

Health Scrutiny Report February 2025

Meeting Date	March 6 th 2025
Report prepared by:	Danielle Chulan, Head of Operations, Connect Health

EXECUTIVE SUMMARY

This report provides an in-depth overview of the Oxfordshire Community MSK service, launched by Connect Health in October 2022. The service offers a range of musculoskeletal (MSK) services, including triage for pain and rheumatology, community pain service, pelvic and bowel health services, MSK podiatry, and MSK paediatrics. It receives an average of 5,750 referrals per month, emphasizing the importance of quality service provision.

The service begins with self-referral and incorporates digital-first and virtual consultations through tools like PhysioNow and PhysioLine. Referrals are triaged by a specialist advanced practice physiotherapist within 48 hours. The clinical workforce includes 20 Advanced MSK Clinicians, 10 injecting Advanced Practice Physiotherapists, and one Sports and Exercise Medicine Consultant.

The service has adapted to increasing demand by deploying innovative delivery models and optimizing resources, resulting in significant reductions in waiting lists across various service lines. It monitors 16 KPIs, with 13 consistently meeting or exceeding targets.

Patient feedback highlights positive experiences with caring clinicians, helpful advice, and easy-to-access exercises on Physitrack. Formal and informal complaints account for just 0.02% of referrals.

The service operates from 13 sites across Oxfordshire and regularly engages with patients and the public to improve service delivery

1.1 INTRODUCTION

The Oxfordshire Community MSK service, provided by Connect Health, launched in October 2022. This comprehensive service offers Community MSK, triage for pain and rheumatology, a low-level community pain service, pelvic and bowel health services, MSK podiatry, and MSK paediatrics.

Receiving on average 5,750 referrals per month (approximately 69,000 per year), the quality of service provision is paramount. This commitment to excellence benefits not only the patients but also the entire integrated care system.

The Connect Health Oxfordshire Community MSK service provides patients with accessible, effective, and efficient musculoskeletal care, even amidst rising demand and limited resources. Our service ensures streamlined access, timely referrals, and high-quality care, prioritising the right care at the right time

This report will provide a comprehensive response to the questions requested:

- 1. An overview of the service and the clinical pathways, and whether GPs can bypass MSK and refer directly to specialists.**
- 2. Performance against KPIs (including waiting times to appointments and treatment).**
- 3. Analysis of complaints and feedback from patients and what have you learned and what improvements have been made as a result.**
- 4. County coverage, locations and distance patients have to travel to access MSK services.**
- 5. Report on patient outcomes MSK-HQ data and what you have learned from this.**
- 7. How does the service work with PCN First Contact Practitioners?**
- 8. Role of the advanced practice clinicians, are they being used and what are the benefits for patients?**
- 9. Information regarding any patient and public involvement in service delivery and what changes or improvements have resulted?**

1.2 OVERVIEW OF THE SERVICE

CLINICAL MODEL AND REFERRAL PATHWAYS

The pathway begins with self-referral, which patients can initiate online via our website or by telephone, but this applies only to Tier 1 services (*Figure 1.2.2*)

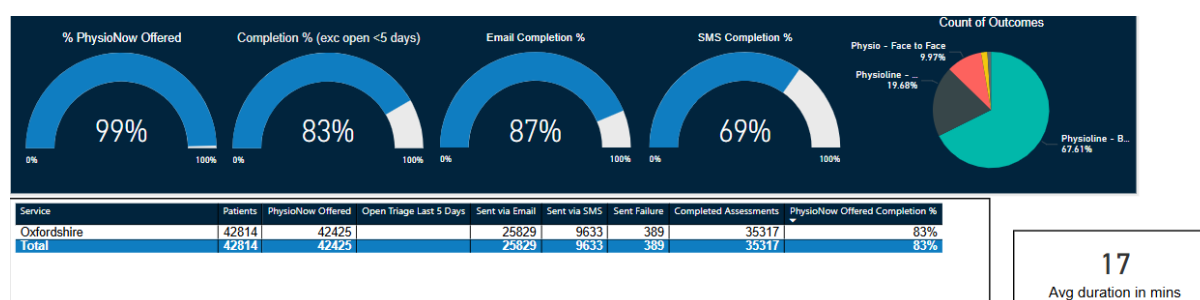
Community Tier 1 MSK Pathway

The Tier 1 pathway incorporates digital-first and virtual consultations to ensure that patients receive appropriate care quickly and efficiently. We utilise *PhysioNow*, an AI-powered digital triage tool, and *PhysioLine*, a clinician-led telephone assessment service, both of which enhance the initial assessment process. This combination ensures that patients are accurately directed to the correct clinical resource from the outset.

To facilitate seamless decision-making, Connect Health has developed a *Referral Guide* and *Referral Decision Tool* (Fig 1.2.3), which aids primary, community, and secondary care clinicians in making informed referrals and ensures a collaborative approach between healthcare providers. The service serves as a single point of access for MSK, Pain, and Rheumatology, where all referrals—except for early inflammatory arthritis or suspected red flags—are directed. GPs can bypass the service only for urgent cases, ensuring that patients receive care in line with the most appropriate pathway. More than 95% of triages are completed within 48 hours, ensuring prompt clinical attention. Additionally, GP support is available through advice and guidance on managing patients in primary care, further improving collaboration and patient care outcomes.

35,317 patients have completed PhysioNow. This is 83% of patients who were offered PhysioNow as their digital front door entry. 20% of patients who complete PhysioNow are put onto a priority clinical pathway and 2% required urgent medical attention (111).

Figure 1.2.1 PhysioNow Completion and Outcomes



Referral Pathways and Triage

Once a referral is made, it is triaged by a specialist advanced practice physiotherapist within 48 hours. This process ensures patients are directed to the appropriate service, with only 10% of referrals needing to be forwarded to Orthopaedics. Connect Health closely audits these onward referrals, working with Oxford University Hospitals (OUH) to refine clinical care and enhance referral pathways.

Referrals for services such as Pain, Rheumatology, or Orthopaedics are processed administratively within five working days, enhancing service efficiency and supporting timely care delivery. The pathway is also designed to ensure consistency, with First Contact Practitioners (FCPs) working both in primary care and within the MSK service, thus reinforcing a shared clinical ethos. FCPs can directly refer to the service, and regular workshops and meetings have been held to support smooth integration between FCPs and GPs.

Clinical Workforce and Expertise

The service is staffed by a team of 20 Advanced MSK Clinicians, all trained to a minimum of level 7 on the clinical competency assessment framework. This team is supported by 10 injecting Advanced Practice Physiotherapists (APPs), four who provide ultrasound-guided injections, and one Sports and Exercise Medicine Consultant for complex cases and intra-articular hip joint injections. Advanced practitioners working within community MSK services provides specialist assessment, diagnostics and intervention within the community and supports the development of clinical colleagues within the service. National data suggests that specialist MSK advanced practitioners play a fundamental role in ensuring that patients that do not need to be seen in a hospital can have effective care within the community, meaning that access to secondary care is utilised just for those that need it.

