BRISTOL BONE AND JOINTS



HEALTH INTEGRATION TEAM

Report from a Patient Involvement Meeting on 18 October 2017

The Bristol Bone and Joints (BBJ) Health Integration Team (HIT) aims to harness evidence based clinical practice and the

What is Bristol Bones and Joints Health Integration Team?

- Patients
- Rheumatologists
- Nurses
- Physiotherapists
- Research Workers
- Orthopaedic Surgeons
- General Practitioners
- North Bristol NHS Trust (Southmead)
- University Hospitals NHS Trust (BRI, South Bristol)
- University of Bristol
- University of the West of England
- City Council
 (Administration, Public Health)

Working together to put research into practice and to work with patients to do more research

associated research. It also aims to fill knowledge gaps and improve care pathways and outcomes for patients with musculoskeletal conditions. These include:

- Rheumatoid arthritis
- Osteoporosis and fragility fractures
- Osteoarthritis and arthroplasty



These are united and underpinned by the theme of patient self-management, with cross-cutting themes of patient and public involvement and information technology.

On Wednesday 18th October 2017, 40 patients and 14 clinical and academic staff gathered at the BAWA facility on Southmead Road, for the 2017 Musculoskeletal Health Improvement

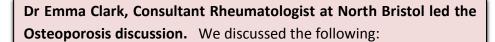
Team Patient and Public Involvement Day. This was the fourth such day, with previous days held in 2012, 2014 and 2015. The over-arching theme for the day was 'Self-management'.

Everyone was welcomed by Pamela Richards (Patient Partner) and Nicky Minaur (Consultant Rheumatologist, NBT).

In the morning, patients split up into three groups:

- 1) Osteoporosis
- 2) Osteoarthritis
- 3) Inflammatory arthritis

OSTEOPOROSIS GROUP



- What people understood by the term self-management, what services they had accessed to help their osteoporosis, and what they felt was missing.
- People were overwhelmingly positive about the National Osteoporosis Society.
- We also discussed what they felt about exercise for osteoporosis, what barriers there were, and what we could do to make it easier to do more exercise.
- Finally we finished by critiquing two 'lay DXA reports' which are sent to patients to identify good phrases, and areas for improvement.

OSTEOARTHRITIS GROUP

Prof Nicki Walsh, Professor of Knowledge Mobilisation & Musculoskeletal Health at the University of the West of England, and Mr Sanchit Mehendale, Consultant Orthopaedic Surgeon University Hospitals Bristol, led the Osteoarthritis discussion. We discussed the following:

- Patient preferences for self-management and what they were prepared to do with support. They were happy to be managed outside of healthcare (i.e. in leisure centres) as long as there was sufficient knowledge in the staff.
- Patients wanted an array of support materials such as DVDs, websites etc to use at home. Amongst some there was some reticence around the use of technology however. They felt that there wasn't sufficient information available to them about what was on offer to support self-management, and that they should receive more information on classes, groups etc. Somebody suggested that the council should distribute this information with their annual council tax letter.
- Many wanted greater access to hydrotherapy, but again happy to do this in leisure centres if pools were warmer!
- We also discussed the physiotherapy frontline role, and this was received very positively, as most saw physiotherapy as key to their condition management.



INFLAMMATORY ARTHRITIS GROUP

Dr Emma Dures, Associate Professor in Rheumatology and Self-Management, Katharine Arnold, Physiotherapist and HIT Research Associate, and Bethan Jones, Arthritis Research UK-funded PhD student, led the Inflammatory Arthritis discussion. The group discussed the following:

- The role of emotional adjustment and acceptance is necessary for self-management, and the idea that self-management is an ongoing process for many patients. It was felt that emotional support was sometimes a neglected aspect of care.
- Group programmes (e.g. Living Well and RAFT Fatigue) were identified as helpful, along with peer support meetings organised by patients. However, it was acknowledged that not everyone knows about the groups/meetings, and that some patients do not like groups.
- Patients highlighted the need for more information and education at key points of their journey to support self-management, ideally via different media. Some patients had felt overwhelmed around diagnosis, so getting the timing right for individuals is important.
- The point was raised that if patients are expected to self-manage then it would be good if they could have access to their records.
- The benefits of exercise classes and hydrotherapy, but the view was that these services are not always well publicised and/or accessible.

In the afternoon we had four sessions which were led by Gemma Artz, Terrie Stocker, Peter Young and Kate Druett.

SESSION

ONE

Gemma Artz, head of Community Commissioning, South Gloucester Clinical Commissioning Group (CCG)

Gemma spoke about the plans for an integrated musculoskeletal service, due to start in April 2019. There are plans to bring together rheumatology, elective orthopaedics, pain and physiotherapy services into one service across Bristol, South Gloucester and North Somerset. Patients were interested to know whether their treatment might change as a result of the proposed changes. Gemma said that patients shouldn't notice a change, although clinical staff may. Some care which is currently delivered in a hospital may happen closer to the patient's home, although the details are very vague at present.

SESSION TWO

Terrie Stocker, Osteoporosis Clinical Nurse Specialist and Dr Shane Clarke, Consultant Rheumatologist University Hospitals Bristol talked about Self-management in Osteoporosis.

Terrie spoke about people with osteoporosis who have stopped physical activity and are fearful of causing more fractures through exercise. In fact, exercise can be preventative. The team have developed a group programme of six sessions. Each session is an hour long, with 30 minutes discussion and information, followed by 30 minutes of supported exercise. The programme increases participants' knowledge about osteoporosis, and improves fitness and confidence in self-managing. The members of staff delivering the sessions are the osteoporosis specialist nurse, physiotherapist and occupational therapist. The team also deliver two afternoon information sessions about osteoporosis a year.

SESSION THREE

Dr Peter Young, GP at Stoke Gifford Medical Centre

Peter spoke about the Escape knee programme for people with osteoarthritis of the knee. It is a six-week course for 12 people led by a physiotherapist and works along the lines of a group rehabilitation course. The approach has been found to be very beneficial in terms of pain reduction, reduction in depression, and improved function. In addition, it has been found to improve peoples' confidence and coping, and encouraging social networking. The costs are less than in the traditional approach to knee pain due to osteoarthritis. South Gloucester CCG are doing a pilot of this programme and hope that it will feature in the plans for the integrated musculoskeletal service.

SESSION FOUR

Dr Kate Druett, Clinical Psychologist at NBT

Kate spoke about the range of things we do at NBT to give rheumatology patients the opportunities and tools to self-manage. This includes the signposting session for newly diagnosed inflammatory arthritis patients and the Living Well with Arthritis/ Fatigue six-week course for established inflammatory arthritis patients. We have developed an agenda setting tool which helps people think about what they'd like to discuss in their appointment, and also use Ask 3 Questions, which encourages shared decision making.

FEEDBACK FROM ATTENDEES

An enjoyable and informative day! Congratulations to the team who have worked/are working so hard.

Venue and catering were excellent.

You could try using microphones next time.



Very good interaction highlighting what self-management involves – the 'whole' person within family/ community/on own.

It was good to hear ideas from other people from other hospitals.

Enjoyed the day - would like to continue with these meetings.

For more information about Bristol Bones and Joints Health Integration Team please contact Emma Dures, Academic Rheumatology Unit, Bristol Royal Infirmary: Emma2.Dures@uwe.ac.uk