

# A Best in Class Approach for Hips and Knees

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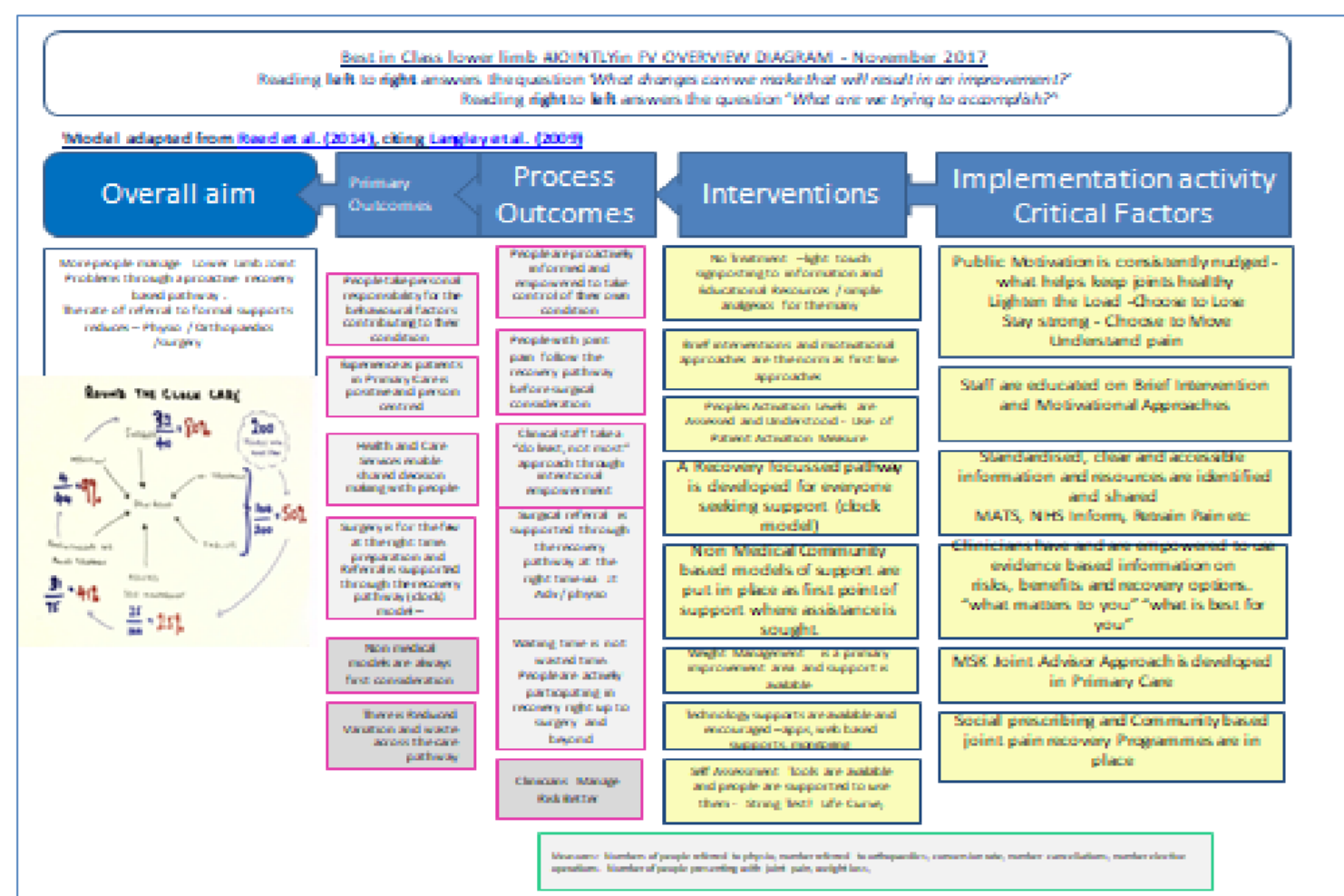
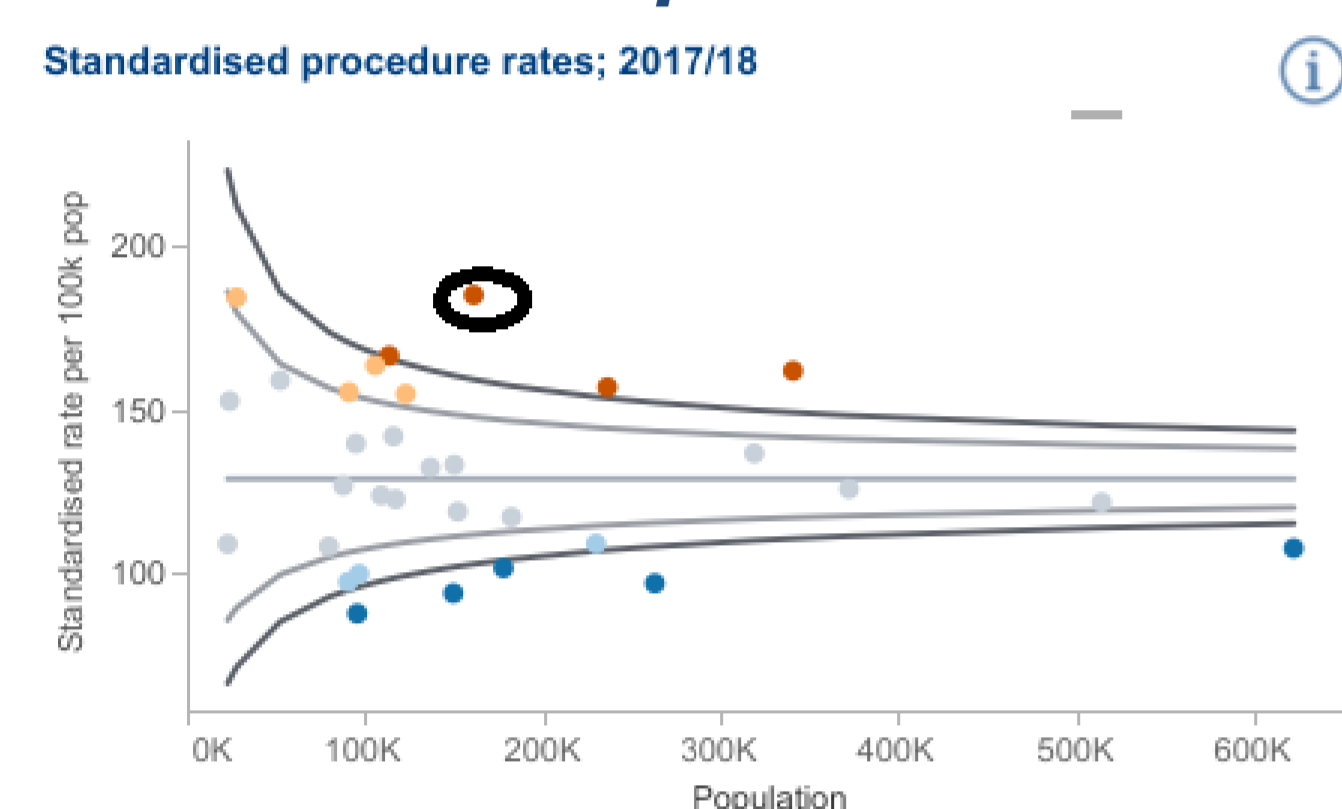