Fig 1.2.2. Clinical model and referral pathway

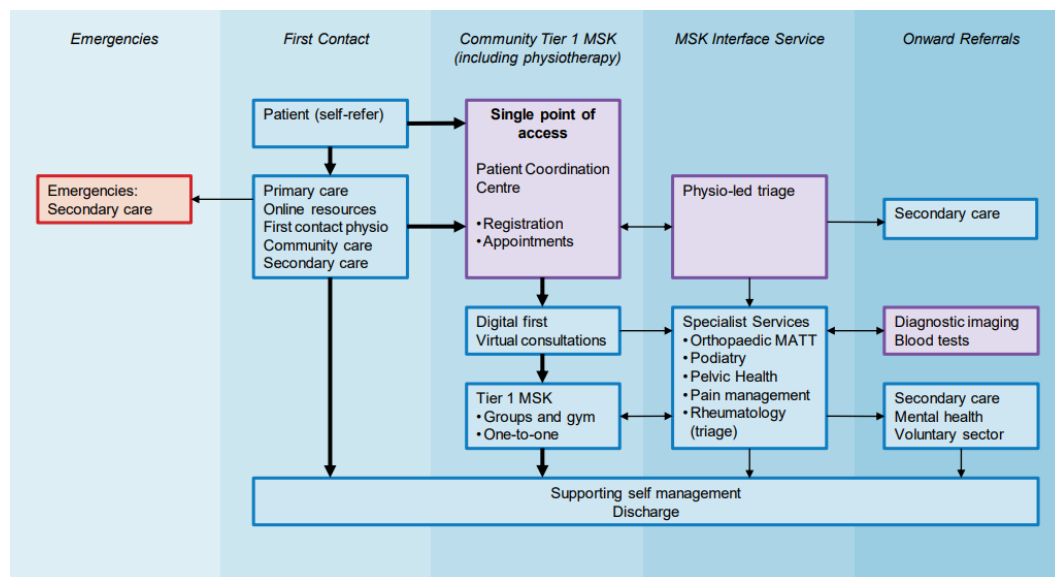
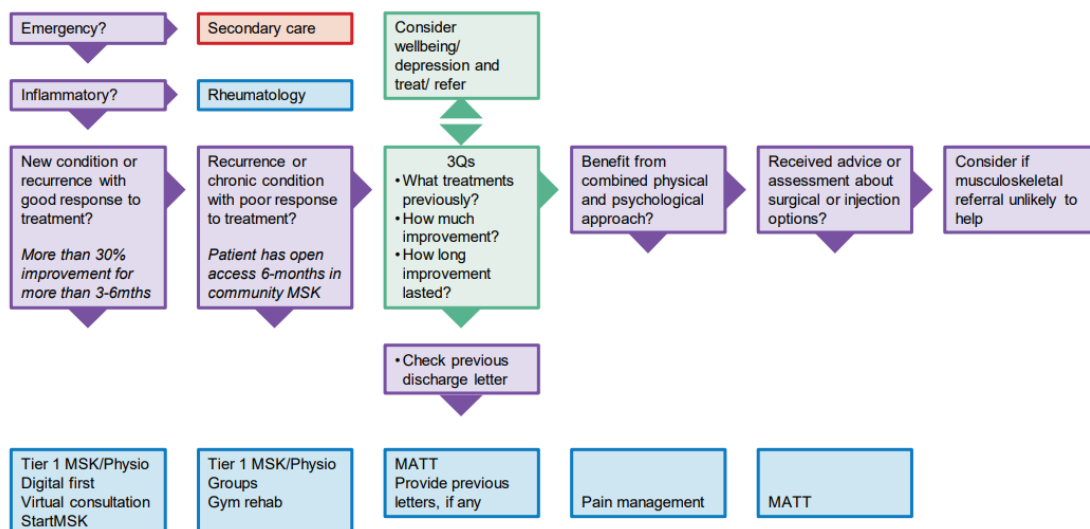


Fig 1.2.3 Referral decision tool for primary care and secondary care colleagues.



1.3 PERFORMANCE

Since the service's inception over two years ago, Connect Health has successfully adapted to increasing demand by deploying innovative delivery models, optimising resources, and maintaining high staff engagement. Despite the absence of additional funding, the service continues to maintain excellent patient outcomes and experiences, as demonstrated by consistently reduced waiting times and patient waitlists.

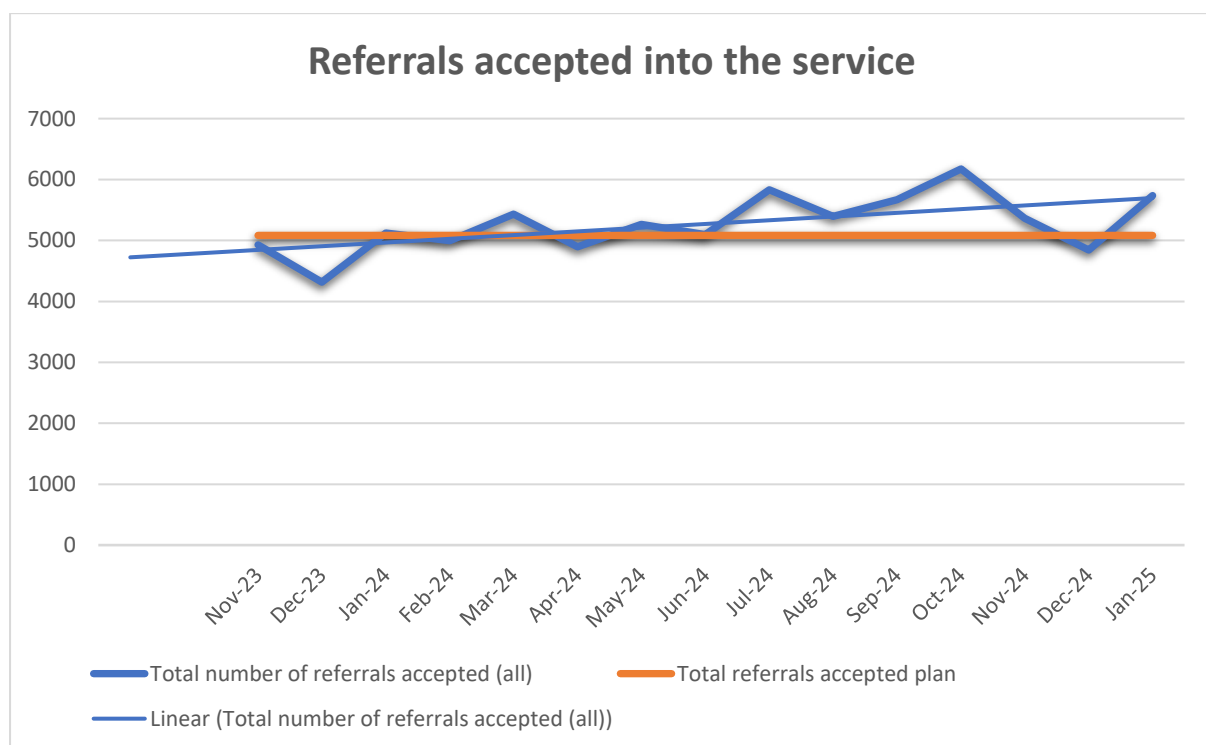
Growing Demand and Strategic Adaptation

The service has experienced increasing referrals, with numbers expected to exceed the contractual plan by 10% in the last six months (Fig 1.3.3). By focusing on resource efficiency and team cohesion, we have absorbed this surge without additional investment, successfully meeting patient needs while achieving continuous improvement in clinical outcomes.

One notable achievement is the reduction in waiting lists across various service lines. For instance, the CATS Tier 2 waiting list has seen a dramatic reduction from 3772 in January 2024 to 401 in January 2025—an impressive 89% decrease. Other service lines, such as physiotherapy, podiatry, and CATS paediatrics, have seen similar reductions in wait times, underscoring the success of our transformation plans.

However, some service lines, such as pelvic health, have faced challenges with recruitment. Efforts to address this, including recruiting an international clinician, are now beginning to yield positive results.

