REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Musculoskeletal Services in Oxfordshire

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- 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)

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered a report on the current state of Musculoskeletal (MSK) Services in Oxfordshire during its public meeting on 06 March 2025.

2. The Committee would like to thank Matthew Tait (Chief Delivery Officer, Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board [BOB ICB]); Neil Flint (Associate Director of Planned Care, BOB ICB); Tony Collett (Connect Health); Mike Carpenter (Connect Health); Suraj Bafna (Connect Health) for attending the meeting on 06 March and for answering questions from the Committee in relation to MSK services in Oxfordshire.

3. The Committee previously received a report on MSK services and has been keen to explore progress made around addressing the lines of enquiry and recommendations made by the Committee.

4. This item was scrutinised by HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by commissioners and providers to improve MSK services, particularly against a backdrop of general increases in demand for health services. When commissioning the report for this item, some of the insights that the Committee sought to receive were as follows:

    - An overview of the service and the clinical pathways, and whether GPs could bypass MSK services to refer directly to specialists.

    - Performance against Key Performance Indicators (including waiting times for appointments and treatment).

- An analysis of complaints and feedback from patients, what had been learned, and whether any improvements had been made as a result.

- Details of the county coverage of MSK services, including locations and distance patients had to travel to access MSK services.

- To report on patient outcomes EQ5D data and what had been learnt from this.

- How did the service work with Primary Care Network diagnostic physiotherapists?

- Insights into the role of the extended scope practitioners, whether they were being used, and how this benefited patients.

- Information regarding any patient and public involvement in service delivery and what changes or improvements had resulted?

SUMMARY

5. During the 06 March 2025 meeting, the Associate Director and the Connect Health officers discussed the initial challenges when they assumed the contract. These included staffing shortages, a backlog of 19,000 patients, and the need to rebuild stakeholder relationships.

6. By February 2025, all service lines except pelvic health were within the target wait times of six weeks. The pelvic health service had a wait time of ten weeks. The service was nearly at its full staffing level, with only a 0.6 full-time staff shortfall. Delays in Health and Care Professions Council (HCPC) registration affected the start dates for new pelvic health clinicians.

7. The team conducted three community engagement events and planned to attend more, including those organised by the Oxfordshire Play Association. They arranged for Healthwatch to assess their services in April and May. Engagements were also undertaken with primary care through network group meetings, stakeholder meetings, seminars, and newsletters.

8. In response to concerns from the Committee regarding the long waits for rheumatology and orthopaedics, acknowledging these as serious long-term conditions, officers recognised the significance of these long-term conditions. It was stated that the diagnosis process was effective, as only 10% of referrals required forwarding to orthopaedics or rheumatology. This was attributed to the comprehensive assessment and treatment provided by the Tier 2 service.

9. The discussion also examined the geographical spread of MSK services in the southern parts of the county, particularly at Wantage Hospital. There were expressed commitments to improve service distribution, especially in the southern regions, and enhancing recruitment and retention within the MSK workforce. It was clarified that the distribution of services was data-driven,

ensuring appropriate coverage based on patient postcodes. Addressing rural inequalities and catering to the growing aging population remained priorities.

10. The issue of pelvic pain was also discussed, with the Committee referencing a national survey by the Pelvic Partnership, and inquired to what extent the service was collaborating with key partners such as the Pelvic Partnership to support patients. The service acknowledged the importance of collaborating with key partners and mentioned ongoing collaborations with various NHS stakeholders. It was noted that there had not yet been engagement with the Pelvic Partnership, and there was a commitment to exploring this potential partnership to enhance support for patients waiting for care.

11. The discussion also emphasised the imperative for collaboration with diagnostic physiotherapists available at every GP surgery through primary care networks. The Committee questioned the coordination of ongoing care for MSK patients between GP surgeries and specialist services/consultants, as well as the key challenges involved. Connect Health Officers detailed that the service worked closely with diagnostic physiotherapists (First Contact Practitioners or FCPs) available at GP surgeries through primary care networks. They conducted seminars and collaborated with Integrated Care Boards (ICBs) and rheumatology teams to support FCPs and GPs.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS:

12. This section highlights three key observations and points that the Committee has in relation to MSK services in Oxfordshire. These three key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

Geographical spread of MSK services: The Committee stresses the importance of maximising and enhancing the distribution of MSK services throughout the county. One key concern of the Committee involved MSK provision in the southern regions of the county. Achieving this would also rely on enhancing recruitment and retention within the MSK workforce. Indeed, MSK conditions are among the most common health issues affecting people worldwide. These conditions can significantly impact a person's quality of life, making timely and accessible care essential. The geographical spread of MSK services in Oxfordshire would play a crucial role in ensuring residents can access these services swiftly wherever they happen to reside throughout the county.

