University of Bristol
North Bristol NHS Trust
NHS Bristol
University Hospitals Bristol NHS Foundation Trust
UWE Bristol University of the West of England

A Bristol Musculoskeletal Health Integration Team Symposium

Involving patients and service users in the generation and transfer of knowledge in Bristol health care

For clinicians, researchers, managers and patient partners

Wednesday 12th December 2012 at UHBristol Education Centre Lecture Theatre 1

13:00	Sign In, Coffee etc.		
13:20	Welcome and purpose of the symposium	Professor John Kirwan	Professor of Rheumatic Diseases, University of Bristol Visiting Professor, University of the West of England
Health Integration Teams (HITs)			
13:25	Why Bristol needs HITs	Professor Peter Mathieson	Dean, Faculty of Medicine and Dentistry, University of Bristol Director, Bristol Health Partnership
13:35	The Bristol Musculoskeletal HIT and why we need patient involvement	Professor Sarah Hewlett	Professor of Rheumatology Nursing, University of the West of England Deputy Director, Musculoskeletal Health Integration Team
13:45	Three patient pathways and the challenges they pose	Dr Emma Clark	Consultant Senior Lecturer, University of Bristol Deputy Director, Musculoskeletal Health Integration Team
Sources of Evidence			
13:55	Cochrane reviews, patients and service users	Professor Peter Tugwell	Director of the Centre for Global Health, University of Ottawa Leader, Cochrane Musculoskeletal Review Group
14:05	A new local initiative: how patients are informing research in North Bristol	Rachel Gooberman-Hill	Senior Research Fellow, University of Bristol
Patient and User Involvement			
14:15	Barriers and enablers for patient involvement	Professor David Evans	Professor in Health Services Research (Public Involvement), University of the West of England
14:25	How Trusts currently support patient and user involvement	Tony Watkins	Patient Involvement Lead, University Hospitals Bristol NHS Trust
Discussion	How can we ensure involving patients and service users is embedded and sustainable within the HIT?		
14:35	Introduction	Professor Peter Tugwell, and Professor John Kirwan	
14:50	Tea - take to discussion groups Discussion Group Topics	Facilitated by	
A	How to find patients/service users	Dr Nicky Minaur, NBT	Rheumatology, North Bristol NHS Trust
B	Steps in patient pathway development - how patients/service users can contribute	Ms Edith Anderson NBT HIT Patient	Patient at North Bristol NHS Trust , Musculoskeletal Health Integration Team Management Group
C	City-wide vs local service needs and responses	Dr Matt Roy, UHB/NBT	Specialty Registrar, Severn Deanery Rheumatology Rotation
D	How to make the best use of patients/service users	Ms Pam Richards UHB HIT Patient	Patient at University Hospitals Bristol NHS Trust, Musculoskeletal Health Integration Team Management Group
E	Support for patients/service users	Dr Robert Marshall, UHB	Rheumatology, University Hospitals Bristol NHS Trust
16:10	Feedback	Chaired by Professor Peter Tugwell	
Conclusions			
16:35	From research result to clincal practice - Lessons to learn and points for action by Bristol Health Partners	Professor David Wynick	Professor of of Molecular Medicine, University of Bristol Director of Research North Bristol & UHBristol NHS Trusts
16:50	Lessons to learn and points for action by Bristol Musculoskeletal HIT	Professor John Kirwan	
17:00	Closing remarks	Professor Peter Tugwell	
17:05	Close		

Report of the Bristol Musculoskeletal Health Integration Team Symposium

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Background

Health Integration Teams (HITs) are the vehicle through which the aims of Bristol Health Partners' mission to integrate clinical service delivery, research & innovation, and education & training across its constituent organisations will be operationalized. (See appendix 1).

The purpose of this meeting was to provide an afternoon of presentations and discussions which will help to establish patient involvement as an integral part of knowledge transfer in the new Musculoskeletal Health Integration Team (HIT).

