Dear Colleague

MSK & Orthopaedic Quality Drive: Spread and Sustainability of Five High Impact Workstrands

Summary

This letter provides you with a practical framework to underpin spread and sustainability of five MSK & Orthopaedic high impact workstrands in your Board, at pace, for maximum benefit.

The national aspiration is that by generating momentum through a co-ordinated ‘national effort’, all five workstrands will be fully embedded in all territorial Boards. This will focus work to address current challenges in this specialty and support geographical service-equality for all patients across Scotland. There is a national lead for each workstrand to support you locally.

Each workstrand already has a clinical evidence / best practice base:

A. AHP MSK Redesign – Getting patients on the right pathway, starting in the community: By 31st March 2016, for people with MSK problems across Scotland to have easy access to a self-management resource and early appropriate advice and, if necessary, assessment by an efficient AHP service to get them started on the right pathway for their treatment first time.

B. Fracture Pathway Redesign – Patients only attend fracture clinics if there is a clinical need: By 31st March 2015, patients across Scotland with non-operative fractures to be either discharged directly by Emergency Departments or referred to virtual Orthopaedic clinics by using consensus protocols. Subsequently, for those reviewed virtually, only those patients with a clinical need to be brought back for an outpatient appointment.

C. Optimising patient recovery after joint replacement – Enhanced Recovery Pathway: By 31st March 2015, Arthroplasty patients across Scotland to have the best practice interventions along their care pathway that enhance their experience and optimise their recovery so that they reach their discharge criteria as soon as possible.

D. Hip Fracture Care Pathway – Optimising care of the frail elderly: By 31st March 2015, the care for hip fracture patients across Scotland to follow the ‘Scottish Standard of Care for Hip Fracture Patients’ (to be distributed shortly). This is a pathway of evidence based/best practice clinical interventions to support patients’ early recovery and optimise their ability to retain their independence.

E. Demand and Capacity Planning and Management – Supporting strategic and operational decisions: By 31st March 2015, all MSK and Orthopaedic Services to have the expertise and tools to drive strategic and operational capacity planning and management decisions to optimise capacity and ensure demand can be sustainably met.

CEL (2014) 2
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Addresses

For action
NHS Board Chairs
NHS Board Chief Executives
NHS Board Executive Leads

For information
Scottish Committee of Orthopaedics & Trauma, Scottish Orthopaedics Services Development Group,
NHS Board Medical Directors, Nurse Directors and AHP Directors
HIS

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Five ‘flyers’ are provided, setting out the benefits, and the drivers to build your own vision and to develop your approach, whilst not ‘re-inventing the wheel.’

Successful implementation will depend on high-level organisational leadership and ownership.

**Background**

Building on a long history of hard work and innovation, there is recognition of the impact which these five approaches are having in the parts of Scotland where they are already in place.

They have been articulated following extensive dialogue with key stakeholders, including Chairs, Chief Executives, Executive Leads, Scottish Committee for Orthopaedics and Trauma (SCOT) and Scottish Orthopaedics Services Development Group (SOSDG).

We are now moving to a new phase of collaboration to facilitate adoption, adaptation and spread of these approaches everywhere.

**Methodology**

The MSK & Orthopaedic Quality Drive is being given a high national profile during 2014/15 to support rapid improvement and embedding of good practice as part of day-to-day operational processes. This will enable each patient to receive a streamlined pathway of care.

There is a national lead for each workstrand who will help local teams understand current variation and will provide advice and practical support. Workshops are planned to enhance your local planning and developments. Boards are also encouraged to visit and to collaborate with each other as much as possible.

In order to accelerate permanent change, some national pump-priming funding will be made available to support key aspects of your work. This will be subject to discussion with each Board and will shift the focus onto sustainable approaches, away from a reliance on additionality and one-off activity.

To support a cycle of continuous improvement, the MSK Audit will measure the key indicators for four of the workstrands (with the exception of E: Demand and Capacity Planning and Management) on a rolling basis for one week out of every four. Results will be made available quickly to provide you with information for improvement and ongoing cycles of change. It is intended that all Boards’ data will be shared to strengthen opportunities for learning across the country.

**Board Action**

*Board Chairs and Chief Executives have a key role to play in ensuring these opportunities are developed and firmly established in your organisation for maximum gain.*

*Each Board Chief Executive is asked to build on the national flyers and drive a local delivery strategy for each of the five workstrands.*
You will need to:

- Form a ‘guiding coalition’ headed up by an Executive Lead;
- Support and build stakeholder engagement and empowerment;
- Assess your current position on each workstrand, prioritisation and pace (aim big, start small);
- Adapt the workstrands according to your own local circumstances and optimise the gains that can be made;
- Crystalise your improvement methodology, milestones and timescales;
- Learn from existing stories in other places; do not reinvent the wheel;
- Use the monthly audit data to flag areas for further improvement and to close the loop on action;
- Make full use of the national support available;
- Keep the patient at the centre of all improvements.

Further Information

For further information on any aspect of this correspondence, please contact Kate James in the first instance.

We look forward to discussing with your Executive Lead your progress on the workstrands and the pump-priming funding that would be most effective in your Board.

Yours sincerely

Richard Copland
Deputy Director

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