There are some key factors to be taken into account when trying to ensure an adequate distribution of MSK services throughout the county These factors can also present challenges for residents in more rural parts of the County and could include:

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- *Limited Availability*: In many areas around the country including although not exclusively Oxfordshire, MSK services are

concentrated in urban areas. This could leaving rural residents with fewer options for MSK care and treatment.

- *Travel Time*: Residents in Oxfordshire's remote areas may face significant travel times to reach the nearest MSK clinic, delaying treatment and potentially worsening their conditions. This could be particularly challenging in the context of a rise in an ageing population and the relative paucity of public transport in rural areas.

- *Resource Allocation*: Uneven allocation of resources can lead to underfunded and understaffed facilities in certain areas. The Committee strongly believes that there should be an acknowledgement that it is not only urban areas that would naturally see increased demands for MSK services, but also Oxfordshire's rural areas. Whilst urban areas (including Oxford City) may have higher population counts, it does not imply that rural areas have less demand for such services.

Indeed, one of the most effective ways to improve access is to expand the number of locations offering MSK services. This can be achieved by either opening new clinics in underserved areas to reduce travel time for residents or by further integrating services through incorporating MSK services into existing healthcare facilities at the community level. In addition, utilising mobile clinics can bring MSK services more directly to residents in remote areas. Such mobile clinics could schedule regular visits to various locations to ensure consistent access to care and could provide access to MSK specialists who can diagnose and treat conditions on-site.

Improving the geographical spread of MSK services will have a significant impact on Oxfordshire's residents in three respects. Firstly, swifter access to MSK care can lead to early diagnosis and treatment, which can improve patient outcomes. Secondly, this could minimise the travel burden which could be most challenging for vulnerable, disabled, or elderly residents. There is also a point about minimising travel time and expenses for residents, particularly those in rural areas. Thirdly, easy access to MSK services could ultimately enhanced patients' quality of life. Providing timely care can alleviate pain and improve mobility, enhancing a patient's overall quality of life.

Recommendation 1: *To address variances around the county, with a view to residents being able to access local MSK services more swiftly.*

Collaboration with GP and other services: The Committee was pleased to hear that Oxfordshire's MSK service worked closely with diagnostic physiotherapists at GP surgeries. It is therefore crucial that there is thorough engagement with primary care networks throughout Oxfordshire to help facilitate this further. MSK disorders are among the most prevalent health issues in the UK, affecting individuals of all ages and backgrounds. To provide optimal care and improve patient

outcomes, it is essential for MSK services to foster collaboration between General Practitioners and other healthcare services throughout Oxfordshire.

Effective MSK care requires a multidisciplinary approach involving GPs, physiotherapists, orthopaedic specialists, and other healthcare providers. According to a 2014 study in the Journal of *Musculoskeletal Care,* collaboration and a multidisciplinary approach ensures that MSK patients receive comprehensive care, from initial assessment to specialised treatment and rehabilitation. By working together, healthcare professionals can share insights, resources, and best practices, ultimately improving the quality and efficiency of MSK services[1]. Some key benefits of collaborative MSK care could include:

- *Enhanced patient outcomes*: Coordinated care reduces the risk of misdiagnosis and ensures that treatment plans address all aspects of an MSK patient's condition.

- *Efficient use of resources*: Collaboration allows for better utilisation of healthcare resources, this can create a more efficient and improved cost-effective use of healthcare resources at a time when resources are stretched nationally.

- *Improved communication*: Regular interactions between GPs and specialists can facilitate timely information exchange and foster a cohesive treatment approach. As one 2016 study published by *International Journal of Physical Medicine and Rehabilitation,* it was highlighted such collaboration with GPs could contribute to more personalised care for MSK patients who might feel "bounced" between services and demoralised as a result[2].

One of the primary goals in improving MSK services is to minimise the number of steps and time required for patients to access care. The Committee appreciates the achievements in the reduction in waiting lists across various MSK service lines, including the CATS Tier 2 waiting list reducing from 3772 in January 2024 to 401 in January 2025, and similar waiting list reductions for physiotherapy, podiatry, and CATS paediatrics. Nonetheless, given the increased demand for health services as a whole, it is crucial that efforts continue to reduce waiting lists further, and to avert likely future increases. Lengthy and complex referral processes can delay treatment, exacerbate symptoms, and lead to patient dissatisfaction. There are a few ways in which this could potentially be achieved. Firstly, implementing direct referral pathways can prove more efficient. Clear guidelines should be established for direct referrals from

[1] Do Inpatient Multidisciplinary Rehabilitation Programmes Improve Health Status in People with Long-Term Musculoskeletal Conditions? A Service Evaluation - McCuish - 2014 - Musculoskeletal Care - Wiley Online Library