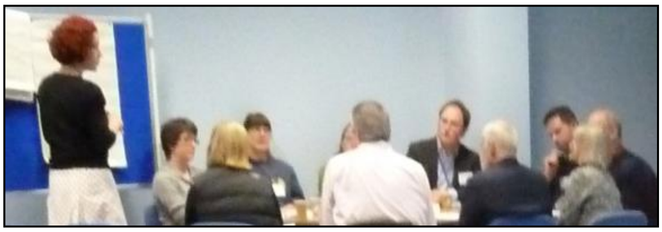
The meeting was attended by a wide range of people, from patients themselves to senior hospital managers. (See appendix 2.) The programme (see back) consisted of a set of presentations followed by facilitated small group discussions, plenary feedback and further discussion.

The symposium was opened by Professor Peter Mathieson Dean, Faculty of medicine and Dentistry, University of Bristol and Director, Bristol Health Partnership, and was co-chaired by Professor John Kirwan, Professor of Rheumatic Diseases at the University of Bristol and Professor Peter Tugwell, Director of the Centre for Global Health, University of Ottawa and Leader of the Cochrane Musculoskeletal Review Group. Professor Tugwell has broad experience in knowledge translation and patient participation.

Introductory presentations: Summarising the main points made

Peter Mathieson: This is a cross-organisational, multidisciplinary effort working from the bottom up to encourage research and its implementation in routine care and education.

Sarah Hewlett: Patient contributions can change the way we do research and use research findings: we should consult wider patient groups



Emma Clark: While there are a very large number of musculoskeletal conditions, the three pathways (rheumatoid arthritis, osteoarthritis & arthroplasty [joint replacement] and osteoporosis) include the lion's share of the patients we see.

Peter Tugwell: Cochrane is committed to producing evidence-based actionable messages for patients (and researchers), and there is an opportunity here to collaborate with the international Cochrane Musculoskeletal Group in the development of the HIT.

Rachel Goobernman-Hill: Some patient involvement initiatives are already taking place at both hospital Trusts, and Bristol has a reputation for patient involvement.

David Evans: There is a diversity of ways of involving patients related to the diversity of health care delivery and research.

Tony Watkins: Surveys of patient experience are already used by Trust management, but there are opportunities for honing existing provisions and directing them towards the Musculoskeletal HIT needs.

Discussions

The main topic of the discussion groups was, "How can we ensure involving patients and service users is embedded and sustainable within the Health Integration Team?"

Each group consisted of members from a wide range of backgrounds, including 2 patients. Each had an experienced facilitator (sometimes this was a patient) who was supported with a facilitation guide (appendix 3), a reporter who was recording comments and suggestions on flip charts and who presented these at the plenary session, and briefing papers about different levels of patient participation (the ladder of participation) and the local structure of the NHS.

The first task of each discussion group was to consider the particular topic allocated to them. What level of participation would be possible and what could be achieved? What things would help or hinder the achievement of these goals? After about 30 min each group could then consider any or all of the other topics for 20 min or so. Finally there were asked to draw up a list of points to report back, and then vote on which of these would be the three priority points for their reporter to mention at the plenary session.

Plenary reports

Group A: How to find patients/service users

A. One funded person to coordinate PPI for each MSK pathway, including communication costs, patient expenses, etc.
B. Diversity – Ensuring hard to reach groups are represented in PPI of each pathway
C. Clarity
    a. Aim of involvement
    b. Right question to right participant
    c. How input will contribute to outcome
    d. Feedback essential for retention of participants

Group B: Steps in patient pathway development - how patients/service users can contribute

1. There is no common understanding of the pathways at present – this needs to be corrected
2. Patient council (opt out, not in) and ongoing system to feed back on experience and suggest improvements
3. Evaluation of pathway services via forms in clinic and invitations to forum
4. Reaching the seldom heard via patient invitation coordinator

Group C: City-wide vs. local service needs and responses

1. Keep local groups and engagement
2. Integration of local groups to city-wide and setting agenda for HIT
3. Needs funding/resources