Figure 1.3.1 – Total number of referrals accepted per month



1.3.1 WAITING LISTS AND WAIT TIMES

Fig 1.3.2 illustrates a significant reduction in waiting lists across all service lines. *Figure 1.3.3* shows waiting times for services and is evidence of the transformation work. For example, the physiotherapy waitlist has decreased from 10 weeks to 4 weeks, while podiatry waits have dropped from 13 weeks to 3 weeks. These reductions are a direct result of the service's proactive approach to improving service efficiency.

Figure 1.3.2 - Waiting list size per service line

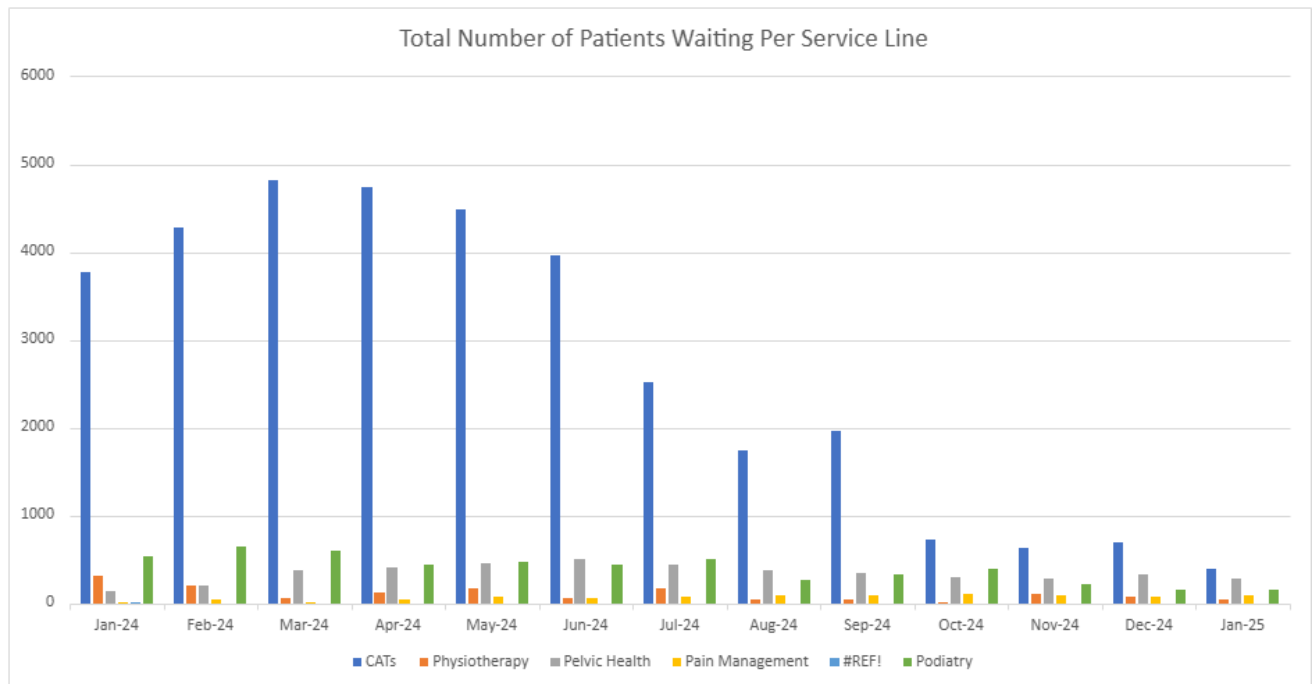
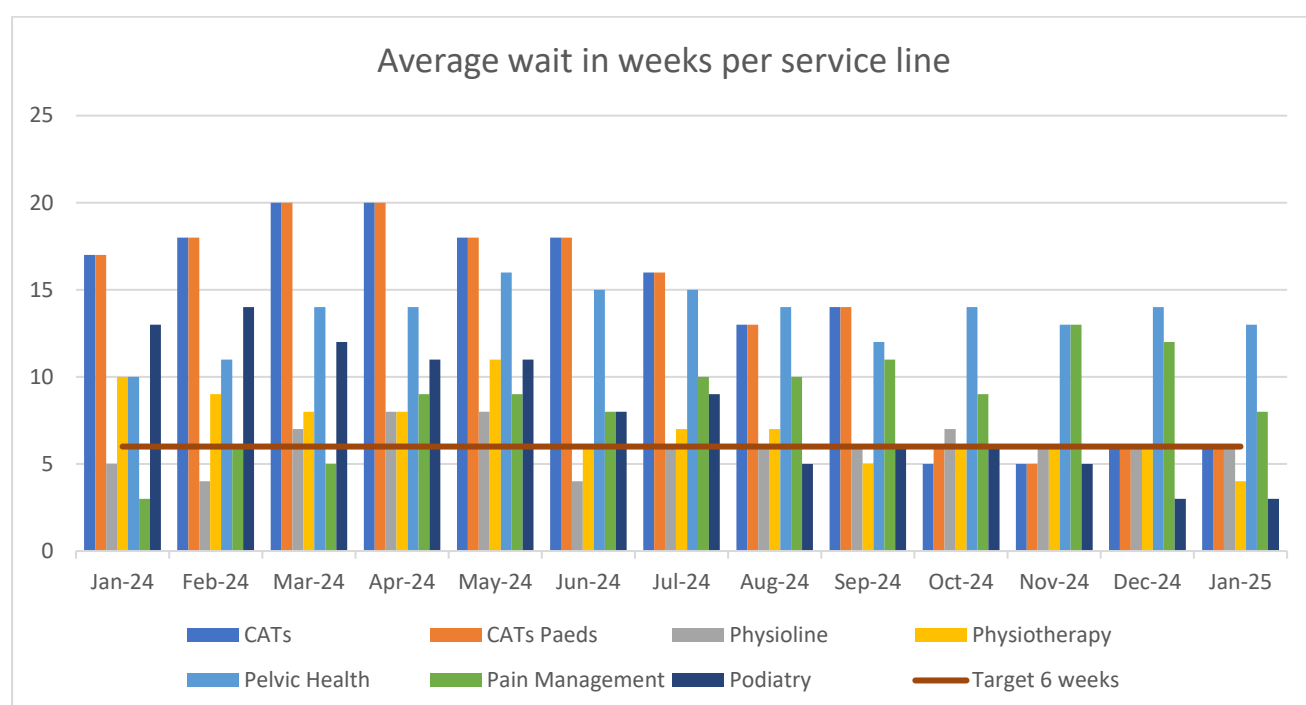


Figure 1 3.3 - Average wait in weeks for an appointment per service line



This impressive progress is clear evidence that the service has effectively implemented continuous improvement and transformation plans, following the first year of mobilisation. The smaller volume more specialist service lines of pelvic health and pain management have improvement plans in place with improvements expected by June 2025.

1.3.2 KPIS

The service monitors and reports on 16 KPIs (*table 1.3.1*), with 13 consistently meeting or exceeding targets each month/quarter. Areas not yet meeting targets are under focused improvement plans (*table 1.3.3*). These plans are carefully monitored and actioned to ensure the service maintains its commitment to high-quality care.

