

Patient Story

Subject:	Connect – Community Musculoskeletal Services
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Summary:	Patient and staff feedback on the newly implemented contract with Connect Health for Community Musculoskeletal Services

1. Introduction

Bringing patients' or their carers' stories into the Board is welcomed by the Governing Bodies as a mechanism for understanding the impact of the services we commission, positive and negative, on service users. Patient Stories are advocated as a powerful catalyst for change by the Institute for Healthcare Improvement (www.ihl.org).

Patient stories are a key feature of our ambition to revolutionise patient experience. They provide a focus on how, through listening and learning from the patient voice, we can continually improve the quality of services and transform patient and carer experience.

This story, rather than being told from the perspective of one individual, provides information on the implementation of the newly implemented contract with Connect Health for Community Musculoskeletal (MSK) Services. Feedback from a number of patients who have received the service and clinicians who have referred to or work within the service is included and triangulated with other patient experience and quality measures.

2. Background and Context

The impact of MSK conditions can be underestimated since most are not immediately life threatening, although both rheumatoid arthritis and osteoarthritis are associated with increased mortality. Instead, sufferers can live with them for years, resulting in long-term burden of pain and impaired functioning for the individual, which can also impact on social functioning and mental health. There is also a substantial economic burden due to work days lost and primary and secondary health costs.

MSK affects the nerves, tendons and supporting structures equalling over 150 diseases and syndromes. It is the leading cause of disability accounting for 24% of all years lived with disability (YLD). Low back and neck pain is a leading cause of disability with 1.3 m YLD. (2013 Source: *Global Burden of Diseases Study*)

Musculoskeletal related disability is going to increase because of the ageing population, increased levels of obesity and lack of physical activity.

Nottinghamshire

The Nottinghamshire County Joint Strategic Needs Assessment (JSNA, 2008) identified

diseases of the musculoskeletal system and connective tissue as one of the top ten reasons for admission to hospital. This is estimated to be 10% higher than the England average of 7.4%. 238,400 (all 20+ adults) are affected by back pain.

Nottingham West CCG and Nottingham North & East CCG

Nottingham West and Nottingham North & East CCGs (NW & NNE) cover a registered population of 238,407.

From September 2013 to March 2016 the MSK contract/service in NW and NNE was commissioned as a partnership between Nottingham University Hospital NHS Trust and Connect Physical Health, who delivered Clinical Assessment and Treatment Services (CATS). This was known as the Nottingham MSK Assessment and Treatment Service (NMATs). The service aimed to bring together all the skills and resources needed to assess, diagnose and treat patients within GP Practices or Health Centres in the local community.

This aim was only partially achieved and following re-procurement of the contract in 2015 Connect was awarded the whole community service contract with a mandate to optimise the pathway further. This service went live on 1 April 2016 with the aim of:

- Improving access and service user experience of musculoskeletal services (including physiotherapy assessment)
- Streamlining into one single point of access and MSK triage
- Delivering routine and advanced MSK services closer to home in a community setting
- Reducing unnecessary costs in secondary care

Like other recently procured community based services the Connect MSK contract is an outcome based contract with part of the contract value dependent on achievement of a number of quality indicators which are outlined in a Quality Outcome Framework (QOF). These are a combination of process and outcome measures covering the three domains of quality; patient safety, patient experience and clinical outcomes.

Rushcliffe CCG currently commissions a community Any Qualified Provider (AQP) physiotherapy service, which is capped at 2 appointments for the same condition. Alternatively, if the condition worsens, GPs are able to refer into the Community Trauma and Orthopaedics Service, which includes an assessment and/or treatment by an Extended Scope Practitioner (ESP) or orthopaedic consultant. Rushcliffe CCG recognises that the current pathways do not offer significant conservative management, therefore are intending to mobilise conservative management programmes by April 1st 2018. Learning from the experience of implementing a revised model in the other South Nottinghamshire CCGs could help inform future commissioning intentions.

3. Connect Health

Connect is the largest specialist provider of community musculoskeletal (MSK) services in England, with an established Single Point of Access (SPOA) which currently manages over 250,000 patient contacts per annum. Connect pride themselves on their provision of high quality, safe, cost-effective and innovative approaches to care for their NHS patients.