## Big Aim

By March 2021 all people in Forth Valley needing or at risk of needing services for hip and knee problems optimise their outcomes through a right time, right place prevention and recovery approach, reducing demand on formal services by 10%. The initial focus has been on a population of 50,000 in Clackmannanshire

**What is the problem we're trying to solve?** People with hip and knee problems routinely look for healthcare through GP consultation. Most degenerative joint problems do not need a GP to diagnose, or direct treatment. Forth Valley has increasing demand on GP, surgical and physiotherapy services. We have higher than average rate of knee replacements (Fig.1), lower than average age of surgery and variation between practices and practitioners in referral rates to both physiotherapy and orthopaedic services. Activity options are variably provided, disempowering people from managing their recovery. A proportion of people arrive for surgery unprepared and having missed necessary interventions, leading to cancelled operations. We are dissatisfied with the experience being provided to patients and aspiration to achieve "best in class" care and support.

Fig.1 Atlas of Variation – elective knee replacement



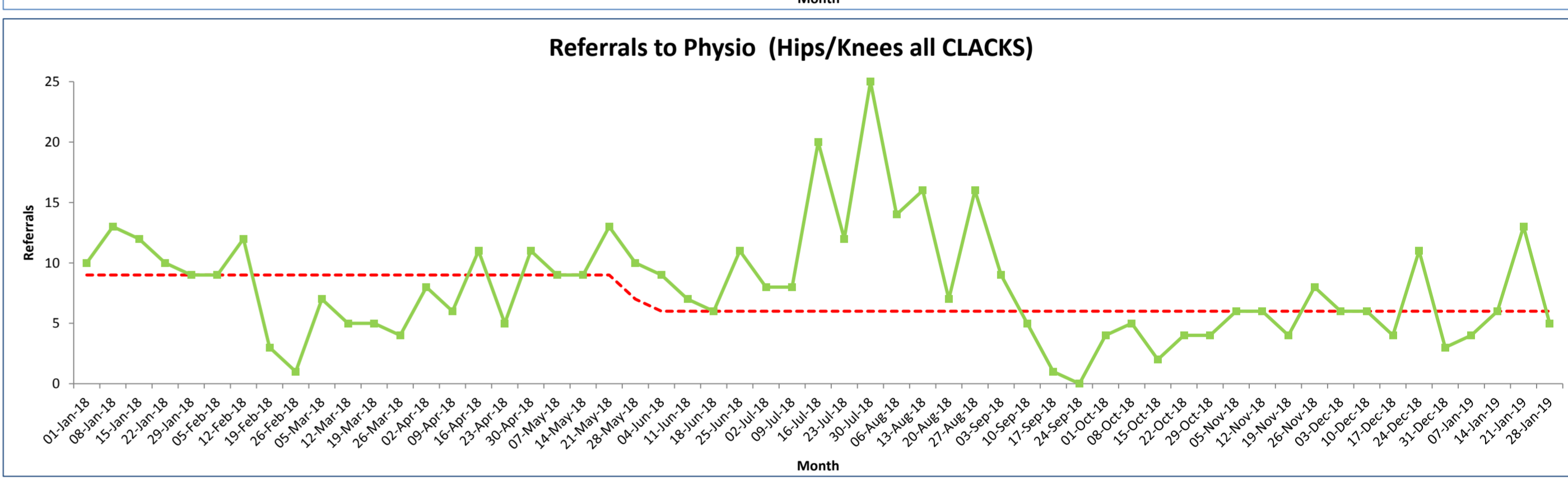
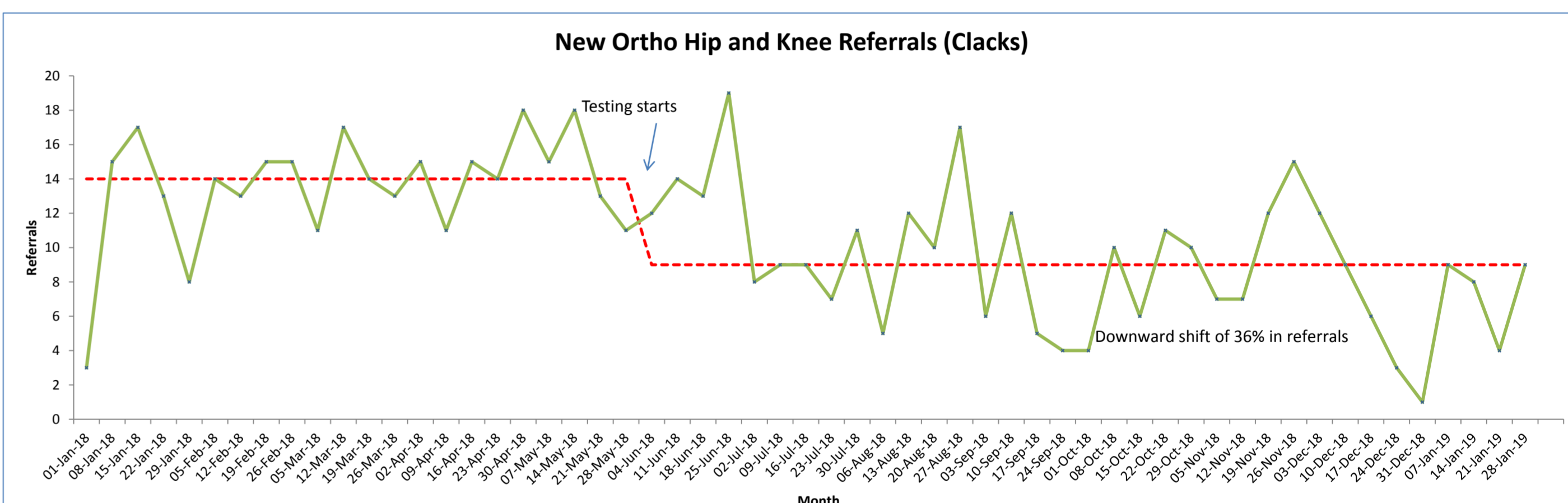
## Outcome / Results