Table 1.3.1 KPI measures

KPI	KPI Description	Freq	Target
Q1	Percentage of all referrals received triaged within two working days of receipt	M	95%
Q2	Percentage of patients should be offered their first or second choice of MATT within 10 working days	M	95%
Q3	Percentage of patients to receive a treatment plan	M	90%
Q4	Percentage of Referrals sent to secondary care within 5 working days of decision to refer	M	75%
Q5	Patients requiring onward referral to secondary care will be offered choice of appropriate providers (in accordance with provider DOS) via e-referral	M	>95%
Q6	Percentage of priority referrals that have been offered an appointment within 10 working days from date of referral	M	100%
Q7	Percentage of routine referrals that have been offered an appointment within 30 working days from date of referral	M	95%
Q8	Percentage of patients requiring diagnostics have the treatment plan reviewed within two operational days of the result being received	M	95%

Q9	Percentage of patients informed of the diagnostic Serious Diagnosis results within the same day	M	95%
Q10	Percentage of patient discharge summary letters sent electronically to the patients registered GP practice and the patient within 5 working days of discharge from the service	M	>95%
SG1	Staff Training - Safeguarding Adults	Q	90%
SG2	Staff Training - Safeguarding Children	Q	90%
PRV	Staff Training - Prevent (WRAP)	Q	90%
PE1	Patient telephone calls answered by a member of staff within two minutes from IVR	Q	95%
PE2	A patient experience of good or excellent as measured by the current Connect Health care assessment tool in use (Family and friends test)	M	85%
PE4	Number of complaints completed within 30 working days	M	100%

There are 3 KPI's which we are not currently meeting but we have action plans already in action, as illustrated below in table 1.3.2 with the percentage we achieved for December 2024 and table 1.3.3 – plans for improvement:

Table 1.3.2 – KPI Performance December 2024

KPI	KPI Description	Target	Dec 24
Q2	Percentage of patients should be offered their first or second choice of MATT within 10 working days	95%	62.8%
Q6	Percentage of priority referrals that have been offered an appointment within 10 working days from date of referral	100%	77.1%
Q7	Percentage of routine referrals that have been offered an appointment within 30 working days from date of referral	95%	72.8%

Table 1.3.3 – Deep dive findings, actions and trajectory

KPI Q6	
Both PCC and Clinicians were using around 50% of the priority protected slots each month booking in non-priority patients	Feedback given collectively to both PCC and Clinicians 1:1 Feedback has been given to both PCC and Clinicians
We also highlighted that the spread of priority slots across locations and clinicians was sub-optimal	This has been changed in diaries from February 2025 with a greater spread across clinicians and better representation at sites, based on referral demand.
Trajectory - We expect to see improvement in this KPI each month from February 2025	
KPI Q7 and Q2	
Data analysis of Q7 breaches show that this is intrinsically linked to the Q2 KPI.	

We had long wait times in our CATs service at the start of 2024. This has now been cleared. Our wait times improved from >20 weeks to less than 6 weeks.	
We do have longer waits outside of our KPI for Pelvic Health. This is due to staffing challenges, however we have recently recruited clinicians and they are due to start in April 2025.	We will be working with our administration team to identify an action plan by the end of February 2025 and implement changes needed over the next 3 months to see improvements in both these KPIs.
Trajectory – We expect to see improvement in this KPI by May 2025 in line with new starters in Pelvic Health.	

1.4 OUTCOMES

Connect Health is the only provider in the Country to be submitting data into the national MSK audit, outside of the audit team themselves (52 providers have expressed interest in contributing but have been unable to satisfy the required governance, data security and capability to be onboarded). The Connect Health patient portal enables collection of digital e-proms including matched data sets for MSK-HQ as per NHSE/GIRFT standards. The portal also collects data on protected characteristics to enable analysis of outcomes by population served. The portal is available in voice to text, easy read and in 144 languages.

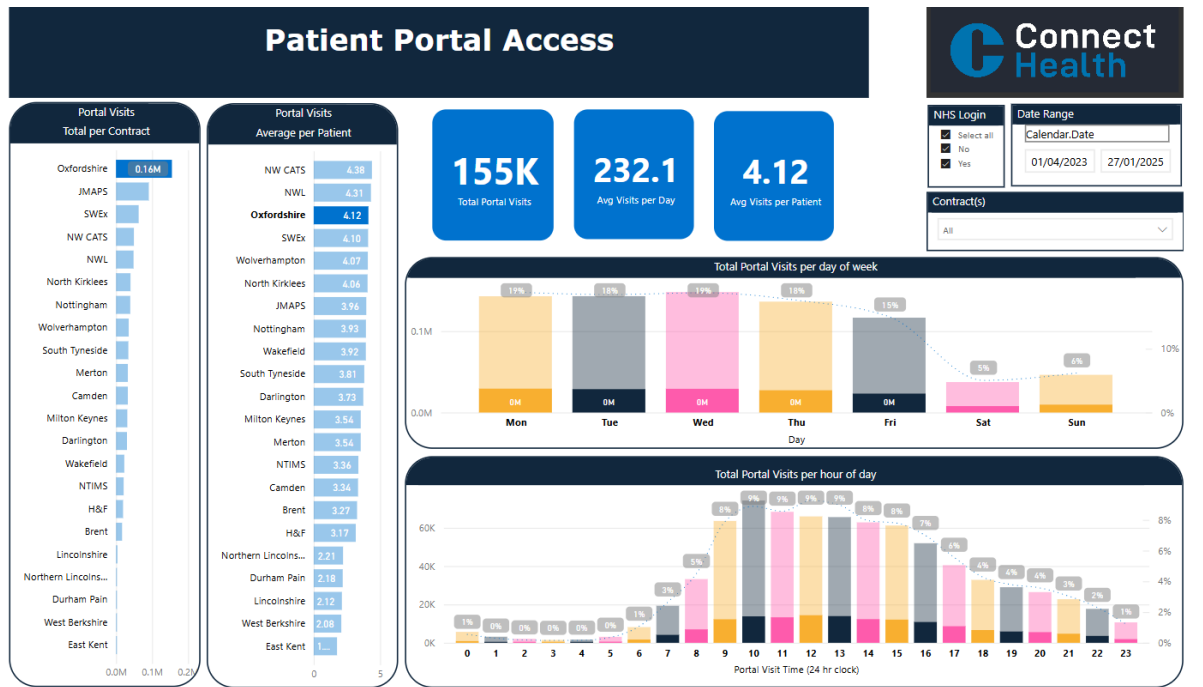
MSK-HQ Jul 2023 to current date:

- Mean shift score of 6.53 (minimum shift needed for meaningful improvement is 5.5) based on a sample of 6991 matched data sets. So this shows that we significantly improve people's quality of life!

With demand increasing the service has had to review transformation holistically and those plans have not only ensured that access times have reduced, but they have also ensured that patients are getting effective treatment and a good experience.

Figure 1.4.1 shows that the patient portal has been accessed 155,000 times by Oxfordshire patients since inception in November 2023. The portal is accessed 7 days a week and 24 hours a day, 18% of portal log ins occur outside of working hours.

