than medicine activities. For the first time we tested an 'invitation' approach to CSP, trusting people to decide if they felt they would benefit from a CSP conversation. The report (below\*) is available electronically and summarises our key findings.

## Liam O'Toole CEO, Versus Arthritis

Arthritis and related conditions affect 18.8 million people across the UK. People with these conditions often experience ongoing pain and fatigue making their everyday lives difficult. These conditions steal quality of life from millions of people every day and can lead to a loss of their independence. But there is much that can be done to change this.

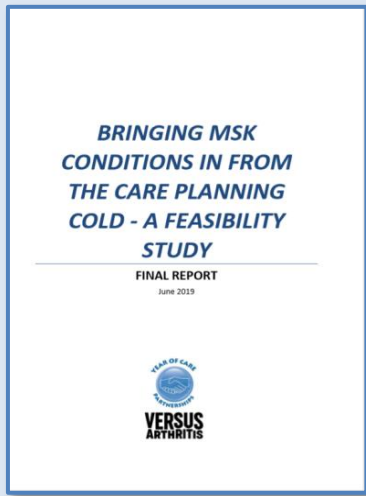
Versus Arthritis works alongside volunteers, healthcare professionals, researchers, friends and families to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all types of musculoskeletal conditions, including rheumatoid arthritis, osteoarthritis, back pain and osteoporosis. Through our work we identify opportunities to improve the services, support and information available to people with musculoskeletal conditions to drive improvement.

We recognised the importance of care planning for people with musculoskeletal conditions in our 'Care Planning and Musculoskeletal Health' report in 2014. We found that only 12% of people with a musculoskeletal condition reported having a care plan. The report recommends this approach to meet the needs of people with arthritis and related conditions, proactively supporting and enabling people to live well.

To that end we supported the Year of Care Partnerships team to develop and test this approach for people with arthritis. They have worked with local GPs, people with arthritis and specialists to implement care and support planning for this group. They have now reported on their learning about how to make care and support planning available in primary care for people with arthritis.

The report\*, *Bringing MSK conditions in from the care planning cold*, highlights the unmet need of people with musculoskeletal conditions and the prominence that pain has in people's lives. It also provides hope that this person-centred approach allows people to express what is important to them as well as being able to better access the information and support they need. This approach was well liked by clinicians and the people who took part, but it does expose a need to build confidence and training amongst those working in primary care.

## \*The final project report



<https://www.versusarthritis.org/policy/policy-reports/care-planning/>

## Potential next steps – call to action!

Versus Arthritis is taking the learning from this project to develop, with Year of Care, a further phase of work to expand CSP for MSK conditions as single conditions and as part of multimorbidity. We will be sending out an expression of interest form to existing and new Year of Care areas to identify interested parties in the very near future. Look out for further announcements from Versus Arthritis and Year of Care.

**\*CSP FOR MSK WEBINAR\*** Visit the link below to register for an ARMA and Year of Care webinar on 13<sup>th</sup> Dec at 12.30pm - "CSP for people with MSK conditions"  
[https://zoom.us/webinar/register/2015706380856/WN\\_xuMazfFMRE-sR4Zr8lyNdQ](https://zoom.us/webinar/register/2015706380856/WN_xuMazfFMRE-sR4Zr8lyNdQ)

## What we set out to do

Year of Care carried out a study in two phases. Our aims were to tease out the issues of practical delivery and develop the tools and MSK specific resources to enable care and support planning (CSP) to become routine for people living with MSK conditions only or, more usually, as one of a number of long term conditions (LTCs).

In phase 1 we worked intensively with three general practices serving diverse communities to clarify the issues involved in making CSP part of routine care for people living with MSK conditions. In phase 2 three additional practices tested the transferability of the tools and resources developed.

