**Feedback on MSK Conference (Nottingham) for People’s Council**

**Attending**: Mainly professionals in services below - with *a few* lay representatives.

**Services being consulted and considered:**

**MSK**

**Physiotherapy**

**Pain management**

**Podiatry**

**Surgery**

**Issues:**

1. Silo mentality between different services who hold own budgets.
2. Inefficiency due to duplication, poor signposting, time lapses with multiple referrals
3. Services being driven/constrained by funding rather than patient needs
4. Paradigm shift towards self-care, patient empowerment, conservative treatment and accessible information through internet.
5. Professional and patient recognition that the current systems are very flawed.
6. Need for budget constraint / reduction in costs not quality. (Current spend £96m)

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**Speakers**

**Diane Bell**, Director of Insight, COBIC, (Bedfordshire for Circle ) – inspirational speaker re patient care, empowerment. Clinician who saw the need and moved into providing Service Delivery with ***one pot budget controlled by the service***.

**Alan Nye,** Director Pennine MSK Partnership Ltd, (Oldham) – practical information about how to develop integrated service, with single point of access, co-ordinated referrals/treatments, investment in shared decision-making and consultation skills, IT requirement and communication channels. Over 95% triaged appropriately to right service. One pot budget but ***management service does hold the budget they merely manage it.*** ***No profit motive involved*** ***& no risk***. Savings of £75,000 in first year - then service enhanced and breaking even.

**Principles for any new integrated MSK service**

***This patient’s response:***

1. *Welcome the potential improvement in timeframes*
2. *Welcome the simpler organisation model for enhanced communication and accountability.*
3. *Chance of single IT system to reduce data collection and support data sharing.*
4. *Need more data on patient experience and opinion.*
5. *Patients generally may not see the need for another layer of management.*
6. *Need for qualitative as well as quantitative/finance data.*
7. *Service level agreement to ensure patient-centred.*
8. *Needs to have shared decision–making at its heart.*

There must be:

* Single point of access
* Referral triage criteria
* Agreed best practice pathways
* No duplication
* Education and support of referring clinicians

**Group 1:**

***Our view of Utopia***