[2] What Musculoskeletal (MSK) Conditions are Referred from Routine General Practice (GP) and what Impact does this have on Developing Innovative Care Models for Patients with MSK Conditions in Primary Care? - Queen's University Belfast

GPs to MSK specialists, as this could help with bypassing unnecessary intermediate steps. Secondly, digital solutions and avenues should be maximised. This could include utilising remote appointments if need be in some instances where it may be appropriate to do so, and integrating patient's electronic health records to facilitate faster communication and reduce paperwork or administrative inefficiencies. Thirdly, GPs should ideally be equipped with the necessary tools and knowledge to make informed referrals and to be able to manage MSK conditions effectively. As one 2020 report published in the Journal of *Musculoskeletal Care* highlights, GPs are often the first point of contact for MSK patients, and should therefore receive adequate training on making more informed referrals and on being able to arrange ongoing/long term care for MSK patients who need it[3].

As such, to enhance MSK services in Oxfordshire and improve patient outcomes, it is crucial to foster collaboration between GPs and other local healthcare providers. By streamlining access procedures and reducing the number of steps required to obtain care, we can ensure that MSK patients throughout the County receive timely and effective treatment for their disorders and symptoms. These efforts will not only improve patient satisfaction but also contribute to the overall efficiency and effectiveness of the healthcare system more broadly.

Recommendation 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.*

Improving Pelvic Health Outcomes: Pelvic health is a crucial aspect of overall well-being that affects millions of people worldwide. Pelvic health issues can have a profound impact on quality of life, encompassing conditions such as pelvic pain, incontinence, and pelvic organ prolapse. Addressing these issues requires a comprehensive approach that includes medical interventions, patient education, and support networks.

The Committee is aware of the national survey by the Pelvic Partnership which provided evidence of some of the key challenges experienced by women suffering from this; including severe pain, inability to work, and challenges in managing family responsibilities. Indeed, one of the primary ways to improve outcomes for pelvic pain patients is to reduce their wait times for treatment, as prolonged wait times would result in these patients lacking support whilst experiencing pain for prolonged periods. The Committee is concerned that the average wait times for pelvic health services in Oxfordshire was 10-15 weeks between January 2024 and January 2025, and is pleased to hear that improvement plans are in place with improvements in pelvic health wait times expected by June 2025. In a 2023 study published in the *Journal of Endometriosis and Pelvic Pain Disorders,* it was found that women experiencing pelvic

[3] Development, implementation and evaluation of a bespoke, advanced practice musculoskeletal training programme within a clinical assessment and treatment service - Stevenson - 2020 - Musculoskeletal Care - Wiley Online Library

pain can develop more significant symptoms due to substantial wait times for treatments; with prolonged wait times resulting in physical and psychological deterioration and feelings of helplessness[4]. Hence, receiving early support can ensure that pelvic pain patients receive the appropriate assessment/diagnosis and could allow such patients to return to a sense of normality in their lives.

It is crucial that there is ongoing research to understand the underlying causes of pelvic health issues and to develop effective local means of treatments accordingly. Within Oxfordshire, as is the case nationally, pelvic pain affects many people as a result of underlying medical conditions or even injuries. It is therefore crucial to assess the causes and scale of pelvic pain in Oxfordshire so as to help develop long-term prevention work in this area. The Committee is yet to hear of any such research being undertaken, and if such research is being undertaken (even in the context of the Joint Strategic Needs Assessment), it would like to see evidence of this.

Furthermore, staff should be adequately trained and encouraged so as to not only enable them to provide effective clinical diagnosis and care to pelvic pain patients, but to also improve the empathy to such patients. In a 2021 study published by the *Journal of Women's Health Physical Therapy,* it was highlighted that a key aspect of patient-centred care toward pelvic patients was to display clinical empathy. The study found that such empathy would not only make these patients feel psychologically better, but that it would enable clinicians to diagnose and treat such patients with an open mind that takes their symptoms and experiences seriously; which has a knock-on effect pelvic pain outcomes for the individual and the wider community[5].