The local Nottinghamshire Connect team delivers the following services:

- Single point of access and information (dedicated team for Nottinghamshire)
- A patient telephone triage, assessment and advice service (PhysioLine)

- Community MSK specialist assessment and treatment service known as CATS
- Access to clinical services
- General Practice support
- Access to MRI/X-ray

Connect's local clinical team consist of:

- Sports and exercise medicine (SEM) consultant
- Consultant physio bringing expert clinical leadership
- ESPs – extended scope practitioners - Injection therapy and diagnostic referral/management
- In house Orthopaedic Consultants offering expert and pre-operative appointments
- Physiotherapists
- Rehabilitation Therapist

“PhysioLine” – is a rapid access appointment service (usually with 2-5 days) from referral for consultation and assessment with a physio over the telephone. Approximately 20% of patients are empowered to self-manage with an individual exercise program accessed via an online portal or mobile app. Patients that have a self-management plan are given a 3 month open appointment. If it is not clinically suitable to self-manage from PhysioLine then a treatment/management plan is agreed and a face to face appointment is made there and then.

The Clinical Assessment and Treatment Service (CATS) is designed for people for whom physiotherapy is not appropriate. This could be for a number of reasons; it could be that their current treatment has not resolved the symptoms, or that their diagnosis is unclear and they need further, more specialist intervention. The CATS service can also order diagnostic tests, such as MRI scans or X-rays if appropriate and refer directly into surgery.

Group classes for Lower Back and lower limb groups are ran from all 3 hub sites over 3 full days per week. Patients can be referred into the groups after face to face appointments in CATS or physio if suitable for their condition. Exercise classes are run by Physiotherapists, Rehabilitation Therapists and/or Physiotherapy Assistants and with a set programme of exercises that help patients progress to gain strength, flexibility, or muscle control to enable patients to self-manage their conditions. Patient reported outcome measures and FFT are comparable to face to face physiotherapy.

There is the potential for better management by implementing effective health promoting actions and evidence supporting the recommendation of preventive measures such as weight loss, smoking cessation and exercise for low back pain

As part of the Quality Schedule measures, the Connect service currently records patient data in relation to weight-status, smoking and alcohol consumption and has formed links with Everyone Health Changepoint Weight Management Service, the Pain Management Team and local Smoking Cessation services.

Summary of results

Significant improvements have been made in the first year of service:

Efficient transition of patients:

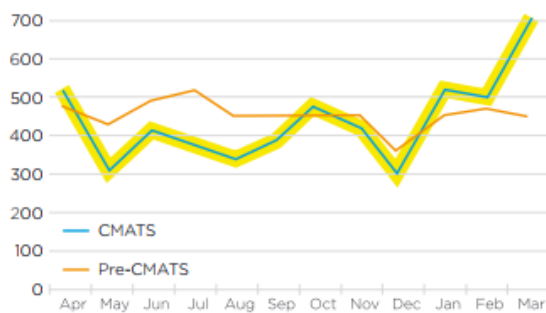
- 23,310 physio appointments and 11,253 CATS appointments in 2016/17.

Reduction in secondary care referrals:

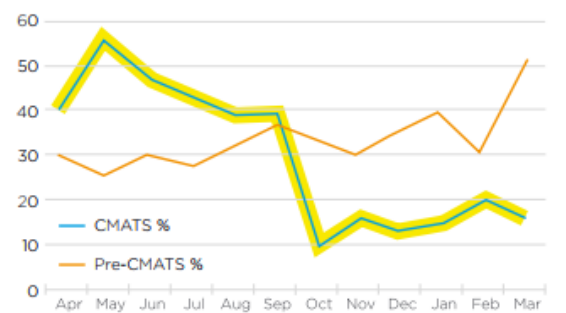
- 22% reduction in elective T&O referrals (trauma and orthopaedics) to secondary care (Oct-Mar 15/16 vs Oct-Mar 16/17).
- In October 2016 a Secondary Care audit and action plan was implemented with the aim of reducing unnecessary referrals into secondary care for T&O. Comparing 6 months after action plan to prior 6 months Oct 16-Mar 17 v Apr 16-Sept 16 = 29% reduction.

The tables below illustrates the comparisons between the CMATs (Connect's Clinical Musculoskeletal Assessment & Treatment Service) Service and the Pre-CMATs (NMATS) service year on year (15/16 vs 16/17).