Figure 1.4.1 Patient Portal Access

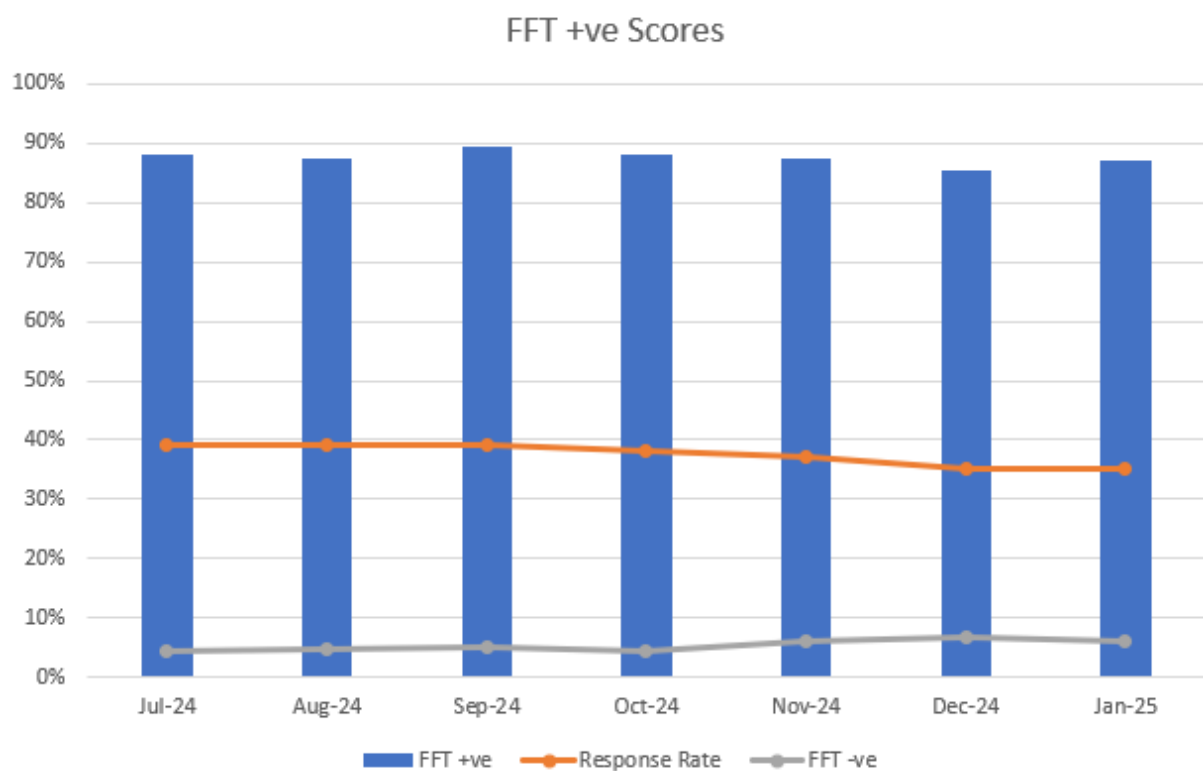


1.5 PATIENT FEEDBACK AND EXPERIENCE

Feedback is actively collected via various channels, including the Friends and Family Test (FFT). Complaints and compliments are also captured through the website, phone, in person, and via written communication.

We collect Friends and Family Test patient experience data via:

- A URL link sent with first appointment reminder text message
- A reply text message on discharge
- A IVR voice messaging to landlines on discharge
- Postcards in clinic



THEMES IN FFT

Common positive themes from FFTs:

- Caring and friendly clinicians – At Connect Health, one of our values is to be people-centred. We encourage our clinicians to be respectful and empathetic to all their colleagues and patients. The local leadership encourages the team members to continue to live these values by sharing patient feedback and compliments with the wider team. We also run MVP of the month to identify, recognise and celebrate the work done by our colleagues.
- Helpful advice and information – All clinicians at Connect Health aim to work at the competency required at the level they are working. With the support of their team leads using competency assessment tool, they can identify the gaps in their competency. Their yearly objectives, 5% CPD time,

clinical supervision is all linked towards achieving those competencies. The Connect Health Academy is a wealth of resource, and each clinician has full access to it. All staff members can apply for funding request to be able to sign up to courses outside of Connect Health. All clinicians have access to their team leads and on-call rota to discuss cases and get opinion. We support all clinicians work at the optimal levels to ensure patients get the best advice and treatment.

- Easy to access exercises on Physitrack – Physitrack offers clinicians a range of tools to create customised home exercise programs, supporting adherence with easy-to-follow videos, pain tracking, and progress monitoring, all designed to boost engagement and completion rates. Every patient can have access to Physitrack if they have an email address and have access to a mobile phone or laptop.
- Symptoms improving – At Connect Health, we strive the best evidence informed care to all our patients. Data collection and analysis is at the heart of our provision of MSK service. The Clinical Delivery Leads and Team Leads review the PREMs and PROMs data to sense check the quality of care provided. All clinicians have time in the diary with their line managers to discuss difficult cases. There are clearly defined pathways of escalation of care with support from team leads, clinical delivery leads and national on-call rota (Set of clinicians available all through the week to give virtual support to any clinician if they do not have access to one locally). A few of the datasets collected - FFT scores, MSK HQ data, NP to FU ratio, 6 – 12 appt tracker. These allow us to objectively understand the performance of a clinician and the service line. With robust clinical supervision and use of the trackers above, we ensure our patients are getting the best care they deserve.

Patient quotes:

“I felt the physio was very helpful & liked the idea of not having to go back for a hospital for follow up to see the surgeon, which often happens after an operation. Also good only having to travel to Wallingford. Thank you.”

“Seen very quickly, after my referral, in a local hospital which made it particularly easy and the healthcare professional I saw was very thorough, knowledgeable, and explained everything in terms I could understand and follow clearly.”

“Very good advice and encouragement to continue to exercise to recover strength and mobility. Good to have backup of calling for six months in case more advice is needed.”

“I was offered two date options to choose from. My appointment started spot on time, was very thorough in terms of discussion, listening, physical examination and practical solutions. Admin communication was clear and effective throughout, allowing me to keep track of things for myself.”

“I was very happy with the treatment | The physio gave me exercises which made my shoulder better I don't think you could have done anything better I was very pleased my shoulder is better now”

“I spoke to Ryan who was very helpful & friendly. He gave me exercises to do with a video so I'm hoping this will help my shoulder but he's also told me if it doesn't within a few weeks then I will have

a face to face appointment which is reassuring | Also I was impressed with the quick & efficient reply to my self referral with a phone call to make an appointment then actually speaking to someone”

“Firstly booking the appointments by phone was very easy and there werent any long wait times for the phone to be answered. I prefer to book on the phone rather than online. Secondly, parking at the Bicester Community hospital was fairly easy and FREE. Lastly and most importantly, my physio, Emily Whall was fantastic! She is extremely knowledgeable but also very personable too. She has helped me immensely and I literally cannot thank her enough.”

“Physio carried out a careful and thorough assessment of my joint movements and after discussion prescribed 6 exercises. She went through each one in detail to ensure I understood the purpose and method for each, that I had the proper equipment at home and that I could correctly carry out the movements. Also explained likely time frame for seeing improvement. An excellent experience.”

COMPLAINTS AND INCIDENTS

Formal and informal complaints account for just 0.02% of the 106,587 referrals received from June 2023 to December 2024.

From June 2023 to Dec 2024 we've had:

- 71 formal complaints
- 171 informal complaints
- 32 compliments

Complaint frequency is consistent quarter on quarter, at ~1.3 informal complaints per 1000 patient contacts and ~0.5 formal complaints per 1000 patient contacts.

Complaint Themes

Waiting time was a common theme, specifically for the CATS arm of the service. This has improved as part of a transformation plan In the last 5 months we have been within KPI for all arms of the service except Pelvic Health.

Common themes in complaints are:

Theme	Analysis	Action
Dissatisfaction with clinical care/pathways	The root cause for the dissatisfaction was due to expectations not being met. The patients would have an expectation of injection at the first appointment or a scan (mostly being informed by their GPs and sometimes due to their own research) which was not fulfilled as clinically not indicated or having to go through the assessment	This was addressed with the GPs either by direct emails or mostly at the seminars/evening talks organised by us explaining and reasoning the process at our end. We are in the process of creating patient expectation videos that are sent to patients upon receipt of their referral.

