



WINNER

Musculoskeletal problems affect one in four adults in the UK. Many of them may not be aware of the pros and cons of the different treatment options available for their conditions, and both patients and clinicians tend to overestimate the benefits of treatment and underestimate the harms.

With more than 61,000 referrals a year, the Sussex MSK Partnership brings together diverse organisations delivering a £45m pa contract, covering 650,000 people.

The “putting patients in control” programme aimed to introduce true shared decision-making by training clinicians to help patients understand the options and what the potential outcomes are for them. For example, 35 per cent of hip replacement patients and 44 per cent of knee replacement patients report no improvement or worse general health after their operations.

Evidence shows that patients want more involvement in decisions about their own healthcare. However, as the Sussex project demonstrated, that does not necessarily mean they opt for more or the most expensive treatment.

Healthcare professionals can be used to a more paternalistic approach to decision making and need support to change their practice to one which helps patients become more engaged in the process. The education programme used in Sussex included whole service workshops, training for clinicians around shared decision-making with follow up masterclasses, training in motivational interviewing, and peer support and reflective practice.

Best Educational Programme for the NHS

Sussex MSK Partnership (Central), Here (Care Unbound) and Sussex Community FT

Shared Decision Making - Sussex MSK Partnership "Putting Patients in Control"

This can represent quite a change in the way healthcare professionals work and involves them acknowledging there are two experts in the room – they may be the clinician, but the patient is the expert in how their condition impacts on their lives and their own preferences for the future.

Staff were enthusiastic about this change in their practice, tailoring information to patients and focusing on how they felt about their condition and what they wanted to know. Learning to frame questions in a different way and listening more led to more effective assessments.

The programme has led to seven per cent fewer patients being referred into secondary care – suggesting more patients were being managed satisfactorily in the community and were not choosing to go forward for surgery. The percentage of hospital outpatients “converted” to surgery increased from 70 per cent to 95 per cent which suggests that the “right” patients were being seen in secondary care. Because fewer patients were being referred, secondary care waiting times went down. But overall surgical spend in secondary care reduced – a saving of £8.2m over two years. Patient satisfaction – measured by the Family and Friends test – increased from 86 per cent to 90 per cent. This has all been achieved despite an increase in referrals – from just under 55,000 a year when the project started in 2016 to over 60,000 two years later.

Judges’ comments: “A cost effective, experiential learning programme, leading to whole system culture change. The judges loved that patients were involved in both the design and delivery of the programme. This project is about empowering patients aligning exactly to the ambition of the NHS Long Term Plan. The model could be applied to other patient pathways.”