

Musculoskeletal (MSK) Programme Lived experience engagement

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Introduction

- Musculoskeletal (MSK) conditions can affect the joints, bones and muscles and sometimes associated tissues such as your nerves. They also include autoimmune conditions such as rheumatoid arthritis. They can range from minor injuries to long-term conditions.
- MSK service provision across south east London (SEL) varies in the pathways and services offered, meaning that access to MSK services is not equitable and does not consistently make best use of resources.
- The SEL MSK programme commenced in February 2022, it is an opportunity to work together to improve MSK pathways in SEL. The vision and objectives are shown to the right.
- An integral part of this programme has been working with people with lived experience.

Vision

Transforming MSK services to ensure that people with MSK conditions in SEL receive high quality, personalised care

Objectives

- To provide integrated MSK services across primary, community and secondary care, working with local government and the voluntary sector
- To have clear, efficient and effective pathways
- To provide personalised, comprehensive support and care to patients, with patients empowered to self-manage
- To improve patient experience and outcomes
- To have good, effective communication with patients and between clinicians
- To develop, train and support our workforce to deliver high quality care

Involving people with lived experience

The SEL MSK Programme has hosted webinars, had MSK roadshows in different MSK departments and formed a community MSK lived experience group. Below summarises the work that we have done.

Webinars



March 2022



36 people attended



102 interactions

Roadshows



July/ August 2022



5 sites visited

Community Group



Every 2 months online



20 members



7 meetings

Board members




6 members



4 meetings

Survey



205 surveys completed

Online chat forum



902 page views



42 engaged visitors



14 comments

What we've done

The community MSK lived experience group meets every two months, below describes some of the work and what we have learnt. Details of the group can be found on the Let's Talk platform ([link](#)). We have recently written a blog for SEL Integrated Care Board, [click here](#) to view.

- **Co-designed a survey** to inform our priorities.
- **Physiotherapy self-referral** is a national priority, the group feedback on current provision and how to improve.
- **Co-designed recommendations for improving clinic letters**, based on the "Please, write to me" guidance ([link](#)).
- **Co-delivered shared decision-making training**, now working with the personalised care team.
- **Feedback from experiences of waiting** to inform how we can improve this.

What we have learnt

- Expect the unexpected, for example there was split opinion for clinic letters written to the patient.
- Important to market and engage with people to understand what's available for people with MSK conditions.
- Website isn't always the best way to advertise, for example, working with HealthWatch is a good way to share information.
- Hearing the voice of people with lived experience helps us to understand how to influence behaviour.

What's next?

We continue to work with the lived experience group, next steps are shown below along with opportunities to improve the work we are doing.



Chronic MSK pain, we are gathering insights from the group and inviting people to our workshop in September.



The **community MSK lived experience group** continues to meet every two months and encourages new members to join.



Use the **Let's Talk platform** to show work we are doing and to gather further feedback from a wider audience.



Co-design/ develop physiotherapy self-referral, using inclusive language.

How we plan to improve

- Explore opportunities to reach a wider audience, for example people that are unable to join group discussions online.
- Keep the Let's Talk platform up to date.
- Need to ensure that we are truly working collaboratively and not just asking after the event.

Clinician perspective

Below summarises reflections from a clinician's perspective.

Thinking beyond the evidence base – critical thinking and responding to the individual needs

Reframes our thinking of well-intended interventions as to how they work in practice

Important to **listening to the voice early** on in transformation and early in the pathway

Although we have best intention to provide a service that meets current guidance, **need a voice to look at how it sits**

Holes in the **existing evidence** for local provision

True co-production takes **time and planning**

Discussion



How can we ensure that the people involved are reflective of the diversity in SEL?

Is there anything that is particularly helpful for us to add to the Let's Talk website?