Moreover, effective patient education is also a key ingredient of improving pelvic health outcomes. Patients should be provided with extensive information on pelvic health, including prevention strategies and management options. Whilst the Committee heard commitments from system partners around improving pelvic health outcomes, it has not received any evidence indicating the extent to which patients will be educated regarding pelvic health and treatments. The pelvic floor muscles support the bladder, bowel, and reproductive organs. They play a vital role in urinary and bowel control, sexual function, and stability of the pelvis. Weakness or dysfunction in these muscles can lead to several health issues, making it imperative to maintain their strength and functionality. As indicated by a 2024 study in the *Journal of Pain,* much of the support that pelvic pain patients can benefit from involves the steps they take themselves to improve their pelvic floor and symptoms. This would help to supplement the clinical support they receive from face-to-face appointments[6]. Preventing pelvic health issues could involves a combination of lifestyle changes, exercises, and awareness of risk

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5 The Journal of Women's & Pelvic Health Physical Therapy

6 PAIN

factors, all of which can be enhanced with effective patient education. In particular, the Committee highlights the following as particularly effective preventative or remedial actions to promote:

- *Pelvic Floor Exercises*: These can strengthen the pelvic floor muscles. These exercises involve contracting and relaxing the muscles that support the bladder and bowels. Regular practice can prevent urinary incontinence and improve sexual health. Patients should be educated on the types and techniques of exercises they can practice in their own time or at home. In a 2020 study in the *Journal of Psychology, Health and Medicine*, it was highlighted that regular pelvic floor exercises can speed up recoveries from pelvic pain and injuries in some instances, and that patients with the best outcomes are those that receive early and regular information and monitoring of such exercise regiments[7].

- *Healthy Diet and Hydration:* A balanced diet rich in fibre and adequate hydration can prevent constipation, a common contributor to pelvic floor dysfunction. A 2011 study in the Journal of *Nutrition Research Reviews* found that a good diet can reduce the prospect of constipation, which not only causes pelvic floor dysfunction but can aggravate pelvic symptoms if not treated. Avoiding excessive caffeine and alcohol can also reduce bladder irritation and maintain urinary health[8].

- *Maintaining a Healthy Weight:* Excess weight puts additional pressure on the pelvic organs and muscles, increasing the risk of pelvic floor issues. In both aforementioned studies, it was emphasised that maintaining a healthy weight through regular exercise and proper diet can alleviate this pressure and promote better pelvic health.

- *Proper Lifting Techniques*: Improper lifting techniques can strain the pelvic floor muscles. When lifting heavy objects, it is crucial to bend at the knees, keep the back straight, and engage the pelvic floor muscles to prevent injury. A 2019 study in the *Journal of Sports Medicine* highlighted that educating individuals on the negative effects of improper lifting on pelvic health and pain can make a substantial difference to those who may take lifting for granted and not consider such impacts. The study also found that such education should also be utilised as a form of prevention to guide even ostensibly healthy and active individuals on how to perform their regular exercises in ways that are pelvic friendly[9].

[7] Effectiveness of pelvic floor muscle and abdominal training in women with stress urinary incontinence: Psychology, Health & Medicine: Vol 26, No 6
[8] Dietary therapy: a new strategy for management of chronic pelvic pain | Nutrition Research Reviews | Cambridge Core
[9] Is Physical Activity Good or Bad for the Female Pelvic Floor? A Narrative Review | Sports Medicine

In line with the Committee's recommendation, another key aspect of improving pelvic health outcomes is to support those with pelvic pain whilst they are awaiting medical assistance. The Committee urges system partners to engage with the Pelvic Partnership. The Pelvic Partnership is dedicated to supporting individuals who suffer from pelvic pain and related conditions. Their involvement can be instrumental in providing support for those who are waiting to be seen by a clinician.

The Pelvic Partnership plays a vital role in supporting individuals with pelvic health issues through; raising awareness about pelvic health issues and advocating for better healthcare policies and funding; offering support services such as counselling, support groups, and educational resources to help individuals manage their conditions; and promoting/supporting research into pelvic health issues to advance the understanding and treatment of these conditions. The Committee was pleased to see that system partners welcomed the recommendation to engage with the Pelvic Partnership during the 06 March public meeting, and suggests that the following strategies could be adopted as part of this engagement:

- *Partnerships*: Establishing partnerships with the Pelvic Partnership to collaborate on initiatives aimed at improving pelvic health outcomes.

- *Information Sharing*: Sharing information and resources between local providers and the Pelvic Partnership to ensure patients receive comprehensive care.

- *Community Involvement*: Encouraging community involvement in supporting the foundation's efforts through fundraising, volunteering, and advocacy.

Recommendation 3: *For efforts to be made to create improvements to pelvic health outcomes. It is recommended that there is engagement with the Pelvic Partnership around support for those who are waiting for support.*

Legal Implications

13. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback n consultations.

14. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and

recommendations to a responsible person on any matter it has reviewed or scrutinised'.

15. 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.

16. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – in the Chair
District Councillor Katharine Keats-Rohan (Deputy Chair)
Councillor Jenny Hannaby
Councillor Michael O'Connor
District Councillor Paul Barrow
District Councillor Elizabeth Poskitt
District Councillor Susanna Pressel
District Councillor Dorothy Walker
Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

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