

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Musculoskeletal Services in Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

- Matthew Tait (Chief Delivery Officer-Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board).
- Neil Flint (Associate Director of Planned Care-Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board).
- Tony Collett (Connect Health)
- Mike Carpenter (Connect Health)
- Suraj Bafna (Connect Health)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 3rd June 2025.

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Response to report:

Thank you for the Joint Health Overview and Scrutiny Committee (HOSC) report on Musculoskeletal Services in Oxfordshire following the public meeting on 06 March 2025. Following review of the report we have detailed a few points of clarification below as well as specific responses to the three recommendations made in the report.

Points of clarification

“Diagnostic physiotherapists”

- The MSK care pathway spans from primary care, through community and into secondary care. A significant number of MSK conditions can be successfully managed in primary care and onward referral is not always required. To support the primary care team with MSK condition-specific management, the role of MSK First Contact Physiotherapist (FCP) was introduced in 2019¹, and this role is what is referred to as “diagnostic physiotherapists” in the HOSC report. The remit of the FCP role is to provide the initial MSK assessment in primary care to support optimal primary care self-management for MSK disorders and support appropriate and judicious onward referrals when needed. The role is one of assessment, rather than of providing ongoing therapy input (if this is required, then patients would be referred into the community MSK service to obtain this). FCPs in Oxfordshire are employed by the primary care network and are not directly employed through the community MSK service. As such, some GP practices chose to employ FCPs whilst others do not, meaning there is variance across the county in FCP provision. Since the commencing delivery of the community MSK service, Connect Health have worked to engage with FCP groups and primary care networks to collaborate between care settings for an optimal patient pathway across primary, community and secondary care regardless of whether a GP practice has an FCP service or not. We provide FCP clinicians to one PCN in Oxfordshire.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/05/elective-care-high-impact-interventions-first-contact-practitioner-msk-services-specification.pdf>

Direct referral to MSK Specialists

- Part of the remit of the community MSK service is to determine if any incoming referral requires direct opinion in the secondary care setting. Given a significant number of MSK conditions do not require surgical management, a large volume do not need to be referred into the secondary care setting. Incoming referrals are therefore triaged by Advanced Practice (AP) MSK clinicians to assess if onward direct referral to the surgical teams is required. Currently about 12% of referrals from primary care are triaged directly onto orthopaedics. There are clear guidelines from the ICB with regards to the prior approval criteria ² that need to be met in order for optimal management related to a range of orthopaedic procedures and these have been shared in a previous newsletter with all GP practices. The community MSK service support optimisation of holistic care in fulfilment of these criteria to ensure that all onward referrals are compliant with the commissioning guidelines.

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² <https://www.bucksoxonberksnw.icb.nhs.uk/clinical-commissioning-policy-statement-categories/musculoskeletal-msk/>

Use of digital appointments

- These are already widely used across the service with a telephone appointment being the default first point of contact for all Tier 1 MSK appointments (unless not an appropriate modality for the patient) which speeds up access to timely advice, reduces travel time & expenses and minimises the time patients might need to take off from work or other responsibilities for their appointment.
- We utilise a digital triage tool called PhysioNow³ which supports in clinical safety netting and stratification as part of self-referral helping to ensure patients that need a more urgent appointment get one. 84% of patients that are offered PhysioNow complete it. The other 16% of patients are called after 3-days of not completing the digital tool to ensure there is no delay to their care or inequity in service provided to those who may not be able to access digital care platforms.
- We have recently piloted FLOK which is an AI-tool to support management of back pain which has been successfully used elsewhere and are currently awaiting the final analysis and report on this pilot. Initial data shows that of about 750 eligible patients 68% opted to use the FLOK tool⁴ and of these 75% were fully managed within the FLOK system.

³ <https://www.connecthealth.co.uk/physionow/>

⁴ <https://news.nhslothian.scot/2024/07/12/uks-first-ai-physio-clinic-trialled-by-nhs-lothian/>

Primary Care Collaboration & Training

- Since January 2025 we have published and circulated to all GP practices via email a monthly MSK newsletter to support primary care in understanding and navigating MSK pathways. This newsletter consistently emphasises our willingness to attend GP practices to provide further training on management of MSK conditions to support appropriate first line management.
- In partnership with the ICB we have identified the 10 GP practices with the lowest referral rates and engaged with them to understand reasons for this and whether there are barriers to access that need addressing. A full report detailing this project has been shared with the ICB. The primary finding was that these practices had a young patient population with a higher proportion of students who therefore tend to have less need for the MSK services.
- As identified in the HOSC report one of the big challenges in healthcare is the number of clinical systems in use and often the lack of visibility across the system of shared records which remains a challenge in the Oxfordshire MSK system as we have no access to GP or hospital records. However, we have recently been successful in improving our access to diagnostic test results ordered in primary care meaning that we can now directly see imaging and blood test results via our clinical systems and so are no longer reliant on primary care remembering to include the reports in their referrals. This has greatly

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reduced the administrative burden on both primary care and our service and leads to a better patient experience with more information directly available at the point of care.

