

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 26 November 2013

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/11/17 Rheumatology Commissioning Pathway Update
Author:	Lynn Talbot
Lead Director/GP from CCG:	Deborah Fielding/Dr Simon Burrell
Executive summary:	<p>Wiltshire CCG commissioned the Rheumatology Alliance, an umbrella organisation incorporating Arthritis Care, the British Society for Rheumatology and the National Rheumatoid Arthritis Society, to review the existing service model and make a recommendation for future model and service specification for rheumatology.</p> <p>This paper presents the results of the stakeholder engagement and best practice from case studies across the country.</p> <p>The committee is asked to support further work on the fibromyalgia pathway and a review of the existing coping skills programmes and development of self-care approach including move to care plans for all rheumatology patients.</p>
Evidence in support of arguments:	<p>The Rheumatology Alliance conducted an online patient survey, telephone survey with GPs from Wiltshire and B&NES, and a workshop with patients, clinicians, stakeholders and public.</p> <p>The Alliance has identified best practices from case studies across the country.</p>
Who has been involved/contributed:	GPs from Wiltshire CCG, patients treated at RHNRD, GWH and SFT, consultants from SFT, GWH
Cross Reference to Strategic Objectives:	<ul style="list-style-type: none"> • Long Term Conditions and MSK • Providing care closer to home • Involvement of the voluntary sector

	<ul style="list-style-type: none"> • Responding to the challenges of an aging population • Improving quality and patient safety • Improving mental health and wellbeing of the population • Improving access and consistency of care
Engagement and Involvement:	Stakeholder events and surveys
Communications Issues:	<p>There is likely to be significant media interest in the future of the RNHRD. Wiltshire Health and Well Being Board will need to be regularly briefed on our plans and progress against these.</p> <p>A specific communications plan will be developed to establish both Wiltshire and B&NES CCGs handling strategy.</p>
Financial Implications:	Shared care arrangements should produce savings, not quantified at this stage
Review arrangements:	Programme Board (Wilts and BaNES CCGs) monitors progress
Risk Management:	Lack of support from local stakeholders to the changes that the CCGs are seeking. A detailed communications plan will be developed and stakeholders have already been involved.
National Policy/ Legislation:	None
Equality & Diversity:	An equality impact assessment will need to be carried out in due course.
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to agree that RCSA support further work on the fibromyalgia pathway and a review of the existing coping skills programmes and development of self-care approach including move to care plans for all rheumatology patients. The work may be jointly undertaken with BaNES CCG pending a decision by their Board.

Rheumatology Project

Background

1. Wiltshire CCG commissioned the Rheumatology Alliance, an umbrella organisation incorporating Arthritis Care, the British Society for Rheumatology and the National Rheumatoid Arthritis Society, to review the existing service model and make a recommendation for future model and service specification for rheumatology. The RCSA report takes into account clinical evidence, feedback from stakeholders including patients and clinicians and RCSA best practice,

Stakeholder involvement

2. The Rheumatology Alliance conducted an online patient survey, telephone survey with GPs from Wiltshire and B&NES, and a workshop with patients, clinicians, stakeholders and public.
3. The patient survey was completed by 182 patients, including 88 from Wilts and 41 from BaNES. This included patients treated at RNHRD, Salisbury NHSFT, GWH and UHBristol. The majority of respondents were aged 55 and over, and 63% had inflammatory arthritis (including fibromyalgia).
4. Overall patients from Wiltshire and BaNES were very happy with their local services. Of concern, was the fact that patients were not confident that their GP had the relevant experience and knowledge to manage their condition, and the majority did not feel they were given a care plan or support to self-manage. The GP survey also identified a concern about lack of care plans. Patients also raised concerns about waiting times, particularly for follow ups and diagnostics and support for pain management.

Best practice recommendations

5. The RCSA identified a number of key factors from best practice case studies elsewhere. Key factors were:
 - active support for self-management
 - early diagnosis including early arthritis clinics
 - managing ambulatory conditions with early intensive treatment
 - focus on mental and physical health needs including CBT

- case management co-ordinated across settings, and MDT approach
- primary care and pathways management including shared care and drug management

Alliance Recommendations

6. The RCSA recommendations for commissioners in their report were:

- assess the benefits from implementing rapid access inflammatory clinics
- following diagnosis by a specialist there is opportunity to develop different care pathways and protocols for managing fibromyalgia in the community or primary care
- there is learning from other providers in medicines management
- further work on developing patient self- management models, patient decision making and training of health professionals
- support for GPs to use protocols for shared care

Recommended next steps

7. Previous commissioning intentions for RNHRD were developed with clinical leads and approved by the Wiltshire and BaNES CCG Boards (date?). These stressed the need for close working between primary, community and secondary care so that patients who could be supported in the community with quick access for those in need to specialist care.

8. Based on feedback from Alliance and discussions with RNHRD, the following next steps are proposed:-

- work with the Alliance to support and develop commissioning skills within the CCG using the rheumatology project. Team members from each Group can be included along with GPs on the Project Group.
- development of pathway for diagnosis and management of fibromyalgia with emphasis on management in the community. The RCSA could be asked to facilitate this with an aim of implementation from April 2015
- review of existing coping skills programmes at RNHRD and development of patient self-care model and development of care plans as self-management support tool. Given findings from the report it would be helpful for the RCSA

to take this forward and to provide best practice care plans for local agreement. The aim would be agreement by March 2014 and implementation in-year in 2014/15

- work with RNHRD to review patients recalled for follow up to identify patients who could be managed in the community or in primary care. This is likely to be longer-term work with possibility of changes in practice from 2015/16
- review of medicines pathway, particularly methotrexate prescribing and administration, with a view to shared care arrangements during 2014. This can be taken forward by the CCG, working in partnership with B&NES and Somerset CCGs who are supportive of the approach, with an initial meeting in November/December 2013.
- ongoing work on medicines management, including potential for administration of IV therapy in the home or community. This is longer term work and could be taken forward in 2014/15 with possibility of changes in practice from 2015/16 if clinically appropriate.

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October 2013