Group D: How to make the best ‘use’ of patients/service users

1. Involvement in all aspects of the pathway – development of partnership beyond consultation
2. Training programme
    a. Expert patient
    b. All patient consultations
    c. What is it about Specialist Nurse consultations that works?
3. Promoting patient involvement as the norm

Group E: Support for patients/service users

1. Fitting in the whole pathway – including people waiting
2. Sharing information between primary and secondary care
3. Communications and the use of social media

Concluding Remarks

David Wynick: We need the best evidence about treatments – using what we already have and researching for what else we need. Our pathways should be about what is best for patients and include evaluation of their effectiveness. There is potential for both clinical and financial improvements in identifying and implementing best practice.

Peter Tugwell & John Kirwan: This meeting has indicated solid support for the notion of including patients as participants and partners in the conduct of clinical research, identifying the results of research that are relevant to patients in Bristol, and finding out how best to implement and evaluate them in clinical practice. The challenge now, working within Bristol and in collaboration with colleagues nationally and internationally, is to turn these aspirations into real activity on the ground – and for BHP members to be ready to invest some resources in making this happen.

“The challenge now… is to turn these aspirations into real activity on the ground.”

Appendix 1: **Health Integration Teams (HITs): MUSK@B (Musculoskeletal@Bristol)**

What is a HIT? Bristol Health Partners is a formal collaboration between the four NHS Trusts [North Bristol, University Hospitals Bristol, Avon and Wiltshire Mental Health Partnership, NHS Bristol], the two Universities [University of Bristol and the University of the West of England] and Bristol City Council. Bristol Health Partners' mission is to integrate clinical service delivery, research & innovation, and education & training across the constituent organisations. Health Integration Teams (HITs) are the vehicle through which this will be operationalized.

What should a HIT aim to do?

1) Improve outcomes across patient pathways via evidence-based approaches or developing new evidence
2) Create an integrated whole health system leading to better outcomes across organisational boundaries
3) Promote and facilitate translational research, including access to external funding
4) Ensure that successful innovations are embedded as best practice across all partners
5) Ensure that the HIT benefits from the widest possible evidence-base and collaborations
6) Ensure alignment with improvements in education and training

What are the (draft) proposed pathways for MUSK@B?

Theme 1 Rheumatoid Arthritis Pathways Team (RAPT): Stepped Care Pathway (intensive control of inflammation at diagnosis, then into follow-up systems); Supported Self-Management Pathway (life with RA, fatigue, physical activity).

Theme 2 Osteoporosis Fragility Fracture group (OFF): Primary fracture prevention pathway; Secondary fracture prevention pathway

Theme 3 Osteoarthritis and Arthroplasty group (O&A): OA journey pathway (pre-op care, thresholds for surgery, peri-operative care, long-term follow-up).

Who is on the MUSK@B Board?

All healthcare and research staff across the city along with our patient partners are part of MUSK@B, which is co-ordinated by a Board: Professor Ashley Blom (Chair) - Cons Orth Surgeon, NBT and UoB (Lead for O&A pathway); Dr Emma Clark (Co-Chair) - Cons Rheumatologist, NBT and UoB (Lead for OFF pathway); Prof Sarah Hewlett (Co-Chair) - Hon Cons Nurse, UHB and UWE (Lead for RAPT pathway); Mr David Jarrett - General Manager, Musculoskeletal Directorate, NBT (implementation); Mr Stephen Eastaugh-Waring - Clinical Director, Musculoskeletal Directorate, NBT (implementation) ; Dr Emma Gibbard - Research Fellow, UWE (Evaluation) ; Mr James Rooney - Orthopaedic Clinical Commissioner, NHS Bristol (link to commissioning team); Dr Terry Kemple - GP Champion for Research (link to primary care); Miss Pam Richards - Patient partner, UHB (link to patient perspective and priorities); Mrs Edith Anderson - Patient partner, NBT (link to patient perspective and priorities);