Referrals into CATS 16/17 vs pre-Connect integrated service 15/16



% of referrals sent to secondary care 16/17 v pre-Connect integrated service 15/16



Although there was an increase in referrals in 2016/2017 there has been a huge decrease in secondary care referrals

Comparing Oct-Mar 2015/2016 with Oct-Mar 2016/2017

- CMATS received 242 more referrals
- CMATS referred 554 less patients to secondary care
- Equates to 15% of CMATS referrals whereas NMATS referred 37% of referrals to secondary care - A 22% reduction

Equates to savings of £735k per year

- The average Trauma and Orthopaedic referral costs £664
- Comparing Oct-March 15/16 (992 secondary care referrals) with Oct-March 16/17 (438 secondary care referrals) the estimated savings over 6 months are £367k with the projection of £735k per year

Improved waiting times:

- Waiting times significantly improved year on year from 84 days to 13 days for physio - face to face appointment.
- 94% of patients had received treatment within 18 weeks, outperforming the national target of 92% 18 week RTT (referral to treatment).

- All patients who are referred for MRI are being booked a scan appointment within 4 weeks and the report returned to Connect within 2 weeks of their scan. Historically, MRI wait times were up to 6 months for MRI scan results returned.
- The main diagnostic provider offers a walk in x-ray service with on the day appointments available.

Improved outcomes

- 77% of patients have shown improvement in validated outcome measure EQ5D (EQ-5D® is a standardized instrument for use as a measure of health outcome), with the annual improvement score averaging at +0.18 April 16-March 17. (compared to the average of previous studies of +0.16).
- Out of all patients discharged 60% had an initial and final EQ5D comparative score. (No direct comparison to previous service as no data was collected).
- PhysioLine enabled patient empowerment and improved rapid access (April 16-March 17)
- 18% of patients were given a self-management program from PhysioLine (including an open appointment for 3 months).
- A local audit was carried out and found that only 4% of patients who were self-managed from PhysioLine, returned for a face to face appointment.

Patient Experience

Friends and Family Test (FFT)

- 96% of patients (2016/17) would recommend the service to friends and family (target = 90%).
- Collection is electronic, 95% of patients who are discharged from the service receive a questionnaire (the remaining 5% have either opted out or aren't sent a questionnaire due to survey fatigue- where patients have received surveys from another part of the service recently).
- There has been a reduction in FFT scores since implementing electronic FFT Connect has reviewed the data and the following actions have been implemented.
 - Re-wording of the message content – (CATS appointment changed to MSK/Physio Appointment)
 - Sending questionnaires on discharge from the entire service, rather than on discharge from one arm to another (avoiding survey fatigue)
 - Discounting blank responses from overall denominator
 - Validating responses
- Connect have invested in a live data warehouse – this improves visibility of quality and performance data per service, per clinician.
- FFT score for Q1 2017-18 – 89.4% with a response rate – 29%.

Feedback from patients, GP's, staff and clinicians:

"Dealt with injury appropriately with a lot of practical advice which is already having a positive effect. Professional competent service in a pleasant clinic area. Rapid appointment only a couple of weeks after seeing my GP." **CATS patient, Stapleford Care Centre**

"As a CATS clinician there have been several noted improvements in pathways and patient care over the last year. Working alongside our physiotherapy colleagues has been a great addition as it has allowed collaboration between previously separated teams, with greater shared learning and development opportunities for all staff. For patients, transferring between pathways has become much more efficient and their care more continuous. We have huge amounts of data to hand helping us to develop our services and clinicians, and ultimately patient care." **Extended Scope Practitioner, Clinical Lead Nottingham**

"I gave it a four because I don't like not having face to face conversations when its medical for that matter anything. The lady was very nice but I still prefer to see who I'm talking to." **PhysioLine patient**

"Physio was friendly but thorough. Explained his prognosis and gave clear instructions for rehab exercises. Was really glad it was local and not hospital based. I think the venue added to a pleasant visit rather than a stressful one." **Physiotherapy patient**

"The service was efficient and means no time off work". **PhysioLine patient**

"How can you decide who gets an appointment over the phone, you cannot see how bad the injury is without looking at it!" **PhysioLine patient**

"Brilliant service from Jude Grey and the Centre at Stapleford is easy to navigate and a very calm space. I will recommend both Jude and the Centre to anyone who needs an efficient and compassionate service." **Physio Patient, Stapleford Care Centre**

"Very good overall, especially the ESP letters, telephone triage and 3 month open appointment also sensible." **GP, NNE**

4. Action Plan

In partnership with the CCGs, Connect is looking at enhancements and improvements in the following areas:

- Enhance triage as per the NHS directive – Rheumatology 48 hour triage, planned to begin in December 2017. This service will allow quicker access to secondary care, if required.
- Future plans to migrate to SystemOne to enable greater information sharing with GP practices.
- Streamline pathways with other providers including: direct access to nerve conduction studies, direct referral to pain services, diagnostic ultrasound in the community, and rehabilitation in a gym based environment.