	/screenings to be able to decide on the plan further	
Short notice cancellation of appointments	This is due to clinician sickness	We have lot of help and support available for our staff members to support with their well-being. Help at Hand which offers Unlimited mental health support from qualified mental healthcare professionals, 24/7, unlimited remote GP appointments – so staff can get fast access to a doctor at a time convenient to them, a fully integrated Employee Assistance Programme , including a 24/7 helpline for emotional and practical support, as well as financial and legal support, 360 Wellbeing Score —staff can take just four short assessments to get their score and unlock six 1-2-1 lifestyle coaching sessions per year, Physiotherapy — eight sessions a year, Medical second opinions, On-demand wellness content , plus our Wellbeing Calendar, which is packed with podcasts, articles, webinars and more to help manage staff wellbeing)
Parking fines at Hanborough House	- The facilities management at Hanborough House faced issues of lots of vehicles being parked in the premise which were not meant to be there. Hence on 30 May 2024, they installed surveillance cameras and made parking available only for registered users	We updated our website to reflect this information, and staff were trained to let patients know about these changes. Staff would suggest on alternate locations around the facilities to parking. All alternative parking's are less than 5 minutes away and free. We also have negotiated a 10 minute time period to allow patients to be dropped off within the premises. However, a select number of patients (less than 20) raised a complaint about receiving a parking fine. Now the process is embedded this is no longer a theme.

1.6 ACCESSIBILITY

The service operates from 13 sites across the County. Annual full estates and Referral demand distribution reviews are carried out.

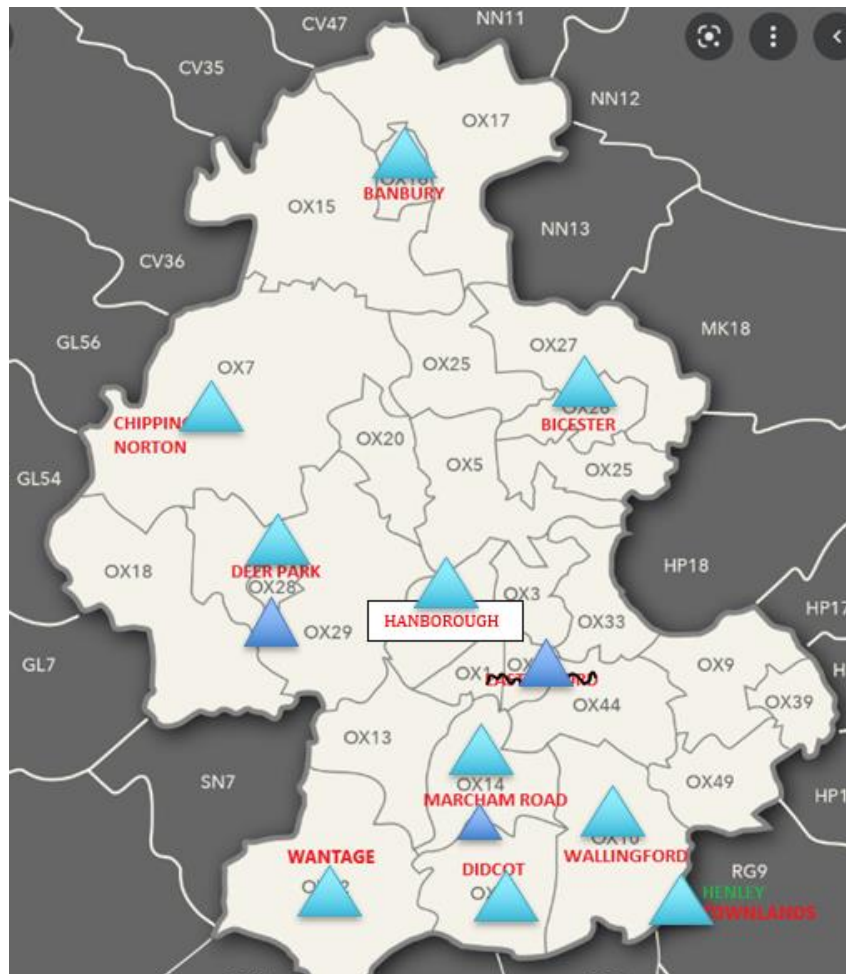
- analysing estates suitability based on stakeholder feedback
- Reviewing patient postcodes distribution –split by service line
- Reviewing estates clinical capacity across the region and correlating with the referral demand
- Reviewing skill mix of clinicians across the County
- Reviewing diary planning and recruitment strategies as part of actions linked to the findings from the above.

1.6.1 CURRENT SITES

Banbury Cross Health Centre at Bridge Street	Bicester Community Hospital
Chipping Norton Health Centre	Deer Park Medical Practice
Didcot Community Hospital	Hanborough House
Marcham Road Health Centre	Rose Hill Community Centre
Townlands Community Hospital	Wallingford Community Hospital
Wantage Community Hospital	White Horse Leisure Centre
Windrush Leisure Centre	

The service operates within 13 clinical sites across Oxfordshire (*figure 1.6.1*). A recent review of demand per service line per postcode was carried out and service provision in each location is in line with demand. As demand surges change across the county or if capacity was to change (unplanned leave), we are dynamic with our delivery planning and will adjust timetables and diaries to meet the demand.

Figure 1.6.1 Map of clinic locations across the County



We review our referrals by postcode against how many sessions we have at each clinic, represented as a percentage of sessions carried out at each site as a percentage of the total sessions for the service. We then analyse which postcode the referrals are coming from to ensure that capacity and demand at each geographical location is largely matched. We correlate this analysis with wait times at each location, for each speciality and patient experience themes. The site capacity and referral demand that took place in October 2024 is represented below in table 1.6.1

Table 1.6.1 – Sessions at sites as a percentage of total sessions offered. Referrals per location as a percentage of total referrals.

Clinic	Site capacity split	Referral demand split
Wantage	5%	2%
Marcham Road	11%	8%
Didcot	5%	0%
Wallingford	5%	14%
Henley on Thames		13%
Hanborough	30%	24%
Deer Park	15%	11%
Chipping Norton	4%	4%
Banbury	13%	10%
Bicester	12%	13%

1.7 INTEGRATION AND PATIENT/PUBLIC ENGAGEMENT

1.7.1 PATIENT AND PUBLIC ENGAGEMENT GROUP

Engagement with patients and the public is central to service development. We regularly host patient and public engagement groups (PPEGs) and collaborate with Healthwatch to improve our service delivery. We also participate in community events, such as the Windrush Leisure Centre Community Engagement event (figure 1.7.1), to raise awareness of MSK conditions and promote self-management.

Figure 1.7.1 Windrush Leisure Centre Event



Our recent PPEG had 9 participants. Many patients praised the care they received, particularly highlighting good communication and effective treatment from their MSK clinician.

One patient appreciated the seamless process and excellent communication, even when wait times were long.

These examples reinforce the value of our efforts to engage patients with empathy and professionalism — thank you for your dedication. There were some learning points, illustrated below Table 1.7.1

Table 1.7.1 – Learning from PPEG

1. System Navigation and Access	<p>Patients expressed a need for more clarity about our service and its pathways.</p>	<p>Action: It is helpful to have conversations with patients about the service lines they may be interested in or appropriate for. Where a particular service isn't suitable, explaining the reasons clearly can help manage expectations.</p>
2. Treatment and Care Experience	<p>Access to Medical Records: Patients shared their desire for easier access to their medical records, including better integration between GP and MSK service records.</p> <p>Some patients reported dissatisfaction, including poor treatment experiences and frustration with communication.</p>	<p>Action: We now have valuable feedback to share with our commissioners to further advocate for the improved sharing of records.</p> <p>Action: Communication was sent to the clinicians about the importance of the patient-centred approach. Listening to patient concerns, validating their experiences, and ensuring their care plan is clear are vital steps to address these issues. There are additional modules on the clinical academy related to shared decision making and motivational interviewing</p>
3. Communication and Follow-Up	<p>Process Maps and Flowcharts: Patients suggested visual tools to better understand their care journey.</p> <p>Communication Between Clinicians and PCC: Improving this communication could enhance continuity of care.</p>	<p>Action: Clinicians and administrative colleagues were reminded of the importance of clear communication about what the service can offer and when it may not be appropriate. A transparent plan should also be documented to guide the next clinician if the case is handed over. This will be reviewed in supervisions and notes audits</p> <p>Action: Clinicians were reminded to ensure that expectations for patient care are clearly documented and communicated to all involved parties. This would be reviewed a part of notes audits</p>
4. Special Needs and Accessibility	<p>A patient with special needs reported feeling inadequately supported.</p>	<p>See table 1.7.2</p>

A carer of a patient attended our patient and public engagement group and wished to provide some feedback that would support in key learning to help the team to better support patients with additional needs.