Appendix 2. Delegates (A few delegates did not attend or attended only part of the meeting)

Edith Anderson, NBT, Patient; Gill Baker, UHB , Patient; Jessica Bisset , UHB, Manager; Lucy Blenkiron, NBT, Clinician;
Peter Brindle, PCT, Clinician; Amanda Burston, NBT, Patient; Emma Clark, UoB/NBT, Clinician/Research;
Dorothy Clifford, UHB , Patient; Rosemary Davies, UWE, Researcher; Emma Dures, UWE/UHB, Researcher;
David Evans, UWE, Research; Tim Fish, UHB, Patient; Margaret Fletcher, UWE/UHB, Clinician/Researcher;
Caroline Flurey, UWE/UHB, Researcher; Tracy French , UHB, Clinician; Rhona Galt, UHB, Manager; Lisa Galvani , UHB, Manager;
Pat Goldsworthy, UHB , Patient; Rachel Gooberman-Hill, UoB/NBT, Researcher; Joanna Graham, MATS, Clinician;
Richard Gray, UWE, Researcher; Teresa Hardy, NBT, Manager; Penny Harris, UHB, Clinician; Sarah Hewlett, UWE/UHB, Clinician/Research;
Iain Hine, GP, Clinician; Andrew Hunt, UHB , Patient; David Jarrett, NBT, Manager; Remona Jenkins, UHB , Patient;
John Kirwan, UoB/UHB, Clinician/Research; Paul Lewis, UHB, Manager; Zebouni Luay , UHB, Clinician; Robert Marshall, UHB, Clinician;
Peter Mathieson, UoB, Clinician/Research; Sanchit Mehendale , UHB, Clinician; Cecelia Mercieca, UHB, Clinician; Nicky Minaur, NBT, Clinician;
Pam Moule, UWE, Researcher; Sharon Nolan , NBT, Manager; Shea Palmer, UWE/NBT, Clinician/Researcher;
Ella Palmer-Jenkins, UHB , Patient; Michael Parry , NBT, Clinician; Beryl Perrett, UHB , Patient; Denise Pope , UHB, Clinician;
Prasad Roopa , UHB, Clinician; Carol Prinsloo, UHB, Clinician; Vanessa Quick, UHB, Clinician; Pam Richards, UHB, Patient;
James Rooney, PCT, Manager; Matt Roy, UHB, Clinician; Tori Salmon, UWE/UHB, Researcher; Clarke Shane , UHB, Clinician/Researcher;
Peter Tugwell, Ottawa, Moderator; Nikki Walsh, UWE/NBT, Researcher; Job Wooster , MATS, Clinician;
David Wynick, UoB/NBT/UHB, Clinician/Research.

Appendix 3. **Facilitator Brief: In relation to the Musculoskeletal Health Integration team...**

A. **How to find patients/service users: H**ow can we make contact with appropriate people for contributions at different levels of participation and different levels of organisational involvement? Who should be making the approach? Would it be different for the three main areas of the Musculoskeletal Health Integration team?

B. **Steps in patient pathway development - how patients/service users can contribute:** What are the steps in pathway development that would benefit from patient / service user contributions? How can those contributions be obtained? Will the process be different at different levels of organisational involvement?

C. **City-wide vs. local service needs and responses:** In what ways might patients / service users contribute to developments at individual sites of service delivery? In what ways might patients / service users contribute to developments across Bristol as a whole? Could patients/service users contribute to making a City-wide approach applicable at individual sites of service delivery? Will the process be different at different levels of organisational involvement

D. **How to make the best 'use' of patients/service users:** What are the things that patients/ service users can best contribute at different levels of organisational involvement? What will be required to help patients make these contributions? What barriers need to be lowered or removed to make this happen?

E. **Support for patients/service users:** How can we make patients / service users feel comfortable about offering to contribute at different levels of participation and different levels of organisational involvement? What support do patients / service users need if they are to make effective contributions? What support do staff need to help patients / service users need if they are to make effective contributions?