## MSK conditions included and suitable for CSP

### Inflammatory conditions

Rheumatoid arthritis

Gout and other crystal arthropathy

Connective tissue disease

Inflammatory spondyloarthropathies

### Conditions of musculoskeletal pain

Fibromyalgia

Back pain and non-specific pain

Osteoarthritis

### Osteoporosis and fragility fractures

Osteoporosis

Fragility fractures

*Patients and practitioners found care and support planning (CSP) conversations which included MSK conditions worthwhile and valuable. 78% of people with MSK conditions reported they could talk about issues that were important to them “as much as they needed” and practitioners reported 97% of the conversations as worthwhile.*

## What we learnt: recall, coding and appointments

Identifying people with MSK conditions to be included in CSP highlighted a number of issues for the study to resolve

- Historically coding for these conditions has been less rigorous as they are not part of QOF
- It wasn't clear from the clinical record how much coding linked to functional difficulty
- When registers were cleared up the numbers felt a little overwhelming – self-selection was used as a pragmatic method of managing these issues

Many people with MSK conditions were already having CSP because they had other LTCs such as COPD or heart disease, however many felt their MSK conditions were not part of the process. Formally including these conditions within the process seems to have legitimised MSK topics within CSP conversations.

Our study suggests that potentially over 50% of people with MSK conditions might be included in multimorbidity CSP appointments.

For the people with only MSK conditions we used a self-selection process so that individuals could take up the offer of CSP themselves. Of those invited to self-select, on average, 24% of people responded and attended CSP.

Some MSK conditions did not require an information gathering appointment which meant that generic preparation prompts were used and invited people to talk about the MSK issues that were affecting their everyday lives and function.

***“People want to be “heard” they often feel they're neglected when it comes to musculoskeletal conditions” Evaluator***



## Video Enhanced Observation (VEO)

Video Enhanced Observation (VEO) recordings were used in this study to allow analysis of the care and support planning (CSP) conversations and, whilst initially practitioners were a little reluctant to be videoed, this provided valuable confirmatory information about the topics discussed in 'MSK CSP' conversations.

VEO was originally developed in The Department of Education at Newcastle University as a way of providing structured observations of lessons and teacher/pupil interactions.

The VEO tool enables a practitioner to video their practice using an iPad and tag specific actions, behaviours or skills they are interested in, either during videoing (by a mentor or supervisor) or by uploading the footage securely to the VEO portal for tagging by themselves or a third party.

## Patient feedback

Following a CSP consultation a patient with an MSK condition commented *"I intended to make sure that I continued with the attitude that you've got a life, live it, and don't spend it in the chair. I don't really know what it was – it was a whole different experience. It was right up my alley because it made me think."*

*"Totally thrilled, I have been out of the house by myself for the first time in years."* Person with MSK condition following CSP

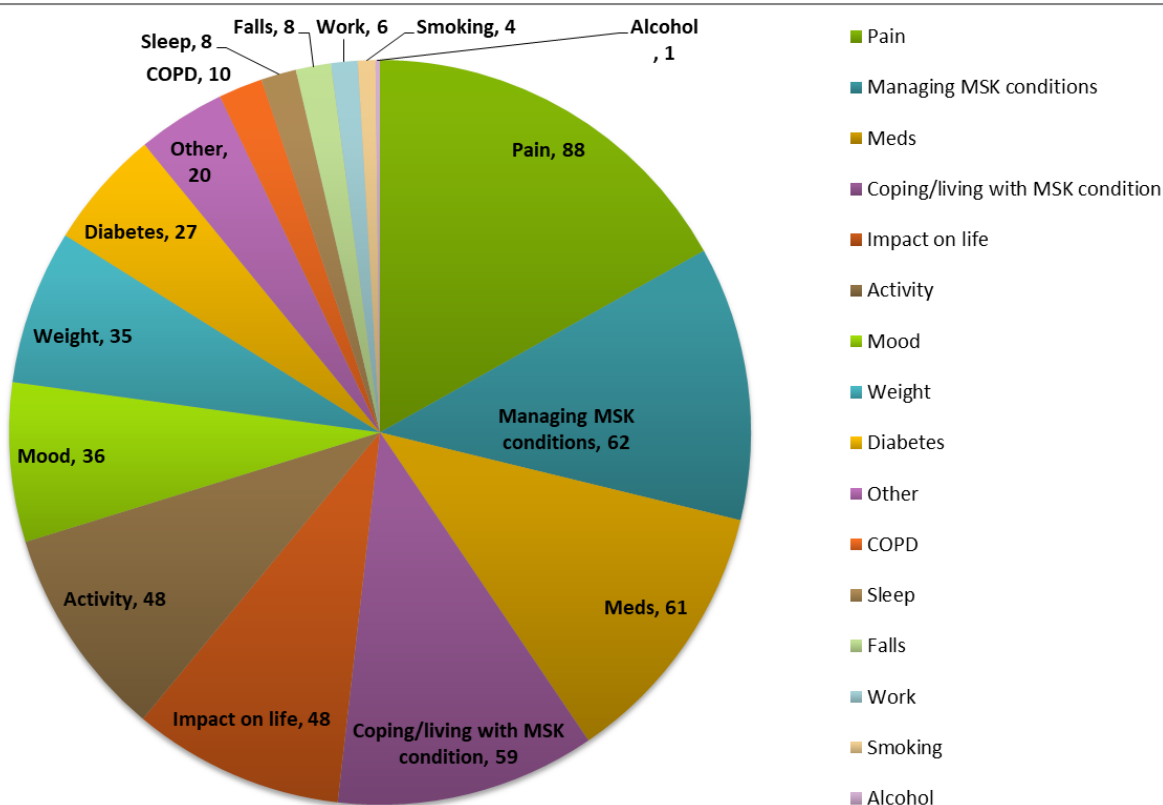
*"This appointment has changed my life."* Person with MSK condition following CSP