Table 1.7.2

Observation points	Actions for clinicians
<p>Clear Documentation of Additional Needs:</p> <p>Patient referrals often lack essential information about additional needs, such as learning disabilities. This omission can result in delays and inappropriate care pathways.</p>	<p>Action: When receiving referrals or interacting with patients, ensure that any additional needs are flagged clearly in our records. If unclear, seek clarification from the patient, carer, or referring GP.</p>
<p>Consistency in Communication:</p> <p>Patients and carers have expressed frustration with inconsistent information from the helpline and service teams.</p>	<p>Action: Please ensure that any updates given are accurate and reflect the current status of the patient's pathway. Notes in the system should be thorough and up to date to enable consistent communication</p>
<p>Tailoring Care to Individual Needs:</p> <p>Some patients require adjustments to standard care approaches. For example, a patient with a learning disability may need more guided and demonstrative instructions during physiotherapy.</p>	<p>Action: Familiarise yourself with the patient's specific needs as early as possible, and adapt your approach accordingly. Open communication with carers can be invaluable in understanding and meeting these needs. If you feel you may require further support please discuss this with your team lead. All colleagues have complete Oliver McGowan training and longer appointments can be arranged at the request of the clinician.</p>
<p>Training and Awareness:</p> <p>While mandatory training, such as the Oliver McGowan training, provides a foundation, practical application of this knowledge is crucial.</p>	<p>Action: Reflect on how to incorporate training principles into your daily practice. If you feel further support or resources are needed, please share your feedback so we can address it. There will be follow up training from the Oliver McGowan training.</p>
<p>Learning and Moving Forward</p>	<p>Proactive Care: Always consider whether additional needs might require adjustments to prioritization, such as triaging patients with unique barriers as urgent where clinically appropriate.</p>

	Collaborative Practice: Engage with carers and involve them in planning care pathways, as they are often key advocates for the patient.
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We have attended 3 SEOXHA patient engagement events in past 18 months supporting the PCN to engage some of their patients with chronic pain and multiple comorbidities and help them better understand what they can do to manage their health and what services there are to support them.

We have attended 4 Oxfordshire on the Move networking events and this has supported us to develop better links with:

1. Move Together service (exercise on referral) - we regularly refer & signpost patients to them
2. Beezee (weight management service) - They have attended our team meeting to give an overview and we have attended on of theirs
3. Stop for Life Oxon (smoking cessation) - they have shared digital and print resources for us to use with patients.

These events enable us to strengthen relationships with partners across the system and ensure that pathways are effectively utilised.

1.7.2 COLLEAGUES

We have numerous initiatives that support colleague engagement, to name a few:

Annual away days, as illustrated in figure 1.7.2, the team away day this year had a focus on sustainability. We wanted to improve colleague retention. We partnered with the Local wildlife trust charity and got agreement to build bug houses within the park. Our attrition has improved and we currently only have 1 vacancy within the service

Each year we host an annual awards ceremony to recognise outstanding impact and colleague excellence. Next awards event is on 4th April 2024.

Figure 1.7.2 - Colleague Away day



1.7.3 PRIMARY CARE

Partnered with the GP Federation Principal Medical Ltd (PML) and jointly designed pathways

Attended Primary Care Network meetings to engage about the service clinical model and referral pathways

Attend the North Oxfordshire Network Group meeting every month.

Connect Health has worked in collaboration with the ICS to support development of FCPs in the Oxfordshire region. Our clinicians have delivered sessions to the FCPs and GPs to support with the integration of pathways to improve patient experience.

1.7.4 SECONDARY CARE

Monthly multi-disciplinary meeting set up with Optimise Pain team

Lumps and bumps pathway agreed between Connect, NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, OUH and Primary care

Clinician on secondment from Oxford Health with conversations to include senior clinician rotations into the service. There are also conversations about the service supporting podiatry apprenticeships

Connect are working in partnership with Cherwell Hospital and Manor Hospital. We meet with them regularly to streamline pathways and for any updates. With insights from us, Manor Hospital has now started knee clinics and will soon be starting spine and shoulder clinics. This will help OUH to reduce their wait list and patients to get quicker access to specialist care.

Connect have been invited to contribute to the Thames Valley Spinal Network

Connect met with Paediatrics to discuss pathways and collaborative working

Connect met with PML – local community gynaecology service provider to streamline pathways for our patients. Outcome was direct referrals to the community clinics which has helped with reducing wait times for patient and reduced admin time as previously all patients were referred to GP to refer onwards.

Connect Health and OUH Rheumatology:

Delivered joint sessions with OUH Rheumatology for Primary care workforce with the aim to improve quality and number of relevant referrals.

Supported with the Advice and Guidance Service execution and bringing awareness within the primary care colleagues including FCPs.

Impact:

- Direct referral numbers to Rheumatology have reduced
- Increase in the use of Advice and Guidance service
- Improved patient pathway as advice received within 48-72 hours allowing clinicians to make efficient decisions
- The EIA clinic wait times have now come under 6 weeks which is the national target due to reduced direct referrals

Connect Health holds monthly meetings with the Orthopaedic Team at Oxford University Hospitals to update on wait times and discuss any concerns. In addition, in the last 3 months we have met with the commissioners, the executive directors at OUH and senior clinical members of team to support with their current long wait times.

Connect Health has worked with the emergency department, spinal team, radiology team and commissioners to execute the CES pathway laid by GIRFT. These discussions have led to a new pathway being set up for patients to be referred from A and E to spinal for further management. We continue to discuss ways to implement the GIRFT recommended CES pathway.

1.7.5 COMMUNITY TEAMS

Pelvic Health Community team - plans to share training, regular meetings to ensure best treatment pathways for patients

Community Falls service: collaborating on plans for reciprocal learning regarding MSK and falls across both services

Delivering the best outcomes and value across systems is dependent upon replacing siloed views of performance and demand by individual service lines with a whole-pathway approach that identifies and acts on opportunities for system-wide quality improvement. Connect and NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board met on 27th November 2024.

Board membership includes representation from Primary Care, the MSK MATT service, secondary care (T&O, Rheumatology, Pain and Paediatrics) and commissioning and will meet quarterly to problem-solve individual and shared performance issues and collaborate on quality improvement across the pathway.

1.7.6 PREVENTION

Connect Health's Oxfordshire MSK MATT service is dedicated to improving patient outcomes by providing access to expert-created resources and comprehensive support. Our service directs patients to valuable resources, including clinical expert-created patient materials and the "Waiting Well" support program, ensuring they receive the best possible care while waiting for treatment.

Impact on Patient Care and Outcomes

The Oxfordshire Community Musculoskeletal (MSK) service, managed by Connect Health, receives 69,000 referrals per year.