In first 8 months the community support model has supported

- at least 868 individuals.
- Joint Advisor New Assistance / Appointments = 488
- Total assistance visits = 601
- Number attending the community exercise programme = 160
- >30% reduction in referrals to both orthopaedics and physio

## What is our strategy for change?

- A collaboration between hospital and community based health professionals, GP Quality Cluster and Local Authority funded activity providers
- Personal stories and user experience driving change from the start
- Practitioners' visions for best in class journeys shared in workshops
- Journey mapping using people's stories of challenges in getting "right support, advice and information"
- Tests of change designed by the team members using feedback
- 30/60/90 day plans and cycles of change used to keep momentum
- Monthly analyst/data meetings, meetings of local project team and community healthcare practitioners.
- New EMIS activity forms for GP data capture. MSKHQ, weight and BMI collected at the joint advisor clinics



Outcomes: Sample group of pre and post MSKHQ outcome measures from 89 people;

- 58 statistically significant improvement in score,
- 20 same or improved with non significant change,
- 13 worse than baseline (approx half of whom awaiting surgery)

## Principles

- Enable whole system ownership – no more silos
- Not doing more – doing different
- Improved outcomes for people - what matters to individuals
- Give choice and control – shared decision making
- Understand variation and resource use across the pathway
- Develop long term resilience – best in class model

*"Hip and Knee Exercise sessions improved my recovery immensely."  
 "Info session very informative, separates myths from facts."  
 "Information session has taken the fear out of exercising again."  
 "Very useful info, makes things a lot clearer."  
 "I'm Back to golf after Kenny's classes."*

## What changes have we made?

- Direct access to a Physiotherapy Joint Advisor as first point of contact in primary care
- People redirected to advice clinics, weight management support and exercise options in community from formal referral pathways
- Tested and marketed tailored direct access Hip and Knee activity classes
- Consistent tailored information
- Staff trained in 'good conversations', talking about weight as well as exercise and signposting to Choose to Loose web pages and weight management service
- Orthopaedic team tested post referral education sessions and optimising use of skills

## Conclusions and learning

- Ready to scale up, but need to balance pressure to spread with ability to move at pace
- Take all opportunities to integrate improvement e.g. primary care improvement planning, Realistic Medicine, adaptability of activity providers and seed funding
- Deep dive into demand and activity data enabled through 'advanced analytics' project with The Health Foundation
- Making good use of user needs led service design advice and training through Healthcare Improvement Scotland iHub project
- Bringing people working in silos and at full pace together in a protected space to understand problems, roles and data is a continuing challenge, but really satisfying

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