- Shockwave therapy –Only NHS service in Nottingham offering MSK Shockwave.
 - Allow chronic patients to have better care and reduce secondary care referrals.
- Gym-based programme for group classes, to allow more 1 to 1 treatment/exercise plans to be developed and promote on-going personal wellbeing management.
- Connect have recently partnered with Arthritis Research UK to develop evidenced based group sessions. This is an exciting partnership for both parties to produce some valuable research and contribute to evidence based practice development.
- Work with wider Sustainability and Transformation Plan landscape to reduce pressures locally.

Areas for concern have been identified as:

- Booking and cancelling of appointments. Patients identified that following cancellation of an appointment, they were advised to call again to re-book the appointment. The connect referral management team have now had refresher training to ensure that processes are in line with the patient access policy.
- Patients identified that they were not receiving the patient exercise information, promised by their therapist. The team have addressed their process with regards to sending patients exercises:
 - If physios are sending exercises from Salaso (electronic home exercise programme) - they must inform the patients to check their junk email folder and advise the patient to contact the Referral Management Centre (RMC) if they haven't received the exercises by the end of the working day
 - If patients have requested for the exercises to be sent in the post, then the clinician will separately task the RMC to process this.

5. Action Taken By Commissioners and Triangulation of data

The CCGs are committed to improving services through an integrated approach to patient care across South Nottinghamshire and have re-designed some service specifications to support a shift of non-acute services into community settings. This will provide more convenient access for patients and service users as well as better value for public money.

We know that patients prefer to have their care delivered at home and in the community and we want to help them to avoid hospital where possible. This approach is aligned with the aims and objectives of the Nottinghamshire Sustainability and Transformation Plan. More information on the Nottingham & Nottinghamshire STP plan can be found on the STP website: <http://www.stpnotts.org.uk/>

During mobilisation of the new CMATS service, monthly performance meetings took place between Connect and the commissioners, these meetings now take place quarterly, with quality monitoring feeding into this meeting. Connect produce a quarterly assurance report, identifying achievement against the Quality Outcomes Framework (including Patient Reported Outcome Measures (PROMs)), Quality Schedule data, Patient Safety & Risk Management information, etc. For the last quarter, (Q1) Connect Health has achieved all but one of the required indicators in full. The indicator that was not met was indicator 25 (b) Friends and Family Test “How likely are you to recommend us to a friend or member of your family” – 90% - Connect score - 89.4%.

Below is an example of some of the patient information gathered:

PROMS

Connect are collecting EQ5D as a patient reported outcome measure. Data from quarter 1 shows that from discharged patients, 67% of patients had completed questionnaires at the initial and final appointments, with 83% demonstrating an improvement in score, 4% a reduction in score and 13% no change in score. The compliance of EQ5D completion has significantly improved since the last quarter. The average improvement is 0.16.

Quality Schedule Data

Weight-status: Weight status was recorded for 91% of patients. 85% of patients who were over or under weight have been offered advice and signposted to the relevant services if necessary.

Smoking: Smoking status was recorded for 90% of patients; 91% of the captured smokers were provided with cessation advice &/or signposted to relevant services.

N.B. When referring patients who smoke to orthopaedics, the treating ESPs provide details on the risks of smoking and surgery.

Alcohol: Alcohol consumption was recorded in 92% of all new appointments; 76% of patients who had reported that they drink 3-9 units or more per day were signposted to the relevant services.

As part of Department of Health compliance, Connect Health produces a yearly Quality Account. Please see the latest report below.

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2017/Connect-Health-ga-2017.pdf>

This story demonstrates how it is possible to improve the quality of services whilst ensuring value for money which given current financial constraints will become increasingly important.

7. Recommendations

The following recommendations are made:

The Governing Body is asked to note the content of the report and take assurance in relation to the quality improvement that has occurred as a result of a commissioning decision made by the Governing Body. Learning from the implementation of this revised model could be used to inform future commissioning intentions.

8. Update on Actions Taken Following Previous Patient Stories

- I. Story presented at July 2017 Governing Bodies: The newly implemented approach to Special Educational Needs and Disability services including the commissioning of a new, integrated community health service for children and young people with additional needs and disabilities, now known as Community Children and Young People's Service (CCYPS).**

When the story was presented to the Rushcliffe Patient Cabinet, the Children and Young Persons representative, employed by Nottinghamshire County Council and the link on the cabinet reported that the changes were having an extremely positive effect within the service.