This high volume underscores the critical role we play in the local healthcare system. Our focus on the whole person, including lifestyle and prevention, aligns with national research and current guidance

Supporting National Policies and Government Goals

Connect Health's initiatives are in line with the NHS Long Term Plan's emphasis on prevention and early intervention

Our services contribute to the NHS's goals by:

Reducing Health Inequalities: By providing accessible and high-quality care, we help bridge the gap in health disparities, ensuring that all patients receive the support they need regardless of their background

Promoting Self-Management: Our resources empower patients to take control of their health, encouraging self-management and early detection of conditions

Collaborative Care: We work closely with local GPs, hospitals, and other healthcare providers to ensure a seamless and integrated approach to patient care

Connect Health is proud to support the NHS and the government's goals through our comprehensive MSK services. By focusing on prevention, early intervention, and collaborative care, we are making a significant impact on patient outcomes and contributing to a healthier community.

Oxfordshire MSK Service has a webpage which directs patients to clinical expert created patient resources and waiting well support.

<https://www.connecthealth.co.uk/resources/>

<https://www.connecthealth.co.uk/waiting-well/>

Fig 1.7.3. Patient resource page of the website.

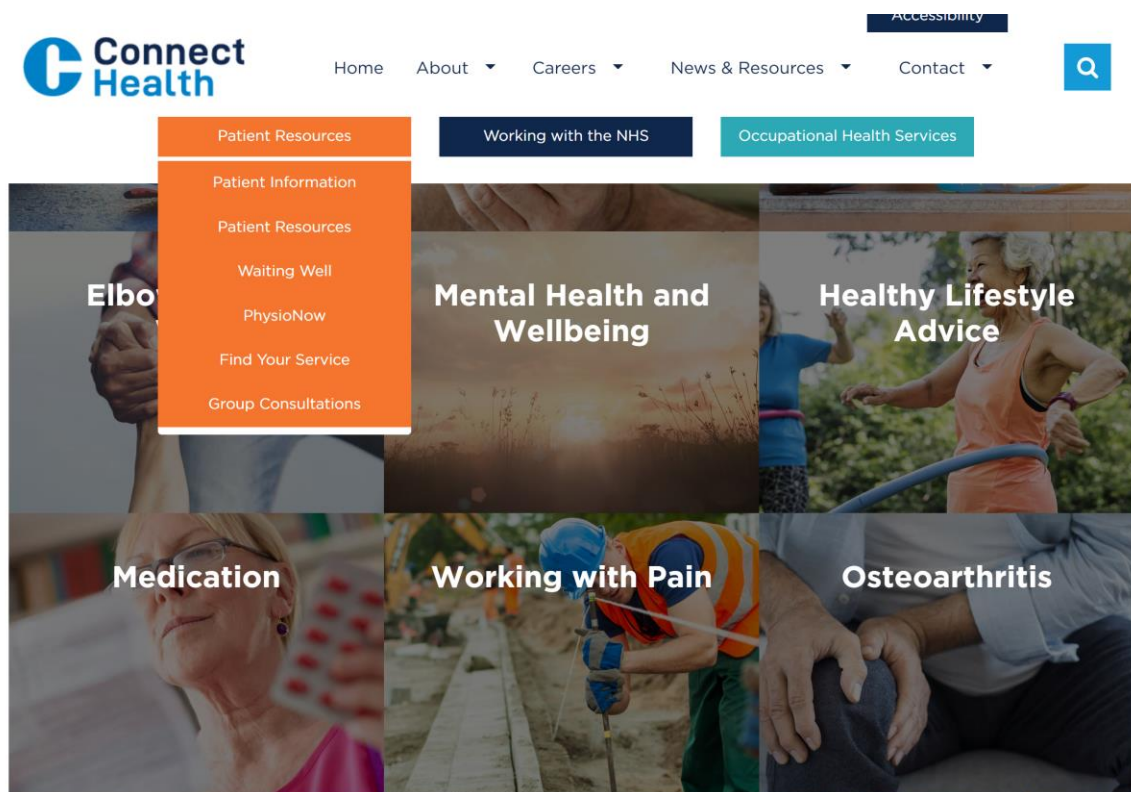
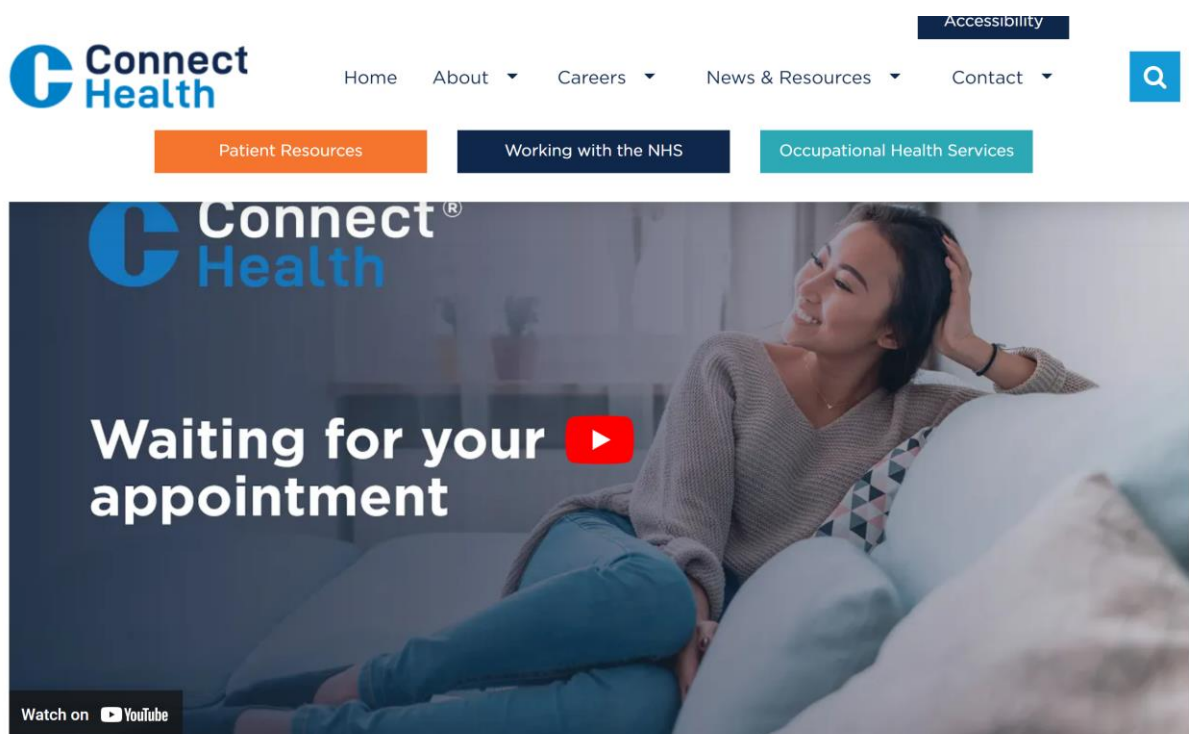


Fig 10. Waiting well page of the website



Is there anything I can do whilst I am waiting?

1.8 WHAT'S NEXT?

ICB System alignment for MSK community services	The ICB has plans to align MSK service delivery across the BOB ICS footprint including the desire for one SPOA.
Healthwatch Review	We are working with Healthwatch to support them to complete an independent review of our service.
Shared Records	The next phase of integration with primary care is to work on the integration of clinical systems and shared care records.
Health Inequalities Project	The service has a health inequalities plan that has numerous projects to improve equality for our patients.

Despite increasing demand and limited additional funding, Connect Health's NHS MSK service continues to excel in providing high-quality care, efficient access, and positive patient experiences. Through strategic workforce development, innovation in service delivery, and ongoing collaboration with key stakeholders, the service has proven resilient in meeting the challenges of today's healthcare landscape. The future remains bright, with continued improvements in care delivery, outcomes, and patient satisfaction at the heart of our mission.