Pelvic Health Service

- The Oxfordshire MSK Pelvic Health service accepts referrals for a wide range of pelvic health conditions including:
 - Bladder & bowel dysfunction, pregnancy related pelvic girdle pain, persistent pelvic pain, vaginal & rectal prolapse and diastasis rectus abdominis.
- The service is staffed by specialist MSK professionals (physiotherapists & osteopaths) with additional training and experience in the management of pelvic health conditions. The four areas of treatment outlined in the HOSC report of: Pelvic floor exercises, healthy diet and hydration, maintaining a healthy weight and proper lifting technique are all core treatment strategies alongside patient education and other more specialist modalities in the pelvic health service.
- Pregnancy related pelvic girdle pain (PGP) is considered a priority condition and so referrals for this are triaged and offered an initial telephone appointment within 2-weeks of accepting the referral. In addition, we have created a bespoke PGP video which is sent to patients to support them with understanding what PGP is and how best to manage it.
- With regards to the quality of service provided by our pelvic health team they are consistently one of the highest performing service lines when it comes to patient satisfaction questionnaires. Over the past 6-months 178 responses have been received to the Friends & Family test from patients who have been under the pelvic health service and of these 94% would recommend or highly recommend the service to a friend or family member.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. To address variances around the county, with a view to residents being able to access local MSK services more swiftly.</p>	<p>Partially accepted.</p>	<p>Review of the estates footprint against demand is completed on a bi-annual basis and the latest review showed that the capacity across the County met the demand. We do, however, understand that there are challenges for those residing in more rural locations and by August 2025 we will complete a full review of demand in the South of Oxfordshire, split by service line. We have 4 sites in the South of Oxfordshire; Henley on Thames, Wallingford, Didcot and Wantage. Once we have the information to identify specific demand vs. capacity for the South region, we can make recommendations based on capacity per service line. There is no additional funding available to mobilise new permanent sites. For context, the service is funded by a block arrangement with part of the finances linked to a performance based local incentive scheme which includes access metrics. The service currently receives 10% more referrals than the contractual indicative activity plan with no additional funding. The increase in demand equates to an additional 6000 patients a year. The service has put in innovative pathways, such as one stop shops, to maintain and improve wait times within KPIs and to meet the growing demand in the absence of growing funding to support this. If the review of south provision highlights that there is a need to increase capacity in the South, then we will liaise with existing community and voluntary groups to discuss the option of us doing specialist outreach clinics. It is worth noting, that where clinically appropriate, we offer telephone and video appointments for patients who do not have the ability to travel.</p>

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<p>2. To continue to develop further collaboration with GPs and other services to improve MSK services. It is recommended that efforts are made to reduce the number of steps (and time) required to access MSK services.</p>	<p>Partially Accepted</p>	<p>Ongoing work to help patients & primary care teams understand the best ways to access and navigate the MSK pathways in Oxfordshire including:</p> <ol style="list-style-type: none"> 1. Monthly newsletter to all GP practices with a spotlight on understanding a different MSK pathway each month. 2. Ongoing high-quality MSK triage to ensure referrals are sent to the most appropriate service for the first MSK appointment. Continued engagement via the newsletter and attending GP meetings to support primary care teams in understanding the thresholds for direct referral to secondary care services and any relevant commissioning guidelines that need to be satisfied. 3. GP/FCP engagement project in partnership with the ICB in which we have identified the 10 lowest referring GP practices and then contacted them to better understand the causes behind. 4. Continuing to attend various public health engagement events to promote awareness of the service across the county and particularly that self-referral is available for those >18 years old. Self-referral is available online via the physionow digital triage tool or via the telephone and 84% of patients that are offered physionow as a route into the service accept it. 5. We are named attendees at the North Oxfordshire Network Group which meets on a quarterly basis and helps maintain a working relationship and dialogue with primary care services in North Oxfordshire
<p>3. For efforts to be made to create improvements to pelvic health outcomes. It is recommended that there is engagement with the</p>	<p>Accepted</p>	<p>The Pelvic Partnership is a charity that advocates for timely treatment of pregnancy-related pelvic girdle pain which would be consistent with our pathway to manage this as a priority condition.</p>

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<p>Pelvic Partnership around support for those who are waiting for support.</p>		<p>They also look to offer support groups and information for people suffering with PGP.</p> <p>We have asked our pelvic health team to review their website in order to check that it is compliant with best practice recommendations and research. If so, we will look at how best we can signpost to and collaborate with them to further support people with PGP.</p>
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