## What goes on in CSP conversations?

The VEO method allowed us to see that conversations were faithful to the ethos and intentions of CSP; that they brought together the person and professional agendas around a wide range of biomedical, functional and social issues for people with MSK conditions, with an emphasis on what matters to the individual.

It had not been clear to what degree MSK topics were routinely covered in multimorbidity conversations thus far. This study has enabled a range of undisclosed MSK issues to be discussed and supported (support for self-management, function, pain, (de)prescribing, links with supportive community/social prescribing).

The chart below details the variety of topics discussed as recorded during 272 CSP conversations, and demonstrates the inclusion of MSK topics across both single and multimorbidity conversations.



Pain was the most frequent topic raised often linked with medication. However the conversation led to discussions about coping with the condition, its impact on life and the benefit of activity.

Whilst medication was discussed there was very little new prescribing and increasing physical activity was by far the most common goal/action.

Patients brought a large number of non MSK issues to the consultation - some medical, some social and some psychological.

## What does it take to include MSK conditions as part of CSP?

This study was only possible because practice teams were already trained in and up and running with care and support planning (CSP).

Practical resources developed in phase 1 made it possible for practices to set up new processes and systems more easily, but set up time was still longer than we anticipated. Set up tasks involved administration to include preparation for people with MSK conditions, cleaning registers, setting up recall systems, training in MSK conditions and facilitating practices to overlay MSK onto existing CSP processes.

Facilitation is essential to support whole practice teams to overcome organisational challenges and ensure fidelity to CSP; all practices in our study made some modifications to the nuts and bolts of what was done but stayed within the ethos and core components of CSP.

Most MSK conditions are not routinely included in planned Quality and Outcomes Framework (QOF) recall systems and so extending CSP to this group is largely not resourced, nor a subject of expertise for practice nurses due to a lack of training.

As part of this study participating practices attended additional training in the form of two study days. This included:

- Ensuring all practitioners had a good grasp of the basics in relation to the MSK conditions included in the study, including core physiology and treatments.
- A focus on supporting people beyond diagnosis and initial management, practically thinking about people living with the change in function and managing pain.
- Options to support people with a range of issues including low mood, social isolation, fatigue, pain and sleep management.
- A focus on the non-drug treatments and social prescribing.

Increasing confidence about clinical aspects within the ethos of CSP seemed to be a good way to support people to live with and manage their MSK conditions; patient feedback was enormously positive.

Having in-practice mentoring/support from a GP (or GP involvement in the conversations) is also extremely valuable where available.

## Thanks to ....

We'd like to acknowledge supporters of the study:

- ❖ Versus Arthritis
- ❖ Rebecca Haines, GP and clinical lead for diabetes Newcastle and Gateshead Clinical Commissioning Group – acted as GP Lead to the study team during phases 1 and 2
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- ❖ Jonathan Haines, Co-Founder, Product & Development Director, VEO
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- ❖ Mandy Wilson, Lead Clinical Nurse Specialist, Pain Management Service, Gateshead Health NHS Foundation Trust (Mandy now has a new role)



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